The Involvement of Vulnerable Children in Child Friendly Spaces in Aceh, Indonesia

A thesis presented in partial fulfillment of the
requirements for a degree of Master of Philosophy in
Development Studies
Massey University
Palmerston North
New Zealand

Heather MacLeod
2008

Abstract

The negative impact of natural and man-made disasters on children is well recognized and over the years different interventions have been introduced in communities so as to address the needs of affected children during humanitarian responses. In recent years though, the rights of children in humanitarian emergencies have been addressed more intentionally than previously. This has resulted in a new type of intervention that has evolved to address the psychosocial and protection needs of children through a range of creative, informative and supportive play activities and referral services offered in disaster affected communities. The activities have been supported by a range of Non Governmental Organisations and the United Nations. Commonly called 'Child Friendly Spaces'(CFSs), these programmes are now offered in most humanitarian emergencies.

Drawing on literature from a range of social sciences and an analysis of qualitative research conducted in Tsunami affected Aceh, Indonesia, this study demonstrates that Government, United Nations and NGO stakeholders' understanding and approach to CFS programmes differs in terms of definitions of key concepts. The study also identifies the challenges in defining vulnerability at a community level and discusses whether CFS programmes do offer services to the most vulnerable children.

Table of Contents

List of Tables

List of Figures and Photographs

List of Acronyms and Abbreviations

BRR	Badan Rehabilitasi dan Rekonstruksi (The Indonesian Government department responsible for Relief and Reconstruction in Aceh-Nias)
CCF	Christian Children's Fund (also known as ChildFund)
CEDC	Children in Especially Difficult Circumstances
CFS	Child Friendly Space
ESC	Emergency Spaces for Children
FGD	Focus Group Discussion
GAM	Gerakan Aceh Movement (Free Aceh Movement)
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IRC	International Rescue Committee
INEE	Inter-agency Network on Education in Emergencies
INGO	International Non Government Organisation
IRIN	Integrated Regional Information Network of the UN Office of Coordination of Humanitarian Affairs
LNGO	Local Non Government Organisation
MSF	Medicin Sans Frontieres
MUHEC	Massey University Human Ethics Committee
NGO	Non Governmental Organisation (also called not for profit organisation)
PTSD	Post Traumatic Stress Disorder
REPSSI	Regional Psychosocial Support Network (Southern Africa)
SCF	Save the Children
SCF-UK	Save the Children United Kingdom
SCF-US	Save the Children United States
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commission for Refugees
UNESCO	United Nations Education, Social and Culture Organisation
UNICEF	United Nations Children's Fund
UXO	Unexploded Ordinance
Vol.	Volunteer (in CFS programme)
WHO	World Health Organisation
WV	World Vision
WVCoord.	World Vision Coodinator (of CFS programmes)
WVI	World Vision International
WV IND	World Vision Indonesia
WV-ATRT	World Vision Asia Tsunami Response Team

Chapter One: Introducing the Study

The purpose of this thesis is to introduce and discuss the subject of Child Friendly Spaces (CFSs) in humanitarian disasters with a specific focus on Aceh, Indonesia. To position this thesis in the development studies context requires first an understanding of the role of children in development and the changes in the 1990s that brought about some increased focus on children within development practice. With this development perspective clarified, a review of the situation for children in humanitarian disasters in recent years explains the rationale behind the formation of CFSs. CFSs are a new type of intervention provided for children during a disaster response by Non Government Organisations (NGO). They first began in response to the Kosovo Refugee crisis in 1999 and have become a standard response in large humanitarian crises since.

As with most programme responses in the majority of humanitarian settings, CFSs are an under-researched topic. This emphasises the importance of this research. Only one published in depth evaluation of a CFS is available although internal NGO evaluations are regularly conducted and certainly the continued provision of CFS programmes offered by NGOs in humanitarian emergencies suggests that they are considered valuable in responding to the needs of children. This point also supports the rationale for this study.

This research is also of personal and professional interest as my background is as a humanitarian practitioner focusing on children and I have had the responsibility for developing and training others in creating CFS programmes. My practitioner colleagues affirm the need for evidence-based research of a range of humanitarian emergency interventions such as CFSs. With the increasing investment by NGOs, Governments, UN and donors in CFS programmes it is clear that research is required to investigate whether the objectives of CFS programmes are valid. Thus, the underlying aim of this thesis is to be able to use the information learned from this process to influence positive change in practice, hence improving lives for children affected by natural and man-made disasters.

Background

For decades the role of children in development was not discussed despite demographics that suggests that between 31-34%[1] of the population in the less developing world are children under 15 years of age (Population Reference Bureau 2007). Even the development agenda with its emphasis on economic development while acknowledging there were some problems with child labour, did not consider the contribution children made to the economic development of the country through the informal sector and their contribution to household income (Todaro,1989). In the 1980s the movement in development studies towards concepts such as community participation and empowerment was closely linked to women in development (Moser 1989; M., & Hougerud, A. 2005 pp. 28 – 29; Chant & Gutmann, 2005 pp. 241- 242) yet apart from some general attention to issues of education and health services for children, children were still omitted from the discussion.

During the 1980s some child focused organisations and then the United Nations (UN) addressed their concern a focus on children's rights and in 1989 nation states were encouraged to be signatories to the UN Convention on the Rights of the Child (United Nations, 1989). The signing of this Convention by nearly all nation states resulted in the issue of children attracting more attention by Governments and Civil Society. The signing of the UN Convention of the Rights of the Child, the HIV/AIDS pandemic and the increased political attention to children affected by armed conflict added to the issues of children in humanitarian disasters and development being rendered more visible.

While humanitarian practice has expanded in its focus on children, much of this can be attributed to the human rights movement that has challenged practitioners to work in different ways and become involved in changing systems and structures addressing rights beyond that of survival. Alongside the rights movement, the expansion and sophistication of communication systems in more recent years has resulted in public access to detailed information including images of children affected by humanitarian crises around the world, particularly conflict. This in turn

---

[1] 31% if including China and 34% excluding China Population Reference Bureau

has highlighted the psychological and social needs of affected populations and their need for protection.

It is in this context that the range of child focused interventions in humanitarian emergencies have expanded from providing care to orphan children or providing vaccinations to children and nutritional feeding projects to programmes that now involve child focused NGOs in a wide range of activities. These activities include the tracing and reunification of separated children as well as preventing the separation of children during and after humanitarian crises (ICRC, UNHCR, UNICEF, World Vision International, Save the Children UK. & The International Rescue Committee. 2004). Other activities include the creation of education in emergencies programmes as well as projects focusing on the care and protection of child soldiers, child labourers and sexually exploited children (Inter-Agency Network for Education in Emergencies, 2004; MacLeod & Toms, 2006). One of the most significant issues that has captured the attention of the public and humanitarian industry are activities that address concerns of trauma in children.

Regardless of this expansion of activities or increased concern, most of these activities have been developed in an ad hoc fashion by a range of NGOs – both local and international - and while an attempt to create standards for practice in some aspects of these responses there remains the challenge of monitoring the standards and holding the NGO and UN community as well as governments accountable to them.

Child Friendly Spaces were promoted first in 1999 during the Kosovo Refugee Crisis in Albania. A UNICEF official suggested that NGOs could create a space in communities for integrated child-focused activities that might be needed in situations of humanitarian crisis to respond to children in a holistic way – the concept Child Friendly Space thus emerged (MacLeod, 1999). The concept of the CFS was agreed to by child focused NGOs and since 1999 most large humanitarian responses have included the provision of CFSs in communities.

The core components of a CFS include the involvement of the local community, the provision and support of a protective environment for children, referral

systems for children and their families to access basic services needed during an emergency and activities that address the psychosocial needs of children by focusing firstly on play and creative expression and secondly through the creation of routine. The inclusion of all children, including the most vulnerable was promoted (MacLeod & Toms, 2006; Save the Children USA, 2007).

As time passed, different NGOs began using different names other than CFS but the core components of a CFS remained unchanged. At the field level during emergencies CFS is still a common term used even though in July 2007, a global taskforce of international NGOs and UN agencies introduced the term Emergency Spaces for Children (ESC) (Save the Children USA, 2007). Nonetheless, I have chosen to use the CFS term for this thesis as I remain uncomfortable with the term ESC. This is due to my commitment to encourage connections between relief and development programmes. It is my opinion that the ESC term implies that these spaces are only set up in emergencies and have a different philosophy than that of children's programmes that are set up in development settings. I believe that CFSs can also continue as communities transition into longer term development programmes and while the activities may change, the philosophy of CFSs in terms safety, creative expression, play and inclusion of vulnerable children can remain. Furthermore, such programmes are also needed in development settings.

While the name given to CFS programmes is not constant, CFSs continue to be created. A large number of CFSs were introduced in response to the Asian Tsunami of 2004 that devastated large areas of coastline in Indonesia, Thailand, Sri Lanka and India. As a result of the Tsunami, the largest humanitarian response in history was launched (Tsunami Evaluation Coalition, 2005) and in relation to CFSs the context has provided NGOs with a plethora of learning opportunities.

Research Objectives and Questions
With the dearth of literature and evidence based research on children in humanitarian emergencies the possible topics for this thesis were endless. As a humanitarian practitioner, the choice of CFS focused research was needed to

improve practice and so eventually, through a process of consultation, the topic was confined to the exploration of issues related to whether CFS programmes actually provide protection to the most vulnerable children. Specifically, did vulnerable children even attend CFS activities? In order to answer this question a series of underlying issues needed to be explored in literature and with research participants. First, there were questions about what theories and frameworks led to the development of CFS programmes. As goals of a programme influence the choice of activities and measurement of success, it was important to know from a range of stakeholders whether the goals or activities in a CFS were the same or different. So the question first needing to be asked, was how do people and organisations define a CFS? Literature also suggested confusion over definitions of protection, child rights and vulnerability and so these concepts were explored with participants in this study. The second issue to be explored was the reasons for attendance and non-attendance by children to a CFS and programmatic issues influencing this. Once this was understood then it was possible to reach the third research question about whether CFS programmes do involve and protect vulnerable children.

To summarise, the research questions were:

1. To understand what the key stakeholders define as the purpose of the CFS and what definitions they give to some of the key concepts underpinning the CFS;
2. To establish what the key stakeholders understand to be the reasons for attendance or non-attendance at CFSs;
3. To clarify the key stakeholder perceptions of vulnerability and whether they believe vulnerable children attend CFS activities.

An additional research objective exists: it is one that cannot be met directly through the presentation of this thesis but one that will be highlighted in Chapter Four focusing on the action-research approaches. The objective of research using this approach is that it contributes to change in practice. Therefore an objective is to share this research with the wider humanitarian community for consideration

in further child focused responses. This will be done through the writing of a separate learning paper for the humanitarian community.

Research Location

As mentioned briefly CFSs in Tsunami affected Asia is a rich context to learn from. This thesis is focused on the most severely affected location of the Asian Tsunami – the province of Aceh in the country of Indonesia. An estimated 160,000 died and 350,000 people were displaced as a result of the Tsunami (Inter Press Service, 2005; Office of the Humanitarian Coordinator, 2005). Children under the age of 18 years represented a significant percentage of the target population of the humanitarian response and while the usual sectors of health, shelter, water and sanitation as well as the food and non-food sectors focus on meeting the survival needs of children, only a handful of organisation focus on specific services to children particularly in relation to their rights to protection, development and participation. Approximately 400 NGOs responded to the emergency in Aceh (The Rehabilitation and Reconstruction Agency in Aceh-Nias, 2005). Most child focused organisations commenced with the provision of CFS activities throughout the Tsunami affected areas of Aceh Province and it was these key stakeholders who were an integral part of the field research. Now that the background rationale for the research and the associated questions have been made clear the structure of the thesis will be outlined.

Thesis Structure

As noted, *Chapter One* provides an introduction to the thesis.

Chapter Two provides a review of literature related to key topics in relation to CFS and the chapter is divided into two main parts. Part one reviews the role of children in the history of development theory and essentially highlights the invisibility of children in development theory that existed basically until the development of the child rights framework that emerged in the 1990s. This development theory section also analyses certain concepts such as vulnerability commonly referred to in literature when speaking about children. Part two of this chapter then moves to centre specifically on the practice of children in development. Focusing on what literature is telling us about meeting the

psychological and social needs of children affected by humanitarian emergencies, this provides a core justification for the setting up of CFSs. This discussion includes information on debates regarding psycho-social approaches versus the trauma approach to children as well as the role of play for children affected by disasters.

Chapter Three introduces readers to the history of CFSs from the practitioner's perspective. The chapter is divided into a number of sections. It draws on my personal as well as other documented knowledge of the history of these safe spaces for children that are provided in humanitarian disasters. The first section begins with a definition of a CFS so as to provide a framework for the rest of the chapter. The second section describes the driving forces that resulted in the formation of the spaces with a description of the lessons learned about protection and care of children in the humanitarian crises in Rwanda in 1994. The chapter then transitions to a third section by providing a description and discussion of the first CFSs initiated in the Kosovo Refugee crisis in 1999. The fourth section of the chapter highlights the few documented accounts of CFSs in other humanitarian crises. In particular it focuses on identification of challenges and lessons learned in relation to CFSs. The fifth section of the chapter positions the location of this thesis by focusing on Aceh, Indonesia and describes a brief history of the conflict there, an overview of the 2004 Asian Tsunami and the response to children affected by it through the development of CFSs. Finally, readers are provided with an update of global developments in relation to the formation of CFS since the Asian Tsunami of 2005.

Chapter Four examines issues of methodology in the field research and the wide range of issues related to the ethics of doing research. Firstly, the background of why the research was focused on Aceh, Indonesia and my journey of involvement in the research process is presented. This section of the thesis explains that qualitative research methods were chosen to provide in depth understanding of the perceptions of CFS programmes from a range of humanitarian industry stakeholders and also from the community accessing the CFS services. The humanitarian research participants were selected by my contacting all NGOs in

Aceh at the time of the research who were known to be involved in CFS activities and requesting the participation of one representative with knowledge of CFS programmes (or the equivalent programme with a different name) in a semi-structured interview. Government and UN organisations with some responsibility for CFS activities were also identified as key stakeholders. Finally, the CFS Coordinators at the field level and the community volunteers were identified as being key informants also. It was feasible in the timeframe given to interview a range of NGO, UN and Government stakeholders and World Vision CFS coordinators and volunteers. Additionally, Focus Group Discussions (FGD) with community members who had a World Vision CFS programme in their community were conducted. This community-based research was funded and facilitated by World Vision. During the design process, it was decided to separate the World Vision funded and facilitated community-based research from the research that involved my semi-structured interviews with key humanitarian industry stakeholders, also funded by World Vision.

Consideration of ethical standards was a critical part of this thesis and in particular the research component. Thus the second section of the chapter focuses in considerable detail on ethics starting with an overview of the approval process from the Massey University Ethics Committee then moving to ethical considerations related to three significant principles of ethical practice – avoidance of conflict of interest, beneficence (doing good) and doing no harm. One of the key ethical considerations was related to my dual roles in this process - that of humanitarian practitioner and as a Master's student. Additionally, the research and my leave from my career to be a fulltime student was funded by World Vision and this raises questions surrounding conflict of interest. While it could be argued that my strong links with World Vision pose a serious conflict of interest, this section of the thesis argues that there are benefits to this connection, provided autonomy in reporting of the findings is maintained.

Chapter Five describes and summarises the qualitative data on CFS programmes. There are two data sets being described in this section and in the following chapter. First, the humanitarian industry stakeholder interviews which will be

referred to as 'primary data' and then the second set of data which is the qualitative information resulting from the World Vision community-based research which will be referred to as 'secondary data'[2]. World Vision has given permission for use of this data. The consolidation of responses from the semi-structured interviews is divided into three main themes. First the definitions and descriptions of key terms such as CFS, child protection and child rights. The second research theme focuses on participant perceptions of why children came or did not come to CFS activities. The same questions about reasons for attendance were asked during the World Vision community-based research and so these results are included in this section. The third research theme is focused on the research question as to which children were considered to be vulnerable in the Acehnese setting and whether these vulnerable children attend CFS activities. The results of the question of vulnerability provided interesting considerations for future programming.

Chapter Six discusses the research findings and compares and contrasts it with the CFS philosophy and development literature and draws some conclusions from this analysis. This chapter is divided into the three themes based on the research. The first Research theme discussed the terms CFS and child rights. This section highlights correlations between literature and the background to CFSs with the findings of the research in Aceh. The second research theme focuses on the perceptions of the children's motivation for attending or not attending CFS programmes. There is no specific literature or previous data to compare the findings of the research in Aceh, however literature provides some support and guidance in analyzing the Aceh research findings. The final and third research theme focusing on the definitions of vulnerable children raises questions about what literature states about vulnerability and the cultural understanding of vulnerability in Aceh. Finally, the perceptions of whether vulnerable children attend CFS activities is analysed and gaps in knowledge from the humanitarian

---

[2] The terms primary and secondary data used in this thesis are used loosely and aim to differentiate the research designed conducted and analysed only by this author (the primary data) with the community-based research conducted by World Vision but designed, introduced, tested and consolidated by this author in collaboration with a number of World Vision staff (the secondary data). I was not involved in the actual focus group discussions in the community and therefore did not conduct the research myself.

industry are highlighted. From the analysis of the qualitative data and review of literature and CFS background information there are a number of areas that are highlighted for further research and for humanitarian practice review.

Chapter Seven reviews the thesis and research objectives. It provides specific recommendations for future research and humanitarian practice in relation to child focused programming in emergencies. The chapter concludes with a summary of the main contributions this thesis has made to development thinking and the planned process for integrating the recommendations into humanitarian practice.

Chapter Two: The Theory and Practice of Children in Development and Child Friendly Spaces

Introduction

The lack of specific research focused on Child Friendly Spaces (CFSs) is not surprising considering that these programmes have only been developed in recent years and that they were created in response to a humanitarian emergency and staffed primarily by local volunteers. However the issues related to the core goals and activities of a CFS are reflected in literature spanning a range of disciplines and it is this literature from the broader perspective that is examined here.

This chapter is divided into two main sections. The first section pays attention to development theory and frameworks and the second section on development practice. The topics are focused on the definitions of Child Friendly Spaces outlined in the previous chapter. The first section of this chapter begins with a discussion on the role of children in development more generally by highlighting the invisibility of children in development discussions in the past. It then moves into an examination of the current child rights framework and global trends that have impacted the discourse on children in the humanitarian industry in the last twenty years. The discussion on child rights includes some history of the development of the UN Convention of the Rights of the Child and the concepts of protection and child protection that emerge from human and child rights discourse are also examined. An important rationale for setting up CFSs is that they provide psychosocial support to children. (Ager, 2002; Ansell, 2005; Pupavac, 2001; 2002; 2007, p. 54). Supporting vulnerable children is one aspect of a CFS programme and thus literature examining where the concept of vulnerability originated, how it is defined and where it fits into current development thinking is explored. Exploring such issues is then followed by an introduction to literature on resilience – a closely linked topic to vulnerability.

The second section of the chapter moves into issues of children in development practice and specifically humanitarian responses. It begins with an analysis of

literature related to a critical component of child health in emergencies and CFSs – the psychological and social wellbeing of children. In this regard there is a discussion about the difference between psychosocial programmes and trauma programmes. A preference for psychosocial programming for NGOs is explained. Resilience as the conceptual model for implementing psychosocial programmes is then considered in some detail. Finally, there is a short review on the role of play in the context of culture and the value of it in humanitarian emergencies.

The discussion of the role of children in development was chosen to ground the thesis firmly within development studies rather than any other discipline. The focus on human rights and related issues places CFS work in the framework promoted by the UN and many NGOs for humanitarian practice and within current development discourse. A child rights based approach does expand the role of humanitarian aid workers beyond the provision of support necessary for the support for physical survival to address areas of social, psychological and participation rights. Therefore the review on literature about psychosocial approaches was considered important for this thesis as a core component of CFS programmes. Finally the value of play is not well understood in many cultures and since play is promoted as the key to addressing psychosocial issues a review of literature was considered helpful.

Children: a Frequently Missing Component in Development Theory and Practice

This first section reviews development literature and considers the role of children in development theory.

The role of children in development theory prior to the 1990s

Concern for children within the development community has been evident for many years through the formation of many child focused organisations such as UNICEF, Save the Children, World Vision and Child Fund but development theory and associated literature has, until recently, confined its focus on children to discussions on the value of education and health for the economic wellbeing of nations (Ansell, 2005, p. 40; Todaro, 1989). Even within the discourse on

economic development and education, the word 'child' was hardly mentioned, as if education and human beings were not connected (Todaro, 1989). Another example of the invisibility of children in development discourse, despite a series of conventions and policies related to child labour being introduced during the past fifty years, is the contribution of child labour to economic development. This was ignored until the 1990s (Fyfe, 2007, p. 3).

While specific discussions on the role of children within the field of international development appear to have been lacking in the period from the 1950s to 1980s, social scientists have been discussing the role of children in society for many decades. These discussions have more recently had an impact on humanitarian aid and development conversations. For example, as early as the 1950s psychologists were debating cultural differences in the psychological and social development of children. The 'attachment theory' and maternal deprivation concerns were presented by Bowlby and highlighted the psychological impact and the significance of the bond between a child and mother (Bowlby, 1988, pp. 25-33). This theory was questioned from a cultural perspective suggesting that in some cultures children have significant attachment to people other than the mother (Rothbaum, Weisz, Pott, Miyake & Morelli, 2000). Another example of research on children, this time from the field of sociology, involved debates in the 1970s and 1980s about whether the Western understanding of childhood and theories related to child development are valid and whether they could and should be promoted around the globe. Social constructionist approaches suggest that 'people's attitudes to children are influenced by dominant belief systems of the society in which they are located and so will vary across time and culture' (Smith, Cowie & Blades, 2003 p. 57).

While sociologists were discussing the concept of childhood, social workers and public health practitioners were discussing the role of the state and wider society in the protection of children from abuse and neglect. (Donnelly & Oates, 2000; Franklin, 1986, p. 1; Hoyano & Keenan, 2007). So issues of children were not off the research agenda by any means, they were just not part of the international development discussion.

Children in Development since the 1990s

The impact of social science on the field of development studies was acknowledged more in the 1980s as development writers Potter and Desai (2007) state:

> *Both in theory and practice, early perspectives on development were almost exclusively concerned with promoting economic growth. Subsequently, however, the predominant ideology within academic literature changed to emphasise political, social, ethnic, cultural and ecological and other dimensions of the wider process of development and change* (Potter and Desai, 2007, pg 62).

It was the shift away from the macro level economics of earlier development theories to the more people oriented focused discussions that lead to some discussion about the role of children in development. However, on closer examination, the development literature appears to first discuss the needs of women and children together 'under the assumption that women's main role was the care of children and children were the responsibility of their mothers'(Ansell, 2005, p. 49). As a consequence children were in the development equation but the inclusion of children in development discussions was, according to Alanen (2005), in fact a 'pseudo-inclusion' since most of the focus was on the caregivers or institutions related to children rather than children in their own right (Alanen, 2005, pp. 31-32). Edwards, a researcher and development practitioner, perhaps sheds light on one reason why the field of international development has not focused on children when he discusses how adults perceive children:

> *We value children highly in emotional terms but deem them 'useless' in any formal sense, excluding their contributions from measurements of work and production, and making them invisible in statistics, debate and policy making. We may want to educate children in freedom and democracy, but mostly they experience control and discipline (Edwards, 1996, p. 814).*

14

There does not appear to be literature criticising the arguments presented by Edwards (1996) and Alanen (2005) suggesting perhaps disinterest by development researchers on the subject.

The shift in development discussions towards the social, cultural and ecological processes included discussions on participation and empowerment and we also read of the re-focusing on the topic of human rights. During the 1980s child focused NGOs and later UNICEF, began 'the long and tortuous process' of advocating for the creation of a United Nations convention focused on children (Mason & Fattore, 2005, p. 18). The drafting of the document during that decade involved discussions with a wide range of stakeholders and combined the knowledge of various disciplines of social science as well as the law. Arguably it was this process as well as the signing in 1989 of the UNCRC that was an important feature of a shift towards a more intentional focus on children and their role in development. It is the world's most widely ratified convention or treaty with only two countries yet to sign - Somalia and the USA. This Convention, once ratified by a state requires governments to implement a comprehensive range of child focused law and policies as well as provide formal progress reports to the UN. Its key principles are articulated as survival, development, protection and participation as well as decisions being taken in the best interests of the children and non-discrimination.

It was not only the signing of a convention that led to more focus on the role of children in development in the 1990s. There were also other significant trends such as the HIV/AIDS pandemic and the focus on children affected by armed conflict that added momentum to the discussions and these other significant trends are now discussed.

Other Global Trends impacting Children in the 1990s
HIV/AIDS

One major global trend was and remains the impact on children of the HIV/AIDS pandemic. The pandemic has resulted in a wide range of reports and warnings about the impact of the HIV/AIDS pandemic on poverty levels. It included

predictions of millions of AIDS orphans[3] and concerns about the psychological, social and economic impact on countries and on the lives of children affected by HIV/AIDS (Michaels & Levine, 1992; Piot, Bartos, Ghys, Walker, & Schwartlander, 2001; World Health Organisation, 1988). As a result of global concern about the impact of HIV/AIDS, UN agencies, the World Bank and governments have invested large amounts of money in recent years to address the pandemic. For example in 2005, approximately 8.3 billion dollars was available for responding to the epidemic in low and middle-income countries (Joint United Nations Programme on HIV/AIDS, 2006, p. 224). With general funding increasing for HIV/AIDS programmes, resources for research have also increased in the process. This has enabled NGOs, the UN and various academic communities to intensify research on the psychosocial impact of HIV/AIDS on children and a rapid review of relevant websites such as the Child Rights Information Network site (http://www.crin.org) indicates the plethora of research and associated documents on the subject of children affected by HIV/AIDS. As the theories, approaches and debates about responding to children affected by HIV/AIDS have been documented, the similarities in approaches to psychosocial wellbeing after humanitarian disasters have also been highlighted. For example, we read of this similarity in approaches in a publication written on behalf of a range of research institutions and NGOs by Richter, Foster and Sheer for the 2006 Toronto AIDS Conference:

> *Young children affected by HIV/AIDS and other major disruptions in their lives, have critical psychosocial needs that are best addressed when embedded in their everyday lives – through responsive parental care, a return to normalcy (such as routines and opportunities to play), and social participation* (Richter, Foster, & Sheer, 2006, p. 10).

The recognition that children affected by HIV/AIDS have critical psychosocial needs similar to those experiencing other major disruptions such as natural disasters or conflict, has allowed for broader discussion on the issues of children

---

[3] In the late 1980s and into the 1990s the term AIDS orphans was commonly used. In more recent years the term has been expanded to refer to 'Orphans and Vulnerable Children (OVC)' to reduce stigma and to acknowledge that a range of situations create orphans in a community.

and increased their profile in development discussions. However, caution is advised in assuming that children are in the forefront of development discussions when one reads in a recent and significant report on Africa's orphaned and vulnerable children produced by UNICEF, states that 'the impact of the epidemic on children [is huge], however, [the issue] has yet to receive the priority attention it deserves '(UNICEF, 2006 p.1). The issues of psychosocial support, routines and play for children will be expanded upon later in this chapter.

In summary, the introduction of the UNCRC and a focus on the HIV/AIDS pandemic added momentum to the discussion on the role of children in development and humanitarian disasters during the 1990s. However, this increased interest in children by the development industry and the academic community, while positive, has not yet brought children to the centre of development discussions.

Armed Conflict

Another global trend that increased the profile of children in development discussions has been the impact on children as a result of the proliferation of countries affected by civil war in the last decade of the twentieth century. Civil Wars include the genocide in Rwanda and conflicts in countries such as Sierra Leone, Liberia, Northern Uganda, Colombia, Sri Lanka, East Timor and others. The expansion of digital technology has assisted with raising public awareness of these crises by providing up-to-date and powerful images of children affected by crises (Olsen, Carstensen, & Hoyen, 2003; Robinson, 1999). At an international advocacy level there have been a significant number of important responses to children affected by armed conflict spearheaded by a wide range of civil society groups such as the Stop Child Soldiers Coalition and the Watchlist for Children Affected by Armed Conflict. The impact of the advocacy includes the writing of a UN report on children affected by armed conflict by a UN Special Representative on Children Affected by Armed Conflict, appointed in 1994. This appointment was followed by the introduction of the 'UN Optional Protocol to the UN Convention on the Rights of the Child on the Involvement of Children in Armed Conflict' and numerous Security Council Resolutions. These actions have all

added momentum to an international focus on children in humanitarian disasters and children in development more generally (Human Security Council & UN Representative for Children Affected by Armed Conflict, 2003, p. 17; Machel, 1996).

During the 1990s there was continued momentum to the focus on the role of children in development but it remains questionable how central this role in development thinking has become. Based on a review of current development studies courses in the UK and New Zealand, I found that the topic of children and development is rarely (if ever) presented as a separate section or course in development studies. In a search of course descriptions from fifty-three universities in the UK and Ireland only two universities mention children (Development Studies Association, 2008). This suggests that in fact, while children may be entering into the development discussions they are still on the periphery of the development agenda.

The Rights of the Child as a Framework for Addressing Children in Development

This next section discusses the United Nations Convention on the Rights of the Child in more detail and how it has been used as a framework for development work and humanitarian action. Following an explanation of the objectives of the UNCRC, is a summary of criticisms of the UNCRC. The UNCRC as a framework for humanitarian action has connections to the wider processes within the humanitarian community. Current humanitarian reforms that focus on human rights and instigated by the UN have clear linkages with the UNCRC. Another aspect of humanitarian reform is the development of humanitarian standards. These are discussed in relation to the role of children in the development discourse as well.

Objectives of the United Nations Convention on the Rights of the Child (UNCRC)

White (2002) describes two objectives for the UNCRC. Firstly, the Convention is an extension of the fundamental human rights recognised for adults to children

and secondly, the Convention recognises that 'the status of children engenders specific forms of vulnerability, interests and entitlements' (White, 2002 p.1095). These notions of recognition and inclusion are further explained by Ansell who suggests that it reflects a compromise between the notion of liberating the child and affording them the same rights that adults possess, and the notion that certain rights of children require action from adults or states to ensure certain minimum standards of care, such as protection from abuse, are assured (Ansell, 2005, pp. 226-231). Certainly these two themes of inclusion and recognition are reflected in the wide range of issues covered by the Convention including the rights of all children to education and health, protection from all forms of abuse and neglect, rights for children in conflict with the law, the role of parents and family in relation to children, the right of children to associate in groups and express their opinion and the right of children who are marginalized to non-discrimination.

Criticism of the UNCRC

The UNCRC has its critics though. In the public arena, criticism has generally been led by conservative Christian groups in the USA with the main focus of criticism being on the participation of those under 18 years in decisions related to reproductive health (Family Research Council, 2001). Yet other Christian groups argue that the UNCRC is not trying to undermine positive Christian values and that it should be embraced by faith based organisations. They point out that a number of Christian groups (as well as those from different faiths) were actively involved in the drafting of the UNCRC and many others are involved in the monitoring and follow up process. Moreover, the fact that 'some commentators claim that its roots lie in Judeo-Christian thinking' is promoted as a positive concept (Ennew, 1996; Ennew & Stephenson, 2004; World Vision International, 2001). Other criticism from researchers is based on concerns that there is a Eurocentric or Western orientation of the Convention setting up impossibilities for its implementation in most countries. However Mary Robinson, former UN High Commissioner for Human Rights, argues that 'Human rights are inscribed in the hearts of people; they were there long before lawmakers drafted their first proclamation' (UNICEF Ireland, 2007).

These critics link their concerns to how the international community describe and understand the nature of childhood (Boyden, 1990; Burman, 1995). Ennew and Boyden, anthropologists with a wide range of expertise focusing on children in developing countries, summarise their research and suggest that the current and Eurocentric 'global view of childhood' is currently being promoted in the following way:

- *There is a natural and universal distinction between children and adults, based on biological and psychological features that are taken for granted;*
- *Children are smaller and weaker and defined by things they cannot do;*
- *Children develop through scientifically established stages, for which there is a normal route and timetable;*
- *The global model is superior to all other childhoods.* (Ansell citing Boyden & Ennew, 2005 p. 23).

The authors argue that this global view of childhood is endorsed by advocates for the UNCRC and creates situations where the needs and rights of many children are not respected. Ansell (2005) also supports the views of Ennew and Boyden (1997) and additionally argues that the global model a) neglects the social and economic nuances of different societies, b) leads to children not fitting the global model being defined as dysfunctional and c) places unfair blame and demands on families (p. 34) .

These criticisms of the dominant global approaches to child development and childhood are important for academics and child rights advocates to consider. The criticism of a child rights approach requires further examination as to whether this criticized Eurocentric or global view of childhood is actually imposing within the wording of the convention or whether those interpreting the articles are incorporating their own Eurocentric views resulting in the Convention itself being viewed this way. The Convention does open itself to considerable interpretation with phrases like 'the right of the child to be protected from economic exploitation and from performing any work that is likely to... be harmful to the

child's health or physical, mental, spiritual, moral or social development' in Article 35 of the UNCRC (United Nations, 1989).

Another phrase that causes conflict can be found in article 3 of the UNCRC. This article focuses on the 'best interests of the child ' being the primary consideration for all actions taken for or with children. The question is, who decides what is in a child's best interest? Some say that parental rights have precedence over the State and so best interest is a decision for parents (LifeSite, 2001; Moffett, 1995). At a practical level we see the challenge of best interests determination when examining the complex process laid out in the United Nations High Commission for Refugees (UNHCR) 'Guidelines on Formal Determination on the Best Interests of the Child' in relation to refugee children. This leads to questions about who decides if it is in the best interests of a child to attend a Child Friendly Space?

Vulnerability of Children

In the introduction to this section on protection, the connection between the most vulnerable needing the most protection was made. But as with the term child protection in relief and development settings, what does the development industry mean by the word vulnerability? The range of definitions in the broader development context range considerably from the World Bank focus on the ability to cope with economic 'shock' (Hoogeveen, Tesliue, Valkis, & Dercon, undated) to the UK government's focus on climate change and vulnerability in terms of agriculture (The International Livestock Research Institute, The Energy and Resources Institute, & The Africa Centre for Technology Studies, May 2006) to the humanitarian industry focus on the social characteristics that result in an increased risk of disaster (Blaikie, Cannon, Davis, & Wisner, 2004; Morrow, 1999). Blaikie *et al* (2004) define social vulnerability as 'the characteristics of a person or group in terms of their capacity to anticipate, cope with, resist, and recover from the impact of a natural hazard'(p. 11). But if Alwang, Siegel and Jorgensen (2002) are correct, in humanitarian emergencies practitioners from different disciplines will use alternative meanings and concepts of vulnerability and this will lead to diverse methods of measuring it (p. 1). An example could be that

the food security specialists in an NGO will look at lack of available food as the indicator of vulnerability, the economic development sector specialists at household income, the child health specialists at availability of vaccines and clean water and education specialists as the lack of access to education. The child protection specialists might focus on risk of abuse and exploitation and/or combine this with a selection of the health and education indicators. All of these approaches can be described in terms of vulnerability and measurements of impact will be completely different.

During the late 1980s and into the 1990s UNICEF and others referred to vulnerable children as 'Children in Especially Difficult Circumstances' (CEDC) and defined them into groups including children with disabilities, street children and children affected by armed conflict (UNICEF, 1996). As mentioned previously these CEDC were the focus of child protection coordination meetings. Despite this grouping process sometimes excluding children whose individual situations would be considered extremely vulnerable a more suitable definition has not been found within the child focused humanitarian organisations (Boyden & Mann, 2000, p. 2; Janz & Slead, 2000, p. 29). Field manuals of UNICEF and UNHCR, despite using the terms frequently, do not give specific definitions of vulnerability nor child protection (UNHCR, 2007; UNICEF, 2003). This difficulty in defining vulnerability is described well by Wisner (2001) who provides a helpful summary of key differences in the current definitions of social vulnerability. He thus divides vulnerability definitions into four categories:

1. Potential for damage or loss.
2. Specific groups of people who are more likely to suffer loss.
3. [A] situation people or groups might find themselves in at any particular time.
4. Communities or groups identifying for themselves vulnerabilities and their own exposure to damage and loss (Wisner, 2001, pp. 2-5).

The first category referring to vulnerability in terms of potential for damage or loss is general and would cover all community members at risk of humanitarian

disaster. In the case of the Tsunami all those affected in some way by the Tsunami would be described as vulnerable. With reference to category two above in which vulnerability is approached in terms of at risk groups, Wisner suggests that this term/category is often used by planners as well as staff from the development community (Wisner, 2001 p.3). The CEDC groupings highlighted in the previous paragraph provides such an example, as does the description of vulnerable groups provided below by Dr Chan, the World Health Organisation Director-General quoted on the World Health Organisation webpage:

> *Our greatest concern must always rest with disadvantaged and vulnerable groups. These groups are often hidden, live in remote rural areas or shantytowns and have little political voice* (Chan, 2008).

Approaching vulnerability by drawing on the third category mentioned above by Wisner (2001 p. 3) suggests that this definition of vulnerability focuses on the changing nature of vulnerability and that responses to this approach to vulnerability generally focus on access to resources and power. An example of this could be advocacy by humanitarian organisations supporting the provision of a range of services for all children and their families thus allowing for the changing nature of vulnerability within children and families. The first and second categories certainly have limitations and are too narrow as they do not recognise that situations change for people constantly. The third category does accept the changing dynamic experienced by individuals and their families and therefore is a more appealing definition and allows for a more flexible approach to vulnerability and potentially less stigmatisation.

In the fourth category Wisner states that the concept of vulnerability as defined by the community then becomes 'a tool in the struggle for resources that are allocated politically'. This idea of communities or groups identifying their own vulnerabilities is also highlighted by Christiansen on constructing childhood when he suggests that 'the construction of children as essentially vulnerable tends to exclude consideration of the cultural and social context in which vulnerability is constituted and to render children's own understanding of themselves and their

bodily experiences as unimportant' (Christensen, 2000, p. 38). A case study in Rwanda of the needs of child headed households where the adult community had a different perception of a child's vulnerability than children themselves provides an example of communities identifying their own vulnerabilities (UNICEF & World Vision Rwanda, 1998).

The variety of definitions and research on the importance of culture and vulnerability suggests that further research on how vulnerability is understood by both children and adults in a community and by humanitarian workers would be valuable.

Resilience of Children

The term vulnerability is often used alongside the term resilience in the context of discussions on children. Whereas the discourse of vulnerability has a deficit focus on risks and threats, resilience focuses on 'an individual's capacity to recover from, adapt and remain strong in the face of adversity' (Boyden & Mann, 2000, p.7) and protective factors (see also Clarke & Clarke, 2003). However, this idea that some people are more able than others to cope or bounce back from adversity has enabled a more positive approach to children affected by adversity by understanding the protective factors that support resilience. Resiliency, however, is not defined as a static characteristic. It is a dynamic process of successful coping (Mangham, McGrath, Reid, & Stewart, 1995, p. 2).

These protective factors for vulnerable children can involve individual, family and support factors (Public Health Agency of Canada, 1997, p. 10). Some of the key protective areas outlined by Daniel and Wassell (2002) in a series of books focused on three age groups of children - pre-school, primary school and adolescent children- provide six key domains in which to consider the lives of children and their ability to cope with difficult situations:

- ❑ A Secure Base
- ❑ Friendships
- ❑ Positive Values

- Education
- Social Competencies
- Talents and Interests (Daniel & Wassell, 2002, p. 2).

The domain of a secure base refers to how a child relates to other people that are important to him or her. For example, the assessment tool for the domain of a secure base examines whether the child appears to be secure and assesses the quality of the relationship with the parent or significant adult as well as the child's access to wider resources that contribute to the child's attachment network. A child who is more resilient has secure attachments (Daniels & Wassell, 2002, pg 29). Similarly, the assessment tool for the domain friendships assesses the quality of friendships that a child is experiencing as an indicator of resilience and the domain of positive values assesses the ability of a child to show care, comfort and be able to share (Daniels & Wassell, 2002 pp. 45-47, 56). The domain of resilience regarding education focuses on access to opportunities for cognitive development and the ability and interest of a child in learning (Daniels & Wassell, 2002, pg 39). The domain of social competencies for pre-schoolers focuses on personal characteristics of a child such as their level of autonomy, self control, temperament, self-efficacy and attention span as indicators of resilience (Daniels & Wassells 2002, p.75). The development of talents and interests that are affirmed by others is another domain of resilience. These domains and other tools for assessing protective factors for resilience are clearly wide ranging. Researchers who have experience in developing countries highlight two additional specific factors of resiliency not necessarily highlighted in Daniels and Wassell's domains - a sense of humour and spiritual life and meaning in life (Dash, Dayal, & Lakshimarayana, 2006; Mangham et al., 1995, p. 2; Vanistendael, 1996, p. 6). Daniel and Wassell, provide further descriptions of their six domains of resilience as well as questionnaires for children and caregivers that enable case workers to support an intervention that promotes resilience in vulnerable children. For example, in their description of social competencies they include issues of self-control and problem solving skills, self-efficacy and future planning and provide questions associated with these abilities.

The type of tool focusing on the domains of resilience as presented by Daniel and Wassell with adaptations to include the spiritual aspects highlighted by Vanistindael and Dash et al. (2006; 1996) provides a level of detail that is useful to humanitarian practice but not for empirical research. Osofsky, Osofsky and Harris (2007), commenting on social policy issues related to the impact of Hurricane Katrina on children, highlight the need for research into the most effective resilience building and therapeutic services for children (Osofsky, Osofsky & Harris, 2007, p. 16). The challenge in measuring resiliency in a person is that resilience is dynamic – the overall resilience of person changes depending on the situation (Kinard, 1998, p 669, 680). For example, how can one adequately measure positive values in a person and how quickly does this change? Equally, does family support have more significance on resilience than education? Therefore the weighing of each protective factor against another proves difficult.

This concept of building resilience in children is appealing for humanitarian practitioners who, while preferring to prevent children having to face adversity, cannot always do so. Finding positive and practical ways to support children facing adversity that emanates from a resilience model creates a hopeful approach to supporting children rather than a hopeless approach. Using the domains of resilience as a lens through which a programme design can be assessed and evaluated using qualitative measures is one possible use for such tools. However, while acknowledging the positive nature of focusing on resilience Weinreb reminds researchers and practitioners that 'accumulated long-lasting and intensive stress can erode the soul of even the hardiest child' (Weinreb, 1997, p. 20) and therefore there remains the need for humanitarian workers to address the issues of vulnerability and reducing stress in the lives of children and their families.

To summarise, this first section of this chapter has focused on the role of children in development with a specific focus on the UN Convention on the Rights of the Child as a framework for addressing issues of children. Following the background to children in development some key terms such as vulnerability and resilience were explained highlighting the range of interpretation of the terms. With this theoretical background, the second section of this chapter will focus on

approaches in humanitarian practice addressing issues such as psychological support and the role of play in supporting children affected by humanitarian disasters.

Psychological Support to Children from a Humanitarian Practice Perspective

The reduction of stress and treatment of the impact of stress in the lives of people has become an industry in itself in the Western world. The humanitarian industry has long been interested in the psychological effects of conflict and disaster on people to a point where Pupuvac suggests that 'trauma is displacing hunger in the West's conceptualization of the impact of wars and disasters in the south' (Pupavac, 2001, p. 358). We read and hear in the media frequently used terms such as 'distress', 'traumatised' and 'Post Traumatic Stress Disorder' (PTSD). Often psychologists and psychiatrists from the mental health profession are interviewed in the media about the levels of trauma in the populations. Explanations that are provided by these mental health professionals use terms and research tools and treatments created in developed countries. This often results in the presentation of very dramatic statistics that have lead in more recent years to significant debate and discussion about how these terms and approaches are used and whether they are culturally appropriate. These intense discussions on how humanitarian workers can effectively support the psychological wellbeing of a community have resulted in the term 'psychosocial' support being used more frequently by humanitarian practitioners and academics allowing for a broader and some might say a more optimistic approach to the support of disaster affected communities than those that focus on the 'victims of trauma'.

The term psychosocial comes from the fields of psychology and human development (Lyons & Chamberlain, 2006; Newman & Newman, 2006; UNICEF & World Vision Rwanda, 1998). Psychosocial theory is based on the notion that 'human development is the product of ongoing interaction between individual (psycho), biological and psychological needs and abilities on the one hand and societal (social) expectations and demands of the other hand' (Newman &

Newman, 2006, pp. 39-40). It is this emphasis on addressing the needs of a person in the social and cultural context that has been the focus in a significant body of humanitarian aid focused literature and has resulted in a number of useful literature reviews being completed in recent years (Baingana, Bannon, & Thomas, 2005; Duncan & Arntson, 2004; Interagency Standing Committee, 2007; Regional Emergency Psychosocial Support Network, 2004; Strang & Ager, 2003; The Psychosocial Working Group, 2003). Van Ommeren, Saxena and Sacraceno (2005a) attribute the current focus on psychosocial responses in emergencies to international organisations working in low income countries who have questioned what role non-mental health professionals have in supporting the psychological wellbeing of children and adults alike.

The Inter-Agency Standing Committee (2007, p. 71) in their 'Guidelines on Mental Health and Psychosocial Support in Emergencies' suggests that those involved specifically in the health sector prefer to use the term 'mental health' whereas others in the humanitarian industry prefer to use the term 'psychosocial'. Ager, Strang and Wessell (2006) further suggest that the preference for the psychosocial terminology instead of the mental health label is required to emphasise the social circumstances of psychological wellbeing (p. 29). This use of the two terms for essentially the same approach is potentially confusing to the public as a whole and the communities in which the humanitarian community work. It may be that stigma associated with the term 'mental health' in many communities could be another argument for using the term 'psychosocial' which at this point in time has less stigma.

To recap, the prior discussion provides some background to the term psychosocial and suggests that concepts of psychosocial and mental health are essentially the same and focus on health and wellbeing. This leads us to ask whether the psychiatric concept of 'trauma healing' or 'trauma treatments' for disaster affected people is a completely different approach to that offered through a psychosocial or mental health approach.

The Trauma Versus the Psychosocial Approach

As outlined above we have three frequently used terms for programmes supporting the emotional wellbeing of people affected by disasters. As also highlighted in the previous section the terms psychosocial and mental health are used interchangeably for a range of supports offered to the populations affected by humanitarian disasters. A third term used – trauma – is used in addition to the terms psychosocial and mental health. As mentioned previously, trauma recovery programmes tend to focus on individual or group therapy facilitated by trained psychologists and psychiatrists.

The advocates of the psychosocial approach have tended to explain their approach as one focusing on the wellbeing of disaster affected people in the cultural context, building on positive coping mechanisms and minimizing the use of medical approaches. The critics of Western psychiatric diagnosis and treatments in disaster settings (often referred to as the 'trauma' model) challenge what Pupuvac describes as the 'pathologisation of distress' or the suggestion that normal grief and distress is an illness and needs medical treatment (Pupavac, 2001, p. 362; see also Rosen, 2004; Sommers & Satel, 2005 and Summerfield, 1999).

A second criticism of the use of Western methods for diagnosis and treatment is that the tools and treatment are not appropriate or validated in different cultural settings. In particular the criticism of Western psychiatric approaches to supporting people affected by disasters is that they are often individualistic in their approach and therefore clash with the group identity of many cultures (Peddle, Hudnall Stamm, Hadnall, Stamm IV pp. 116-117). While Honwana (1999) argues that cultural aspects do play a significant role in post-war healing of children from her research in Angola, the author is also clear that not all cultural practices are supportive in the healing of children affected by conflict. She thus suggests that there is a role for Western mental health treatments provided that they are complementary to traditional practices for healing. Concern about the lack of adequate assessment on the impact of a psychiatric diagnosis on an individual in relationship to his/her community is also raised by Dowdney citing Wessells

(2007). In particular, the impact of stigmatisation and social exclusion experienced by a person diagnosed with a psychiatric disorder can be significant (Dowdney, 2007, p. 7).

A third criticism is raised by the World Health Organisation and highlights the negative impact on the wellbeing of disaster affected populations when individuals or groups outside of the health sector offer clinical interventions such as psychotherapy in an uncoordinated and stand alone manner (van Ommeren, Saxena, & Saraceno, 2005b, p. 1160). In addition, there are questions raised about how practical and cost effective the Western treatments are considering that they tend to be very therapy intensive and in situations of large scale disaster are simply not appropriate (Beristain, 1999, p. 152).

There remains however, a core of researchers who continue to approach the needs of disaster affected populations from this trauma perspective by research focused on PTSD symptomology (Ganzel, Glover, Glover, Temple, & Voss, 2007; Mollica, 2000; Thailand Post-Tsunami Mental Health Study Group, 2006). The NGO Doctors Without Borders, in 2000 reported high levels of PTSD in Freetown, Sierra Leone (De Jong, Mulham, & Van der Kam, 2000). The report pointed out that the tools used had not been validated for use in West Africa including Sierra Leone. Interesting is that this report refers to the MSF research being focused within their 'psychosocial' programme. Here we see that the concepts of trauma and the psychosocial are linked suggesting that a trauma focus could fit within a psychosocial approach.

Certainly we do see some researchers and practitioners suggesting that it is not an either or situation and that there is room for the blending of Western treatment methods with local traditional practice. Beech (2006)on peace, culture and ethical practices related to international disaster psychology suggests that there is a need for more attention to the efficacy of various methods, tools and approaches used in the field. Beech also suggests that a triangulated methodology using action-research is showing promise and is worth more focus (Beech, 2006, p. 105). Bolton *et al.* (2007) and Silove and Bryant (2006) do appear to be trying

to bridge the divide between the 'trauma' and 'psychosocial' camps by seeking to address cultural issues and adapt Western treatment models. For example, research conducted in Northern Uganda studied the impact of group therapy on adolescent survivors of war and displacement. The facilitators of the group therapy and the processes involved used locally adapted tools. The outcome of the randomized controlled trial indicated that the group therapy using locally adapted tools reduced symptoms of depression particularly in girls. The study concluded that other models and research are needed in relation to boys (Bolton et al., 2007). The difference in opinion may well be how many people in a community need such 'group therapy' and this is argued by WHO and others such as Reyes and Jacob (2006) who suggest that the psychosocial model does not exclude the need for specialized support from mental health professionals but suggests that they should focus on the relatively small percentage of the population who are significantly affected by an disaster.

The divide between the different types of approaches to the psychological support of disaster affected children is of concern to Wessells (2007) in his contribution to a *'Stop the Child Soldiers[4]'* article on cultural healing, trauma and resilience. Wessells suggests that one of the problems has been that donors tend to emphasise the trauma versus psychosocial dichotomy by funding either a clinical approach or a community-based approach thus forcing organisations to decide which approach they will use (Wessells, 2007, p. 3).

This section has provided an overview of the approaches used in humanitarian interventions to provide psychological support to affected communities. The discussion over the use of terms does appear to be important in terms of emphasis of approach to disaster affected populations.

---

[4] The Coalition to Stop Child Soldiers' is a nonprofit activist group working to stop the recruitment of children in war. They conduct research and produce policy documents including articles such as the one referred to in this section. For more information on the coalition see http://www.child-soldiers.org

What are Psychosocial Interventions?

There is an incredibly wide range of programmes being defined as 'psychosocial programmes' according to The Psychosocial Working Group[5] who conducted an analysis of the plethora of literature on psychosocial interventions (Strang & Ager, 2003; Loughrey & Eyber, 2003). Also the Psychosocial Working Group reports that these programmes are approached from a number of perspectives (Strang & Ager, 2003, p. 3). First, we read of the medical model focusing on treatments, second the development model that highlights participation and empowerment and lastly a human rights perspective that focuses on justice and violation. The Psychosocial Working Group conclude that the range of approaches results in confusion about goals and outcomes of psychosocial programmes and defining good practice and they recommend the need for a common framework among the humanitarian community to reduce misunderstanding and poor coordination. The confusion in defining a psychosocial programme can be confirmed by reviewing webpages and reports from a number of large NGOs and the UN. The Psychosocial Working Group describe a wide range of psychosocial interventions involving one or many of the following actions: creative activities, education related support, family support, family reunification, life skills, child rights promotion, child protection support, parent support, income generation and peace building (IRIN, 2006 March 6th; Nicolae & Triplehorn, March 2003; Plan International, 2007; Save the Children USA, 2007; UNICEF, 2008).

As CFS programmes aim to support children in the community through opportunities for culturally sensitive learning, play, creative activities and encouraging positive relationships they would fit into the current descriptions of a psychosocial programme in a humanitarian emergency.

---

[5] The Psychosocial Working group with a particular focus on conflict affected populations includes representatives from five academic institutions- Mailman School of Public Health at Colombia University, Harvard Program of Refugee Trauma, Refugees Studies Centre at Oxford University, Queen Margaret College University, Edinburgh and Solomon Asch Centre for the study of Ethno political Conflict. The five humanitarian organisations represented as the International Rescue Committee, Save the Children Alliance, Mercy Corps, Christian Children's Fund and Medicin Sans Frontiere. (Forced Migration online (2008) *The Psychosocial Working Group* found at http://www.forcedmigration.org/psychosocial/PWGinfo.htm

The concern about appropriateness of interventions and the need to link practitioner experience with academia has resulted in a number of collaborative initiatives between international aid organisations and academic institutions in the past decade. These collaborative groups and networks range in membership and focus. Some have a regional focus such as the Africa based 'Regional Psychosocial Support Network' (REPSSI) and others have a more global focus. All tend to have representation from international humanitarian agencies and universities in developed countries although partnerships with more indigenous or national organisations and universities is increasing. Examples of these global collaborations are the InterAgency Standing Committee's Working group on Mental Health in Emergencies and The Psychosocial Working Group.

While there remains confusion about defining a psychosocial programme there are some consistent themes that are present in these frameworks being presented. Consistent themes include focusing on the strengths of the local community, supporting local coping mechanisms including providing aid that will enable local grieving rituals to be respected and integrating the concept of psychosocial wellbeing into all sectors of humanitarian response. An example of one framework comes from the Psychosocial Working Group who suggest that three domains of human capacity, culture and values and social ecology 'provides determinants for the psychosocial wellbeing of individuals and they [the domains] also provide have validity as discrete 'lenses' through which to consider the impact on resources at the community level'(The Psychosocial Working Group, 2003, p. 2).

Analysing the range of possible psychosocial interventions in emergencies by using this psychosocial framework does allow practitioners to consider the issues from a community perspective and not to be tied into one particular approach. This particular framework focuses on the assessment and support of the community resources and therefore could be used to investigate how these community resources influence a CFS and provide a guide to understanding why children attend activities. The proponents of a resilience approach, as with the Psychosocial Working Group Framework, suggest that those who are coming to

assist an individual or community should begin from an ecological perspective. That is one that starts from an analysis of the individual, family and community and considers the issues of culture and strengths within the community (Baingana et al., 2005; Clarke & Clarke, 2003; Daniel & Wassell, 2002; Duncan & Arntson, 2004). The implication is that if assessment begins from an ecological perspective then it should also be the starting point for evaluation and research.

This previous section has outlined the wide range of psychological interventions for children affected by disasters. Among the options of interventions facing humanitarian practitioners for children, focusing on play is a common feature for both those advocating a trauma focused approach or those advocating a psychosocial approach and is discussed in the following section.

The Role of Play in Psychosocial Development

An often quoted saying is that a child's work is play and one aspect of CFS philosophy is that play is an important part of a child's development particularly when a child is under extreme stress. If we are starting with an ecological perspective of proposed activities in a CFS programme then we need to analyse the value of play and the cultural understanding of it. The question is, how important is play when children in post-disaster settings have fallen behind in their studies? Education (particularly for boys) is valued in developing countries as an important long-term survival strategy and so there can be pressure for schools to begin quickly from governments, donors and communities alike (UNESCO, 2006, p. 3 Chapter 10). The importance of education in emergencies is promoted as a core component of any humanitarian response and interest and commitment to the issue is implied by the Interagency Network for Education in Emergency (INEE) standards for education in emergencies as well as UNICEF's 'school in a box' programme (Inter-Agency Network for Education in Emergencies, 2004). Therefore, we need to consider whether play is still important. This debate about whether education systems should focus on the basics of reading, writing and arithmetic resulting in reduced time for other activities including play is present among educationalists and policy makers in the developed world (Isenberg & Quisenberry, 2002). In the developing world, the time spent by all members of a

family including children in activities to meet basic survival needs consumes much of the day and so the issue of whether play has value needs to be considered. From a cultural perspective, researchers argue that 'children bring to the play experience their cultural background and lifestyle as sources of information' (Kostelnik, Whiren, Soderman, & Gregory, 2006, p. 217).

Play has value in all cultures and is critical for children from a variety of perspectives. First, play provides children the opportunity to learn to manage their own behaviour and emotion as well as building social competence and self confidence (Kostelnik et al., 2006). While there is evidence that children learn what they are taught through formal drill and memorization, differences arise in terms of socialization and the love of learning (Singer, Golinkoff, & Hirsh-Pasek, 2006, p. 7). In a post-disaster setting, play takes on a vital role according to Tolfree who cites Williamson proposing that:

> *Play for children is the major vehicle for expression of feelings and integration of difficult life experiences. Despite cultural variations, repetitive play, role modeling, fantasy and re-enactments of daily life, are all integral to the development of children world wide* (Tolfree, 1996, p. 54).

Second, friendships are developed through play and as earlier highlighted are an important process in strengthening resilience in children. Even if the role of play in cognitive learning is debated, the role of play in enabling children to develop friendships and reducing stress by either switching off from their worries or by expressing their emotions has value in humanitarian emergencies.

However, what is not yet well documented is how communities understand and value play in a post-disaster situation. With CFS programmes focused on play it would be valuable to know whether a community's perspectives on play impacts the attendance of children at CFS activities.

Chapter Conclusion

In the context of this thesis, this literature review first analysed the role of children in development. In particular, it highlighted that the once invisible role of children in development has now been brought into the development agenda but it remains somewhat peripheral.

The main body of this review focused on some key themes related to children in humanitarian emergencies and CFSs. These are themes first focused on theories and to a certain degree practice related to child rights, vulnerability and resilience. The second main section has focused more on development practice. Literature on psychosocial approaches, frameworks and interventions was reviewed with the last part of the section considering the specific issues of play.

Another related theme discussed was how literature indicates confusion and challenges with the concepts of child rights and vulnerability as well as terms such as psychosocial and mental health. These concepts were placed within the wider development discourse as well as within the children in emergencies discussions. How the confusion of terms impacts fieldwork and communities is unclear and how significant this confusion is in terms of the quality of the response to children in Tsunami affected areas is not known and requires enquiry with humanitarian workers as well as children and adults in their communities.

The discussions on vulnerability and resilience suggest that these are dynamically linked and therefore programmes supporting protective factors and building resilience can also counteract the impact of vulnerability but ultimately it is important to reduce vulnerability of children and their families to impact their wellbeing. Using the concepts of domains of resilience the focus of CFSs on activities such as play, friendship, education and identification of vulnerable groups are justified as good psychosocial interventions. Play is singled out as an issue in this chapter as it is a major focus of CFS activities. With the differences in cultural value placed on play alongside research suggesting that it is valuable for children affected by disasters, the role of play in CFS attendance and interest needs further attention.

Having reviewed the literature on the role of children in development in theory, considered key terms related to humanitarian responses to children and focused on what literature has to say about humanitarian practice and the psychosocial support of children affected by humanitarian disasters, the next chapter will provide a more detailed explanation of the evolution of CFSs and give an overview of the development of CFSs in Aceh, Indonesia.

Chapter Three: A History of CFS

Introduction

The focus of this thesis is on CFSs in Aceh, Indonesia but it is critical to understand the evolution of CFSs to know why the spaces in Aceh were designed with certain key features. The origins of a CFS arguably began in response to some key lessons learned from the humanitarian crisis in Rwanda in 1994 and the first time the term 'Child Friendly Space' was used was in Albania in response to the Kosovo refugee crisis of 1999. Since that time CFSs have been introduced in most of the major humanitarian crises throughout the world, including the 2004 Asian Tsunami, the Pakistan/India earthquake in 2005 and most recently in 2008 in Myanmar and China. While there are many examples of where CFSs have been established there is a notable gap in the literature about CFS activities and there is no available document summarizing the history of CFSs so this chapter is written from a practitioner's perspective predominantly.

The term 'Child Friendly Space' is used in this thesis as it is still the most common term used for spaces among the NGO and the UN community at the field level. This said there have been some alternative names used for branding purposes by some NGOs such as Safe Places for Children and Child Centred Spaces. Because of this diversification in names, an international working group created by child focused NGOs and the UN have recently begun to use the term 'Emergency Spaces for Children' but this is still to be adopted by the broader NGO community who tend to still use the CFS terminology. The term Emergency Spaces for Children also excludes the possibilities that these spaces can adapt and be relevant in the longer-term development setting. So CFS is my preference and will continue to be used in this thesis.

With the abovementioned in mind, this chapter commences by highlighting some of the promising practices, lessons learned and areas for further consideration in the design and implementation of CFS programmes. This background information will be used as part of the analysis of the findings of the field research conducted on CFSs in Aceh. Starting with an examination of child related programme issues

arising from the 1994 Rwanda crisis when specific issues of children were highlighted, the rationale for the creation of CFS in Albania during the Kosovo refugee crisis is explained. The key challenges in the creation of CFS programmes in Albania are described and the evolution of the concept of a CFS and related lessons are then explained using experiences in Afghanistan, Darfur and Iran. Finally, there is a brief description of more recent global developments in relation to CFSs that brings readers to the situation of CFS programmes today.

Definition of a Child Friendly Space

As highlighted in the introduction to this chapter the term 'Child Friendly Space' (CFS) was first introduced in 1999 during the assessment phase of the Kosovo Refugee crisis in Albania when a UNICEF representative presented the term and concept of a CFS to members of the NGO community. While there is no available UNICEF documentation from 1999 that provides a detailed history of the development of the notion of a 'CFS' there is an oral history available from the humanitarian workers, including myself, from that time. As in all humanitarian disasters, coordination meetings between agencies was a critical part of the response. I therefore participated in many conversations with UNICEF about the formation of CFS and other child focused programmes. My personal notes provide a description of a CFS at that time.

> A 'Child Friendly Space' (CFS) is a specific physical space for children to gather regularly so that NGOs can address the health, education and recreation needs of as many refugee and displaced children as possible. It must also be a safe space for children. A CFS programme includes a 'prevention component' that reduces further violation of children's rights through the ability to provide closer monitoring of the most vulnerable children and young people (MacLeod, 1999, p. 10)

A casual observer of a CFS might simply describe it as an organised children's play programme during a humanitarian response but there are specific fundamental objectives of a CFS that may not be so easily observed or would not be present if it was an organized play programme. In fact the creation of a CFS has a number of

39

key goals that are indicated in the description above. The first goal is to provide a safe space for children where children can meet together regularly. The second goal is that health, education and recreation needs of children can be addressed in this space and the third goal is to monitor and support the most vulnerable children. Underlying the goals is belief in a holistic response to children so as to address their physical, psychological, social, cognitive and spiritual needs. To understand these three goals as they play out in practice it is necessary to step back to a time prior to Kosovo and learn about the 1994 Rwanda Crisis and previous humanitarian emergencies. In doing this one can see how progressive learning over a number of years culminated in the formation of the CFS concept.

Rwanda as a Learning Ground

While the creation of the CFS concept emerged in Kosovo it was founded on lessons learned by practitioners in other humanitarian emergencies such as the 1994 crisis in Rwanda. There was a very active inter-agency coordination group focusing on children during this time. Specifically there were lessons learned related to the prevention of abandonment of children and the appropriate psychosocial care as well as safety and health of children.

In Rwanda, NGOs noted that while many children had been separated as a result of the conflict in Rwanda, other children were being separated through the abandonment of children into institutional care. These institutions were often called 'orphanages' but as seen in a number of situations around the world many children were not orphaned per se, but instead abandoned or placed in care by families (Save the Children Fund Alliance, 2003). Orphanages often provided services for children that were not available to the wider community and so families chose to place their children in 'orphanages'[6] for economic and social reasons with the assumption that they would have a better life. An example of this was noted when government troops were threatening to send all Rwandan Refugees from Goma, Zaire (now the Democratic Republic of Congo) to Rwanda. Over a hundred children were claimed by family members from an

---

[6] The term 'orphanages' is deliberately placed in quotation marks to emphasise the fact that the term suggests that children in these places are orphans when in fact many are not orphans.

40

'Unaccompanied Children Centre' despite previous efforts to trace these children (MacLeod, 1995).

Prevention of abandonment programmes targeted vulnerable families who may be tempted to abandon their children by providing economic support to the families and creating systems for the early detection of children experiencing difficulties using community or social workers. The difficulties children may experience at home that might lead to abandonment could include acute or chronic illness or disability within the family, alcohol and/or other addiction issues in the family, divorce and new step-parent in the household, family members being imprisoned or a caregiver migrating for work. The families provided with support included families where separated children had recently been reunited, child headed households, children in foster care and children with disabilities (MacLeod, 2000). These types of interventions were new innovations in the humanitarian emergency in Rwanda and highlighted the importance of providing specific interventions to meet the needs of vulnerable children.

Lessons about Psychosocial Support

The psychological impact on children affected by conflict has been documented for years and the need for trauma treatment programmes focusing on individualised care was well highlighted. However, one of the key lessons learned by UNICEF during their Rwanda programme evaluation was that while their specialised 'Trauma Recovery Centre' met the needs of some of the population, many children and their families were better served by community-based psychosocial support and it was this aspect of a psychosocial response that needed to be strengthened and expanded (Chauvin, Mugaju, & Comlavi, 1998). The evaluation report highlighted a wide range of interventions that could be included in the term 'community-based psychosocial support'. Support included income generation activities, financial and material support for schools, training on psycho-education for teachers to identify children who required referral for specialist help, the already mentioned tracing and reunification programmes and the creation of opportunities to strengthen bonds between all community members, focusing predominantly on sports and cultural activities.

As highlighted in the previous chapter, academics and humanitarian practitioners recognize that strengthening a sense of community and connection for individuals who have experienced traumatic events is an important step in the healing process and reduces stress more generally (Christoplos, 2006, p. 73; Herman, 1995, pp. 214-215). In Rwanda, community-strengthening activities included community football games for boys as well as traditional dancing, art and crafts. As is discussed in the previous chapter, there are different approaches to meeting emotional needs of children affected by disasters including a preference for a community-based, culturally appropriate psychosocial approach (Bolton, 2001; Inter-Agency Standing Committee, 2007; The Psychosocial Working Group, 2003).

Another lesson learned from conflicts in Cambodia, Angola and Rwanda was the importance of education about landmines and unexploded ordinances (UXO) specifically focused on children (Busé, 2000). Yet landmine and UXO safety is not the only health issue of concern in an emergency. Other health related issues that also exist include the increased risk of waterborne diseases, and the cholera epidemic in July 1994 in Goma, Zaire is a good example of why health education is important. To explain, the epidemic in Goma resulted in a 25-50% fatality rate primarily due to lack of adequate drinking water when normally with available treatment there is a 1% fatality rate (World Health Organisation, 2000, p. 41). Thus, health education for children and adults on the importance of hand-washing, drinking of potable water and using latrines is critical with displaced populations. While school is often the primary source of this health information for children the fact that many children are not attending school must be considered. Moreover, it takes time for school programmes to re-establish after an emergency and meaning other venues must be identified where children can also access vital health and safety information (Inter-Agency Network for Education in Emergencies, 2004; World Health Organisation, 2003). Lessons learned in Rwanda related to separated children, health and safety and psychosocial support were then able to be integrated into the Kosovo Refugee crisis in 1999.

Kosovo as the Initial Testing Ground

Drawing on the humanitarian workers who had been in Rwanda, very quickly the lessons were integrated into Kosovo response strategies. Based on the lessons learned from Rwanda, the notion of starting a CFS programme and creating places where many children could meet daily for activities was viewed as a practical option which would better enable organisations to support children and, if appropriately designed, could integrate the important learning from previous emergencies. CFS activities were housed in tents. While a number of organisations set up CFS programmes in Kosovo, my detailed knowledge of the CFS is limited to World Vision and so the next section commenting on the involvement of vulnerable children in CFS programmes is limited to the CFS programmes facilitated by World Vision.

Vulnerable Children Supported in the World Vision CFS programme

In response to the 'prevention of abandonment' concerns from Rwanda and other emergencies it was also suggested by members of the NGO community involved in the Kosovo Refugee response that a community outreach component of the CFS programme could allow for follow up of specific children. In particular it was noted by some members within the NGO community focusing on issues of children that the appointment of a CFS community outreach worker visiting refugees while the CFS programme was being facilitated, could then identify children who were not attending the programme (MacLeod, 1999). While attendance at the CFS was voluntary, it was recognized that some of the most vulnerable children may not be able or willing to attend activities. The types of vulnerable children who may not attend activities could be those with disabilities, working children, children who were extremely distressed, children caring for siblings or adult family members or children experiencing abuse and exploitation. These children are often invisible in society and their needs ignored so it was hoped that a specific CFS community worker would enable their needs to be identified and referrals to services made. In the Kosovo situation however, a culture of social work or community work did not yet exist (Tarifa, 1996) and so

43

this notion of community outreach to vulnerable children was expected to be possible only in a longer term programme.

Psychosocial Component of a CFS Programme

A compelling argument for the setting up of a CFS was that it was a place to address many of the psychosocial needs of children. The media reports of rape and violence put increasing pressure on organisations to respond not only to the physical needs of the population but also the psychological needs (O'Conner, 1999). In the context of Kosovo, WHO and UNICEF strongly promoted the notion of 'psycho-education' early on in the process. The key message of psycho-education is that members of the affected population need to be informed that after a traumatic experience people have many different reactions and that people will be having normal reactions to an abnormal situation (World Health Organisation, 2002, p. 4). Members of the affected population need to be encouraged to recognize that their reactions are normal and that they need not feel alone because their reactions might be different to others in their community. In addition, psycho-education encourages the use of simple stress management strategies that are appropriate to the setting (World Health Organisation, 2002). An example of a child focused stress management strategy was the promotion of CFS activities by many NGOs including Save the Children Fund and World Vision. CFS activities enabled children to gather together for daily group activities. By enabling children to meet daily they could experience support of friends and children their own age. Children then felt less isolated. It also allowed children the opportunity to be able to express their feelings in a safe environment and participate in normal play activities that are so vital to their normal development. As highlighted in Chapter Two, play has value in all cultures.

A visual presentation of a psychosocial intervention pyramid was presented by the World Health Organisation to members of the humanitarian community and was similar to the one noted in Figure I. The lower section of the pyramid indicates that there are a larger number within the population who are considered to be in a low risk group and that they do not need specialized psychological support as a result of the disaster. As one moves up the pyramid the middle and top sections

indicate that there are fewer numbers within the population that are considered to be at risk or highly at risk of psychological distress and that the type of psychological support they requires becomes more specialized depending on the level of risk. Examples of approaches and project content are provided alongside the pyramid to aid with the conceptualization of the options the humanitarian community have in responding to a disaster affected population. Using this pyramid as a framework for interventions, a CFS would primarily target low risk groups of children to prevent further harm and support children in a safe environment enabling them to socialize and make new friends or strengthen old friends and be involved in daily activities that have an educative, health and skills development component (Inter-Agency Network for Education in Emergencies, 2004). In addition, a CFS would provide the possibility of identifying children who were at risk and referring these children to the services that they needed. It is possible for a member of a population group to move up and down the pyramid. Hence, the aim was to have and keep as many people as possible in the low risk group.

Pyramid of Psychosocial Interventions
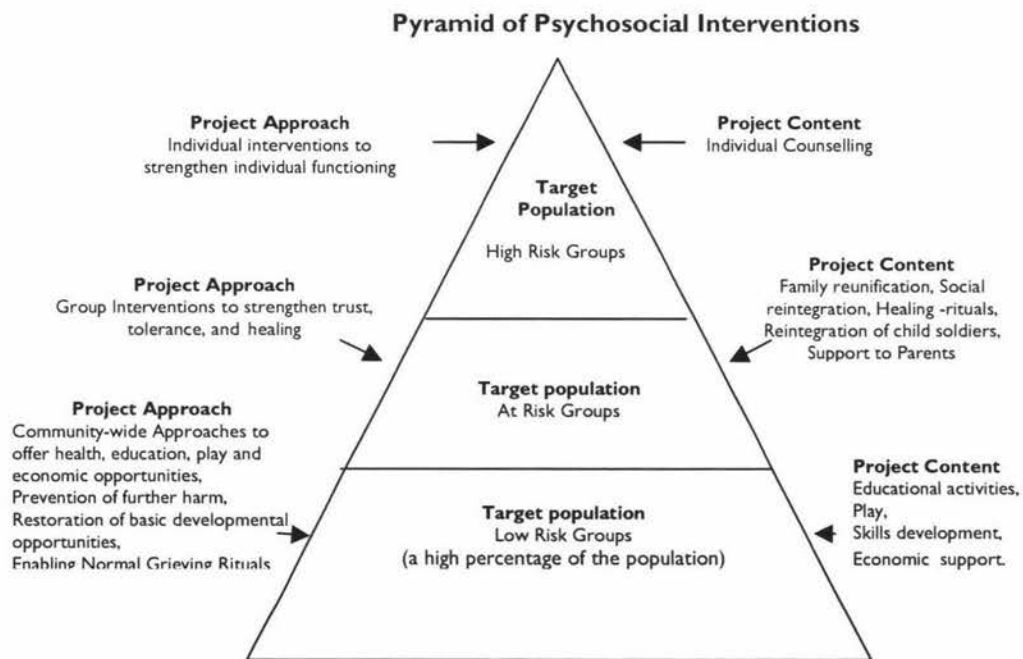
Figure 1: Pyramid Indicating the Range of Psychosocial Interventions following a Disaster.

Source: Adapted from CIDA Capacity Building Workshop on Children and Armed Conflict 2001 pg.24 [7].

---

[7] Adapted slightly from pyramid in the Final Report of the CIDA Capacity Building Workshop on Children and Armed Conflict 2001 pg.24 and originally designed by The Working Group on Psychosocial Assistance, Save the Children U.S

The community-based and risk reduction approach to psychosocial support outlined above is appealing to grass-roots development NGOs as it promotes a culturally sensitive, and more sustainable approach to meeting the psychological and social health needs of children after a disaster.

Activities Offered at the World Vision CFSs in Kosovo

The psychosocial approach to emergencies that aims to reach the majority of children focuses on prevention of further harm and restoration of basic developmental opportunities. Therefore in the original CFS programmes for Kosovo refugees in Albania, while the activities offered were mainly recreational and included some educational activities, they also sought to encourage expression of feelings and ideas among children in a relaxed setting. Familiar games, puzzles, painting, singing, drama and other creative and culturally acceptable activities were therefore encouraged. Some volunteers with a teaching background also began some revision of schoolwork with the children. The coordinators were given some ideas for the initial activities but mostly it was left to them to organise their teams. The limitation was that most volunteers struggled with finding a wide variety of activities for children.

The Promotion of Health and Safety in the CFS

Another aspect of the CFSs was to strengthen existing services and not duplicate. So, rather than having health services provided at the CFSs, the CFSs provided a venue to promote health services. An example of this is that workers at the CFSs would promote vaccination campaigns and put up relevant posters, however they did not provide the actual vaccinations in the CFS. Instead families were encouraged to take their children for vaccination at the health clinics. As schools were not open and hygiene was a problem in the cramped conditions, hand washing was also promoted in a CFS. The challenge in Kosovo from the aspect of health and safety was that CFS teams relied on the services of busy health agency staff and so accessing their services took time. UNICEF did provide posters that reinforced important health messages.

Health promotion also includes the referral of clients to specialist care as needed. As indicated in Figure 1 there is a need for a small percentage of the population, including children, to access services of mental health professionals. The question remains as to who decides when individualised mental health services are required and whether it is possible to train volunteers to identify the children who may need referral to mental health services.

To summarise thus far, the concept of a CFS was developed into a specific programmatic response for the refugee children from Kosovo. As with any process of putting theory into practice there were a number of issues that had to be addressed. The psychosocial approach to care and protection and activities that support children were considered here.

The rapid end to the crisis in Kosovo was a limiting factor but there was a strong sense that a CFS could be a positive contribution in providing more appropriate and focused care for children affected by conflict.

The Evolution of CFSs from Albania to Aceh

With the CFSs in Albania closing almost as quickly as they started, formal research was not possible but the informal feedback from the community and the practitioners involved suggested that this model was a positive one that should be repeated in other emergencies and developed further. The ability to adapt the activities to the local context and to involve the local community right from the start was also considered by child focused NGO workers in World Vision to be a positive aspect of the model.

In Afghanistan, Christian Children's Fund[8] developed CFS[9] programmes to care and protect children affected by conflict following the US military action of 2001. Christian Children's Fund also provides one of the few documented evaluations of a CFS available to the public. The report covers a wide range of positive lessons learned that were based on reviewing secondary data, conducting individual

---

[8] Christian Children's Fund is also known as ChildFund in some countries
[9] Christian Children's Fund renamed CFS and called them 'Child Centred Spaces' (CCS) indicating the tendency of NGOs to create their own name and brand for their programmes and indicating also how the CFS concept was evolving over time.

interviews and FGD with staff and community members. Findings related to the CFSs highlighted the community perception that children attending CFS activities were more respectful and better behaved, and were less aggressive in their behaviour. The evaluation also reports that cultural values were being supported through the CFSs (Snider & Triplehorn, 2003, p. 37). Members of the community involved in the CFS evaluation also reported that children brought health education messages home to the family.

This Christian Children's Fund model of a CFS appeared much more focused on education than the recreational, play and creative expression model of CFSs in Kosovo. The report also highlighted concerns about the overcrowding of existing CFSs with refugee returns.

Iran, Chad and Sudan

While the response to the Afghanistan crisis continued in December 2004 an earthquake in Bam provided further opportunity for CFSs to be offered to children affected by disaster – this time by natural disaster. World Vision, having learnt the lesson from Kosovo regarding the need for volunteers to be supported with practical resources, developed a creative activities manual to provide volunteers with a wider range of activity ideas (World Vision International, 2004). The activities in the manual were a mix of local and Western activities that were tested for cultural appropriateness. The final report of the CFS programme recommended that in addition to a creative activities manual, a more detailed resource manual be created that covered all aspects of the CFS programme.

In Chad and Sudan, CFSs were created for children affected by displacement and conflict in the Darfur region (see Photograph 1). They were so popular that when one CFS for pre-schoolers opened, instead of the expected 100 children, 500 children arrived to take part in the activities (World Vision Sudan Child Protection Programme Staff Member, 2005). In March 2006, the UN supported humanitarian news service, IRIN, reported that an evaluator of UNICEF funded child protection work found that the few staff and volunteers working in the CFS were poorly trained and there were insufficient supplies. It was also noted by the

evaluator that in one CFS there was one facilitator for all 150 children and that person held a stick in one hand indicating that there was a problem with the staff numbers and that in this case there was a risk that the stick would be used to physically hit children (IRIN, 2006). These examples indicate problems with the provision of sufficient staff (including volunteers) for CFS activities that was also highlighted in the report from Afghanistan.

These limitations in terms of the quality and quantity of adults facilitating activities in a CFS also affected the quality and ability to meet the stated psychosocial and protection goals of the CFS. It highlighted the importance of building and supporting the skills and abilities of community appointed volunteers as well as appointing sufficient numbers to ensure the adult to child ratio is sufficient.
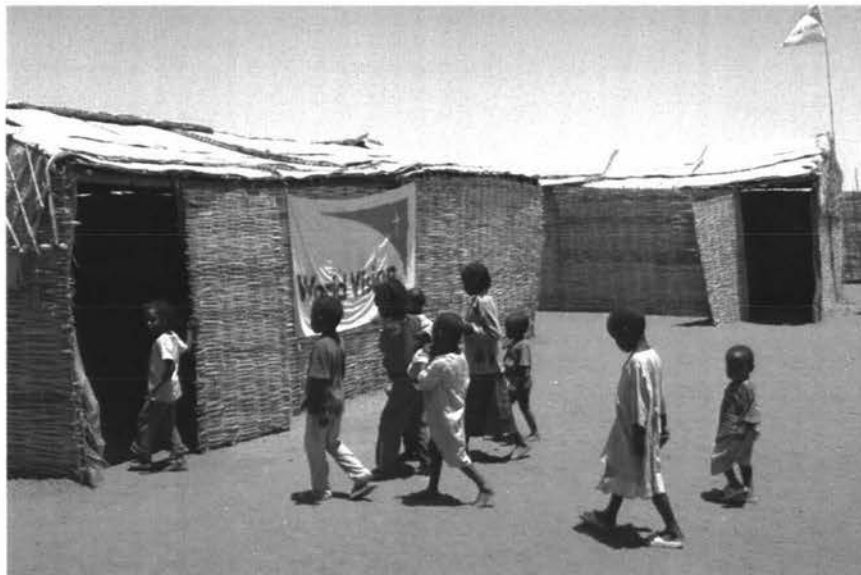
Photograph 1: A CFS in the Darfur Region of Sudan
Source: World Vision International, 2006

To summarise, the concept of CFS arose from lessons learned in the Rwanda crisis of 1994 and was first introduced as a specific programme in Albania in response to the Kosovo refugee crisis. Since that time a range of NGOs have set up CFS programmes in humanitarian emergencies using a variety of names for similar activities. The key issues arising from lessons learned prior to the Asian Tsunami were focused around staffing of the CFSs and the involvement of the

community. The challenges outlined in particular focused on recruitment of sufficient numbers of volunteers, to provide adequate services to children and the training of staff, including the volunteers to provide quality services that aimed to meet the psychosocial and educational needs of children. Community outreach activities to identify and support the most vulnerable children had been an aim of the original CFS programmes but in all the examples given above this component of work was not included as an activity. This is an important issue to consider in child focused humanitarian emergency work and so whether vulnerable children were part of CFS programmes in the Asian Tsunami of December 2004 needs to be explored.

The Asian Tsunami and CFSs

The Tsunami

The Indonesian province of Nanggroe Aceh Darussalam (NAD) located on the northern tip of the large island of Sumatra, experienced a large-scale natural disaster on December 26th 2004. First the province was rocked by a large earthquake measuring 9.0 on the Richter Scale with its epicenter 150km off the coast of Aceh and forty-five minutes later a tsunami destroyed approximately 800km of its coastline (Lay et al., 2005). It is estimated that over 500,000 people were made homeless immediately and 168, 000 people lost their lives (Doocy, Gorokhovich, Burnham, Balk, & Robinson, 2007).

The public outpouring of donations to help survivors of the Tsunami was beyond anything previously experienced and so the financial resources available to respond to children and to set up CFSs in India, Sri Lanka, Thailand and Aceh were enormous. Many international and local NGOs provided such CFS activities. In Aceh, child focused NGOs quickly mobilized and while the immediate needs were apparent, humanitarian workers needed to know the history of Aceh to understand the reactions of the people to the response. While Aceh has experienced a series of natural disasters over the decades mainly associated with floods and landslides (Ananta & Onn, 2007 p.1), it was the long history of conflict that has actually had a significant impact on the lives of people in Aceh. This will now be discussed.

A History of Conflict in Aceh

Aceh was originally an old Islamic Sultanate with trading links to Europe and the Middle East and not formerly part of the Dutch colony. In 1949 when the Dutch gave independence to Indonesia, Aceh agreed to join the new republic in return for 'special territory' status. As is the pattern in many oil rich areas, conflict emerged but the reasons for the conflict continuing are complex (McCarthy, 2007). In the mid 1970s, a very small separatist movement, the 'Gerakan Aceh Movement'(GAM), or Free Aceh Movement was formed and was quickly squashed by Indonesian government forces and by the early 1980s this movement had little following in the region and its leaders had sought refuge in Sweden.

Meanwhile the oil and gas industry strengthened in the 1980s and economic performance across all sectors was strong within Aceh. As a result, an estimated 50,000 migrant workers, mainly Javanese, transferred into Aceh during this period. Acehnese, 97% whom are Shiite Muslims are more conservative than the Javanese Muslims who form the ethnic majority within Indonesia (Martinus, 2004, p. 32). The Javanese migrants were accused of increasing corruption, gambling and prostitution in the region. An additional source of tension was that that Javanese were considered by non Javanese to be more closely linked to the Government of Indonesia than other regions of this vast country and that they were also the primary beneficiaries of government policies. The combination of the social, economic and political division between the Javanese and Acehnese fueled tension between Acehnese and Javanese during the 1980s and in the late 1980s GAM re-emerged as a much stronger force causing more disruption than the initial movement (Human Rights Watch, 2001; McCarthy, 2007; Ross, 2004). Schulz (2004) attributes this strengthening not only to the grievances of the local population but also to support from Libya in training GAM fighters as well as added assistance from local Indonesian security forces (Schulze, 2004, p. 40).

The response from the Indonesian government over the following decade resulted in acts of violence towards the local civilian population (Human Rights Watch, 2001). During the protracted conflict the estimated number of deaths

rose from 6,000 to 15,000 people, mainly civilians (Ploughshares, 2004). By 2004, an estimated 30,000 troops remained in Aceh. Attempts at peace deals were unsuccessful during the 1990s and while a slight reduction in hostilities was noted during the 'humanitarian pause' of 2002-2003 this did not last (Human Rights Watch, 2001 p.10). Of importance, during most of the past decade, expatriates were not permitted to work in Aceh. Some journalists did access the area but were tightly controlled or acted illegally. So we see a population cut off from the outside world and caught up in a brutal conflict that lasted decades (Martinkus, 2004).

The Tsunami and the response from the international community changed the political scene and the isolation from the outside world that the people of Aceh had experienced. The impact of the conflict on the Tsunami affected population was noted by a number of agencies. The Indonesian military was devastated by the Tsunami as many of their bases were in coastal areas. GAM fighters had their bases in the hills and mountainous areas of Aceh and so the Tsunami changed the dynamics of the conflict (Qodari, 2007 p. 8-10). With the massive humanitarian response, members of the Acehnese community were suddenly interacting with people from all different cultures. Concern by the local religious leaders that this would result in a liberalisation of Islam and in the global context of US President G.W.Bush and others, it raised concerns about Islamic terrorism in Indonesia and resulting in representatives of Western organisations entering a very politically sensitive environment. To add to the complexity was the fact that the large amounts of monies were raised for the Tsunami and not the conflict therefore aid could only go to the Tsunami affected areas despite a concern that this may have a negative impact on peace efforts (World Bank, 2005, p. 4) .

The formation of CFSs in Aceh after the Tsunami
Within a week following the Tsunami in Aceh, UNICEF had formed a 'child protection' coordination group that met each night to ensure information and planning was coordinated. Common assessment tools were shared and agencies - local and internationall - were strongly encouraged to share their assessment results as soon as possible with UNICEF (Office of the Humanitarian Coordinator

Banda Aceh Office, 2005, pp. 21-23). A sub–group on separated children also met to ensure that all this work was coordinated. Concern had been raised about the risk of increased trafficking of children and this was justified given a documented history of human trafficking from Aceh to Medan, the nearest large city in Sumatra (ECPAT International, 2008). In addition, media attention very early on to an American Christian organisation who purported to have evacuated 'orphans' to Jakarta from Aceh raised concerns about whether these children were indeed documented orphans. The broader concerns about the appropriateness of an American organisation evacuating any children within Indonesia was emphasized (Cooperman, 2005). As a result of this information, the global Inter-agency Working Group on Separated Children issued a one page statement highlighting the issues of separated children and international standards protecting them (ICRC *et al.*, 2004). Moreover, pressure was placed on the local authorities to prevent the evacuation of any children out of the province without evidence that children were accompanied by a legal guardian. This resulted in local authorities quickly issuing such a policy (Fraser, 2005). At the child protection meetings, CFSs were promoted and many agencies decided to implement them as part of their humanitarian response. The total number established in the province is not documented and this lack of consolidated numbers is common across all sectors of humanitarian response (Bennett, Bertrand, Harkin, Samarasinghe, & Wickramatillake, 2006, p. 11).

World Vision Child Friendly Space History in Aceh

As in all humanitarian emergencies, NGOs meet to divide up the work to prevent duplication and support cooperation. In Aceh, World Vision agreed to initially set up twenty spaces in four districts expanding to twenty six spaces (World Vision Asia Tsunami Response, 2007, p. 7). While World Vision had operated in other areas of Indonesia for many years, they had no history of working in Aceh. Therefore the World Vision Indonesia staff assigned to work in the Tsunami were predominantly Javanese. While they had not been trained specifically on how to set up CFSs, they used their previous child focused programme experience elsewhere to build a programme. With strong support from senior management, a range of resource materials previously developed for other CFS responses as

well as support from the expatriate experienced in children in emergencies, they were guided through the process and were able to respond and set up a programme within a couple of weeks from the Tsunami. The first CFS was set up in a tent beside a government owned building in Banda Aceh housing displaced persons. Volunteers were recruited from the local community and activities were mainly play and informal education activities inside the tent as it was the rainy season and there was limited space for outside activities. This first CFS gained significant interest from the media who were mainly interested in talking to children who had been orphaned or had a terrible story to tell. Many children attended CFS activities and parents/guardians reported that they were appreciative of the service. The final evaluation report also verified this (World Vision Asia Tsunami Response, 2007).

As time progressed more tents were erected and longer-term staff were recruited. The challenge was that while there were very able volunteers there was great difficulty in locating those with the skills required for managing and meeting the reporting requirements of organisations. This phenomenon of difficulty in recruitment of skilled Acehnese staff was reported across many of the humanitarian sectors (Bennett et al., 2006). This challenge in locating sufficient local staff resulted in bringing in staff from outside of Aceh province.

Training of volunteers and assisting them with planning programmes for the children was deemed a priority by the Child Protection Working Group (Office of the Humanitarian Coordinator Banda Aceh Office, 2005, p. 22). Training included topics such as teambuilding, creative activities, managing behaviour of children in groups, psychosocial assessment and support of children and separated children and took place during the first twelve months.

Once schools began, children were invited to the CFSs as an after-school activity involving reading, playing, singing, cultural activities and studying as can be seen in Photograph 2. Within a year, plans for constructing more permanent spaces in the new housing sites were underway and so by mid 2006 many of these spaces were completed. The CFS activities continued until mid 2007 but there were

unconfirmed reports that the number of children attending CFS activities was diminishing throughout the province. Whether the communities will continue with the CFS activities once external funding is discontinued remains to be seen.

Photograph 2: Girls Attending a CFS Activity in Aceh
Source: MacLeod, H. March 2007

Based on summary reports of child focused NGOs involved in Aceh, the aims of all CFS programmes appear to be similar to World Vision CFSs. For example, a funder of the International Rescue Committee reported that the aims of the IRC facilitated CFSs were to 'provide displaced children with psychosocial activities that will transition into after-school programmes as local teachers are trained to meet the needs of child trauma victims' (United Jewish Communities, 2005 p.1). Plan International in their six-month post -Tsunami report stated that the provision of CFSs is a social intervention that assists in 'effective ways of helping victims recover as soon as possible' but does not provide detail as to what the programme involves. Plan International set up trauma counseling training for the community in partnership with the Indonesia Psychological Association but how this linked to the CFSs is not clear (Plan International, 2005). Save the Children Alliance reported on January 28th 2005 that 'in many of the temporary camps filled

with displaced survivors, Save the Children is creating child-friendly spaces for children, to give them the opportunity to play and begin the healing process' (Save the Children Alliance, 2005).

There do not appear to be any reports or research published discussing specific details of CFSs in Aceh and the little information that is available is limited to public documents outlining the wide range of NGO responses to the Tsunami. In December 2006, UNICEF conducted a survey of Tsunami affected children asking their views on how they see their lives. Indonesian children are reported to have expressed more pessimism than children from other Tsunami affected countries and they self-reported this in terms of boredom, indifference, loneliness and sadness and this suggests that there is still a lot to be done in terms of support for children in Aceh (UNICEF, 2005, p. 44) The level of pessimism may be attributed to the impact of the Tsunami but also the impact of the conflict in Aceh. If indeed children are reporting that they are feeling lonely and sad, the range of programmes being offered children in Aceh are not reaching all children effectively. While CFS programmes are only one piece in the jigsaw of psychosocial interventions for children and their families, this feedback indicates the need to explore what impact CFS activities do have on children and whether children who are reporting pessimism are attending or have attended such programmes.

The Development of a Coordinated Process for CFSs since the Tsunami
Since the Tsunami, CFSs have continued to be offered by NGOs in a number of emergencies including the internal conflict in Timor Leste, the mudslides in Philippines, the Pakistan Earthquake, floods in Peru and the ongoing conflict in Sudan. Reports on the impact of these spaces remain elusive, however the need to understand the processes involved in the development of CFS programmes have been highlighted by a group of international NGOs and UNICEF by the facilitation of a roundtable meeting on Emergency Spaces for Children hosted by Save the Children (US) in July 2007 with the aim to:

a) define the spaces

b) develop an understanding of what was and was not known about the ESC

c) draft next steps (Save the Children USA, 2007, p. 3).

Since the July 2007 meeting the term 'Emergency Spaces for Children' is now beginning to emerge as the umbrella term to encompass the range of names created by different NGOs for what was originally a CFS. These spaces are currently implemented under many different names such as 'CFSs', 'Safe Spaces', 'Safe Play Areas' and 'Child Centered Spaces'. The meeting participants from the seven child focused organisations involved in the roundtable discussions define ESC as 'places which are developed with communities to protect children during emergencies through structured learning, play, psychosocial support and access to basic services' (Save the Children USA, 2007, p. 6). Outcomes of the meeting included plans to convene a taskforce to focus on ESC, the drafting of a good practice guide in relation to ESC and the distribution of the roundtable meeting report, bibliography and ESC resources via a listserv to a wide range of child focused organisations (Save the Children USA, 2007).

The formation of an international taskforce indicates not only the level of continued interest and concern within the humanitarian community about the intention to offer spaces for children in future humanitarian emergencies but also the need to conduct research and improve practice in these emergency spaces. Therefore the outcome of this thesis, with its focus on research on the CFS in Aceh will potentially make a useful contribution to the learning processes of this ESC taskforce with the hope that it will also influence good practice in the future.

Chapter Conclusion

This chapter provides the historical background of CFSs and describes the evolution of CFSs from Rwanda to Indonesia. It describes a setting for the research for this thesis by giving a short introduction to Aceh, Indonesia and the development of CFS programmes in this region after the December 2005 earthquake and Tsunami. While it draws on the few available documents that

refer to CFS programmes, this chapter relies primarily on my personal experience as a child focused humanitarian practitioner. It outlines a number of areas for potential research through the identification of lessons learned along the way. These areas include consideration of issues of programme design in relation to the type and number of paid or volunteer staff for the CFS programme and their training as well as what services can realistically be offered. In particular there are questions about what referral services are offered for health and other basic services as well as those children requiring mental health service assessment. Finally there are questions about how vulnerable children are connected to the CFS programmes and which are the most beneficial activities offered at a CFS and how the wider community becomes involved in the programmes.

Of significance is the lack of specific documentation and research into CFSs and the need to rectify this. So, taking the results of the literature review in Chapter Two and the lessons learned by practitioners in this chapter and recognising the limitations of time and resources for field research on CFSs, the intended focus for research is to learn what the key stakeholders understand as the purpose of the CFSs, what definitions they give to some of the key concepts, how this impacts the design of the activities and whether this influences involvement by vulnerable children.

Chapter Four: Ethics and Methods

Introduction

The need for research on CFS programmes has been outlined in previous chapters. This chapter describes the process involved in designing the research, the strategic intent of the research and many of the ethical issues involved in the research. The research process was a reflective one with changes occurring in the field and these are described in this chapter. It begins with a short overview of my personal background and the reasons why this topic was of interest to me and the organisation for whom I was working and the timing of my becoming a Masters student.

With the personal background positioning my role in the research, the first main section of this chapter summarises the research questions and details the research methodology and the actual field research. It explains first the approach taken to the research and my position in the research process. It then addresses how the research questions and what research questions were agreed upon. Issues such as the location of the research, the methods chosen, the identification of participants and the activities in the field are explained. The limitations of the research are identified and a brief evaluation of the field research provided.

The methods chosen for the research and the research design itself is intrinsically linked to the ethical considerations involved. Therefore the second section of this chapter describes the process for approval from the Massey University Ethics Committee and then discusses other ethical issues involved in the double role as a humanitarian practitioner funded by an international humanitarian organisation and Masters student. Issues such as conflict of interest, beneficience, do no harm and the institionalisation of ethics are also discussed. The chapter concludes with a summary of key points related to the chosen research methodology and ethical considerations.

Personal Background

My background is that I have worked for an international relief and development organisation - World Vision - for sixteen years. During that time I have focused on child protection and children in crisis issues including the development and facilitation of training programmes and resources on children affected by humanitarian emergencies. My role prior to becoming a fulltime student was a broader management role based in Singapore with oversight of the operations of the Asian Tsunami response.

It was clear during the years since CFSs were developed that evidence based research was needed and so in 2006, in consultation with a group of practitioners including qualified researchers involved in the World Vision International Monitoring and Evaluation team, the CFS research idea emerged. The choice of a Tsunami affected country was deemed appropriate given that the Tsunami resulted in a significant and large humanitarian response with a large number of organisations establishing CFS programmes and thus funding for research linked to evaluation and learning was made available. Hence, in 2006 I commenced an ongoing process of contacting representatives of the wider international child focused NGO and UN community through email or phone conversations to understand the level of interest in CFS research and whether there were particular topics of interest related to CFSs. Positive responses affirming CFS research was received from Save the Children US, Christian Children's Fund, World Vision International, IRC, UNHCR and UNICEF - all of whom are or were involved in the response in Aceh, Indonesia. In addition, WarChild and UNESCO also indicated an interest in the research.

A parallel process to identify possible research topics began and ideas were sought from community-based staff working for World Vision in Tsunami affected countries resulting in the submission of a wide range of questions indicating significant interest from those involved in facilitating CFS activities. These processes were further supported by my own experience working extensively with children and through an ongoing analysis of the literature the common

themes for enquiry that were pertinent to CFSs emerged. Questions such as how do you define or describe a CFS, what is the definition of child rights and what does vulnerability mean, who are vulnerable children and do vulnerable children come to the CFS activities and about the nature of the role of the volunteers who provide support for the CFS activities emerged. With this feedback and based on the goals of a CFS to provide psycho-social support and reach the most vulnerable the research questions were defined.

Research Objectives

After considerable discussion the research objectives were defined as the following:

1. To understand what the key stakeholders define as the purpose of the CFSs and what definitions they give to some of the key concepts underpinning the CFS;
2. To establish what the key stakeholders understand to be the reasons for attendance or non-attendance at CFSs;
3. To clarify the key stakeholder perceptions of vulnerability and whether they believe vulnerable children attend CFS activities.

A further objective agreed to was sharing this research with World Vision and the wider humanitarian community for consideration in future responses. Recognising that it was unlikely humanitarian practitioners would be able to easily access a thesis, a commitment was made to colleagues and World Vision to write a learning paper for the humanitarian community summarising the findings of the research and of this thesis.

Methodology

Approach to the Research

The strategy for the research project was to create a practical and change oriented research agenda that evaluated the child focused humanitarian work in Aceh. As Smith points out, 'it is important to think critically about the connections between research, practice and change; a beneficial outcome through improved development practices cannot be assumed (Smith, 2007, p. 7)'. As a

practitioner, supporting a process that links the subject-oriented methodology to change was a key goal for the research and thesis. The concept of action-research perhaps demonstrates best the connection between research and change. Denscombe (2003, p. 76) illustrates the change and cyclical focus of action-research as shown in Figure 2. It is the recognition that the positioning of this thesis and the research is only one part of the broader framework of action-research that shows how it can ultimately contribute to changing humanitarian practice (Fig.2 Box 3). It is not possible in the timeframe of this thesis to prove that in fact the research did lead to a translation of the findings into an action plan and change occurring. However, as a practitioner, my commitment and future positioning within World Vision allows me to present the findings to the organisation and to influence a change in humanitarian practice within the organisation and with others.

Insider/Outsider Role for Researchers

The potential for falsely assuming that research automatically changes practice is also raised by Bartunek and Lousi (1996) who suggest that one way of overcoming this disconnection between research and practice is the introduction of an insider/outsider research team. The authors propose that insider/outsider

Figure 2. Action-research Approach to Professional Practice
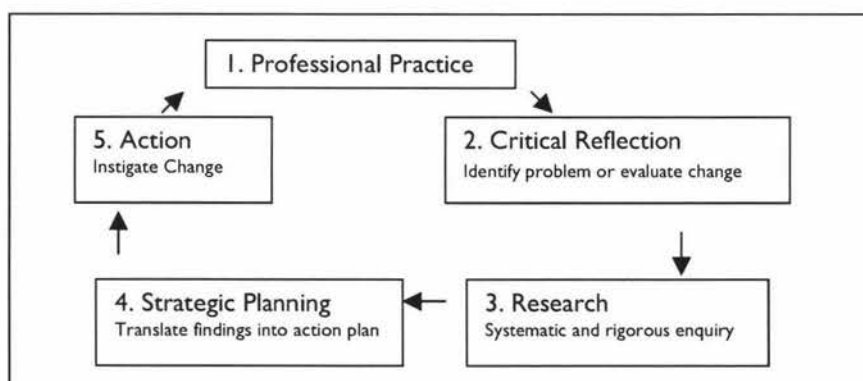
Figure 2. Illustration of the Role of Research in Action-research [10]

---

[10] Denscombe, M. (2003). *The Good Research Guide for Small-Scale Social Research Projects* (2nd ed.). Maidenhead, Berkshire: Open University Press.

teams will create more ownership of the research by those from inside the community being studied. Simpson suggests that the 'field' is in fact a social space and so in considering who is an insider determining their relationships not their geographical location (Simpson, 2007, p. 160).

Insiders are more likely to have a longer-term interest in the processes involved in the research and concern for the broader outcomes whereas outsiders who are involved in the process of study are only engaged temporarily in the setting. The proposed role of the 'outsider' researcher is to bring objectivity and scientific inquiry to the research process in order to answer questions or test a hypothesis. If it is 'the relationship between the researcher and participant that is the means by which research gets done' (Maxwell, 2005, p. 83) then there are many factors at play including social, educational, political or religious factors that may influence the perception of who is an 'insider' and who is an 'outsider'.

At face value, the separation of the outsider and insider roles in the research process appears clear and logical but in reality there are examples when a blurring of outsider/insider roles occurs. For example, when a participant identifies with the outside researcher at some level then blurring can occur. It may be that the researcher is identified as being part of the ethnic group being studied and therefore at one level the researcher is viewed by the participant as an insider and yet once he/she behaves differently to the societal norm of the group it is likely he or she will be then considered an outsider (Sultana, 2007).

Also, when an apparently local person is appointed as a member of the research team, that person is considered an 'insider' by the research team but the assumption cannot be made that the person is considered an 'insider' by the participant group.

People's roles and positions in life are fluid. As a humanitarian worker who is taking time out from work to be a student and researcher, my experience is that I am caught in the blur of being both an outsider and insider in the development

63

and implementation of the research process. For example, in the process of preparing the proposal for my thesis, it was my inside experience of being involved in designing CFSs and working for an NGO that allowed me to make connections to the UN and NGO representatives who, as colleagues, were able to share their ideas about what would be useful research. Whether an outsider lacking experience in humanitarian work would have had this level of access to these experts in the field of practice is questionable. This tension due to the blurred inside/outsider research role needs to be managed constantly throughout the research process and poses a number of ethical concerns. These will be discussed in detail later.

The blurring of my role posed additional ethical issues. I was a post-graduate student as well as a supervisor of teams conducting community-based research where CFS activities had been supported by the funding organisation, World Vision. The research related to this thesis and the process involved is presented in Figure 3. The primary research I undertook as a post-graduate student with the humanitarian industry stakeholders is indicated by use of a blue font in Figure 3. The actions taken as a supervisor only for the secondary World Vision community-based research teams is indicated by use of the black font and grey boxes.

Description of methods

Site selection

Aceh, Indonesia was chosen as it was the geographical location most affected by the Tsunami and because World Vision was reviewing future child focused programming in the country around that time and making the research relevant locally as well as internationally was considered important. Issues of timing as well as logistical support were taken into account in choice of the country.

Figure 3: CFS Research Process including Ethics

```
┌────────────────────────────────┐        ┌────────────────────────────────┐
│ CFS Research Concept as        │───────▶│ Funding Secured from           │
│ employee of World Vision       │        │ World Vision for               │
│                                │        │ research and learning          │
└────────────────────────────────┘        └────────────────────────────────┘
        │
        ▼
┌────────────────────────────────┐
│ Consultation with key NGO and UN│
│ stakeholders including Acehnese │
│ CFS volunteers                 │
└────────────────────────────────┘
        │
        ▼
┌────────────────────────────────┐
│ Application and Acceptance as Massey│
│ University M.Phil programme    │
└────────────────────────────────┘
        │
        ▼
┌──────────────────────────────────────────┐     ┌──────────────────────────────┐
│ Massey University Human Ethics Committee High│   │ ❑  Information Sheets         │
│ Risk Application due to conflict of interest and child│ ❑  Consent forms in     │
│ involvement in secondary research and approval│   │    English and Bahasa        │
└──────────────────────────────────────────┘     │ ❑  Permission from           │
        │                                          │    Aceh Govt rep             │
        ▼                                          │ ❑  MUHEC                     │
┌────────────────────────────────┐                │    Application Form          │
│ Primary Thesis Research with   │◀───────────────└──────────────────────────────┘
│ UN, NGO and Government         │
│ Stakeholders                   │
└────────────────────────────────┘
        │
        ▼
┌────────────────────────────────┐
│ Field Research in Aceh         │
└────────────────────────────────┘
        │
        ▼
┌───────────────────────┐  ┌────────────────────────────────┐
│ Registered with the   │  │ Recruit Translators            │
│ Govt. agency BRR on   │  └────────────────────────────────┘
│ arrival               │          │
└───────────────────────┘          ▼
                          ┌────────────────────────────────────────────┐
                          │ Initial Contact with humanitarian industry stakeholders as│
                          │ potential Research Participants              │
                          └────────────────────────────────────────────┘
                                   │
                                   ▼
┌───────────────────────┐  ┌────────────────────────────────────────────┐
│ World Vision          │  │ Conducted Semi-structured Interviews         │
│ Community-based       │  └────────────────────────────────────────────┘
│ Research in Aceh      │          │
└───────────────────────┘          ▼
```

International NGO x 6	Local NGO x 3	Government X 2	UN X 2
CFS Volunteers x 3		CFS Coordinators x 2	

```
┌───────────────────────────────────┐
│ Provided the design of the        │
│ FGDS discussions in               │
│ consultation with others, also    │
│ the information sheet and         │
│ consent forms                     │
└───────────────────────────────────┘
        │
        ▼
┌───────────────────────────────────┐      ┌────────────────────────────────┐
│ Co Facilitated training of the    │─────▶│ Added 5 Interviews in CFS post- earthquake Jogyakarta│
│ Community-based Research          │      │ with humanitarian stakeholders │
│ team and testing of the tool      │      └────────────────────────────────┘
└───────────────────────────────────┘              │
        │                          ┌─────────────────────────────┐
        ▼                          │ Local and Provincial Government│
┌───────────────────────────────────┐ │ permission application and approval│
│ Supervised one FGDS team          │ └─────────────────────────────┘
└───────────────────────────────────┘              │
        │                                           ▼
        ▼                          ┌────────────────────────────────┐
┌────────────────┐ ┌────────────┐  │ Consolidation of Qualitative Information│
│ Supported a    │ │ Supported  │  └────────────────────────────────┘
│ consolidation  │▶│ Analysis   │          │
│ process        │ │ processs   │          ▼
└────────────────┘ └────────────┘  ┌────────────────────────────────┐
                        │          │ Analysis of Qualitative Information│
                        └─────────▶└────────────────────────────────┘
```

* The information in the grey boxes
indicate my involvement in the World
Vision Community-based Research

Identification of Key Stakeholder Groups for the Primary and Secondary Research

In line with the action-research strategy, the intention was to involve the beneficiaries of CFS programme and key stakeholders in the research. Therefore key groups were identified. The first group of stakeholders for the primary research was the humanitarian organisations responsible for setting up the CFS programmes who had already indicated their commitment to and interest in research on CFSs.. In humanitarian emergencies and the subsequent rehabilitation phases of a response, the role of Government is critical and so this was another group of stakeholders identified for the primary research. It was not until the research began that another group was identified by the World Vision community-based research – the volunteers working with children in the CFSs. This group was added to the primary research. The exact locations were decided later on in the process.

At the community level, it was clear that the most important group to engage were children in communities where the CFS services were offered. The aim was to listen to children who did and did not attend the CFS activities. Second, adult perceptions of child activities can be quite different to that of children and so adults in the community were also a key group to hear from (Ennew, 2003, pp. 2-3). The temptation for teams was to talk only to parents or caregivers but in communities where children were raised by a number of caregivers the opinions of a wider range of adults in the community was considered to be valuable. The groups identified thus far were the responsibility of the World Vision community-based research process and therefore considered to be the secondary research for the purpose of this thesis.

To summarise, the identified stakeholder groups were children and adults from the community provided with CFS activities, volunteers supporting the activities, representatives from local and international organisations involved in the CFS implementation, the UN and Government representatives who have oversight for policy creation and implementation related to children.

Choice of Methodology and Methods of Data Collection

Qualitative research was chosen as the preferred methodology because it allowed for analysis of the relationship between the CFS programme and the different groups of people involved with it and this in turn allowed for expression of diverse views in the complex environment of a post-disaster community (Flick, 2002). This choice was made knowing the concern that qualitative approaches run the risk of reducing the critical capacity as compared to quantitative approaches but this was done in an effort to hear the voices that might otherwise be ignored (Smith, 2007, p. 19). While it is argued that quantitative data is commonly assumed to be more objective and unbiased, complete objectivity in any form of research is impossible (Cloke, Cook, Crang, Goodwin, Painter, & Philo, 2004, p. 17).

In keeping with qualitative research and to make the most of the stakeholder group's knowledge and situations, semi-structured interview was the chosen method for the process of gathering qualitative information with the humanitarian industry stakeholders and FGD was the preferred means of data collection with children and adults. The focus in this section of the chapter will discuss the methods used for the primary research with humanitarian industry stakeholders and articulate in more detail why semi-structured interviews was the most appropriate choice of data collection. FGDs will be discussed later when the parallel community-based secondary research is discussed.

In choosing qualitative research methods that involved interviews it was recognised that the information would involve three main processes – linguistic expression, interpretation of meaning and interest as well as the social positioning of the researcher and participants.

> *[Knowledge] occurs through the interaction of linguistic expression (forming, asking and answering questions), through understanding and misunderstanding (the interpretation of meaning and intent) and by way of societal positioning (the*

placing of research participant as 'subject' and the perception of the researcher by participants (Hoggart, Lees, & Davies, 2002, p. 210).

The use of semi-structured interviews to obtain data from NGO, UN and Government staff was considered to be the most effective option for the research based on appropriateness, timing and resources. The perceived strength of the semi-structured interview as with many forms of qualitative interviewing was that it allowed the participants to articulate the complexities of their situations while not feeling intimidated (Hoggart et al., 2002).

Moreover, research can be intimidating for the potential participants in a number of ways. The participant might have concerns about what and how information would be used. Additionally, a participant might not understand the questions or not be able to give a succinct answer to a question. Alternatively, the question might raise an issue that is new for the participant and therefore appear strange making the participant feel uncomfortable. So a method of research that promoted conversation between researcher and participant and allowed for a participant to clarify their thoughts, ideas and feelings would hopefully increase confidence and trust between researcher and participant. Semi-structured interviews best do this.

Also, the number of representatives of NGOs, UN and Government Agencies actively involved in CFSs in Aceh was wide enough to allow general comparisons but still sufficiently limited in number to allow the time for the semi-structured interviews (Hoggart et al., 2002). With NGO, UN and Government stakeholders other methods such as focus group discussion were considered impractical. Many of the potential participants from the humanitarian community travel and so it was highly likely that some key stakeholders would be excluded if a focus group discussion was arranged. Furthermore, with the aim of the research to hear about the different organisational experiences of CFSs, semi-structured interviews were considered the most effective means of collecting this data.

The questions for the semi-structured interviews were designed around themes from the research objectives but the conversations were free flowing around the themes and allowed for the introduction of other information deemed relevant to the topic. An important aspect of using semi-structured interviews is to be sure that the researcher has sufficient skills to analyse the data[11] and with training and support from a leading NGO expert in evaluation, Dr Jamo Huddle, and others experienced in research methodology in development, including my thesis supervisors, I felt my skills for analysis of the data would be adequate.

To summarise, when interviewing individual humanitarian industry stakeholders the method chosen was qualitative in nature with a focus on semi-structured interviews.

Sampling and Numbers of Interviews
Purposive sampling was chosen to incorporate the collection of information from a range of sources, only focusing on organisations and people who had some experience with CFSs and therefore likely to produce valuable information (Denscombe, 2003; Wadsworth, 1997). It was hoped that one representative of all the organisations currently involved in CFS work could be contacted but this was not guaranteed due to the rapid turnover of personnel resulting in gaps in coordination of accurate information. With this in mind it was necessary to divide the representatives of CFS service providers into six different groups. In the first group there were the representatives from Indonesian NGOs who were a smaller number in size compared to the International NGOs but would have an important local perspective on CFS work and who are often lacking funds for research and also excluded from global discussions. By targeting this group it was hoped that the experiences of Indonesian NGOs could be heard. The second group comprised the representatives of the larger International NGOs some of whom had previous experience in facilitating CFS work and others who were new to the work. The third group included UNICEF representing a UN agency and the fourth group were the Government of Indonesia representatives who provide oversight to work with children and included personnel from the Ministry of

---

[11] The term 'data' here refers to the information gathered during the semi-structured interviews and not the more narrow interpretation of the term to mean quantitative information.

Social Affairs and the government department responsible for the coordination of all relief and rehabilitation activities in Aceh – Badan Rehabilitasi dan Rekonstruksi (BRR). The fifth group represented were staff that had previously worked as Coordinators of the CFS projects with World Vision and the sixth group were volunteers from World Vision CFS activities. These last two groups were added on arrival in Aceh when the results of the parallel process of community-based research facilitated by World Vision identified the vital role that leaders of the CFS had in influencing whether children attended activities in the CFSs. It was not possible to obtain permission and identify potential participants with similar roles in other organisations given that the issue of leaders of the CFS activities only arose in the field. The final number of interviews for the primary research with the humanitarian industry stakeholders was 19 (see Table 1, Column 2).

Table 1 : Summary of Research Participants

Participants	Number	Gender	Organisations
Government Officials	2	1 m 1 f	Dept of Social Affairs, BRR
UN Officials	2	1 m 1 f	UNICEF
International NGOs	5	1 f 4 m	Children on the Edge, Save the Children, World Vision Indonesia, Plan International, ChildFund
Local NGOs	4*	1 f 3 m	Adista[12] (2), Pusaka[13], Muhammadiya[14]
Former CFS Coordinators (paid staff)	3	3 f	World Vision
Former CFS Volunteers	3	2 f 1 m	World Vision (3 in Aceh)
TOTAL	19	9 f 10 m	12 organisations involved

* One organisation requested that 2 participants be present at the one time and so they were interviewed together and both signed consent forms.

Source: Author's Field Notes, December 2007

---

[12] Adista is a local NGO based in Aceh and runs 6 Children's Centres. http://adista.wordpress.com/about/

[13] Pusaka Indonesia is an Indonesia NGO group that began in 2000. It responded to the Tsunami and set up CFSs. http://www.pusakaindonesia.or.id/ab_history.php (in Bahasa Indonesian)

[14] Muhammidiya is an Indonesian organisation that operated in Aceh prior to the Tsunami and focuses predominantly on education and provision of orphan care. In the initial stages of the Tsunami they supported CFSs. http://www.humanitarianinfo.org/sumatra/products/contacts/docs/DirectoryLocalNGO-English.pdf

Once the methodology for the research was decided, the participant groups identified and sampling size agreed it was necessary to address the specific issues that would arise in the fieldwork. They included issues related to the cross-cultural setting and permission to conduct the action-research in Aceh, Indonesia.

Distinctions of the Fieldwork

Permission for Action-research

With the research questions finalised, the stakeholder groups identified, the methodology chosen and cultural considerations identified it was then necessary to gain permission from the Indonesian Government and the University Ethics Committee. For Government permission to be obtained in the post-Tsunami situation, permission to conduct any development related activity in Aceh - including action-research - had to be approved by the Aceh and Nias Rehabilitation and Reconstruction Agency, known as the BRR (Badan Rehabilitasi dan Rekonstruksi). CFS programmes were considered informal community activities and so did not clearly come under one government department.

However, the Ministry of Education in Aceh agreed to send an approval letter from a local government representative for the research. This letter and the submission of my curriculum vitae and terms of reference to the BRR by the approved agency acting as my local counterpart – World Vision Indonesia- was submitted. The BRR then provided sent a letter of approval for my research with the clear proviso that it was contributing to future programme planning in Aceh.

Cross-cultural Issues in the Research

Working in Aceh required respect for the Islamic traditions by planning the research to commence after the end of Ramadan and ensuring that interviews were sensitive to prayer times. Although I am not a Muslim, it was important that the traditions related to the role of women in Islam, including the code of behaviour and dress, were respected to reduce communication barriers that might otherwise be there. I have worked in many Muslim countries including Somalia, Pakistan, Indonesia and Chad and so interviewing and working alongside Muslim women and men in Aceh was not a new experience for me therefore I felt my position as an experienced humanitarian worker positioned me well to react

to this social situation (Hoggart et al., 2002, p. 223). As a female researcher I recognised the religious and cultural differences may impact the relationship between myself and participants, but it should not be assumed that being a female researcher will allow for better rapport with female participants (Scheyvens, Scheyvens and Murray, 2003, p. 173). Following on from this argument I would suggest that neither should it be assumed that being a female researcher places one at a disadvantage when interviewing male participants, even in a Muslim community.

In terms of cultural appropriateness, the draft of the semi-structured interview questions, the consent form and the information sheet were sent for Indonesian readers for review from a cultural and practical perspective. The feedback was that these documents were appropriate. They were then translated into Bahasa Indonesian and back translated into English to ensure accuracy. Bahasa Indonesian is the national language and so when interviewing Indonesians, Bahasa Indonesian would not be their mother tongue as Indonesia has over thirty different languages groups.

In addition, the NGOs and UN recruit staff globally and so the interview participants from this group in all likelihood would represent many different cultures. Such variance precluded the possibility of finding or using translators for each language group. So, the ideal situation where a researcher knows the cultures and languages of the participants was not possible in this multi cultural humanitarian setting of Aceh. However, as most international NGOs have English as their language of communication it was expected that most of the participants would be able to speak English in addition to their mother tongue although a range of linguistic ability would be present. Keeping this in mind the questions were designed to use uncomplicated English. The use of semi-structured interviews also allowed a participant to expand their thoughts or ideas and find additional words or phrases to help explain themselves in English.

Once in the field there were a number of activities to be completed before starting the primary research but the most important activity was to identify the potential participants.

Identifying Potential Participants

The identification of potential participants was conducted by requesting a copy of the Child Protection Coordination group contact list. The intention was that once the correct name had been identified there would be follow up by email or phone with the identified participants, giving them a brief overview of my interest and attaching or sending a copy of the Information Sheet. Following this introduction, a time would then be arranged to discuss the research in more detail and answer questions, highlighting issues of confidentiality and anonymity. Once this discussion had taken place, interested participants would be given a consent form to read and the arrangement would be made for an interview time and location that was most suitable for the participant. Prior to beginning the interview, participants would be requested to give their signed consent. While the focus for my introduction was that of a full time thesis student, in order to be transparent with potential participants it was important to give them some information about my background including my prior fieldwork experience in Aceh. This background information was considered a bridge for building a sense of trust and confidence at the start of each interview with participants. The information sheet reiterates this point. An Indonesian translator was recruited to provide spoken and written translation of these semi-structured interviews as appropriate. Each participant was expected to give fifteen minutes for the initial introduction of the research and the answering of process questions related to confidentiality and informed consent. The semi-structured interview was expected to take a maximum of one hour.

In reality, it was not possible to obtain the list of contacts until I arrived in Aceh and that list was inaccurate. The turnover of staff was significant and a number of the international NGO CFS programmes were phasing out and key staff very busy in the process. Numerous attempts at email and phone calls finally resulted in contacting all the known organisations still involved in CFS activities. The

representatives of the organisations were welcoming of my visit to explain my research. Once I explained the research, all immediately indicated interest in taking part in the research. One participant did request a few minutes be given to him so he could obtain permission from his supervisor which he got. The Massey University Human Ethics Committee (MUHEC) approval process is explained later in this chapter under the ethics section. However, as part of being given permission to conduct the research my MUHEC proposal, the MUHEC proposal had indicated that I would give potential participants a least a day to read the Information Sheet. However, emailing the Information Sheet (see Appendix 1) was not possible for all potential respondents so the phone call indicating my purpose was followed up by an appointment in person. My experience was that during the face-to-face meeting the participants wanted to read the Information Sheet and then were willing to sign the forms and participate immediately in the research. In respect of their time pressures along with their interest and willingness to be interviewed immediately, plus the fact that my participants were professionals I decided that it was appropriate to begin the interviews immediately after emphasizing issues of the voluntary nature of the consent and providing details of how the information would be used. I decided to take written notes of the interview instead of taping the interviews with the participants. One concern was that, in most situations, the presence of a tape recorder can be intimidating for participants and even more so in a post-conflict environment when the level of suspicion between strangers can be significant. So while writers such as Hoggart et al. (2002, pp. 223-224) recommend the use of tape recorders they also acknowledge there is a place for choosing not to use one based on sensitivities. In hindsight, despite the less accurate method of recording exact words of the conversation I believe this was the right decision to have made.

Information Sharing and Processes for Feedback

Each participant was informed that they could expect to receive a summary of the findings and they were also reminded that they could obtain a copy of the thesis from the World Vision office in Banda Aceh and publicly through the Massey University Library. As the participants work for humanitarian organisations and government they have email and telephone access and so had the details on the

Information Sheet on how to contact Massey University Human Ethics Committee should they have wished to do so.

Limitations of the Research

There were some limitations related to this research in terms of timing, language and courtesy bias.

Timing of the Research

One of the difficulties I encountered was related to the timing of the research. It was nearly three years since the Asian Tsunami and a number of the organisations that had been there since the beginning were phasing out their activities. I spoke with experienced expatriate staff who were leaving their organisations that week and while my initial reaction was one of disappointment the result was their Indonesian counterparts became participants in the research and this provided a unique opportunity to hear from people for whom this had been their first involvement in a humanitarian emergency response. All the organisations were in the process of transition with a significant number recently ceasing their financial support for the CFSs. The transitions from the relief phases into the rehabilitation and development phases were clearly difficult from an individual, organisational and community perspective. Research participants often spontaneously raised the issue of their concern that with no funding for the CFSs and incentives for the volunteers the CFS activities would cease. Additionally they spoke of the dependence communities had on humanitarian aid and their difficulty with encouraging ownership of the CFSs. This concern about the future of the CFSs did take up some interview time that was already limited, but rather than seeing it as an intrusion it raised valuable information for CFS designs and understanding the role of volunteers. In hindsight, maybe fewer objectives might have been advisable yet valuable information was obtained with regards to the original research objectives.

Language

As mentioned earlier the issue of language was difficult. Many spoke English but were not fluent in it. A translator was offered but many preferred to use English

and not a translator. Out of the 19 participants interviewed, 10 requested translation support. Two translators were recruited – one male and one female. In most situations it was possible to match a female translator with a female participant and male translator with a male participant. It was extremely difficult to find experienced Acehnese translators with the level of skill required for research as most meeting that criteria had already been employed by the many organisations and companies who were involved in the reconstruction efforts. The translators recruited had been trained and involved in the community-based research so had a good understanding of what was required of them.

The translators still struggled at times to find the appropriate translations, but my sense was that we were able to communicate key ideas. Maybe some precise detail was lost in translation as is with all translations, and one difficulty to consider was that rather than building on my own interpretation of the information shared by the participant I was reliant on the interpretation of the gatekeeper of the information – the translator (Hoggart et al., 2002, p. 211). The translators who were recruited appeared to relate well to the participants but their limitations in translating sometimes complex concepts (such as vulnerable) certainly affected the depth of questioning that was possible and the length of interview had to be carefully monitored. As a result not all the themes were covered in all the interviews due to the time taken for translation.

Courtesy and Researcher Bias

Mitchell (1993, p. 235) refer to 'courtesy bias' being the information a participant might provide the researcher based on what the person thinks is the most expected answer. This type of behaviour is linked to social norms in a number of societies in Asia. This is one example of the challenge involved in my being a cross-cultural researcher. In any situation, the issue of my social position, marital status, gender, age and religion most likely affected the response of participants to questions, but as most Indonesian participants had had considerable contact with expatriates it was hoped that this was not a significant issue (Bulmer & Warwick, 1993). My social position as an experienced humanitarian worker and a mature

university student appeared to assist with expressed interest in the research. My links with a faith-based organisation did not appear to be treated negatively.

As highlighted earlier, it was not possible in the timeframe of this thesis to ensure that the research findings were translated into an action plan and thus ensure change. However, as earlier stated, as a practitioner, my commitment and future positioning within World Vision allows me to present the findings to the organisation and to influence a change in humanitarian practice within the organisation and with others.

In summary, the field research, while having challenges, did proceed well with all potential participants agreeing to participate in the research. The original plan had been to start the research earlier in the year and so the delays in beginning the field research to a time where most CFS programmes had phased out or were in the process of phasing out did alter the focus of the research more on staffing issues. At least one hour of time was given by all the participants for the interviews but the cross-cultural challenges that were present with regards to the translation resulted in less information from each participant than was expected. Nevertheless, valuable information was gathered addressing the research objectives.

Ethics

As highlighted early in this chapter, this research was instigated while I was an employee of a large humanitarian organization - World Vision. From my perspective this indicated the organisational commitment to research by allowing me to take leave to be a fulltime Master's student and providing funding for the research. But while I have been a fulltime post-graduate student it has not been possible to separate myself completely from my role as an experienced humanitarian worker. This leads to some ethical questions about conflict of interest that will be discussed at the beginning of this second section of this chapter, but first the process for approval from MUHEC will be explained (see also Figure 3). After explaining the MUHEC approval process and discussing

conflict of interest other key ethical issues covered by the key principles for ethics approval by MUHEC will be discussed in this section.

Massey University Human Ethics Approval

A requirement for any research conducted by a post-graduate student it was necessary to obtain permission from the Massey University Ethics Committee. Due to the conflict of interest concerns and the use of secondary information involving children, a high risk application was made in August 2006 ensuring adherence to the following major ethical principles outlined by MUHEC (2006, p. 4):

- Respect for persons;
- Minimization of harm to participants, researchers, institutions and groups;
- Informed and voluntary consent;
- Respect for privacy and confidentiality
- The avoidance of unnecessary deception;
- Avoidance of conflict of interest;
- Social and cultural sensitivity to the age, gender, culture, religion, social class of the participants;
- Justice.

Following some adjustments to the original application, approval for the research was granted by Massey University Human Ethics Committee: Southern B on October 10, 2006.

The Parallel Community-Based Research Process

The main adjustment requested by MUHEC prior to approval was the separation of the research focused specifically in World Vision CFS programme areas from the research with the humanitarian industry stakeholders. This community-based research project used local Acehnese research teams who were to interview children and adults with my role only to train, supervise and provide oversight to this World Vision project.

So while the community-based research was not my primary focus from the perspective of the university, the reality was that time was set aside during my time in Aceh to conduct training with the community-based research team and support my counterpart/ team leader for the community-based research. The methodology used in the community was FGD. FGDs have been used widely in the developing world to conduct social research and children have responded well to FGDs provided the questions and timing of the discussions were appropriate to the developmental age of the children and that cultural sensitivity was shown (Boyden & Ennew, 1997). In the case of conflict-affected populations, levels of mistrust between community members as well as mistrust of outsiders can be high and so the need to design research that built trust and confidence was essential. Thus FGDs with sampling processes that are perceived by the community as fair are more likely to be understood as open and visible than house-to-house individual surveys behind closed doors.

Random sampling of potential participants was used to allow for the fact that in a post- conflict situations or where a 'new' community has recently formed certain individuals may be excluded by other members of community for a range of possible reasons (Pratt & Loizos, 1992, p. 37). The sample size chosen was sixty people for each of the four communities identified where World Vision had supported CFS activities. The FGDs were arranged by age and gender. Thus twelve from each of the following groups were invited to participate in separate FGDs - men, women, girls aged between twelve and seventeen years, boys aged between twelve and seventeen years and then six girls and six boys between age seven and eleven years. Two rural communities and one semi urban community were chosen in Aceh Province with the addition of a community in Jogyakarta in the Java Province of Indonesia who had also experienced a natural disaster and where a CFS programme had also been offered. The option to include Jogjakarta was accepted as a opportunity to consider whether the findings in Aceh were unique to Aceh or whether some of the findings were also relevant to another disaster zone in Indonesia. A total of 240 community members were invited to participate in the discussions with 184 participating (see Table 2) resulting in a 77% response rate. Once the consolidation was completed it was translated into

English, allowing me to ask relevant questions for clarification. My role in this community-based research process then intensified again during the analysis of the data from the community-based research team. Table 2 provides a summary of the secondary research participants involved in the FGDs. The columns divide the participants according to their location. The type of community is identified rather than the exact location to protect the identities of any participants. The rows divide the number of participants by age-group with the final column providing total numbers of participants.

Table 2: Summary of the Number of World Vision Community-based Research Participants

	Rural Aceh	Peri Urban Aceh	Rural Meulaboh	Rural Jogyakarta	Totals
Younger Children 7-11 yrs	11 (4 girls & 7 boys)	12 (8 girls & 4 boys)	11 (5 girls & 6 boys)	9 (5 girls & 4 boys)	43 (22 girls & 21 boys)
Adolescent Girls	8	9	4	12	33
Adolescent Boys	8	7	8	8	31
Women	11	12	8	12	43
Men	9	12	3	10	34
Female Participant totals	23	29	17	29	98
Male participant totals	24	23	17	22	86
TOTAL	47	52	34	51	184

Table 2: Summary of the Number of World Vision Community-based Research Participants by age and location

Source: World Vision Qualitative Research Data, December 2007

The Ethical Principle of Avoiding Conflict of Interest

Researcher Links with the Funding Organisation

As mentioned, there were certainly ethical concerns with regards to conflict of interest when I as researcher had a long-term relationship with the funder of the research, although I was officially on leave during the year as a student. The question of objectivity is discussed by a number of writers (Babbie, 2001; Flick, 2002; Mason, 2002). Shipman points out that if we believe that truth is socially constructed then there will be different versions of that truth (Shipman, 1997, p. 18). Shipman also maintains that in fact no knowledge is objective and a key

component of addressing this issue of objectivity is to publish the knowledge and open it to peer review and this chapter, and therefore this thesis as a whole, aims to share the knowledge, including the processes involved to enable the peer review process to continue. Blake criticises the negativism from the mainstream academic community to researchers that already have relationships with research participants and suggest that in fact the trust that arises from within a community provides a more honest and open environment in which to conduct research (Blake, 2007, p. 413).

Good research requires an open mind. This does not mean you cannot hold strong opinions about your subject matter. Rather, a willingness to learn depends upon preparedness to surrender long held views and beliefs, or to expect the unexpected (Scheyvens & Nowak, 2003, p. 105).

As an experienced practitioner my choice was to enter the process with an open mind. My opinion from personal experience and feedback from a variety of stakeholders was that the provision of a CFS can be a positive contribution to the protection and care of children in humanitarian emergencies. But also knowing that the ideal scenario of what should happen in a CFS and that the practice of CFS facilitation does not always match led me to make a professional decision to expect the unexpected during interviews. To let go of my strongly held beliefs about CFS programmes if my views were not supported by evidence was not a problem. As Janesick (1998, p. 70) suggests, high tolerance for ambiguity and willingness to change plans and directions as needed are attributes of a qualitative researcher. My belief was that my history as a practitioner is one that added value to the research. So in addition to explaining to participants that my primary role was a researcher wanting to learn from the particpants, I also told each of my participants of my background as a humanitarian worker in a spirit of transparency and to build trust. For this research, my role as a researcher known and trusted as a practitioner by World Vision was expected to result in the research findings being taken more seriously by the participants and World Vision, with the expectation that a change in humanitarian practice related to CFS programmes was more likely.

Funding by an Organisation with links to the Research

One of the criticisms of development research is that it can follow the money and by doing so reinforces and reproduces norms of a dominant development industry and is therefore less likely to focus on change in policy and structural change (Smith, 2007, p. 19). This is a critical issue and in this case World Vision, a large international NGO, was funding the research. I considered this challenge and while I agree there is some truth to the 'follow the money' criticism I cannot fully agree (Smith, 2007, p. 19). CFSs are new and localised. They are not large-scale interventions of interest to the World Bank or development agencies and compared with many other development issues they are a low priority for the wider development community. It could even be argued that if the quality of CFS type work can be improved there is the possibility that they can in a small way add to the growing movement to influence policies towards children in the developing world.

However the issue of conflict of interest through the involvement of World Vision in CFS work in Aceh needed to be considered carefully. The connection between World Vision as a child focused relief and development organisation and as a funder of the research can be viewed from a number of perspectives and this does not necessarily involve a conflict of interest. World Vision has a history of supporting research including evaluations on a wide range of child rights issues and this can indicate a willingness of the organisation to learn. Also the argument that is posited by the promoters of insider/outsider research suggests that when an NGO is funding a project, is engaged in the process of the research and has a culture of learning and reflection then their commitment to objective and accurate research might be higher than if the funding agency was not as connected to the outcomes of the research (Bartunek & Lousi, 1996). Nevertheless, there are potential areas where the funder might try and influence the findings particularly if the findings are sensitive or potentially reflect poorly on the organisation. Equally, there may be pressure to over emphasise positive findings.

To address this potential for constraint, an analysis of possible negative findings was conducted. The findings that were considered to have particular sensitivity for World Vision were thought to be any specific criticisms of the quality and access to CFS programmes and lack of participation by children in CFSs due to reasons such as child labour. These criticisms could suggest that World Vision was not addressing issues of child rights and promoting community development as they had indicated publicly.

Since the main part of this thesis was focused on the humanitarian industry stakeholders - UN, NGO and Government representatives as well as World Vision Coordinators and volunteers - it appeared that while the results from stakeholder interviews were unlikely to raise criticism of World Vision the risk was there. However, the information gathered while World Vision was conducting CFS focused research with children and adults in communities was being used as secondary research for this thesis and so findings from that community-based research would still impact the analysis of the research for this thesis. So based on this analysis, World Vision was approached and agreed to provide in writing a document agreeing to my using any data collected and analysed for my thesis. In addition to the requirement by MUHEC for a document from World Vision allowing freedom to use the data independently, other steps were taken to reduce conflict of interest.

The steps to mitigate concerns about conflict of interest included ensuring I worked, as required by the Indonesian Government and World Vision, with a local Indonesian counterpart and together we designed, trained and supported the locally recruited team to conduct the community-based research. Also the research team was interviewed and chosen by my local counterpart in consultation with me as project leader and so World Vision Indonesia staff were not involved in the actual interviewing process. World Vision did assist with the logistics of payment of the research team. Other steps to ensure the questions were appropriate and that no bias occurred involved sharing the proposed questions with representatives from other organisations as well as the Massey University Human Ethics Committee for their feedback.

The Ethical Principle of Beneficence or Doing Good

Clearly the initial planning of the research was being driven by insiders within the NGO community and this level of interest by a key stakeholder group was considered positive (Pratt & Loizos, 1992, p. 76). As with all research, the benefits of the project to individual participants would vary depending on their current responsibilities and individual interests regarding the subject, but the research was expected to assist the community, government and NGOs to learn more about the design of CFSs and result in the review of existing or future CFS programmes in Aceh and other areas of Indonesia. Additionally, the new knowledge was planned to assist the wider international humanitarian community in their design of programmes for children in future emergencies.

But there was not a request from children or adults in the community to research CFS work and so the research involving the community was being driven by outside researchers. Here we see the ethical dilemma. On one hand there was a commitment to involving children and other community members in the research which was done in respect of human rights and particularly the rights of the child to participate in decisions affecting them as outlined in Article 13 of the UNCRC (United Nations, 1989) and therefore an ethical consideration. On the other hand is the ethical principle that research must be focused on an appropriate topic of interest to the participants and that the research will clearly benefit the participants (Beauchamp, 2001, p. 3). A question to consider was did all the stakeholders including children, desire the research and would they individually benefit from the research? Or, was this a situation where the need to consider how the imposition of research involving an individual balances with the benefit of making the world a better place (Seale, 2004, p. 117)? It was decided that any proposed research would be discussed with community leaders first and if interest was indicated then the topic would be introduced to the wider community to obtain an indication of interest. My experience had indicated that children and communities generally appreciate the opportunity to share their ideas and experiences with the NGO community. But alongside this willingness of children and adults in communities to participate in research is the unequal power

relationship that exists between the researcher or the NGO and the community (Scheyvens & Storey, 2003 p.2). This is particularly pertinent in post-disaster settings when dependency on aid is high. However, there were many examples where community leaders in Aceh were willing to speak out and challenge NGOs if they were not satisfied either with the services or with particular people (MacLeod, December 2006).

So it was decided that the selected communities would need to be those that had benefited from the CFS services in the past and where World Vision had collaborative relationships with the community leaders. Another issue of concern was that some community fatigue might be present due to the large number of community assessments and evaluations that had been conducted in Aceh by a wide range of organisations and groups after the Tsunami (Tsunami Evaluation Coalition, 2006). So, in consultation with World Vision workers based in communities, any areas affected by such fatigue were eliminated from the sample to be considered. The limitations of the research findings based on the ethical decisions related to selection of communities are acknowledged. As a foreigner involved in the research I was concerned that my presence at the community level would increase the strength of the power relationship between researcher and those being researched even though Raju (2002, p. 174) argues that concern about authenticity and positionality should not prevent fieldwork being conducted. I decided therefore that I would not be present for the community-based research but instead would take the role of team leader with a local counterpart supporting the design, training and analysis of the research. Not being present during the community-based research was also an effort to reduce power inequalities.

The Ethical Principle of Do No Harm

Another ethical principle highlighted by MUHEC was that of do no harm. In Aceh, an assessment into the impact of conflict was important in relation to all aspects of the humanitarian response including research and evaluation of programmes. Thus World Vision's experience in conflict assessments, particularly assessments on local capacities for peace were important (Anderson, 1999). A research and

evaluation methodology that was transparent, inclusive, respecting of culture and focusing on building relationships between people was considered important to reduce any risk of harm to participants, the NGO and the researchers. So the potential risks to the participants and the researcher was assessed. Additionally, principles of do no harm include attention to child protection issues. The attention to child protection is less evident in the usual processes for research.

Potential Risks to Participants

In terms of this research, the risk of harm to individual participants as well as the group they represented was considered. Physical risk of harm for participants was considered unlikely given that the questions were not of a controversial nature and that their right to confidentiality and anonymity was respected. The possibility of conflict between a researcher and the participants is always present in any research, particularly so in post -conflict situations when people experience considerable stress, but no obvious conflict occurred in this research process. The issue of handling of data was also outlined in the Information Sheet for Government, NGO and UN representatives (see Appendix 2).

As mentioned earlier in the section on conflict of interest, the findings from the research and thesis may highlight problems or concerns that groups or organisations may not like to have highlighted publicly. Therefore the process of informed consent and maintaining confidentiality and not naming participants and their organisations without written permission was expected to minimise this risk. Any findings that may have the potential to be viewed negatively were to be thoughtfully and respectfully documented. If there was any risk of harm to participants (particularly in this post-conflict environment) as a result of the research, then the safety of the participants is the highest priority in making decisions about what is documented and reported.

Potential Risks to the Researcher

The topic for the research was not expected to cause problems for the researcher but Aceh is a post-conflict and post-disaster environment and so some level of risk in these environments did exist. World Vision had a security officer in

Aceh who monitored the situation. As with all humanitarian responses they have security focused communications strategies, reporting systems and evacuation plans.

Another advantage of being linked with the NGO community is that these NGOs have mainly local Acehnese staff who have the language and cultural knowledge to pick up the less obvious changes in the security situation. But as with any country, driving on poor roads and the risk of accident or risk of serious illness with poor health care services, is a risk.

Child Protection

The 'Do No Harm' principle, I believe extends to the principle of due diligence in protecting children in communities anywhere in the world. Therefore researchers need to heed standards, policies or good practice in the protection of children even if they are primarily conducting research with adults. It is known that child sex abusers target vulnerable children and many children living in the developing world are victims of sex tourism and the profile of sex abusers indicates that they come from all walks of life. (Kelly, Wingfield, Burton, & L, 1995, p. 44; UNHCR & Save the Children - UK, 2002). Therefore any organization, including academic organisations supporting research in developing countries, should be aware that certain representatives of their institution may be abusers and therefore should have their own policies and protocols that protect children. Policies and protocols also protect representatives from false accusation and so should make sense to someone who is not an abuser. Child protection policies are relevant even when conducting research with adults in foreign countries as a researcher is understood to be a representative of their institution not only when he or she is conducting the actual research but twenty-four hours in a day. All visitors to any World Vision project areas are required to comply with the World Vision Child Protection Policy. This includes a criminal background check from the police verifying a clear record in relation to violence and abuse as well as a signed agreement to abide by specific behaviour protocols while visiting the country. In my experience universities do not require this level of stringent practice. I was in compliance with the World Vision requirements prior to travelling to Aceh.

Institutionalisation of Ethics

Allen (2005, pp. 15-16) questions and discusses research ethics by highlighting that there has been limited discourse existing between those involved in the institutionalization of ethics through the formation of ethics committees and the community of researchers and their attitudes and practices in research. The rise of ethics committees and their codes of conduct that were primarily designed to address bio-medical ethics are now forcing other disciplines to fit their ethical considerations into a bio-medical ethics model that is not always appropriate (Elwood, 2007; Guillemin & Gillam, 2004, p. 261). This concept of participatory ethics in the midst of institutional ethics was part of the journey of this thesis for me. Originally I presented to the Massey University Human Ethics Committee (MUHEC) one proposal for the community-based and stakeholder research based on involvement of children in the research and conflict of interest. MUHEC considered the original proposal and requested it be divided into two research projects – the community-based research and the key stakeholder research. The conflict of interest issue and the size of the research project in the timeframe was a concern to the committee.

While it was clear I was not a primary researcher in the community-based research, I was however involved in all other aspects of the research project including analysis of the data and so author of reporting the findings. This represented a fine line dividing the two roles from my point of view. The size of the research project in the timeline identified was a valid concern but I believed my ethical commitment to human rights required the community-based research to go ahead whether or not it was linked to my thesis or not. I did however agree to separate the projects so my thesis is focused on the research with NGO, UN and Government stakeholders with reference to the findings from the community-based research. To address my commitment to research being integrated into an action-research strategy I agreed to integrate the stakeholder research and the community-based research into a learning paper for the humanitarian industry and participating communities (Simpson, 2007, p. 167).

Fundamentally I do believe it was my professional integrity as a researcher and practitioner that influenced the ethical nature of the research and so ethical considerations guided the process of designing this research, respecting participants and influencing change in practice (Seale, 2004, p. 118).

Chapter Conclusion

This chapter has provided a history to decision-making in the designing this reseach and an explanation of the methodology chosen for the research, but it has mainly focused on the conundrum that exists around many of the ethical decisions made in relation to the research.

The chapter began with my personal background in relation to this research, acknowledging my role as a researcher and a humanitarian worker. As part of the background the consultative process involving humanitarian workers internationally and within Indonesia was described followed by a description of the research objectives. The rationale for why the research was placed within the action-research framework was then provided and the concept of insider/outsider research was discussed. The research process was then provided in a diagrammatic format (figure 2) followed by details of the process for deciding on the use of semi-structured interviews and FGDs and identifying and recruiting participants. Figure 2 provided an overview of the research process indicating that while I had a supervisory role in the World Vision community-based research I did not facilitate the FGDs with the community and therefore was an 'outsider' in the process. For the purposes of this thesis, the community-based research is considered secondary research. The primary research participants for this thesis were the humanitarian stakeholders who I interviewed and for whom could be considered an 'insider'. The last part of this section highlighted the limitations of the research.

The second part of this chapter focused on ethics. Starting with the process for the Massey University Human Ethics Committee approval, it then highlighted the split between the interviews with the humanitarian industry stakeholders and the community impacted by World Vision CFS programmes. Detail of the

methodology used and the number of participants involved in the parallel process led by World Vision and focusing on the community-based research was described. Then three of the main ethical principles - avoiding conflict of interest, doing good (beneficence) and doing no harm - were identified and particular issues arising in the field related to these principles were discussed. The chapter ended with a section on the institutionalisation of ethics and the role of participatory research in this.

The next chapter will present the information gathered from the field research with the humanitarian industry stakeholders and the responses from the FGDs facilitated by World Vision staff. Chapter Six provides further analysis of the research and discusses it alongside literature and other information about CFSs.

Chapter Five CFS Research Consolidation

Introduction

Following the previous chapter that is focused on the methodology, methods of data collection and ethical considerations, this chapter provides a consolidation of the fieldwork data. This includes the information from my primary fieldwork with humanitarian industry stakeholders as well as the outcome of the World Vision community-based research.

Questions were based on the following research objectives:

1. To understand what the key humanitarian industry stakeholders define as the purpose of the CFSs and what definitions they give to some of the key concepts underpinning the CFS.

2. To establish what the key stakeholders, including community members, understand to be the reasons for attendance or non-attendace at CFSs and

3. To clarify the key stakeholder perceptions of vulnerability and whether they believe vulnerable children attend CFS activities.

The first section consolidates the set of questions asked only of the humanitarian industry stakeholders in relation to how they describe CFSs, grouping them into key components. The second and third sections focus on questions that were asked of the humanitarian industry stakeholders as well as the participants in the World Vision community-based research. The first part of each of these sections will present a consolidation of the semi-structured interviews conducted by myself with the second section presenting the consolidation of the FGDs facilitated by World Vision with members of the community. The consolidation of responses is qualitative with quotations to describe the expression of ideas from participants when asked questions about different topics. The location of the FGDs when quoting specific participants is not indicated to ensure confidentiality is maintained. Although it is qualitative information I have provided some general indication in certain sections of how many of the respondents identified with

similar statements. Tables summarizing the responses are provided to assist readers to see the range of answers given by participants.

At the end of this chapter there is a brief summary of the key points identified in the analysis of the semi-structured interviews.

The Key Themes for the Research

As stated in the previous chapter, there are a number of underlying themes that needed to be addressed with participants in order to answer the question about the attendance of vulnerable children at CFS programmes. Figure 4 below provides a diagrammatic representation of the process for consolidating the semi-structured interview questions. The questions for the semi-structured interviews were divided into the three themes and the responses were grouped in a similar fashion.

The first research theme addressed participant definition through the interviews with the primary research participants began by focusing on how participants define a CFS (or the name they give to a similar space). Based on a common definition of a CFS, a range of questions defining and describing child rights was asked of participants. The second research theme was focused on the question of perceptions about why children in the community do or do not attend CFS activities. Then, the focus narrowed to the attendance of vulnerable children at CFS activities. How participants define vulnerability and whether they thought vulnerable children attend the CFS activities was the third research theme to be consolidated.

While I will present the responses from the primary research focusing on the humanitarian industry stakeholders, World Vision has given permission for the data from the secondary community-based research to be used within this thesis and so the secondary data is also presented to provide the voice of the beneficiaries and to allow for a broader perspective on the issues offered. Once the answers had been grouped according to each theme they were then analysed

from the perspective of gender, location and function of the participant. Additionally, attention was paid to the common and divergent answers.

Figure 4: Process for Analysing the Semi-Structured Interviews Responses

Source: Author's Field Notes, November 2007

Research Theme One - Participant Definitions and Descriptions of Key Terms

This section provides a summary of the humanitarian industry stakeholders responses to question of definitions (see Chapter 4, Table 1 for details of participants). Due to specific time limits for the FGDs, the questions about definitions were not asked in the FGDs with the community members.

Participant Definition of a CFS

Humanitarian industry stakeholders were asked about how they define or describe a CFS. The definitions given by stakeholders overwhelmingly focused on the purpose and activities and not the physical structure.

Utilising the definition of a CFS agreed to by the Emergency Spaces for Children Taskforce and explained in Chapter Three[15], the participants answers for this were grouped according to six key components that are the essential features of a CFS. These components are that CFSs:

- ❑ Involve Play;
- ❑ Support psychosocial wellbeing;
- ❑ Protect children;
- ❑ Involve structured learning;
- ❑ Are developed with communities;
- ❑ Enable access to basic services

Two additional components were added as significant aspects to the abovementioned six components based on the responses from the respondents as well as the literature:

- ❑ Friendships
- ❑ Vulnerability

The issue of friendship was included in the grouping as it was a specific response frequently mentioned by participants in the interviews. As friendship is also defined as one of the important domains of resilience (Daniel & Wassell, 2002), friendship was included as a separate component. The issue of vulnerability was included as a separate component as it was one of the original aims of a CFS from Kosovo and a main focus for this thesis.

Table 3 provides a summary of the range of responses to the question of definition of a CFS. Responses are grouped according to the eight components referred to above. The first column describes the key components and the

---

[15]Emergency Spaces for Children are 'places which are developed with communities to protect children during emergencies through structured learning, play, psychosocial support and access to basic services'(Save the Children USA, 2007, p. 6). The term Emergency Space is used to describe CFS and other similarly named activities.

second column provides a general picture of how many respondents mentioned this component in their description. This is described in terms of 'many' (more than half), 'some' (less than half but more than a third of participants) and a 'few' (less than a third but more than two participants). The purpose of these labels is to indicate which were common responses and which were divergent responses. The third column provides information about which stakeholder groups were represented in responses covering the particular component. There were six stakeholder groups – Government (Govt), United Nations (UN), International NGO (INGO), Local NGO (LNGO), World Vision CFS Coordinators (WVC) and Community Volunteers in World Vision supported CFS programmes (VOL). The final column provides one or two relevant quotations that were given by individual participants. Following Table 3, more information about the responses is given according to each component.

Table 3: A Summary of the Participant Responses Regarding the Definition and Description of a CFS

Defining Purpose of CFS	Number of Participant including the key component in their definitions	Stakeholder groups referencing the specific research theme	Example Quotations
Component 1 <u>Play</u>	Nearly all	All groups referred to this	INGO2 representative says 'Our banner here is 'let our children enjoy childhood through playing.'
Component 2 <u>Psychosocial Support</u>	Many	All Stakeholder groups except Volunteers	VOL1 volunteer says 'Children can play [at the CFS] and not be stressed by the Tsunami.' WVC2 says 'A CFS is a place where trust can be built between children and adults.' LNGO2 representative says a CFS 'is a place for psychosocial education. This is healing stress by education. It is also religious education … it is about local values and cultural activities.'

Component 3 Safety/Protection	Some	All Stakeholder groups except Volunteers from Aceh	INGO1 representative says the CFS is 'a place that is safe from hazard, ruins etc and safe from the intimidation of adults victimizing children.'
Component 4 Learning/Study	Some	All stakeholder groups except UN representatives	LNGO1 representative says 'the school support in CFS involves support for homework, a library and learning by playing.' VOL1 says 'It is also for the reading of the Qu'ran.'
Component 5 Strengthen friendships	Some	INGOs and WVC not LNGO, Govt, UN and Aceh Volunteers	WVC2 says 'A CFS is a place that is set up for children where they come and meet friends.' INGO2 representative says 'It is a place to interact between them [friends].'
Component 6 Community involvement in the CFS	One	Only one LNGO referred to community in their definition	LNGO1 representative says ' it is a place to provide what children need and what the community needs.'
Component 7 Identify and support vulnerable children	Few	2 UN and 2 LNGOs were the only groups who referred to specific categories of children in need in their description of a CFS	UN2 representative states 'the CFS is to protect children and prevent exploitation and trafficking.' LNGO2 representative stated 'we did tracing of separated and unaccompanied children and made reunifications in the first year.'
Component 8 Access to basic Services for children	Not mentioned		

Source: Author's Field Notes, December 2007

Component 1- Structured Play

As highlighted in the Summary Table 3 the most frequently mentioned concept in the definition or description of a CFS was that it is a place to play. Play was clearly valued by participants even though the lack of a culture of play was later given as a reason for non- attendance at activities (INGO2). The World Vision community-based research also found that men, adolescent girls and children ranked playing games as being a very important reason for attending CFS activities. Adolescent

boys and women did not rank playing games as most important (World Vision Indonesia, 2007).

Component 2 – Psychosocial Support

The CFS as being a place where children can experience psychosocial support was indicated as a key component of a CFS by many of the participants. A World Vision Coordinator (WVC2) referred specifically to the importance of building trust between children and adults in a CFS. One volunteer talked about the CFS as time for children to switch off from thoughts about the Tsunami.

> *We want our children not to think about the Tsunami – we want them to play…. As CFS is a place where children can play and are not stressed about the Tsunami (Volunteer1).*

Another LNGO worker gave a broad description of the psychosocial activities in a CFS.

> *It [A CFS] is a place for psychosocial education – that is, healing stress by education. And it is also for religious education and about playing and having fun or playing games. It is about local values and cultural activities such as traditional dancing and traditional games. And the children's centre is for psychosocial activities. This is our way of how to get children accepted into their close family and how to get their rights. We did tracing of separated and unaccompanied children and made reunifications in the first year. These activities keep going till now. Now we have better facilities – table tennis, basketball and fishing together with the boys – oh and football. This is one way of healing stress …stress and trauma (LNGO2).*

One INGO respondent (INGO1) had a divergent view and stated he did not believe the CFS provided a psychosocial programme yet later he reflected that:

> *All children are traumatized but children with disabilities have more problems (INGO1).*

The role of the CFS in providing psychosocial support was clearly important to participants.

Component 3 – Safety and Protection

The descriptions of the CFS provided by some of the respondents included the component of safety or protection but this was not consistent. This INGO participant talked about what the community was told about the CFSs.

> *We told the community we have activities where they [children] can play safely* (INGO1).

Although representatives from all stakeholder groups referred to safety or protection in relation to the CFS, the notable gap was the absence of community volunteers mentioning protection or safety as they described a CFS. This is interesting as these are the people closest to the children and would be more involved in the day to day safety and protection of children.

Component 4 - A Place to Learn

The learning described by the participants representing key stakeholder groups, involved study for school or the learning of creative and cultural skills and two participants focused on religious study (INGO1 and LNGO2). Not all respondent groups referred to the CFS being a place to study or learn in their definitions of CFS even though the definitions provided by the community clearly emphasized study as an important component of why children come to CFS activities. There was no mention of broader aspects of learning such as health education or skills training. Two participants (WVC2 and INGO5) highlighted that they thought it was very important that the CFS be a place where children could express themselves. One argues:

> *Children need space to play, meet friends and they need a way to express themselves.* (INGO5).

Component 5 – Friendships

Only one International NGO representative (INGO5) and the World Vision Coordinators referred to the CFS as being a place to meet or support friendships. Other stakeholder groups did not refer to this component.

Component 6 - Community Involvement in CFS

As noted in the table above, only one participant (LNGO1) mentioned the community in their definition of the CFS. There was generally little mention of the current involvement of the community during any aspect of the interviews except when participants were asked specifically about the CFS volunteers who were recruited from the local community.

Component 7 – Identifying and Supporting Vulnerable Children

Little mention was made of the CFS as a place to support vulnerable children. This absence of reference to vulnerable children will be discussed in more depth in the next chapter, Chapter Six.

Component 8 - Access to Basic Services for Children

Providing access to basic services such as health, shelter, water, sanitation and food for children and their families was not mentioned by any of the humanitarian industry research participants in their descriptions of CFSs. This absence of reference to a referral system for children to access basic services may be linked to the fact that basic services were provided fairly quickly in Aceh and referrals were a minor component of the work. One participant (LNGO3) mentioned the provision of food at the start up phase of the CFS but this comment did not mention referral services.

To summarise, definitions and descriptions of CFSs by humanitarian industry stakeholders consistently focused on play and psychosocial support. Further insight into whether other components of a CFS outlined in the literature but not mentioned as frequently in the descriptions of CFS (such as education, protection and development of friendships, access for children to basic services and identifying and supporting vulnerable children), may be found in relation to questions around the second research theme. These were considered to be

important activities in the CFS. However first, the participants were asked for their definitions and descriptions of child rights.

Definitions and Descriptions by Humanitarian Industry Stakeholder Participants of Child Rights

Participants in the study were asked to provide definitions of child rights to identify whether the humanitarian industry stakeholders in Aceh had a consistent understanding of the term child rights. As mentioned earlier, the World Vision community-based research did not include questions about the definition of child rights in their FGD questions due to time constraints.

Child Rights

It appeared that generally raising awareness on child rights or child abuse with children and the community was not a priority for the participants nor part of the participants' conceptual framework for a CFS programme. One volunteer (VOL2) said child rights were not important:

> *I forgot about it [child rights] but I have a brochure. It is not important to me. The only child right that is important is the right to education. Children who are smart will be successful for the future.. Bad boys will change if they have education (VOL2.).*

Only one of the research participants referred to a CFS being a place to teach child rights (WVC2). This said, some participants did highlight certain aspects of child rights with a number referring to the right to child participation as being important for future disaster responses so it appeared that some participants were interested in aspects of child rights (WVC2, UN2, INGO6).

Another volunteer (VOL3) said that she wanted to remind parents of their rights but she was afraid the parents would become angry as rights is a new concept in Aceh and not fully understood by community members. The same volunteer (VOL3) also talked about the right to 'help parents and not play all day'. This statement about the right to help may have been a translation issue although in

re-wording the phrase the response was the same. Alternatively, the response given may have indicated a lack of awareness about rights being expressed or a combination of both translation and knowledge gaps. Another participant[16] expressed her idea that child protection in Aceh is focused on problem children and not focused on addressing the rights of children to protection. One NGO representative (INGO2) said he did not understand child protection and needed to learn from others. He went on to say that his organisation wanted to focus on the positive first. He argued:

> We did not do awareness on child protection with parents who are highly sensitive. Slowly, slowly we have time to look at child protection (INGO2).

One International NGO participant (INGO6) shared his opinion that his organisation 'cannot guarantee that a CFS protects children but says that a CFS is there to help children cope'.

Two participants provided examples of how they protected rights by highlighting the involvement of other technical sectors[17] in the humanitarian industry in the protection of rights, particularly related to child labour[18]. One of these participants explained that migrant child labourers (aged 16 years), were noted by the CFS children to be on a construction site and when the manager of the project was informed he then was able to discuss the concerns and take action with the company.

To summarise, there was not a consistent understanding of child rights within the humanitarian industry stakeholders.

---

[16] To ensure confidentiality- the participant identification code is not provided in this example.
[17] The technical sector focusing on children in emergencies is referred to a variety of ways – the child protection sector, the children's programming sector. Examples of humanitarian technical sectors include water and sanitation, housing/shelter, health, camp management
[18] To ensure confidentiality- the participant identification code is not provided in this example.

Research Theme Two - Perceptions of Children's Motivation for Attendance or Non-attendance at CFS activities

The reasons children attend or do not attend CFS activities was previously unknown and yet important to understand for future programme planning. The humanitarian industry stakeholders were asked questions about this and the World Vision researchers asked similar questions in their FGDs with community members. The World Vision researchers additionally asked the focus group participants to identify the three most important reasons for children's attendance or non-attendance at the CFS activities. This section will first provide an overview of the answers provided by the humanitarian industry stakeholders and then an overview of the World Vision community-based research responses will be given to compare and contrast.

Children Attending CFS Activities

The answers provided by participants ranged broadly although the focus on play first highlighted in the definitions given, continued to feature in the reasons for attendance at the activities. However, there were many other reasons given as will be outlined in Table 4. Table 4 provides the most frequently mentioned reasons given by humanitarian industry stakeholders for attendance at the CFS programmes in the first column. The second column provides an indication of which stakeholder groups have representatives referring to the particular reason and the third column provides an example quotation that expands on the first column.

Table 4 provides an overview of responses from the humanitarian industry stakeholders about reasons for attendance. The quotations in Table 4 indicate the wide range of reasons provided by the humanitarian industry group for children attending activities including the type of activities offered, friendships being supported and the volunteers in the CFS. Table 5 provides an overview of the most important reasons given for attendance at the CFS activities by different community representatives in the World Vision community-based research.

Table 4: Summary of the Reasons for Attendance at CFS Activities Given by Participants

Reasons for Attendance	Stakeholder groups referring to the specific reason for attendance	Examples of Quotations
Children wanted to be with other children/friends	Gov, Vol, INGO, WVC, LNGO	'Coming together is good for children.' GOV1 'Other children came because their friends were there'.INGO3 'Some children lost their mother or father so they can meet their friends at the CFS. They don't come every day- sometimes 3-4 days a week' VOL1
Children were encouraged to come by the volunteer/NGO or they liked the volunteer	WVC, LNGO, Gov, Vol	'The tutor is a person they know.' WVC1 'We encourage children to come by the participation of the community. We explained the psychosocial reasons and asked parents to let their children come.' LNGO
Children were attracted by the supplies at the CFS – books, toys, games	WVC, INGO	'There are lots of books.' WVC1 'There are tools for playing. There are no toys at home.'VOL1
Children found the programme interesting	Vol, INGO, LNGO, Gov	'We conducted focus group discussions with the children about their interests and discussed possible activities. They come for the playing, dancing, supplies for expressing feelings.' INGO3
Children were given gifts at the CFS	Vol, WVC	'There was no place like a CFS before and gifts became a reason why they came.' Vol 'At the CFS school supplies were given.'WVC3
Children liked the playground and the sports	INGO, Vol	'Every afternoon we roll out the trolley with sports equipment and children can choose what they do.' INGO2 'Most boys like sport and girls and boys like handcraft.'LNGO1
Children could study for school/learning	All Aceh Volunteers	'To review school subjects with their friends.' Volunteer
Children appreciated the creative activities	INGO, WVC, Vol	'We also gave a performance at the CFS – a clown and that is why they came.' WVC3 'Girls and boys like handicrafts.' INGO2 'Traditional dancing and competitions.' VOL
The children found the CFS location was central	INGO	'Our advantage is that we are in the middle of the village and there is no other children's space.' INGO2

Source: Author's Field Notes, December 2007

As part of the FGDs with the community they were asked to first list all the reasons for attendance and then to rank them according to the reasons they thought were most important. A ranking exercise is one tool described in the process of Participatory Rural Appraisal (PRA) – a qualitative research methodology (Chambers, R. 1994). The use of number 1 in the columns indicates the most important reason given for children attending and number 2 the second most important and number 3 the third most important reason for attending CFS activities. This summary table below provides detail of the outcome of that ranking process.

Table 5 : CFS Reasons for Attendance Ranking by Community Group

	Younger Children	Adolescent Girls	Adolescent Boys	Women	Men
Study	3	2	2	1	1
Reading	1		1		
Playing games	2	1			2
Friendships				2	
Homework				3	
The facilities					3
Drawing /Dancing		3	3		

Source: World Vision Qualitative Research Data, December 2007

As Table 5 indicates, while there are differences between the different community groups, study was the most important reason overall for attendance at CFS as this was highlighted by all community groups. With the humanitarian industry stakeholder group, volunteers were the only participants that mentioned 'study' as a reason for children attending CFS activities.

Community participants in the World Vision research ranked 'play' as an important reason for attendance at CFS activities but not as important as learning. The importance of learning is explained by one father:

> As a parent, we hope that our children will be smart students after joining in the CFS programme, because they can review all of the subjects from their school there (Man in FGD-A)

In terms of play, one man reported that:

> Children were free to play and to do some creativity at the CFS, for example when children were drawing, they were free to decide whatever the theme they wanted to draw (Man in FGD-B).

An adolescent girl highlighted sports as one feature of play in the CFS and a reason for children attending:

> Children went to CFS because they could play football and softball. They often took part the football competitions (Adolescent Girl in FGD-L)

The role that 'friendships' has in attendance at activities was highlighted by humanitarian stakeholders (see Table 3) but this was ranked lower in the World Vision community feedback except from women who ranked friendship as an important reason for the attendance of children at activities. One appreciated the CFS activities for her child:

> My child would like to attend CFS because he could play and stay together with his friend and didn't disturb me at home for a while (Woman in FGD-H).

The role of the NGO or volunteers encouraging attendance and providing interesting activities featured in some responses, although this was not highlighted specifically as a reason for attendance by the community members involved in the

research. Dancing was ranked highly by adolescent girls as was drawing by the adolescent boys, so the creative and cultural skills were valued by adolescents.

> *Children like dancing because it is their hobby. They like to be dressed traditional clothes with the make up. They also like to be watched by other people when they are appearing on the stage* (Adolescent Girl in FGD-M).

But also children attended the CFS activities because of the creative activities offered. As a younger girl stated:

> *I went to CFS so I would be more creative in improving some of my skills in making flowers from origami paper* (Girl in FGD-S)

There was an aspect of caring for others that also emerged in one adolescent girl who indicated that she liked to help younger children in the CFS:

> *I was glad to attend the CFS because I could play together with younger children and also I could teach them how to draw* (Adolescent Girl in FGD-N).

Thus, while all the different stakeholder groups identified friendship as a reason for attendance, friendships were ranked as an important reason only by women in the community. Nevertheless, other groups did refer to friendships during their FGDs. As with the humanitarian industry stakeholder groups no mention was made of the CFSs offering referral services. Participants were then asked to identify potential barriers to children being involved in CFS activities.

Children not attending CFS activities

The humanitarian industry stakeholders provided many reasons to explain why children do not attend the CFS activities. Table 6 provides a summary of the reasons given for children not attending. It is probably not surprising to find that many are the reverse to reasons why children do attend the CFS activities.

Table 6 below provides the reasons provided by the humanitarian industry stakeholders for children not attending CFS activities. The first column indicates the reason given for not attending CFS activities, the second column indicates which specific humanitarian industry stakeholder groups had referred to this reason and the third column provides a quotation from an individual participating about the reason provided.

Table 6 identifies a range of reasons for children not attending CFS activities. The humanitarian industry stakeholders identify that parents or extended family do stop children attending CFS activities. The reasons for parents not encouraging children to attend range from the requirement by parents for children to stay at home to take part in work to support the family economy to parents lacking trust in the NGO. Other reasons for parents or extended family preventing children attending CFS activities was that play was not valued by parents. One INGO (INGO2) referred to fear raised by parents that the CFS was proselytizing.

Table 6: Summary of Reasons Given for Non-attendace at CFS

Reasons for Non-attendance at CFS	Stakeholder groups referring to the specific reason for attendance	Example of Quotations
Parents/extended family prevent attendance	INGO, WVC, LNGO, Gov	'Parents say the space is strange and with new people. The reasons come from the parents not the children. Parents sometimes want the children home washing rather than singing songs.' INGO1
		'Their parents forbid them to come to the CFS for economic reasons.' WVC1
		'It is related to the parents who want their children to study and they think that playing is a waste of time. Creativity is important – children can learn about maths through play.' INGO2
		'Parents think playing is a waste of time. They also fear proselytizing. We respond by modeling our behaviour and not by fighting with them about it.' INGO3 (not faith based)
		'They[the parents] want to protect their children from negative thinking. When we asked the parents they think playing at home is better than being influenced by friends.' LNGO3

Boredom	WVC, Gov, INGO, Volunteer	'If it is attractive they will come.' GOV1
		'In some cases the activities are getting boring and the children like the activities at school.' WVC1
		'Maybe they are not interested or they are busy doing other interesting things – particularly boys. During big events like Ramadan more children come but numbers is not everything.' INGO4
		'Children do not come because they are tired, forget or do not want to come.' VOL1
Children dislike the Volunteer	WVC, Gov, Volunteer	'They will not come if the volunteer is angry with them.' WVC2
School Demands	LNGO Volunteer	' Problem is that they have to manage school and additional classes.' LNGO3
Distance to the CFS	LNGO Volunteer	'Distance is the main reason I have not heard of other reasons.' LNGO1
Safety Concerns	WVC, INGO, Volunteer	' In some areas if they have a [different] media for expression maybe it is quite weird for them and they might be worried. Not from the children but the parents.' INGO5
		'Some children are attacked by other children.' VOL3
		'Friends tease them.' WVC2
Lack of Awareness	INGO	'Why not come…don't know what a CFS is and what function it has.' INGO5
Isolation	Gov, INGO	'They can be isolated and so when bad things happened they do not have friends and so are more isolated.' GOV3
		'Children with disability are excluded because other children will not accept them. If children did not feel comfortable they don't come This is about children with mental retardation rather than physical disability. I go around the urban areas of Aceh and Aceh Basar and I didn't see children with disability. I don't know why they won't come.' INGO3

Source: Author's Field Notes, December 2007

Concerns related to religious beliefs also emerged in another conversation with an NGO worker. It related to the tension between promoting traditional dance and respecting the religious leaders from a local community. This was noted by an NGO worker :

We had a dancing group but Leader X said it was a sin. It is different depending on the village (Anon)[19].

Study or other school activities were another reason given for non-attendance by the humanitarian industry stakeholders. It appeared that there was overlap of school activities in the CFS.

Table 7 provides an overview of the most important reasons given by different community representatives in the World Vision community-based research for children not attending CFS activities. As with the previous question about reasons for attendance, focus group participants were asked to rank the three most important reasons for why children did not attend CFS activities. Summary Table 7 provides detail of the outcomes of that ranking process. As with Table 5, number 1 indicates the most important reason for children not attending the CFS, number 2 the second most important reason and number 3 the third most important reason. An overview of the differences and similarities between the World Vision research participants and the humanitarian industry stakeholders is now presented.

Table 7 indicates that the reasons for children not attending CFS activities were more diverse than the reasons community members gave for attendance at the activities (Table 5). Three groups did highlight that children had other activities at school and two groups indicated that they had other places to play. Other activities included playing electronic games or physical sports elsewhere:

Children didn't come to CFS because they played with a 'Play Station' that was rented from a villager's house (Young Boy in FGD-T).

Children didn't attend the CFS because they were playing at the river or fishing (Man in FGD-C).

---

[19] Due to sensitivities, participant details not included in the thesis

Table 7 : CFS Reasons for Non-attendance

- Ranking by Community Groups

	Younger Children	Adolescent Girls	Adolescent Boys	Women	Men
Activities at School	3	1		1	
Distance from house		2			
Boredom or same activities as at school		3	1		
Playing in other place			2		3
Sick or tired			3	3	
Teacher/volunteer					1
No one to drop them to the CFS					2
Helping parents	2				
Doing homework at home	1				
Friends influence them				2	

Source : World Vision Qualitative Research Data, December 2007

(See Appendix 3 for further examples of reasons given by community members for non-attendance at CFS activities.)

Boredom was a factor ranked by two groups for children not attending the CFS. Being tired or sick was ranked by two group as another reason for children not attending CFS activities. One man reports that:

Children didn't attend CFS because they had fallen asleep (Man in FGD-D).

One problem with school and CFS activities was highlighted in a focus group discussion with adolescent boys.

We started our additional class in our school at 3 until 5.30 pm while in CFS we had to start at 2.30 pm so there was no time for us to participate in the program (Adolescent Boy in FGD-P).

This was also mentioned by LNGOs and volunteers from the humanitarian industry stakeholder groups.

The issue of boredom or lack of interest in activities referred to by a wide range of humanitarian industry stakeholders was indicated as important by two community groups – the adolescent boys and girls. Another reason for children not attending CFS activities included helping at home and being responsible for some family income support activity. As one girl said:

If I didn't go to CFS, it means I looked for shells or helped my parents at home such as washing the dishes because my mother had passed away (Young Girl in FGD-T)

This economic support was a reason mentioned by a wide range of humanitarian industry stakeholders. Again, volunteers are the divergent group as they did not raise this issue of helping at home or working. In the World Vision community-based research only the younger children ranked helping at home as a reason for children not attending CFS activities.

Friends also influenced children's attendance as explained by a woman in one focus group discussion:

Most of children were influenced by their friends. If their friends didn't come they will follow their friends and go to other place such as playing at the rice field, fishing and playing football (Woman in FGD-J).

Additionally children were involved in other activities:

> *Children didn't come to CFS because they clean the boat to buy cigarette* (Adolescent Boy in FGD-Q).

The only mention of basic services and CFS activities in the community-based research was by one man who said the reason for children not attending CFS activities was that the CFS no longer provided food. As with the humanitarian industry stakeholders, referral to basic services was not mentioned.

This feedback from the humanitarian industry stakeholders and the community provided some insight into reasons for children in general not attending CFS activities but the third research theme enabled further understanding of how the key humanitarian industry stakeholders and the community understood vulnerability and whether vulnerable children attend CFS activities. This is covered in the next section of this chapter.

Research Theme Three – Participant Definitions of Vulnerable Children and Perceptions of Vulnerable Children Attendance at CFS Activities

The third research theme addresses the key question for this thesis about the vulnerability of children – who they are and whether they attend CFS activities.

Asking about vulnerable children it was first necessary to clarify the term vulnerability in Bahasa Indonesian and then a more direct explanation to aid communication in Acehnese. In formal Bahasa Indonesian language the term 'vulnerable' is simply translated as 'rentan' (easy to be attacked, criticized etc)[20]. This term 'rentan' is commonly used by representatives of NGOs, the UN and the Government . However it was found that in Aceh language and culture and particularly at the village level the word or an Acehnese translation of it is not commonly used or understood. So, after some trial questions to local staff and community in the field test, it was necessary to clarify the concept of vulnerability

---

[20] Found at http://kamus.orisinil.com/english-indonesia/vulnerable

using the translation 'orang yang hidupnya lebih sulit dibandingkan yang lain' that means 'people whose life is more difficult than other people' and this then enabled the Acehnese participants to describe children whom they thought were more vulnerable. The difficulty in defining vulnerability is explained by an international NGO worker.

> It is difficult for people. Every term has its own specification. I think children who need more protection from the community and environment [are vulnerable]. But specific terms the community understand are street children or children with disabilities or children who are fragile (INGO1).

The cultural understanding of vulnerability has many implications for programming and thus is important for further analysis later in this section. As with the previous theme, this section will first provide a summary of responses from the humanitarian industry stakeholders and then focus on the World Vision community-based research responses.

Table 8 provides a summary of the humanitarian industry responses to the questions about defining vulnerability in children in the Aceh setting. As with the earlier table, the first column of Table 8 highlights the key issue raised in relation to the theme, the second column provides some indication of the frequency of response from participants, the third column focuses on the different stakeholder groups represented in the response and the fourth column gives an example of an answer given by an individual respondent.

As noted in Column One of Table 8, the descriptions used by the humanitarian industry stakeholders focus on categories of children such as children with disabilities, abused children, children affected by armed conflict and working children. Many of these groups of children also appear on the UNICEF list of Children in Especially Difficult Circumstances referred to in Chapter Two (UNICEF, 1996).

Some NGO workers made more general comments about what it means to be vulnerable. For example, vulnerable children are 'children who have problems in life' (LNGO3).

Table 8 : Summary of Participant Responses to Defining the Vulnerability of Children

Defining Vulnerable Children	Number of Participant including this group of children in their definitions	Stakeholder groups referring to the specific theme	Example of Quotations
Children with disabilities	Some	UN INGO WVC, Vol	'They [Vulnerable children] are children with disabilities.' Gov2
Children who are abused	Some	LNGO,INGO WVC, UN , Gov Volunteers	'Cases of abuse are being reported but awareness of child protection is low.' WVC1 ' Children make free interaction with people who are not the same age…these vulnerable children are in a bad situation of sexual exploitation and child labour. The exploitation of children in the barracks is a problem…we see sexual exploitation through the TV, radio, phone and internet.' LNGO2 'There are some children who cannot read at school..maybe the lack of their parents attention and they might go to TPA[religious education] and after that watch TV all the time and the parents don't care.' VOL2
Children who are living in poverty	Some	INGO, LNGO1, Gov	'Children from low economic conditions.' LNGO1 'Poor children.' INGO
Children out of school	Some	UN, LNGO, WVC	'Those who drop out of school are often child workers especially in the rural areas.'LNGO3 'The children who go to school but not regularly during harvest times.' WVC1
Street Children	Some	UN, INGO, GOV,LNGO	'After the Tsunami we have children who work as street children and are trafficked to Medan, Jakarta and Batam.' LNGO3

Children working and not attending school	Some	UN, LNGO WVC, INGO	' Children's right to education is a problem and cause new social problems. For example children earn money by themselves…selling newspapers on the road.' LNGO2 'Regarding children in conflict areas – non Tsunami affected. They think education is not important and children work with their parents.' LNGO1 'Also children work from an early age. There was a food for work project where they put soil into plastic bags with seeds so they didn't come to the CFS.' WVC1
Children who are Orphaned/separated	Some	UN, WVC, INGO, LNGO,	'There are issues of guardianship for informally reunited children.' UN1 'The disaster makes children vulnerable because they are separated from their family.' WVC1 'There are orphans due to the Tsunami and not. The Tsunami orphans have more psychological problems and are more frightened.' LNGO1
Children affected by Armed conflict	Some	INGO, UN, LNGO	'Children in the conflict affected areas. They are most affected by drugs and conditions of mountain life.' LNGO1
Children with psychological problems	Some	INGO, WVC, LNGO	'Children who need more attention. Not only children in a wheelchair. Children who do not have self confidence. They are children who are not with parents or who come from broken homes or see others in their environment treated badly or there are people who treat them badly. They need something to help them live normally – attention, special treatment and tools to help them as vulnerable children.' WVC2 'Children who are bad and take things and throw things or have people who give them bad advice.' VOL2 'Children who are fragile.' INGO1

Source: Author's Field Notes, December 2007

(See Appendix 4 for a summary of the less frequently mentioned categories of vulnerable children provided by humanitarian industry stakeholders)

Another example of the general nature of vulnerability that was then clarified by WVC2:

> *Children who need more attention. Not only children in a wheelchair. Children who do not have self confidence. They are children who are not with parents or who come from broken homes or see others in their environment treated badly or there are people who treat them badly. They need something to help them live normally – attention, special treatment and tools to help them as vulnerable children (WVC2).*

Two participants (INGO4, WVC1) pointed out that individual situations for children are different even if a child belongs to a vulnerable group. An INGO participant described a situation of a child who would be described as vulnerable but whom he believed was resilient.

> *I know a child from a single parent family. She is highly motivated. Her parents divorced. I don't use the term depressed to describe her. She told me about her family but she is strong. (INGO4).*

In terms of articulating the situations of vulnerable children among the different types of stakeholders, volunteers appeared to have the most difficult time reaching some descriptions of vulnerable children. They did refer to children out of school, child neglect and children with disabilities but none of the other widely known categories used by the humanitarian industry (UNICEF, 1996). This may well be due to the issue of translation that was raised at the beginning of this section but there may be other reasons for explaining the challenges for volunteers in describing vulnerable children in their communities.

Less frequently mentioned descriptions of vulnerable children were children with psychological problems (INGO, WVC and LNGO). One representative each from

the UN, INGO and LNGO all referred to children who are in conflict with the law as vulnerable[21].

We can see that the humanitarian industry stakeholders, while acknowledging some difficulty in definition, provided a list of specific groups of children facing difficulties.

The World Vision community-based research participants also referred to some of the same groups as the humanitarian industry such as children who are orphaned, living in poverty and children not at school. However the responses from the community were only obtained after a series of explanations about who might be considered vulnerable. This was required because of the difficulty in finding a good translation of the term vulnerability. Table 9 provides a summary of the responses from the World Vision community-based research. Column One indicates the group of children considered vulnerable and the remaining columns indicate whether focus group participants from the different age groups referred to this group.

The vulnerability of orphans was highlighted across all the age ranges in the focus groups (see Table 9) and mentioned more consistently than with humanitarian industry stakeholders. However, in one location women from the community said orphans were not considered to be vulnerable as they believed that they treated orphan children as their own children. A man in another FGD said:

> I didn't see children who had more difficulties compare to other children in this village. Even if there were any orphans children, they were helped by the villagers (Man in FGD-E)

---

[21] For additional quotations and information on the less mentioned issues on vulnerability see Appendix 3.

Table 9: Community Groups Definitions of Vulnerable Children

Vulnerable Children group	Younger Children	Adolescent Girls	Adolescent Boys	Women	Men
Orphans*	X	X	X	X	X
Child with personal or family problems some who are teased		X	X	X	
School drop outs		X		X	X
Children who disturb or threaten other children	X	X	X		
Children living in poverty		X	X		X
Disabled	X	X			X
Children who have to work	X				
Children living on the streets		X			
Quiet children		X			
Children who smoke		X			
Children who are victims of the Tsunami		X			

Source: World Vision Qualitative Research Data, December 2007

Some community members provided their perception of a vulnerable children as facing a number of problems. One example is described here:

> According to me, the children in this village who need more attention were orphans, children who were not able to read, broken home kids and the tsunami victim children (Adolescent Girl in FGD-O)

In the consolidation of the FGDs only younger children referred to children working as a vulnerable group but in FGD reports individuals did refer to working children. For example, one community member said:

> I think children who have more difficulties compared to other children are those who must earn money. They have no money to buy things (Adolescent Boy in FGD -R)

However adolescent girls also mentioned street children who generally do some form of work to survive. Adolescent girls and boys and women highlighted children experiencing family problems and or having personal problems as being vulnerable.

> *The children who are silent. They felt difficult to make friends with other children. This thing made silent children felt isolated by their friends* (Adolescent Girls in FGD-P)

Children no longer attending school and children living in poverty were described as vulnerable groups also.

As highlighted in Table 9, the children and adolescents all referred to other children who disturb or threaten them as vulnerable. The phrasing used to describe this group suggests some level of fear concerning this group.

Another common vulnerable group that was mentioned by community and humanitarian industry stakeholders were children with disabilities. The attention by the community to this group of children did not appear to be consistent as indicated by the following statement made by an INGO participant:

> *I know of two children who were disabled before the Tsunami and the community cared for the children but I talk with other colleagues in other places and they say the community does not acknowledge children with disabilities* (INGO5).

To summarise, the humanitarian industry stakeholders predominantly described vulnerability in terms of the widely used categories of children in the humanitarian industry. However, defining vulnerability proved to be a challenge in the Aceh context with there being no local word for the term. This resulted in the World Vision community researcher providing the community participants in the FGDs with examples of categories. Once the example of categories were provided then

FGD participants were able to describe children from their communities who fit into the categories. Once the definitions of vulnerable children were clarified then the next question asked was do vulnerable children attend CFS activities?

Attendance of Vulnerable children at CFS Activities

The original concept of a CFS included the involvement of vulnerable children in the activities. With the definitions of vulnerability clarified and summarised in the previous section, research participants were then asked whether the vulnerable children they described attended activities at the CFS. This question was asked as the semi-structured interviews were drawing to a close and so time was limited. Therefore depending on the length of time it had taken to answer other questions with translation, not all stakeholders were asked the specific question about whether vulnerable children attended. Ten of the nineteen participants however, were asked and of these the answers were initially general in nature. For example when I asked about vulnerable children coming to the CFS one answered 'some vulnerable children do come' (INGO2) but did not explain further despite prompting. Another answered:

> We try and involve vulnerable children. Some children come. It is not easy (INGO1).

When then asked to explain this statement in more detail the international NGO worker said:

> Children with learning disability [do come] but parents are reluctant to send and afraid that they will not be cared for properly (INGO1).

Table 10 provides a summary of participant responses about attendance of vulnerable children at CFS programmes. As Table 10 indicates, the perception of some humanitarian industry stakeholders was that some groups of vulnerable children did attend CFS activities but there appeared to be some challenges with

children with disabilities attending [22]. However, Table 8 indicates that there were more groups of vulnerable children identified than were groups of vulnerable children attending CFS activities as outlined in Table 10. Comparing Tables 8 and 10 suggests that children in conflict with the law, children affected by armed conflict and working children perhaps do not attend CFS activities.

Table 10: The Attendance of Vulnerable Children at CFS Programmes

Vulnerable Children	Stakeholder groups referring to attendance by the vulnerable group	Example of Quotations
Children with disabilities	WVC, INGO,	'It is very rare to have disabled children. If they have siblings they might come.' WVC1 'I never saw children with disabilities.' INGO3 'There are special schools for children with disabilities and so children with disabilities do not come to public schools.' WVC2 'Sometimes children with a learning disability do come but parents are reluctant to send and afraid that they will not be cared for properly. Some children with physical disabilities come...all children are traumatized but children with more problems.' INGO1
Separated Children	LNGO	'Separated children do come.' LNGO2
Children living in poverty	LNGO	'Those who are economically poor do come.' LNGO2 'The activities are voluntary and children help with economic activities.' Gov1
Children out of school	LNGO	'Naughty children – those who don't go to school do come to the centre.' LNGO3
Abused children	INGO	'Children affected by violence...come.' WVC1
Children affected by the disaster	INGO, WVC	'Children...affected by the disaster come but not the working children.' WVC1
Family problems	WVC	' At the CFS children from broken homes or those who had problems in the family still usually come. For example, when I asked one boy why he was quiet – he says his mum was angry.' WVC1

Source: Author's Field Notes, December 2007

---

[22] Since the Tsunami, this author visited a number of CFSs programmes over the three years and she did not see a child with disabilities present at the programmes.

The World Vision community-based research found that the community perceptions were that in general, vulnerable children did attend the CFS activities. The inclusion of orphan children in CFS activities, was noted by a young girl who said:

> *There is a child in this village who has no father. Her father died when the tsunami happened, but she also plays together with us.*(Young Girl in FGD-V).

One man also reported:

> *I didn't see children who had more difficulties compare to other children in this village. Even if there were any orphans children, they were helped by the villagers* (Man in FGD-F)

It appeared that in some communities, younger children were aware of other children who were involved in unhealthy behaviours but again indicated attendance at the CFS.

> *Younger children (fourth grade of elementary school) who have started to smoke. They like to imitate adolescent boys who smoke while parents didn't know about it. However they still come to CFS* (Children in FGD-W).

In one location the community members talked of a child with learning disabilities who no longer attended because of teasing by friends.

This perception by the community that vulnerable children were attending CFS activities differed from the humanitarian industry stakeholders who expressed concern that many vulnerable children did not attend. For additional details of the comments made by community members see Appendix 5.

Chapter Conclusion

This chapter reviewed three main themes that formed the basis of questions for the semi-structured interviews. First the question of definitions and descriptions of concepts about CFSs were reviewed and analysed highlighting the value placed

on a CFS being a place for play, learning, friendships and psychosocial support. However, the international descriptions of CFSs include concepts of community involvement and referral to basic services and this was omitted from definitions and descriptions provided by all participants including community members. Following the descriptions of CFS was the review of the descriptions of 'child rights'. Here we read of the participants' confusion surrounding these terms that is also reflected in literature. A reluctance to introduce child rights concepts to the community members appeared not to be based on this confusion of terms but more on fear or discomfort about the notion of rights in the culture.

The second research theme addressed the issue of participant perceptions of why children attend or do not attend CFS activities. Most significant in the analysis of these responses was that of a wide range of reasons were given for attendance and of children not attending CFS activities. Study and overlap with school activities as well as boredom with activities currently offered feature in the analysis for children not attending CFS activities. Also children are required to assist with work at home and this is considered by some to be a significant barrier although it did not rank highly for the community members.

The third research theme focused on the question of whether vulnerable children attend CFS activities and this created many challenges. The most significant challenge was that of translation of the term 'vulnerable'. At the community level there is not a direct translation from Bahasa Indonesian into Acehnese so eventually the concept of children in more difficult situations was presented to community members. Even once this term was presented the field researchers said it took a lot of prompting and explanation before community members could describe situations of vulnerablility of children. The perception by many stakeholders about attendance at CFS activities by vulnerable children differed from that of the community. Community participants in the FGDs said that in nearly all cases, vulnerable children in their community attended the CFS activities. Here another concept - that of the definition of community- was not explored and could provide some answers as to why there is a difference in perception.

The following chapter will analyse the information outlined in this chapter and compare it with the literature review and background to CFS in Aceh. Limitations of the research will be summarized and recommendations for further research and humanitarian practice will be presented.

Chapter Six: Discussion of the Research on Child Friendly Spaces in Aceh

Introduction

This chapter draws together the three main sources of information described in this thesis by comparing and contrasting the data from the qualitative research in Aceh, the literature on children in development and the background information on CFSs from a practitioner's perspective. Additional quotations from the community-based research participants are used in the discussion as well.

The structure of this chapter is similar to Chapter Five in that it focuses on the three main objectives of this thesis. The first research theme focuses on participants' definitions of key terms related to CFSs. First it considers the definition of CFS as described in Chapter Three and compares it to the descriptions given by the humanitarian industry stakeholders. Then literature related to the key components of CFS activities is reviewed and discussed in light of the findings of the research in Aceh with the humanitarian industry stakeholders. With the definitions of CFSs discussed, the literature on child rights is then considered alongside the definitions and descriptions of child rights that was provided by the humanitarian industry stakeholders (Chapter Five).

The second research theme addressing the reasons given for children attending or not attending CFS activities is discussed. Although specific literature or data about attendance at CFSs is not available, there are some related issues in literature and in the history of CFSs that are relevant and covered in this section.

The third research theme appraises the definition of vulnerability as presented in the literature with the definitions provided by the humanitarian industry stakeholders as well as the community-based participants in the secondary data. Finally this chapter considers the question of whether vulnerable children attended CFS activities in Aceh.

Research Theme One: Participant Definitions and Descriptions of Key Terms

There are two terms examined under this section. First, the definition and descriptions of a CFS and then child rights.

Child Friendly Spaces

As highlighted earlier in Chapter Three, CFSs were defined by the Interagency Task Force on Emergency Spaces for Children, as:

> *Places which are developed with communities to protect children during emergencies through structured learning, play, psychosocial support and access to basic services* (Save the Children USA, 2007, p. 6).

Comparing this definition highlighted in the literature with the humanitarian industry stakeholder responses, some of the same concepts were reflected in their definitions of CFSs and are described in more detail in the following paragraphs.

CFS for Safety or Protection

The CFS is described above as a place that provides protection through the provision of a number of activities – play, structured learning and psychosocial support. With representatives of all groups within the humanitarian industry stakeholders except the volunteers referring to protection and safety, this concept of protection within a CFS appears to be embedded within the humanitarian industry workers in Aceh. However, humanitarian disasters and displacement present increased risk for the abandonment or trafficking of child as highlighted in Chapter Three on the History of CFSs. Therefore the apparent lack of focus on protection by the volunteers does raise questions about how the volunteers understand the notion of safety or protection and how well children are being protected.

CFS as a place to Play

The focus on play was the most frequently mentioned activity associated with descriptions of CFS. Play is identified in the literature as an important form of psychosocial support for children who have been through a traumatic event (Tolfree, 1996, p. 54). The literature also highlights the importance of play for the development of all children in all cultures and so the focus of play in CFS in Aceh was a positive sign (Kostelnik, Whiren, Soderman, & Gregory, 2006, p. 217). The UN Convention on the Rights of the Child also recognises the right of every child to play (specified in Article 31) and so we see a coming together of the legal framework that gives children the right to play in literature and in practice in a CFS.

Some respondents (INGO2, INGO3), however, pointed out that play was not always valued by community members who prefer a focus on education and study. The concern that community members do not value play indicates one of the many tensions that exist in the design of CFS activities. That is, the tension that lies between need to be sensitive to cultural norms and ensuring that children are exposed, in culturally sensitive ways, to activities that are known from experience to benefit their development.

Nearly all humanitarian stakeholder participants referred to play as an core feature of CFS activities (see Chapter 5,Table 4) in addition to writers such as Williamson who is cited by Tolfree as saying:

> *Play for children is the major vehicle for expression of feelings and integration of difficult life experiences. Despite cultural variations, repetitive play, role modeling, fantasy and re-enactments of daily life, are all integral to the development of children world wide* (Tolfree, 1996, p. 54 See also Kostelnik et al. 2006; Singer et al. 2006 & Isenberg, & Quisenberry, 2002).

Therefore, generally there appears to be consistency between the literature that values play for supporting the development of children and the focus on CFS activities in Aceh.

CFS for Structured Learning

The inclusion of learning opportunities highlighted by some humanitarian industry stakeholders in their definitions of CFS is reinforced in the literature also. For example, as highlighted in Chapter Two, education is one domain of resilience outlined by Daniel and Wassell. Education is also encouraged by researchers from within the humanitarian industry (UNESCO, 2006; Interagency Network for Education in Emergencies, 2004). In Chapter Three, it is suggested that CFSs can offer a place for children to study in a supportive environment and as a local NGO representative explained during the research in Aceh:

> *The school support in CFS involves support for homework, a library and learning by playing (LNGO1).*

Additionally, a volunteer highlighted the religious learning given through the CFS activities that he valued :

> *It [the CFS] is also for the reading of the Qu'ran (AV1).*

This suggests that theory highlighting the value of education was also the practice within the CFSs in Aceh.

CFSs for Psychosocial Support

The term psychosocial support as outlined in the literature review (Chapter Two) refers to the range of responses to meet the psychological and social support of children. A number of researchers indicated a preference for a psychosocial model based on building resilience to address the needs of children affected by disasters rather than the often referred to medical or trauma model (Inter-Agency Standing Committee, 2007; Loughry & Ager, 2001). The representatives of the child focused organisations interviewed in Aceh appeared to prefer the psychosocial approach that focuses on the strengthening of healthy coping mechanisms such as school support, play, supporting friendships. For example, NGO workers say:

Children need space to play, meet friends and a way to express themselves (INGO5).

A place especially for children for them to play and read the Qu'aran. Regular activities. It was not there before the Tsunami. (INGO1).

Children can play [at the CFS] and not be stressed by the Tsunami (AV1).

The idea of regular activities referred to by the international NGO worker (INGO1) is highlighted in the literature on psychosocial support as an important aspect of returning to a semblance of normalcy after a disaster (Loughry & Eyber, 2003, p. 52; UNICEF, 2003, p. 210). While this issue of routine activities was not highlighted by those interviewed other than this one instance, it would be useful to know if there were more respondents addressing the issue of routine had the research been conducted in the first months after the disaster when general chaos in the community was still evident.

There is focus on psychosocial support rather than mental health or trauma in the responses. None of the respondents mentioned the use of mental health specialists coming to the CFS. Nor did respondents mention referring children to mental health services. While the lack of attention by the humanitarian stakeholders to mental health services might be a positive sign, it may also suggest that the small numbers of children who do need additional assistance from culturally appropriate mental health specialists were not being identified in the CFS activities or not attending CFS activities. The importance of providing the smaller population of children with specialised psychological support, is identified by proponents of psychosocial approaches in humanitarian emergencies (Wessells, 2007; Honwana, 1999; Interagency Standing Committee, 2007; See also the pyramid of psychosocial interventions in Figure 1). The lack of reference to mental health services would require further research and is relevant when discussing whether vulnerable children attend CFS activities.

Access to Basic Services

The fact that none of the CFS descriptions provided by humanitarian stakeholders referred to the CFS as a place to access basic services raises a number of questions for further exploration. This is particularly so when the global definition of CFSs incorporated access to basic services as a core component of CFSs (Save the Children USA, 2007). One question is, do families already access basic services for their children thus excluding the need for referral from CFSs? Another question is what are the basic services currently available to children and are they better than those present before the Tsunami and during the conflict? In the following section where the reasons for children attending or not attending CFS activities is discussed, the issue of accessing basic services is not mentioned either suggesting this was not a core component of the CFS programmes in Aceh.

As highlighted in Chapter Two, social scientists including public health advocates have been promoting the needs (and more recently the rights) of children in terms of survival, development and protection for decades (for example, see World Health Organisation, 1978). This includes the need for children to access health, education and social services and so the absence of mention of basic services by the humanitarian industry stakeholders would not only need further exploration and understanding in the Aceh situation, but would also require consideration when planning future humanitarian responses.

To summarise, while the definition of a CFS given by participants correlated in part with the Emergency Taskforce definition of CFSs and was supported by literature by referring to play, structured learning and psychosocial support there were gaps identified that require further investigation. In particular, the understanding of protection by the CFS volunteers needs to be better understood. The reason that none of the humanitarian industry stakeholders made reference to mental health services would need to be understood further and finally the question of whether children are accessing basic services through other venues and whether CFSs have a role in supporting access to basic services by children needs to be explored.

As outlined in Chapter Two, the UN and the majority of NGOs support a child rights framework for designing and implementing programmes and yet the criticism of a child rights framework was also presented. Therefore, CFS humanitarian stakeholder participants were also asked to define child rights and the findings are discussed in the next section.

Defining Child Rights

The literature review in Chapter Two highlights that humanitarian industry (particularly those child focused organisations) has in the past decade, addressed the role of children in development from a child rights perspective. The key principles of the UNCRC are articulated as survival, participation, development and protection with decisions being taken in the best interests of the child and non-discrimination (United Nations, 1989). Criticisms of the child rights framework were also presented.

While the humanitarian industry stakeholders were mostly able to define child rights in terms of referring to the UNCRC, approaching the CFS work from a child rights perspective was less defined. A child rights approach to CFS work starts with teaching the volunteers about child rights. The example given in Chapter Five of the volunteer who said he had forgotten about child rights and that the only right that was important was the right to education suggests that in this case the CFS programme for this volunteer was not within a child rights framework (See Chapter Five, Sub-section on Child Rights).

The topic of child rights was a difficult one for participants to raise with Acehnese communities especially children. It appeared that the right to survival was supported as was the right to education (see Chapter 5: Table 4 and 5) but the right to participation, while an aspiration for some respondents, was certainly yet to be integrated into programme designs (see Chapter 5: Section on Child Rights).

A recent World Vision end of project evaluation also indicated that in the communities surveyed 97% of community members had not attended any training

on child rights (TANGO International, September 2007, p. 35) While some NGOs (LNGO3, INGO4, AV3) had presented the issue of child rights to community leaders and adults there was reluctance to do so with children. Discussing child rights may present some challenges but there are many resources and groups within Indonesia and internationally with well developed tools on child rights as well as child rights and Islam[23]. As all but two participants were Indonesian it would be necessary to learn about the cultural understanding of rights in Indonesia and the process to date of introducing child rights in Indonesia. The government of Indonesia is a signatory to the UNCRC and this provides good rationale for introducing the topic of child rights to communities. An interview with one key informant (Field Notes, Banda Aceh, 3 November 2007) suggests that some NGOs preferred to model child rights to children. An example was given when an NGO (Field Notes October 27 2007) sent particular children to a children's conference in another part of the country but had not talked to all the children about their right to participate in decisions affecting them (UNCRC Articles 12 &13). Choosing only to model child participation and not talking about it as a right could lead to participation being understood by children and the community as a nice idea or something for talented children to share in but not a right of all children without discrimination.

Some humanitarian industry respondents (WVC2, INGO3) raised the issue of child participation and the need to increase the level of participation by children in the future. One reason given for not encouraging more participation was the pressure on accountability by meeting set targets for the activities, as explained by this NGO worker:

> *If there was another disaster I would do a different design. I would ask the childen. Here in Aceh adults made all the decisions... We have targets to meet [from the NGO] and this was our habit. Adults have the views and experience and so they plan the programme* (Humanitarian Industry Stakeholder[24]).

---

[23] Example of resources on child rights and Islam can be found in Hashemi, 2007; UNICEF & Al-Azhar University - International Islamic Centre for Population and Research, 2005.

[24] This was a sensitive issue and in order to ensure confidentiality this reference is not coded in this document.

In order to discuss child rights with communities it requires well-trained staff who are comfortable with facilitating discussions on the UNCRC. Another explanation for reluctance to discuss child rights with children and the community may be based on the criticism that the UN Convention of the Rights of the Child is Eurocentric and not culturally focused (Ansell, 2005; Boyden, 1990).

Research Theme Two: Reasons for Children Attending or Not Attending CFS Activities

The reasons given for children attending or not attending CFS activities correlated, in many cases, with the definitions of a CFS given by the humanitarian industry stakeholders. This section will not repeat these issues but highlight additional points for consideration.

In particular, this section will review the information on reasons for children attending or not attending CFSs from the perspective of resilience. Literature on resilience is discussed in Chapter Two with resilience defined as 'focusing on an individual's capacity to recover from, adapt and remain strong in the face of adversity' (Boyden and Mann, 2000, p.7). Additionally, there are protective factors that support resilience that are outlined by Daniels & Wassell (2002) in terms of domains of resilience. The domains of resilience of a child at any point in time include a secure base, education, friendships, positive values, talents and interests but also include a sense of humour and a spiritual life (Daniels and Wassell, 2002, Vandistandael ,1996).

It was suggested by humanitarian workers in Kosovo, that the CFS could be a place where the protective factors for resilience in children highlighted above can be developed.

The key components of a CFS as outlined by the Emergencies Spaces Taskforce (Save the Children, 2007) correlate with many of the domains of resilience and so in this section while considering the reasons given by the humanitarian industry

stakeholders and the community representatives regarding reasons why children attend the CFS, the answers are discussed in terms of resilience.

Reasons for Children Attending CFS Activities

While it was not possible to measure resilience in children in Aceh, a review of the information shared by research participants with the domains of resilience model provides some indication to whether CFS activities are supporting the resilience of children in general (Daniel & Wassell, 2002; Inter-Agency Standing Committee, 2007; Vanistendael, 1996; Wessells, 2006). For example, the domains of resilience such as access to education, friendships, support for the expression of talents and interests, social competencies and positive values are all aspects highlighted in this research, by the community and with humanitarian industry stakeholders. These domains are discussed separately below.

Study at the CFS

Education is one domain of resilience presented by Daniel and Wassell (2002) and the respondents presented study as an important reason why children attend CFS activities. This was more important to community members and less important to the key stakeholders (See Table 4 and Table 5). It was noted by adolescent boys that one reason why children did not attend CFS activities was that sometimes the timing of the activities overlapped with school activities as previously quoted in Chapter Five

> We started our additional class in our school at 3 until 5.30 pm while in CFS we had to start at 2.30 pm so there was no time for us to participate in the program (Adolescent Boy in FGD-P).

The example of the overlapping of CFS activities with after-school activities indicates the need for a continual process of assessment of other child focused activities in the community and how they relate to CFS activities to ensure there is not duplication of services. On a positive note, the CFSs in most cases appeared

to be reinforcing the formal education of both girls and boys by providing a place where children can study after school (Table 2, Component 4).

Cultural Activities in the CFS

Another domain of resilience (Daniel and Wassell, 2002) as well as a key consideration incorporated in *The Psychosocial Framework* (The Psychosocial Working Group, 2005 pg 1) is the integration and encouragement of cultural values in children. The use of local volunteers enabled local games and dances to be taught to the children. The research indicated that CFS programmes in Aceh supported the expression of cultural activities particularly dance, drawing and religious activities (See Chapter 5, Table 3, 5 & 6) but whether less visible talents and interests were encouraged is not known and for practitioners is an area for consideration. While clearly some tension existed in some situations between the NGO and certain community leaders around the appropriateness of dancing and questions were raised about the religious motivations of the NGOs this did not seem to be widespread (Chapter 5, Tables 2, 4, 5 & 6).

In the context of Aceh, Indonesia where Islam is enshrined in law, the influence of religion on the entire community and within CFSs is interesting in terms of its influence on the resilience of children and whether in fact this has helped them cope better after the Tsunami. While important, the subject of spiritual development and how it builds resilience, and therefore contributes to the psychosocial wellbeing of a child, extends beyond the possibilities of a thesis.

Friendship

Children need friends and social skills developed through friendships are important for helping children cope and supporting their resilience. The humanitarian industry stakeholders highlighted friendship as a reason for children's attendance at CFS activities. However, the influence of friends was ranked lower in the community feedback except from the women who ranked friendship as an important reason for the attendance of children at activities (See Chapter 5: Tables 4 & 5).

In some cases friends were also a reason for children not attending CFS activities. For example a woman in the World Vision focus group discussion said:

> *Most children were influenced by their friends. If their friends didn't come, they will follow their friends and go to other place such as playing at the rice field, fishing and playing football* (Woman in FGD-K).

Of note here is that the examples given by the women suggested that the boys were engaged in positive activities and yet there is some indication that not all activities resulted in health promoting activities. As noted in this quotation used prior:

> *Children didn't come to the CFS because they clean the boat to buy cigarette* (Adolescent Boy in WV FGD).

Other domains of resilience such as supporting positive values, caring for others or being involved in a faith community were not addressed in this research specifically. However, the CFS was a place that respected religious practices and children were encouraged to learn religious activities in the CFS. This is an area for research in the future.

Reasons for Children Not Attending CFS Activities

Boredom was highlighted as one reasons for children not attending the CFSs. This raises many questions about the facilitation of CFS programmes and how long CFS activities should continue after a humanitarian emergency. It also links to the discussion on approaching the work from a child rights perspective. In Aceh, NGO stakeholders and other research (TANGO, 2007) suggested that most of the volunteers (including World Vision Volunteers) and the community (including children) had not been introduced to the UN Convention on the Rights of the Child. If the volunteers and the community had been introduced to the right of the child to participation in decision-making (UNCRC Article 13) and been provided with examples of age and developmentally appropriate participation then it is possible that children and parents may have taken more of a leadership and

planning role in the CFS. There are many examples of successful child participation in developing countries both in programme planning and implementation and research (Dorning & O'Shaunessey, 2001; World Vision Bangladesh, May 2000; see www.CRIN.org for other examples).

The examples of successful child participation highlight that child participation in programmes increases the quality of the programme and therefore the issue of boredom with the CFS activities may have been reduced if more attention to child participation and learning about what children wanted had been made. As stated earlier this requires well trained staff which is another issue for further research.

A second reason given by humanitarian industry stakeholders as well as younger children from the community for children not attending CFS activities included the need for children to help at home with domestic and economic activities. This reason for children not attending raises questions about how much and what type of work are children involved in. Children helping in the home or in a family business can develop skills and strengthen family bonds but this is not always the case. Therefore the response that children do not come to the CFS because they are working needs further understanding of how children spend their time throughout the week.

To summarise, this second research theme was discussed within the framework of the activities at the CFS being a place that supports the resilience of children. In particular, the domains of resilience such as education, friendships and the development of talents and interests were affirmed as present in CFSs by both the humanitarian industry stakeholders and the World Vision community research participants. However, the priority placed on friendship as a reason for attendance at CFSs varied with the humanitarian stakeholders indicating it to be a more important reason for attendance than was indicated by most community groups other than women. Clearly, educational opportunities provided in the CFS were highly valued by the community although problems with the timing of CFS activities coinciding with school activities needed to be addressed in one

location. Cultural activities support the resilience of children and the study indicates that there were many cultural activities offered at the CFS that were of interest to children.

The most common reasons for children not attending CFSs were boredom with the activities. This issue of boredom was highlighted as an issue of concern in CFS design. Boredom as a reason for not attending CFS activities indicates the broader challenge of continuing CFSs after the initial emergency phase has ended. One recommendation is that more attention be paid to focusing on child participation approaches to programme design. The other reason given for children not attending CFS activities is that they need to support economic activities within the family. More research into the levels of child labour are recommended.

Research Theme Three: Defining Vulnerability and the Attendance of Vulnerable Children at the CFS

Defining Vulnerability

The term vulnerability, according to the literature, is confusing (Wisner, 2001) and in Aceh when focusing on children, the term vulnerability was also not well understood. The Government, UN and NGO stakeholders were very specific about their categorization of who was vulnerable and their examples of vulnerable children included street children, children in conflict with the law, children living in poverty and all children affected by the Tsunami. This concurs with Wisner's suggestion that staff from development organisations tend to describe vulnerability in terms of 'specific groups of people who are more likely to suffer loss' (Wisner, 2001, p.3).

In contrast to the key humanitarian industry stakeholders, the World Vision community-based research identified a significant gap that existed when there was no translation of the term 'vulnerable' available in Acehnese language. Wisner suggests that the concept of vulnerability as defined by the community becomes 'a tool in the struggle for resources that are allocated politically' (Wisner, 2001, pg.5). In the situation in Aceh, when the community do not have a translation for

the word vulnerable and when asked, for example, whether there are some children in the community who live in more difficult situations than other children, the research participants could not answer. This lack of definition of vulnerability in Aceh raises the question about cultural understanding of vulnerability and also whether, as Wisner (2001) suggests a community can struggle for resources for children if they are unable to define vulnerability.

When the question was then refined and the World Vision respondents were asked about the specific groups of children such as children with disabilities, children not in school or children who are orphaned, then community research participants gave examples of specific children with some problems such as children with disabilities. In depth research to understand how or if Acehnese communities explain economic and social differences among people in their society may open the door to answer why there is a gap in describing the Western concept of vulnerability. There certainly appeared to be a reluctance to identify any inequalities in the community. For example,

> *I didn't see children who had more difficulties compare to other children in this village. Even if there were any orphans children, they were helped by the villagers* (Man in FGD-F).

> *In our opinion, children who had more difficulties compare to other children are poor and orphan children. But they receive aids from rich people.* (Adolescent boy in FGD- S).

Another question to be asked to perhaps understand this gap in the concept of vulnerability could be, does this Islamic culture focus more on community cohesion rather than the individual rights? Alternatively, the community understanding of childhood in Aceh may be different from a Western understanding that view adults as very separate from children. Instead their contribution as working for the family may suggest that they are not understood to be as vulnerable as the Western perspective indicates (Christensen, 2000, pp. 41-42). Another explanation could be that the volunteers and the communities

are more hesitant to reveal what could be interpreted as sensitive and negative concepts with a foreign organisation or individual (Leslie & Storey, 2003 pp. 130-131) as emphasized in the insider/outsider discussion outlined in Chapter Four. In this case, while the World Vision researchers were predominantly from the local Islamic community, they were recruited by a Christian organisation and this may or may not have resulted in hesitancy by some participants to share information about vulnerability of children.

Monitoring Vulnerable Children in the CFS

A result of the interviews with the humanitarian industry stakeholders was that while they were able to provide their perceptions of the vulnerable children in Aceh, they were not able to give statistics or detailed data of the groups of vulnerable children and whether these children attended CFS activities. Some gave an example of a particular child they perceived as vulnerable. The general answers provided may be explained by the management roles of the humanitarian industry stakeholders who were interviewed. They were possibly too removed from the day to day running of a CFS to be able to know the detailed profiles of children attending the CFS programmes required to answer the question of whether vulnerable children attend. The possibility that NGOs had some monitoring system of CFS activities requiring some summary of attendance and reflection on problems facing children in the community was considered but this did not seem to be the case.

As highlighted in earlier chapters, in all emergencies it is difficult to obtain sensitive information and accurate data and to set up systems for gathering baseline data. In Aceh this was exacerbated by the challenge with the understanding of the term 'vulnerable'. However, this indicates a concern facing NGOs, UN and Government workers focusing on children. The mandate of child focused humanitarian aid and development workers is to address the rights of children or to help the most vulnerable (Chan, 2008). To design quality programmes for children, workers need to have solid baseline information about vulnerable children. Therefore, methods for gathering accurate understandings of vulnerability and vulnerable children in communities need to be found by

humanitarian organisations to be able to identify the most vulnerable children appropriately. In Aceh and in future humanitarian emergencies, how can this level of knowledge and understanding be gathered in the early months of a humanitarian emergency?

To summarise, the discussion on vulnerable children highlights the differences of perception about vulnerability and these differences are also reflected in the literature (Blaikie, Cannon, Davis, & Wisner, 2004; Wisner, 2001).

Attendance of Vulnerable Children at CFS Activities

When stakeholders were asked about whether vulnerable children attended the CFS activities, despite numbers of participants answering only one or two participants answered questions with similar answers. For example, only two humanitarian stakeholders referred to poor children attending CFS activities (See Chapter Five, Table 10). Likewise, only one participant, a World Vision CFS Coordinator (WVC1), believed children with family problems and children who were abused attended CFS activities.

In terms of children not attending CFS activities, only one or two humanitarian industry stakeholders referred to children with disabilities or children who were working (see Chapter Five, Table 10).

The time constraint with the semi-structured interviews did limit the ability to explore the issues of attendance at CFS activities further. Therefore, this makes it impossible to suggest any trends other than that the humanitarian industry stakeholders were generally unable to provide detail about the attendance of vulnerable children at CFS activities.

In terms of the community members, their responses as participants in the FGD were more consistent and positive as they said that the children they were able to define as vulnerable were able to attend the CFS activities. However, since the participants in the World Vision community-based research had to be prompted with possible examples of categories of vulnerable children, the reason for the

141

positive indication of attendance by vulnerable children needs further examination.

As outlined in this section focused on research theme three, the lack of clarity around the question of whether vulnerable children attend CFS activities cannot be answered with a simple response. This study highlights how much it depends on how vulnerability is understood by individuals and groups and whether the humanitarian industry is able to define and monitor vulnerable children in general and in their attendance at CFS activities.

Limitations of the CFS Study

There are two main limitations to this study. First the research area was confined to the Aceh Province of Indonesia and therefore generalisations in terms of other parts of Indonesia and the global situation cannot be made. However, as noted in this chapter, reports and evaluations from other emergencies as well as this Aceh based research suggests there are some recurring issues emerging in CFS design that should not be ignored by practitioners involved future humanitarian emergencies.

Another limitation already mentioned in the chapter on methodology and ethics as well as the research findings chapter, is that it is written from the perspective of a *pakeha* New Zealand humanitarian practitioner. Although I had spent six weeks in Aceh immediately after the Tsunami and had returned for four shorter visits prior to the five weeks of field research for this thesis research I was limited in that I did not speak Bahasa Indonesia nor Acehnese. Being unable to speak the language of the people reduced my understanding of the many nuances found in culture. As already highlighted, my relationship with the key informants and the translators I believe was positive and so the research findings are still valid provided the limitations are taken into account.

Chapter Conclusion

This chapter presents further analysis of the research conducted in Aceh and compares it with the literature and other information about CFS activities. As with most research it raises more questions about CFS activities and children in

development but also gives valuable insight into a number of the key components of CFS programmes. Within Research Theme One, while the definition of a CFS given by participants correlated in part with the Emergency Taskforce definition of CFSs and was supported by literature referring to play, structured learning and psychosocial support, there were gaps identified that require further investigation. The gaps related to the understanding of protection by the CFS volunteers, the reasons that participants did not discuss access to basic services and referral services for mental health support. Many of the humanitarian industry stakeholders were able to articulate the key principles of the UNCRC and this correlates with the literature that suggests child focused humanitarian responses were now framed within child rights. More attention appears to be needed in relation to humanitarian practice and also an understanding of the cultural issues related to child rights needs further exploration.

The Second Research Theme integrated the literature on resilience with the responses given by both the humanitarian industry stakeholders and the World Vision community-based research regarding reasons for children attending or not attending CFS activities. In this section, the discussion highlighted the domains of resilience such as education, friendships and the development of talents and interests and noted that these domains were affirmed by all the stakeholder groups. The most common reasons for children not attending CFSs were boredom with the activities and children needing to support economic activities within the family as well as other child focused activities within the CFSs.

The Third Research Theme addresses a key question of the research regarding the attendance of vulnerable children in CFS programmes. When the research was designed this question about vulnerability appeared to be straightforward but during the process of the research being conducted it became very clear that this question had layers of complexity to it that meant the question could not be answered clearly. A translation of the word vulnerable into the local language was not found and so examples needed to be provided to guide Acehnese participants in providing information about children who may live in more difficult situations than other children. The concept of vulnerability from a cultural perspective

certainly needs further investigation. The responses of participants in the research who defined vulnerability in terms of the groups of children whom they considered to be more at risk, such as children with disabilities or working children, suggested that in some cases these children might come but the frequency and whether individuals or groups of children were excluded was not well understood. Even if vulnerability can be defined, the ability to monitor whether vulnerable children attend CFS activities requires further development.

As with all research there are limitations and the final section of this chapter highlighted them. First the study focused on one province of Indonesia. Second, as a foreigner without the local language skills this reduced my understanding of local nuances. However, the relationship with the translator and my 'insider' role within the NGO community allowed for the research findings to be valid.

Chapter Seven: Conclusions & Recommendations regarding Child Friendly Spaces and Vulnerable Children

The Purpose and Structure of the Thesis

The purpose of this thesis was to introduce and discuss the subject of Child Friendly Spaces (CFS) in humanitarian disasters with a specific focus on Aceh, Indonesia. First it was necessary to position the thesis in the development studies context by providing some background to the role of children in development. Thus Chapter Two provided an overview of literature regarding the role of children in development highlighting the relative invisibility of children in development thinking until the 1990s with the introduction of the UNCRC. Background to the UNCRC and the child rights based approaches to children were provided including some criticisms and concerns expressed about child rights based approaches (Boyden & Ennew, 1997; Ansell 2005). Despite these criticisms, the UNCRC provides the framework for child focused humanitarian responses (UNICEF 2006). The HIV/AIDS pandemic and the increased interest in children affected by armed conflict also added to the increase in research and humanitarian focus on children during the last decade of the 20th Century. With this information on the role of children in development, and particularly child rights, the research in Aceh deliberately included questions about child rights in response to this focus to consider whether child rights was the framework used by humanitarian workers in the CFSs.

In addition, literature on CFS related themes was also reviewed beginning with a focus on theories and, to a certain degree, humanitarian practice related to child rights, vulnerability and resilience. The literature indicated a wide range of definitions for the term vulnerable and using Wisner's four categories of social vulnerability (Wisner, 2001, pp. 2-5), questions were integrated into the research about how stakeholders explained vulnerability of children in the Aceh context. Additionally, with resilience often being used alongside vulnerability in the context

of children in development, the findings of the research in Aceh were discussed, framing the responses within key domains of resilience as outlined by Daniel and Wassell (2002 p. 4).

The direction of the literature review then shifted the focus to development practice related to psychosocial approaches, frameworks and interventions with a section on specific issues of play - a core component of CFS programmes. The literature presented three terms used in relation to the psychological and social needs of children affected by a disaster – trauma, mental health and psychosocial support. The preference for a psychosocial approach was explained in the context of humanitarian disasters. By providing CFS activities it was proposed that the community-based CFS programmes can reach the significant number of children whom research suggests are not in need of specialist mental health care (Inter-Agency Standing Committee, 2007). However, the children who are in CFS programmes do need support to meet their normal development needs such as play and creative expression as well as culturally appropriate grieving rituals (The Psycho-social Working Group, 2003; Also see Figure 1). The cultural value of play was addressed with the literature suggesting that play was a core component of a child's development in all cultures and in humanitarian disasters provided an important role in children's ability to respond to their traumatic experiences (Kostelnik *et al.* 2006; Tolfree, 1996).

With the development perspective clarified, the aim to understand CFSs in Aceh required a review of the situation for children in humanitarian disasters in recent years outlined in Chapter Three. The definition of CFSs used predominantly in this thesis was 'places which are developed with communities to protect children during emergencies through structured learning, play, psychosocial support and access to basic services' (Save the Children USA, 2007, p. 6). CFSs first began in response to the Kosovo Refugee crisis in 1999 and have become a standard response in large humanitarian crises since but little documentation on the CFSs was found in literature. However, as a humanitarian practitioner involved in CFSs since 1999, I was able to provide additional information about CFSs from personal experience and documents not publicly available. The focus of the study on CFSs

in Aceh provides insight into how the key components of a CFS outlined in the above definition were addressed by the humanitarian industry stakeholders involved in CFS activities in Aceh since Dec 2004. In addition, in line with the non-discrimination principle of the UNCRC, the study in Aceh also considered whether vulnerable children attended CFS activities.

With the literature examined and background to CFSs provided, the choice of Aceh as Tsunami response was further explained in Chapter Four which focused on the field research methodology and the ethical considerations involved in the research. The action-research approach was explained and semi-structured interviews with key humanitarian stakeholders from the Indonesian Government, UNICEF, local NGOs and international NGOs were chosen as the most appropriate methodology to use for my primary research in Aceh. In total, 19 interviews were conducted in November 2007. The participants included 10 females and 9 males and involved representatives from 14 organisations in total.

The ethical considerations were many. The ethical commitment to hearing the opinions of the recipients of the CFS programmes resulted in World Vision conducting FGDs in identified communities. This World Vision research was considered secondary research for the purposes of this thesis as I did not facilitate the FGD. This community-based research focused on three communities where World Vision had facilitated CFS activities and the focus groups were chosen through random sampling. World Vision community-based researchers conducted FGDs with 15 groups of community members from three locations in Aceh. The groups were representing children aged 7-11 years, adolescent boys, adolescent girls, women and men. The data from this secondary research was compared and contrasted with the primary research findings during the analysis process.

The need to consider who really benefits from research was highlighted, the understanding of potential harm and the need to consider the complicated nature of conflict of interest was highlighted. Additionally, the challenge in managing formalized ethics processes with participatory research processes were discussed.

Details of the process of choosing participants and details of the participants involved was also provided in this chapter.

Research Objectives and Outcomes of the Thesis

The research questions for the semi-structured interviews were divided according to the three main research objectives that were finalized through a process of consultation. The three objectives were:

1. To understand what the key stakeholders define as the purpose of the CFS and what definitions they give to some of the key concepts underpinning CFSs;

2. To establish what the key stakeholders understand to be the reasons for attendance or non-attendance at CFS and

3. To clarify the key stakeholder perceptions of vulnerability and whether they believe vulnerable children attend CFS activities.

Through a process of consolidation of the responses from the humanitarian industry stakeholders in Aceh, and using the analysis of the qualitative and secondary data from the World Vision community-based research it was possible to compare and contrast these research findings with literature and information about CFSs.

Research Objective One: Defining a CFS and Child Rights

The first research objective was to understand what the key stakeholders in Aceh define as the purpose of the CFS and what definitions they give to some of the key concepts underpinning CFS definitions.

Definition of a CFS

A central component of CFS activities identified by all groups of research participants was that the CFS offers a place for children to play. The literature supports play both as a critical component of child development in any situation and for psychosocial support during a crisis (Kostelnik et al. 2006; Tolfree, 1996).

148

However, as some participants spoke of concern that some community members did not understand the value of play and that the need to raise awareness about why play is important both in terms of child development and as a right for children still needs attention (Chapter Five). For practitioners, it would therefore be valuable to explore with the community the cultural meaning of play as part of community assessment prior or early on during the design of a CFS programme.

The CFS as a place for reinforcing school study was discussed by a number of participants when asked to define a CFS (Chapter 5, Table 3). However, the need for a continual process of assessment of other child focused activities in the community and how they relate to CFS activities was highlighted when CFS activities overlapped with school activities.

The CFS as a place of safety was not mentioned by the World Vision volunteers working in Aceh yet was specified by representatives in all other humanitarian industry stakeholder groups (Chapter 5, Table 2). As only three volunteers were interviewed this finding may be insignificant. Nevertheless, the safety of children is a concern as a result of humanitarian emergencies and the need to discuss this and train volunteers to identify children who may be victims of abuse or exploitation should be integrated into the CFS programmes (Pinheiro 2007).

Participants indicated a preference for a psychosocial model within CFS to address the needs of children affected by disasters. With some research suggesting that there is still value in using a trauma approach (Bolton, 2006; Ganzel et al. 2007; Thailand Post-Tsunami Mental Health Study Group) it was interesting that no participants referred to trauma support services or large numbers of psychologists being recruited into the CFS programme. This is a positive sign as it suggests that community-based support recommended by the UN IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) was being supported. However, these same UN IASC Guidelines also recommend referral of some children to mental health services. Whether the humanitarian stakeholders interviewed understood the need for referral of children who are more significantly affected by the disaster to mental health

specialists is not clear and this is therefore an issue to consider in future emergencies.

CFS programmes are promoted by NGOs and the UN in global documents and webpages as a place to access basic services. At the field level this was not highlighted as a key component of CFS activities. The argument that the research was conducted nearly three years after the initial disaster was suggested as a reason this was not considered an important component but with women, adolescent boys and girls ranking sickness or tiredness as a significant reason for not attending CFS activities (Chapter 5, Table 7), this raised questions about how often were children sick and what caused their tiredness and was access to health services adequate? Therefore the humanitarian community would benefit from analysing the role of CFSs and how issues of child health and other basic services for children could or should be integrated into a CFS programme.

Therefore, while the definition of a CFS given by participants correlated in part with the Emergency Taskforce of CFSs and was supported by literature by referring to play, structured learning and psychosocial support there were gaps identified that require further investigation. The gaps related to the understanding of protection by the CFS volunteers, the reasons that participants did not discuss access to basic services and referral services for mental health support.

Internationally, the UN and many NGOs including Save the Children and World Vision are committed to approaching children in emergencies within the framework of UNCRC (United Nations, 1989). This thesis suggests that the practical implementation of the concepts of child rights appears to be more challenging. So while in Aceh, child rights was discussed by humanitarian industry representatives during the semi-structured interviews, the community awareness on child rights did not appear to be high (Chapter 5). The reasons for this require further investigation.

Research Objective Two: Reasons for Children Attending or Not Attending
CFS Activities

The second research objective was to establish what the key stakeholders in Aceh understand to be the reasons for attendance or non-attendance at CFS.

This theme was discussed within the framework of the activities at the CFS being a place that supports the resilience of children. Resilience focuses on 'an individual's capacity to recover from, adapt and remain strong in the face of adversity' (Boyden and Mann, 2000). Using Daniels and Wassell (2002) domains of resilience the finding suggest that a number of domains of resilience were supported through CFS activities. For example, access to education, friendships, support for the expression of talents and interests, social competencies and positive values are all domains of resilience highlighted in this research.

Friendship as a reason for attendance at CFSs while being reported within the FGD as being a reason for attendance was not ranked as important by most community groups other than women (See Chapter Five, Table 5).

The most common reasons for children not attending CFSs were boredom with the activities and children needing to support economic activities within the family as well as other child focused activities within the CFSs.

Psychosocial Support and Resilience

An analysis of the reasons for children attending or not attending CFS programmes were discussed in Chapter Six in reference to the three relevant domains of resilience:

- Friendships
- Education
- Talents and Interests (Daniel & Wassell, 2002, p. 2).

Reasons for the attendance of children in terms of the key domains of resilience that were identified were friendship, study opportunities and support for the

development of cultural skills such dancing, drawing and religious activities (Chapter 5, Table 5). It was not known whether other talents and interests were encouraged in the CFSs and so raises questions about whether some children were given more attention than others and indicates the need to consider what other talents and interests are encouraged in the CFSs.

With boredom being a reason for children not attending CFS activities, the staffing of CFS activities is a significant issue for future programme development. In the case of Aceh, the programmes were continuing nearly three years on after the emergency so a re-design process involving the community and including children to decide what child focused services they want in their communities in future is recommended. It may be that the CFS programme is no longer needed or that it needs re-designing. The issue of how long to continue with CFS programmes after an emergency requires further discussion and planning for the humanitarian industry.

Children working at home or in economic activities was another reason provided for children not attending the CFS. As highlighted in the analysis in Chapter Six, a more in depth assessment of this finding would be required to decide if this was a concern.

Research Objective Three: The Definition of Vulnerable and the Attendance of Vulnerable Children at the CFS

The third research objective was to clarify the key stakeholder perceptions of vulnerability and whether they believe vulnerable children attend CFS activities in Aceh.

The apparently simple research objective of whether vulnerable children attended CFS activities was considerably more complicated than expected. First it was necessary to clarify how participants defined the key components of a CFS. This indicated that it cannot be assumed that the aim of CFSs is to reach the most vulnerable children (Chapter 5, Table 2). Second, although the literature had indicated that there is a wide range of definitions of vulnerability (Alwang *et al.*

2002), defining vulnerability was abound with complexities that had not been predicted. The complexity started by finding that in Aceh there was not a translation for the word vulnerable. Then when a phrase such as 'tell me about children in your community who have more problems than other children' did not trigger discussion then it was clear that there were cultural issues impacting the ability to answer the question (Chapter 5 Table 8 & 9). Once examples of a vulnerable child such as a child with disabilities was given, there was acknowledgement that there were individual children with some problems in their communities but it did not appear that there was interest shown by the World Vision community-based research participants in discussing vulnerable situations for children in depth. This finding has led to the conclusion that assumptions cannot be made that a community defines vulnerability in the same way as the humanitarian industry and that this concept needs to be explored as part of CFS programme design. Continuing research into the concept of vulnerability of children and CFS programmes in general is needed.

Final Conclusions

This thesis has provided an overview of the role of children in development and background into the development of CFSs. The methodology chosen for the research was outlined with particular attention paid to ethical considerations involved in conducting research in a developing country by a foreign researcher. Finally, the primary research conducted with the humanitarian industry stakeholders in Aceh, as well as a summary of the research conducted by World Vision in communities where CFS programmes were facilitated, provided insight into the situation of CFSs in Aceh. The analysis of the secondary and primary data in this thesis as well as literature highlighted the following key points:

- ❑ The definitions of CFSs provided by the humanitarian industry stakeholders in general correlated with the definition provided by the Emergency Spaces for Children Taskforce (Save the Children, 2007) referring to play, structured learning and psychosocial support. Gaps in knowledge that were identified related to the understanding of protection particularly by the CFS volunteers, the reasons that participants did not

discuss access to basic services (particularly health services) and referral services for mental health.

- ❑ Some humanitarian stakeholder practitioners identified the key principles of child rights but indicated that introducing child rights within the community was very challenging and had not been well addressed.

- ❑ Reasons for attending the CFS were identified as friendship, study opportunities and support for cultural skills such as dancing, drawing and religious activities. However, questions remain about how other talents and interests were encouraged.

- ❑ The reasons for children not attending CFS activities highlighted two areas. First, the issue of boredom with CFS activities suggesting a more participatory monitoring system for the CFS programmes that involves children and other community members is recommended.

- ❑ While it was evident that children attended other child-focused activities, the need to conduct an in depth assessment of child activities including the type and extent of child work was indicated.

- ❑ An understanding of the notion of vulnerability is not to be assumed. The finding of this thesis is that vulnerability is a complex issue. First, at a conceptual level with the researchers in Aceh struggling to find a phrase that described the Western understanding of vulnerability and then at the practical level of assessing vulnerability of children then monitoring them through CFS programmes.

In the introduction to this thesis and in Chapter Four, reference was made to the importance of placing this thesis within an action-research approach to support change in humanitarian practice. In response to this commitment to action-research, the findings of this thesis, and additional data gathered during the Aceh research process that were not able to be included in this thesis, will be shared with the humanitarian community in a range of document formats that are more appropriate to programme planners and field workers.

This thesis has identified many areas of further research in terms of CFSs in the context of children in emergencies and more broadly on children in development

theory and practice. In this new area of humanitarian response, space and resources are needed to research and address the specific issues facing CFS programme staff. As highlighted in this thesis, these issues include the need to discover effective methods of monitoring vulnerable children in emergencies, develop a clearer understanding of the protective environment of a CFS, define the notion of 'access to basic services', create appropriate models of training CFS programme staff, link the CFS with other services (such as mental health services) and explore the approaches that are most effective in creating a CFS programme that adjusts from the initial emergency response phase to a longer term programme.

As the findings in this thesis have emphasised, the cultural perspective of vulnerability and child rights influence a CFS programme. It is therefore critical that both the humanitarian industry and the wider development community further develop their understanding of the vulnerability of children and of child rights to effectively respond to children in humanitarian emergencies in the future.

Appendices

Appendix One: Information Sheet for the NGO and UN Stakeholders

Information Sheet for Representatives of Government, NGOs and the UN
My name is Heather MacLeod. I am a post-graduate student, enrolled in a MPhil programme at Development Studies, Massey University and partnering with World Vision to conduct research on child friendly spaces in Aceh.
The main objective of this study is to understand what factors influence the decisions for children to opt in or out of CFS programmes and to consider whether the most vulnerable children actually participate in the programme.

You were identified as an important person within the {Government,/NGO/UN) and thus I believe your wealth of knowledge and expertise will be of great help to this study. I would very much appreciate it if you could participate in taking part in an informal interview process concerned with the above topic.

If you decide to take part, you will be asked to sign a consent form, on which you can choose to have your name and position acknowledged. The informal interview will take about one hour.

If you decide to participate, you will have the right:

to withdraw at anytime;
to refuse to answer any particular question;
to ask questions at any point;
to provide information on the understanding that your name will not be used unless you give permission to the researcher
to be given a summary of the research findings when the project is completed.

Data collected will be analysed and used for my MPhil thesis. In addition the analysed data will be used for World Vision's ongoing programme development and be shared with the wider humanitarian community.
All data will be stored at a secure place and kept confidential. Members of the World Vision Research team will assist with translation and therefore have access to the data. They have signed confidentiality agreements. No participants will be identified without their consent.

My thesis will be accessible through the Massey University library.

Thank you for your time. For your convenience contact details are provided below.

Researcher

Heather MacLeod, Masters Student
Development Studies
School of People, Environment and Planning
Massey University
Palmerston North
Private Bag 11222
New Zealand
Phone (+64) 6 356 9099 ext
Email: hmacleod.nzwork@gmail.com

Supervisor

Dr Maria Borovnik
Lecturer, Development Studies
School of People, Environment and planning
Massey University
Private Bag 11222
Palmerston North
New Zealand
Phone: (+64) 6 356 9099 ext 7249
Fax: (+64) 6 350 5737
Email: M. Borovnik@massey.ac.nz

World Vision Office
Martha Fransisca,
WV Research Team Leader,
Indonesia Tsunami Response Team (ITRT)
Jl. Sudirman VI no 22,
Kompleks DPR - Geuceu Iniem
Banda Aceh – Indonesia
tel. +62 (651) 29061

Appendix 2: Consent Form for Participants

Child Friendly Spaces in Aceh, Indonesia: Understanding Motivation and Barriers for Child Participation.[25]

PARTICIPANT CONSENT FORM FOR INTERVIEWEE
This consent form will be held for a period of five (5) years

I have read the information sheet for this research and the details of the study was explained plainly to me. I am satisfied that my questions regarding the study were answered. I understand that I may ask questions at any instant during the interview and am also aware that I have the right to withdraw from the study at any time. I understand too that I may decline to answer any questions forwarded to me during the interview.

Furthermore, I agree to provide information on the basis that it will only be used for the intended purpose of completing the research project.

- I agree to participate in this study under the conditions set out in the Information Sheet.

- I agree/do not agree to reveal my name and/or current position for the purpose of this thesis.

(please circle the required agreement)

Signature:		Date:	
Full Name – printed / Current Position			

---

[25] Note: The title of the Thesis changed after the research and analysis was completed

Appendix 3: Examples of reasons why Children did not attend the CFS

Some reasons given by men in the community for children not attending the CFS Activities

'The children didn't come to CFS because the teacher was not in class. Maybe the teacher didn't accept the honorarium.'

'Children didn't like the teacher in CFS anymore because they had stopped giving food to children. This thing made the children felt disappointed.'

'Children could not come to CFS because their mothers were very busy at home. It means that there were nobody would drop them to attend the CFS.'

'Children didn't attend the CFS because they were playing at the river or fishing.'

Some reasons given by women in the community for children not attending the CFS Activities

'Most of children were influenced by their friends. If their friends didn't come they will follow their friends and go to other place such as playing at the rice field, fishing and playing football.'

'My child only wanted to study at home. He was afraid to study at CFS. He felt shy if one time a teacher asked him a question that he could not answer.'

'Children played Play Station so they didn't go to CFS anymore.'

Some reasons given by adolescent boys in the community for children not attending the CFS Activities

'We started our additional class in our school at 3 until 5.30 pm while in CFS we had to start at 2.30 pm so there was no time for us to participate in the program.'

'I don't go to CFS because I must help my mother at home like washing the dishes. My mother is busy to take care of my little brother.'

'Children didn't come to CFS because they clean the boat to buy cigarette.'

Some reasons given by adolescent girls in the community for children not attending the CFS Activities

'CFS is far from some children's houses. The younger children became not feeling like to come to CFS because of that.'

'There was no transportation, sometimes our motorcycle was used by my mother so I could not go to CFS.'

Some reasons given by younger children in the community for children not attending the CFS Activities

'I only went to CFS if I was accompanied by my older brother because I was afraid SA will hit me. Firstly we were just joking and then SA hit me very hard so we fought each other.' Boy

'If I didn't go to CFS, it means I looked for shells or helped my parents at home such as washing the dishes because my mother had passed away.' Girl

'Children didn't come to CFS because they played Play Station which was rented at a villager's house.' Boy

Source: World Vision Qualitative Research on CFS, December 2007

Appendix 4: Summary of the less frequently mentioned categories of vulnerable children provided by humanitarian industry stakeholders

Step parent /single parent situations	few	INGO, WVC	'[children of] single parents are somehow quite vulnerable' INGO
Psychological problems – isolated, low self esteem etc	some	INGO, WVC, LNGO	'Children who need more attention. Not only children in a wheelchair. Children who do not have self confidence. They are children who are not with parents or who come from broken homes or see others in their environment treated badly or there are people who treat them badly. They need something to help them live normally – attention, special treatment and tools to help them as vulnerable children.' WVC2 'Children who are bad and take things and throw things or have people who give them bad advice' VOL2 'Children who are fragile' INGO1
Trafficking	Few	UN INGO	'After the Tsunami we have children who work as street children and are trafficked to Medan, Jakarta and Batam' LNGO2 Another respondent says 'there are no big issues of trafficking or child exploitation'[26]
Girls or Boys	Few	INGO	'That is a very hard question. I guess if we are talking about here then all children are vulnerable but in detail orphans are vulnerable and girls more than boys' INGO6 'There are children who only sometimes go to school and sometimes the boys have absenteeism' Volunteer
Children in Institutions	Few	UN, INGO	' There are 17,000 children in institutions' UN2 quoting a report received.
Youth	One	INGO	'There are drop out school children – a lot of youth because education is not economic for them and not a priority for them' INGO3
Children in Conflict with the	Few	UN, INGO,	'One category of vulnerable children are children who are in conflict with the

---

[26] Coding not provided due to confidentiality

law		LNGO	law' UN2
Tsunami/disaster affected children	Few	INGO LNGO	'Some are affected by their parents since the Tsunami. They live in different conditions – they live in camps, have different friends and social situations. Parents attention is very limited – parents are focused on other things' LNGO1

' My argument is that all children are vulnerable in a disaster and if we had provided good support in the emergency need phase that will decide whether children are vulnerable or not. During the emergency all children are vulnerable' INGO5 |
Children taking and/or selling drugs	Few	UN, LNGO	'There is prostitution and drugs' LNGO3
Rural children	Few	INGO, LNGO	'Looking at Aceh – rural children are more vulnerable compared to children in Banda Aceh[city]' (INGO6)
All children	One	INGO	'All children are vulnerable' INGO6

Source: Author's Research Field Notes December 2007

Appendix 5 : Examples of the Community talking about vulnerability and attendance at the CFS activities

Men

'There were no children whose life is difficult. They have good mental situation than us as adults. They also have big enthusiasm to play.'

'I didn't see children who had more difficulties compare to other children in this village. Even if there were any orphans children, they were helped by the villagers.'

Women

'There was a child who was shy because her father died in the tsunami disaster so he learned that he was different from other children.'

'The orphan children didn't feel inferior and come to CFS because their friends invite them to come and play.'

Adolescent Boys

'There is an orphan in this village - her parents died when the tsunami happened and now she is staying with her older sister but she also came to the CFS because there were so many friends.'

'The children who need more help and special protection in this village are orphans and poor children.'

'In our opinion, children who had more difficulties compare to other children are poor and orphan children. But they receive aids from rich people.'

Adolescent Girls

'All of children in this village go to school. Nobody stopped their school.'

'According to me, the children in this village who need more attention were orphans, children who were not able to read, broken home kids and the tsunami victim children.'

'Some children in this village have started to smoke since the fourth grade of elementary school while their parents didn't know about it. For me, they have more difficulties compared to other children.'

Children

'There was a child in this village that had no father. Her father died when the tsunami happened, but she also played together with us.' Girl

'There was a boy who could not pronounce /r/ so he was often humiliated by his friends. He never came to CFS anymore.' Boy

Source: World Vision Qualitative Research on CFS, December 2007

163

References

Ager, A. (2002). Psychosocial needs in complex emergencies. *The Lancet*, 360(Supplement 1), 43-44.

Ager, A., Strang, A., & Wessells, M. (2006). Integrating psychosocial issues in humanitarian and development assistance: A response to Williamson and Robinson. *International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict.*, 4 (1 March 2006), 29-31.

Alanen, L in Mason, J., & Fattore, T. (Eds.). (2005). *Children Taken Seriously*. London: Jessica Kingsley Publishers.

Allen, G in Farrell, A. (Ed.). (2005). *Ethical Research with Children*. Maidenhead, Berkshire: Open University Press.

Alwang, J., Siegel, P. B., & Jorgensen, S. (2002). *Vulnerability as Viewed from Different Disciplines Paper presented at the International Symposium Sustaining Food Security and Managing Natural Resources in Southeast Asia - Challenges for the 21st Century* from http://www.uni-hohenheim.de/symposium2002/pa_full/Full-Pap-S1-1_Siegel.pdf.

Ananta, A., & Onn, L. P. (Eds.). (2007). *Aceh: A New Dawn*. Singapore: Institute of Southeast Asian Studies.

Anderson, M. B. (1999). *Do No Harm: How Aid can Support Peace – or War*. Boulder: Lynne Rienner Publishers.

Ansell, N. (2005). *Children, Youth and Development*. London: Routledge.

Babbie, E. (2001). *The Practice of Social Research (9th ed.)*. Belmont CA: Wadsworth/Thomson Learning.

Baingana, F., Bannon, I., & Thomas, R. (2005). *Mental Health and Conflicts: A conceptual framework and Approaches*. Washington DC: The World Bank.

Barakat, S., Connolly, D., & Large, J. (2002). Winning and Losing in Aceh: Five Key Dilemmas in Third-Party Intervention. *Civil Wars*, 5(4), 1-29.

Bartunek, J., & Lousi, M. R. (1996). *Insider/Outsider Team Research*. Thousand Oaks, California: Sage Publications.

Beauchamp, T. (2001). *Principles of Biomedical Ethics (5 ed.)*. Oxford: Oxford University Press.

Beech, L in Reyes, G., & Jacobs, G. A. (Eds.). (2006). *Handbook of International Disaster Psychology : Fundamentals and Overview (Vol. One)*. Westport,CT: Praeger Publishers.

Bennett, J., Bertrand, W., Harkin, C., Samarasinghe, S., & Wickramatillake, H. (2006). *Coordination of International Humanitarian Assistance in Tsunami Affected Countries*. London: Tsunami Evaluation Coalition.

Beristain, C. M. (1999). *Humanitarian Aid Work: A Critical Approach*. Philadelphia: University of Pennsylvania Press.

Blaikie, P., Cannon, T., Davis, I., & Wisner, B. (2004). *At Risk: Natural Hazards, People's Vulnerability, and Disasters*. London: Routledge.

Blake, M. (2007). Formality and Friendship: Research Ethics Review and Participatory Action-research. *Acme Editorial Collective*, 6(3), 411- 421.

Bolton, P. (2001). Local Perceptions of the Mental Health Effects of the Rwandan Genocide. *Journal of Nervous and Mental Disease* Vol 189(4) Apr 2001, 243-248

Bolton, P., Bass, J., Betancourt, T., Speelman, L., Onyango, G., Clougherty, K. F., et al. (2007). Interventions for Depression Symptoms Among Adolescent Survivors of War and Displacement in Northern Uganda: A Randomized Controlled Trial. *Journal of the American Medical Association*, 298(5), 519-527.

Bowlby, J. (1988). *A Secure Base*. London: Routledge.

Boyden, J. (1990). *Childhood and Policy Makes; A Comparative Perspective on the Globalisation of Childhood*. In A. Prout & A. James (Eds.), Constructing and Recontructing Childhood. London: RoutledgeFarmer.

Boyden, J., & Ennew, J. (1997). *Children in Focus: A Manual for Participatory Research with Children*. Stockholm: Radda Barnen.

Boyden, J., & Mann, G. (2000). *Children's Risk, Resilience and Coping in Extreme Situations*. Paper presented at the Children In Adversity Conference: Oxford.

Bromet, E., & Havenaar, J. M. (2002). Mental Health Consequences of Disasters. In W. Sartorius, W. Gaebel, L.-I. J. José & M. Maj (Eds.), *Psychiatry in Society* (pp. 241-262).

Burman, E. (1995). The Abnormal Distribution of Development; Policies for Southern Women and Children. *Gender, Place and Culture*, 2, 21-36.

Busé, M. S. (2000). Reducing the Threat of Landmines for Kosovo's Children. *Landmines in Eastern Europe and the Caucasus*, 4(2).

Centro Studi Investmenti Sociali (CENSIS). (2002). *Report of Panel Two on Trafficking of Human Beings; Methods and Measures for Defending and Supporting the Victims*. Paper presented at the European Conference on the Prevention and Combating of Trafficking in Human Beings retrieved March 3, 2008 from http://www.belgium.iom.int/StopConference/Conference%20Papers/04.CENSIS.%20Victims%20protection%20and%20assistance.pdf

Chambers, R. (1994). The Origins and Practice of Participatory Rural Appraisal. *World Development*, 1994 retrieved May 27,2008 from http://ideas.repec.org /a/eee/wdevel/v22y1994i7p753-759.html

Chan, M. (2008). *About the World Health Organisation: Vulnerable Groups*. Retrieved April 2, 2008, from http://www.who.int/about/en/

Chant, S. & Gutmann, M. in Edelman, M., & Hougerud, A. (Eds.). (2005). *The Anthropology of Development and Globalisation: From Classical Political Economy to Contemporary Neoliberalism*. Oxford: Blackwell Publishing Ltd

Chauvin, L., Mugaju, J., & Comlavi, J. (1998). Evaluation of the psychosocial trauma recovery programme in Rwanda. *Evaluation and Program Planning*, 21(4), 385-392.

Christensen, B in James, A., & Prout, A. (Eds.). (1997). *Constructing and Reconstructing Childhood*. London: Routledge Farmer.

Christoplos, I. (2006). *Links Between Relief, Rehabiliation and Development in the Tsunami Response*. London: Tsunami Evaluation Coalition

Clarke, A., & Clarke, A. (2003). *Human Resilience; A Fifty Year Quest*. London: Jessica Kingsley Publishers Ltd.

Cloke, P., Cook, I., Crang, P., Goodwin, M., Painter, J., & Philo, C. (2004). *Practicing Human Geography*. London: Sage Publications.

Cooperman, A. (2005, Jan. 13, 2005). *For Tsunami Orphans, a Christian Home Missionary Group Relocates 300 Youngsters*. The Washington Post retrieved Jan 14,2008 from http://www.msnbc.msn.com/id/6819471/.

Daniel, B., & Wassell, S. (2002). *Adolescence; Assessing and Promoting Resilience in Vulnerable Children (Vol. 3)*. London and New York: Jessica Kingsley Publishers.

Daniel, B., & Wassell, S. (2002). *The Early Years; Assessing and Promoting Resilience in Vulnerable Children (Vol. 1)*. London and New York: Jessica Kingsley Publishers.

Daniel, B., & Wassell, S. (2002). *The School Years; Assessing and Promoting Resilience in Vulnerable Children (Vol. 2)*. London and New York: Jessica Kingsley Publishers.

Dash, S., Dayal, A., & Lakshimarayana, R. (2006). *Measuring Resiliency in Two States in India: The Development of a Valid and reliable Instrument*. In Diaz, J., Murthy R. S. & Lakshimarayana, R. (2006) Advances in Disaster Mental Health and Psychological Support, New Delhi: Voluntary Health Association of India Press. Retrieved Mar 3, 2008 from http://www.emro.who.int/EHA/pdf/Adv_DMH_PS_2006.pdf

De Jong, K., Mulham, M., & van der Kam, S. (2000). *Assessing Trauma in Sierra Leone: Psycho-social Questionnaire: Freetown Survey Outcomes*. Freetown: Medicins San Frontieres.

De Lay, B. (2003). *Community-Based Reunification and Reintegration of Separated Children in Post-Conflict Rwanda*. New York: International Rescue Committee.

Denscombe, M. (2003). *The Good Research Guide for Small-Scale Social Research Projects* (2nd ed.). Maidenhead, Berkshire: Open University Press.

Development Studies Association. (2008). *Guide to Development Studies Courses in the UK and Ireland*. Retrieved January 15 2008 from http://www.devstud.org.uk/courseguide/finder.php?strType=inst

Devereux, S., & Sabates-Wheeler, R. (2007). Editorial Introduction: Debating Social Protection. In *IDS Bulletin* Vol. 38, pp. 120: Institute of Development Studies, University of Sussex.

Donnelly, A. C., & Oates, K. (Eds.). (2000). *Classic Papers in Child Abuse*. Thousand Oaks, CA: Sage Publications.

Doocy, S., Gorokhovich, Y., Burnham, G., Balk, D., & Robinson, C. (2007). Tsunami Mortality Estimates and Vulnerability Mapping in Aceh, Indonesia. *American Journal of Public Health*, 97(Supplement_1), S146-151.

Dorning, K., & O'Shaunessey, T. (2001). *Creating Space for Children's Participation*. Yangon: World Vision Myanmar.

Dowdney, L. (2007). *Trauma, Resilience and Cultural Healing; How Do We Move Forward.* Retrieved May 2 2008 from http://www.child-soldiers.org/psycho-social/Trauma,_Resilience_and_Cultural_Healing_2007.pdf

Duncan, J., & Arntson, L. (2004). *Children in Crisis; Good Practices in Evaluating Psychosocial Programming:* The International Psychosocial Evaluation Committee and Save the Children USA.

ECPAT International. (2008). PKPA in Northern Sumatra [Electronic Version]. Retrieved April 1 2008 from http://www.ecpat.net/eng/ecpat_news/pkpa_update1.htm.

Edelman, M., & Hougerud, A. (Eds.). (2005). *The Anthropology of Development and Globalisation: From Classical Political Economy to Contemporary Neoliberalism*. Oxford: Blackwell Publishing Ltd

Edwards, M. (1996). New approaches to children and development: Introduction and overview. *Journal of International Development*, 8(6), 813-827.

Ehrenreich, J. (2002). *Understanding PTSD,Forgetting 'Trauma'*. New York.

Elwood, S. (2007). Negotiating Participatory Ethics in the Midst of Institutional Ethics. *ACME: An International E-Journal for Critical Geographies*, 6(3), 329-338.

Ennew, J. (1996). The Child Business: Comments on the Management of International Policies for Children. *Journal of International Development*, 8(6), 849-858.

Ennew, J. (2003). Difficult Circumstances: Some Reflections on Street Children in Africa. *Children, Youth and Environments*, 13(1 Spring).

Ennew, J., & Stephenson, P. (2004). *Questioning the Basis of our Work; Christianity, Children's Rights and Development*. London: TearFund.

Flick, U. (2002). *An Introduction to Qualitative Research*. London: Sage Publications Ltd.

Franklin, B. (Ed.). (1986). *The Rights of Children*. Oxford: Basil Blackwell.

Fraser, C. (2005, Tuesday, 11 January). *Protecting Aceh's Children*. BBC News 24 Online Retrieved April 3, 2008 from http://news.bbc.co.uk/2/low/asia-pacific/4164107.stm

Fullerton, C., & Ursano, R. (1997). *Post Traumatic Stress Disorder ;Acute and Long term Response to Trauma and Disasters*. Arlington,VA: American Psychiatric Publications, Inc.

Fyfe, A. (2007). *The Worldwide Movement against Child Labour; Progress and Future Directions*. Geneva: International Labour Organisation.

Ganzel, B., Glover, B. J., Glover, G., Temple, E., & Voss, H. U. (2007). The Aftermath of 9/11: Effect of Intensity and Recency of Trauma on Outcome. *Emotion*, 7(2), 227-238.

Guillemin, M., & Gillam, L. (2004). Ethics, Reflexivity, and 'Ethically Important Moments' in Research. *Qualitative Inquiry*, 10(2), 261-280.

Hashemi, K. (2007). Religious Legal Traditions, Muslim States and the Convention on the Rights of the Child: An Essay on the Relevant UN Documentation. *Human Rights Quarterly*, 29(1), 194-227.

Heavyrunner, I., & Morris, J. S. (1997). *Traditional Native Culture and Resilience*. 2007(3 Oct).

Herman, J. (1995). *Trauma and Recovery*. New York: BasicBooks

Hoggart, K., Lees, L., & Davies, A. (2002). *Researching Human Geography*. New York: Oxford University Press.

Homan. (1991). *The Ethics of Social Research*. London: Longmans.

Honwana, A. (1999). *Let Us Light a New Fire: Local Knowledge in Post-war Healing and Reintegration of War-Affected Children In Angola*. Angola: Christian Children's Fund.

Hoogeveen, J., Tesliue, E., Valkis, R., & Dercon, S. (undated). *A Guide to the Analysis of Risk, Vulnerability and Vulnerable Groups Publication.*, from World Bank, Social Protection Unit with Stefan Dercon from University of Oxford. Retrieved November 2 2007 from http://siteresources.worldbank.org/INTSRM/Publications/20316319/RVA.pdf

Hoyano, L., & Keenan, C. (2007). *Child Abuse: Law and Policy across Boundaries*. Oxford: Oxford University Press.

Human Rights Watch. (2001). Indonesia: The War in Aceh. *Human Rights Watch*, 13 (4 C).

Human Security Council, & UN Representative for Children Affected by Armed Conflict. (2003). Children and Armed Conflict: *International Standards for Action*. New York.

ICRC, UNHCR, UNICEF, World Vision International, Save the Children UK. & The International Rescue Committee. (2004). *Interagency Guiding Principles on Separated and Unaccompanied Children*. Geneva: International Committee of the Red Cross.

Inter Press Service. (2005). *Tsunami Impact : NGOs Can Add to Disasters*. Bangkok: UNESCAP Retrieved on January 23 2008 from http://www.globalpolicy.org/ngos/credib/2005/1005tsunami.htm

Inter-Agency Network for Education in Emergencies. (2004). *Minimum Standards for Education in Emergencies, Chronic Crises and Early Recontruction*. Paris: UNESCO.

Inter-Agency Standing Committee. (2002). *Growing the Sheltering Tree: Protecting Rights through Humanitarian Action*. Geneva.

Inter-Agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: Inter-Agency Standing Committee.

IRIN. (2006 March 6th). *Sudan: Friendly spaces for displaced children.* Retrieved October 1 2007 from http://www.civilizednation.com/news/article_1507.shtml

Isenberg, J. P., & Quisenberry, N. (2002). Play: Essential for All Children. A Position Paper of the Association for Childhood Education International. *Childhood Education, 79*(1), 33.

James, A., & Prout, A. (Eds.). (1997). *Constructing and Reconstructing Childhood*. London: Routledge Farmer.

Janesick, V. (1998). *'Stretching' exercises for Qualitative Researchers*. Thousand Oaks: Sage Publications.

Janz, M., & Slead, J. (Eds.). (2000). *Complex Humanitarian Emergencies; Lessons from Practictioners*. Monrovia, California: World Vision International.

Joint United Nations Programme on HIV/AIDS. (2006). *2006 Report on the Global AIDS Epidemic*. New York.

Kelly, L., Wingfield, R., Burton, S., & L, R. (1995). *Splintered Lives: Sexual Exploitation of Children in the Context of Children's Rights and Child Protection*. London: Barnardos.

Kinard, E. M. (1998). Methodological Issues in Assessing Resilience in Maltreated Children *Child Abuse & Neglect, 22*(7), 669-680.

Kostelnik, M., Whiren, A. P., Soderman, A. K., & Gregory, K. (2006). *Guiding Children's Social Development: Theory to practice (5th ed.)*. New York: Thomson Delmar Learning.

Landgren, K. (2005). The Protective Environment: Development support for child protection. *Human Rights Quarterly, 27*(1), 214-248.

Lay, T., Kanamori, H., Ammon, C. J., Nettles, M., Ward, S. N., Aster, R. C., et al. (2005). The Great Sumatra-Andaman Earthquake of 26 December 2004. *Science, 308*(5725), 1127-1133.

Leslie, H., & Storey, D in Scheyvens, R. & Storey, D. (Eds.). (2003). *Development Fieldwork: A Practical Guide*. London: Sage Publications Ltd.

LifeSite. (2001). *Focus on the Family calls UN Child Convention ' a danger'* [Electronic Version]. Lifesite News, Thursday June 7. Retrieved December 15 2007 from http://www.lifesite.net/ldn/2001/jun/01060703.html.

López-Ibor, Juan J. (2006). Disasters and mental health: New challenges for the psychiatric profession. *World Journal of Biological Psychiatry, 7*(3), 171 - 182.

Loughry, M., & Ager, A. (Eds.). (2001). *The Refugee Experience Psychosocial Training Module*. Oxford: Refugee Studies Centre, University of Oxford.

Loughry, M., & Eyber, C. (2003). *Psychosocial Concepts in Humanitarian Work with Children: A Review of the Concepts and Related Literature*: National Academies Press

Lyons, A., & Chamberlain, K. (2006). *Health Psychology; A Critical Introduction*. Cambridge: Cambridge University Press.

Machel, G. (1996). Impact of Armed Conflict on Children. New York: United Nations.

MacLeod, H. (2005). *Aceh Assessment and Start Up Notes*: Personal Communication.

MacLeod, H. (December 2006). *Aceh Trip Report Notes*

MacLeod, H in Janz, M., & Slead, J. (Eds.). (2000). *Complex Humanitarian Emergencies; Lessons from Practictioners*. Monrovia, California: World Vision International

MacLeod, H. (1999). *Albania Trip Notes*: Personal Notes.

MacLeod, H. (1995). *Personal notes; Goma Trip*: Personal Note to self.

MacLeod, H., & Toms, C. (2006). *Children in Emergencies Manual*. Monrovia, CA: World Vision International.

Mangham, C., McGrath, P., Reid, G., & Stewart, M. (1995). *Resiliency: Relevance to Health Promotion (Discussion Paper)*. Ottawa: Office of Alcohol, Drugs and Dependency Issues, Health Canada.

Marsh, M., Purdin, S., & Navani, S. (2006). Addressing sexual violence in humanitarian emergencies. *Global Public Health*, 1(2), 133 - 146.

Martinkus, J. (2004). *Indonesia's Secret War in Aceh*. Sydney: Random House Australia.

Mason, J. (2002). *Qualitative Research* (2nd ed.). London: Sage Publications.

Mason, J., & Fattore, T. (Eds.). (2005). *Children Taken Seriously*. London: Jessica Kingsley Publishers.

Massey University Human Ethics Committee. (2006). *MUHEC Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants*. Palmerston North, Massey University.

Maxwell, J. A. (2005). *Qualitative Research Design; An Interactive Approach (2nd ed. Vol. 41)*. Thousand Oaks: Sage Publications.

McCarthy, J. F. (2007). The demonstration effect: Natural resources, ethnonationalism and the Aceh conflict. *Singapore Journal of Tropical Geography*, 28(3), 314-333.

Merkelbach, M. (2000). Reuniting children separated from their families after the Rwandan crisis of 1994: the relative value of a centralized database. *International Review of the Red Cross*, 838, 351-367.

Michaels, D., & Levine, C. (1992). Estimates of the number of motherless youth orphaned by AIDS in the United States. *Journal of the American Medical Association*, 268(24), 3456-3461.

Miller, J. (2006). Waves Amidst War: Intercultural Challenges While Training Volunteers to Respond to the Psychosocial Needs of Sri Lankan Tsunami Survivors. *Brief Treatment and Crisis Intervention*, 6(4), 349.

Mitchell, R,.E. in Bulmer, M., & Warwick, D. P. (Eds.). (1993). *Social Research in Developing Countries : Surveys and Censuses In the Third World*. London: University College of London Press Ltd.

Moffett, G. (1995). US signs Treaty on Child Rights as Critics Cringe. *Christian Science Monitor*, 87(58), 3.

Mollica, R. (2000). Invisible Wounds; Waging a New Kind of War. *Scientific American*, 282(6), 54-57.

Morrow, B. H. (1999). Identifying and Mapping Community Vulnerability. *Disasters*, 23(1), 1-18.

Moser, C. (1989). Gender planning in the Third World: meeting practical and strategic gender needs. *World Development*, 17(11), 1799-1825.

Newman, B., & Newman, P. (2006). *Development Through Life; a psychosocial approach* (Ninth ed.). London: Thomson Learning Inc.

Nicolae, S., & Triplehorn, C. (March 2003). The Role of Education in protecting children in conflict. *HPN Network Paper* (42).

O'Conner, E. (1999). *Focus on Kosovo; Mental Trauma of Kosovo Rape Victims Difficult to Treat.* April 17,1999. Retrieved October, 2007, from http://www.cnn.com/HEALTH/9904/17/kosovo.rapes/

OCHA Office of the Humanitarian Coordinator. (2005). IDP Numbers by Sub District and Transitional Settlement Type. Geneva: OCHA. Retrieved June 26, 2008 from http://www.reliefweb.int/rw/fullMaps_Sa.nsf/luFullMap/1FA3E8B045078F73852570650069870E/$File/hic-sumatra_idn020505.pdf?OpenElement

OCHA Office of the Humanitarian Coordinator Banda Aceh. (2005). *Report on UN Activities from the 1st Month After the Earthquake and Tsunami Disaster.* Banda Aceh: Office for Coordination of Humanitarian Assistance Retrieved March 22, 2008 from http://www.undp.org/cpr/disred/tsunami/news/february.htm#1month.

Olsen, G. R., Carstensen, N., & Hoyen, K. (2003). Humanitarian Crises: What Determines the Level of Emergency Assistance? Media Coverage, Donor Interests and the Aid Business. *Disasters*, 27(2), 109-126.

Osofsky, J. D., Osofsky, H. J., & Harris, W. W. (2007). Katrina's Children; Social policy considerations for children in disasters. *Social Policy Report; Giving Child and Youth Development Knowledge away,* XXI(1).

Parry, L., & Kraaikamp, M. (2006). *Improving the outcome research on mental health and psycho-social programs in post-disaster and (post)-conflict settings.* Paper presented at the Emergency Southeast Asia Network (EM-SEANET) and the Centre for Research on Epidemiology of Disasters (CRED) , Expert Consultation

Puddle, N., Hudnall Stamm, B., Hudnall, A. & Stamm IV, H,. in Reyes, G., & Jacobs, G. A. (Eds.). (2006). *Handbook of International Disaster Psychology : Fundamentals and Overview (Vol. One).* Westport, CT: Praeger Publishers.

Pinheiro, P. S. (2007). *World Report on Violence Against Children.* Geneva: United Nations Secretary-General

Piot, P., Bartos, M., Ghys, P. D., Walker, N., & Schwartlander, B. (2001). The Global Impact of HIV/AIDS. *Nature*, 410(6831), 968-973.

Plan International. (2005). *The Tsunami: Six Months On.* Bangkok: Plan International Asia Regional Office.

Plan International. (2007). *Working with Children in Disasters; Effective Disaster-relief for the Most Vulnerable* [Electronic Version]. Retrieved 3rd October 2007 from http://www.plan-international.org/action/disasters/disasterrelief/.

Project Ploughshares.(2008). *Armed Conflicts Report: Indonesia - Aceh (1998 - first combat deaths)* retrieved July 18, 2008 from http://www.ploughshares.ca/libraries/ACRText/ACR-IndonesiaAceh.html

Population Reference Bureau.(2007) *2007 World Population Data Sheet* [Electronic Version].Retrieved 3rd July 2008 from http://www.prb.org/pdf07/07WPDS_Eng.pdf

Pratt, B., & Loizos, P. (Eds.). (1992). *Choosing Research Methods; Data Collection for Development Workers (Vol. 7).* Oxford: Oxfam.

Christensen, P.H., in Prout, A. (Ed.). (2000). *The Body, Childhood and Society.* New York: St Martins Press.

Public Health Agency of Canada. (1997). *Risk, Vulnerability, Resilience - Health System Implications.* Ottawa: Health Canada.

Pupavac, V. (2001). Therapeutic Governance: Psycho-social Intervention and Trauma Risk Management. *Disasters*, 25(4), 358-372.

Pupavac, V. (2002). Pathologizing Populations and Colonizing Minds: International Psychosocial Programs in Kosovo. *Alternatives: Global, Local, Political, 27*(4), 489-512.

Purdy, L. (1992). *In Their Best Interest ; the Case Against Equal Rights for Children*. Ithaca: Cornell University Press.

Qodari, M. (2007). *The Tsunami, Humanitarian Aid and the image of the United States in the Muslim World*. Washington DC: Woodrow Wilson Centre for Scholars Retrieved June 10,2008 from http://www.wilsoncenter.org/topics/pubs/FinalAsiaReport_130.pdf.

Raju, S. (2002). We are Different, but Can We Talk? *Gender, Place and Culture - A Journal of Feminist Geography, 9*, 173-177.

Regional Emergency Psychosocial support Network. (2004). *Handbook on psychosocial asessment of children and communities in emergencies* [Electronic Version].

Ressler, E. (1993). Considerations in the Evacuation of Children from the Former Yugoslavia. *International Journal of Children's Rights, 1*, 331-356.

Reyes, G., & Jacobs, G. A. (Eds.). (2006). *Handbook of International Disaster Psychology : Fundamentals and Overview (Vol. One)*. Westport,CT: Praeger Publishers.

Richter, L., Foster, G., & Sheer, L. (2006). *Where the Heart is: Meeting the Psychosocial needs of Young Children in the Context of HIV/AIDS*. The Hague: Bernard Van Leer Foundation.

Robinson, P. (1999). The CNN effect: Can the News Media Drive Foreign Policy? *Review of International Studies, 25*(2), 301-309.

Rosen, G. (Ed.). (2004). *Post-Traumatic Stress Disorder : Issues and Controversies*. London: John Wiley

Ross, M. L. (2004). What Do We Know about Natural Resources and Civil War? *Journal of Peace Research, 41*(3), 337-356.

Rothbaum, F., Weisz, J., Pott, M., Miyake, K., & Morelli, G. (2000). *Attachment and culture: Security in the United States and Japan*. American Psychologist, October 55(10), 1093-1104.

Save the Children Alliance. (2005). *Helping Children Recover One Month After Tsunami* [Electronic Version]. Retrieved March 17 2008 from http://www.savethechildren.org/newsroom/2005/helping-children-recover.html.

Save the Children Alliance. (2007). *Child Protection in Emergencies: Policy, Principles and Practice*. Stockholm: Save the Children Alliance.

Save the Children Fund Alliance. (2003). *A Last Resort :The Growing Concern about Children in Residential Care*. London: Save the Children Fund Alliance.

Save the Children USA. (2007). *Emergency Spaces for Children Roundtable Report; July 12-13,2007*. Washington DC: Save the Children, USA.

Scheyvens, R. & Storey, D. (Eds.). (2003). *Development Fieldwork: A Practical Guide*. London: Sage Publications Ltd.

Scheyvens, R & Nowak, B in Scheyvens, R. & Storey, D. (Eds.). (2003). *Development Fieldwork: A Practical Guide*. London: Sage Publications Ltd.

Scheyvens, R. Schevyens, H. & Murray, W in Scheyvens, R. & Storey, D. (Eds.). (2003). *Development Fieldwork: A Practical Guide*. London: Sage Publications Ltd.

Seale, C. (Ed.). (2004). *Researching Society and Culture* (2nd ed.). London: Sage Publications.

Shipman, M. (1997). *The Limitations of Social Research* (4th ed.). London: Longman Group UK.

Silove, D., & Bryant, R. (2006). Rapid Assessments of Mental Health Needs After Disasters. *Journal of the American Medical Association, 296*(5), 576-577.

Simpson, K. (2007). Negotating Boundaries and Borders: Qualitative Methodology and Development Research. *Studies in Qualitative Methodology, 8*, 155-173.

Singer, D. G., Golinkoff, R. M., & Hirsh-Pasek, K. (Eds.). (2006). *Play = Learning : How Play Motivates and Enhances Children's Cognitive and Socio-emotional Growth*. Oxford: Oxford University Press.

Smith, M. (Ed.). (2007). Negotiating Boundaries and Borders: *qualitative methodology and development research (1 ed. Vol. 8)*. Oxford: Elselvier Ltd.

Smith, P., Cowie, H., & Blades, M. (2003). *Understanding Children's development* (Fourth ed.). Oxford: Blackwell Publishers Ltd.

Snider, L., & Triplehorn, C. (2003). *Assessment of CCF's Emergency Entry Program; Its Impact on Child Well-Being and Protection*. Washington DC: Christian Children's Fund.

Sommers, C. H., & Satel, S. (2005). *One Nation Under Therapy; How the Helping Culture is Eroding Self Reliance*. New York: St. Martin's Griffin.

Stabb, J. P., Grieger, T. A., Fullerton, C. S., & Ursano, R. J. Acute Stress Disorder, subsequent Posttraumatic Stress Disorder and depression after a series of typhoons. *Anxiety, 2*(219-225).

Strang, A., & Ager, A. (2003). *Building a Conceptual Framework for Psychosocial interventions in complex emergencies; Reporting on the work of the Psychosocial Working Group*: Queen Margaret University College, Edinburgh.

Sultana, F. (2007). Reflexivity, Positonality and Participatory Ethics. *ACME Editorial Collective; An International E-Journal for Critical Geographies, 6*(3), 374-385.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine, 48*(10), 1449-1462.

TANGO International, I. (September 2007). *Final Evaluation Report :A Multi-component Review and End of Project Study of the Tsunami Impacted Communities in Aceh*. Aceh: World Vision Indonesia.

Tarifa, F. (1996). Neither 'bourgeois' nor 'communist' science: Sociology in communist and post-communist Albania. *Communist and Post-Communist Studies, 29*(1), 103-113.

Thailand Post-Tsunami Mental Health Study Group. (2006). Symptoms of Post Traumatic Stress Disorder and Depression among Children in Tsunami-affected areas in Souther Thailand. *JAMA, 296*(5), 549-559.

The International Livestock Research Institute, The Energy and Resources Institute, & The Africa Centre for Technology Studies. (May 2006). *Mapping Climate Vulnerability and Poverty in Africa*: Department For International Development, Government of the United Kingdom.

The Psychosocial Working Group. (2003). *Psychosocial Intervention in Complex Emergencies; A Conceptual Framework*. Edinburgh: Centre for International Health Studies, Queen Margaret University College, Edinburgh.

The Rehabilitation and Reconstruction Agency in Aceh-Nias. (2005). *Report of the Rehabilitation and Reconstruction Agency in Aceh- Nias. Banda Aceh* retrieved from http://www.asiamedia.ucla.edu/tsunami/1yearlater/indonesia.asp

Todaro, M. P. (1989). *Economic Development in the Third World* (4th ed.). Harlow, Essex: Longman Group Ltd.

Tolfree, D. (1996). *Restoring Playfulness; Different Approaches to Assisting Children who are Pyschologically Affected by War or Displacement.* Stockholm: Radda Barnen.

Toms, C. (2004). *Draft Evaluation/Final Project Report; Child Friendly Spaces, Islamic Republic of Iran.* World Vision International.

Tsunami Evaluation Coalition. (2005). *Key Findings and Lessons Learned : The first 4-6 months of the Tsunami Response* (Working Document). London: Tsunami Evaluation Coalition.

UNESCO. (2006). *Guidebook for Planning Education in Emergencies and Reconstruction.* Paris: International Institute for Educational Planning.

UNHCR. (2007). *Emergency Handbook.* Geneva: UNHCR.

UNHCR, & Save the Children - UK. (2002). *Note for Implementing and Operational Partners of UNHCR and Save the Children-UK on Sexual Violence and Exploitation; the experience of refugee children in Guinea, Liberia and Sierra Leone.* London, Save the Children-UK

UNICEF. (1996). *State of the World's Children.* New York, UNICEF Retrieved May 4, 2008, from http://www.unicef.org/sowc96/1980s.htm

UNICEF. (2003). *Emergency Field Handbook; A guide for Staff.* New York: UNICEF.

UNICEF. (2005). *Tsunami Relief Study; The Views of Affected Children on their Lives and Tsunami relief effort.* New York: UNICEF.

UNICEF. (2006). *Africa's Orphaned and Vulnerable Generation: Children Affected by AIDS.* New York: UNICEF retrieved June 26, 2008 from http://www.unicef.org/publications/files/Africas_Orphaned_and_Vulnerable_Generations_Children_Affected_by_AIDS.pdf

UNICEF. (2008). *Safe Spaces for Women and Children after Cyclone Yemyin.* Retrieved January 13 2007, from http://www.unicef.org/infobycountry/pakistan_42417.html

UNICEF, & Al-Azhar University - International Islamic Centre for Population and Research. (2005). *Children and Islam; Their Care, Development and Protection.* Cairo: UNICEF and Al-Azhar University.

UNICEF, & World Vision Rwanda. (1998). *Qualitative Needs Assessment of Child Headed Households in Rwanda.* Kigali.

UNICEF Ireland. (2007). *Introduction to the UN Convention on the Rights of the Child.* Dublin, UNICEF Ireland Retrieved October 7th 2007 from http://www.unicef.ie/un-convention-rights-of-the-child.htm

United Jewish Communities. (2005). *South Asia: Earthquake/Tsunami Situation Update* [Electronic Version]. Retrieved March 2nd 2008 from http://www.ujc.org/page.html?ArticleID=105881.

United Nations. (1989). *Convention on the Rights of the Child.* New York, United Nations. Retrieved August 1 2007 from http://www.unicef.org/crc/.

Van Ommeren, M., Saxena, S., & Sacraceno, B. (2005a). Mental and social health during and after acute emergencies: emerging consensus?. *Bulletin of the World Health Organisation.* [online], 83(no. 1 January 2005), 71-75.

Van Ommeren, M., Saxena, S., & Saraceno, B. (2005b). Aid after disasters. *British Medical Journal,* 330(7501), 1160-1161.

Vanistendael, S. (1996). *Growth in the Muddle of Life; Resilience*. Geneva: Catholic International Child Bureau.

Wadsworth, Y. (1997). *Do It Yourself Social Research (2nd ed.)*. St Leonards, Australia: Allen and Unwin.

Weinreb, M. L. (1997). Be a Resiliency Mentor. You may be a Lifesaver for a High Risk Child. *Young Children*, 52(2), 14-20.

Wessells, M. (2006). *Child Soldiers; From Violence to Protection*. Cambridge,MA: Harvard University Press.

White, S. C. (2002). Being, Becoming and Relationship: Conceptual Challenges of a Child Rights Approach in Development. *Journal of International Development*, 14(8), 1095-1104.

White, S. C. (2002). From the politics of poverty to the politics of identity? Child rights and working children in Bangladesh. *Journal of International Development*, 14(6), 725-735.

Wisner, B. (2001). *'Vulnerability' in Disaster Theory and Practice: From Soup to Taxonomy, then to Analysis and finally Tool*. Paper presented at the International Work Conference.

World Bank. (2005). Conflict and Recovery in Aceh; An Assessment of Conflict Dynamics and Options for Supporting the Peace Process. *Social Development Notes : Conflict Prevention and Reconstruction*, 22.

World Health Organisation. (1988, January 26-28). *AIDS Prevention and control, invited presentations and papers from the World Summit of ministers of health on programmes for AIDS prevention.*, London.

World Health Organisation. (2000). *WHO Report on Global Surveillance of Epidemic-prone Infectious Diseases*. Geneva: WHO, Department of Communicable Disease Surveillance and Response.

World Health Organisation. (2002). How to Assess Psychosocial Reactions To Catastrophes. *Health In Emergencies*, 11, 4.

World Health Organisation. (2003). *Food Safety in Emergencies, Fact Sheet 4:* World Health Organisation, Regional Office For Africa, Division of Healthy Environments and Sustainable Development, Food Safety Unit.

World Health Organisation. (1978). *The Declaration of Alma-Ata*. International Conference on Primary Health Care held in Alma- Ata USSR, 6-12 September, 1978 retrieved July 12, 2008 on http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

World Vision Asia Tsunami Response. (2007). *Final Report; Indonesia December 2005 to December 2007*. Singapore: World Vision International.

World Vision Bangladesh. (May 2000). *Final Report of an Empowerment Evaluation Of Dhaka Street Girl Children Project, Bangladesh*; Participatory Evaluation Dhaka: World Vision Bangladesh.

World Vision Indonesia. (2007). *Qualitative Research on Child Friendly Spaces in Aceh and Jogjakarta, Indonesia - Draft Report*. World Vision Indonesia.

World Vision International. (2001). *Protecting Children: A Biblical perspective of Children and Child rights*. Monrovia CA: World Vision International.

World Vision International. (2004). *Creative Activities Manual. Unpublished Resource Manual*. World Vision International.

World Vision Sudan Child Protection Programme Staff Member. (2005). *Personal Communication*: Staffing for CFSs.