



Implementing a Safe Healing and Learning Space

MANAGER'S GUIDE

COMPREHENSIVE GUIDANCE FOR MANAGERS
TO SET UP, MONITOR AND EVALUATE AN SHLS

SAFE HEALING AND
LEARNING SPACES TOOLKIT



USAID
FROM THE AMERICAN PEOPLE



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For more information about the Safe Healing and Learning Spaces Toolkit, please contact the IRC at children@rescue.org. To download the resources in the SHLS Toolkit, please go to SHLS.rescue.org

DISCLAIMER

The content and conclusions in the Safe Healing and Learning Spaces Toolkit are those of the authors and do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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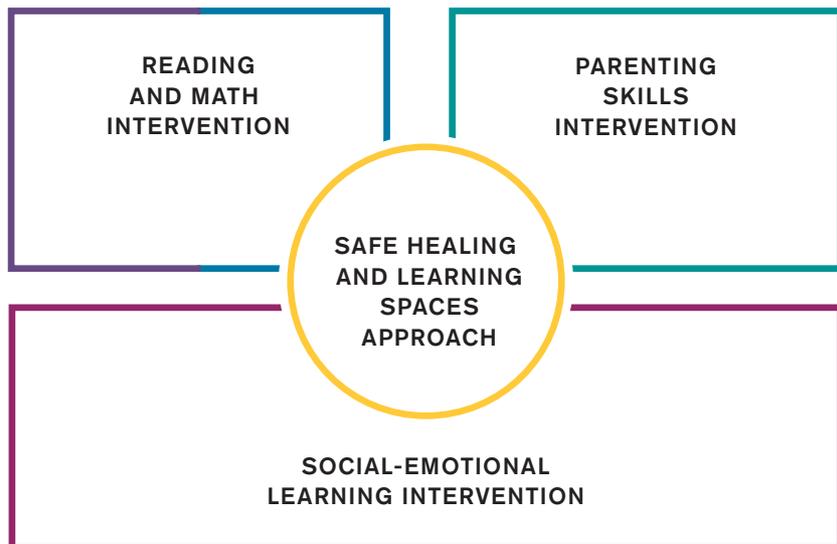
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Introduction

Welcome to the Safe Healing and Learning Spaces (SHLS) Manager's Guide! This resource provides step-by-step guidance and adaptable tools for education and child-protection professionals in humanitarian organizations to set up, monitor and evaluate the implementation of an SHLS in an emergency context.

The Manager's Guide is a resource in the SHLS Toolkit. Along with the Foundational Training and the *Save the Children Psychological First Aid Training for Child Practitioners*, this Manager's Guide is part of the SHLS Approach – a cross-cutting component of the SHLS Toolkit. As illustrated in the diagram below, the Social-Emotional Learning Intervention, the Reading and Math Intervention, the Parenting Skills Intervention, and the SHLS Approach are complementary and contribute to the overarching goal, that **children are safe, well and learning in emergencies**.



Acknowledgments

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Illustrations were created by Helen Shao, and the Parenting Skills Handouts by BZL Studios. The content of the Toolkit was designed and typeset by Soapbox (www.soapbox.co.uk).

We are pleased to share the first iteration of the SHLS Toolkit with the wider humanitarian community, and look forward to learning from its use, adaption and contextualization. Please reach out to children@rescue.org for further information.



PART 1

Information for the Manager

The first part of this Manager's Guide provides you, the Manager, with an introduction to Safe Healing and Learning Spaces (SHLS), a detailed overview of the SHLS Toolkit components and guidance on how to use this resource. It is divided into 3 sections:

- 1 Background Information** – This section presents the concept of an SHLS and why it is important for children in emergencies.
- 2 Contents of the SHLS Toolkit** – This section provides a snapshot of the SHLS Toolkit followed by a more detailed explanation of each component and the corresponding tools.
- 3 Understanding the Manager's Guide** – This section provides information about the structure of the Manager's Guide and how it can be used to set up, monitor and evaluate the implementation of an SHLS.



1 Background Information

What is a Safe Healing and Learning Space (SHLS)?

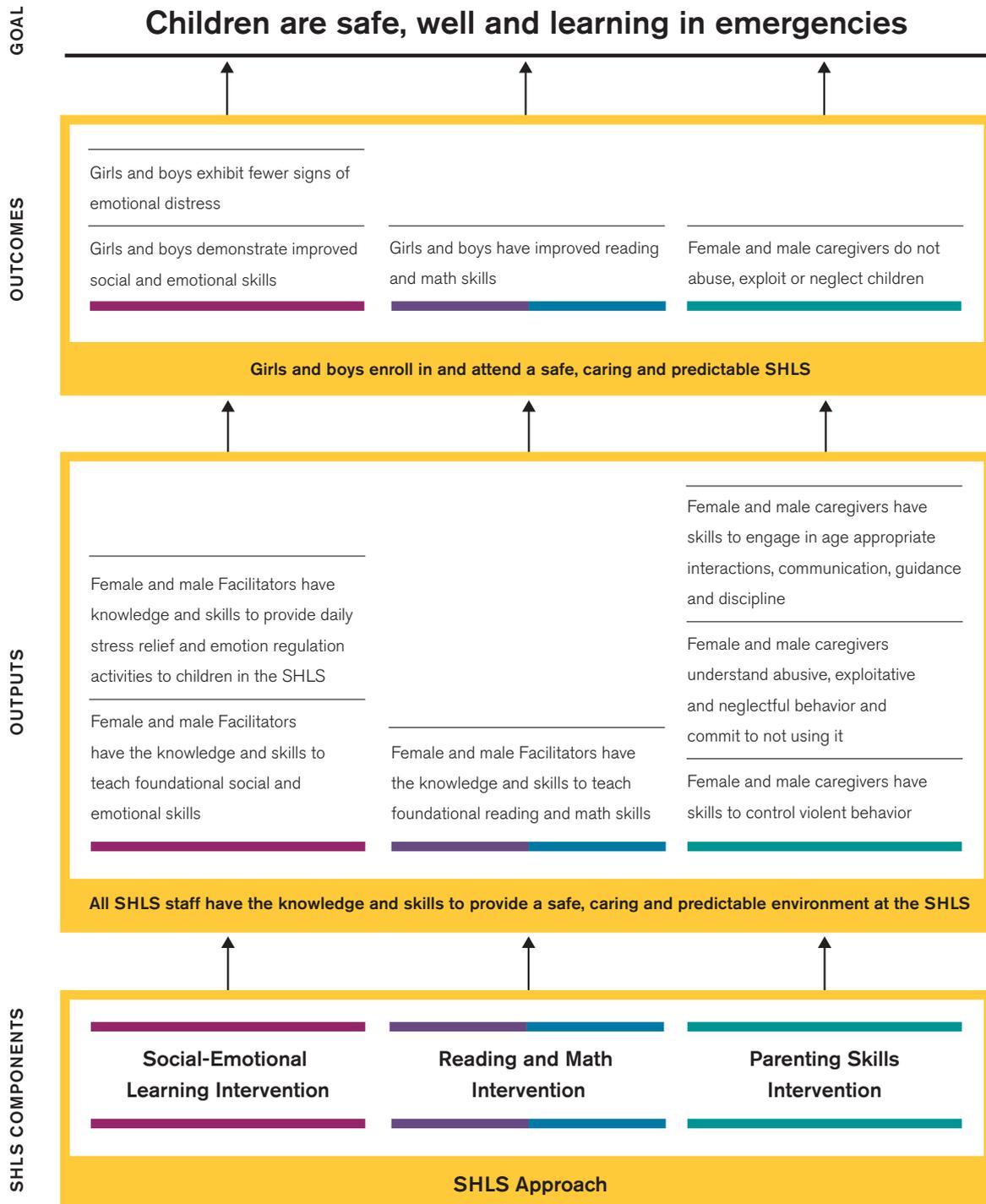
A Safe Healing and Learning Space (SHLS) is, above all, a safe, caring and predictable environment where children and adolescents in conflict and crisis settings can go during the day to ensure that they are protected from violence, and are learning and doing well socially and emotionally. The theory of change underpinning the SHLS design (see next page) is based on extensive research, including studies of Child Friendly Spaces,¹ demonstrating that children need a safe, caring and predictable home and learning environment in order to do well and thrive, in the immediate term and later in life.

Designed to strengthen and support their inherent resilience, the SHLS offers children, adolescents and their caregivers a holistic set of interventions delivered by trained Facilitators. The SHLS interventions are in the form of a structured yet adaptable teaching and learning curricula focused on building children's social-emotional skills and foundational reading and math skills, as well as strengthening the parenting skills of caregivers. These interventions are designed to be monitored regularly to track the quality of implementation, and evaluated periodically to observe changes in the ultimate outcomes. The following theory of change diagram summarizes the SHLS interventions and the outputs and outcomes they are intended to achieve.

1. See World Vision International and Columbia University Child Friendly Spaces Research Collaboration; see also Ager, A. and Metzler, J. 2012. *Child friendly spaces: A structured review of the evidence base*; see also *Key concepts: Toxic stress*. Center on the Developing Child, Harvard University. Retrieved from <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>



SHLS Theory of Change



Why is an SHLS Important?

Children affected by crisis and conflict face both traumatic events and prolonged adversity – including exposure to violence, physical or emotional abuse, exploitation and chronic neglect as well as the accumulated burdens of family separation and/or hardship.² These multiple adversities are often experienced in the absence of protective relationships, wherein caregivers and communities lack the resources and capacities to provide supportive and responsive relationships.³ As a result, children may experience prolonged activation of the body's stress-response system, also known as a 'toxic stress' response. This response can scar children's growing brains and limit their healthy development. In the short term, the effect may impact a child's physical and mental health, cognition, behavior and relationships.⁴ In the longer term, the impact can include a range of health problems including heart disease, diabetes, substance abuse and depression.

We know, however, that these damaging effects can be prevented or reversed.⁵ Children are resilient, and a safe, predictable environment with supportive adult relationships is a powerful protective factor.⁶ The SHLS is designed to create just this type of environment. It provides a space in which children can regain a sense of control and build relationships with caring adults. It also offers their parents practical skills and strategies to foster this environment in the home amid stressors of conflict and displacement. Through direct engagement with caregivers and community structures, explicit instruction in social-emotional learning (SEL) and the provision of non-formal education, the SHLS model aligns with a growing body of evidence that recommends an integrated approach to support children's mental health and well-being.⁷

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2. See *Key concepts: Toxic stress*. Center on the Developing Child, Harvard University. Retrieved from <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
 3. See *Key concepts: Toxic stress*. Center on the Developing Child, Harvard University. Retrieved from <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
 4. See, for example, Compas, B. 2006. Psychobiological processes of stress and coping: Implications for resilience in childhood and adolescence. *Annals of the New York Academy of Sciences*, 1094, pp. 226–34.
 5. See *Key concepts: Toxic stress*. Center on the Developing Child, Harvard University. Retrieved from <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
 6. Machel, G. 1996. *Impact of armed conflict on children*. United Nations Department for Policy Coordination and Sustainable Development.
 7. Reed, R., Fazel, M., Jones, L., Panter-Brick, C., Stein, A. 2012. Mental health of displaced and refugee children resettled in low-income and middle-income countries: Risk and protective factors. *The Lancet*, 379: pp. 250–65.



The SHLS Approach and Core Humanitarian Principles

As presented in the Theory of Change, the SHLS Approach is a cross-cutting component of the SHLS Toolkit and necessary to create a safe, caring and predictable environment for children in the SHLS. It is based on the IRC's signature *Families Make the Difference* and *Healing Classrooms* approach to child protection and education, and has been developed around the following 4 considerations:

1. Children need supportive and responsive relationships with adults to mitigate the effects of severe and prolonged adversity.
2. Routines are particularly important for children affected by violence and displacement to feel a sense of control and predictability.
3. A strong emphasis on child protection is needed to ensure that children's experience in the SHLS is free from all forms of violence and harm.
4. Instructional content must be designed to build foundational and developmentally appropriate skills in social-emotional learning, reading and math, and to achieve measurable learning outcomes.

The SHLS Approach draws upon core humanitarian principles. Guiding doctrines include the *United Nations Convention on the Rights of the Child*,⁸ the *Child Protection Minimum Standards*,⁹ the *Sphere Project Humanitarian Charter and Minimum Standards*,¹⁰ the *International Network for Education in Emergencies Minimum Standards*¹¹ and the *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support*.¹²

8. See <http://www.unicef.org/crc/>

9. Child Protection Working Group. 2012. Minimum standards for child protection in humanitarian action.

10. See <http://www.sphereproject.org/resources/sphere-essentials/>

11. See <http://www.ineesite.org/en/minimum-standards>

12. See <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings>



Particular emphasis in the Toolkit is placed on the following principles:

- **Do no harm**¹³ – “Those involved in humanitarian response must do all they reasonably can to avoid exposing people affected by disaster or armed conflict to further harm,” in particular the risk of exposing children to increased danger or abuse of their rights.
- **Strengthen children’s resilience**¹⁴ – “The task of child protection programming in emergencies is to strengthen the protective factors that reinforce children’s resilience, and to deal with those that expose children to risk.”
- **Child, family and community participation and empowerment**¹⁵ – Girls, boys, women and men have a right to be active participants in making decisions that affect their lives. Effective and sustainable programming engages families and communities in defining and designing interventions, and builds upon existing capacities and structures.
- **Non-discrimination and inclusion**¹⁶ – An inclusive process and non-discriminatory approach ensures that all children – regardless of their class, gender, abilities, language, ethnicity, sexual orientation, religion, or nationality – have equal access to the SHLS.
- **Contextualization** – Contextualization is a critical and ongoing part of SHLS implementation, and each context will require adaptation and change. As emergency contexts evolve rapidly, decisions and interventions should be regularly revised to ensure relevance, appropriateness and adherence to ‘do no harm’.

13. CPWG Principle 1. Retrieved from <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>

14. CPWG Principle 6. Retrieved from <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>

15. CRC Guiding Principle, CPWG standards 16 and 17. Retrieved from <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>

16. CRC Guiding Principle, CPWG standard 18. Retrieved from <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>



2

Contents of the SHLS Toolkit

The SHLS Toolkit is a standardized emergency response package of evidence-based education and child protection tools. It provides frontline staff in humanitarian organizations with practical implementation guidance, adaptable resources, comprehensive training materials and explicit instructional content to set up, monitor and evaluate an SHLS program.

Resources are provided for a **9-month program**, and have been designed for 3-month implementation cycles, starting from the onset of an emergency. Toolkit content is applicable to camp or host community settings in both rural and urban areas. Toolkit content for SEL, Reading and Math has been designed for children 6–11 years of age. Parenting Skills content has been provided for caregivers of children (6–11 years) and adolescents.

The tools have been refined through an extensive review process as well as field testing in Nigeria, Chad and Iraq. All content is provided in English. A subset of the Reading and Math content has been translated into French.

The SHLS Approach forms the foundation of an SHLS program, and SEL is the core intervention. Based on local needs and available services, organizations would then choose to deliver the Reading and Math Intervention along with the Parenting Skills Intervention. The table on the following page provides an overview of the tools included in the SHLS Toolkit.



SHLS Toolkit Overview

	SHLS Approach	Social-Emotional Learning	Math	Reading	Parenting Skills
Tools					
	Manager's Guide				
	Foundational Training – Trainer's Manual	SEL Trainer's Manual	Math Trainer's Manual*	Reading Trainer's Manual*	Parenting Skills Trainer's Manual
	Foundational Training – Trainee's Handbook	SEL Trainee's Handbook	Math Trainee's Handbook*	Reading Trainee's Handbook*	
		SEL Lesson Plan Bank	Math Lesson Plan Bank	Reading Lesson Plan Bank	Parenting Skills Curriculum for parents of children ages 6–11
					Parenting Skills Curriculum for parents of adolescents
		SEL Games Bank			

Description	SHLS Approach	Social-Emotional Learning	Math	Reading	Parenting Skills
Step-by-step guidance, adaptable tools and Foundational Training materials to set up, monitor and evaluate a safe, caring and predictable environment in the SHLS. Designed for SHLS Managers and to train SHLS staff before starting activities.		Explicit social-emotional learning (SEL) instruction and complementary recreational and creative games to develop SEL competencies. Lesson plans are designed for children ages 6–11.	Foundational reading and math instruction for children at the 'emerging' ability level who need support with basic reading and math skills. Lesson plans are designed for children ages 6–11.		Instruction to strengthen positive parenting skills for caregivers of children (ages 6–11) and caregivers of adolescents.

* Available in English and French.



SHLS Approach

MANAGER'S GUIDE

SHLS TOOLKIT

Contents of the SHLS Toolkit

Safe Healing and Learning Spaces Approach

The SHLS Approach is a cross-cutting component of the SHLS Toolkit and necessary to create a safe, caring and predictable environment for children in the SHLS. It comprises 3 elements, with corresponding tools:

- **SHLS Manager's Guide** contains practical guidance and adaptable tools to set up, monitor and evaluate the implementation of an SHLS.
- **SHLS Foundational Training – Trainer's Manual and Trainee's Handbook** contain detailed guidance on how to deliver the Foundational Training and a compilation of handouts and reference documents. This two-day training is for SHLS Leaders and Facilitators and provides an introduction to the SHLS Approach, fundamental child protection information and the key pedagogical practices needed to establish a safe, caring and predictable space.
- **Save the Children Psychological First Aid (PFA) Training for Child Practitioners** is a 2-day training program to equip all SHLS staff with the tools for communication and comfort, and suggestions for ways to reduce the initial distress of children, caregivers and fellow staff members affected by crisis. *Save the Children's Psychological First Aid Training Manual for Child Practitioners* contains detailed guidance and resources, including a PowerPoint presentation, to deliver the PFA Training. The training materials are available on the website in English, French, Arabic and Spanish.

Monitoring and evaluation (M&E) tools for the SHLS Approach are provided to ensure that an SHLS is achieving the desired outcomes. Some key tools include – a **Safety and Security Observation Checklist** that outlines minimum safety standards for an SHLS; an **SHLS Session Observation Checklist** to monitor observable items related to the predictability of the SHLS environment; the **Safe and Supportive Schools Questionnaire** which records children's perceptions of the safety of the SHLS, and of their Facilitators.

Implementation schedule: The 4-day training, comprising 2 days of the Foundational Training and 2 days of PFA Training, are to be delivered **before** starting activities with children.



Social-Emotional Learning Intervention

SEL is the core intervention of this Toolkit, and is designed to develop and strengthen SEL competencies in children 6–11 years of age. Children receive explicit SEL instruction through a 30-minute SEL Lesson and opportunities to practice SEL skills through SEL Games, in a safe, caring and predictable environment in the SHLS.

The approach to SEL in the SHLS Toolkit is adapted from the *International Rescue Committee's* ongoing work to integrate SEL in education and protection programs. This approach seeks to strengthen 5 competencies – **Brain Building, Emotion Regulation, Positive Social Skills, Conflict Resolution and Perseverance**. In addition to the 5 competencies, **mindfulness** is integrated throughout the curriculum and is part of every SEL Lesson.¹⁷ A pre- or post-test is part of the SEL training to track progress towards the SEL outputs.

The SEL Intervention contains the following tools:

- **SEL Trainer's Manual**, which provides detailed guidance and resources for a 3-day training program for SEL Facilitators on how to deliver the SEL content.
- **SEL Trainee's Handbook**, which contains handouts for trainees to use during the SEL training and refer back to during the intervention cycle as needed.
- **SEL Lesson Plan Bank**, which is a package of 36 daily lesson plans and 24 weekly lesson plans for SEL Facilitators to deliver explicit SEL content in the SHLS. All SEL instruction follows the SEL Scope and Sequence.¹⁸
- **SEL Games Bank**, which is a collection of 58 games for SEL Facilitators (and Assistants) to facilitate SEL games that reinforce SEL competencies.

Implementation schedule: It is recommended that children attend 2-hour SEL sessions 3 times a week for the entire length of the 9-month intervention. All SEL sessions must follow the same structure – a 15-minute opening activity, a 30-minute SEL Lesson, 60 minutes of SEL Games and a 15-minute closing activity.

^{17.} For more information on SEL and the 5 competencies, refer to the SEL Trainer's Manual.

^{18.} A detailed plan of what to teach, how to teach it and in what order.



Reading and Math Intervention

The Reading Intervention aims to develop a love for reading, and 7 reading competencies – **Print Concepts, Phonemic Awareness, Phonics, Vocabulary, Comprehension, Fluency and Writing**. The Math Intervention seeks to build a love for problem solving, and 4 math competencies – **Number Sense, Operations, Measurement and Data, and Geometry**. This component contains resources designed for 6–11 year old learners at the 'emerging' ability level, that is those who need support with basic reading and math skills. The *ASER* assessment is used to place children in the appropriate reading and math levels as well as to assess changes in their abilities through participating in the SHLS. A 2-hour *ASER* training session and corresponding tools are part of the M&E Annexes.

The Reading Intervention contains the following tools:

- **Reading Trainer's Manual**, which provides detailed guidance and resources for an initial 3-day training and a subsequent 1-day follow-up training for Facilitators on how to deliver the reading content.
- **Reading Trainee's Handbook**, which contains key information and handouts for trainees to use during the reading training and to refer back to during the intervention cycle as needed.
- **Reading Lesson Plan Bank**, which is a package of 60 daily lesson plans and 24 weekly lesson plans for the 'Emerging' ability level. All reading instruction follows the 'Emerging' Scope and Sequence. The Scope and Sequence for the 'Developing' ability level is also provided.

The Math Intervention contains the following tools:

- **Math Trainer's Manual**, which provides guidance and resources for the initial 3-day training and subsequent 1-day follow-up for Facilitators on how to deliver the math content.
- **Math Trainee's Handbook**, which contains key information and handouts for trainees to use during the math training and to refer back to during the intervention cycle as needed. This tool is available in English and French.
- **Math Lesson Plan Bank**, which is a package of 60 daily lesson plans and 24 weekly lesson plans for the 'Emerging' ability level. All math instruction



follows the 'Emerging' Scope and Sequence. The Scope and Sequence for the 'Developing' ability level is also provided.

French translations

As part of field testing and to increase applicability of the SHLS Toolkit, a linguistic translation of the French reading content was produced along with a translation of the math content. These technical translations provide the key materials needed to initiate the Reading and Math Interventions in a French-speaking context. Programs should, however, undertake a full translation of the Lesson Plan Banks. The Toolkit includes the following French language resources:

- **French language Reading Trainer's Manual and Trainee's Handbook**, which includes fully adapted French language Scope and Sequences and a set of sample lesson plans.
- **French language Math Trainer's Manual and Trainee's Handbook**, which includes fully adapted French language Scope and Sequences and a set of sample lesson plans.

Implementation schedule: It is recommended that children attend 30 minutes of reading lessons and 30 minutes of math lessons, 5 times a week for the entire length of the 9-month intervention.

Parenting Skills Intervention

The Parenting Skills Intervention aims to promote the well-being of children and adolescents through improving parents' stress management, fostering positive parenting practices and providing parents with strategies to support children's and adolescent's psychosocial needs. It enables caregivers to develop a predictable, supportive and nurturing adult relationship with their children. In order to track key outcomes, like changes in the use of positive discipline, M&E tools for children (10 years and over) and their caregivers are provided.

The Parenting Skills Intervention includes the following tools:

- **Parenting Skills Trainer's Manual**, which provides detailed guidance and resources to train Facilitators working with caregivers of 6–11 year old children and adolescents, to deliver the Parenting Skills curricula.



- **Parenting Skills Trainee’s Handbook**, which contains key information and handouts for trainees to use during the Parenting Skills training, and to refer back to during the intervention cycle as needed.
- **Parenting Skills Curriculum for parents of 6–11 year old children**, which includes 12 sessions for caregivers. This tool includes visual, easy-reference handouts for parents, provided for 2 general cultural contexts.
- **Parenting Skills Curriculum for parents of adolescents**, which includes 13 sessions for caregivers. This tool includes visual, easy-reference handouts for parents, provided for 2 general cultural contexts.

Implementation schedule: It is recommended that Parenting Skills sessions are implemented once a week. In environments with transient populations which may only stay in a specific location for a shorter period of time, the sessions could be implemented twice a week to allow parents and caregivers to benefit from the entire parenting curriculum in approximately 6 weeks. Overall, the preference would be to hold weekly sessions to allow more time for caregivers to practice what they are learning with their children.



3 Understanding the Manager's Guide

The Manager's Guide draws on a number of sources to provide practical, step-by-step guidance and adaptable sample tools to set up, monitor and evaluate the implementation of an SHLS. Each of the 12 steps provides key considerations, technical recommendations and checklists to use when developing an SHLS program.

Each step includes corresponding Annexes which are hyperlinked, and available for download directly from the SHLS website. The Annexes include a range of MS Word, MS Excel and Adobe PDF documents, such as:

- Sample focus group discussion questionnaires, observation tools and quality checklists (MS Word files).
- Sample SHLS job descriptions (MS Word files).
- Sample child, caregiver and facilitator enrollment forms (MS Excel files).
- Sample child protection actor mapping tools (MS Excel files).
- Key humanitarian publications for further reference (Adobe PDF files).

The purpose of these Annexes is to provide SHLS Managers with pre-formatted yet easily adaptable tools that should only require minor adjustments and the appropriate organizational branding to be applied in any context. The Annexes also include key thematic documents, which are meant as quick reference and to offer more in-depth guidance in specific technical areas.

Please note: Annexes that contain the IRC or any other organizational logo are meant as samples and, if adapted, must be cited accordingly.



PART 2

Steps to Set up an SHLS



Step 1: Context Analysis and Needs Assessment

What do You Need to Know?

Like all humanitarian interventions, the SHLS program needs to be adapted to local needs and the specific context. However, before proceeding further, information from the context analysis and needs assessment should help you answer the following questions to decide whether or not an SHLS program is suitable for your context:

1. Can the SHLS be implemented safely?

The principle of 'do no harm' should inform all decision-making. If there is no way to operate an SHLS without putting children, communities, or staff at risk, do not move forward to establish an SHLS program in your context.

2. Is the SHLS a necessary, appropriate intervention?

The specific needs of children in your context, as well as existing capacity and services, must inform your decision about setting up an SHLS program.

How Can You Collect and Analyze This Information?

The **SHLS Needs Assessment Matrix** (Annex 1.1) outlines key questions to help you think through SHLS safety, needs, and planning, together with other members of your team. Primary and secondary sources can help you collect the information you need to complete the **SHLS Needs Assessment Matrix** (Annex 1.1). All information should be disaggregated by age and sex, and by other determinants, as appropriate.

- Secondary data review: Read existing country reports, humanitarian situation reports, and multi-sector needs assessments from clusters and other actors. To avoid assessment fatigue, any information that is from a reliable source and does not require further validation should not be asked again. You should also



collect data about the size of the population, the number of children affected, and how an SHLS might align with a Humanitarian Response Plan (HRP).

- Primary data collection: Carry out data collection with key informants or focus groups. **SHLS Key Informant Interview** (Annex 1.2) includes a set of sample questions that will provide you with the basic information you need. Further guidance on questions and needs assessments can be found in the **Child Protection Rapid Assessment Toolkit** (Annex 1.3) and the **Joint Education Needs Assessment Toolkit** (Annex 1.4) linked below.

When possible, you should engage boys and girls directly in the assessment process, but you need to plan carefully to avoid causing harm. The **Child Protection Rapid Assessment** (Annex 1.3) is not designed to be used with children. Any participatory assessments need to be age-appropriate, and must be facilitated by child protection specialists who have experience working with children on difficult subjects related to protection and vulnerabilities. Informed consent and confidentiality are critical. Additionally, these types of activities require a referral mechanism to be established in advance to support child participants who may require specialized care.

Once you have completed and discussed the **SHLS Needs Assessment Matrix** (Annex 1.1) as a team, you will be able to determine if you should proceed with implementing an SHLS program. Next you must determine which of the 3 interventions – SEL, Reading and Math, and Parenting Skills – should be included in your SHLS program and how their roll-out must be prioritized. The SEL Intervention is the core of the SHLS program, and it's roll-out must be prioritized.

Plan to re-assess your findings at regular intervals to see if risks, vulnerabilities, and needs are changing. To use resources effectively, embed SHLS-related questions within other planned assessments whenever possible.

ANNEXES FOR STEP 1

- [Annex 1.1 SHLS Needs Assessment Matrix](#) (MS Word file)
- [Annex 1.2 SHLS Key Informant Interview](#) (MS Word file)
- [Annex 1.3 Child Protection Rapid Assessment Toolkit](#) (Adobe PDF file)
- [Annex 1.4 Joint Education Needs Assessment Toolkit](#) (Adobe PDF file)



Step 2: Developing a Work Plan

Key Components of an SHLS Work Plan

Before you begin the set-up of an SHLS, develop a work plan including the roles and responsibilities for key activities. A sample **SHLS Work Plan** (Annex 2.1) for the first 3 months is available for you to adapt. Consider the following:

- **Evaluate the time.** Estimate the time that you need for each activity. This is often difficult as external factors may affect the timeline. Adjust your work plan regularly based on predictable and experienced delays.
- **Identify the persons responsible for each task** within the SHLS team.
- **Identify persons who can support the SHLS team.** For example, you may be able to involve a Water, Sanitation and Hygiene (WASH) team to set up the SHLS latrines, a Human Resources team to help you with the recruitment process, or a Technical Advisor to support the training delivery.

ANNEXES FOR STEP 2

Annex 2.1 SHLS Work Plan (MS Excel file)



Step 3: Developing a Budget and Procurement Plan

Based on the interventions selected, staffing needs, and activity and work planning, outline your budget and a procurement plan.

The cost of an SHLS can vary significantly from one country to another depending on environmental conditions, the availability of materials produced locally, the remoteness of the site and the expected infrastructure standards of the community and/or the government. **Between 3 percent and 10 percent of the total budget should be dedicated to routine monitoring, with additional funding required for evaluations.** The **SHLS Budget Template** (Annex 3.1) includes a sample budget, with suggested detail and narrative for programmatic costs, as well as some additional detail about key lines to help you think through the budgeting process. Support costs will vary depending on your organization. A sample **SHLS Procurement Plan Template** (Annex 3.2) is also provided for adaptation and use.

Key questions to consider

- How will community expectations or local building standards influence budgeting or procurement?
- What are the materials available in-country? How long does it take to procure them? Do you need to do international procurement?
- How much room is available in the warehouse? Can you buy all materials and consumables at the beginning or do they need to be procured over time?
- Does the security or remoteness of the site influence procurement timelines and storage of materials during construction? Will this change seasonally?
- How many children do you expect to attend the SHLS per location?
- What is the planned program duration? Plan for regular renewal of supplies, recreational materials, student kits, tents and maintenance.

ANNEXES FOR STEP 3

■ [Annex 3.1 SHLS Budget Template](#)
(MS Excel file)

■ [Annex 3.2 SHLS Procurement Plan Template](#)
(MS Excel file)



Step 4: Location and Set-up

Site selection

Consider the principles outlined in the section on [The SHLS Approach and Core Humanitarian Principles](#) on [page 11](#) to inform all decisions related to site selection. Make sure that the site does not place anyone at risk of harm, and avoid locations that could discriminate against children and staff from certain backgrounds. Families, communities and local leaders should actively participate in site selection to promote ownership and access.

The **SHLS Structure and Safety Checklist** (Annex 4.1) will guide you in the site selection process. **At minimum, the SHLS needs to be safe and secure, clearly defined so children know they are in their safe space, and must be protected from the elements.** Although it may not be possible in the earliest phase of an emergency response, you should plan to address any gaps identified from the checklist as soon as possible and ensure that pending gaps will not cause harm. The same checklist can be used each month to drive progress towards addressing the gaps.

Use the **Handicap International Disability Checklist for Emergency Response** (Annex 4.2) to think through considerations for people with disabilities and injuries in more detail, and ensure that:

- All SHLS structures and activities are accessible. For example, construct ramps for children with disabilities to access latrines, classrooms and playgrounds.
- Special efforts are made to identify, locate, register and follow up with them.
- Specific data on their needs is collected in the needs assessment process.
- They are included in community participation and decision-making activities.
- All information provided is accessible to all persons, including those with visual or auditory impairments.

In certain settings there may be competition for physical space. Advocate for the establishment of an SHLS using the evidence explained in the [Why is an SHLS Important?](#) section on [page 10](#).



Safety

The safety of the SHLS should be assessed before set-up and monitored throughout the duration of the program. You can use the **Terre des Hommes Safety Mapping and Risk Assessment Tools** (Annex 4.3), involving the children and the community, to help your organization think through specific threats and vulnerabilities, as well as mitigation measures. All risks identified and the recommendations suggested during the assessment should be addressed based on urgency. SHLS programming should not begin until risks have been addressed. It is suggested that the safety mapping and risk assessment exercise be carried out:

- During the site selection process, before SHLS activities begin.
- At least once a month.
- Following significant contextual changes.

Key measures to ensure the safety of children

- The SHLS should be marked, and if needed, secured with a fence and gate, for security reasons, to indicate that it is a special space for children.
- The space must be safe and protected from the elements.
- When operating in a conflict zone, ensure that the building is clearly identifiable as a space for children. If children are specifically targeted by armed groups, minimize visibility of the space while continuously evaluating safety and security under the 'do no harm' principle.
- No person should be allowed to enter an SHLS with any kind of weapon. This is a requirement in the *Minimum Standards for Child Protection in Humanitarian Action*.¹⁹ Include clear signage to indicate this in and around the SHLS. You can adapt and use this set of **Safety Signs and Protocols** (Annex 4.4).
- All parents and community members should be briefed on where their children will be in the event of an emergency, based on an established set of procedures, such as those outlined in **SHLS Emergency Procedures** (Annex 4.5).

¹⁹ Child Protection Working Group. 2012. Standard 7: 'Danger and injuries' in Minimum standards for child protection in humanitarian action.



Space requirements

If possible, have indoor and outdoor space to allow for team games and sports activities as well as for facilitating SEL, Reading, Math and Parenting Skills sessions. You should divide the SHLS into separate zones by marking out areas for different activities, using ropes, curtains, plants and so on.

Allow enough space for the following:

- 1 square meter per child for both indoor and outdoor space.
- An administrative space to receive parents, and for the SHLS Leader to keep documents (approximately 10 square meters).
- Indoor space for SEL, Reading, Math and Parenting Skills activities (approximately 30 to 40 square meters per room).
- Outdoor space for recreational games (at least 100 square meters).
- A least 2 latrines – 1 toilet to 30 girls, and 1 to 60 boys.²⁰
- 1 toilet for male staff and 1 toilet for female staff, separate from children's toilets.
- A fence for securing the area.
- In highly insecure environments, a gate and a security booth to control entrance and exit.

Structural Design of the SHLS

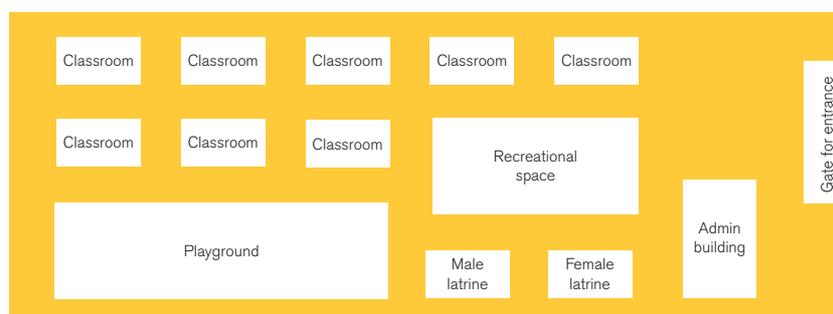
Layout of the SHLS

There is no one standard design for an SHLS. The layout of the SHLS will vary based on the materials available locally, the space and the building layout. The most critical factors related to structural design are **safety, size**, the specific **needs of children with disabilities** and the **range of activities** that will take place. **Local factors**, such as cultural influences, climate, construction techniques, and available materials, are also important.

²⁰ The Sphere Project. Appendix 3: Minimum numbers of toilets at public places and institutions in disaster situations. Retrieved from <http://www.spherehandbook.org/en/appendix-3/>



EXAMPLE: LAYOUT OF THE SHLS IN A CAMP FOR INTERNALLY DISPLACED PERSONS IN SYRIA USING TENTS



In different emergency situations, a variety of innovative spaces can be used, such as a space under a tree or in a safe abandoned building. In a camp, large tents or temporary structures with wooden frames and tarpaulin are relatively inexpensive and can be set up rapidly to create a space. Consider the following **key recommendations if you are using tents:**

- The usability of a tent or temporary structure is around 6 to 12 months, depending on the quality. Budget enough funds to renew the tents as needed or eventually move into more solid wooden or brick structures.
- Tents tend to get hot in tropical or desert climates, and cold in high mountain regions, and it may be helpful to use insulation materials such as blankets, straw, cardboard and so on.
- Waterproof tent with windows and door. (For example, a 55 square meter tent can accommodate 40–45 children.²¹)
- Concrete slabs with a layer of bricks around to prevent flooding.
- Leave at least 1.5 meters between each tent for air circulation.
- Plan for drainage around the tents.

Sanitation

In emergency contexts, **promoting personal hygiene and sanitation is a priority**. Children learning and playing in close proximity increases the risk

21. UNICEF. 2006. *Education in emergencies – A Resource Tool Kit*. UNICEF ROSA. Retrieved from http://s3.amazonaws.com/inee-assets/resources/UNICEF_Education_in_Emergencies_ToolKit.pdf



of communicable diseases spreading rapidly. It is extremely important to set up sanitation infrastructure correctly to avoid creating additional risks for children and caregivers. **Please coordinate with WASH teams or the WASH cluster for technical expertise on the safest way to set up sanitation infrastructure in your context.**

Key points to consider for sanitation

- 1 toilet to 30 girls and 1 to 60 boys.²² Toilets should be designed for children. Adult size squatting plates often pose a threat to children.
- 1 toilet for male staff and 1 toilet for female staff, separate from children's toilets.
- Adequate drainage from sinks and toilets must be established and isolated from children.
- Hand-washing water and soap should be available at the latrine point. It is recommended that 3 liters per child per day, be provided for hand washing and drinking.²³
- The latrines should be cleaned every day.
- Toilet-cleaning products should be provided and replenished on a regular basis. These products must be kept out of the reach of children.
- In dialogue with girls and women, procure culturally appropriate menstrual hygiene management (MHM) materials and develop a disposal process. Female staff can be supported to conduct MHM sessions with girls. For further information, please see **WaterAid Menstrual Hygiene Matters Module 1** (Annex 4.6), with the full set of resources available at www.wateraid.org/mhm.²⁴

22. The Sphere Project. Appendix 3: Minimum numbers of toilets at public places and institutions in disaster situations. Retrieved from <http://www.spherehandbook.org/en/appendix-3/>

23. The Sphere Project. Appendix 3: Minimum numbers of toilets at public places and institutions in disaster situations. Retrieved from <http://www.spherehandbook.org/en/appendix-3/>

24. The IRC and Columbia University are developing a cross-sectoral MHM toolkit focused specifically on emergency contexts: *A toolkit for integrating menstrual hygiene management (MHM) into humanitarian response*. New York (in press as of June 2016).



Sanitation in a phased approach

Recognizing that it often takes time to build latrines in an emergency, an open-plan defecation field can be used as a **temporary measure** while waiting for more permanent sanitation facilities. Consult with WASH colleagues to set this up appropriately. You may find Chapter 3 in *UNICEF's* guidelines on **Water, Sanitation and Hygiene (WASH) in Schools** (Annex 4.7) useful to identify the best option for your context.

SHLS Equipment and Materials

A list of **Suggested SHLS Materials** (Annex 4.8) for classroom, recreational materials, Facilitators' kits and children's kits is available which can be adapted based on materials available in your context. In addition, here are a few **points to consider for procuring equipment**:

- Plan for secure storage to keep materials safe.
- Supplies should be procured locally or, if possible, manufactured by the community.
- Metal products should be treated so that they do not rust and produce sharp edges that will injure children.
- Toys and games for activities should encourage children's creativity and development.
- Specific equipment and material for children with special needs must be included in the list of materials.
- The size of the desk and bench should be adapted for each age group.
- Involve children in designing and decorating the learning space to make it child-friendly and fun!



ANNEXES FOR STEP 4

- **Annex 4.1 SHLS Structure and Safety Checklist** (MS Word file)
- **Annex 4.2 Handicap International Disability Checklist for Emergency Response** (Adobe PDF file)
- **Annex 4.3 Terre des Hommes Safety Mapping and Risk Assessment Tools** (Folder with MS Word, MS Excel and Adobe PDF files)
- **Annex 4.4 Safety Signs And Protocols** (MS Word file)
- **Annex 4.5 SHLS Emergency Procedures** (MS Word file)
- **Annex 4.6 WaterAid Menstrual Hygiene Matters Module 1** (Adobe PDF file)
- **Annex 4.7 UNICEF Water, Sanitation and Hygiene (WASH) in Schools** (Adobe PDF file)
- **Annex 4.8 Suggested SHLS Materials** (MS Word file)



Step 5: Human Resources and Capacity Building

Key Considerations

Scale and staffing

The number of children you are aiming to reach (and therefore the number of SHLS you need to set up), funding, and other resources available will determine the number of staff and the staffing structure.

The table below outlines the positions and ratios for staffing an SHLS. Based on the size of the SHLS and the number of children attending activities, some positions can be combined. For instance, Reading and Math Facilitators could also facilitate SEL lessons. Combining positions can be helpful in reducing the cost of an SHLS and can provide continuity between interventions; however, this decision has to be balanced with finding Facilitators who have the requisite skill set to implement multiple interventions properly.

Activity	Positions	Ratio
Management staffing		
Management team	SHLS Manager	1:1 program
	SHLS Officer	1:5 SHLS
	M&E Officer	1:1 SHLS
	M&E Manager	1:1 program
SHLS staffing		
Administration	SHLS Leader	1:1 SHLS
Maintenance	Cleaner	1:1 SHLS
Security	Security Guard <i>(if needed)</i>	2:1 SHLS
SEL, Reading and Math	Senior Facilitator <i>(if needed)</i>	1:5 Facilitators
	Facilitator	1:40 children ²⁵
SEL Games/ recreational and creative activities	Assistant Facilitator <i>(if needed)</i>	2:20 children (ages 6 to 9)
		2:25 children (ages 10 to 12)
		2:30 children (ages 13 to 15) ²⁶
Parenting Skills	Facilitator	1:20 caregivers



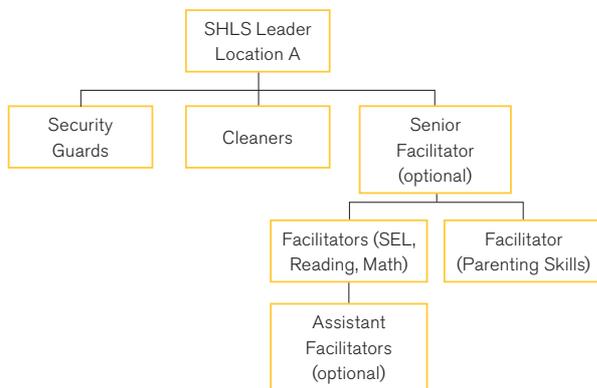
The recommended ratio of Facilitators to children varies by the age of the children and types of activity. It is important to set locally defined, realistic limits on class size, which allow the inclusion of all children, including those with disabilities. Enough Facilitators should be recruited to ensure an appropriate Facilitator–child ratio. Stakeholders are encouraged to review and determine what is locally appropriate and realistic.²⁷

Facilitators implementing SEL Games and other recreational activities will most likely require support due to the nature of these activities. This support can be provided by Assistant Facilitators who may not meet the literacy requirements, but have other relevant skills to work with children.

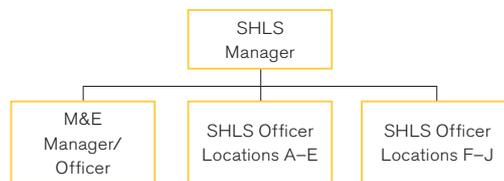
When you have more than 5 Facilitators in an SHLS, consider creating a Senior Facilitator position to support the SHLS Leader in the management of the team. This position can be a Facilitator who has fewer hours of activity facilitation to compensate for additional administrative tasks.

Sample **SHLS Job Descriptions** (Annex 5.1) are available for you to adapt and use.

SAMPLE ORGANOGRAM 1: SHLS LEVEL



SAMPLE ORGANOGRAM 2: SHLS MANAGEMENT TEAM



25. Inter-Agency Network for Education in Emergencies (INEE). 2012. Minimum standards for education: Preparedness, response, recovery.

26. UNICEF. 2006. *Education in emergencies: A resource tool kit*. UNICEF ROSA. Retrieved from http://s3.amazonaws.com/inee-assets/resources/UNICEF_Education_in_Emergencies_ToolKit.pdf

27. See standard 1, guidance note 5 in INEE. 2010. Minimum standards for education: Preparedness, response, recovery. New York: INEE, p. 97. Retrieved from http://www.unicef.org/eapro/Minimum_Standards_English_2010.pdf



Monitoring and evaluation (M&E) staffing

The positions of M&E Officers and Managers will vary based on your organization's structure. Some prefer that M&E team members report to the specific program (as seen in the organogram above), while others maintain independent M&E hierarchies. Consider the following recommendations while recruiting M&E Staff:

- Roles and responsibilities around M&E should be clearly defined.
- Make sure that M&E staff are included in initial recruitment so that monitoring can begin immediately and joint capacity-building can take place.
- **All staff are responsible for M&E and these responsibilities should be specified in each team member's job description.**

See [Step 7: Monitoring and Evaluation](#) for additional guidance and tools.

Compensation

Compensation varies according to the context, cost of living, and the professional experience of a candidate. Generally, the SHLS management staff are full-time employees of the agency supporting the SHLS program and the SHLS-level staff are incentive workers²⁸ from the community. When determining the compensation for incentive workers, consider the following:

- The compensation for SHLS Leaders, Facilitators and others working at the SHLS-level should be in line with other NGO salary scales and harmonized within the child protection/education clusters. Some donors also have guidance or limitations on incentive workers that should be considered accordingly. The qualification requirements for SHLS Leaders and Facilitators are most likely higher than those for volunteers in average Child Friendly Spaces, and may need to be paid a higher sum accordingly.
- The national teacher salary scale is another important benchmark to consider. To avoid attracting teachers away from schools, you should pay less than teachers receive as a salary.

²⁸. An incentive worker is a community member who has been selected and trained to work in the SHLS. They are part of the SHLS program staff and have a salary that is paid hourly for hours worked per week/month.



- Salary can vary according to the number of working hours per day/week.
- Provide adequate compensation to attract candidates with the required educational background, literacy levels and any additional technical requirements.

Recruitment of Qualified Candidates

In emergency situations, it is often difficult to recruit qualified staff with the required educational background and relevant experience. Based on your context, you may have to compromise on some criteria. **However, to achieve the outcomes we seek for children through the SHLS program, it is essential that all SHLS Facilitators and Leaders are literate and demonstrate the capacity for working with children.**

The SHLS staff should speak the language of the children and be aware of cultural, religious and identity-based sensitivities and norms. The SHLS Manager and Officers should speak the agency working language. Be aware of ethnic and inter-group differences, and seek an appropriate balance of persons from the refugee or internally displaced persons (IDP) community and the host community when staffing teams.

The SHLS team should aim for equal numbers of men and women. It is often more difficult to recruit qualified female staff. Assess how you can be more flexible on the recruitment criteria to ensure gender balance. For example, in situations where there are few literate women, create opportunities for women to take on Assistant Facilitator positions to support the implementation of SEL Games and other recreational activities. Make sure the SHLS Facilitator spends time coaching the Assistant Facilitators so they understand their roles and deliver content with fidelity.

See suggested **Selection Criteria for SHLS Staff** (Annex 5.2) for guidance. In addition to the requirements of local authorities and your organization's usual recruitment process, consider the following when recruiting SHLS staff:

- Shortlist candidates based on the written test results. Also conduct a reference check through key community-based stakeholders to determine how trustworthy an applicant is, and to collect more information on their background and character within the community. It is critical to the establishment of the SHLS that there is community buy-in



regarding the Facilitators hired so that families feel comfortable sending their children to the SHLS. The feedback and information from this reference check should be considered in the final selection process, but should not be the ultimate determining factor.

- Conduct a written test to assess writing skills and basic knowledge for Facilitator and leadership positions. See sample **SHLS Written Tests** (Annex 5.3).
- Conduct a practical exercise with children for potential SEL Facilitators. You may want to involve relevant community leaders to participate at this stage. The **Observation Guide for SEL Facilitators** (Annex 5.4) provides instructions and a rubric for observing this practical exercise and can be adapted accordingly.

Key factors to consider for making final decisions on staff recruitment

- Consider candidates' prior experience in working with children. It is important to balance the recruitment process and the need to find qualified individuals with the risk of removing those highly qualified staff from schools and other social support services that may already exist in the community. Whenever possible, avoid hiring candidates who are already supporting other social services.
- Preferably, candidates should be familiar with basic child protection issues, be able to identify risks for children and understand how to communicate with a child in distress. They should also be able to use child-centered facilitation practices. If they do not have this relevant prior experience, ensure candidates show a strong interest and ability to gain this knowledge and skillset.
- Ensure that candidates understand and support the concept of child participation.

The **SHLS Human Resources Checklist** (Annex 5.5) is useful to plan and track appropriate recruitment procedures.

Child Safeguarding Policy and SHLS Code of Conduct

It is the responsibility of the Human Resources department to ensure that **all** SHLS staff and volunteers are familiar with and have signed the



organization's Child Safeguarding Policy.²⁹ *Keeping Children Safe* has outlined 4 core standards to assist organizations to meet their responsibilities for safeguarding children. A discussion on the Child Safeguarding Policy is included in the mandatory 2-day training in *Psychological First Aid for Child Practitioners*. This training is for **all** SHLS staff, and must be delivered before any activities begin with children.

It is the responsibility of the SHLS Manager to adapt the sample SHLS Code of Conduct (Annex 5.6) before delivering the SHLS Foundational Training. This may be done in consultation with the SHLS management team as needed. The Foundational Training includes a dedicated session on the SHLS Code of Conduct for trainees to learn about the principle of 'do no harm' and their accountability for keeping children safe. Each person will sign 2 copies of the Code of Conduct, one for the HR file and one for himself or herself. Use the **SHLS Code of Conduct Follow-up Tool** (Annex 5.7) to ensure staff fully understand the expected behaviors and policies.

SHLS Leaders should play a role in informing children and communities about the organization's Child Safeguarding Policy and SHLS Code of Conduct. As part of Step 9: Feedback, specific actions should be taken to ensure that children and communities are aware of and comfortable with the process for anonymously reporting any SHLS staff or volunteer suspected of causing a child harm. This is part of ensuring accountability to clients and promoting a sense of shared responsibility for the protection of children. The ***Terre des Hommes* Child Safeguarding Poster** (Annex 5.8) provides an example of how to explain your organization's Child Safeguarding Policy to communities.

Capacity-Building Needs

Building the capacity of the SHLS team before and during implementation of the program is critical.

In emergencies, the pressure from donors and senior management to start the activities as soon as possible is high. However, staff and volunteers that are not properly trained before interacting with children can cause unintended harm. **Do not start work with children before all relevant SHLS staff have received**

²⁹ For sample child safeguarding policies and resources to implement child safeguarding measures, please see: <http://www.keepingchildrensafe.org.uk/resources>



at least the SHLS Foundational Training and the *Save the Children Psychological First Aid Training for Child Practitioners*. This is essential for creating a safe, caring and predictable learning environment in the SHLS.

You should also develop a detailed staff capacity-building plan to make sure team members have the skills they need throughout implementation. Based on identified priorities in the needs assessment process, decide a sequence for rolling out the interventions, and develop a training schedule accordingly. The capacity building plan for SHLS staff must include the Foundational Training and the Psychological First Aid Training, specific technical training to implement the intervention, and relevant M&E training. The **Training Attendance Sheet** (Annex 5.9) and **Facilitator Training Record** (Annex 5.10) are provided to monitor ongoing capacity-building.

Trainers

The trainer for each component will vary based on the nature of the topic and the availability of technical expertise at the time of implementation. For example, the SHLS Manager may be able to lead the *ASER* Reading and Math assessment tool training if he or she has a strong M&E background, but an agency Technical Advisor may be required to deliver the Parenting Skills training. An external contractor such as the Red Cross/Red Crescent is required to facilitate the training on first aid.

Once an M&E Officer or Manager is recruited, they can organize M&E-specific training based on identified components. Depending on background, another SHLS staff member may also be qualified to provide support.

Training Package and Schedule

The SHLS Toolkit includes a number of training sessions for SHLS staff outlined in the earlier section Contents of the SHLS Toolkit. All trainer's manuals have been developed as global tools, to be implementable in almost any context. However, they must be adapted to be sensitive to the identities, experiences and ability levels of the trainees. More information on how to adapt training for sensitivity is provided in Step 6: Adapting Program Content.



All training sessions must be delivered using an active, participatory approach, as described in the SHLS Foundational Training Trainer's Manual. If you are not delivering the training yourself, you should guide the trainers to deliver the training using an active, participatory approach, in a context-sensitive manner.

Training schedule

The following table summarizes the training requirements for each component, the duration of each training package, the trainers, the trainees and when the training should take place.

Component	Training	Duration	Trainer	Trainees	Training schedule
SHLS Approach	SHLS Foundational Training	2 days	SHLS Manager/ Technical Expert	SHLS Leaders and Facilitators	Before the start of activities in the SHLS
	<i>Save the Children Psychological First Aid Training for Child Practitioners</i>	2 days	SHLS Manager/ Technical Expert	All SHLS staff	Before the start of activities in the SHLS
	Stress Management Training	1 day	SHLS Manager/ Technical Expert	All SHLS staff	Preferably within the first month of the SHLS program
	First Aid	2 days	External Contractor	SHLS Leaders and Facilitators	Preferably within the first month of the SHLS program
	Monitoring and Evaluation	TBC	M&E Officer/ SHLS Manager/ Technical Expert	SHLS Leaders and Facilitators	Before the start of activities in the SHLS
SEL	SEL Training	3 days	SHLS Manager/ Technical Expert	SEL Facilitators	Before the start of the SEL intervention
Reading and Math	ASER Diagnostics Training	2 hours	SHLS Manager/ Technical Expert	SHLS staff registering children	Before the child registration process
	Reading and Math Training Phase 1	4 days	SHLS Manager/ Technical Expert	Reading and Math Facilitators	Before the start of the Reading and Math Interventions
	Reading and Math Training Phase 2	2 days	SHLS Manager/ Technical Expert	Reading and Math Facilitators	Before the start of the third month of the Reading and Math Interventions
Parenting Skills	Parenting Skills Training	5 days	SHLS Manager/ Technical Expert	Parenting Skills Facilitators	Before the start of the Parenting Skills Intervention



Staff Well-being

Promoting staff care and their motivation is a key component of a successful SHLS program. In emergency environments, the SHLS team members are often under significant stress. Stress has various sources – pressure to reach high targets in a short period of time, conflict with the host community, stress generated by displacement, and so on. In many cases, team members are also directly affected by conflict or disaster, which can further increase their stress. Interacting with children who have experienced serious violence can be very difficult for staff as well.

Stress can affect the motivation of staff and their capacity to manage emotions, to be patient with children, or to resolve conflicts. As a result, stress can have a negative impact on the quality of the services delivered at the SHLS and can affect staff retention.

If possible, it would be valuable to invest time and resources in a 1-day training – the ***Save the Children Psychological First Aid Stress Management Training for Staff*** (Annex 5.11), found on day 3 of the Training Manual.

Here are a few tips for activities that you can implement with your staff to reduce stress levels:

- **Recognizing the signs of stress** – Suffering from stress in highly stressful circumstances is not unprofessional. Stress management starts with being aware that stress may cause problems and being able to recognize how these are manifested.
- **Identifying the source of stress** – Once factors causing stress are identified, differentiate those that are inevitable from those which can be addressed by individual or group action.
- **Applying stress management techniques**
 - Organize regular (at least once a month) one-to-one debriefing sessions and weekly staff meetings with SHLS staff and volunteers to give them opportunities to express concerns. Active listening is key, even if you don't have an answer for every problem raised; listening actively to staff concerns helps. The **Facilitator Well-being Survey** (Annex 5.12) can also be used to promote reflection and feedback.



- Encourage personal reflection on signs of stress and promote self-care strategies such as relaxation techniques during debriefing sessions.
- Set up peer support groups. In pairs or small groups of 3 or 4, staff and volunteers can support each other, debrief after long and difficult days, and encourage each other.
- Organize recreational activities after training sessions, or plan get-togethers on a regular basis to encourage team bonding.
- Praise your team when they reach a target or solve a difficult problem.
- Encourage positive social interaction and personal self-care.
- In highly insecure environments with regular exposure to violence or after a particularly traumatic event, plan and budget for professional psychosocial support for your team through both group and individual sessions.

ANNEXES FOR STEP 5

- **Annex 5.1 SHLS Job Descriptions**
(folder of MS Word files)
- **Annex 5.2 Selection Criteria for SHLS Staff**
(MS Word file)
- **Annex 5.3 SHLS Written Tests**
(folder of MS Word files)
- **Annex 5.4 Observation Guide for SEL Facilitators** (MS Word file)
- **Annex 5.5 SHLS Human Resources Checklist**
(MS Word file)
- **Annex 5.6 SHLS Code of Conduct**
(MS Word file)
- **Annex 5.7 SHLS Code of Conduct Follow-up Tool** (MS Excel file)
- **Annex 5.8 Terre des Hommes Child Safeguarding Poster** (Adobe PDF file)
- **Annex 5.9 Training Attendance Sheet**
(MS Word file)
- **Annex 5.10 Facilitator Training Record**
(MS Excel file)
- **Annex 5.11 Save the Children Psychological First Aid Stress Management Training for Staff** (Adobe PDF file)
- **Annex 5.12 Facilitator Well-being Survey**
(MS Excel file)



Step 6: Adapting Program Content

The SHLS Toolkit contains several training and instructional tools for each component, as detailed in the [Contents of the SHLS Toolkit](#) section on [page 13](#).

Adapting Content

Each component and its tools will require some level of adaptation. Factors like culture, language, gender, disabilities, religion, sensitivities for children exposed to traumatic events, security, and so on, need to be considered, and all SHLS content must be adapted accordingly to ensure that the interventions are relevant, understood as intended and most importantly, **do not cause harm**. The SHLS staff or external personnel who will be delivering the content must be engaged in the adaption process.

Adapting for sensitivity

The first step in adapting content is understanding and being sensitive to the identities, abilities and experiences of children and youth in the community, especially in relation to conflict and crisis events. The team members you have recruited and members in the community will be able to help provide guidance on these issues. Consider the following questions to collect relevant information and adapt the content for sensitivity:

- Do children and caregivers belong to different identity groups and backgrounds? This could include differences in gender, ethnicity, race, social and economic hierarchy, religion, mother tongue, nationality, legal status, and so on. If so:
 - What are the prevalent norms for the interactions between the groups? For example, are some groups currently or historically marginalized? Are some groups considered higher or lower in a social, cultural or economic hierarchy? Will this affect the comfort level of participants? Will it affect participation levels in the SHLS activities?
 - What are the interpersonal dynamics between the different groups?
- How can the content of training and activities and the arrangement of delivery be adapted to ensure that they are sensitive to the various



identities, promote inclusion, allow for positive interactions, protect marginalized groups from stigma and do not discriminate between groups?

- What are the different ability levels and disabilities among children and caregivers? Will they be able to participate in the SHLS activities? Will they need support from the Facilitator or peers, or will adaptations need to be made to the content and/or activities?
- What emotionally distressing experiences could the children and caregivers have recently undergone? Are the SHLS activities sensitive to these experiences so as to not trigger severe emotional reactions?
- What are the first language(s) of the children and caregivers? Is the content language simple enough for them to understand? Are there any phrases or concepts that may be misunderstood when translated into the first language(s) of the children or caregivers?

Checklist for component-specific considerations for adaptation:

FOUNDATIONAL TRAINING – TRAINER’S MANUAL

Question	Yes	No
Have all the activities been adapted for sensitivity (as described above)?		
Have you adapted information about the referral pathways, and feedback and complaint mechanisms and integrated it into the relevant sections in the Foundational Training? Have the relevant resources been updated with this information?		

PSYCHOLOGICAL FIRST AID TRAINING MANUAL

Question	Yes	No
Have all the activities been adapted for sensitivity (as described above)?		
Have the relevant sections been adapted to your organization, specifically to include a discussion on your Child Safeguarding Policy and reporting procedures?		



SOCIAL-EMOTIONAL LEARNING TOOLS

Question	Yes	No
Have all the activities been adapted for sensitivity (as described above)?		
Have you added contextually relevant examples to explain SEL concepts, where required?		
If the SEL component is being delivered in a language other than English, has the translation been done?		

READING TOOLS

Question	Yes	No
Have all the activities been adapted for sensitivity (as described above)?		
Have all the letter keywords and images been adapted to your context? Are they contextually appropriate, age appropriate, and familiar to children?		
If the reading component is being delivered in a language other than English, has the linguistic translation been done?		

MATH TOOLS

Question	Yes	No
Have all the activities/games/stories/problems been adapted for sensitivity (as described above)?		
If the math component is being delivered in a language other than English, has the translation been done?		
If the math component is being delivered in a language other than English, have the numerals in the illustrations been translated?		

PARENTING SKILLS TOOLS

Question	Yes	No
Have you adapted the songs, games, and activities that parents can do with their children, for sensitivity (as described above)?		
Have you contextualized metaphors used in the curriculum to reflect local sayings or appropriate daily life references?		
Have you updated the role play scripts to reflect the local context, beliefs and relevant issues?		
Have you contextualized relevant sessions to address specific protection issues and cultural contexts?		



Developing an Activity Schedule

An activity schedule is a specific plan for activities, which should be well-coordinated through the week so that children can be reached by multiple interventions, and a predictable environment is created for children to be able to feel secure and learn. The interventions are planned for 3, 6 and 9-month intervention cycles over 9 months. The timeframes per day/week vary across interventions. Consider the following factors while developing the SHLS activity schedule:

- **The days and times that an SHLS is open** can have a significant influence on attendance, participation and safety. Children, caregivers, and community members should provide input on the most appropriate hours for the SHLS to be open and the schedule of activities.
- **Preferences of parents and children** should be considered to ensure that SHLS activities are in line with their needs. It is particularly important to factor in housework, engagement in livelihood activities and other responsibilities children may have while deciding the activity schedule. The consultation can be done through focus group discussions, or through a 'parents and children committee' which will meet on a regular basis.
- **Gender norms** prevalent in the context should be understood. If it is not appropriate for boys and girls to learn and play in the same space, the activity schedule should contain separate timings for boys and girls.
- **The age groups of children** learning in the Reading and Math Interventions should be considered. If a mixed-age group will not be conducive to learning, if it will discourage older children from attending the lessons, or if it may be a protection issue, plan for separate reading and math lessons for younger and older children.

Example activity schedule

The table below provides an example of an activity schedule, showing recommended weekly activity schedules for each intervention. Based on your context, outline exactly when and where selected activities should take place each day, and if different shifts are required for different genders or age groups.



Intervention	Activity	Duration	Timing (add multiple shifts if needed)					Location	Facilitator/s
			M	T	W	Th	F		
SEL	SEL session for 6–11 year old children (3 days/week)	2 hours	09.00 – 11.00		09.00 – 11.00		09.00 – 11.00	Location A	Sarah Ali, Fatima Yusif, Mustafa Noor
Reading and Math	Reading Lesson – 'emerging' level Math Lesson – 'emerging' level (5 days/week)	1 hour	Girls: 11.15 – 12.15	Girls: 11.15 – 12.15	Girls: 11.15 – 12.15	Girls: 11.15 – 12.15	Girls: 11.15 – 12.15	SHLS A	Sarah Ali, Fatima Yusif, Mustafa Noor
			Boys: 12.30 – 13.30	Boys: 12.30 – 13.30	Boys: 12.30 – 13.30	Boys: 12.30 – 13.30	Boys: 12.30 – 13.30		
Parenting Skills	Parenting Skills session for caregivers of children (aged 6–11 years) (1 day/week)	2 hours	Female caregivers: 07.00 – 09.00			Male caregivers: 18.00 – 20.00		SHLS A	For male caregivers: Mustafa Taha For female caregivers: Mariam Khadija
	Parenting Skills session for caregivers of adolescents (1 day/week)	2 hours	Female caregivers: 07.00 – 09.00		Male caregivers: 18.00 – 20.00				



Step 7: Monitoring and Evaluation

Planning SHLS M&E

The tools in this section are designed to assist organizations to monitor the SHLS program and to answer questions such as, “Is the program being implemented according to plan?” and “Is the quality of implementation strong?” The tools will also help to answer evaluation questions such as, “Have we delivered the outputs we set out to deliver?” and “Are we seeing changes in selected outcomes?” In addition to the guidance below and sample M&E tools provided in the Annexes, you will find a compilation of more general terms and resources in **M&E Vocabulary and References** (Annex 7.1).

Logframe

The **SHLS Logframe** (Annex 7.2) is an illustrative example of how you can monitor different pieces of an SHLS intervention. Depending on the findings of your needs assessment and your particular areas of focus, you may need to adapt this SHLS Logframe to:

- Remove components not being implemented.
- Reflect different populations.
- Adopt different means of verification based on your context or specific donor reporting requirements.

A set of sample **SHLS Data Collection Tools** (Annexes 7.4 to 7.11) are available for contextualization in the Annex section.



PROGRAM GOAL: CHILDREN ARE SAFE, WELL AND LEARNING IN EMERGENCIES

SAFE HEALING AND LEARNING SPACES APPROACH

Intervention objective: Girls and boys feel safe from violence, abuse, exploitation and neglect in the SHLS

<p>Outcomes</p> <p>Girls and boys enroll in and attend a safe, caring and predictable SHLS</p>	<p>Indicators³⁰</p> <ul style="list-style-type: none"> ▪ Proportion of interviewed girls and boys who perceive their SHLS as safe and supportive ▪ Proportion of SHLSs that provide a predictable learning environment³¹ ▪ Proportion of SHLSs that meet minimum safety standards ▪ Percentage of SHLS-supported children within 1 hour travel time from their homes to the SHLS ▪ Percentage of children aged 6–11 in target population enrolled in an SHLS ▪ Attendance rate 	<p>Means of verification</p> <ul style="list-style-type: none"> ▪ Safe and Supportive Schools Questionnaire ▪ SHLS observation checklist ▪ Session observation checklist ▪ Enrollment records ▪ Attendance records
<p>Outputs</p> <p>All SHLS staff have the knowledge and skills to provide a safe, predictable, and caring environment at the SHLS</p>	<p>Indicators</p> <ul style="list-style-type: none"> ▪ Proportion of female and male Facilitators completing Foundational Training who score above 75 percent at the training post-test ▪ Proportion of female Facilitators ▪ Male and female Facilitator attendance rate ▪ Proportion of male and female Facilitators who demonstrate at least 7/9 classroom practices during SHLS observation ▪ Facilitator–student ratio 	<p>Means of verification</p> <ul style="list-style-type: none"> ▪ Post-tests ▪ SHLS records ▪ Facilitator attendance ▪ Session observation checklist
<p>Activities</p>	<p>Set up SHLS according to the principles of the SHLS approach, development of a routine/consistent schedule of activities, training of SHLS female and male personnel on creating a safe, caring and predictable learning environment, training of all SHLS personnel on providing Psychological First Aid</p>	
<p>Inputs</p>	<p>Trainer(s), relevant SHLS staff, Foundational Training and Psychological First Aid Training material, refreshments for participants, training venue accessible to all trainees, transport and other logistics costs, enrollment and attendance sheets.</p>	

³⁰. All indicator tracking should be disaggregated by sex.

³¹. Based on observable items, which are outlined in detail in the session observation checklist. At least 4 of 6 practices must be used for a session to be considered predictable.



SOCIAL-EMOTIONAL LEARNING

Intervention objective: Girls and boys have the social and emotional skills to succeed in life

Outputs	Indicators	Means of verification
<ul style="list-style-type: none"> ▪ Female and male Facilitators have knowledge and skills to provide daily stress relief and emotion regulation activities to children in the SHLS ▪ Female and male Facilitators have the knowledge and skills to teach foundational social and emotional skills 	<ul style="list-style-type: none"> ▪ Proportion of female and male Facilitators trained who score at least 75 percent at the training post-test ▪ Percentage of SEL Facilitators who have received face-to-face training in SEL ▪ Percentage of Facilitators in SHLS-supported Facilitator professional development programs who follow scripted lesson plans in SEL during observation ▪ Percentage of SHLS-supported Facilitators who receive at least 1 support visit per month 	<ul style="list-style-type: none"> ▪ Post-tests ▪ Training attendance list ▪ SHLS observation tools
Activities	Training of female and male Facilitators to deliver SEL content, delivering SEL session as per the structured schedule	
Inputs	Trainer(s), female and male Facilitators, SEL tools and training materials, refreshments for participants, training venue accessible to all trainees, transport and other logistics costs, enrollment and attendance sheets	



READING AND MATH

Intervention objective: Girls and boys have strong foundational reading and math

<p>Outcomes Girls and boys have improved reading and math skills</p>	<p>Indicators Proportion of boys and girls who move up 1 level (baseline to end of 9-month intervention) on the reading and math assessment</p>	<p>Means of verification Pre- and post-test for children (<i>ASER</i>)</p>
<p>Outputs Female and male Facilitators have the knowledge and skills to teach foundational reading and math skills</p>	<p>Indicators</p> <ul style="list-style-type: none"> ▪ Proportion of female and male Facilitators who score 75 percent or higher on the training post-test ▪ Percentage of reading and math Facilitators who have received face-to-face training in reading and math ▪ Percentage of Facilitators in SHLS-supported Facilitator professional development programs who follow scripted lesson plans in math during observation ▪ Percentage of Facilitators in SHLS-supported Facilitator professional development programs who follow scripted lesson plans in reading during observation ▪ Percentage of reading and math Facilitators who receive at least 1 support visit per month 	<p>Means of verification</p> <ul style="list-style-type: none"> ▪ Post-tests ▪ Training attendance list ▪ SHLS observation tools
<p>Activities</p>	<p>Training of female and male Facilitators to deliver reading and math content, delivering reading and math lesson as per the structured schedule</p>	
<p>Inputs</p>	<p>Trainer(s), female and male Facilitators, reading and math tools and training materials, refreshments for participants, training venue accessible to all trainees, transport and other logistics costs, enrollment and attendance sheets</p>	



PARENTING SKILLS

Intervention objective: Improved parenting skills contribute to children's healthy development

<p>Outcomes</p> <p>Caregivers do not abuse, exploit or neglect children.</p>	<p>Indicators</p> <p>Percentage of boys and girls of caregivers participating in the SHLS Parenting Skills sessions who report the use of positive discipline from their parents in the past month</p>	<p>Means of verification</p> <ul style="list-style-type: none"> ▪ Post-test questionnaire with boys and girls (10–18 years) of caregivers participating in SHLS Parenting Skills sessions for caregivers of children (6–11 years) adolescents ▪ Caregivers' attendance sheet
<p>Outputs</p> <p>Female and male caregivers have skills to engage in age appropriate interactions, communication, guidance and discipline</p> <p>Caregivers understand abusive, exploitative and neglectful behavior and commit to not using it</p> <p>Female and male caregivers have skills to control violent behavior</p>	<p>Indicators</p> <ul style="list-style-type: none"> ▪ Percentage of caregivers participating in SHLS Parenting Skills sessions who self-report a use of harsh physical and psychological punishment within the past week ▪ Percentage of caregivers participating in SHLS Parenting Skills sessions who self-report use of positive parenting strategies within the past month ▪ Percentage of caregivers participating in SHLS Parenting Skills sessions who are able to list at least 4 positive discipline methodologies at the end of the training program ▪ Caregivers participating in SHLS Parenting Skills sessions who report utilization of positive parenting skills to control violent behavior 	<p>Means of verification</p> <ul style="list-style-type: none"> ▪ Post-training questionnaire for caregivers participating in SHLS Parenting Skills sessions ▪ Caregivers' attendance sheet ▪ Multiple Indicator Cluster Survey (MICS) <i>UNICEF</i> scale ▪ Post-training questionnaire for caregivers participating in SHLS Parenting Skills sessions ▪ Caregivers' attendance sheet ▪ Post-training questionnaire for caregivers participating in SHLS Parenting Skills sessions ▪ Caregivers' attendance sheet
<p>Activities</p>	<p>Training of female and male Facilitators to deliver Parenting Skills content, delivering Parenting Skills as per the structured schedule</p>	
<p>Inputs</p>	<p>Trainer(s), female and male Facilitators, Parenting Skills tools and training materials, refreshments for participants, training venue accessible to all trainees, transport and other logistics costs, enrollment and attendance sheets</p>	



Indicator matrix

The **SHLS Monitoring and Tracking Indicator Matrix** (Annex 7.3) provides a more detailed overview of how you and your team can collect the data outlined in the logframe. Targets should be defined based on your needs assessment and baseline data collection. You may need to adapt this document based on your staffing structure, participation by the community, and site accessibility.

Collecting and using key indicators

If SHLS team members are unfamiliar with logframes and monitoring approaches, the following section outlines minimum indicators, related tools and guidance on how to gather and use the information collected.

Enrollment:

Formula for calculating enrollment

Total number of enrolled children between the ages of 6–11 divided by the total number of children aged 6–11 in the target population.

Data should be disaggregated by age, gender and special needs and kept up to date with information for all children who participate in SHLS activities. A **Child Enrollment Record** (Annex 7.4) tool is provided to collect enrollment data. Although it can be difficult to get exact population figures in emergency contexts, it can still be useful to compare SHLS enrollment with the approximate number of children in the target population on a monthly basis.

If SHLS activities are only reaching a small percentage of children and few other services are provided for children in the area, your team should consider options for expanding programming or engaging in additional outreach if the SHLS can include additional children. SHLS staff should decide which SHLS staff members are responsible for collecting this data, how it is entered and analyzed, and where it can be safely stored.



Child attendance rate:

Formula for calculating the attendance rate

1 minus the total number of absences divided by the total number of open SHLS days.

Example

To calculate the total number of absences for a given period (in this example, it is a quarter), take the number of children absent each day of the month and add them all together:

	January	February	March
Day 1	3 absent	6 absent	10 absent
Day 2	4 absent	12 absent	5 absent
Day 3	6 absent	5 absent	6 absent
Day 4, Day 5, ...	47 absent	37 absent	54 absent
Total	60	60	75
Total absences for quarter			60 (January) + 60 (February) + 75 (March) = 195

To calculate the total number of open SHLS days, take the total number of children enrolled (or listed in logbook) and multiply by the number of days SHLS was open and in session (note: this could be counted as number of days attendance was taken if attendance records are well kept).

January (29 children enrolled x 18 days attendance was taken) + February (28 children enrolled x 15 days attendance was taken) + March (28 children enrolled x 20 days attendance was taken) = 1502 total open days.

Child attendance rate for this example = $1 - (195/1502) = 87$ percent attendance rate.

In this example, this says that on average, 87 percent of children were present on any given day during the period of January to March. If the data is collected on a monthly basis, then it would say that on average, 'X' percent of children were present on any given day during that month. Data should be disaggregated by age, gender and special needs. A **Child Weekly Attendance Tool** (Annex 7.5) is provided for adaptation and use.



If Facilitators observe drops in attendance, SHLS team members should follow up and engage with community members to understand reasons behind the decrease and any needed changes to meet children's needs in your location. **Facilitators should take attendance every day for each SHLS intervention.**

Facilitator attendance rate:

Formula for calculating the attendance rate

1 minus the total number of absences divided by the total number of open SHLS days.

To calculate the total number of absences for a given period, tally the total number of days that the Facilitator was not present to facilitate. This means that even if they were at the SHLS (in trainings or meetings), but not teaching – then they will be noted as absent for the purposes of collecting this data.

For example, for a quarter:

	January	February	March
Absences	2	1	3
Total for Quarter	6 Days		

To calculate the total number of possible facilitation days, take the number of days in a month (or quarter) that the SHLS was open and instruction was meant to take place.

	January	February	March
Possible Facilitation Days	20	18	22
Total for Quarter	60 Days		

Facilitator attendance rate for this SHLS: $1 - 6/60 = 90$ percent.

In this example, on average, 90 percent of Facilitators were present on any given day in this quarter. This information is collected using the **Facilitator Attendance Record** (Annex 7.6), spot checks and, if necessary, interviews with SHLS Leaders, Senior Facilitators and/or SHLS committees. Interviews are only necessary when spot checks reveal that the attendance forms may not be filled out properly. Data should be disaggregated by gender.



Traveling time to and from the SHLS:

Formula for calculating the travel time

Number of children who travel 1 hour or less to get to the SHLS divided by the total number of children.

Information about travel times can be gathered during discussions with children, using the data from the **Safe and Supportive Schools Questionnaire** (Annex 7.7). If many children are traveling more than an hour to reach the SHLS, this is important information for planning locations of future centers.

Children–Facilitator ratio:

Formula for calculating the Facilitator ratio

Total number of children in an SHLS intervention divided by total number Facilitators of the same activity.

For example, if in the SEL sessions where there are 32 participants and 1 Facilitator, the ratio would be 32:1.

A high child–Facilitator ratio suggests that each Facilitator has to be responsible for a large number of children. It is generally assumed that a low child–Facilitator ratio means smaller classes, which allows the Facilitator to pay more attention to individual children. This information is collected to roughly assess if an SHLS meets the minimum quality standards and thus to understand what need there may be for additional Facilitators in the SHLS. You may use the **SHLS Session Observation Tool** (Annex 7.8) to collect this information. Precise ratios for each activity are outlined in [Step 5: Human Resources](#).

Safety and security:

Formula for calculating safety and security

Total number of SHLS that meet all the minimum safety standards outlined in the observation checklist divided by the total number of SHLS facilities in the program (or implementation area).

This is the basic metrics of safety and security of the space. This information is collected to assess if an SHLS meets the minimum standards, as detailed in the **SHLS Safety and Security Observation Tool** (Annex 7.9). In order to be an SHLS classroom that meets minimum standards, 'yes' should be marked for **all** of safety and security items on the checklist. Depending on the particular



risks in your SHLS area, you may wish to add specific additional points to this checklist to make sure safety and security are fully addressed.

This checklist should be used at least once a month, and more frequently if the context changes suddenly, and any gaps or concerns should be addressed as quickly as possible. If children cannot safely attend the SHLS, the SHLS should not be operational. You should also spend time defining necessary first aid kit contents for your context.

Predictability:

Formula for calculating predictability

Number of SHLS intervention sessions that meet the minimum predictability standards outlined in the SHLS session observation checklist divided by the total number of SHLS intervention sessions in the program (or implementation area)

The first part of the **SHLS Session Observation Tool** (Annex 7.8) outlines observable items related to the predictability of the SHLS environment. In order to meet the minimum predictability standards on the checklist, at least **4 out of 6 of the items must be marked 'Yes'**.

This will provide the SHLS Officer or person responsible for supporting Facilitators an opportunity to both monitor the degree to which instructional and classroom management practices taught in the SHLS Foundational Training are being implemented, and provide Facilitators with additional support and guidance on how to create a predictable learning environment. Since predictability has been shown to be an important part of promoting children's well-being in emergency interventions, establishing routines within the SHLS is important. Depending on the checklist findings, SHLS team members and Facilitators should work together to identify solutions and responsibilities to provide the best environment possible for participating children. Each Facilitator should receive at least 1 support visit per month, during which time this checklist should be completed by an SHLS Officer or M&E Officer. Results should be discussed with the Facilitator, and also shared within the SHLS team as needed for follow-up.

For reporting purposes, it would be best to calculate consistency. For percentage of SHLSs that meet minimum predictability standards 3 months in a row, take the monthly reports of predictability and see which SHLS were able to maintain predictability for 3 consecutive months and divide those by the total number of SHLSs.



Facilitation:

Formula for calculating facilitation

The number of Facilitators who meet the minimum standards of classroom best practices in facilitation outlined in the SHLS session observation tool divided by the total number of Facilitators (disaggregated by sex).

The second part of the **SHLS Session Observation Tool** (Annex 7.8) outlines observable items related to the Facilitators' techniques in the classroom. In order to meet the minimum standards for facilitation, the at least **7 out of 9 items on the checklist must be marked 'Yes'**.

This tool can be used to monitor the 'fidelity' or extent to which Facilitators are implementing the safe and caring instructional and classroom management practices on which they were trained during the SHLS Foundational Training. These should also be assessed for each Facilitator at least once a month, discussed with the him or her, and shared as needed for follow-up. It is important for the SHLS team to analyze trends from the data collected, across Facilitators. If some Facilitators are strong in certain areas, they might be able to support weaker colleagues. If certain practices are difficult for all Facilitators, you should consider setting up a meeting or short training to provide additional support and guidance.

For reporting purposes, it would be best to calculate consistency. For percentage of Facilitators that meet minimum facilitation standards 3 months in a row, take the monthly reports of predictability and see which SHLSs were able to maintain predictability for 3 consecutive months and divide those by the total number of SHLSs.

Positive discipline:

Formula for calculating positive discipline

Number of caregivers participating in the SHLS Parenting Skills Intervention who use positive discipline in the home divided by the total number of caregivers in the SHLS Parenting Skills Intervention.

The indicator that could be used to monitor that caregivers do not abuse, exploit or neglect children is as follows: percentage of boys and girls of caregivers participating in the SHLS Parenting Skills Intervention report the use of positive discipline from their parents in the past month, with the target number defined based on context analysis and baseline. This indicator could be monitored by using 2 means of verification: a post-test survey with adolescent boys and



girls of caregivers participating in the SHLS Parenting Skills Intervention, and a caregivers' attendance sheet. Both tools can be found in the fold of **Parenting Skills M&E tools** (Annex 7.10).

Safe and supportive SHLS

Children's perceptions on the safety of the SHLS and their Facilitator is collected via the **Safe and Supportive Schools Questionnaire** (Annex 7.7) for the outcome 'Girls and boys feel safe from violence, abuse, exploitation and neglect in the SHLS.'

This questionnaire should be administered quarterly. It should be administered for the first time at least 1 month after the start of the school year, in order for children to have time to develop opinions about their learning environment, peers and Facilitator. This is meant to be conducted with children that are at least second grade or higher. Approximately one third of students (boys and girls) in the SHLS should participate in the interview. Explain to students what you will do, how long it will take, and why you're asking the questions. Then ask if they agree to be interviewed. If they say no, that's fine – they don't have to participate.

Reading and Math

The number of boys and girls who move up one level (baseline to end of 9-month intervention) on the reading and math assessment divided by the total number of boys and girls who take the reading and math assessment.

The SHLS program will use the *ASER* assessment to place students into their appropriate reading and math levels. An *ASER* assessment has 5 levels. Students falling between levels 0–2 will be considered to be at the 'emerging' level. Students falling between levels 3–4 will be considered to be in the 'developing' level. It takes 2 hours of training to prepare team members to use the *ASER* tools, and children can be quickly assessed (about 5 minutes per child) during registration, and again at the end of a 9-month intervention. This will be used to assess changes in reading and math abilities among children participating in the SHLS. The *ASER* training, tracking sheet, math assessment, and reading assessment tools can all be found in **ASER Tools for Reading and Math** (Annex 7.11).



Measuring the Impact of an SHLS Program

Measuring the impact of a program requires a specific type of impact evaluation design involving specialized sampling methods, as well as selection and study of a control group for comparison purposes. An impact evaluation should be carried out by someone with prior impact evaluation experience. This Toolkit focuses on helping staff collect high-quality data that will answer questions which will drive improvements in the program and future program designs. To carry out a formal impact evaluation or to collect data on specialized outcomes such as reading, math, social-emotional learning and well-being, organizations should discuss with their technical support colleagues and consider forming partnerships with academic institutions who have a track record of designing and carrying out this type of research.

Training SHLS staff on M&E

All staff should be required to participate in M&E training specific to their SHLS intervention before it begins. A suggested 2-day training is recommended on M&E to ensure that:

- All program staff should be oriented on the SHLS logframe, indicator matrix and key indicators.
- Staff should be well-versed in the timeline and rationale for collecting program data.
- Staff should also understand their role in continuously improving the program via their monitoring.
- Data collectors need to become familiar with the M&E forms **before** using them in the field. Preparation could include:
 - Training on how to properly conduct interviews, fill out each form, and understand the frequency for each level of data collection.
 - Practicing filling out the forms under different simulated circumstances – any issues data collectors have with a question on the form should be clarified and addressed before the forms are used.
 - Role-plays on conducting interviews, including examples of how to properly as opposed to improperly conduct an interview, is advised.



The M&E Officer should be familiar with how to store and manage the data, and should update the data in a database as soon as it is collected.

Participatory monitoring

A participatory approach to monitoring should be used and involve a cross-section of key SHLS actors of different genders and ages (for example, children, families, program staff, community leaders and so on.). These participants can contribute to developing and implementing monitoring by helping to set indicators and targets, by collecting and compiling the data on what has been done and who has used what services, and feeding back on these services. As the primary users of the SHLS services, children should have the opportunity to be involved in the monitoring process and to influence how services are planned and delivered by staff and volunteers.

How will you make sure M&E does not place children and caregivers at risk?

In order to make sure that appropriate data collection and management methods have been adopted with sensitivity to context, diversity, safety, confidentiality and dignity of children and caregivers, you need to develop plans for the ethical and safe collection and storage of data. You should also develop plans for conducting data quality audits to verify data completeness, accuracy and consistency. The key principles of 'do no harm', 'non-discrimination', 'best interest of the child', 'child participation' and 'confidentiality' apply. For more on this, consult the *Sphere Project Humanitarian Charter and Minimum Standards*,³² the Child Protection Minimum Standards, especially Standards 4, 5 and 6,³³ and *INEE Analysis Standard 2: Response Strategies*.³⁴

For further guidance on thinking through safe data storage, please see **Select Monitoring for Action Tools Tools** (Annex 7.12).

³² See <http://www.sphereproject.org/resources/sphere-essentials/>

³³ Child Protection Working Group. 2012. *Minimum standards for child protection in humanitarian action*.

³⁴ Inter-Agency Network for Education in Emergencies (INEE). 2012. *Minimum standards for education: Preparedness, response, recovery*.



Ongoing monitoring activities

Once the monitoring plans above are in place, it will be critical to follow up on monitoring throughout SHLS implementation. This involves:

- Regularly reviewing your indicator matrix;
- Regularly checking data quality;
- Organizing capacity-building based on identified gaps;
- Regular and systematic data-informed analysis of program progress, quality and appropriateness and results during implementation.

A set of **Select Monitoring for Action Tools** (Annex 7.12), drawn from the IRC's global *Monitoring for Action Toolkit*, have been included as practical resources to conduct ongoing monitoring activities in the SHLS.

Conducting learning reviews

To ensure that knowledge and learning is captured, analyzed and shared during the SHLS for continuous refinement of best practice, learning reviews are also an important part of the process. Children are the best judges of change in their lives and their participation in the learning process is essential.

- Conduct and document mid-term and end-of-program learning reviews and share learning with stakeholders such as SHLS staff, targeted communities and other local stakeholders. Please see a sample **SHLS Learning Review Template** (Annex 7.13).
- Share final program evaluation documents and donor reports with appropriate stakeholders (including evaluation participants to enable 2-way feedback) and also store them in program files. The evaluation team should consider the best methods for sharing the findings, including how children can be involved to help reach other children. Appropriate stakeholders could include the Education Cluster or Child Protection Working Group, INEE, or local government officials.
- Identify, document, store and share lessons learned that have implications for refinement of best programmatic practice, both internally and externally.



Since the SHLS Toolkit is intended for use across organizations, ensuring dissemination to all relevant actors is critical. Please direct findings from SHLS monitoring, evaluation and learning that could be relevant to other implementing organizations to children@rescue.org.

When should you do an SHLS evaluation, and why?

The evaluation offers a learning opportunity about what is working and what is not working, and what needs to be improved in the future. Program evaluations are conducted:

- In the middle of the program cycle (called a mid-term review or a formative evaluation) to gain a better understanding of what is being achieved and to identify how the program can be improved for the duration of the program cycle; or
- At the end of the program cycle (called an end-of-program evaluation or a summative evaluation) to determine whether or not objectives were met, and to consolidate the lessons learned from the particular program.

As a minimum, a summative evaluation of the SHLS should take place. If it is feasible to carry out a formative evaluation in the timeframe without overburdening staff or children and caregivers, then this can also be a useful way to take stock of the program. If a formative evaluation of the SHLS cannot be done, please schedule time with the team at approximately the mid-point of the program to undertake a detailed review of progress against indicators.³⁵

³⁵ IRC. 2007. *Evaluation guidelines: Research, evaluating and learning*.



ANNEXES FOR STEP 7

- **Annex 7.1 M&E Vocabulary and References**
(MS Word file)
- **Annex 7.2 SHLS Logframe** (MS Word file)
- **Annex 7.3 SHLS Monitoring and Tracking Indicator Matrix** (MS Word file)
- **Annex 7.4 Child Enrollment Record**
(MS Excel file)
- **Annex 7.5 Child Weekly Attendance Tool**
(MS Excel file)
- **Annex 7.6 Facilitator Attendance Record**
(MS Excel file)
- **Annex 7.7 Safe and Supportive Schools Questionnaire** (MS Word file)
- **Annex 7.8 SHLS Session Observation Tool**
(MS Word file)
- **Annex 7.9 SHLS Safety and Security Observation Tool** (MS Word file)
- **Annex 7.10 Parenting Skills M&E Tools**
(folder of MS Word files)
- **Annex 7.11 ASER Tools for Reading and Math**
(folder of MS Word files)
- **Annex 7.12 Select Monitoring for Action Tools**
(folder of MS Word and MS Excel files)
- **Annex 7.13 SHLS Learning Review Template**
(MS Word file)



Step 8: SHLS Committees

In line with the Minimum Standards for Child Protection (Standard 16) on community-based mechanisms,³⁶ it is good practice to establish a Parents' Committee and a Children's Committee in each SHLS to ensure ownership and empowerment. This will provide children and caregivers the opportunity to participate in the implementation of activities and decision-making, to play an oversight role, and to identify issues to be addressed. It is the responsibility of the SHLS Leader to activate the SHLS Committees, either through their leadership or by delegating this responsibility to someone on their team. **The starting point should always be existing community structures.**

Parents' Committee

The Parents' Committee will meet on a bi-monthly basis, or more frequently if contextually required, to discuss issues raised, the SHLS calendar, any upcoming events or announcements regarding the SHLS structure, staffing, and so on. In addition, the Parent's Committee meeting will give caregivers the opportunity to raise any concerns about the SHLS. The complaint and feedback mechanisms (see the following section) will be discussed with parents during the first meeting.

The precise organization and objectives of the Parent's Committee will need to be adapted to your context and defined in consultation with the community. A sample **Terms of Reference for Parents' Committees** (Annex 8.1) is provided for reference. Some key recommendations are:

- Form a group of both men and women (if culturally feasible), including vulnerable groups, who in turn elect 2 representatives to lead meetings and provide feedback to the organization. If it is not possible for men and women to participate in joint meetings, organize separate meetings and include representatives for men and women.
- In some cases, there may already be a Parent–Teacher Association, or a child welfare/school management committee that would be well-placed to take on the SHLS Parent Committee role. Consult with the community about existing structures.

³⁶ Refer to the *Minimum standards for child protection in humanitarian action* for additional guidance on community-based mechanisms. Retrieved from <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>



- Delegate a member of the SHLS team to attend committee meetings to respond to questions and support with facilitation to ensure that all members are able to participate.
- Parents' committees can be dominated by certain groups, or can be a difficult forum for more vulnerable groups to participate in. It is important to mitigate this as much as possible through careful composition and facilitation.
- To mitigate further the risk of exclusion, please also ensure through broader community engagement that all parents are aware that they can contact your organization directly if need be, and that the feedback mechanisms (outlined in the next step) are widely known throughout the community.

Children's Committee

The Children's Committee will be composed of girls and boys, primarily 9–11 year olds, and focused on providing regular feedback on the SHLS approach and how activities are organized. The frequency and format of meetings should be decided in consultation with caregivers. Younger children should be engaged more informally, perhaps through questions from older children or by being encouraged to attend Children's Committee meetings as appropriate. As in the case of the Parents' Committee, it is important for the Children's Committee to be representative. Specific outreach efforts should be made to engage marginalized or excluded children and adolescents. Please refer to the sample **Terms of Reference for Children's Committees** (Annex 8.2).

This Committee will be facilitated by a trusted adult who can be selected by the program team or by the children themselves, depending on the context and appropriateness. It may also be important to consider breaking the Committee up into similar age groups, or by gender, so that topics discussed can be age- and gender-appropriate. The agenda of the meeting will be similar to the Parents' Committee but with a particular focus on receiving feedback on the SHLS activities and how to improve them. The established SHLS complaint and feedback mechanisms (see [Step 9](#)) will also be discussed with the children at the beginning of the intervention. See the checklist in the next section for tips to make feedback mechanisms more accessible and child-friendly.

ANNEXES FOR STEP 8

- [Annex 8.1 **Terms of Reference for Parents' Committees**](#) (MS Word file)
- [Annex 8.2 **Terms of Reference for Children's Committees**](#) (MS Word file)



Step 9: Feedback Mechanisms

To promote accountability and quality, it is important to create feedback mechanisms that contribute to a positive environment of mutual trust so that children, caregivers, community members and staff feel comfortable giving and receiving feedback (both positive and negative), raising concerns, and filing complaints. Feedback mechanisms capture 2 categories of information:

- Program feedback: either positive or negative, including suggestions on ways to improve programming, or questions about implementation.
- Serious complaints: including inappropriate behavior of an SHLS staff member or volunteer, violations of the child safeguarding policy, bullying within the SHLS, or abuse or violence in the home or community of a child who participates in SHLS.

Data related to feedback and complaints needs to be stored appropriately to protect confidentiality, and shared only in accordance with established protocols. Hard copies of the **Complaints Book** (Annex 9.1) must be kept in a locked cabinet which can only be accessed by the complaint focal point. Electronic data needs to be password protected. In both cases, documentation should respect the confidentiality of the person raising the complaint and should not include identifying details.

Establishing Feedback Mechanisms

It is critical to outline response and referral channels before setting up feedback mechanisms so that the appropriate response can be identified for all serious concerns and general feedback. Depending on the feedback mechanisms selected by SHLS staff, specific members of the program team and organization will need to be identified and trained to safely and responsibly respond to these concerns and feedback.

The *International Rescue Committee* and other organizations have developed tools and resources that provide guidance on how to establish effective feedback mechanisms:

- The *International Rescue Committee's* Emergency Preparedness and Response Department has developed core resources for feedback in



emergency response, including a sample feedback plan, a feedback tracking tool, a sample feedback poster, and a feedback protocol, all of which align with *The IRC Way: Standards for Professional Conduct*. These are provided for reference in the **IRC Emergency Preparedness and Response Unit Feedback Tools** (Annex 9.2).

- Additional resources related to accountability are available on the [*Core Humanitarian Standards website*](#).

Receiving and Addressing Feedback

It is not easy to create an environment conducive to receiving feedback and reporting complaints. Many people in vulnerable situations are reluctant to report violations. Some survivors of sexual abuse may feel it is too risky to report, may fear losing future assistance, or feel that they do not want to create problems for others or be seen as troublemakers. For the feedback mechanisms to work, children, staff, parents or caregivers, and community members must be able to provide honest feedback and make serious complaints, understanding that the information will be kept confidential and action will be taken to respond to the concern raised or feedback provided in a participatory manner, minimizing any potential risk to that person or their family.

Best practice encourages the use of multiple feedback methods, including **both static and active methods**, to provide opportunities for all members of the community to participate. As with all SHLS steps, you need to consider your context and consult with community members, including men, women, girls and boys as well as vulnerable groups, to make sure the feedback mechanisms that you choose are appropriate. Please bear in mind that both literate and illiterate community members need to use reporting mechanisms, as do people with disabilities and people of different ages. For example, you might want to combine accessible, private complaint boxes with community liaisons and community meetings, or hold focus groups with adolescents using child-friendly methods to understand their perspective on a situation.



Some options for feedback mechanisms are as follows:

Methods of Soliciting Stakeholder/Client Feedback

Static Mechanisms

Notes

- Static feedback mechanisms are those which require the beneficiary to initiate the feedback dialog.
- Static feedback mechanisms are those that are in place over a long period of time, and which a stakeholder can report to or access largely at will.
- Ideally, multiple static mechanisms are used concurrently to ensure access to all strata of stakeholders (both a phone hotline and a suggestion box may be used to provide access to illiterate children and caregivers as well as those who do not have access to a phone line).
- Static mechanisms are often preferred for individuals who wish to remain anonymous, or who have sensitive claims.

Examples

- Telephone hotlines
- Suggestion/complaint boxes
- Dedicated email address
- SMS line
- Help or complaint desks
- Community liaisons

Active Mechanisms

Notes

- Active feedback mechanisms are those which rely on staff or partners to actively reach out to children and caregivers to solicit feedback.
- Active mechanisms are rarely anonymous and do not typically receive sensitive claims. However, they are more likely than static mechanisms to receive positive feedback.
- Active mechanisms can be representative and quantitative, including surveys, score cards, assessments and monitoring data. These may give a more holistic picture of beneficiary feedback than a static method alone.

Examples

- Open community meetings
- Focus groups (see sample questions)
- Satisfaction surveys
- Observation checklist
- Community score cards or report cards
- Children's and/or Parents' Committees
- Community assessment and monitoring data
- Individual and/or household interviews

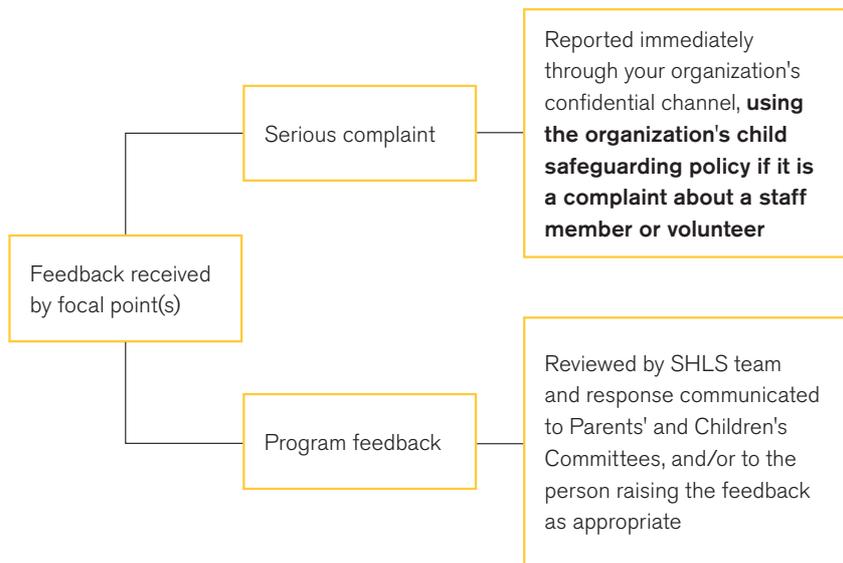
SHLS Leaders should review, prioritize, and document feedback received through the feedback mechanisms you have set up. Key points to consider when **selecting and training focal points include:**

- SHLS focal points within the team should be identified – this should most often be the SHLS Leader. Children and parents should also identify a community member that they would feel comfortable reporting to (particularly if an SHLS staff member is the subject of the complaint), who could subsequently communicate to a higher-ranking member of your organization's team.
- Train at least 1 woman, since female community members may feel more comfortable raising concerns with another woman.



- The focal points should be trusted, discrete, reliable people who understand the principles of confidentiality and your organization's reporting process. You should select focal points who will be able to be supportive to community members who come forward.
- The SHLS Leaders and community focal point(s) should receive training on how to encourage open environments for feedback and what to do with the information received.

Depending on the nature of the feedback, the focal points will begin one of two processes:



Program Feedback

Suggestions from the community about how to improve SHLS programming or questions about the SHLS can be shared by the SHLS Leader for discussion within the SHLS team. A response from the SHLS team can then be shared with the person raising the feedback and/or the Parents' and Children's Committees. It's important to make sure that the children and community members are satisfied with the response and understand that their input is being taken seriously. The **Focus Group Discussion Questions for Children and Caregivers** (Annex 9.3) can also help to facilitate program feedback.



Serious Complaints³⁷

Serious allegations related to abuse, exploitation, bullying or neglect in the SHLS, or in the homes of children who participate in the SHLS need to be addressed separately through confidential reporting channels such as the referral pathway or internal safeguarding policy. This should be done within 24 hours, or faster if possible.

Guiding principles for complaints mechanisms

- Be confidential and safe, recognizing the risks associated with reporting allegations in situations of extreme vulnerability.
- Take local laws and services, including mandatory reporting policies, into consideration, while prioritizing a survivor-centered approach.
- Be accessible to children and young people, and specifically reach out to marginalized groups.
- Address **all** complaints of any form of abuse, exploitation or neglect of children, regardless of whether the perpetrator is a representative of an international organization or from the local community.
- The SHLS Leader or focal point should complete the allegation report and tracking form and send it to the relevant recipient, following in-country procedures or other internal complaint reporting mechanisms. A sample **Allegation Report and Tracking Form** (Annex 9.4) is available in the Annexes.
- Act appropriately and effectively in investigating or cooperating with any subsequent process of investigation, following any internal child protection/ safeguarding policy guidance as needed.
- Take precautionary measures to ensure the safety and protection of a child or children that are the subject of a reported concern. Work in partnership with parents/caregivers and other professionals to ensure the protection of children.

³⁷. Save the Children. 2008. Child friendly spaces in emergencies: A handbook for save the children staff.



- Always use the 'best interest of the child' principle as a guiding principle in taking any action and maintaining confidentiality.
- Listen to and take seriously the views and wishes of the child/children involved in the complaint including obtaining consent or assent to act.

Checklist for child-friendly feedback and complaint mechanisms³⁸

In order for the feedback and complaint mechanisms to be child-friendly, they should:

- Contain provisions for creating an enabling environment where children are aware and understand:
 - What is and what is not good practice and behavior towards them;
 - That they have a right to give feedback and complain;
 - Who to go to and how to give feedback and complain;
 - That their feedback and complaints will be welcomed and acted upon.
- Contain a combination of active and static mechanism.
- Provide opportunities for immediate response to concerns.
- Contain provisions to receive anonymous and indirect complaints.
- Provide opportunities for face-to-face reporting.
- Are accessible and safe, and allow for children to ask questions and give feedback comfortably.
- Use simple and clear messaging, using child-friendly, contextual and gender-appropriate language and pictures.
- Are inclusive and promote engagement of younger, out-of-school children and children with disabilities.
- Are facilitated by people who have the skills to work with children (for example, active listening, tolerance, patience and a positive attitude) and an understanding of child protection issues.

³⁸. Based on Educo, Plan International, Save the Children UK, War Child UK and World Vision International. 2015. Interagency study on child-friendly feedback and complaint mechanisms within NGO programmes. p. 43. Retrieved from <https://www.educo.org/Educo/media/Documentos/Prensa/Child-friendly-feedback-mechanisms-report.pdf>



ANNEXES FOR STEP 9

- **Annex 9.1 Complaints Book** (MS Word file)
- **Annex 9.2 IRC Emergency Preparedness and Response Unit Feedback Tools** (folder of MS Word and Adobe PDF files)
- **Annex 9.3 Focus Group Discussion Questions for Children and Caregivers** (folder of MS Word files)
- **Annex 9.4 Allegation Report and Tracking Form** (MS Word file)



Step 10: Developing SHLS Referral Pathways

Certain children and adolescents in the SHLS will require additional services to address specific protection concerns that have an impact on their well-being and development. These typically include:

- Sexual abuse
- Physical abuse
- Emotional abuse
- Neglect
- Exploitation (sexual and economic)
- Psychosocial distress
- Family separation

It is critical for the SHLS to have a clearly defined pathway for referrals to ensure that children identified as being at risk are connected with an individual or agency trained to assess their protection needs and link them with appropriate care.

Roles and Responsibilities

SHLS Managers and Officers	SHLS Leaders	SHLS Facilitators
<ul style="list-style-type: none"> ▪ Determine available case management services and conduct service mapping and update regularly. ▪ Define SHLS referral pathways. ▪ Train Facilitators and Leaders to identify and refer child protection cases. ▪ Monitor referral pathway for responsiveness and quality of care. ▪ Ensure appropriate confidentiality, information sharing and data storage. 	<ul style="list-style-type: none"> ▪ Obtain consent/assent from children and caregivers for referral. ▪ Make a timely referral of suspected child protection cases to designated child protection actor, as defined in the SHLS referral pathways. ▪ Ensure proper documentation of referrals. ▪ Follow up on the referral. ▪ Support SHLS Facilitators in identifying children at risk. ▪ Ensure appropriate confidentiality. 	<ul style="list-style-type: none"> ▪ Pay close attention to the behaviour and appearance of children in the SHLS. ▪ Take time to listen to the children when they have something to say. ▪ Refer identified and suspected child protection cases to the SHLS Leader. ▪ Ensure appropriate confidentiality.



Establishing SHLS Referral Pathways

It is the responsibility of the Manager to ensure that the SHLS is linked to available child protection services and that referral pathways are clearly defined. This may be operationalized in 2 ways:

1. Through an existing child protection case management system;
2. Through the designation of qualified child protection actors to receive suspected or identified cases from the SHLS.

In order to define the pathways for referrals in the SHLS, the SHLS Manager must conduct a **Child Protection Actor Mapping Exercise** (see Annex 10.1) to identify available services for children and qualified protection individuals, such as social workers or social welfare officers. The Manager must visit each actor to document what they do and who they serve. If the Manager determines that the services are relevant, an agreement should be made for referrals. Where possible, confirm in writing the agreement between your organization and the receiving agency for referrals from the SHLS. The SHLS Manager should always check with the Child Protection Working Group or any other coordination structure (such as *UN OCHA*, *INGO Forum* or other lead coordinating agency) to see if a 'Who does what, where, when' (4W) matrix or actor map has already been developed.

If, through the mapping process, a child protection case management system is determined to be operational, all identified and suspected child protection cases should be referred to the designated focal point of that agency. The SHLS Manager is responsible for establishing those relationships and selecting focal points for each SHLS. The contact information of the case management focal points will be shared with the SHLS Leaders.

If there is no child protection case management system in place, all identified and suspected child protection cases should be referred to qualified individuals trained to assess vulnerable children. While a child may voluntarily share information about his or her experience of abuse with a trusted adult in the SHLS, it is **not** the responsibility of SHLS staff to collect or document this information, or determine the type of services needed by a child. This is the responsibility of a trained child protection professional.

All SHLS staff should have basic level skills to communicate with children in distress and to identify protection concerns. This will be a part of the



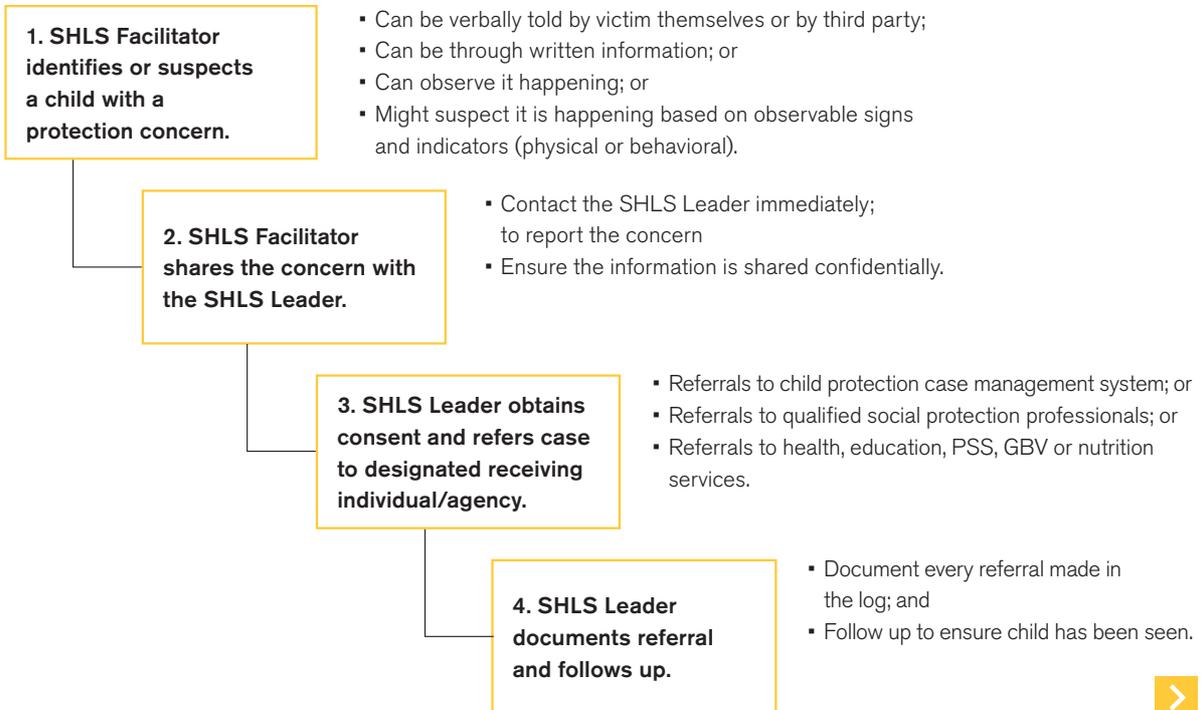
Foundational Training and *Psychological First Aid Training for Child Practitioners* that will be delivered before activities with children begin.

If there are no qualified child protection individuals mapped or case management options available, SHLS Leaders will need to make referrals directly to psychosocial support, health, gender-based violence (GBV), education and nutritional services. Again, it is **not** the responsibility of SHLS staff to conduct assessments or gather detailed information about the child. Nevertheless, if a child discloses information about abuse or abuse is detected, action must be taken. The SHLS Leader will be provided with a contact list of accessible psychosocial support, health, GBV, education and nutritional actors.

If the mapping of services indicates a gap in specialized child protection services, such as case management or social welfare professionals, the SHLS Manager must advocate internally and externally for the activation of these services.

Using the information collected during the mapping process, the SHLS Manager must design a referral pathway with contact information provided for each SHLS. It should adhere to information-sharing principles and data protection policies. All SHLS staff must receive a printed copy of the referral pathway and know how to use it.

SAMPLE SHLS REFERRAL PATHWAY



When a child protection concern is raised with the SHLS Leader, they must act in a timely manner to make the referral. This starts with obtaining consent from the child and his or her caregiver. In cases where there is a high degree of concern, the referral should be made immediately. Along with obtaining consent and making the referral to the relevant contact person, the SHLS Leader must document the referrals in the **SHLS Referral Tracking Log** (Annex 10.2). If the SHLS is able to securely store personal information, SHLS Leaders may also choose to complete a child referral form for as part of documentation practices. A sample **Child Referral Form** (Annex 10.3) is also provided.

It is the responsibility of the SHLS Leader to follow up and make sure that the contact person has seen the child. To ensure that the referral pathway is effective, the SHLS Manager should regularly monitor referrals and gather feedback from SHLS staff and children about the process.

Additional Considerations

Children's health and medical emergencies

If a child in the SHLS is suffering from a medical problem (running a fever, malnourished, vomiting or has diarrhea, for example), he or she should be referred to a medical facility or community health worker for immediate attention. The child protection case management system is not set up to respond to standalone health problems. A mapping of health and nutrition actors, both internally and externally, needs to be conducted for referral of children that are ill or unhealthy. A list of these contacts should be kept in the SHLS for the staff to readily access, especially in case of an emergency.

Confidentiality and information management

Information about a child's experience of abuse or suspected protection concern should be collected, used, shared and stored in a confidential manner.³⁹ This means ensuring that:

1. Any information shared by the child is confidential;

³⁹. For practical guidance on confidentiality and mandatory reporting, please refer to: IRC and UNICEF. 2012. *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*. Chapter 4: Guiding Principles and Key Issues.



2. Sharing information happens in line with local laws and policies and on a need-to-know basis, and only after obtaining permission from the child and/or caregivers; and
3. Referral information is stored securely. In places where service providers are required under local law to report child abuse to the local authorities, mandatory reporting procedures should be communicated to children and their caregivers at the beginning of programming. In situations where a child's health or safety is at risk, limits to confidentiality exist in order to protect the child.

Obtaining permission from children and caregivers⁴⁰

As a general principle, permission to proceed with case management (and other case actions) is sought from the child as well as the parent or caregiver, unless it is deemed inappropriate to involve the child's caregiver. The SHLS Leader should receive permission to proceed with case management and other care and treatment actions (such as referrals) by obtaining 'informed consent' from caregivers or older children and/or 'informed assent' from younger children. Informed consent and informed assent are similar, but not exactly the same:

- **Informed consent** is the voluntary agreement of an individual who has the legal capacity to give consent.
- **Informed assent** is the expressed willingness to participate in services.

Please refer to the [InterAgency Guidelines for Case Management & Child Protection](#) (January 2014) for more specific guidance.

Gender-based violence (GBV)

The risk of GBV is heightened for children and adolescents in emergencies and humanitarian settings. Girls and young women are disproportionately affected due to gender-based discrimination. When establishing an SHLS, Managers should be proactive in integrating GBV prevention and mitigation measures. This includes a thorough analysis of gender-related risk and protective factors. The Global Protection Cluster and Inter-Agency Standing Committee have produced

⁴⁰. IRC and UNICEF. 2012. *Caring for child survivors of sexual abuse: Guidelines for health and psychosocial service providers in humanitarian settings*. Chapter 5: Case Management for Child Survivors.



a set of practical guidelines for child protection actors to address GBV.⁴¹ In particular, SHLS Managers should refer to pages 51–52 of the guidelines for key questions to consider when setting up, implementing and monitoring an SHLS.

Referral to and within the SHLS

Note that the SHLS can also be part of a referral pathway for service provision. Case management actors, government social workers, community leaders, civil society and/or humanitarian agencies may refer cases to the SHLS. When children are referred to SHLS activities, the Facilitators may need to provide feedback on the child's performance and behavior to the case worker or representative of the child. In addition, referral of children can also take place within the SHLS to ensure that all children, specifically the most vulnerable children, participate in relevant activities. For instance, SEL Facilitators can encourage children to attend reading and math activities if they are of the appropriate age and ability level.

ANNEXES FOR STEP 10

- **Annex 10.1 Child Protection Actor Mapping Exercise** (MS Excel file)
- **Annex 10.2 SHLS Referral Tracking Log** (MS Excel file)
- **Annex 10.3 Child Referral Form** (MS Word file)

41. See www.gbvguidelines.org for the full set of publications; Thematic area guide for child protection, retrieved from http://gbvguidelines.org/wp-content/uploads/2015/09/TAG-child-protection-08_26_2015.pdf.



Step 11: Starting SHLS Activities

Community outreach needs to be conducted to raise awareness about the purpose of the SHLS, the opportunities it offers children and caregivers, and the precise timing of registration and planned activities. Use the **Community Meeting Attendance Record** (Annex 11.5) to document these meetings. It is essential to communicate accurate information about the criteria for children to be enrolled in the interventions, and to be clear about the scope and duration of SHLS activities. Adapt community outreach to the local context, making sure that all people in the target community are equally aware of the SHLS opportunities.

The SEL Intervention is designed for all children between the ages of 6 and 11 years. The Reading and Math Intervention is designed for children between the ages of 6–11 years, who are at the 'emerging' ability level for reading and math. The *ASER* tools should be used to assess the ability level of the children. It is critical to screen children for the Reading and Math Interventions during the registration process, and make recommendations about their registration accordingly.

The Parenting Skills intervention contains resources for caregivers of children (6–11 years) and caregivers of adolescents. The number of caregivers in each intervention cycle should not be more than 20. You may also want to register separate groups for male and female caregivers.

Sample documents are provided to support SHLS start-up and ongoing activities. All necessary information for enrollment and registration should be collected prior to the start of SHLS activities using the **Child Enrollment Form** (Annex 11.1) and the **Caregiver Enrollment Form** (11.2). Any visitors to the SHLS should be documented in the **SHLS Visitor Log** (Annex 11.3). The **Universal Consent and Release for Use of an Image** (Annex 11.4) must be completed before any photographs are taken in the SHLS.

ANNEXES FOR STEP 11

- **Annex 11.1 Child Enrollment Form**
(MS Word file)
- **Annex 11.2 Caregiver Enrollment Form**
(MS Word file)
- **Annex 11.3 SHLS Visitor Log** (MS Excel file)
- **Annex 11.4 Universal Consent and Release for Use of an Image** (Adobe PDF file)
- **Annex 11.5 Community Meeting Attendance Record** (MS Excel file)



Step 12: Transition and Exit

Planning an Exit Strategy⁴²

Because the SHLS is an emergency response toolkit, the interventions above have been planned for 3, 6, or 9-month periods, and it will be important to consider your exit and transition approach carefully. **Planning the exit strategy should start at the beginning of the program and allow enough time for a well-planned transition period.** The needs of the children, resources available, local context and solutions will help you to determine the transition or exit strategy of SHLS activities. Please revisit your needs assessment regularly, in collaboration with communities and your M&E team, to assess the relevance of your interventions.

- If services are being taken over by other actors or will no longer be needed due to contextual changes or population movements, you can close down the SHLS and all activities by a given point in time and distribute the materials locally. It will be important to coordinate the distribution with local stakeholders and communicate clearly with the population.
- If your organization will not be in a position to continue providing needed support, you can transition the SHLS into a community-supported initiative or to another local or international agency. This could include handing over activities to various partners through training on specific interventions. Since SHLS interventions require strong technical knowledge, it will be important to plan this carefully, with special consideration for the 'do no harm' principle.
- If children are returning to formal education, you could transfer some or all SHLS activities to local schools. Additional activities should not compete with formal education. As with the example above, it will be important to build capacity to make sure children's needs can be met.

⁴² Save the Children. 2008. Child friendly spaces in emergencies: A handbook for Save the Children staff.



Key Considerations⁴³

- Explore various options and involve the community in the decision-making process.
- Plan enough time for the transition. Generally 3 months should be allocated to hand over responsibilities. The transition may vary by component. **For example, children should transition back to formal education once they have the foundational skills needed to succeed in school, rather than continuing with the SHLS Reading and Math classes in the long term. They may still need access to other SHLS components even once they have transitioned back into school.**
- Plan for capacity-building of local NGOs, civil society organizations or community-based structures through training, coaching and on-the-job support.

Community Messaging and Participation

Regardless of whether the SHLS transitions into a longer-term initiative or phases out completely, it is important to establish constant dialogue with community members about the future plans of the SHLS.

Discussion regarding the transition or exit strategy should take place from the very beginning with children, caregivers and community representatives and should consider the following:

- Children and caregivers' hopes and expectations for the SHLS. What do they like the most about the SHLS and want to see continue, change or stop?
- Community member ownership: do community members want to support an initiative for children such as this on their own and what do they have or need to accomplish this?
- Are there other agencies or government programs in the area that can continue to support the SHLS?

⁴³ Global Protection Cluster: Child Protection. 2014. Towards effective child friendly spaces programmes in emergencies: Participant toolkit.



Glossary

Adolescent: Defined by the World Health Organization as any person between the ages of 10 and 19.

Adult: Any person aged 18 years or older.

'Best interests of the child': The principle that decisions taken should most effectively promote the best interests of children include those that promote the child's safety, protection, health and well-being and that do not cause the child emotional, psychological and/or physical harm.

Caregiver: Any person that provides care for the physical, social and emotional needs of a child. The word 'caregiver' is used interchangeably with the word 'parent' in the SHLS Toolkit.

Child: Defined by the Convention on the Rights of the Child as any person under the age of 18, unless under the (national) law applicable to the child, maturity is attained earlier.

Child Abuse: A deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, sexual, psychological or emotional ill treatment.

Child Protection: The prevention of and response to abuse, neglect, exploitation and violence against children.

Confidentiality: The obligation that information about an individual disclosed in a relationship of trust will not be disclosed or made available to unauthorized persons that are inconsistent with the understanding of the original disclosure or without prior permission. Confidentiality is ensuring that information is accessible only to those authorized to have access, and is precisely available for those who may need it to use in it in the best interest of the person affected by that particular information. Confidentiality upholds the principle of only sharing information with people on a need to know basis (see below).

Competency: The ability to do something well as measured against a defined standard. This term is used in the Social-Emotional Learning and Reading and Math Interventions.



Do no harm: An approach that tries to avoid unintended negative impacts of development and other interventions and is a core principle to humanitarian work.

Facilitator: An SHLS staff member who delivers the SHLS content to children/caregivers.

Intervention: This term is used across the Manager's Guide to identify the 3 programming areas of the SHLS – Social-Emotional Learning, Reading and Math, and Parenting Skills. These interventions take place within the Safe Healing and Learning Spaces Approach.

Incentive worker: A community member who has been selected and trained to work in the SHLS. They are part of the SHLS program staff and have a salary that is paid hourly for hours worked per week/month.

Orphan: Orphans are children, both of whose parents are known to be dead. In some countries, however, a child who has lost one parent is called an orphan.

Parent: Any person that provides care for the physical and social and emotional needs of children. **The word 'parent' is used interchangeably with the word 'caregiver' in the SHLS Toolkit.**

Psychological first aid: A simple, efficient method of providing initial support to persons in crisis situations to reduce the initial distress caused by accidents, natural disasters, conflict, interpersonal violence or other crises.

Scope and Sequence: A detailed plan of what to teach, how to teach it and in what order in the 9 months of the Social-Emotional Learning, Reading and Math Interventions.

Resilience: The ability of individuals, families and communities to maintain or recover one's well-being despite experiencing adversity. This results from both individual characteristics and coping mechanisms (innate and acquired) and the protective factors in a child or youth's ecology or environment.⁴⁴

SHLS Approach: The SHLS Approach is a cross-cutting component of the SHLS Toolkit and necessary to create a safe, caring and predictable environment for children in the SHLS. It comprises the Manager's Guide,

⁴⁴ IRC. International Rescue Committee's Child and Youth Protection and Development Sector Framework. 2012. A guide to sound project design and consistent messaging.



the Foundational Training and the *Save the Children Psychological First Aid Training for Child Practitioners*.

Skills: Specific abilities that build one or more of the competencies. This term is used in the Social-Emotional Learning and Reading and Math Interventions.

Social and emotional skills: Social and emotional skills are the interpersonal, emotional, and cognitive skills that help an individual succeed in life. These skills enable individuals (children, adolescents and adults) to manage information without being distracted, use their working memory, control their impulses and emotions, persevere, solve problems, and get along with others.

Toxic stress: Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity – such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship – without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk of stress-related disease and cognitive impairment well into the adult years.

Trauma: Traumatic experiences usually accompany a serious threat or harm to an individual's life or physical well-being and/or a serious threat or harm to the life or physical well-being of the individual's child, spouse, relative or close friend. When people experience a disturbance to their basic psychological needs (safety, trust, independence, power, intimacy and esteem), they experience psychological trauma. "Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning."⁴⁵

Violence: The intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity.

⁴⁵ Herman, J. 1997. *Trauma and recovery*. New York: BasicBooks, p. 33.

