

**EVALUATION OF NWCCW-UNICEF JOINT CHILD FRIENDLY  
SPACES PROJECT IN CHINA 2008-2017**

**FINAL REPORT**

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*“Now that we have CFS here, children can read and play here. This is really good for them. Compared to cities, rural children have a bigger need of having this [the CFS] set up. [...] Because of the CFS, many children had visible growth and development. Many children are college students and are even working now. They come back over the breaks to be volunteers.”*

Data source: Interviews with community members and CFS staff.

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Disclaimer: The opinions expressed in this document do not necessarily reflect the policies or views of UNICEF and are solely those of the authors. Any errors are the responsibility of the authors.

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## Acronyms

CFS	Child Friendly Space
<i>df</i>	Degree of freedom
ERIC	Ethical Research Involving Children
EQ	Evaluation Questions
OECD/DAC	Organization for Economic Co-operation and Development / Development Assistance Committee
(N)WCCW	(National) Working Committee on Children and Women
M	Mean
MCA	Ministry of Civil Affairs
M&E	Monitoring and Evaluation
<i>p</i>	p-value
SD	Standard deviation
SPSS	Statistical Package for Social Sciences
<i>t</i>	<i>t</i> -value
TOC	Theory of Change
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
$\chi^2$	Chi-square analyses

## Glossary of terms

The report uses various terminologies some of which, for the sake of clarity to readers, are defined here:

**Child protection** refers to the protection of children from violence, exploitation, abuse and neglect, based on Article 19 of the UN Convention on the Rights of the Child.

**Child protection services** refers to a broad range of government agency's response to any reports of any violence, exploitation, abuse and neglect against/of children.

**Child protection system** refers to structures, capacities, and functions that assemble in a way to protect children and to support family stability. Formal child protection systems include legislative and policy frameworks, by-laws, regulations and guidance for the implementation of services and professional work, skilled and qualified workforce to prevent, identify, refer and respond to violence, exploitation, abuse and neglect against/of children. Community based systems can involve important community stakeholders for support, identification and referral of risks and harm of children.

**Child welfare** refers to various efforts both government or non-government, both public and private, designed to ensure that children are safe and that families have the necessary support to ensure healthy child development. This includes but is not limited to child protection.

**Child development** refers to the individual development of a child.

## Executive summary

### Overview of Child Friendly Spaces

Child Friendly Spaces (CFS) have been used, including by UNICEF, to provide integrated services in many different countries, often after disasters. CFS were introduced in China in 2008 after a devastating earthquake hit the Sichuan province. Building on the success of CFS model during and after emergencies, UNICEF and NWCCW Office initiated a project establishing community-based child protection and service provision in 2012. The objective was to further develop the CFS model as a potential community-based identification, response and service delivery mechanism for child protection and child welfare in non-emergency contexts. Meanwhile, Children's Places, which replicated the CFS model but as a Chinese government initiative with no UNICEF financial support, flourished. The National Plan for Children's Development (2011-2020) set a goal that 90% of China's rural and urban communities will have Children's Places by 2020. In addition, the Children's Place was planned to be an evolved CFS model in regular settings that could potentially serve as a community-based identification, response, and service delivery mechanism for child protection and child welfare.

### Evaluation purpose, objectives and intended audience

The purpose of this evaluation was to (a) provide evidence and document the experience, lessons learned, best practices and bottlenecks of CFS in China as a community-based child protection and child welfare mechanism to promote children's psychosocial wellbeing and protection during emergency, post-emergency and development situations; and (b) inform the direction of the future scope of practice and implementation of Children's Places at the community level across the country.

The objective of the evaluation was to assess existing CFS practice in China in emergency, post-emergency and developmental settings, against OECD-DAC Criteria for Evaluating Development Assistance, namely with regards to CFS' *Relevance, Effectiveness, Efficiency, Impact, Equity and Gender Equality, and Sustainability* in addressing the needs of children and their families in various contexts.

The intended audience of the evaluation includes NWCCW and its key government members and UNICEF-China. NWCCW should be able to use the evaluation to inform the work on the evolution of the CFS model across the country as a child protection and child welfare mechanism. Findings and recommendations of the evaluation will also be used by UNICEF to improve its support to the Government of China in the evolution of the CFS model during the current country programme cycle for the years 2016 – 2020.

### Evaluation methodology

The evaluation used a non-experimental design and mixed methods that included both quantitative and qualitative data. The formative aspect of the evaluation allowed for conclusions to be drawn on the CFS conceptual framework and UNICEF's theory of change related to how CFS would achieve the goals they were intended for. The overall design also took a theory-based, participatory, and rights-based approach.

This evaluation included all UNICEF and NWCCW Office supported emergency and development CFS in urban and rural areas that were established between May 2008 to May 2017. The evaluation relied on both primary and secondary data. Primary data sources included the data that was collected through interviews with national and regional experts, a telephone survey with CFS-directors, and field visits of selected CFS between September 2018 to April 2019. A sample of five CFS from three provinces were selected based on a purposeful

sampling method and in consultation with UNICEF and NWCCW Office. During the field visit, the evaluation team conducted key informant interviews with local WCCW and government officers, CFS directors, and community stakeholders; a focus group with current and former CFS-staff; and undertook a face-to-face survey with users of CFS (parents and children), and non-users of CFS (parents and children). This evaluation adopted purposive sampling to recruit the child and parent/caregiver participants to ensure a representative sample including girls, children with disabilities, children left-behind, children from minorities with cultural and language barriers, and children in poverty and/or in remote and less resourceful communities. Finally, primary data were collected from national and regional experts through in-depth interviews. This evaluation used 10 tools that were developed based on the evaluation questions and matrix in consultation with UNICEF-China and NWCCW.

Secondary data sources were included in a desk review that was undertaken in the inception phase and included additional review of documents submitted by various CFS. Secondary data sources included local CFS news, reports, & magazines; program and activity introductions and materials; quarterly fiscal reports; training materials; CFS working protocols and standards and minutes from meetings.

## **Key findings**

### Relevance

- The physical infrastructure and comprehensive services and programs offered in the community make CFS in both emergency/post-emergency and development settings highly relevant to China's development goals in general, which is being viewed as "*in line with*", "*contributing to*", or "*setting a [practice] model for*" government priorities at national and subnational levels.
- Community stakeholders and beneficiaries rated the ability of CFS services to meet their needs as high. Parents and children particularly appreciated CFS for helping children to learn, make friends, improve parent-child and family relationship and contribute to a greater sense of safety. However, children left-behind rated CFS meeting their needs significantly lower than the children who had parents/caregivers present in their lives.
- CFS established during emergency contexts have now started providing services that are similar to those provided in development contexts. CFS were able to adjust their programming to focus on current needs and concerns of families and children. However, there were concerns about adequate financial support to meet the growing demands for CFS programs and services by the community.
- UNICEF's technical expertise was highly relevant in the establishment and implementation of CFS. UNICEF's role and contribution to establishing CFS at the beginning and later included training, technical and professional support as well as developing professional networks to facilitate the successful implementation of CFS.

### Effectiveness

- Both CFS in emergency/post-emergency and development settings accomplished the expected outcomes of providing "a participatory, safe, protective space and mechanism that supports delivery of basic child welfare, protection, psychosocial, and other services for all children, particularly the most disadvantaged." Data from multiple sources indicated that CFS services and programs matched local communities' needs, were utilized by the targeted beneficiaries, and that beneficiaries were very satisfied with the services that they have received.

- The establishment of a community-based child protection mechanism for identification, prevention, response, reporting, referral, and monitoring of children and families at risk was only partially achieved. Responses to the CFS Director Survey indicated that 33% of CFS established a reporting system; 44% set up case management, and 30% provided outreach services. In addition, 7% families received referral services with very high level of satisfaction.
- Quality standards were promulgated by UNICEF, NWCCW or governmental agencies with routine data inputs/collections and routine supervision done by local WCCWs. However, there were some concerns related to a lack of routine internal self-assessment effort to measure quality of services from an outcome-perspective, reservations regarding the quality workforce and a lack of training for volunteers.
- CFS have adopted innovation in programming including the use of social media, cultural programs and family-based programs. Innovation in products/services included the participation of Children and Parent Committees in designing and delivering programs. Innovation in partnerships included the development of an integrated local working group with multiple community stakeholders.
- UNICEF and the CFS practice contributed to the development of child welfare workforce, child protection and child welfare capacity at local and regional levels. It contributed to partnerships in the support provided from local and sub-national governments as well as through the facilitation done by UNICEF, NWCCW and/or local Women's Federation.

#### Efficiency

- Cost calculation indicates a high value for money. CFS-operation and program implementation, staffed by 4 full time staff, covering a community with about 1,000 households in rural areas with roughly 500 children, and about several thousand households in urban cities, costed about 10,000 Chinese RMB (about \$1,500 USD) each month. For example, total monthly expense for emergency/post emergency CFS was 12,312 RMB and for development context CFS: 5,030 RMB.
- This evaluation observed excellent efficiency with regards to how CFS manage and coordinate all programs, services and activities with a small budget through a clear delineated structure and good internal communications among CFS director and staff.
- A tendency to include a broad variety of services in the CFS-model, however, could stretch staffing, funding and resources.
- CFS were overall adequately and stably financed with sufficient technical support during the UNICEF-supported period. There were concerns about staff salary/compensation and unmet needs in the community, which could be related to sustainability after UNICEF stopped funding.

#### Impact

- As evidenced by beneficiary responses, participation in services provided at CFS brought multiple positive changes in the lives of children in the areas of psychosocial well-being, safety, health, school performance and family relationships. CFS was successful in bringing positive changes to the knowledge, skills, attitudes and practices on preventing violence against children by parents/caregivers.
- Existence of CFS in the community signified the beginning of efforts to develop a child protection and child welfare mechanism in the community. A trusting relationship between CFS and community residents has enabled CFS to be a go-to-place for children and parents. CFS also contributed by working with community stakeholders, local WCCW,



and government offices to identify and establish linkages with complementary community-based child protection and child welfare services as well as to strengthen the referral and response systems. While CFS was nested in the larger public and social service framework, there is still a lack of conceptualized model to describe such links.

- CFS as a child protection and child welfare mechanism focused not just on the child but also on the general overall well-being of the family including other family members. This could indicate the need for a more systematic understanding of differences and links between child protection and child welfare mechanisms in China.
- There was unanimous recognition among all stakeholders on UNICEF's role in funding, capacity building, technical support and building professional networks. Children specifically mentioned UNICEF's contribution in promoting children's rights, particularly through community education efforts.

#### Equity and gender equality

- The CFS design was overall inclusive but additional efforts would be needed to improve physical accessibility, and increase services meeting girls' and boys' special developmental needs. There were targeted efforts to engage disadvantaged groups. Children and parents/caregivers were satisfied about the extent to which their voices were included and felt welcome in the planning and design of CFS activities.
- CFS has been successful in providing services to all groups with equity with only a few differences in utilization patterns of specific services.
- Overall groups seem to have benefitted equally from services in CFS, with the potential exception of children with physical disabilities who might have challenges of accessing CFS.

#### Sustainability

- There was a good level of integration and acceptance of CFS in the community. This increases the potential for sustainability. CFS that were established during the emergency context transitioned to providing services also in development context without much disruption. An important determining factor for this smooth transition was the adequate and stable financial support as well as availability of a competent child welfare workforce.
- There is overall a positive prediction about the potential for nation-wide expansion as CFS have demonstrated viability and potential to adjust to diverse communities. However, there are other models and other infrastructure that share similar goals around child protection, child welfare & child development. Given the differences between these goals it will be helpful to consider a "basic" CFS model as a child protection mechanism with "essential services" to serve vulnerable children, and an "expanded" CFS model for broader child development efforts.

#### **Key conclusions**

CFS has strong relevance to national, sub-national and local government priorities in both developmental and emergency/post-emergency contexts. In addition, CFS services were highly relevant to the local community's context, needs, and priorities and have adapted to the changing needs and situations of children and families. Relevancy has become stronger when the development of CFS was included in the governmental specific planning and development agenda. Both CFS in emergency/post-emergency and development settings accomplished the expected outcomes of providing a participatory, safe, protective space and

mechanism that supports delivery of basic child welfare, protection, psychosocial, and other services for all children, particularly the most disadvantaged. Participation in CFS brought multiple aspects of positive changes in the lives of children as well as positive changes in knowledge, skills, attitudes, and practices to prevent violence against children in parent/caregivers. Comprehensive services and programs have contributed to an increased community awareness of child-related issues, as well as parents' capacity of parenting. In addition, CFS in all settings were overall able to provide quality and equitable services to all children from diverse backgrounds. Active involvement of Children's Committee and Parents' Committee in program design and service delivery helped assure program and service equity.

The establishment of a community-based child protection mechanism for identification, prevention, response, reporting, referral and monitoring of children and families at risk was also partially achieved. CFS successfully established itself to be a physical go-to place for all children in the community with various concerns or problems. CFS services also facilitated early identification and prevention efforts because CFS was integrated in and accepted by the community. A family support, as opposed to an investigative and intervention approach, to child protection and child welfare has worked well in the communities.

UNICEF's investment in CFS design and implementation in China had value for money. However, there are expressed needs for additional funding and increased staff compensation in the CFS as well as a need for technical support and stronger organizational structure for CFS. The experience of CFS that transitioned from UNICEF to local government, showed that capability of sustaining and expanding CFS services in a development setting was heavily influenced by local government support especially financial support.

### **Lessons Learned**

A "welfare service for all" or a one-stop children's service center that include both child development, child welfare and child protection services could stretch CFS staffing, funding, and resources. In order to not create unintended dynamics that might be good for CFS growth and development in general, but could jeopardize CFS core functions as a child protection and child welfare mechanism, it will be important to decide on what to purposefully include and what to exclude in terms of services in a scaled-up model.

Because CFS was integrated in and accepted by the community, it would serve as a friendly entry-point to a family support approach to child protection and child welfare in conjunction with the government juried child welfare system. Despite a good fit of CFS in the community and various advantages of this community model, the role of CFS in the larger China's child protection and child welfare system needs to be clearly defined.

While the establishment and implementation of CFS has contributed to the development of a child welfare workforce, quality of CFS staff and the development of child welfare workforce is still an issue. The workforce will need to be further developed through technical support, professional training and on-the-job training as well as through peer-support and learning and exchange of experiences that could be built into the CFS management and operation.

An explicit plan and strategy for securing stable financial support to CFS will be important for the sustainability of CFS to serve the role of a community-based child protection and child welfare mechanism in China.

### **Key recommendations**

Short-term recommendations suggested to be implemented within 2 years include:

- Develop clear mandates between the different government entities including central and local authorities engaging in child protection to prevent and respond to violence against children.
- Establish clear national guideline on the role of community-based child protection, including the CFS within the larger child protection and child welfare system. This should include national guidance for community-based facilities and staff.
- Establish financial commitment of government funding at various levels to scale-up local child protection and child welfare mechanisms in form of a CFS-model.

Long-term recommendations suggested to be implemented within 5 years include:

- Build capacity at province and county level to progressively provide technical support for CFS programming and service delivery, and to ensure an institutional framework for a CFS-expansion informed from technical excellence.
- Building from UNICEF's expertise, collect, organize and disseminate information on all aspects of violence against children, and to advance the effective use of evidence-based practice on how to respond to violence against children in the CFS practice.
- Increase efforts in professional training and education of a child welfare workforce in China.

## Table of Contents

Acknowledgements .....	ii
Acronyms.....	iv
Glossary of terms.....	iv
Executive summary .....	v
Table of Contents .....	xi
1. Background .....	14
1.1. Social, political and institutional context related to child protection and child welfare in China .....	14
1.2. Government strategies and priorities.....	14
1.3. Equity analysis of structural marginalization .....	15
1.4. UNICEF’s corporate goals and priorities .....	16
1.5. Child friendly spaces .....	16
2. Evaluation object: CFS in China .....	18
2.1. The practice of implementing CFS in China .....	18
2.2. Theory of change for the CFS-project in China .....	21
3. Purpose, objectives and scope .....	23
3.1. Purpose .....	23
3.2. Objective .....	23
3.3. Evaluation framework.....	23
3.4 Evaluation scope .....	25
4. Evaluation design and methods.....	26
4.1. Evaluation approach .....	26
4.2. Sampling.....	26
4.3. Data collection and data analysis methods .....	27
4.4. Data analysis .....	29
4.5. Ethical issues and safeguards.....	30
4.6. Measures to ensure data quality .....	30
4.7. Limitations, strengths and weaknesses of data sources.....	31
5. Findings.....	32
5.1. Relevance .....	32
5.1.1. Relevance to national, sub-national and local government priorities .....	32
5.1.2. Relevance to situation and needs .....	32
5.1.3. Relevance to different and changing needs and contexts .....	36
5.1.4. Relevance of UNICEF’s technical expertise .....	37
5.2. Effectiveness .....	39

5.2.1.	Effectiveness in achievement of results .....	39
5.2.2.	Quality and innovation in interventions.....	45
5.2.3.	Quality in contribution of UNICEF and partners to develop capacities .....	46
5.3.	Efficiency .....	47
5.3.1.	Value for money of CFS design and implementation .....	47
5.3.2.	Efficiency in management and coordination of the CFS project .....	48
5.3.3.	Sufficiency in staffing, functions and funding .....	49
5.4.	Impact .....	50
5.4.1.	Impact in the lives of children and families.....	50
5.4.2.	Impact on community-based child protection and welfare mechanisms.....	52
5.4.3.	Impact on knowledge, skills, attitudes and practices to prevent VAC .....	54
5.4.4.	Contribution of UNICEF to impact .....	57
5.5.	Equity and gender equality .....	57
5.5.1.	Inclusive design for different groups.....	57
5.5.2.	Implementation with and utilization by different groups.....	58
5.5.3.	Benefits to different groups .....	60
5.5.4.	Perceived barriers of access to services .....	60
5.6.	Sustainability .....	63
5.6.1.	Potential for sustainability within communities.....	64
5.6.2.	Potential for nation-wide expansion .....	66
5.6.3.	Potential for transitioning emergency context CFS to development contexts .....	67
6.	Conclusions.....	68
7.	Lessons learned .....	73
8.	Recommendations.....	76
8.1	Short-term recommendations (within two years).....	76
8.2	Long-term recommendations (within five years) .....	77
Annex 1 –	Terms of Reference .....	I
Annex 2 –	Elaborations on conceptual framework and theory of change and objectives .....	II
Annex 3 -	Specific objectives defining evaluation criteria and guiding prioritization of evaluation questions .....	IX
Annex 4 –	Evaluation matrix.....	XI
Annex 5 –	Data collection tools.....	XXVIII
Annex 6 -	List of sites visited and demographics of respondents .....	LXXVIII
Annex 7 –	Training manual.....	LXXXII
Annex 8 -	Evaluators biodata.....	LXXXIII
Annex 9 –	Supplementary Data.....	LXXXIV

## List of Tables and Figures

Table 1 - Summary of services and activities as reported by CFS directors (N=33) .....	19
Table 2 - Planned and actual samples .....	27
Table 3 - CFS Director Self-Assessment .....	44
Table 4 - CFS Partners.....	46
Table 5 - Monthly CFS expense sample.....	48
Table 6 - CFS selected for site-visits and in-depth interviews .....	LXXVIII
Table 7 - Demographics of Children – Emergency/Post-emergency & Development Context (N=134).....	LXXIX
Table 8 - Demographics of Children – Participating and Non-Participating Families (N=134) .....	LXXX
Figure 1 - Number of UNICEF-supported CFS and Hubs by setting and year, by May 2017 ....	19
Figure 2 - Parent/caregiver perceptions of needs (N=88).....	33
Figure 3 - UNICEF's role in CFS (N=176).....	39
Figure 4 - Service utilization by children (N=176) .....	40
Figure 5 - Types of activities and services received by parents/caregivers (N=88) .....	41
Figure 6 - Barriers to access to services: participating families (N=176).....	42
Figure 7- CFS structure .....	49
Figure 8 - Positive changes in children (N=176) .....	52
Figure 9 – Parents /caregivers disciplinary methods in the past 30 days (N=88) .....	56
Figure 10 - Knowledge of CFS services: non-participating families (N=92).....	61
Figure 11 - Barriers to access CFS services: non-participating families (N=92).....	62
Figure 12 - Changes in CFS (N=176).....	65
Figure 13 - Conceptual framework for child protection and child development.....	II
Figure 14 - CFS Theory of Change: Development settings .....	IV
Figure 15 - CFS Theory of Change: Emergency / Post-emergency settings.....	VII

## EVALUATION REPORT OF NWCCW-UNICEF JOINT CHILD FRIENDLY SPACES PROJECT IN CHINA 2008 - 2017

### 1. Background

#### 1.1. Social, political and institutional context related to child protection and child welfare in China

In the past two decades, China has experienced soaring economic growth and rapid urbanization. The swift social-economic changes (especially massive rural-urban migration) have shattered support networks in the community that traditionally relied heavily upon the kinship or extended family system. In addition, China's family planning policies since 1979 (e.g. One Child Policy, National Plan for Children's Development), which were abolished in 2015, have affected the family structure and parenting styles. The changing social context and evolving family and community support systems pose a tremendous risk for child abuse and neglect, and highlight the need for a formal community-support, prevention and response mechanism for child protection. A meta-analysis shows that in China an estimated 26.6% of children under 18 years of age have suffered physical abuse, 19.6% emotional abuse, 8.7% sexual abuse, and 26% neglect. These types of abuse lead to poor health, mental health and risky behaviors in children (Fang et al., 2015)<sup>1</sup>. The unprecedented rural-to-urban labor migration has brought about new issues that need to be solved, such as children being left in rural areas un-attended to, or in the care of one parent, grandparents or other relatives. This puts these children "left-behind" at increased risk for child maltreatment. The number of children left-behind in rural areas in 2018 was estimated to be around 6.97 million according to China's Ministry of Civil Affairs (XinhuaNet, 2019)<sup>2</sup>.

Given the history of China's social welfare system, the Ministry of Civil Affairs (responsible for orphans, children left-behind in rural areas, etc.), All-China Women's Federation (responsible for all women and children), China Disabled Persons' Federation (responsible for people with disabilities), and the Ministries of Health, Education, Public Security and many others, are some of the many duty-bearers in China who have a formal mandate on children's rights, wellbeing, development and protection. The National Working Committee on Children and Women (NWCCW), founded in 1990 under China's State Council, is an agency that coordinates various government departments when they implement laws, regulations and policy-related measures concerning women and children. Overall, there is a lack of a centralized government unit with the full authority and responsibility for children and the systems in place to ensure child protection, child welfare and child development can best be described as "segmented"<sup>3</sup>.

#### 1.2. Government strategies and priorities

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<sup>1</sup> Fang, X., Fry, D. A., Ji, K., Finkelhor, D., Chen, J., Lannen, P., & Dunne, M. P. (2015). The burden of child maltreatment in China: A systematic review. *Bulletin of the World Health Organization*, 93(3), 176-185C.

<sup>2</sup> XinhuaNet. (2019, July 10<sup>th</sup>). *China launches campaigns for rural left-behind children*. XinhuaNet. Retrieved from [http://www.xinhuanet.com/english/2019-07/10/c\\_138215614.htm](http://www.xinhuanet.com/english/2019-07/10/c_138215614.htm). Note that the definition used for left-behind children by the Ministry of Civil Affairs is children under the age of sixteen being left-behind by both parents or by one parent but the remaining parent does not have the capacity to take care of the child(ren). Further note that according to data from the 2015 1% National Population Sample Survey conducted by the National Bureau of Statistics (NBS) of China, the number of children left-behind in rural areas is 40.51 million with children left-behind being defined as persons below the age of 18 years with one or both parents having migrated.

<sup>3</sup> This is also the word used by one of the national experts interviewed for the current evaluation.

Issues around child protection, child welfare, and child development (see glossary of terms) have received tremendous government attention at the national level particularly since the end of 2012. National efforts to establish a child protection and child welfare system and to provide child welfare were made to respond to the growing public demand on the government to play an active role, beyond what have been assumed culturally and socially to be family and society's responsibilities (Zhao, et al, 2017)<sup>4</sup>. Significant national laws, policies and programs , such as the *Protection of Minors* (2012 & 2018), *Anti-Domestic Violence* (2015), *National Plan of Action for Children's Development in China* (2001-2010 & 2011–2020), *Notice of the Ministry of Civil Affairs on Piloting the Social Protection of the Minors* (2013), State Council Executive Meeting's promulgation of (June 1, 2017) "children in difficult circumstances", and the establishment of a Department of Child Welfare at the Ministry of Civil Affairs (MCA) in 2019 suggest a national attention for the protection and promotion of children's rights, wellbeing, development and protection. Particularly, several governmental opinions and policies related to child protection were issued, such as the *Joint Opinions on Dealing with Child Sexual Offenses* (2013), the *Guardians Violating Children's Rights* (2014), the State Council's *Guidelines on the Protection of Left-behind Children* (2016) and its *Opinions on Strengthening Protection of Vulnerable Children* (2016), as well as MCA's *Opinions on Further Improving the Care Service System for Children Left-Behind and Children in Difficult Circumstances in Rural Areas* (2019) suggesting a continuous progress in developing a legal and policy frameworks for child protection.

In addition, government resources have been increasingly devoted to developing social work professionals and services, including specific social services for children. At the societal level, there is increasing public awareness on addressing violence against children and on the subsequent harms which violence poses for children's development. However, lack of adequate formal response systems and social services in local communities in China have been identified as major gaps in the current child protection system (Liao et al., 2011; Peng et al. 2015; Zhao, et al. 2017)<sup>4,5,6</sup>.

### 1.3. Equity analysis of structural marginalization

Vulnerabilities associated with child exploitation, abuse, and neglect have been linked to family and structural factors. Among 271 million children (age 0-17) in China, 45.8% are girls, 11% ethnic minorities and 51% live in rural areas<sup>7</sup>; about two thirds of children in both rural and urban areas live in an "intact family" (with both parents married and at home)<sup>8</sup> and others are either children left-behind, migrant children, or children with one or no parent. The well-documented socio-economic disparities between rural and urban areas have contributed to the rural-urban disparities in child care and educational resources available to children and consequently disparities in child development indicators<sup>9</sup>; the patriarchal culture inherited from traditional China particularly in the context of the one-child policy has jeopardized girls' rights and wellbeing<sup>4</sup>; preferential policies for ethnic minorities in China implemented in family planning and school admissions have not readily translated into benefits in children's health and education outcomes<sup>9</sup>. It is also noted that, when examining the

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<sup>4</sup> Zhao, F., Hämäläinen, J. E. A., & Chen, H. L. (2017). Child protection in China: Changing policies and reactions from the field of social work. *International journal of social welfare*, 26(4), 329-339.

<sup>5</sup> Liao, M., Lee, A. S., Roberts-are Lewis, A. C., Hong, J. S., & Jiao, K. (2011). Child maltreatment in China: An ecological review of the literature, *Children and Youth Services Review*, 33(9), 1709-1719. doi:http://dx.doi.org/10.1016/j.chidyouth.2011.04.031

<sup>6</sup> Peng, J., Shao, J., Zhu, H., Yu, C., Yao, W., Yao, H., ... & Xiang, H. (2015). A systems approach to addressing child maltreatment in China: China needs a formalized child protection system. *Child abuse and neglect*, 50, 33-41. doi:http://dx.doi.org/10.1016/j.chiabu.2015.08.008

<sup>7</sup> UNICEF, National Bureau of Statistics of China, & UNFPA (2017). *Population Status of Children in China in 2015: Facts and Figures*. Available at <https://www.unicef.cn/en/reports/population-status-children-china-2015>

<sup>8</sup> Chen, L. J., Yang, D. L., & Ren, Q. (2015). *Report on the State of Children in China*. Chicago: Chapin Hall at the University of Chicago.

<sup>9</sup> Zeng, J., Pang, X., Zhang, L., Medina, A., & Rozelle, S. (2014). Gender inequality in education in China: a meta-regression analysis. *Contemporary Economic Policy*, 32(2), 474-491.



structural marginalization of certain groups of children in China, gender- and minority dimensions, poverty and urban-rural-dynamics need to be factored in.

#### 1.4. UNICEF's corporate goals and priorities

The core corporate goals and priorities of UNICEF as a global organization working to advance the fulfilment and protection of children's rights, are expressed in UNICEF's strategic plans for 2014-2017 and 2018-2021. These priorities include to ensure that every child survives and thrives (goal area 1), learns (goal area 2), is protected from violence and exploitation (goal area 3), lives in a safe and clean environment (goal area 4), and that every child has an equitable chance in life (goal area 5). As one of the UN organizations responsible for specific areas during humanitarian emergency situations, it is also a global priority for UNICEF to be involved in humanitarian responses, early recovery, and to focus such work on building resilience of countries and communities affected by emergencies. Interventions of UNICEF support in emergencies focus on the achievement of the UNICEF Core Corporate Commitments for Children in Humanitarian Action. One such response mechanism, supported by UNICEF in different parts of the world where communities have been affected by emergencies, has been the establishment of Child Friendly Spaces (CFS).

#### 1.5. Child friendly spaces

Child Friendly Spaces have been used as an approach, including by UNICEF, to provide integrated services in many different countries, often after disasters. In such contexts, CFS were typically conceptualized as simple and adaptable structures, which could be put up quickly, adapted to local circumstances, and with little resources, making it an effective first response in emergencies. The purpose has been to 'support the resilience and well-being of children and young people who have experienced disasters through community-organised, structured activities conducted in a safe, child friendly, and stimulating environment' (Child Protection Working Group, 2012). First seen in Kosovo during the 1999 crisis and then again in many countries including Afghanistan, India, the Philippines, Sierra Leone and Uganda, CFS have developed into a common response to all types of emergencies, including refugee crises, conflicts and natural disasters, and have contributed to the realization of child rights, such as the right to protection, as a foundation for strengthening child protection capacities within communities. Although CFS were initially intended for children aged 7 to 13, the concept could be, and has been, utilized for other age groups as well.

Current global evidence suggests that CFS are effective as an emergency response model. The implementation of CFS in countries in the context of emergencies other than China has shown to be effective, especially for children's social-emotional well-being. For instance, one study evaluated ten reports of CFS in several countries and in all reports, positive psychosocial outcomes for children and/or the wider community were noted (Metzler, et al, 2015). Eight reports indicated positive psychosocial outcomes for children, although findings in only four reports are based on differences between baseline and follow-up results (Metzler, et al, 2015)<sup>10</sup>.

Aside from functioning in emergency and crisis settings, CFS could potentially grow into a long-term response to child protection risks, but it remains unknown how CFS could successfully do so. Not all studies are positive about the long-term effectiveness of CFS. A study completed in the Philippines

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<sup>10</sup> Metzler, J., Savage, K., Yamano, M., & Ager, A., (2015). *Evaluation of Child Friendly Spaces: An inter-agency series of impact evaluations in humanitarian emergencies*. New York and Geneva: Columbia University Mailman School of Public Health and World Vision International. Available at [https://www.worldvision.ch/fileadmin/World\\_Vision\\_Website/Unsere\\_Arbeit/Wirkung/Studien/Evaluation-of-child-friendly-spaces-research-report.pdf](https://www.worldvision.ch/fileadmin/World_Vision_Website/Unsere_Arbeit/Wirkung/Studien/Evaluation-of-child-friendly-spaces-research-report.pdf)

after Typhoon Haiyan found that CFS may be relevant and appropriate as an initial response to a natural disaster, but the assumption that CFS can effectively combine immediate emergency response with child protection system strengthening proved to be unrealistic (UNICEF Philippines, *Haiyan CFS evaluation report*, Child Frontiers 2015)<sup>11</sup>.

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<sup>11</sup> UNICEF Philippines (2015). *Evaluation of UNICEF-supported child-friendly spaces in the aftermath of Typhoon Kaiyan (Yolanda) November 2013-November 2014*. Child Frontiers.

## 2. Evaluation object: CFS in China

The object under evaluation is the experience of implementing Child Friendly Spaces in China as well as the Theory of Change that was reconstructed based on this experience. At the time of this evaluation, the impact and success of CFS as an emergency and post-emergency response has been documented. It has also been documented that CFS' have been well integrated in local communities where they were established and in national policy documents. However, at the time when the evaluation was commissioned, it was not known whether the CFS could serve as a community model for a child protection and welfare mechanism, which could potentially fill a critical and missing link in the current nascent child protection and welfare system in China.

### 2.1. The practice of implementing CFS in China

In 2008, a devastating earthquake hit Sichuan province in China. This was the first time that the Child Friendly Space-model (CFS) was tested as a service model to respond to the needs of populations in an emergency in China. Following this experience, CFS were also used by UNICEF-China together with the Government of China (NWCCW Office) after earthquakes in 2010 to 2014. CFS were established in the hardest hit areas in China, including 42 CFS in Sichuan Province, 4 CFS in Qinghai Province, and 12 CFS in Yunnan Province. In China, CFS were thus implemented immediately after the earthquakes with the purpose of providing a safe place for children where they could receive care and services such as psycho-social support, non-formal education, and early childhood development.

Building on the CFS model and what was documented as a positive field experience during and after emergencies, UNICEF and NWCCW Office initiated a project on a community-based child protection and service provision network in 2012. The objective was to further develop the CFS model as a potential viable community-based identification, response and service delivery mechanism for child protection and child welfare in non-emergency contexts. From 2012 to 2015, UNICEF supported the establishment of 21 development CFS in non-emergency communities. Between 2008 and May 2017, a total of 79 CFS were established. A total of 18,195 children and 10,815 parents/caregivers participated in CFS services as beneficiaries between May 2012 to September 2017. In addition, a total of 212 children were identified as at-risk based of vulnerabilities or past experience of violence and received psychosocial support and/or referral services through CFS during the same time period.<sup>12</sup>

Given the need for community-based models for child protection in China, and CFS' demonstrated success in disaster-hit communities, Children's Places, which replicate the CFS model but as a Chinese government initiative with no UNICEF financial support, flourished. The National Plan for Children's Development (2011-2020) set the goal that 90% of China's rural and urban communities will have Children's Places by 2020. The overall goal of the Children's Places is to provide recreation, non-formal education, psychosocial support and referral services to children and their families. This is in addition to embracing the CFS goal to provide basic child protection, child welfare, development and participation services, especially for the most vulnerable children in the community. These Children's Places also aim to build mechanisms at community and county level for screening, identification, prevention, response, reporting, referral and monitoring at-risk children and families; document the evidence for policy recommendations on establishment and operation of community-based child

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<sup>12</sup> UNICEF China Country Office (October 2017). *Sports for development: Improving education and child protection outcomes for children in China* (Final Report for SC140663 and First Annual Progress Report for SC160669).

protection services; and contribute to policy frameworks for child protection and welfare at national level. In other words, the Children’s Place was planned to be an evolved CFS model in regular settings that serves as a community-based identification, response and service delivery mechanism for child protection and child welfare.

Given the nationwide changing context, UNICEF gradually moved out from CFS direct funding and operation. Instead UNICEF-China made a strategic shift in 2016 to focus on developing quality and technical support for services. This was done through supporting the development of model provincial Technical Support Hubs. A strategic emphasis was also placed by UNICEF on consolidating the referral mechanism between Children’s Places and formal child welfare/professional services in local areas. In addition to this, UNICEF documented best practices (e.g., CFS Case Study Set developed between October 2016 to September 2017) and supported NWCCW in developing Children’s Places quality standards. These are captured in the “Working Guide on CFS (June 2011)” and “Minimum Requirements in Setting Up and Operation of CFS” and aimed to ensure quality and standards of services. By May 2017, most UNICEF-supported CFS established in both emergency and development contexts had been transferred to local governments and only 7 continue to receive UNICEF funding for technical support, quality assurance, monitoring, and capacity development purposes (see Figure 1).

**Figure 1 - Number of UNICEF-supported CFS and Hubs by setting and year, by May 2017<sup>13</sup>**

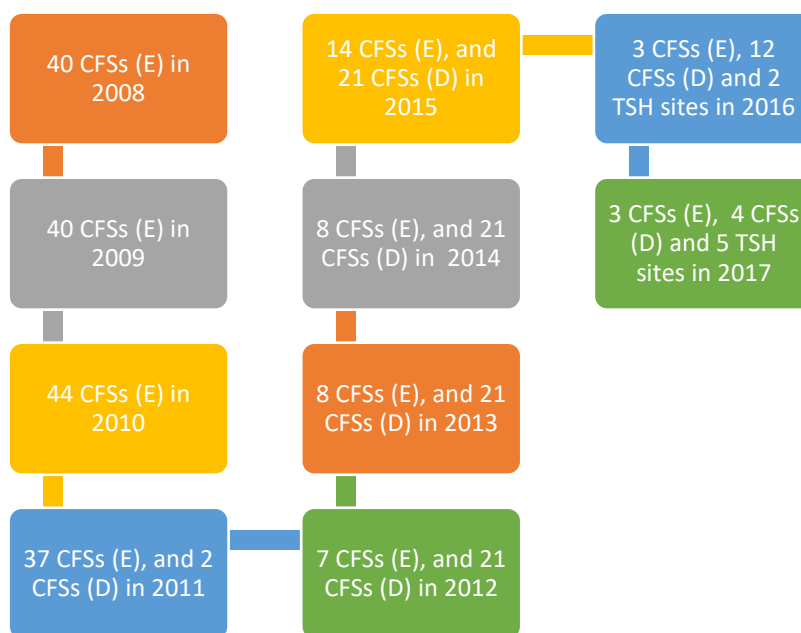


Table 1 (below) provides an overview of CFS services and programs that formed part of CFS’ efforts to address both children’s needs and specific contexts in the community (e.g. rural communities with large numbers of children left-behind, poor villages in remote areas, and disaster-prone ethnic minority communities). This table was informed by data provided in the CFS Director Survey as well as feedback provided by the participants in the evaluation.

**Table 1 - Summary of services and activities as reported by CFS directors (N=33)**

<sup>13</sup> E refers to emergency setting; D refers to development setting; TSH refers to technical support hubs.

<b>Services and activities</b>	<b>Number of CFS that offered such services and activities<sup>14</sup></b>	<b>Targeted groups of people</b>	<b>Number of CFS that terminated such services and activities<sup>21</sup></b>	<b>Termination Reasons</b>
Basic needs-based programs (e.g., housing, food, clothes, etc.)	26	Children, including additional services for parents (2 CFS) and pregnant women (1 CFS)	7	Transfer to government/school (2 CFS), Objectives achieved (2 CFS), Lack of funding (1 CFS)
Disaster related services (e.g., psychosocial support, family reunion, etc.)	25	Children, including additional services for parents and families (6 CFS) and women and the elderly (2 CFS)	5	Transfer to government/school (1 CFS), Objectives achieved (4 CFS)
Recreational/leisure activities for children (e.g., holiday activities, etc.)	31	All children (19 CFS), pre-school children (2 CFS), children and parents (8 CFS), all residents (2 CFS)	4	Transfer to government/school (1 CFS), Objectives achieved (2 CFS), Lack of funding (1 CFS)
Non-formal educational programs for positive youth development (e.g., sports, summer camps, tutoring, etc.)	27	All children (20 CFS), pre-school children (2 CFS), children and parents (4 CFS), all residents (1 CFS)	5	Transfer to government/school (1 CFS), Objectives achieved (3 CFS), Lack of funding (1 CFS)
Health programs (e.g., vaccination, hygiene, nutrition, etc.)	27	All children (20 CFS), pre-school children (1 CFS), pre-school children and guardian (1 CFS), children and parents (3 CFS), children with special needs (1 CFS), all residents (1 CFS)	2	Transfer to government/school (1 CFS), Objectives achieved (1 CFS)
Early childhood development programs (e.g., daycare center, programs for preschool children, etc.)	20	All children (18 CFS), children and parents (2 CFS)	2	Transfer to government/school (1 CFS), Lack of funding (1 CFS)
Parent education (e.g., parenting skills, new parent class, etc.)	10	All parents (6 CFS), children and parents	5	Transfer to government/others (1 CFS), Objectives

<sup>14</sup> Out of 33 CFS directors, those who answered this question assuming such services/programs offered/terminated

Services and activities	Number of CFS that offered such services and activities <sup>14</sup>	Targeted groups of people	Number of CFS that terminated such services and activities <sup>21</sup>	Termination Reasons
		(3 CFS), all residents (1 CFS)		achieved (2 CFS), Lack of funding (1 CFS), Lack of participation (1CFS)
Child welfare services including family support (e.g., poverty relief, family conflict mediation, etc.) as well as assistance with financial or health coverage.	25	All children (17 CFS), children and parents (3 CFS), children in poverty (3 CFS), children and women/the elderly (1 CFS), all residents (1 CFS)	4	Transfer to government/others (1 CFS), Objectives achieved (2 CFS), Lack of funding (1 CFS)
<sup>15</sup> Safety education to prevent the risk of violence, abuse, exploitation and neglect (e.g., educational workshops for parents and children, awareness campaign, etc.)	31	All children (21 CFS), pre-school children (1 CFS), pre-school children and guardian (1 CFS), children and parents (5 CFS), parents (1CFS), children and women/the elderly (1 CFS), all residents (1 CFS)	4	Transfer to government/school (1 CFS), Objectives achieved (2 CFS), Lack of funding (1 CFS)

## 2.2. Theory of change for the CFS-project in China

Based on this experience, a Theory of Change (see Annex 2) was reconstructed for this evaluation in consultation with UNICEF China. This was informed from a globally used and generally accepted conceptual framework (see Annex 2) for child welfare and child development that is based on the latest developmental theory and research on the transactional nature (Sameroff, 2009)<sup>16</sup> and a socio-ecological framework of child development (Bronfenbrenner, 1979)<sup>17</sup>. The transactional model suggests the bi-directional and interdependent relationship between the child and the environment in which he/she lives. The socio-ecological framework describes the multifaceted and interactive effects of personal and environmental factors that determine behaviors, suggesting that child outcomes in terms of child protection, wellbeing and development are influenced by individual,

<sup>15</sup> Data on child protection services including identification, referral, responding and reporting were reported on p.47 "Identification and referral systems (5.2.1. Effectiveness in achievement of results) are not included in Table 1 because this table also emphasized the process of CFS services being offered and terminated.

<sup>16</sup> Sameroff, A. E. (2009). *The transactional model of development: How children and contexts shape each other*. American Psychological Association. Von Bertalanffy, L. (1968). *General system theory: Foundations, development, applications*. New York: Braziller.

<sup>17</sup> Bronfenbrenner, U. (1979). *The Ecology of Human Development; Experiments by nature and design*. Cambridge, MA: Harvard University Press.

organizational, familial, community, local government, and policy factors. These theories stress the salience of community and larger environment for supporting healthy child development. They recognize the role of a life-context in individual determinants of wellbeing. This conceptual framework is also fully in line with a rights-based approach which is used by UNICEF, and which places the child's best interests at the center, and recognizes the importance of a safe and nurturing family for the child's development and wellbeing, and the importance of duty bearers, such as local and national governments to ensure that families have access to support in order for them to be able to fully ensure a caregiver role.<sup>18</sup>

Informed from these theories, the TOC for the CFS-project in China had a long-term vision of ensuring that girls and boys, especially the most disadvantaged, were protected from violence. This was assumed as possible if children (rights-holders) and families (duty-bearers) received the services they are entitled to. This in turn could only be ensured if the project influenced contextual factors affecting the wellbeing and risk of these children, and their families. The CFS-project's Theory of Change assumed that interventions were needed at both the individual, family, community and policy levels to create a positive environment and a life context that would ensure that girls and boys, especially the most disadvantaged, are protected from violence.

The TOC also identifies a number of necessary inputs, such as equipment for CFS (e.g. toys, sports equipment), financing, staffing and management systems to CFS, that opportunities for professional development, support to develop CFS guidelines, and best practice operation manuals were needed. These inputs, together with coordination of local service structures, facilitation of cross-sector collaboration and technical support for CFS staff and representatives from local government, were therefore provided by UNICEF and partners through the CFS-project.

The CFS-project's theory of change made different assumptions for CFS in emergency/post-emergency settings as compared to development settings in China and therefore defines the impact, outcome, outputs, activities as well as assumptions and risks of CFS separately for emergency and development settings.

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<sup>18</sup> Convention on the Rights of the Child 1989, Resolution 44/25: United Nations General Assembly.

### 3. Purpose, objectives and scope

#### 3.1. Purpose

Given the goal expressed in the National Plan for Children's Development (2011-2020), to ensure that 90% of China's rural and urban communities will have Children's Places by 2020<sup>19</sup>, the purpose of the evaluation was to inform the direction of the future scope of practice and implementation of Children's Places at the community level across the country. The purpose of the evaluation was to provide evidence and document the experience, lessons learned, best practices and bottlenecks, of CFS in China as a community-based child protection and welfare mechanism to promote children's psychosocial wellbeing and protection during emergency, post-emergency and development situations. The primary users of the evaluation include NWCCW and its key government members. They should be able to use the evaluation to inform the work on the evolution of the CFS model across the country as a child protection and welfare mechanism. Findings and recommendations of the evaluation intended for UNICEF to improve its support to the Government of China in the evolution of the CFS model during the current country programme cycle for the years 2016 – 2020.

#### 3.2. Objective

As per the Terms of Reference (Annex 1) developed by UNICEF China for this evaluation, the objective of the evaluation was to assess existing CFS practice in China in emergency/post-emergency and development settings, against OECD-DAC Criteria for Evaluating Development Assistance<sup>20</sup>, namely with regards to CFS' relevance, effectiveness, efficiency, impact, equity and gender equality, and sustainability in addressing the needs of children and their families in various contexts. The CFS' performance was also examined in the context of their contribution to equity and gender equality.

Thus, given the vast geographic variations in terms of culture, norms, resources, and other sociopolitical dynamics, this would capture the major parameters that are key to validate the TOC for the CFS-project. It would allow for an in-depth examination of the viability and replicability of CFS as an appropriate strategy for providing a community-based child protection and child welfare mechanisms. During the inception phase of the evaluation, meetings and interviews with key stakeholders helped refine the definition and meaning of the OECD-DAC evaluation criteria for this evaluation (as elaborated in Annex 2) and the agree on the evaluation purpose.

#### 3.3. Evaluation framework

The TORs for the evaluation listed a total of 62 evaluation questions organized under six OECD/DAC evaluation criteria. The inception phase of the evaluation helped to agree on a prioritization of these evaluation questions and to reorganize evaluation questions within an evaluation framework. In this evaluation framework, the overarching high-level evaluation questions to guide the evaluation were listed, whilst more specific questions included in the TORs, were used to develop indicators and areas for inquiry to be included in specific tools for data collection. The final evaluation framework included a final list of 20 Evaluation Questions (EQ). For details on the evaluation questions and the evaluation framework see Annex 3. The evaluation questions were used to inform the OECD/DAC evaluation criteria which were defined in this evaluation as follows:

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<sup>19</sup> For this evaluation, CFS refers to UNICEF supported entities, and Children's Places refers to the government initiative with no UNICEF financial support. This evaluation only covers the CFS supported by UNICEF.

<sup>20</sup> See <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm> for details.



- **Relevance** was defined in this evaluation both as the CFS' *relevance* to China's national and local policy priorities and the CFS' programming relevance and appropriateness to meeting the needs of local communities in emergency, post-emergency and development settings.
- **Effectiveness** was defined as the extent to which the CFS has achieved its results of providing quality and equitable protection, development, participation, as well as child protection and welfare services in meeting local demands and needs. In evaluating effectiveness, the following contexts were considered: (a) emergency and development settings; (b) UNICEF funded and UNICEF transferred to government counterpart and local communities CFS; (c) urban community and rural village; and (d) CFS in high-income province and low-income province.
- **Efficiency** in this evaluation was defined as the organizational capacity of the CFS in program implementation, management, coordination, partnership and cost efficiency.
- **Impact:** This evaluation assessed the impact of CFS in (a) the lives of children and families in terms of CFS' impact on their overall wellbeing and protection from violence and risks; as well as (b) the local community's capacities for child protection, child welfare, development and participation.
- **Equity and gender equality.** The evaluation assessed the issue of gender equality and equity associated with CFS program implementation by examining the ability of disadvantaged children and their families to access and benefit from CFS services. This included a specific focus on girls, children with disabilities, children left-behind, children from minorities with cultural and language barriers, children in poverty and/or in remote and less resourceful communities.
- **Sustainability** was defined by this evaluation as the availability of internal and policy factors that facilitate or hinder the sustainability and evolution of CFS as a community-based child protection and child welfare mechanism.

Throughout the evaluation findings, data has been disaggregated to compare the extent to which the project had relevance for various groups, and the extent to which various groups were influenced by the project's effectiveness, efficiency, and impact. The evaluation especially looked at similarities and differences between Han and ethnic minority beneficiaries, urban/rural differences, differences between boys and girls, and differences for children with disabilities and children without disabilities. Finally, the evaluation has used the lenses of rights-holders and duty-bearers and assumed that, through the testing of a CFS-model in China, UNICEF intended to address some of the capacity gaps of the Government of China (as a duty-bearer) through piloting of a critical set of services provided in CFS to families and children (rights-holders). In doing so, UNICEF never intended to replace the government in its duty-bearer role, but aimed to progressively build the capacity of the national and local governments for a progressive uptake of CFS by these duty-bearers over time. In that sense, the sustainability chapter, and the evaluation questions covered by this chapter, have attempted to evidence the extent to which there is potential for such hand-over, and what are the potential remaining capacity gaps in government, for a fully government-owned and sustained service to families and children, provided through CFS. The recommendations are in particular articulated with the potential for such a hand-over in mind.

Finally, this evaluation sought to draw conclusions on the validity and appropriateness of the theory of change, draw lessons learned, identify best practices, and provide concrete recommendations for ways in which the CFS model can be strengthened to inform strategies for its evolution as a community-based child protection and child welfare mechanisms in a sustainable manner. A full

evaluation matrix covering the evaluation criteria, questions and areas of inquiry to be covered in data collection tools for each of those, is included in Annex 3 to this report.

### 3.4 Evaluation scope

The evaluation period under review is from May 2008, the time when the Wenchuan earthquake occurred in Sichuan Province, until May 2017, and covers the CFS established during this period as indicated in Figure 1. This evaluation included all UNICEF and NWCCW Office supported emergency and development CFS in urban and rural areas that were established between May 2008 to May 2017. Field data collection took place in three provinces with two CFS from Sichuan Province, two CFS from Yunnan Province and one CFS from Guangxi Province. To note, the field visits were conducted between August 2018 and April 2019, which allowed the evaluation team to assess sustainability of CFS after transition from UNICEF to local government. The evaluation does not cover any potential activities undertaken by the government or its partners, after the end of data-collection in these locations in April, 2019.

The selection of the sites for field data collection were based on the following parameters: the evaluation needed to cover emergency vs. development sites; CFS currently receiving UNICEF financial support vs. CFS sites that were transitioned to local WCCW or other entities; urban vs. rural; and regions that are resourceful vs. those that are not resourceful. This scope of work would cover all CFS that UNICEF provided funding and technical support to, and geographically are located in 9 provinces out of China's 34 provinces (including provinces, autonomous regions, municipalities under central government and SARs). Most of them were in the southwest region of the country, a region with the most diverse ethnic populations, historically and culturally rich, but on average below national economic growth rate.

To draft conclusions on the evaluation criteria, the evaluation analyzed national and local policies, teased out unique local characteristics, CFS' funding and administration transitions, and obtained insights into community experiences. This information was used to inform how the CFS model, including components of services and approaches to service delivery, could evolve and serve as part of a community-based child protection and child welfare mechanism. It was furthermore used to conclude whether the CFS is the appropriate strategy and replicable to provide a participatory, safe, protective space and mechanism that supports delivery of basic child welfare, protection, development, and participatory services for all children, particularly to the most disadvantaged children and families.

## 4. Evaluation design and methods

### 4.1. Evaluation approach

The evaluation is both summative and formative. As it was not possible for the evaluation to draw conclusions from baseline data and non-intervention comparison groups, it relied on a non-experimental design using mixed methods. Through the use of a participatory approach, the evaluation sought to ensure engagement of key stakeholders in the planning of the evaluation, as key informants and in the validation of evaluation findings. The evaluation process included duty-bearers, such as the NWCCW Office, UNICEF, development partners, provincial and national experts, and also rights-holders who were (direct and indirect) beneficiaries of CFS; children, their caregivers and the broader community, from the communities where CFS operated. This process allowed to capture CFS stakeholders' and beneficiaries' perceptions and views as primary sources of information used for an analysis of the contributions and effects of CFS, and to draw conclusions on the validity of the CFS theory of change in achieving the goals articulated for the project. To that effect, the evaluation also used secondary qualitative and quantitative sources: CFS progress reports and M&E data, historic documents, policies or other relevant documents. The mixed-methods approach allowed to draw evidence from both qualitative and quantitative primary and secondary data for a comprehensive assessment of CFS' role in protecting children and promoting child wellbeing in the community. It furthermore allowed for qualitative data to be quantified and quantitative data to be qualified to extract meaning from the datasets that might otherwise be hidden.

As the CFS project primarily aimed to address children's rights through the provision of services, the evaluation followed with a similar rights-based approach. As such, the evaluation evidenced the CFS' contributions to ensuring children's rights to development, protection from violence exploitation and abuse, and to the participation of children in matters that affect them. These rights principles were explicitly articulated as goals in the TOC. Furthermore, a rights-based approach calls for *all* children's rights to be respected, protected and fulfilled, without any discrimination. In that spirit, the evaluation was specifically designed to assess if everyone benefited equally from the services of CFS.

### 4.2. Sampling

The evaluation aimed to cover all CFS initially set up by UNICEF through two different approaches and data collection methods. All CFS set up by UNICEF were to be reached with a questionnaire that was administered by phone. In addition, a sample of CFS were to be visited for in-depth interviews with a number of stakeholders and beneficiaries. The CFS' to be included for site-visits were selected based on a purposeful sampling method in consultation with UNICEF and NWCCW Office. A total of eight CFS from four provinces were selected (see Table 2). These CFS were purposefully selected to include the following types of CFS:

- CFS that had been set up in the context of an emergency vs. in sites categorized as development (sites which had not been affected by an emergency prior to setting up the CFS).
- CFS that currently was receiving UNICEF financial support vs. CFS sites that were transitioned to be fully under the responsibility of-, and with funding from local WCCW or other government entities.
- CFS located in urban vs. in rural settings, and

- CFS located in regions that are well-resourced vs. in resource-constrained regions<sup>21</sup>.

The evaluation team had planned to visit 8 CFS in 4 different regions, and in the end only got access to 5 CFS in 3 different regions. During each site-visit, children were purposely selected for interviews to represent diverse perspectives of various experiences. The evaluation attempted to include:

- Equal number of boys and girls;
- Children from different age groups at the time when they used CFS services (pre-school, elementary, middle-school and high school or above);
- Children with disability;
- Children in poverty;
- Children left-behind;
- Families in rural and urban neighborhood; and
- Ethnic minority children.

Except for gender, the number of children in each particular group depended on the community context and was determined after consultation with the CFS personnel at each study site. At each CFS-site a total of 30 families including one child and one parent/caregiver were to be interviewed including 20 families who are currently using or have used CFS services as well as 10 families who have never used CFS services. The parent (or the primary caregiver such as grandparent) and the child was interviewed separately. The evaluation did not interview children younger than 8 years old because of the limitations of their comprehension and cognitive abilities. To capture the experience of CFS by young children, the team recruited former beneficiaries who are now over 8 years old but have used the service when they were younger. The planned and actual samples of sites, stakeholders and beneficiaries are detailed in Table 2, below. Annex 6 includes detailed information of the demographics and background of the key informants selected for interviews in the various CFS-sites.

**Table 2 - Planned and actual samples**

<b>Stakeholder / beneficiary</b>	<b>Planned</b>	<b>Actual</b>
Interviews with national and regional experts	3	2
Phone interview with directors from UNICEF funded CFS	57	33
Number of CFS receiving site-visits	8 from 4 regions (incl. 4 development and 4 emergency context CFS)	5 (incl. 1 development and 4 emergency context CFS)
Community key informants	5/site	25 (all sites)
Local CFS director	1/site	5 (all sites)
Focus group discussion with current and former CFS-staff	1/site	5 (all sites)
Users of CFS (parents)	20 parents / site	88 (all sites)
Users of CFS (children)	20 children / site	88 (all sites)
Non-users of CFS (parents)	10 parents / site	46 (all sites)
Non-users of CFS (children)	10 children / site	46 (all sites)

### 4.3. Data collection and data analysis methods

<sup>21</sup> Levels of resources in terms of Less, Average, More, are based on an estimation of the economic wealth of the region or the community.

The data collection aimed to capture a variety of perspectives through both primary and secondary data sources. Secondary sources were included in a desk review that was undertaken in the inception phase of the evaluation. An additional review of documents submitted by various CFS; local CFS news; reports and magazines; program and activity introductions and materials; quarterly fiscal reports; training materials; and CFS working protocols and standards; and meeting minutes, was undertaken during the data-collection phase.

This evaluation used 10 tools (see Annex 4 for data collection tools) which were developed based on the evaluation questions and matrix in consultation with UNICEF-China and NWCCW.

The field-visit team who conducted the interviews at each CFS included at least one Chinese-speaking consultant and local research assistants. The tools used included:

- **Tool 1 - Survey for telephone interview with the Directors of UNICEF-funded CFS**, including both current CFS director, or their proxy, and the directors during the UNICEF-funded period. The interview focused on the information and perspectives of service program development and offerings, service delivery mechanisms, capacity, competence and resource, community engagement and participation, challenges and barriers, and sustainability. The survey also collected the basic information of neighborhood community where the CFS is located.
- **Tool 2 - Interview guide for national and regional experts**, including NWCCW staff, UNICEF staff, and researchers. Tools capture perceptions, opinions and insights about the CFS model, its relevance to national priority, its contribution to child protection and child development, and its potential for national scale up.

The following tools were used during field visits to CFS:

- **Tool 3 - Interview guide for local stakeholders**, including local WCCW and/or government officers. Tools aimed to document their experience, perceptions, opinions and insights about the CFS-model, its role in meeting community needs, its programming and service delivery, and its impact on children and their families. Stakeholders were also asked to assess community mechanisms for protecting children and promoting family wellbeing, the potential of the CFS to be sustained as a best practice model, and their perceptions of UNICEF's contribution.
- **Tool 4 - Interview guide for CFS Directors**. In addition to the questions asked to local WCCW and government officers, CFS director were also asked to offer experiences and insights on the CFS' management, coordination, capacity and resources.
- **Tool 5 - Interview guide for community key informants**, including with community members, such as members of children's committees and parent's committees, community leaders, volunteers, or senior residents. Tools aimed to capture their perception and experience of CFS.
- **Tool 6 - Guide for Focus Group Discussion with CFS staff**, including with current and former staff of CFS. The tool aimed at documenting their perception and experience of CFS-work, the role of CFS in ensuring child protection and child welfare, and CFS program management and daily operation. The focus group discussion also invited for reflections on the CFS effectiveness, impact, efficiency, sustainability, relevance/appropriateness, accessibility and equity, best practices, barriers and challenges.

The following tools were used for interviews with beneficiaries:

- **Tool 7 - Interview guide for parent/caregivers from families participating in CFS-activities, services and programs:** The Parent/Caregiver interview explored parents' participation in and perception of CFS activities and services, the benefits and changes experienced as a result of participation in CFS, their knowledge of referral mechanisms and welfare services, as well as parents' perception of their child's psychosocial well-being and their parenting practices.
- **Tool 8 - Interview guide for child from families participating in CFS-activities, services and programs:** The child interview aimed to include children's voices in the evaluation and explored their experience, participation and satisfaction with CFS activities, children's perception of their psychosocial wellbeing as well as their knowledge and practices of safety at home and in the community.
- **Tool 9 - Interview guide for parent/caregivers from non-participating families and tool 10 - Interview guide for child from non-participating families:** Tool 9 & 10 aimed to include non-participating families' voices in the evaluation and explored their perceptions of CFS, reasons for not using services and suggestions for improving accessibility of CFS services.

#### 4.4. Data analysis

Qualitative and quantitative data analyses was conducted separately. Thematic analysis of qualitative data was conducted based on the constant comparison method (Corbin & Strauss, 2008; Padgett, 2016)<sup>22, 23</sup>. Data from interviews and focus groups was organized prior to open coding, axial coding, and focused coding process. The software for qualitative inquiry, Atlas.ti, was used in the data management and analysis process. The evaluation team used the evaluation criteria (i.e., relevance, effectiveness, efficiency, impact, equity and gender equality, sustainability) and CFS scale-up potential as sensitizing concepts to provide structure to the coding process (Glaser, 1978)<sup>24</sup>. Special attention was given to data related to beneficiaries' and stakeholders' perception and experience of CFS in different settings (emergency/post-emergency and development). Constant interaction and reciprocal consideration of data were conducted to identify themes and illustrations that could guide an aggregate narrative around relevance, effectiveness, efficiency, impact, equity and gender equality, and sustainability of CFS in emergency/post-emergency and development settings.

Quantitative data were checked and coded for data processing and statistical analyses using Statistical Package for Social Sciences (SPSS). Descriptive and multi-group comparison analyses was conducted to provide descriptive and summary statistics on groups, services, and types as well as to compare data from different groups on dimensions of interest in this evaluation as outlined in the evaluation matrix (see Annex 3). This evaluation used chi-squared analyses to compare differences between two groups on categorical variables and t-tests to compare the means between two groups. Quantitative comparisons were conducted on the following contexts: (a) emergency vs. development settings; (b) urban community vs. rural village; and (c) CFS in high-income province vs. low-income province; and groups including (a) boys and girls; (b) children from different age groups (pre-school, elementary, middle-school and high school or above); (c) children with disability, (d) children in poverty, (e) children left-behind, (f) families in rural and urban neighborhood, and (g) minority children with cultural or language barriers. These analyses particularly allowed for the capturing of gender perspectives and the perspectives of more vulnerable groups, in an attempt to ensure perspectives of all children (even the most vulnerable), as per a rights-based approach.

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<sup>22</sup> Corbin, J., & Strauss, A. (Eds.). (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage Publications.

<sup>23</sup> Padgett, D. (2016). *Qualitative methods in social work research (3rd ed.)*. Thousand Oaks, CA: Sage Publications.

<sup>24</sup> Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.

Triangulation of all data sources, including qualitative and quantitative data from the field as well as available documents and materials, took place at the time when data was integrated and synthesized to respond to evaluation questions. While certain evaluation questions can be best answered by using certain types and sources of data, synthesizing data from multiple sources of evidence allowed the evaluation to ensure validity of findings. Each theme explored in this evaluation is supported by both quantitative and qualitative data which are furthermore illustrated with quotes from the beneficiaries and stakeholders to provide sufficient detail of the phenomenon. In addition, to enhance the rigor of data analysis, and to reduce bias and reactivity, the evaluation enhanced confirmability by providing an audit-trail that documented the data collection and analysis process. In addition, a peer debriefing process—whereby the evaluation team members met after fieldwork to review and discuss the emergent themes—was an integral part of the evaluation (Lincoln & Guba, 1985)<sup>25</sup>.

#### 4.5. Ethical issues and safeguards

Since the evaluation of the CFS-project directly involved parents and children in the data collection, ethical issues and safeguards were an integral part of the design and implementation of the methodology and tools. For that purpose, the evaluation design and implementation relied on the standards set forth in the UNEG Ethical Guidelines for Evaluation (2008) and UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015). To ensure safeguarding of children during and after the assessment all researchers went through a basic understanding of child safeguarding as part of a two-day field-research training. The evaluation project was also reviewed and approved by New York University Shanghai Internal Review Board (IRB). In line with ethical standards, informed consent was obtained from participating children, parents/caregivers, community key informants, CFS staff and directors. As local CFS were helping to identify potential children and families to be interviewed, child assent and parent/caregiver consent was obtained by the evaluation team independently prior to the interview. The evaluation followed the guidance from Ethical Research Involving Children (ERIC) in consideration of the harms and benefits for children, the dignity, well-being, and rights of all children and parents involved in the study. The evaluation team made all efforts to assure all participants' informed and voluntary participation, privacy and confidentiality, and wellbeing during this process.

#### 4.6. Measures to ensure data quality

Conducting field research in China proved to be challenging but rewarding. To ensure data quality and mitigate potential inconsistency, all field researchers received a two-day training prior to undertaking the field work. The training covered the context of CFS and child welfare practice in China, provided an introduction on the CFS-project in China, research ethics and human subject protection, skills and tips of interviewing children and parents and ensured that field researchers had understood how to respond to, and implement a protocol to potential situations where children are found to be at-risk. The training also covered procedures and steps in uploading data. A detailed Training Manual (Annex 6) was developed for this purpose. In addition to this, other methods to ensure data quality included daily field brief and end of site visit debriefs. This allowed field teams to continuously improve their data collection skills and to progressively build a common understanding of recurrent themes coming out in interviews. In addition, survey data was checked every day during the field-work to make sure that tools and interview questions were used accurately. Interview data was briefly transcribed at the end of each site-visit so other team members could check the information. Team-calls took place to check issues, questions and provide feedback from various sites during the data collection process.

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<sup>25</sup> Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

#### 4.7. Limitations, strengths and weaknesses of data sources

One methodological limitation of this evaluation is the inability to randomly select sites for field data collection. The selected CFS might not give a nationally representative picture of the situation of children and families and CFS-operations. However, the CFS sites were carefully selected to assess the relevance, effectiveness, efficiency, impact, equity and equality as well as sustainability of CFS in the diverse contexts where this service-model was implemented; including in emergency and development sites; urban and rural areas; and in both well-resourced and less well-resourced regions.

There are also some limitations in the data collection process. Because some time had passed since the transition of CFS to the local government, the inception report had identified a risk that there could be difficulties in locating or contacting CFS staff, community stakeholders who were familiar with the CFS, and children and families who benefited from the CFS when UNICEF was supporting it. Ultimately, the evaluation team was able to successfully interview the planned number of stakeholders and beneficiaries, however, the team did encounter some difficulties in recruiting caregivers and children at one CFS-site. The team also failed to interview a few sub-national provincial and/or county level WCCW officers or key informants despite multiple attempts. The potential risk of recall bias was also identified.

Additional limitations were observed during the data-collection process. Instead of the planned eight CFS in four provinces, the evaluation team could only visit five CFS sites in three provinces. As field-data collection needed local governments' approval and coordination, the evaluation team was not able to visit two CFS in development context located in a well-resourced area and one CFS in development context located in the rural resource-poor area. In addition, one original CFS-site was closed and thus replaced at the recommendation of the local WCCW officers, with another CFS that shared similar community characteristics. The primary impact posed by these changes is the reduced number of CFS sites in the development context, skewing the sample toward participants in emergency CFS. Only one CFS in this evaluation is in a development context while all other CFS were established as a result of the earthquakes in 2008 and 2013. Despite this limitation, the sample size still allowed for conducting descriptive and comparative quantitative analyses between CFS in emergency and development context. This is because a meaningful qualitative analyses is less concerned about the number of sites from which data was collected but more about the richness of the data. In addition, this evaluation included data from the CFS-director survey which covered multiple sites from both emergency/post-emergency and development settings. This and perspectives shared by national experts in qualitative interviews compensated for the lower number of CFS from development context included in the final sample.

The evaluation furthermore experienced difficulties in identifying and contacting CFS Directors via phone interviews. Only 58% (33 out of 57) CFS directors responded to the telephone survey. Some contact information was not valid and some former CFS directors refused to be interviewed. Among those who generously helped with the interview, some of them no longer work in the CFS or even in the same field anymore; some of them worked as the CFS director years ago and could not answer some questions about specific program information and activities, and/or specific demographics. This led to a moderate response rate and missing data on certain variables. To mitigate this problem, variables with large missing data were removed from the data analysis. Given the multiple data sources and the possibility to triangulate findings between data sources, the evaluation team assesses that these small deviations did not significantly affect the quality of data, rigor of the analyses or credibility of findings.



## 5. Findings

This chapter is organized to present findings by evaluation criteria and respond to the evaluation questions. It presents the relevance, effectiveness, efficiency, impact, equity and gender equality, and sustainability of the CFS-approach that was supported by UNICEF and partner agencies as reflected in the TOC.

### 5.1. Relevance

To assess relevance, the evaluation considered both the relevance of CFS in the context of China's national and local policy priorities and the CFS' programming relevance; whether CFS met the needs of local communities in emergency/post-emergency and development settings and as situations changed over time.

#### 5.1.1. Relevance to national, sub-national and local government priorities

The CFS-model proved its relevance to respond to national and local priorities in both emergency-, and later also development contexts. The establishment of CFS after the 2008 Wenchuan earthquake aimed to provide integrated services at community level to help children cope with disaster-related loss and trauma. CFS models were also implemented after disasters in provinces of Yushu, Qinghai, Yiliang, Yunnan, Ya'an, Sichuan. When the most acute responses from CFS were considered complete and the second phase of post-disaster community/village rebuilding was wrapped up in about 2013, these CFS gradually adapted the approach from being a pure emergency and post-disaster response to an operating environment of a development context. The alignment between the CFS model and national, sub-national and local government priorities was evidenced in the national priority given to Children's Places in the National Plan and the implementation of the CFS-model that followed as a pilot with UNICEF support, in development contexts in the provinces of Hebei, Jiangsu, Zhejiang, Fujian, Jiangxi, Sichuan, Shanxi, Anhui, Guangxi. Governments at provincial, county and township levels set up their priorities accordingly. Overall, the CFS programs and services have been viewed by community stakeholders as "in line with", "contributing to", or "setting a [practice] model for" national, subnational and local government priorities and were considered "appropriate for" and as being "needed by" the community. As a result of this perceived relevance, one local government incorporated the development of CFS programs and services in the annual planning and agenda called "Doing Real Work for the People". All interviewed community stakeholders indicated the important function and critical role of CFS in community outreach, education, prevention of, and intervention in cases of child abuse, as well as the promotion of children's wellbeing.

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*CFS services and programs have a strong relevance to national, sub-national and local government priorities as the mission, scope and functions of CFS are articulated in the national plan and carried out accordingly with favorable support from provincial and local governments.*

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#### 5.1.2. Relevance to situation and needs

**Community situation:** The community situations where CFS were implemented in China varied hugely and CFS had to work with different contextual factors. For example, as reported by the 33 CFS directors who participated in this evaluation, most communities (approx. 93%) reported having residents with disabilities. Some communities had up to 30 people with disabilities amongst their residents. One-

third of the communities reported up to 10 residents with severe mental illness. Eight communities (approx. 24%) reported a sizeable number of poor households with children living in poverty. Six communities (approx. 18%) reported various numbers of children left-behind with none of the parents present in the household. An aging population and presence of ethnic minority groups also characterized some communities. To be relevant, CFS practices therefore have to reflect the local community situation and specific needs of residents in the area where it operates.

*Perceived needs:* Based on findings of quantitative data, parents/caregivers and children in emergency/post-emergency context and development context expressed similar needs and concerns regarding children’s vulnerabilities and risks<sup>26</sup>. Perceptions of needs (see Figure 2) were around children’s learning, academic related issues, and psychosocial needs and also around child protection issues related to violence, exploitation, abuse and neglect of children, and safety issues, such as traffic accidents and natural disasters (in the Figure 2 below child protection issues and safety issues are grouped under the category called “child protection issues”). These issues, which were articulated in the TOC as the expected outcome of CFS’ to ensure “a participatory, safe, protective space and mechanism that supports delivery of basic child welfare, protection, psychosocial, and other services for all children, particularly the most disadvantaged”, were prioritized in the implementation of CFS’ in both emergency/post-emergency and development context.

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*Finding: The relevance of CFS services and programs to community needs and concerns was affirmed by the expressed needs of parents/caregivers and children. Given various community contexts and needs expressed by the community, the CFS designed and developed services and programs as comprehensive as possible in a practical sense, covering children at different stages and extending services to benefit families and other community members particularly women and the elderly.*

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While the issues/concerns that were identified in interviews were similar for different groups (boys and girls, children younger than 12 years old and children 12 years old or older, urban and rural communities, Han and ethnic minority populations and disadvantaged populations, children left-behind and children with disabilities), the significance of these issues/concerns differed between some groups. For example, significantly more parents/caregivers in rural communities were concerned about children’s relationships with peers<sup>27</sup> and relationships with family<sup>28</sup> than parents/caregivers in urban communities. Significantly more Han parents/caregivers were concerned about children’s emotional needs than parents/caregivers from other ethnic groups<sup>29</sup>. More caregivers of children left-behind were concerned about children’s learning needs than parents/caregivers of non-left-behind children<sup>30</sup>.

**Figure 2 - Parent/caregiver perceptions of needs (N=88)**

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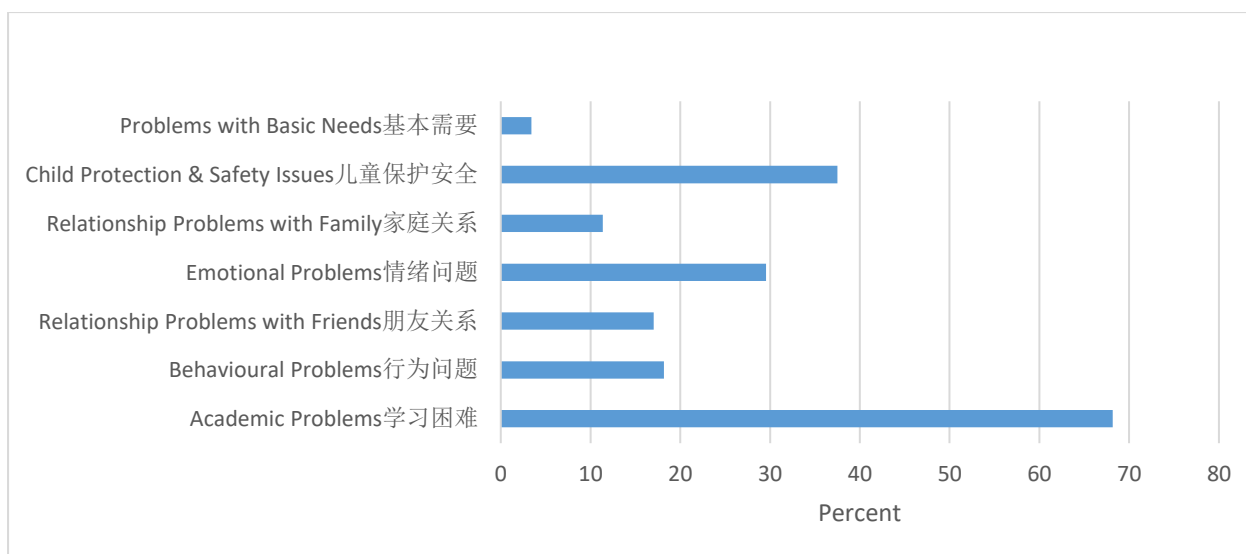
<sup>26</sup> These similarities could be because of the timing of the data collection for the evaluation (August 2018 – March 2019). At this time, CFS in emergency context had already transitioned into post-emergency context with less focus on providing emergency response and more focus on providing services similar to what is needed in a development context. Additional analyses of qualitative data, however, did show that while beneficiaries from all five sites expressed needs related to safety concerns, only parents/caregivers and children in an emergency/post-emergency context mentioned needs related to emergency preparedness and responses. No beneficiaries from the development context mentioned emergency preparedness needs related to earthquakes or other natural disasters.

<sup>27</sup>  $[X^2(df=1, n=88) = 3.15, p < .1$  Approaching significant difference,  $p < .1$

<sup>28</sup>  $X^2 (df=1, n=88) = 5.55, p < .05$

<sup>29</sup>  $X^2 (df=1, n=88) = 4.95, p < .05$

<sup>30</sup>  $X^2(df=1, n=88) = 3.36, p < .1$  Approaching significant difference,  $p < .1$



*Finding: Services provided in CFSs established during emergency contexts have now started providing services which are similar to those services provided in development contexts. These services met the stated needs of beneficiaries in both emergency / post-emergency context and development context. Priorities are around children’s learning, psychosocial and safety needs as well as parent-child relationships.*

**How needs were met:** To address vulnerability and risk factors, CFS in emergency/post-emergency settings provided safety education that focused on emergency preparedness and responses. In addition, CFS in both emergency and development context provided health education (e.g., handwashing, nutrition, sex education and HIV), and early childhood development services (parenting education groups or workshops). To respond to child protection concerns, CFS in both emergency and development contexts organized self-defense classes, awareness campaigns and educational workshops on how to protect children from violence, abuse, exploitation and neglect. CFS also provided case management and reporting when at-risk cases were identified. The additional adult presence provided by CFS, and the awareness that CFS contributed to build regarding the importance of

adult presence to protect children, responded well to what both parents/caregivers and children perceived as important factors helping to increase the safety of children in their communities (see Annex 7). In addition, CFS provided needs-based programs (e.g., clothes, shoes, food), basic child welfare services (e.g., financial and health coverages, family support, family mediation services, etc.) and referral services (e.g., referral to special schools for children with disabilities, healthcare services, education, financial support, police assistance, etc.).

Differences in service-needs depending on the age of children were taken into account. To meet those different age-related needs, CFS delivered services and programs covering children at different developmental stages. CFS furthermore extended services to also benefit families and other community members, particularly women and the elderly. These services, which included recreational activities (e.g., games, activities,

*Finding: In spite of a few differences in needs between urban and rural and different ethnic groups in communities, overall, CFSs provided relevant activities and services to families and children that met the specific needs of beneficiaries in various communities. Part of CFSs’ success in addressing local needs should be attributed to the Parents and Children’s committees that allowed beneficiaries to have a voice in CFS programming.*

interest groups, community events for children and families), psychosocial support programs (e.g., support groups and counseling for parents and children) and non-formal educational programs for positive youth development (e.g., sports), responded to the specific community contexts, vulnerabilities, risk factors and needs as expressed by community-stakeholders, parents and children in interviews conducted for this evaluation.

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*Finding: Parents and children alike, rated the ability of CFS services to meet their needs, as high: On average 8.4 (out of 10) by parents/caregivers and 8.2 (out of 10) by children. Both groups particularly appreciated CFSs for helping children to learn, to make friends, to improve parent-child and family relationship and to contribute to a greater sense of safety.*

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*Perception around relevance of activities and services to expressed needs:* Overall, with only few exceptions, the services and programs of CFS (which are expressed in Output 2 of the TOC<sup>31</sup>) were perceived as relevant to various local community situations and needs. This demonstrates the relevance of the TOC and the CFS practice to community needs. This finding is further evidenced

in responses from families and children who, when asked to rate the relevance of CFS services and programmes on a scale of 1 to 10 (with 10 meaning CFS services highly met the specific needs of children), rated the CFS' relevance high. Parents/caregivers rated CFS' at 8.4 (SD=1.6) and children rated the CFS at 8.2 (SD=2.2). In the parents' interviews, parents/caregivers spoke about CFS activities helping their children to learn and gain skills through participating in interesting classes<sup>32</sup>. In addition, family-education and family-based activities were stated to have improved parent-child and family relationships (16). Results from interviews with parents and children showed that there were no significant differences in parents/caregivers and children's numerical rating (1-10) of CFS services meeting the specific needs of boys and girls, children younger than 12-year-old and children 12-year-old or older, emergency/post-emergency context CFS and development context, urban and rural community, Han and ethnic minority populations, and children with disabilities. However, in line with some of the differences in needs that were expressed by different respondents, some specific activities and services were perceived as more useful. When asked about what activities/program/services were most useful to their children, parents/caregivers in rural communities identified basic needs programs, health education, child protection and safety education as significantly more useful to their children than parents/caregivers in urban communities<sup>33</sup>. Parents/caregivers in urban communities, however, identified recreational activities for families as most useful<sup>34</sup>. When asked about what activities/program/services were most useful to their children, significantly more Han parents identified psychosocial support programs as most useful to their children than parents/caregivers from ethnic minority groups<sup>35</sup>. Also, significantly more Han children perceived safety education programs as most useful to them than children from ethnic minority groups<sup>36</sup>.

The exception to the overall high ratings of CFS relevance were for children left-behind who rated (Mean=5.6, SD=2.8) CFS services significantly lower in their ability to meet their specific needs

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<sup>31</sup> Output 2. CFS are providing quality and equitable emergency preparedness and response services (only for CFS in emergency/post-emergency context) as well as basic child protection and welfare services (CFS in both emergency and development context).

<sup>32</sup> 46 parents stated that "Children can learn a lot of knowledge", 7 mentioned being able to make friends (e.g., "learn how to relate to others"), and 5 indicated gaining an increased sense of safety (e.g. "increase sense of safety")

<sup>33</sup> basic needs programs [ $X^2$  ( $df=1$ ,  $n=88$ ) = 8.89,  $p < .01$ ], health education [ $X^2$  ( $df=1$ ,  $n=88$ ) = 4.26,  $p < .01$ ], child protection [ $X^2$  ( $df=1$ ,  $n=88$ ) = 6.25,  $p < .01$ ] and safety education [ $X^2$  ( $df=1$ ,  $n=88$ ) = 4.89,  $p < .05$ ]

<sup>34</sup>  $X^2$  ( $df=1$ ,  $n=88$ ) = 5.76,  $p < .05$

<sup>35</sup>  $X^2$  ( $df=1$ ,  $n=88$ ) = 4.56,  $p < .01$

<sup>36</sup>  $X^2$  ( $df=1$ ,  $n=88$ ) = 5.72,  $p < .01$

compared with children that were not left-behind (Mean=7.6, SD=1.9). This might mean that CFS did not meet *all* of the needs of children left-behind; and indeed, children left-behind are likely to have additional and more intense service-needs than children with parents/caregivers present in their lives.

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*Finding: While CFS has successfully met specific needs of different vulnerable groups, children left-behind rated CFS meeting their needs significantly lower than the children who had parents/caregivers present in their lives.*

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*Factors facilitating alignment between perceived needs and provisions of CFS:* The TOC and the practice of CFS put emphasis on CFS to be “participatory”<sup>37</sup>. As per the assumptions made in the TOC, namely that local communities needed to be “empowered to participate in CFS activities”, Parents and Children’s Committees were set up by CFS to

facilitate service users’, parents/caregivers and children’s networking. These Children’s and Parent’s Committees allowed community members to have a voice, to express their opinions and participate in the planning and implementation of activities of CFS. This was appreciated by families. Families in particular appreciated these Committees for providing a safe and enjoyable place for children to learn and develop, helping to improve parent/child and family relationships, while also addressing child-safety and protection concerns, and addressing families’ needs as well as the specific needs of disadvantaged children such as children with disabilities. The evaluation establishes that part of the CFS relevance should be attributed to the influence beneficiaries have in the planning of service provisions through Parents and Children’s Committees. These Committees allowed beneficiaries to have a voice in CFS programming. This helped ensure CFS’ relevance to community needs. This attribution of success is based both on qualitative and quantitative data collected from the beneficiaries of CFS.

### 5.1.3. Relevance to different and changing needs and contexts

Services and activities did vary across the life span of the CFS-project though the variations were small. Various CFS basic activities in the emergency context, such as play and recreational activities for children, child protection activities, and awareness raising and education for children about health, hygiene, disaster preparedness, which were responses to main risks during the natural disaster and emergency context, remained to be valid in the post-emergency and development context. A snapshot of the various types of services and activities that were terminated in different CFS, and the termination-reasons, offer initial insights about the changes that took place in the community (see Table 1). For instance, when one community changed over time from being a disaster/emergency-affected community to a community rebuilding after the disaster, and then to be an ordinary development setting, the services and activities directly linked to the disaster and emergency context, including acute psychosocial support and family reunification services, were terminated.

When local governments, schools or health departments extended their work-scope and took on greater responsibilities in, for example, providing community health services and education activities, CFS terminated certain services or activities (e.g. sex-education and hygiene-promotion) to avoid duplication. In situations where rural development

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*Finding: Based on findings from multiple resources, CFS did make the transition and adjust their programming to focus on current needs and concerns of the families and children.*

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<sup>37</sup> A participatory, safe, protective space and mechanism supports delivery of basic child welfare, protection, psychosocial, and other services for all children, particularly the most disadvantaged.

resulted in poverty alleviation, services related to basic needs were no longer needed and were thus terminated in the CFS.

Interviews with community stakeholders and key informants, as well as information from parents/caregivers and children, suggested that fundamental needs of children remained the same over CFS years of operation. But they also indicated a few changes in the community. For example, over time, excessive internet-use among children increased as an issue, as did needs for pre-school

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*Finding: With regards to relevance of CFS to respond to needs, evidence suggests CFS programming did adapt well to the changing needs and contexts. Families, however, were concerned about adequate financial support to meet the growing demands for CFS programs and services by the community.*

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care. Furthermore, children's needs in the area of psychosocial support changed from post-disaster support to deal with trauma, to coping with mood-swings during adolescence. Perceptions and concerns around children's safety shifted from being about natural disasters in emergency contexts, to traffic accidents and criminal activities against children in development contexts. This asked for new or increased services and CFS consequently, CFS adjusted their programs and services. This said, in the interviews to this evaluation,

parents/caregivers most commonly commented on *increasing* demand for services<sup>38</sup> and the need for *more* activities and services<sup>39</sup> as well as the need for financial support for these activities and services, rather than focusing on changes in their specific needs and concerns<sup>40</sup>. These parents/caregivers shared an impression that there were greater needs than CFS could meet, or there had been a reduction in resources and financial support to CFS. In sum, there is evidence that CFS have provided services that were relevant to different and changing needs and contexts but that in the current context this is not enough to meet growing demands.

#### 5.1.4. Relevance of UNICEF's technical expertise

Information gathered from interviews with community stakeholders, beneficiaries and government officials consistently stressed the relevance of UNICEF technical expertise. UNICEF is perceived as having played a crucial role in introducing CFS as a model and in introducing the principles of child rights, child protection, child welfare, and child development in China after the 2008 earthquake. These principles and the concepts used to guide their operationalization in practice, did not exist at grassroots level in the visited areas before the CFS initiative.

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*Finding: Information gathered from the field consistently demonstrated the relevance of UNICEF technical expertise to the establishment and implementation of CFS. Stakeholders particularly appreciated UNICEF's role and contribution to establishing CFS at the beginning and later providing training, technical and professional support as well as developing professional networks to facilitate the successful implementation of CFS.*

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From mid-2010 and onwards UNICEF-China shifted strategically to focus less on getting emergency services into the field, and more on long-term capacity building through supporting quality in

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<sup>38</sup> Cannot meet the increased demands for services.

<sup>39</sup> CFS operation is more efficient than before"; "however, the number and variety of activities was reduced.

<sup>40</sup> Before, it was easy to initiate new programs and activities. However, it is more difficult now because of insufficient funding support.

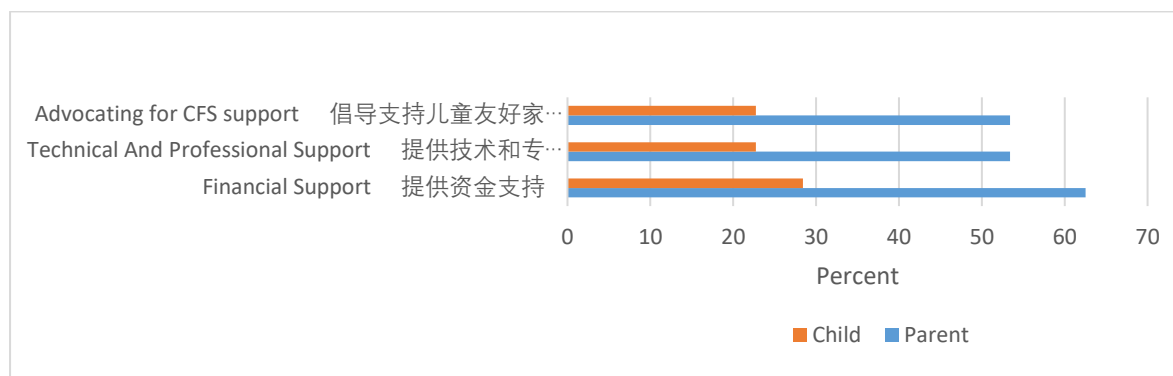
programmatic implementations and providing technical support for services. Model provincial, so called Technical Support Hubs were established and developed from 2015 onwards. Best practices were documented. For example, a CFS Case Study Set was developed between October 2016 to September 2017. Support was provided to NWCCW in developing Children's Places quality standards as captured in the "Working Guide on CFS (June 2011)" and "Minimum Requirements in Setting Up and Operation of CFS" to ensure quality and standards of services.

In addition to appreciating the funding UNICEF provided, almost all interviewed stakeholders, including CFS directors, NWCCW and WCCW, local government officers, and national experts appreciated UNICEF's role and contributions in training, technical and professional support, and in the development of professional networks. These efforts significantly contributed to successful implementation of CFS at community level. UNICEF particularly contributed to workforce preparation which was an assumption ("*CFS staff are competent and well trained to prevent, identify and respond to violence against children*") articulated in the TOC for the successful implementation of CFS. As one national expert expressed in an interview: "*The most significant contribution UNICEF to the CFS model is that it helped develop a solid group of child welfare workers at the local level.*" This comment is echoed in interviews with CFS directors and local WCCW officers. For instance, mandatory trainings were offered to all new CFS staff, and on-site trainings and learning exchanges were organized jointly by UNICEF and WCCW.

When asked about the relevance of the role played by UNICEF to achieve the outcomes of CFS, 97% (32 of 33) of surveyed CFS directors appreciated in particular the relevance of UNICEF's role in local CFS capacity building; 94% (31 of 33) recognized the relevance of UNICEF's role to provide training, professional support and to support the development of professional networks; 82% (27 of 33) appreciated the relevance of UNICEF's role in providing technical support; 76% (25 of a total of 33) surveyed CFS directors recognized UNICEF's relevant role in providing the initial funding for CFS establishment and 73% (24 of 33) indicated that UNICEF's relevant role in promoting provincial and regional level capacity building for child protection and child welfare. Approx. 39% (13 of 33) of surveyed CFS directors appreciated UNICEF's role in the development of professional support network supports.

The relevance of UNICEF's technical expertise was further recognized in caregivers' and children's responses (see Figure 3): 63% acknowledged the financial support of UNICEF to CFS, 53% were aware of UNICEF advocating support for CFS and providing technical and professional support. Compared to parents/caregivers, fewer children were aware of the role of UNICEF and their responses were similar to caregivers' responses in that children were most aware of the financial support provided by UNICEF followed by advocacy, technical and professional support. More importantly, both caregivers and children rated the importance of UNICEF role and support very high on a 1 to 10 scale. The mean scores of importance was 9.4 (SD=1.3) based on caregivers' responses and 9.4 (SD=1.1) based on children's responses.

**Figure 3 - UNICEF's role in CFS (N=176)**



## 5.2. Effectiveness

Effectiveness is defined in this evaluation as the extent to which the CFS has achieved its goals of providing quality and equitable protection, development, participation, as well as the extent to which child protection and welfare services are meeting local demands and needs.

### 5.2.1. Effectiveness in achievement of results

As specified in the TOC (Annex 2), the intended outcome of CFS for both emergency context and development context CFS is to provide a “participatory, safe, protective space and mechanism that

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*“At the CFS, we made rice dumplings at Dragon Boat Festival, tangyuan (dumplings), cameral squares, and pumpkin cakes at Chinese Valentine. I learned drawing, art crafts, yoga and joined talent shows. Mom and I also volunteer to keep the community clean.”*

Child participant in CFS

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supports delivery of basic child welfare, protection, psychosocial, and other services for all children, particularly the most disadvantaged.” The combination of several outputs discussed below which are also expressed in the TOCs for both development and emergency contexts, were expected to lead to this outcome: Output 3 of CFS in a development context as stated in the TOC, was to provide

“community-based child protection mechanisms for the identification, prevention, response, reporting, referral, and monitoring of children and families at risk.” A few other outputs articulated in the TOC for both development and emergency contexts included “children and families are participating in CFS activities/operations and accessing services with equity”; CFS were to ensure “provision of quality and equitable emergency preparedness and response services; and “basic child protection and welfare services; and to have the “capability of sustaining and expanding CFS services in a development setting”.

The TOC for CFS in a development context included some additional outputs which were expected to lead to higher level outcomes: namely the “provision of quality and equitable child protection and welfare services, establishment of community-based child protection mechanisms for the identification, prevention, response, reporting, referral, and monitoring of children and families at risk”; as well as “NWCCW/WCCW have increased knowledge and capacities to inform the development of policies, tools and standards to support the operationalization and scale-up of a



community-based child protection mechanism in both emergency/post-emergency and development context”.

The achievement of these were assessed based on a number of indicators, namely availability of services, utilization patterns, quality of services and identification of barriers and factors influencing utilization.

*Availability of child protection*

*identification and referral systems through*

*CFS: Most communities in this evaluation*

did not have a system of identification,

referral, and responses to vulnerability

and risk in families and to cases of violence

against children before CFS were

established. Such responsibilities were

shared by local Department of Civil Affairs,

local Women’s Federation, WCCW, and

other agencies which only offered sporadic support and served primarily as agents for policy making

and implementation. Evidence available to this evaluation from the CFS-director survey and

interviews with parents/caregivers, showed that output 3 was only partially achieved even though this

was an important output of the TOC for CFS in development contexts: of the 33 CFS directors who

responded to the survey, 33% directors (11 out of 33) reported that a reporting and referral system

for cases of child abuse was established and streamlined; 44% of CFS (14 out of 33) set up case

management for vulnerable children; and 30% of CFS (10 out of 33) provided outreach services for

children in a remote area or to identified vulnerable children. The low number of CFS that set up these

systems, in particular the low number of CFS with an identification, reporting and referral system for

child abuse and case management for vulnerable children, is less than ideal. However, for families in

need CFS did serve as a referral mechanism to family and child welfare services. This is evidenced in

the data presented below on beneficiaries’ service utilization-patterns which in some cases included

services outside of CFS to which families got access through referrals from the CFS.

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*Finding: During the evaluation period, a total of 79 CFS were established. Evidence from this evaluation suggests that the TOC output 3 to provide a “community-based child protection mechanism for identification, prevention, response, reporting, referral and monitoring of children and families at risk” was only partially achieved.*

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*Services utilization:* Judging from service-utilization patterns of a wide range of services available in

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*Finding: Utilization of services by the targeted beneficiaries was high, with highest participation of children in psychosocial support services, in which 90% of children interviewed had participated.*

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both types of settings, this output was fulfilled. Overall, the evaluation found that

utilization of services was satisfactory and high for both parents/caregivers and

children. Based on parents/caregivers’ and children’s responses, the activities/services

that had the highest participation were psychosocial support followed by

educational activities (see Figure 4). Approximately 90% of the interviewed children participated in

psychosocial support activities, 60% in educational activities including health, safety and non-formal

education, 40%-50% in child protection-related services including preventive education, identification

and reporting of protection-cases, 30%-40% in needs-based, recreational and early childhood

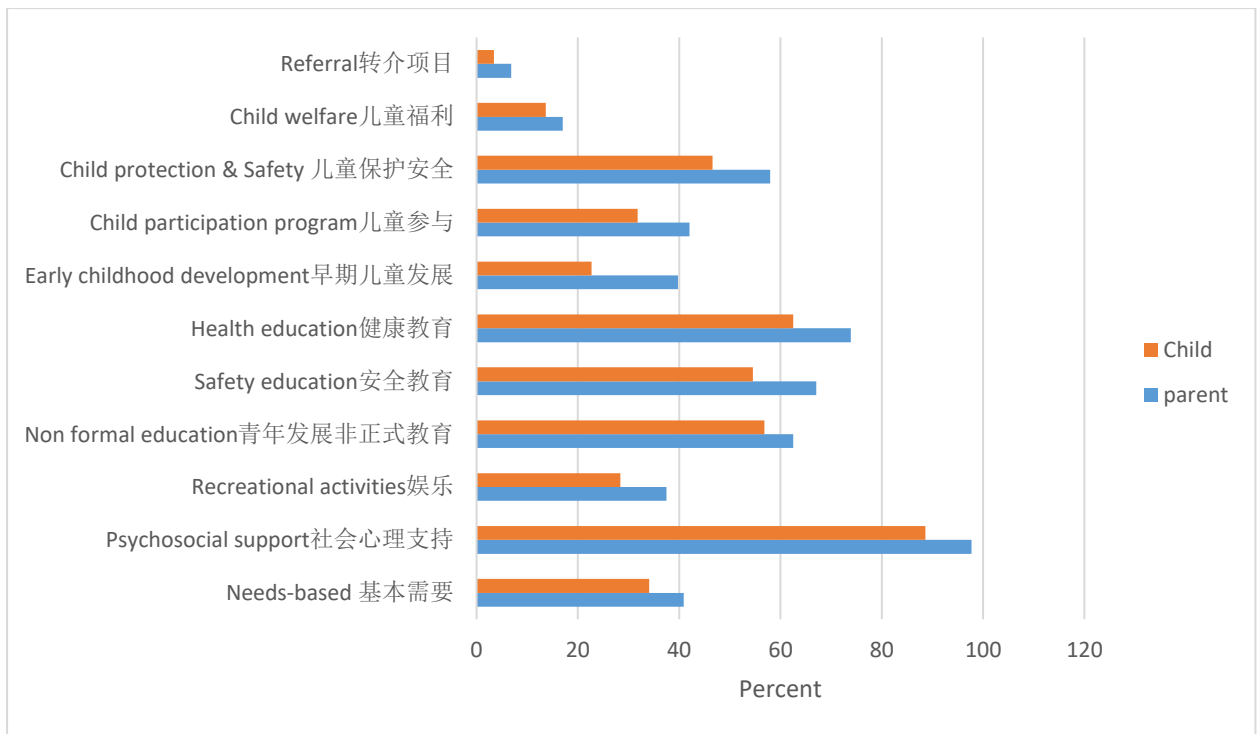
development activities as well as child participation programs. Approx. 9% of children have received

child welfare-related services that included family support, poverty relief, family conflict mediation,

and assistance with financial and health coverages.

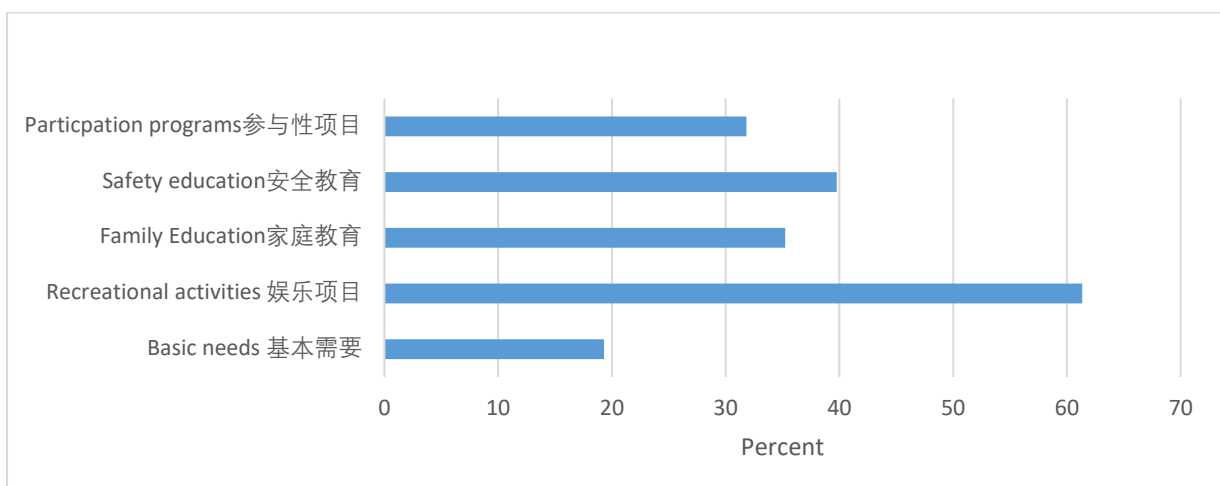
educational activities (see Figure 4). Approximately 90% of the interviewed children participated in psychosocial support activities, 60% in educational activities including health, safety and non-formal education, 40%-50% in child protection-related services including preventive education, identification and reporting of protection-cases, 30%-40% in needs-based, recreational and early childhood development activities as well as child participation programs. Approx. 9% of children have received child welfare-related services that included family support, poverty relief, family conflict mediation, and assistance with financial and health coverages.

**Figure 4 - Service utilization by children (N=176)**



Parents/caregivers also took part in recreational and educational activities that were intended to improve their capacity to ensure the safety of children and to protect children from violence, exploitation and abuse (see Figure 5). In addition, parents/caregivers' responses showed that 7% had received referral services that included referral to special schools for children with disabilities, basic insurance, financial support to farmers in poverty, medical assistance, and temporary residency application. These referrals provided by CFS were not just limited to children. Families have mentioned being supported with a referral from CFS to older adult associations and to receive old age allowances. Overall, families were very satisfied with the support received through referrals provided by CFS: on a 1 to 10 scale, parents rated their satisfaction with referral services at 10 (SD=0.0) and the effectiveness of the services they received outside of CFS thanks to the referral, at 9.3 (SD=0.09).

**Figure 5 - Types of activities and services received by parents/caregivers (N=88)**



*Differences in service-utilization by context:* The “equity” element (“services to be provided with equity” and “equitable provision”) was stressed in several of the outputs articulated in the TOCs for CFS. The evaluation found that CFS in both emergency/post-emergency context (including less resourced province) and development context (including in more resourced province) provided similar types of services to the community but there were some variations in service-utilization patterns in various communities.

Quantitative findings on service utilization amongst parents/caregivers and children did not show any significant difference between emergency/post-emergency context and development context in the utilization of *referral*

services for child protection cases or cases where families needed other welfare services. However significantly more children in an emergency/post-emergency setting (65%) participated in activities aimed to improve the safety and prevent exploitation, abuse and neglect of children, than children in a development context (35%)<sup>41</sup>. Reported service utilization of such services does not necessarily imply that families and children accessed these services because children were being abused or neglected. Given the Chinese context, parents/caregivers are likely to have reported their use of such services to include both services intended to improve the general safety of children, as well as services more specifically aimed to prevent violence, abuse, neglect and exploitation. In addition to these differences in utilization patterns, more children in an emergency/post-emergency setting participated in health education activities (79.4%) than children in a development setting (55%)<sup>42</sup>. Comparing rural and urban areas, more children in rural areas participated in health education programs than children in urban areas<sup>43</sup>. Significantly more parents/caregivers in urban communities participated in recreational activities than parents/caregivers in rural communities<sup>44</sup>.

*Barriers to service utilization:* Inequitable use of services can be caused by specific barriers to service utilization, not taken into account by the design of the CFS-model. The evaluation therefore examined this aspect as well. While service utilization and community participation were found to be satisfactory and in the case of the few sites visited - extremely high; about one third of the CFS directors in the survey indicated a “lack of community support and/or participation” as being a challenge. Based on parents/caregivers and children’s responses, the most cited reasons for children or parents/caregivers not being able to attend CFS activities were related to their own capacity to attend; including homework and time conflicts. Very few children or parents/caregivers could not come because of a lack of transportation or the CFS being too far away (see Figure 6).

**Figure 6 - Barriers to access to services: participating families (N=176)**

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<sup>41</sup>  $\chi^2$  (df=1, n=88) =4.77,  $p < .05$

<sup>42</sup>  $\chi^2$  (df=1, n=88) =4.77,  $p < .05$

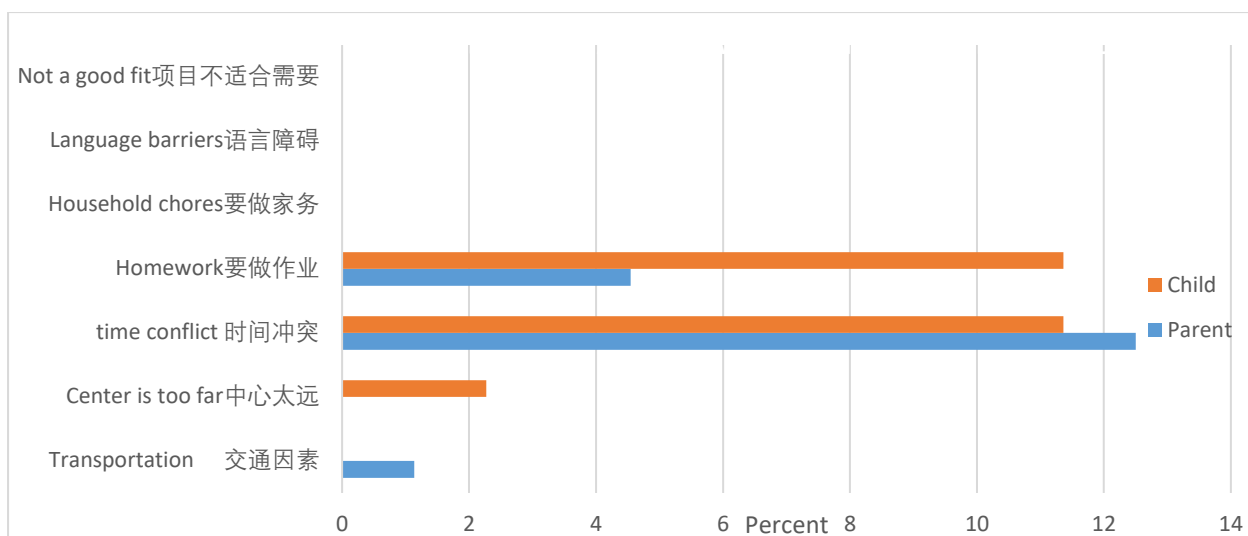
<sup>43</sup>  $\chi^2$  (df=1, n=88) =14.67,  $p < .001$

<sup>44</sup>  $\chi^2$  (df=1, n=88) =5.88,  $p < .05$

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*Finding: There were significant differences in the utilization of services depending on the types of setting: health education was more popular in emergency/post-emergency settings than in development settings; health education was also more popular in rural areas, than in urban areas; and recreational activities were more popular in urban communities than in rural communities.*

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**Quality of Services:** Quality of services was by and large assured. Among the visited CFS, all reported having quality standards either promulgated by UNICEF and/or governmental agencies. CFS undertook routine data collection in addition to community needs assessments and quality assurance through supervision by the local WCCW. Another way to ensure quality of services was to ensure adequate level of education of the recruited CFS workforce. All directors and staff of the CFS visited, were high-school graduates. Most of them had completed at least a three-year college education. All CFS directors and staff were from the locality where the CFS was operating, they were able to speak local dialects and had extensive knowledge of the community.

The quality of services was confirmed by community members who were very satisfied with the CFS services, particularly during the UNICEF funding period, praising it as “high quality” or “doing better” compared to other programs, and also by children and parents/caregivers. On a scale of 1 to 10 (with 10 meaning extremely satisfied), children rated their satisfaction of the activities and programs at 9.1 (SD=1.4). Parents/caregivers rated their satisfaction even higher: at 9.4 (SD=1.2) for the services that their children received, and 9.4 (SD=0.9) for the services that they had received or participated in. There were no significant differences in satisfaction-levels between emergency/post-emergency-, and development context CFS, and between rural and urban communities. In sum, CFS in both emergency/post-emergency context and development context achieved TOC Output Two, that CFS provide quality services to the community and the beneficiaries.

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*Finding: Participants in CFS programs and services were very satisfied with the services they received, but there is a lack of routine internal self-assessment effort to measure the quality of services, especially from an outcome-perspective. CFS-directors expressed some reservations regarding the quality of CFS manpower, knowledge and skills to work with children at different ages, and lack of training for volunteers.*

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The overall outcome for CFS as stated in the TOC for both emergency/post-emergency context and development context is for CFS to be a participatory space for children and families. The evaluation found that this outcome was achieved and that beneficiaries of CFS on the whole felt welcome to participate in various aspects of the running of the CFS. Among the interviewed service users, 28% of children and 42% of parents/caregivers had participated in Children’s Committee and Parent’s Committee. On a 1 to 10 scale, children rated the extent they felt welcomed in the planning and design

of CFS activities/programs/services fairly highly at 7.6 (SD=2.6); parents/caregivers rated the extent they felt welcomed in the planning higher for their children, at 8.4 (SD=2.0) than for themselves 8.0 (SD=2.3). There were no significant differences between emergency/post-emergency context (poorly resourced) and development context (well resourced) CFS.

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*Stories of children: The father of Lili (boy) is incarcerated and the mother has left home. The child did not have adequate supervision and care. CFS staff found out about this situation, recorded his case and paid attention to his daily needs. They connected with donors to financially support his situation for a long term. During the Chinese New Year or other occasions, [CFS] would coordinate with other government agencies to mobilize resources for children with special situations, like his.*

*Data source: Interviews with community members and CFS staff*

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A few barriers or constraints were identified in CFS in meeting quality standards. One was a lack of routine internal self-assessment efforts or external evaluation activities to measure the quality of services, particularly from the outcome perspective. For example, there is a lack of data available in CFS concerning children’s behavioral, academic, or psychosocial outcomes as a result of CFS successful delivery of basic child welfare, protection, psychosocial, and other services. CFS directors and staff often proudly brought up some successful cases or stories about the changes they observed in children. But comprehensive evaluations to evidence this based on sound methodological approaches were missing.

Based on the findings from the self-assessment of CFS-directors undertaken in the CFS-director survey, the 33 CFS directors who responded (see Table 3) suggested that, while training to staff members was satisfactory, there were some reservations about the adequacy of CFS manpower; staff members’ knowledge and skills to work with children of different age, gender and level of vulnerability. The training for volunteers was also questioned. In addition, 79% of the CFS directors (26 out of 33) indicated a lack of adequate technical support as a constraint. Some of the interviews showed that such concerns could be about the continuing training after UNICEF phased out its’ support. Also, 70% of CFS directors (23 out of 33) expressed concern over the inadequacy of qualified professional staff in the CFS.

**Table 3 - CFS Director Self-Assessment**

<b>Self-Assessment Dimensions</b>	<b>Mean/SD</b>
CFS has adequate number of staff members, professionals, and/or volunteers.	3.0/1.2
CFS staff members possess necessary knowledge and skills to work with children at various age groups and their families, both women and girls/men and boys.	3.0/1.4
CFS staff members possess additional knowledge and skills to work with migrants and their children, children with disabilities, children living in poverty.	3.3/1.3
CFS staff members possess unique cultural knowledge and language skills to work with ethnic minorities.	4.0/1.4
CFS offers mandatory comprehensive training to all staff members about CFS program management and operation.	4.6/1.0
CFS offers the basic trainings for facilitators / volunteers about program management and operation.	3.3/1.5
CFS staff members have participated in at-job trainings and other capacity building activities.	4.2/1.2

**Note: 1=not agree at all and 5=agree very much**

Funding is perceived as the top factor that threatened the quality of services and even the survival of CFS. Responses from parents/caregivers also echoed this observation. Families were highly satisfied with the quality of services but raised concerns regarding insufficient funding support. For instance, one parent commented, *“Before, it was easy to initiate new programs and activities. However, it is more difficult now because of insufficient funding support.”* The funding issues would be further elaborated in the section of Efficiency.

### 5.2.2. Quality and innovation in interventions

Innovations in programs, products and services, processes and partnerships were discussed with stakeholders. On one hand the whole CFS-model was an innovative way of providing services in China, particularly the way it was provided as a community-based mechanism for child protection, child welfare and child development. Programs, services, processes, and partnerships were all developed and tested by the CFS that were first set up. Experiences were then accumulated and synthesized by UNICEF and (N)WCCW and further distributed to newly established CFS. Because CFS were scaled up based on, and informed from an initial experience, it is not surprising that practices across CFS in different locations present similar program components, partnership patterns and processes of service delivery. There were, however some unique and innovative features in some CFS worth mentioning (see sidebar). These innovations were significant as they helped improve CFS program relevance (e.g., cultural programs, and the participation of Children and Parent Committee), supported service delivery efficiently by streamlined course of actions (e.g., use of social media and partnership), and increased CFS resources and local capacity (e.g., service integration and partnership).

#### INNOVATIVE INTERVENTIONS

The following innovative interventions were found in CFS:

##### Innovation in programming

- Popular use of social media for community outreach, program and service promotion, and information sharing
- Cultural programs to preserve local and/or ethnic cultures.
- Family as service unit and the integration of disaster preparedness programs with services for children and family members

##### Innovation in products/services

- Participation of Children and Parent Committees in designing programs and delivering services.

##### Innovation in partnerships

- An integrated local working group, including officers from the local government and various government agencies, such as police, civil affairs, health, education, as well as WCCW and CFS director or staff.

### 5.2.3. Quality in contribution of UNICEF and partners to develop capacities

*Finding: The CFS-project contributed significantly to strengthening the local child protection and child welfare workforce, having established at least two well-trained and qualified workers in each community.*

UNICEF and the CFS practice contributed significantly to the development of local child protection and child welfare workforce in China. Indeed, multiple sources; interviews with national experts, community members, and the CFS director survey, demonstrate a consensus around the fact that UNICEF made a profound impact in through the development of local capacity for child protection, child welfare and child development, through operationalizing CFS and providing quality services. Among all CFS visited, each community has at least two local qualified child welfare workers who have been trained by UNICEF and who have experience from practice in the CFS. Among 33 CFS directors who did the survey, 94% (31 of 33) indicated UNICEF’s role in CFS capacity building and 76% (25 of 33) stressed UNICEF’s contribution in technical support. CFS directors rated highly, both UNICEF’s overall technical support (mean=4.7, sd=0.7) and the UNICEF’s technical support and quality assurance mechanisms as these were applied in CFS practice (mean=4.5, sd=0.8). UNICEF’s contributions were perceived, by community stakeholders as *“multifaceted, such as technical support, training, capacity building, funding and materials, etc. All these supports are absolutely necessary and significant. [...] Without UNICEF’s supports, CFS won’t be able to be operated this well.”*

In practice, CFS also had partnerships with a wide range of other stakeholders, including government agencies, schools, NGOs and other organizations. Table 4 provides a list of partners and collaboration content identified by CFS directors. This table also offers insights of the ways CFS manage programs and services, as well as the contributions of various partners to CFS. In both disaster/post-disaster and development contexts, these partnerships and collaborations occurred with the support from local and sub-national governments and through facilitation of UNICEF, NWCCW and/or the local Women’s Federation. Approx. 79% of CFS directors (26 of 33) recognized UNICEF’s contribution to sub-national capacity and 52% (17 of 33) directors indicated UNICEF’s contribution in bringing professionals to the region.

**Table 4 - CFS Partners**

Partners	Collaboration Content (number of CFS)
Local government	Basic needs (16), administration discussion (2), healthcare (1), joint activities (1), charity program (1), health education for vulnerable children (1)
Provincial or regional government	CFS staff training (18), WCCW’s supervision and linking resources (1)
Local WCCW	Supervision and management (18), coordination (3), technical support (3), connection with other government sections (1), charity program (1)
Police department	Child safety education (19), legal and safety education (2)
Civil affairs department	CFS outreach (5)
Youth League	Youth volunteer (1)
Child welfare institution	Visit child welfare institution (1)
Day care center	Program activities (3), outreach (1)
Elementary school	Outreach and safety education (3), joint activities (3), school-based program (8)
Middle/High school	Sex education (1)

Partners	Collaboration Content (number of CFS)
University	Volunteers (18)
Hospital	Vaccination (16), hygiene education (10), health education (3), emergency medical care (2), infant health check (1), exchange (1)
Resident/Villager Committee	Disaster preparedness activities (12), joint activities (5), CFS marketing (3), resource sharing (3), exchange (1)
Volunteer organizations	Volunteers (19), joint activities (3)
Community organizations	Village women group supporting vulnerable children (1), supporting CFS operation (9)

### 5.3. Efficiency

To assess efficiency, this evaluation examined the organizational capacity of the CFS in program implementation, management, coordination, partnership and cost efficiency. Without comprehensive detailed fiscal reports for all CFS, the evaluation team was able to obtain only a preliminary assessment of CFS efficiency.

#### 5.3.1. Value for money of CFS design and implementation

Value for money in this context is defined as a combination of effectiveness, efficiency and economic aspects of the CFS. UNICEF provided initial funding for building CFS facilities and offered continuous funding for operation and program implementation. Table 5 offers a snapshot of monthly expenses for both emergency and development CFS in 2015 (note: these are not CFS that are currently in an emergency context but CFS that were established after disasters). Overall, CFS operation and program implementation; staffed by 4 full time (or full-time equivalent) staff, covering a community with about 1,000 households with roughly 500 children in rural areas, and about a couple of thousand households in urban cities, costed about 10,000 Chinese RMB (about \$1,500 USD) each month. An operational cost of 1,500 USD per month for such large number of households and children, combined with the results presented in the effectiveness-chapter indicates a high value for money.

Emergency and development CFS had different funding structures. The biggest difference between the emergency and development CFS was in the expenses for salaries/allowances paid to CFS staff, consultants, supervisors and/or volunteers. Detailed breakdowns in budgets indicated that in the CFS operating in development context from start, most staff were only paid an allowance. This suggests that staff probably had double jobs and received a salary somewhere else. In the contexts

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*Finding: UNICEF adopted a different funding strategy in development CFS as compared to emergency CFS, paying staff more in emergency CFS than in development CFS. Overall, however, when comparing the total cost for running a CFS in any of the contexts, and the numbers of beneficiaries covered through operations and programs, this evaluation finds the value for money of CFS very high.*

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where CFS were set up as part of the emergency response, staff were paid a proper salary. The staff salary level in the sampled emergency-CFS was 50% higher than the local minimum wage. This is reasonable, given the staff educational background and experience and the salary level was comparable to other jobs that require similar educational level. The allowance level in the sampled development-context CFS was about 60% of a local minimum wage. These scenarios were indirectly confirmed from the interviews with CFS stakeholders.



UNICEF adopted two different funding approaches when setting up CFS in development and emergency communities. In the emergency context, all expenses were covered by UNICEF; in the development context, the expenses, particularly the labor cost, were shared by both UNICEF and local governments. The funding approach for the development community was in line with the changed CFS functions. Instead of being a safe place for children during the emergency situation, CFS in the development context aimed to start building a community-based mechanism for child protection, child welfare and child development, which by nature requires the local government's inputs, including fiscal inputs. It is understood in this evaluation that UNICEF and local government did expect to fund CFS jointly and in well-resourced areas local governments were the major funders. This was also clear in the CFS visited by the evaluation team, as CFS staff in development contexts were actually carrying several mandates. Other than positions in local government, being CFS director, co-director, or staff of a CFS, was simply one of their responsibilities. These joint appointments positively impacted on the effectiveness of CFS by increasing collaboration between CFS and other institutions. Such joint appointments, however, were not common in emergency CFS.

However, the transition of CFS from UNICEF-support to the local government made the CFS funding situation vulnerable, particularly in CFS initially set up in emergency contexts. As these emergency CFS were set up in poor and remote areas after natural disasters, local communities and governments simply did not have the resources to fund CFS programs and services on a full scale. In the interviews with CFS directors and staff in emergency context, CFS directors and staff had concerns for or requested continued and/or increased funding to be able to sustain. During the site-visits, one CFS in emergency context was particularly in jeopardy as its' current operation was fully funded by contracts and the potential funding sources were predictable. The only CFS in development context included in this evaluation is located in an urban city. This CFS was able to maintain the current operation through various resource sharing plans and local government funding, even if this funding was limited. In resourced areas, in-kind and/or financial support as well as technical support from local universities (researchers and volunteers), organizations, and foundations were significant and essential to CFS operation and activity/service delivery.

**Table 5 - Monthly CFS expense sample**

	<b>Salary or allowance (staff, consultant, &amp; supervisor)</b>	<b>Programs (outreach, services, &amp; activities)</b>	<b>Operation (water, electricity, classroom supply, etc.)</b>	<b>Additional funding from the Government</b>	<b>Total</b>
Emergency CFS <sup>45</sup>	8345	2461	1506	n/a	12312
Development CFS <sup>46</sup>	1008	2493	1000	528	5030

### 5.3.2. Efficiency in management and coordination of the CFS project

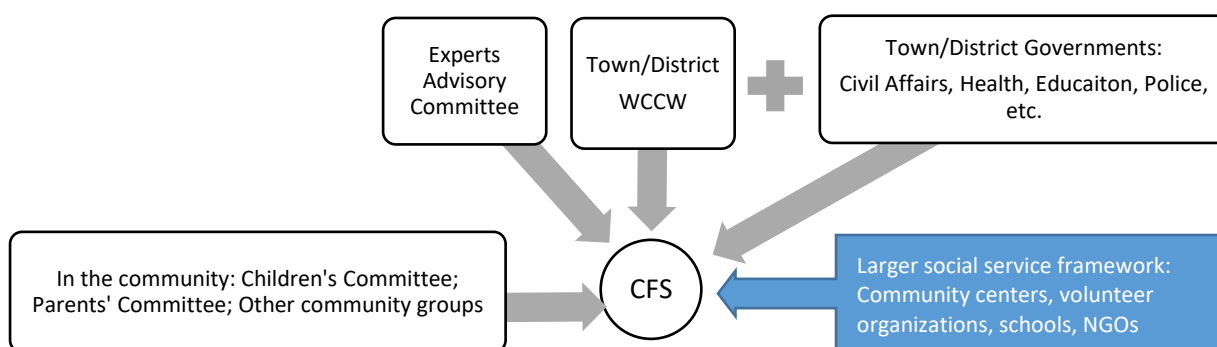
This evaluation observed excellent efficiency with regards to how CFS can manage and coordinate all programs, services and activities with a small budget. The CFS directors survey and site--visits

<sup>45</sup> Based on 5 CFS in Sichuan Ya'an expense reports, January to April 2015

<sup>46</sup> Based on 2 CFS in Jiangxi expense reports, July to September 2015

confirmed that the management and coordination of CFS operation was done through a clear delineated structure (see Figure 7). Most CFS supported by UNICEF developed such a structure and a standard working protocol which was based on collaborative working relationships. For example, a joint committee meeting (sometimes via teleconferencing) with WCCW and other relevant government agencies was scheduled once a quarter. When a case concerning a child with various vulnerabilities occurred, CFS director would communicate right away with relevant government agencies and seek immediate support for this case. Across all interviews, CFS stakeholders and community members shared that “*internal communications among CFS director and staff were very good*”. This is thought to have contributed to the efficiency of CFS management and coordination.

**Figure 7- CFS structure**



Source: Figure developed based on CFS director survey data and could reflect most CFS organizational structure

### 5.3.3. Sufficiency in staffing, functions and funding

Because of the significant time that lapsed between the field data collection for this evaluation, and the time when UNICEF stopped its support to CFS (see discussion in methodology section on limitations), it has been difficult to distinguish fully between potential challenges in sufficiency of funding during the period when UNICEF supported CFS financially and technically, and challenges that have to do with *sustainability* after UNICEF stopped its support. The data does suggest though, that there was appreciation for the funding and technical support provided by UNICEF; respondents overall felt that CFS were adequately and stably financed, and that technical support was adequate during the UNICEF-supported period. However, data also suggests that funding for staff salary and/or compensation might not be adequate particularly given the job requirements and training and education quality of the staff. In addition, there were still unmet needs in the community.

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*Finding: As much as CFS seem to be appreciated for the programs and services they provide, in many communities there are still unmet needs, which the CFS could not satisfy. With only few exceptions, the evaluation also documented expressed needs for additional funding and increased staff compensation.*

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This situation can be related to what has been noted in this evaluation regarding CFS growing scope. In many respects, the CFS in the community have become multi-functional. In addition to providing conventional and core services related to child protection and child welfare (e.g., case management for children at risk of violence, exploitation, abuse, neglect or children in families with difficulties;

referral service to public assistance for children in poverty, etc.), the CFS have also functioned as a physical space that is friendly to children and provides information, awareness and education to families<sup>47</sup>. This “all-can” perspective or willingness to make the CFS a comprehensive children’s center was partially motivated by communities’ growing demand and partially driven by local governments’ increasing use of CFS as a platform for service delivery. Being a “place to go”, CFS have become a viable community-based mechanism to do child protection and child welfare work in China’s rural and urban contexts. While some child development programs (not related to the CFS-project) have been made available in the private and profit-making sector particularly in towns and cities, and in well-resourced areas, the CFS provided such services free of charge. Receiving services free of charge from the CFS definitely attracted local children and parents. Consequently, the high and increasing demands for CFS could be seen as a challenge as it stretches staffing, funding and functions thinly. When taking such broad approach, staffing, funding and functions can quickly be perceived as insufficient to address all needs.

In addition to this, among CFS directors surveyed, a majority of 67% (22 of 33) have indicated that CFS had an inadequate organizational structure. Survey data does not shed light on what specifically was perceived as an adequate organizational structure for a CFS. However, interviews with CFS staff and directors, have referred to the lack of participation of higher-level governments in supporting and overseeing the work of CFS. This is exemplified in the following statement: *“it was hard to communicate with county-level government; we need provincial level WCCW to coordinate.”* Inadequate structural supports from higher level of government would clearly affect the CFS capacity to be fully functional.

#### 5.4. Impact

This evaluation assessed the impact of CFS on (a) the lives of children and families in terms of the overall wellbeing of children and protection from violence and risks; and (b) local community’s capacities for child protection, child welfare, development, and participation with reference to the outcome and outputs as stated in the TOC.

##### 5.4.1. Impact in the lives of children and families

Based on data collected for this evaluation, participation in CFS brought multiple aspects of positive changes in the lives of children in the areas of psychosocial well-being, safety, health, school performance and family relationships. Based on children’s interviews and the question *“How do you feel after participating in CFS activities”*, 80% of children reported positive changes in psychological well-being including feeling good about themselves; 65% have more confidence, and 58% are emotionally well. In terms of relationships, 80% reported positive changes in getting along with peers and 69% reported positive changes in getting along with their family. Participation in CFS activities was perceived as also bringing positive changes in their health (65%) and academic performance (60%). Regarding the sense of safety, 60% reported positive changes in feeling safe at

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*“The changes are big. When parents migrate or work elsewhere, children have a safe place to learn and play. Parents also get some knowledge of child protection and anti-violence against children. The other adults also join in.”*

Data sources: Interviews with community members and CFS staff

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<sup>47</sup> These activities included parenting education targeted at positive parenting practices, safety programs, disaster preparedness, health promotion, enrichment programs free of charge for school age children (i.e., 6-15); community wide cultural activities and family-based programs for all children and their families.

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*“After the participation in [the CFS], children get better education, behave more politely, follow the hygiene practices, and how to protect themselves. They stop going to dangerous places to play. Also, children have opportunities to learn and play, learn how to care for each other. Overall, there have been big changes in their lives.”*

Data sources: Interviews with community members and CFS staff

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home and 52% reported positive changes in feeling safe in the community (Figure 8). These findings were further confirmed through qualitative data and testimonies of respondents. For example, one parent/caregiver shared that *“with family-life education my child learned how to share and build character. As parents we don’t have to worry about our kids anymore. The teachers (at CFS) are so responsible and they help children with school learning”*. Currently, children, in general, felt very safe in the community and also at home: on a 1-10 scale with 10 meaning feeling very safe, children rated themselves at a 9.3 (SD=1.6) on the extent they

felt safe at home, and 9.1 (SD=1.7) on the extent they felt safe in the community. Adding to that, some children shared that they have learned how to keep themselves safe<sup>48</sup>. In addition, some children expressed the feeling of safety because of the presence of CFS staff and because of friends at CFS. In addition to safety knowledge pertaining to nature disaster, parents/caregivers perceived that their children had learned about how to keep safe from a broader range of risks such as swimming in the river, school safety, sexual violence, and HIV. Furthermore, parents felt that children had increased awareness of how to stay safe with strangers with increased self-protection abilities.

While there were slight differences in the percentages of perceived positive changes between parents’/caregivers’ and children’s responses; parents/caregivers’ responses mostly echoed children’s self-report (see Figure 8). In addition, there were no significant differences in parents/caregivers and children’s responses on all assessed dimensions of positive changes between boys and girls, children under 12 years old and children older than 12 years, emergency/post-emergency context CFS and development context CFS, urban and rural areas, Han and ethnic minority populations, and disadvantaged populations including children left-behind and children with disabilities. The only differences were that significantly more Han parents than ethnic minority parents reported positive changes in “getting along with family”<sup>49</sup>. Also, significantly more children without disabilities than children with disabilities reported positive changes in “getting along with family”<sup>50</sup><sup>51</sup>.

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*Finding: CFSs seem to have had different effect on changing family dynamics for the better for some groups with ethnic minority parents reporting fewer positive changes in “getting along with family” than Han parents. And with significantly fewer children with disabilities reporting positive changes in “getting along with family” than children without disabilities.*

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Qualitative data further elaborated how CFS activities benefited children. In response to the question *“How have these activities/services benefited your child and made a difference in his or her lives,”* 40% of parents (35 of 88) shared that their children had developed new knowledge, more interests, and

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<sup>48</sup> For example, children shared, “I’ve learned safety knowledge, how to protect myself, and self-defense.”. “I’ve learned how to escape during disasters, such as earthquake or fire. Also, knowledge about child kidnapping”. “I’ve learned disaster knowledge, Taikudoo and how to use a fire extinguisher”.

<sup>49</sup>  $\chi^2$  (df=1, n=88) =9.16, p<.01

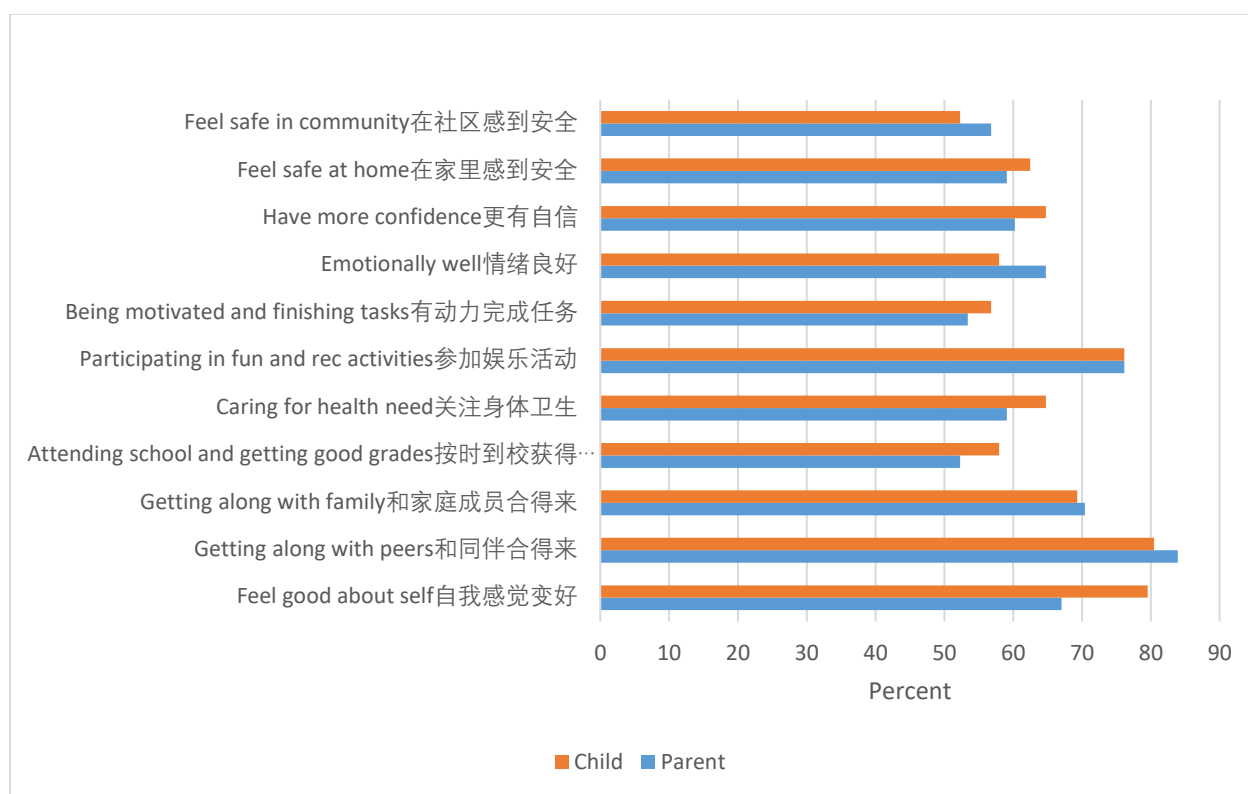
<sup>50</sup>  $\chi^2$  (df=1, n=88) =4.91, p<.05

<sup>51</sup> One important aspect to understand these significant differences could be the context of resources. Most children from minority groups that were included as informants to this evaluation were living in the least resourced communities; similarly children with disabilities more likely lived in a family environment with less resources (in comparison to the increased needs those families might have due their children’s disabilities). Resource constrains do contribute to increased family stress and thus make the positive changes in family relationship less meaningful for children.

had improved academic performance after attending the CFS; 24% of parents/caregivers (21 of 88) stated that their children were happier with better mental health. A few parents/caregivers commented on the social relationship that their children had made more friends. Participating in CFS activities/programs/services also benefitted the parents/caregivers. The most cited benefits for parents/caregivers, by parents/caregivers were the improved parent/child relationship which was cited by 20% (18 of 88) parents, followed by 18% (16 of 88) parents who appreciated the opportunity to participate in interest groups/classes.

Interviews with community members and key informants also reiterated the positive impact in the community, particularly on vulnerable children who were left-behind by their migrating parents, children with disabilities or other special needs, and on families in terms of parent-child-relationships, and family harmony. Because of CFS programs, most community members indicated, that “parent-child relationships improved”, “parents started to care about their children”, “awareness of earthquake, fire and other disasters increased”, etc.

**Figure 8 - Positive changes in children (N=176)**



#### 5.4.2. Impact on community-based child protection and welfare mechanisms

The evaluation does not have much evidence of overall community knowledge of child protection and welfare, or of other community mechanisms than CFS. This makes it impossible to draw broad conclusions about how the child protection mechanisms introduced by CFS affected communities at large. There was no baseline available to this evaluation, for example to help establish to what extent community understanding of child protection has changed, or to what extent other community-based mechanisms have changed their practices for the identification, referral and reporting of cases of violence, exploitation and abuse of children, as a result of introducing CFS to some communities. The

evaluation can therefore only report on the extent to which CFS itself represents a viable child protection and child welfare mechanism.

*CFS as community-based child protection mechanism:* The introduction by CFS of more distinct child protection services had the potential of increasing the awareness of local communities and service beneficiaries of what child protection is. However, it cannot be established for certain that this has happened. Judging from the various interview responses, there appears to (still) be a big discrepancy in the local understanding of child protection and child welfare and an international definition of child protection (as adopted in this report). However, the simple fact that CFS introduced the idea of child protection, child welfare, and child development for the first time to many communities, can be seen as a significant contribution to the beginning of setting up child protection and welfare mechanisms in the community. This said, only one-third of interviewed CFS directors mentioned the in the CFS director survey that their CFS' had established a child protection reporting system.

*Wide acceptance and trust:* Given that violence, exploitation and abuse of children in many societies is perceived as something taboo, is often not spoken about, and therefore often remain hidden, a first step to establish a viable child protection mechanism can be to contribute to an increasing societal acceptance of discussing such issues. With this, an increasing tendency to seek support for (and report) such cases can emerge. At the time of the evaluation, a low number of cases on violence against children had been reported and less than 10% of interviewed families utilized child welfare or referral services despite extremely high satisfaction when these services were used. This data can also be interpreted as something positive. In a cultural context where the understanding of child protection is still nascent it shows that CFS managed to serve a role of identification and referral of at-risk cases, even if this role is still nascent. This was done while CFS at the same time gained wide acceptance and trust from the communities. In interviews, community members stated that *“early on, parents thought that children just played here [in the CFS], not studying, a waste of time; so they wouldn't send kids to the CFS. [...] When parents saw that children in the CFS were safe, rewarded, healthy, developed, and were not bullied, parents became very supportive.”* With a relationship of trust established between CFS and community-members, children and parents were more willing to share their everyday experiences with the CFS staff. For example, when incidents such as *“[kid's name was] was beaten by his father”*, were heard by CFS staff, this would trigger a follow-up visit to the family by CFS staff who would confirm, intervene, and/or prevent any further possible violence against the child. The trust-relationship between CFS and local communities were observed in all the sites visited. It represents a sound building block for a community-based child protection mechanism.

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*Finding: CFS were nested in the communities and had many positive impacts in the community, on families and children. However, the collaboration with NGOs was sporadic, often not coordinated; and in some communities the working protocols developed for referrals and joint decision making about children were carried out in an informal way.*

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*Collaborative working relationships, linkages and referrals:* Viable child protection mechanisms require collaborative working relationships in the community and within broader systems. This is necessary for referrals and also for front-line staff to be able to access professional support when confronted with complex cases. In line with that, CFS have established working-relationships with community stakeholders, local WCCW and government offices to identify and ensure complementary community-based child protection and child welfare services and to strengthen the referral and response systems in cases of violence, exploitation, abuse and neglect of children. The evaluation

also documented that CFS were nested in the larger public and social service framework<sup>52</sup>. The collaborative working relationship established by CFS with such structures and services represents another important building block for a viable community-based child protection mechanism.

*Variations between localities:* Given the variations in larger public and social service frameworks, the links or patterns of the CFS collaborations with local government branches, schools and NGOs varied. It was a common practice that CFS worked closely with the local administrative body due to local government's development priority as well as CFS' relations with WCCW. It was also common that CFS services and programs were integrated with other programs and services offered by various governmental sectors, professional social service agencies and volunteer groups in the community. However, there was no conceptualized model to describe such links between the CFS and other public and social services in the community. The collaboration with NGOs was sporadic and often not coordinated. In some communities the working protocols developed for referrals and joint decision-making about children, were carried out in an informal way. To a certain degree such variations reflects the nature of community work.

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*Finding: CFS are appreciated for the integration of services, and were perceived as complementary to other services that pre-existed in the community.*

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*Complementarity:* Recognizing that there are also other programs and services (not linked to CFS) in the community that targeted children, community stakeholders and key informants stressed that CFS services were “not overlapping” with them and were “comprehensive”. Community stakeholders and key informants also indicated that CFS services

and programs were a better fit for the community as CFS adopted an evidence-based approach and were informed from experiences of other CFS. They furthermore appreciated the emphasis placed in CFS on recreational activities, that covered a wider age-range than other services, and the emphasis placed on children's psychosocial needs. It was felt that UNICEF had greater experience working with children than other services and programs in the community.

In summary, CFS have developed initial capacities to serve as part of a community-based child protection and welfare mechanism. So far, the primary role of CFS in that regard has been in the area of prevention, identification and referral. Capacities for a more comprehensive system of identification, reporting and responding to cases of violence, exploitation, abuse and neglect of children will still need to be developed.

#### 5.4.3. Impact on knowledge, skills, attitudes and practices to prevent VAC

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<sup>52</sup> Among the 33 urban and rural communities surveyed (reported by CFS directors), 10 had daycare facilities, 25 elementary schools, 17 middle schools, 13 high schools, and 7 vocational training schools. Additionally, 14 community centers provided family services covering children; 6 communities had child welfare or child protection agencies offering outreach, assessment, care and monitoring services; 7 communities had specialized service programs for vulnerable children such as migrant children or children with disabilities; 4 communities offered services for vulnerable families such as migrant families or families with children who had disabilities; 4 communities had shelter and protection services for victims of child abuse and violence.

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*Finding: According to parents/caregivers, CFS achieved positive changes in knowledge, skills, attitudes and practices to prevent violence against children by parents/caregivers. Scolding, yelling and spanking children for discipline were reported by them as having reduced, thanks to CFS programs. Communication with children, listening to children and increased patience with children, were practices that were reported as having increased.*

CFS was successful in bringing positive changes to the knowledge, skills, attitudes and practices on preventing violence against children by parents/caregivers who took part of CFS activities. Based on qualitative data, 55% of interviewed parents/caregivers explicitly described positive changes in their knowledge, skills, attitudes and practices in disciplining their children after they participated in the parenting workshops offered by CFS. The most cited

change was a reduction in using scolding, yelling, or spanking in disciplining their children.<sup>53</sup> Instead, parents/caregivers shared that they communicated more with the children, provided more love and protection to the child, communicated and talked with the child, listened to them<sup>54</sup>, had more patience in parenting, and tried to be more like peers to their children. Also, parents/caregivers shared some specific skills of parenting such as “to calm down before disciplining child”. Some parents/caregivers mentioned that they now had better ability to control their temper and that they were more patient. When asked about their current disciplinary behaviors in the past 30 days, parents/caregivers predominantly used positive parenting disciplinary methods. This included explaining the importance of right behaviors (77%), listening first before scolding the child (64%), modeling positive behaviors (50%), giving the child positive things to do (69%), showing the child right things to do (47%), praising the child (46%), explaining why behaviors were wrong (44%), and consistently enforcing rules (35%). A small number of parents/caregivers would use non-violence related consequences in disciplining their children including taking away privileges (10%) and withholding affection (14%) (see Figure 9).

While majority of parents used positive disciplinary methods, approx. half of parents/caregivers still scolded or yelled at the child (49%). Some parents used verbally or emotionally abusive disciplinary methods such as calling the child dumb or lazy (11%), making the child feel shameful (14%), or not allowing a child to leave or return home (6%). Approx. one-fifth (22%) of parents/caregivers still used “spanking the child’s bottoms” as a physical punishment. Fewer than 10% of parents/caregivers used other physically abusive disciplinary methods including hitting the child on hand, arm, or leg (9%), hitting child with hard objects (8%), shaking the child (7%), hitting the child on the face (3%), and beating up the child (1%). There were no significant differences in most disciplinary methods used by parents/caregivers towards boys and girls, children under 12 years old and children older than 12 years. There were also no differences between practices of families in emergency/post-emergency context CFS and development context CFS, urban and rural community, between families from Han and ethnic minority populations, and in families from disadvantaged populations including

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*Finding: In spite of positive changes in awareness and attitudes towards child rearing and violent discipline methods, half of the parents/caregivers, still used negative disciplinary methods. Differences were seen between parents/caregivers living in urban and rural communities with rural parents having a greater tendency to use negative methods. Parents to children with disability (as compared to those with children without disability) had a greater tendency to “show the child the right way”*

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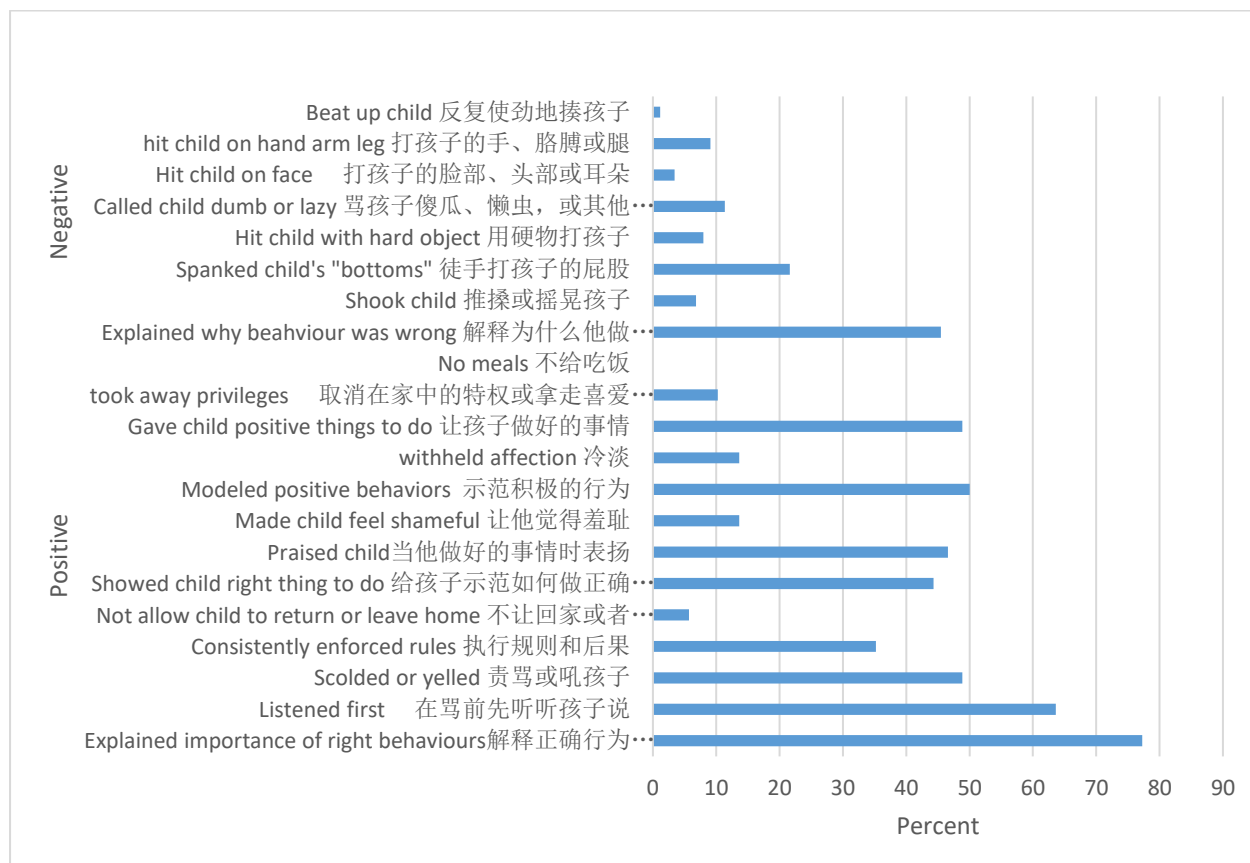
<sup>53</sup> “Don’t hit or scold the child;” “Let the child grow up healthy.”

<sup>54</sup> “Be more patient in listening to the child.”



children left-behind and children with disabilities. The only differences were that significantly more parents in rural communities than in urban communities “called child dumb” and “hit, slap child”<sup>55</sup> as disciplinary methods in the past 30 days. Also, significantly more parents/caregivers of children with disabilities than parents/caregivers of children with no disabilities used “show child the right way”<sup>56</sup> as disciplinary methods in the past 30 days.

**Figure 9 – Parents /caregivers disciplinary methods in the past 30 days (N=88)**



In summary, there was evidence that CFS programs brought positive changes in parents/caregivers’ knowledge, skills, attitudes and practices that prevent violence against children. The majority of parents/caregivers reported behavioral changes in the use of positive discipline practices. However, approx. one-fifth of parents/caregivers still used physical punishments: 49% would scold or yell at the child; but less than 15% used emotionally abusive practices; and less than 10% physically abusive disciplinary practices. There were very few significant differences in disciplinary methods across parents/caregivers of different groups and from different contexts with the exception that more parents/caregivers from rural communities employed verbally (“call child dumb or lazy”) and physically abusive (“hit, slap child”) disciplinary methods, than parents/caregivers in urban communities while more parents/caregivers of children with disabilities used the positive disciplinary method “show child the right way” than their counterparts. These behavioral changes represent one of CFS’s major contributions to child protection.

<sup>55</sup> “called child dumb” [ $\chi^2 (df=1, n=88) = 5.55, p < .05$ ] and “hit, slap child” [ $\chi^2 (df=1, n=88) = 4.33, p < .05$ ]

<sup>56</sup>  $\chi^2 (df=1, n=88) = 4.49, p < .05$

#### 5.4.4. Contribution of UNICEF to impact

The contribution of UNICEF (technical, professional support, advocacy and networking and enabling environment as outlined in the TOC) to positive outcomes and impacts were evidenced through interviews with community stakeholders, CFS staff, and beneficiaries and received unanimous recognition among all stakeholders. CFS directors, staff, and community members commended on UNICEF as “experienced”, “professional”, and “regulated”; “UNICEF helped realize our thoughts [on child protection] or saying, we didn’t even know how to do [child protection]”. Beneficiaries echoed similar praise; in interviews, parents/caregivers shared that the support from UNICEF was of crucial importance and that without it, CFS will not be able to function smoothly. Approx. 18% parents/caregivers spoke of the importance of the financial support from UNICEF to CFS, equipment/facilities. Approx. 17% parents/caregivers commented on the advocacy role of UNICEF in protecting children, especially children with special needs. Parents/caregivers also mentioned the technical and professional support from UNICEF to CFS. Children’s responses were similar to parent/caregivers’ responses on the financial, technical and professional support as well as advocacy role of UNICEF. Children, specifically recognized UNICEF’s contribution in promoting children’s rights, particularly through community education efforts.

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*Finding: The contributions of UNICEF to the impact of CFS received a unanimous recognition among all stakeholders. At the time of the evaluation, 27 out of 33 CFS had been transferred from UNICEF to be the responsibility of the local government or community. Most transitions “went smoothly”.*

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#### 5.5. Equity and gender equality

Including boys and girls and providing services with equity is explicitly described in the expected impact, outcome and output of the TOC for both emergency/post-emergency and development context CFS (Annex 1). The evaluation assessed the issue of gender equality and equity associated with CFS program implementation by examining the ability of disadvantaged children and their families to access and benefit from CFS services and included a specific focus on girls, children with disabilities, children left-behind, minority children with cultural and language barriers, children in rural areas, and children in poorly resourced communities/provinces.

##### 5.5.1. Inclusive design for different groups

Through field observations and interviews, the evaluation team could confirm that CFS applied a combination of two principles in their operation, namely targeting and universality, and this gave CFS

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*Finding: CFS design was inclusive for different groups of children and their families in the community. They specifically targeted children with special needs, whilst aiming to benefit all children in the community. In practice, the inclusive design sometimes fell short in terms of physical accessibility and staff training.*

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an inclusive design. For example, interviews with CFS directors and staff indicated that CFS services and programs were designed after assessing community needs. This allowed the CFS to target children with special needs (e.g., children in poverty, with disabilities, left behind, being abused, without supervision, or other special situations) specifically. Resources and

services were planned to ensure coverage of children and families with special needs either at CFS, or through CFS referral services. In some cases, CFS' made persistent outreach efforts to ensure coverage of these groups. There were also some examples of activities, such as learning activities, which were organized especially for girls. Otherwise, the universality principle meant that most services were planned to benefit *all* children from the communities and were also implemented in an inclusive manner. These CFS programs covered various age-groups, and took into account the community tradition and ethnic cultural heritage. Most services and programs were including girls and boys equally and addressed their developmental needs at different ages. In one CFS the following example of how they tried to be inclusive of *all* children, was shared: *"children, including those with disabilities [and] children left-behind, were participating in [CFS] activities; but [we were not willing to label children] in activities. But for some activities such as adolescent education, abuse prevention, violence against children, etc., [we] would give the children left-behind or children being cared for by grandparents more attention."* This was a relatively common practice across different CFS.

One way for CFS to ensure an inclusive design for CFS programming has been through the establishment of Children's Committees and Parents' Committees (further discussed in previous chapter). Of the 33 CFS that responded to the CF-directors survey, approx. 97% communities (32 of 33) had a Children's Committee and 97% communities (32 of 33) had a Parents' Committee. CFS made targeted efforts to engage disadvantaged groups in these committees. Consequently, significantly more parents of children with disabilities participated in the Parent's Committee. However, there was no significant difference in participation between children with or without disabilities. Very likely as a consequence of this, CFS were able to include voices of different groups in their programming. Quantitative findings based on surveyed families indicated that there were no significant differences in parent/caregiver's and children's perception of their voice being included in CFS activities between boys and girls, children with or without disabilities, children left-behind or not left-behind, minority children with cultural and language barriers or Han children, children from rural or urban communities, and children in resourceful or less resourceful communities/provinces.

To be inclusive, CFS facilities needed to be accessible and CFS staff needed to have special knowledge and skills to work with children of different age groups and sex, and/or with different needs. Site-visits and CFS directors indicated that this area needs improvement. Not all CFS provided full accessibility to children with disabilities or were in a convenient location for all children in the community to be able to access easily. CFS staff's knowledge and skills to work with children at different age groups, and children with special needs on average were not considered satisfactory, despite various training.

### 5.5.2. Implementation with and utilization by different groups

To understand implementation with and utilization by different groups of CFS services and its impact on different groups, this evaluation conducted analyses to assess differences in program participation, service satisfaction, accomplished positive changes and CFS engagement efforts. The evaluation furthermore analyzed differences in the extent to which, children's voice were included in CFS activities between boys and girls, children with or without disabilities, children left-behind or not left-behind, minority children with cultural and language barriers or Han children, children from rural or urban communities and children in resourced or less resourced communities/provinces.

*Differences in service utilization by groups:* Community members indicated that services and programs were open to all children in the community, including for children with special needs, and that CFS would make special efforts to assure their participation. Findings based on quantitative data from parents/caregivers and children showed that most services were equally utilized by all groups of children. Despite the fact that most services were equally utilized by different groups of children, there were a few differences in the utilization pattern of specific services. Based on parents/caregivers' responses, more boys participated in child protection or safety related services than girls<sup>57</sup>. This difference was not confirmed in children's responses. Based on children's responses, it is found that significantly more Han children in one CFS (and not in all other CFS) participated in early childhood activities than children from other ethnic groups<sup>58</sup>. Also, significantly more children with disabilities participated in early childhood programs than children with no disabilities<sup>59</sup>. Similarly, parents/caregivers' responses revealed that significantly more parents/caregivers to children with disabilities participated in participation programs than parents/caregivers of children with no disabilities<sup>60</sup>.

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*Finding: CFS has been successfully in providing services to all groups with equity with some differences in utilization patterns of specific services. Satisfaction of the services received was similar across groups.*

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*Service satisfaction:* Children and their families of different groups were equally satisfied with the CFS services. As a new service model to the community, CFS staff actively promoted their services and programs to families and the community through various engagement efforts. Based on the reviewed M&E documents submitted by different CFS to UNICEF over the years, these outreach efforts were mostly public promotional efforts (flyers) but also included home-visits by CFS staff. It seems that CFS staff promoted CFS services to different groups with equity. Based on parents/caregivers' and children's responses, 78% of children and 81% of parents/caregivers reported programmatic and outreach efforts by CFS staff to engage children in CFS activities and programs. In addition to outreach efforts, most parents/caregivers and children also joined CFS activities at the invitation from relatives, neighbors, teachers and friends, etc. Overall, there were no significant differences in parents/caregivers and children's perception of the helpfulness of CFS engagement efforts between boys and girls, children with disabilities, children left-behind, barriers, and children in rural areas. However, there was indication that these outreach efforts were more successful with Han children than children from ethnic minority groups. However, on a 1-10 scale, Han children rated the helpfulness of CFS engagement efforts significantly higher (M=8.45, SD=0.78) than ethnic minority children.<sup>61</sup>

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<sup>57</sup>  $\chi^2$  (df=1, n=88) =4.82,  $p < .05$

<sup>58</sup>  $\chi^2$  (df=1, n=20) =10.76,  $p < .001$

<sup>59</sup>  $\chi^2$  (df=1, n=88) =4.88,  $p < .05$

<sup>60</sup>  $\chi^2$  (df=1, n=88) =6.41,  $p < .05$

<sup>61</sup> M=7.35, SD=1.86) [ $t=14.21$ ,  $df=64$ ,  $p < .01$

### 5.5.3. Benefits to different groups

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*Finding: For most parts, all groups seem to have benefitted equally from services in CFS, with the potential exception of children with physical disabilities, whom, some interviews suggest, had challenges of accessing CFS.*

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As mentioned earlier (see Figures 4 & 6), participation in CFS brought multiple aspects of positive changes in the lives of children in the areas of psychosocial well-being, safety, health, school performance and family relationships. Overall, CFS services were benefiting children and their families and the benefits were equally shared across different sub-groups of children. For example, based

on parents'/caregivers' and children's responses, no significant difference was found on most assessed dimensions of positive changes between different groups (boys and girls, children with or without disabilities, children left-behind or not left-behind, children from rural or urban communities and children in resourceful or less resourceful communities/provinces). However, more Han parents/caregivers than parents/caregivers from other ethnic groups reported positive changes in "getting along with family"<sup>62</sup>. Also, significantly more children without disabilities (75%) than children with disabilities (47%) reported positive changes in "getting along with family"<sup>63</sup>. For children with disabilities, in interviews, CFS staff said "because of physical disabilities, [children] cannot come to CFS for activities, so [we] only can deliver some basic services [to them]." The reduced quality and quantity of services for children with physical disabilities might help explain the differences in perceived benefits of CFS services.

To understand the slight differences in service utilization or impact, it is important to note that the established practice or quality guide on CFS such as "Working Guide on CFS (June 2011)" aims to provide a blueprint of quality standard for CFS services only. This guidance did not address the specific programming needs or directions to be taken by CFS for specific groups or in different local situations. CFS relied mostly on the CFS staff and feedback from Parent's and Children's Committees to understand specific needs. Overall, CFS has successfully engaged all groups and provided services with equity. The few identified differences could provide useful information for an inclusive service design in the future.

### 5.5.4. Perceived barriers of access to services

As mentioned earlier, the most cited reasons for children or parents/caregivers not being able to attend CFS activities were homework and time conflicts. Very few children or parents/caregivers could not come because of a lack of transportation or the CFS being too far away (Figure 6). In addition, there were no significant differences in parents'/caregivers' and children's perception of not being able to attend CFS activities between different groups (boys and girls, children with disabilities, children left-behind, minority children with cultural and language barriers), and locations (urban/rural areas, and more or less resourced communities/provinces).

This evaluation sought to further understand the barriers for accessing CFS services by including non-participating families in the evaluation. A total of 46 families were interviewed on their perceptions and experiences. These interviews revealed that non-participating parents/caregivers were aware of all types of services provided by CFS. Psychosocial support was most well-known by 76% respondents, followed by health education that was known by 52%. There was less awareness of child welfare

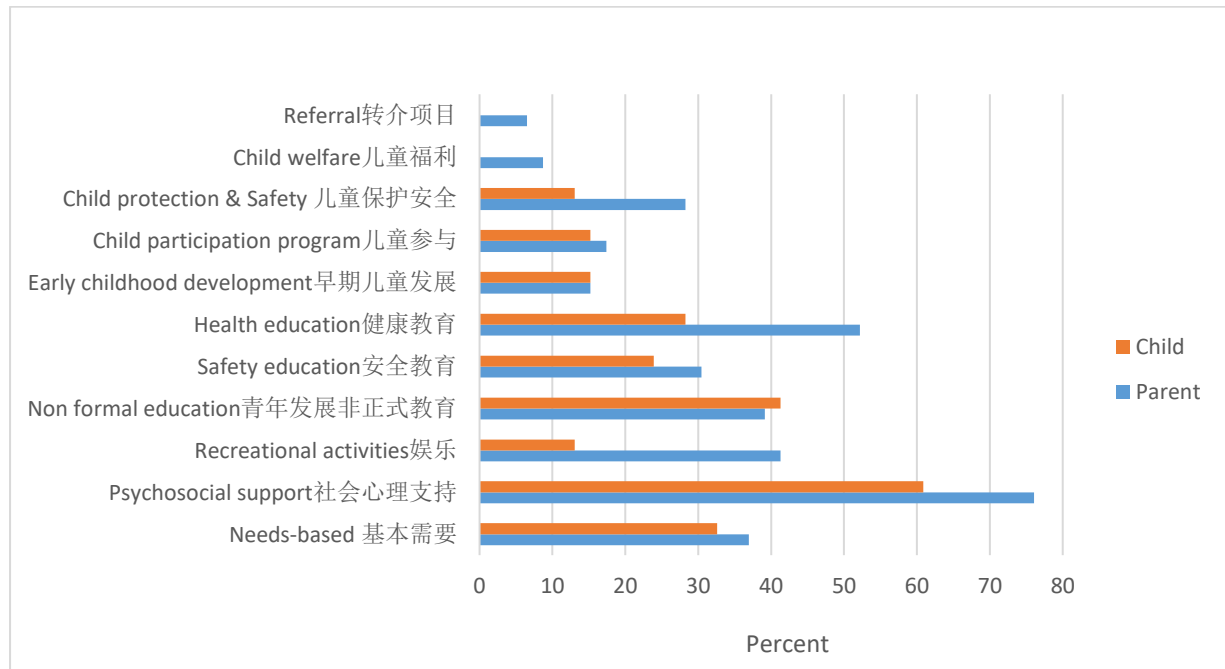
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<sup>62</sup>  $\chi^2 (df=1, n=88) = 9.16, p < .01$

<sup>63</sup>  $\chi^2 (df=1, n=88) = 4.91, p < .05$

services which was known only by 9% respondents and of referral services that was known by 7%. Children were less aware of CFS services than their parents/caregivers with the exception of non-formal education. Also, non-participating children were not aware of either child welfare or referral services (see Figure 10).

**Figure 10 - Knowledge of CFS services: non-participating families (N=92)**



The majority, 54% of parents/caregivers and 67% of children had been reached out to by CFS staff to participate in activities.

As these are non-participating families, understanding their perceived barriers to accessing CFS services is of crucial importance. Based on parents'/caregivers' responses, the mostly cited barriers were children needing to do homework (28%) and time conflicts (22%), followed by barriers related to physical access; 15% mentioned CFS is too far and 13% mentioned transportation as a barrier. A small percentage (4%) of parents/caregivers perceived that services provided by CFS were not relevant to their needs. Children, on the other hand, perceived physical accessibility as an issue. The most cited barrier (by 23%) was that "center [CFS] is too far" followed by barriers related to time management.

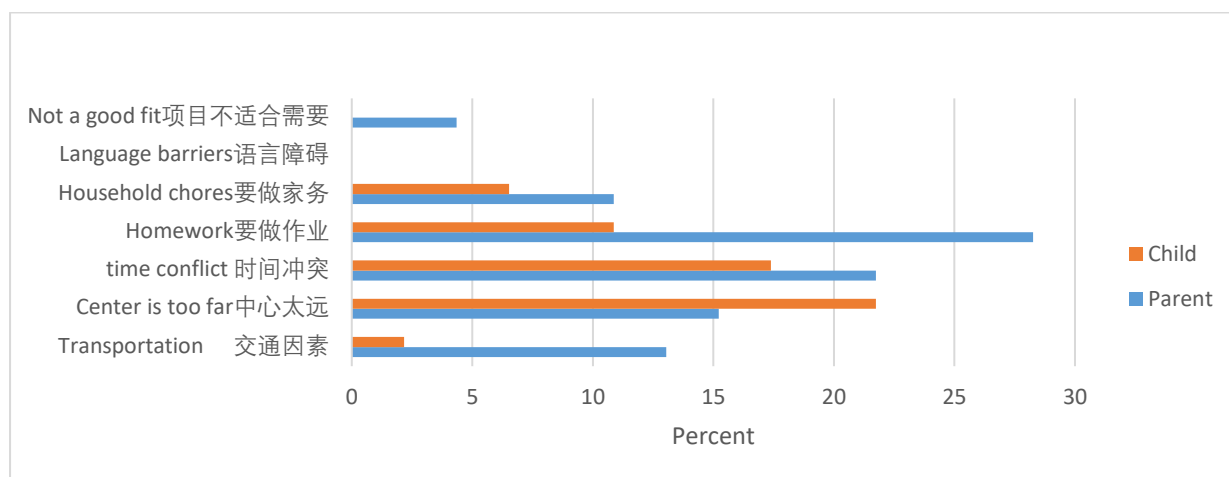
*Finding: The most commonly cited reasons by non-participating parents/caregivers, for not participating in CFS services and programs, were children needing to do homework, time conflicts, followed by barriers to physical access (e.g. distance). Children perceived the physical access as an important barrier.*

Notably, children did not see "not a good fit" as a barrier to accessing CFS services (Figure 11). Parents/caregivers made some suggestions to improve CFS. They suggested for CFS to provide transportation and to have more activities during holidays, school-break, or in the evenings. Also, parents/caregivers shared that they thought that there were also other places in the community, such as schools, playground, community cultural centers, which provided similar services. Children's

suggestions for CFS' included to have more activities, books, sports-based programs. Based on parents/caregivers' and children's responses, their understanding of the function of CFS was mostly around providing a safe place for children to participate in recreational activities, interest classes and make friends. The function of CFS to be a community-based mechanism for child protection and child welfare services was not well-known.

In addition, there were overall no significant differences in non-participating parents'/caregivers' and children's perceived barriers to access between different groups (boys and girls, children with disabilities, children left-behind, minority children with cultural and language barriers, children in rural areas, and children in less resourceful communities/provinces). However, significantly more children from other ethnic groups<sup>64</sup> and also children with disability<sup>65</sup> perceived transportation as a barrier to access.

**Figure 11 - Barriers to access CFS services: non-participating families (N=92)**



In sum, CFS in both emergency/post-emergency contexts successfully produced Output One in TOC regarding “children and families are participating in CFS activities/operations and accessing services with equity” and achieved the expected Impact “Girls and boys, especially the most disadvantaged, receive the services they are entitled to.” CFS were overall able to provide high-quality and equitable services to boys and girls, older and younger children, children in rural and urban communities including the most disadvantaged groups of children such as children left-behind and children with disabilities.

<sup>64</sup>  $\chi^2 (df=1, n=46) = 6.11, p < .05$

<sup>65</sup>  $\chi^2 (df=1, n=46) = 5.70, p < .05$

There were a few differences in program/service utilization: more boys than girls received child protection or safety related services, more children in emergency/post-emergency context than development context received health education and child protection services; more parents in development context received basic needs program and recreational activities; more children in rural community than urban community received health education while more parents in urban community than rural community participated in recreational activities; more Han parents than ethnic minority parents participated in recreational activities; and more parents/caregivers of children with disabilities than parents/caregivers of children with no disabilities participated in the Parent's Committee.

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*Finding: CFS in both emergency/post-emergency contexts successfully produce Output 1 in TOC regarding "children and families are participating in CFS activities/operations and accessing services with equity There were some differences in the utilization of various services provided in CFS, between different groups: boys/girls, emergency/post-emergency contexts, urban/rural, Han and ethnic minority groups.*

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Quantitative findings showed that there were no differences in parents'/caregivers' and children's satisfaction of CFS activities/services between groups. In terms of CFS engagement efforts to different groups, there were no significant differences across groups based on parents'/caregivers' responses. However, children in an emergency/post-emergency setting and Han children rated the success of CFS engagement efforts higher than children in a development context and ethnic minority children. Also, Han children and children in urban communities rated their voices being included in CFS programming higher than ethnic minority children and children in rural communities.

These successes could be attributed to the inclusive programming design and CFS outreach-efforts as described by two activities in TOC: (a) CFS staff organize and coordinate services that facilitate children's and parents' participation in the management and service delivery (e.g., Children's Committees, Parents Committees, child or parent volunteers), and (b) CFS staff provide mobile and outreach services to vulnerable and marginalized children and families. The realization of the TOC assumption that "local communities are empowered to participate in CFS activities and to enhance children's development, growth, health, protection and learning" helped to ensure the inclusiveness and relevance of CFS services to diverse groups.<sup>66</sup>

## 5.6. Sustainability

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<sup>66</sup> Examining the differences in CFS service utilization and responses to CFS efforts across sub-groups of children all together, it comes to the attention that family resources were linked to child behavior or perception differently in resources-rich and resource-poor communities. Children in rural areas, of minority ethnic groups, with disabilities, or in the emergency context demonstrated patterns that could be simply the reflection of their unique situation (less resourceful) and needs (increased needs), and the availability of other alternative services (paid or not) in their communities. Such dynamics would also lead to different perception of CFS and assessment of the role of CFS in their life. This evaluation does not offer adequate sample size to do further analysis; however, modifications and attentions are worthy for CFS scale-up and improvement.



This evaluation examined the internal and policy factors that facilitate or hinder the sustainability and evolution of CFS as a community-based child protection and child welfare mechanism. Specific attention was given to the extent to which the CFS-model can be sustained within the communities especially those transitioning from an emergency context to development context; and to the potential for the evolution of the CFS-model as a community based child protection mechanism nationwide.

### 5.6.1. Potential for sustainability within communities

At the time of data-collection for the evaluation, 82% (27 of 33) CFS directors indicated that CFSs were fully transferred from UNICEF to local governments or communities, and 67% (22 of 33) endorsed the statement that “transitions went smoothly”. Transitions were supported by local and provincial leaders and other stakeholders. Approximately 70% CFS (23 of 33) had a detailed transition plan, and 58% CFS (19 of 33) received additional funding, training, and staff to support the transition. While the transition of the majority of CFS was smooth and well-funded, some CFS encountered constraints particularly regarding funding.

*Financial sustainability:* At the time data collection for this evaluation took place, all CFS had already transitioned to local government and as described in the chapter on efficiency, data from respondents suggest that there were some concerns regarding sufficiency in staffing, functions and funding after the CFS transition from UNICEF to the local government. Despite the fact that CFS, particularly those in resourced areas, have the capacity to mobilize community resources; sustaining CFS as a child protection mechanism with core child protection services and most essential child welfare services will require funding from governments. Among the CFS directors surveyed, 88% (29 of 33) stated that inadequate funding or staff was a challenge or constraint at the time when data collection for this evaluation took place. While there could be various reasons for the perceived precarious funding situation, it is noted that the CFS directors who did not complain about the funding, were directors in CFSs that were located in well-resourced provinces or regions or cities. During site-visits community members and CFS staff expressed the need for additional funding and increasing staff compensation. This was the case in all communities except for a few that either were losing its population due to post-disaster relocation and emigration or in those communities that had adequate local support.

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*Finding: While the potential for sustainability of CFS is great, because of the how well CFS have been integrated and accepted by communities, sustainability cannot be fully assured because of factors in the larger environment. One such factor is funding.*

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After UNICEF phased out its support, CFS' have had to compete for limited local resources and in the interviews with CFS directors, directors mentioned the local government's fiscal constraints. For example, one CFS only had about 2,000 RMB funding per month from the local government. This was primarily used to cover the salary of a full-time CFS director. While all visited CFS had a way of navigating different systems for resource sharing, finding additional funding, and in-kind contributions from collaborating partners and donations, these coping approaches were not sustainable or reliable. Among visited CFS sites, one did not receive adequate financial support and operations were almost stopped at the time of this evaluation. Lack of funding, most likely also influenced perceptions around sufficiency of current technical support. Among CFS directors surveyed, a large majority expressed concerns about the lack of technical support 79% (26 of 33). After UNICEF stopped funding CFS', local governments seemed to lack the resources or manpower to offer structured and continued training for CFS staff. A few CFS showed positive signs of sustainability. For example, a few CFS were included

in the local development agenda; and/or had received more attention and positive support from the province/local governments.

This said, most community members and other local stakeholders believed that CFS has a great potential to stay in the community by stating that CFS “has been an integrated part of the community.” One staff of a post-emergency rural CFS said: “After all the years, CFS has played a big role [in the community], and been well accepted by children and families. At last when rebuilding [the village], it did build CFS facilities.” Similar “integration” was observed in the urban development CFS. While the feeling of ownership among residents was not fully documented, CFS operation and management including funding and resources sharing, leadership and staff, were fully integrated into the local community administration. In some communities, though, CFS might no longer be needed. One strategy of post-disaster settlement and community rebuilding is to relocate residents from dispersed living location to a new geographic disaster safe-zone. As such, for some CFS that were set up to respond to disasters, the communities they had been serving might gradually lose their population or even no longer exist.

*Beneficiaries views on transition:* In the community, children were much more aware of this transition than parents/caregivers (74% versus 27%). In addition, 24% of parents/caregivers and 27% of children reported there was a change in programs/services, 3% of parents/caregivers and 5% children reported a change in CFS location, 15% of parents/caregivers and 19% of children reported a change in CFS staff (Figure 12). Respondents also shed light on what they perceived as positive and negative changes that accompanied the transition from UNICEF to local government. Nineteen parents/caregivers and 23 children shared positive changes in CFS programs/services<sup>67</sup>. Children’s feedback paralleled parents/caregivers’ observation and they provided additional details on new activities and equipment available (e.g. they mentioned soccer, table tennis, badminton or even decorations of the facilities). These positive changes were attributed to the increased attention to children’s well-being by the government.

However, 6 parents/caregivers and 9 children shared about negative changes in both programs/services and staffing capacity; fewer staff, teachers, and volunteers; a reduction in the number and frequency of programs, with some services either being provided on a reduced capacity or being terminated; outdated equipment that was not replaced, were some of the negative changes reported. Children also mentioned a reduction of promotional efforts, termination of specific programs. Parents/caregivers mostly attributed these negative changes to a lack of financial support by local government.

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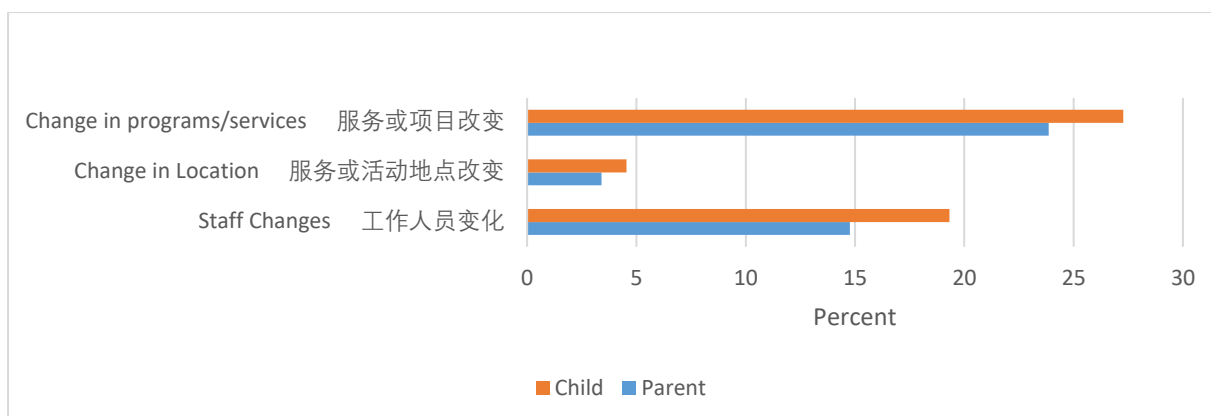
*Finding: Since CFS have transitioned from UNICEF, there have been some negative changes which were observed by some parents and children. These changes included staffing capacity, service provision, equipment which was perceived as outdated, a decrease in promotional efforts and the ending of specific programs.*

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**Figure 12 - Changes in CFS (N=176)**

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<sup>67</sup> Parents/caregivers commented on better facilities such as a new exercise room, yoga room, more equipment (e.g. toys or computers), more and increased varieties of activities (and targeted activities), increased counseling activities, parent/child activities, increased activities during holidays, more teachers, and increased Citizen Affairs services.



### 5.6.2. Potential for nation-wide expansion

The vision of an expansion of “Children’s Places”, a community place for children, to 90% of communities in China, as expressed in the National Plan of Action for Children 2011-2020 paves the way for a nation-wide expansion of the CFS-experience. Supportive of this vision, local CFS stakeholders, based on their experience working with the community, expressed a positive prediction about the potential for such nation-wide expansion. Similarly, the larger context in China and similar philosophy of using community as a locus for engaging with children offers great potential for CFS nation-wide expansion. Local variations, local indigenization, and special programs and services to respond to local needs are expected to be needed. This will create both challenges and opportunities for a nation-wide expansion. A CFS nation-wide expansion plan would also need to consider the huge rural-urban and regional disparities in China. As to what has been identified in this evaluation, funding and resources from the government were essential to some CFS but not all. For CFS in well-resourced areas, non-government public resources such as donations from the local business sector, university volunteers, and community social capital were easily accessible. However, given the variations in the availability of resources in different communities, it could be useful to conceptualize a “basic” CFS model that can be scaled up as a child protection and child welfare mechanism to serve vulnerable children. This model should be primarily funded by government. An “expanded” CFS model that also serves child development purposes and functions as a community center to provide educational and development programs and services for all children might not be feasible in rural, remote and/or less resourced areas unless there is stable financial support from the government.

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*Finding: A national scale-up of CFS is underway. If this scale-up builds upon the pilot project, this pilot project, as evidenced by this evaluation ensured that CFS established fitted well, or was made to fit well, in different communities, rural and urban, different province with different social political policy context, disaster and development, and resourceful and less resourceful communities.*

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Furthermore, a CFS nation-wide expansion plan might need to compete with other models that share similar goals around child protection, child welfare, and child development. There are indeed other such models/programs (e.g. “Children’s Directors (barefoot social workers)” in each villager/community residents committee, “Child Friendly Community”, and “Children’s Center”) that have been endorsed by different central government Ministries and entities, and/or are sponsored by resourceful foundations and NGOs which have been very active and are influential in certain regions.

### 5.6.3. Potential for transitioning emergency context CFS to development contexts

This evaluation found the CFS transitions from emergency to development contexts to be smooth; without much disruption in programs and services. In addition, new programs and services started naturally when programs for emergency situation achieved their outcomes and outputs, and services

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*Finding: When emergency contexts transitioned into development contexts, CFS programs and services continued without much disruption; new programs and services started naturally when programs for emergency situation achieved their outcomes/outputs and terminated.*

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were terminated when no longer needed. The smooth transition is partially attributed to the fact that CFS services and programs were incorporated into a planned process for post-disaster community-rebuilding and development and CFS in many communities were the only place for children, especially preschool children, to play and learn. As community members said, “*children’s*

*needs have been the same [over the years]”*; local communities and governments need such a CFS to stay, be fully functioning, and successful.

## 6. Conclusions

This evaluation assessed the relevance, effectiveness, efficiency, impact, equity and gender equality as well as sustainability of CFS in ensuring that girls and boys, especially the most disadvantaged, are protected from violence, abuse, exploitation and neglect and receive the services that they are entitled to. Below are some conclusions which the evaluation draws from the evidence presented in previous chapters. The conclusions include reflections on the performance of the CFS-project assessed through the lenses of the evaluation criteria, the appropriateness of the theory of change and implications for gender and human rights.

### 6.1. Relevance

The relevance of CFS practice and programming to the local community's context, needs, priority, and residents was strong. CFS services, in different contexts (i.e., emergency/post emergency and development context), were consistent with the situation and needs of children and families in the communities. CFS also adapted their practices to the different and changing needs and contexts. UNICEF's technical expertise was highly relevant in the establishment and implementation of CFS. This was recognized and appreciated by CFS directors and staff, parents/caregivers and children, and community stakeholders. The CFS-implementation in communities was adaptive and encouraged community engagement and participation. It included comprehensive services and programs, including services to prevent violence and increase the safety of children. The adaptive design made CFS highly relevant to China's development goals in general. CFS are also highly relevant to the specific goals and diverse needs in China's urban and rural societies.

### 6.2. Effectiveness

Overall, both CFS in emergency/post-emergency and development settings accomplished the expected outcomes and provided a "participatory, safe, protective space and mechanism that supports delivery of basic child welfare, protection, psychosocial, and other services for all children, particularly the most disadvantaged". These provisions included girls, children in rural or poorly resourced communities, children left-behind, children with disabilities, and ethnic minority children. By implementing activities specified in the TOC related to outreach and inclusion, the project has successfully ensured that children and families could access services with equity. Data from multiple sources furthermore indicated that beneficiaries were very satisfied with the services that they have received. CFS also established an identification and referral mechanisms for child protection and welfare services. The families that utilized these services were very satisfied with the support they received. A high level of participation, tailored programs, and services made CFS satisfactory to needs of community members. UNICEF supported the development of CFS working protocols and standards, community processes, provided structured training and technical support. This support was much appreciated and helped ensure a satisfactory level of quality in services and programs.

For CFS in emergency/post-emergency setting, two additional outputs related to (a) the provision of quality and equitable emergency preparedness and response services as well as basic child protection and welfare services; and (b) capability of sustaining and expanding CFS services in a development setting. Findings of the evaluation suggest that CFS in emergency/post-emergency settings have clearly produced the first output while the success of the second output was heavily influenced by local government support, especially financial support.

For CFS in a development setting, additional outputs relate to (a) the provision of quality and equitable child protection and welfare services, (b) establish community-based child protection mechanisms for the identification, prevention, response, reporting, referral, and monitoring of children and families at risk, as well as (c) NWCCW/WCCW increased knowledge and capacities to inform the development of policies, tools and standards to support the operationalization and scale-up of a community-based child protection mechanism. While some important building blocks for a community-based child protection mechanism were established through evidence from the evaluation demonstrated only partially success in the achievement of this output. More systematic financial and structural support from the government is thought to be needed for this last output.

### 6.3. Efficiency

Based on the cost-analysis and considering the wide range of services that CFS have been providing, the evaluation establishes that CFS have been able to operate in China with a high level of efficiency. Furthermore, UNICEF's investment in CFS design and implementation had a great value. Because of this investment, many Chinese villages and communities have experienced a community-based mechanism for child protection, child welfare and child development for the first time. However, stakeholders have expressed a need for additional funding, increased staff compensation and more technical support and organizational structure for CFS.

### 6.4. Impact

Participation in CFS brought multiple aspects of positive changes in the lives of children in the areas of psychosocial well-being, safety, health, school performance and family relationships. Programming at CFS was also successful in bringing positive changes in knowledge, skills, attitudes and practices to prevent violence against children by parent/caregivers. Contributions of UNICEF received a unanimous recognition amongst all stakeholders and beneficiaries. The existence of CFS, its outreach, and basic assessment of needs of all children and their families in the community, have led to a better understanding of issues concerning violence against children, child neglect and welfare, and of children's vulnerabilities in the community. Comprehensive services and programs have contributed to an increased community awareness of children's needs more broadly and strengthened parenting capacity.

### 6.5. Equity and gender equality

Findings of this evaluation indicate that CFS provided services to boys and girls with equity on all assessed dimensions. The only exception is that more boys received child protection or safety related services than girls. The inclusive programming design of CFS and parenting education on gender equality contributed to the accomplishment of this impact. In addition, CFS in both emergency/post-emergency settings, were overall able to provide quality and equitable services to boys and girls, older and younger children, children from emergency/post-emergency and development settings, children in rural and urban communities. This included the most disadvantaged groups of children such as children left-behind, children with disabilities, and children from less resourced communities.

However, when it comes to equity issues more broadly there were a few differences that indicated that more inclusion efforts should focus on children from ethnic minority groups and children with physical disabilities. CFS inclusive approaches and the involvement of Children's Committee and Parents' Committee in program design and service delivery helped assure program and service equity.

## 6.6. Sustainability

The experience of CFS' transition from UNICEF to local government showed that the CFS model is sustainable. Local CFS stakeholders also expressed a positive prediction about the potential for nationwide expansion. The CFS model overall fitted well in different communities. However, the CFS nationwide expansion plan might need to compete with other models that share similar goals.

While there is evidence from the data to affirm the relevance, effectiveness, efficiency, impact, equity and equality as well as sustainability of CFS, some CFS, particularly in post-emergency settings, did encounter challenges in sustaining and expanding the role of CFS as a community-based child protection and welfare mechanism. This was primarily the case because of a lack of funding support from local government after the transition. Some CFS also have perceived a lack of workforce training as an issue. These challenges and barriers confirmed the risks identified in the TOC pertaining to low staff capacity, lack of supervisory support, and insufficient financial allocation at the local level as well as policy and financial commitment at the national level.

## 6.7. Alignment and validity of the Theory of Change

The findings of this evaluation provide support to the validity of the TOC. There is clear evidence positive child development, psychosocial, and general well-being of children as a result of the outputs achieved by the project. However, variations in terms of accomplishment of outcomes and outputs related to child protection and child welfare services exist between different CFS. The evaluation does not have enough evidence on the overall community knowledge of child protection and welfare, and on community mechanisms for child protection to be able to draw broad conclusions on the impact of CFS in those areas. For example, this evaluation has not been able to establish to what extent CFS have actually contributed to strengthening of the protection of children from violence, exploitation, and abuse through a reduction in the incidence of cases.

However, there is clear evidence that the CFS has the potential to serve as a community-based child protection and welfare mechanism. In spite of the nascent community understanding of child protection, community stakeholders appreciate the importance of the functions and critical role of CFS in community outreach, education, prevention of, identification and intervention in cases of child abuse, in addition to more generally promoting children's wellbeing.

There is also evidence that preventive education has positively impacted parenting and disciplinary practices. This is one of CFS's major contribution to child protection. In addition, while some CFS have successfully established a comprehensive system of identification, responding and reporting, the current capacities and impact of CFS on child protection will still needs to be further assessed.

Consistent with the assumptions specified in the TOC, data from the current evaluation suggests that the successes of the evaluated CFS were grounded in adequate technical support primarily from UNICEF, financial support previously coming from UNICEF, and currently coming from local government. It was furthermore grounded in political/policy support from the local, provincial and national government. This provided an enabling environment for providing services to fulfill child rights and to provide child protection and welfare services. CFS staff were also competent in providing relevant services to the local communities. Communities were empowered to engage in CFS activities through, for example, Parent's and Children's Committees. CFS staff also worked closely with community stakeholders to strengthen collaboration and referrals to other services. This is an important building block for a community-based child protection and welfare mechanism. The role of

UNICEF and NWCCW were central to provide the technical assistance, standards, and capacity building for accomplishing these outputs. The role of (N)WCCW was especially crucial to assist or activate local and sub-national multi-sector coordination mechanisms for child protection and child welfare services, including a reporting and response mechanism.

The risks stated in the TOC accurately reflected challenges encountered by some CFS, especially CFS in less resourced communities. Subnational government support varied to different CFS. Some CFS, for instance, received adequate financial or governmental support while other CFS were struggling with resources. Furthermore, there were disparities in availability and quality of social services, child protection and child welfare services across communities and provinces. Another risk accurately reflected in the TOC was staff capacity which could be jeopardized by lack of continuity in staff training.

Overall, the implementation of CFS in both emergency/post-emergency and development context was consistent with the impact, outcome, outputs, activities, assumptions and risks as stated in the TOC. For a future expansion of CFS, the TOC could potentially be refined to differentiate better between the child protection and child welfare services. For example, within CFS, some services could be defined as “core and essential services” provided at every CFS, and differentiated from “other child development services” that potentially are not targeted at vulnerable populations specifically. In other countries, identification of such “core child protection services” is often guided by decisions on what needs to be statutory services, such as for example case management services, because these are mainly helping to identify, refer and monitor cases of children living in high risk situations or abusive family situations that are otherwise likely to go undetected.

Other “essential child welfare services” could be services that are strategically important because they attract families to the CFS and make them popular in the community (e.g. day care or recreational services), or because they are generally known as having a positive effect of potentially reducing incidences of violent behavior (e.g. parental education and psychosocial services). A national dialogue should be held with the relevant stakeholders in China to agree on the “core and essential” child and family welfare services to be available in each CFS.

Furthermore, depending on availability of funds, and specific needs in each community, each locality could also have the option of adding additional/optional services that respond well to specific needs in the community, and are not provided elsewhere by anyone else. Such services could be provided within the CFS simply because this is an opportunity to offer services under one roof (known as one-stop-shops or single window) and this facilitates integration and access. A refinement of the TOC that differentiate between “core and essential” and “optional” services would allow for an increased focus of programmatic as well as resource allocation efforts.

## **6.8. Child Rights’ implications**

Through the provision of services, the CFS project helped the government of China to fill a gap in services needed to reduce disparities in the fulfillment of children’s rights to development, protection, and participation. The CFS furthermore introduced an innovative service model to address child protection, welfare and child development issues. By focusing on reaching out to all groups, CFS proved to be a service model that was inclusive of all children with similar relevance to various groups (incl. children from Han and ethnic minority groups, urban/rural differences, boys and girls, children with disabilities and children without disabilities).



The prevalence of child protection, wellbeing, and development issues that the CFS-model aimed to address, was evidenced by the evaluation. The fact that parents and communities saw a need for these issues to be addressed was evidenced in their utilization and satisfaction of services for child protection and wellbeing. One major contribution of CFS programming to child protection is on preventive education. CFS programming contributed to a positive change in parenting and disciplinary practices that support child's rights.

Some other child protection concerns were not directly addressed by CFS-programming, and could possibly be addressed through expanded parental education. For example, children were most afraid of being alone at home especially at night. Potential neglectful behavior of parents who leave their child alone at home, especially in the evening, might be an issue that is not sufficiently attended to. Some other issues were probably out-of-reach by a service model, such as CFS, alone. For instance, parents, and especially children, were concerned about child trafficking. This is a human rights concern that requires a concerted effort across multiple governmental agencies.

The pilot project helped the Government of China (as a duty bearer) to test a critical set of services in preparation for a scale up. In doing so, UNICEF did not replace the government in its duty-bearer role, but built the technical capacity of the national and local governments for a progressive uptake of CFS over time. Such up-take is demonstrated in the fact that national and local policy documents, and financing of services at local level, have maintained the CFS-model even after the post-emergency phase was over.

## 7. Lessons learned

The evaluation aimed at identifying lessons learned and good practices to inform strategies for its evolution as a community-based child protection and child welfare mechanisms in a sustainable manner. The original international CFS-model was designed to offer a safe space to help support and protect children in the context of emergencies such as war and natural disaster. The model has thereafter been adopted widely in various countries as a child protection and psychosocial support intervention mechanism in emergencies. The CFS-model in China, through years of practice, has demonstrated unique features, which are either in full display or emerging.

### 7.1. Lessons on the experience of China vs international experience with CFS

Unlike CFS practice in other countries<sup>68</sup>, the CFS practice in China has adopted a community-based approach. In China, *community* in urban and rural areas has been defined and nurtured based on geographic neighborhood. The CFS practice broadly included almost all groups or networks at grassroots level that have responded to and prevented issues of child protection and responds to needs of vulnerable children. These may include support from parents and family, youth peer groups, and other community groups as well as community processes. Progressively, services, activities and programs for other community members (e.g. women and seniors) initiated by local governments and NGOs can be linked to CFS. The shared understanding of the community role in service delivery helps mobilize community resources and social capital, and contributes to the effectiveness, efficiency, impact and sustainability of CFS as what has been documented. This practice could be applicable in any country, area or region that has a strong collective culture and community coherence.

In addition, the original CFS-model is reactive and intervention-oriented in nature given its function and set-up in an emergency context. However, a confluence of social forces (e.g. bigger and stronger role of government in children's wellbeing) and population dynamics (e.g. migration and abolishment of one-child policy) has led to a great interest in the prevention of child abuse, and the promotion of child welfare and child development through community-based education in China. For this reason, the CFS practice as it evolved in China has moved on and is now heavily emphasizing prevention and child development. This is indeed a positive development<sup>69</sup>. In any country without a mandatory reporting system of child abuse, and with an evolving public understanding of child protection, China's practice of providing a balanced provision of services that are *both* prevention and child development oriented *and* intervention oriented, can serve as a good practice. This uniqueness makes the CFS a community model that fits well for child protection and child welfare in China.

### 7.2. Lessons and potential challenges for the expansion of CFS in China

*Defining the scope of CFS:* One important lesson from this evaluation is the need to define clearly and purposefully the scope and focus of CFS services in standards. This evaluation has documented a risk that when other activities and programs are added, or the balance of service provision leans towards prevention and development-oriented services and programs, the CFS becomes a generic "welfare service for all". This would make the original child protection-intent get lost. If CFS model is intended to become a community-based child protection and child welfare mechanism in China, services

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<sup>68</sup> For instance, World Vision International (2015). Evaluation of Child Friendly Spaces: Tools and guidance for monitoring and evaluating of CFS. Retrieved on June 21, 2019 from [https://www.wvi.org/sites/default/files/Guidance%20for%20CFS%20M&E\\_2.pdf](https://www.wvi.org/sites/default/files/Guidance%20for%20CFS%20M&E_2.pdf)

<sup>69</sup> See UNICEF (January 2011). Guidelines for Child Friendly Spaces in Emergencies. Retrieved on August 7, 2019 from [https://www.unicef.org/protection/Child\\_Friendly\\_Spaces\\_Guidelines\\_for\\_Field\\_Testing.pdf](https://www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf)

offered at the CFS should assure the welfare of the most vulnerable children and families. The danger is when CFS-model gets too ambitious (i.e., covering too many functions particularly universal services for all children) it also risks being inefficient. This could also lead to CFS operation becoming too expensive.

*Defining the role of CFS in China's Child Protection and Child Welfare system:* The role of CFS in the national child protection and child welfare framework that is currently being set up<sup>70</sup> remains unclear. There have been recent developments in 2019 that may offer a good opportunity to define this more clearly. Lessons from this evaluation indicate that CFS services could contribute to this system through identification of vulnerable families, children at risk, and in extreme cases also provide support to children who have suffered violence, abuse and neglect. CFS would then become “entry-points” to the government juried child welfare system. If CFS are integrated in the broader child protection system, this system could capitalize on the relationship of trust that CFS have managed to build with the communities and give the overall child protection and welfare system more of a family support-focus than an “investigative” focus that child protection services are known for in many other countries (e.g. US and UK). Community attitudes and perceptions of violence against children (or broadly domestic violence) might not yet be ready for such an approach to be accepted within the community.

*Quality of CFS staff and the development of child welfare workforce.* CFS staff do not have the professional capacity to take on complex child protection and child welfare cases with responsibility for case management of complex cases. For such cases CFS services need to rely on other structures/professionals (e.g., Children's Directors, the police, that in some cities already work with local MCA-department on more complex cases) However, given the experiences of CFS in doing interventions and assessments of cases where families and children are vulnerable or at risk, initial case management for less complicated cases can be placed in CFS. Scaling up the CFS with such a role, and defining it within the functioning of broader systems, could over time allow for the emergence of a more mature case management referral system with a hierarchy, and professional supervision and support inbuilt. This could emerge progressively as the child welfare workforce capacity in China becomes more available.

*Funding mechanisms.* While CFS were overall adequately and stably financed with sufficient technical support during the UNICEF-supported period, transition experience of CFS from UNICEF to local government showed that the sustainability of CFS-model was largely determined by the availability of stable and adequate financial support from local community and/or government. An explicit strategy for securing stable financial support to CFS will be important for CFS to serve the role of a community-based child protection and child welfare mechanism in China.

### 7.3. Good practices

Best practices of CFS interventions regarding programming include the following:

- A broad community participation and dynamic participation methods, including structured participation via Children's Committee and Parents' Committee. This has increased program

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<sup>70</sup> The following provisions are articulated: “specifically, the establishments of MCA's Department of Child Welfare, the Child Assistance and Protection Agency in each local Department of Civil Affairs, as well as the setup of Children's Supervisors and Children's Directors in each county and community respectively” in the MCA's *Opinions on Further Improving the Care Service System for Children Left-Behind and Children in Difficult Circumstances in Rural Areas* (2019). Available at <http://www.mca.gov.cn/article/gk/wj/201905/20190500017508.shtml>

relevance and CFS capacity to respond to the needs and the changing needs in the community. It has also served to empower beneficiaries and build trust for CFS.

- Family education, positive parenting and positive child development were relevant interventions and effective in increasing positive parenting practice and preventing violence against children in a family context.
- Cultural programs to preserve local and/or ethnic cultures and ensure cultural sensitivity has been infused in the practice of CFS. This was very valuable and not only contributes to making CFS relevant to local communities. It also builds up indigenous knowledge and skills for practical work with children and families with various cultural needs.
- CFS outreach interventions focused on increasing access to all groups including the vulnerable and marginalized children and families. In addition to traditional methods such as home visits, CFS programming is also used social media for community outreach, information and promotion of programs and services.
- CFS in emergency/post-emergency context employed family-based approach and had disaster preparedness programs and services for children and adults integrated and delivered to families.

Best practices in community partnership and capacity-building include:

- Building networks and partnership through an integrated local working group that includes local government officers (police, civil affairs, health, education), as well as WCCW and CFS director or staff.

Best practices in institutional support provided by UNICEF, local, subnational and national institutions include:

- Collaboration between NWCCW, UNICEF and relevant government offices to develop CFS minimum standards, guidelines, manuals and staff competency frameworks. Because of the wide variations in local conditions and resources, these standards and guides are invaluable to ensure minimum standards of quality.
- Consistent technical expertise and professional support provided by UNICEF, which has worked with NWCCW and technical experts through the provincial Technical Support Hub to provide guidance, technical support, trainings, monitoring visits, on-site coaching to CFS.
- National, provincial and local level capacity building or best-practices sharing events organized by (N)WCCW with support from UNICEF.
- Activation of local and subnational multi-sector coordination mechanisms for child protection and child welfare services, supported by (N)WCCW and relevant government offices at both national and local levels.
- (N)WCCW and relevant government offices at both national and local levels, with input from UNICEF, develop/adapt procedures for reporting of and response to child abuse cases.

## 8. Recommendations

Based on the evidence collected through this evaluation, conclusions made by the evaluation team, and lessons and good practices identified, recommendations summarized here take into account feedback provided at a validation workshop with officers from UNICEF-China and NWCCW, as well as national child welfare experts. During the workshops, evaluation results and recommendations were fully deliberated and discussed; priorities were identified to assure that recommendations are helping the development of a meaningful child protection and child welfare system in China. Indicative activities and potential target groups are also elaborated.

### 8.1 Short-term recommendations (within two years)

The short-term recommendations should be addressed as soon as possible ideally within two years following the finalization of this evaluation. The top priority is to support the current CFS *primary function* and the CFS national scale up as a community-based child protection and child welfare mechanism as an entry point for a child welfare system in China. These recommendations made to ensure that CFS would be fully functional with a clear role in the community, well defined scope of work, adequate resources, unified standard on facilities and staff, and high quality of services. These recommendations were proposed based on CFS experience and lessons with the hope that good practices can be maintained and strengthened.

Recommendations	Indicative Activities	Targeted Groups
Develop clear mandates between the different government entities including central and local authorities engaging in child protection to prevent and respond to violence against children	<ol style="list-style-type: none"> <li>1. Holding one (or as many as needed) national consultation to clearly define duties and responsibilities for each sector of the central government involved in the national child protection and child welfare system</li> <li>2. Using the national consultation to discuss similarities, differences, advantages and disadvantages in various developments and local initiatives currently on-going in China and agree on one integrated streamlined mechanism at the local community level for child protection and child welfare to be taken to scale.</li> <li>3. Using the national consultation to agree on the core child protection services and essential child welfare services that are needed to be offered in the community.</li> </ol>	NWCCW on the CFS, ACWF on the multi-sectoral community-based child protection mechanism, MCA on the Children’s Directors program, and central and regional/sub-national government agencies, and UNICEF
Establish clear national guideline on the role of community-based child	<ol style="list-style-type: none"> <li>1. Having a group of experts developing a national guideline on the role of community-based mechanism</li> </ol>	NWCCW on the CFS, ACWF on the multi-sectoral

Recommendations	Indicative Activities	Targeted Groups
protection, including the CFS within the larger child protection and child welfare system, as well as national guidance for community-based facilities and staff	<p>including the CFS, as well as guidance for community facilities and staff to clarify CFS structure and scope of work and assure minimal professional capacity.</p> <p>2. Including the CFS tasks into job description of Children’s Directors to integrate child protection and child welfare services offered by different entities in the community and bridge the CFS with other structures, professionals and entities within the broader child protection system.</p>	community-based child protection mechanism, MCA on the Children’s Directors, UNICEF, and national experts
Establish financial commitment of government funding at various levels to scale up local child protection and child welfare mechanisms in form of CFS-model	<p>1. Undertaking a costing exercise of what would need to be the financial commitment from the government to child protection and child welfare system scale up.</p> <p>2. Supporting provincial government to undertake a costing exercise of the financial commitment to offer core child protection services and essential child welfare system in the local community.</p>	Fiscal departments at various levels together with NWCCW, ACWF, and MCA

## 8.2 Long-term recommendations (within five years)

The long-term recommendations can be addressed within five years following the finalization of this evaluation. These recommendations recognize the huge variation and disparity in local communities’ needs, resources, and context. To cater to this variation, targeted groups, objectives and activities of CFS of *essential child welfare services* would vary between locations. Nonetheless services should respond to the family and community risk factors that connect with violence against children and jeopardize children’s wellbeing. The objective is to support the capacity development at the province and county level and to promote the quality practice in the field and sustain this community mechanism’s long-term development.

Recommendations	Indicative Activities	Targeted Groups
Build capacity at province and county level to progressively provide technical support for CFS programming and service delivery, and to ensure an institutional framework for a CFS-expansion informed from technical excellence,	<p>1. Being informed from the pilot project, developing relevant by-laws for the formal establishment of provincial technical hub.</p> <p>2. The provincial technical hub offering consultation to set up local priorities and scope of essential child welfare services</p>	Each provincial government led by local WCCW and DCA, and CFS directors

Recommendations	Indicative Activities	Targeted Groups
	<ol style="list-style-type: none"> <li>3. Allowing CFS to form provincial consortiums and to work with the provincial technical hub for training, mutual learning and assistance.</li> </ol>	
<p>Building from UNICEF’s expertise, collect, organize and disseminate information on all aspects of violence against children, and to advance the effective use of evidence-based practice in the CFS practice.</p>	<ol style="list-style-type: none"> <li>1. Setting up an online national child welfare clearinghouse.</li> <li>2. Linking the CFS to the future sub-national database of reported violence against children cases.</li> </ol>	<p>All child protection and child welfare practitioners, researchers, policy makers and organizations (including CFS)</p>
<p>Increase efforts in professional training and education of child welfare workforce in China</p>	<ol style="list-style-type: none"> <li>1. Developing a training/educational curriculum to construct a specialized field of learning in child welfare.</li> <li>2. Investing in social work programs to train professional child welfare workers.</li> <li>3. Investing in paraprofessional trainings in each province.</li> </ol>	<p>Students, potential child welfare workers and social workers, and CFS staffs, as well as education and training institutions</p>

## Annex 1 – Terms of Reference

Available as a separate document



## Annex 2 – Elaborations on conceptual framework and theory of change and objectives

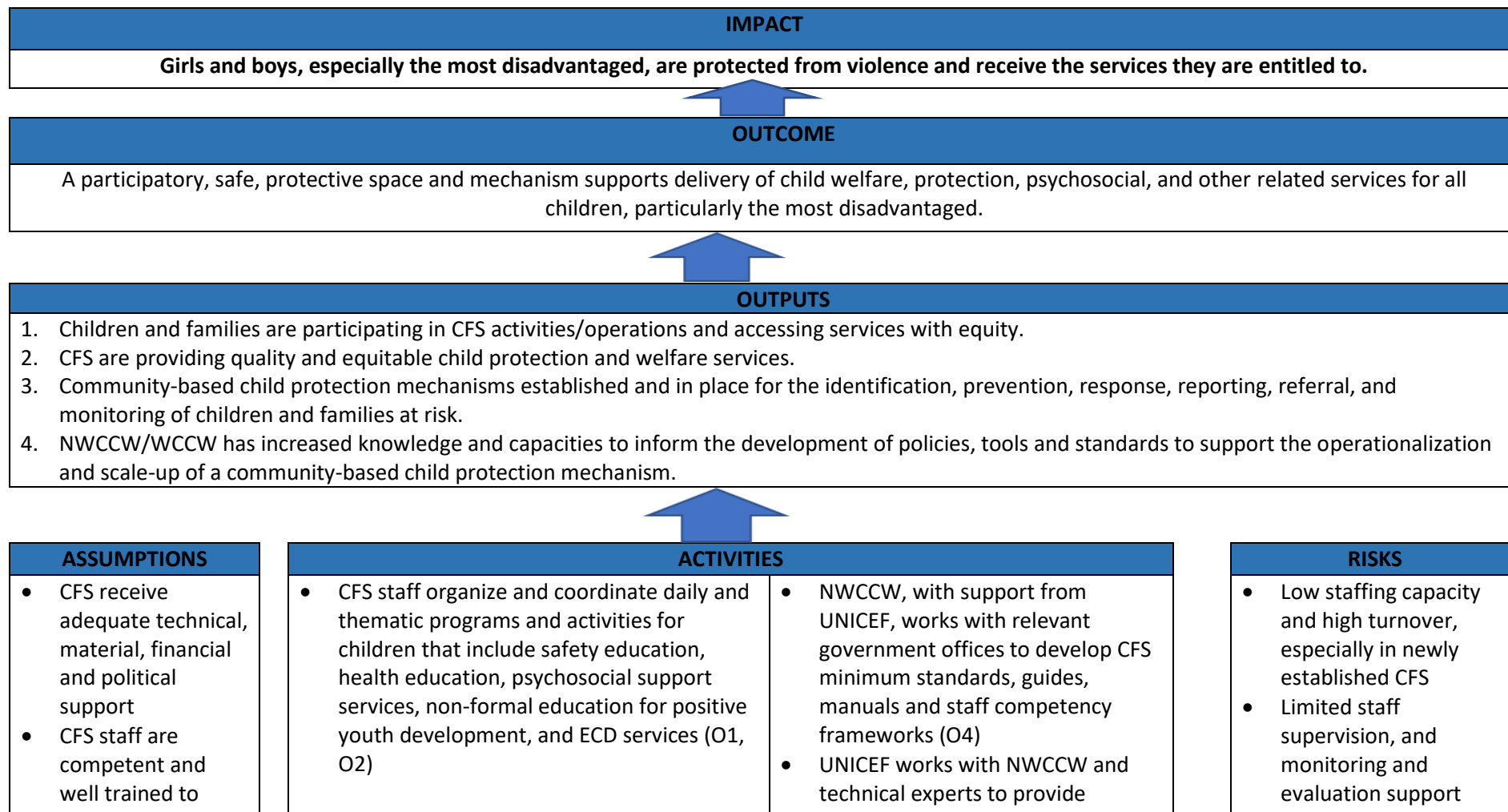
**Conceptual framework:** Below is a figure illustrating a globally recognized conceptual framework for child protection and child development which was used to inform the CHF-project in China's TOC.

*Figure 13 - Conceptual framework for child protection and child development*



**Theory of Change of the CFS project in China:** Informed from this conceptual framework, the theory of change for the CFS-project in China articulates that if participatory, safe, protective spaces and mechanism supports delivery of child welfare, protection, psychosocial, and other related services for all children, particularly the most disadvantaged are provided, the overall goal of protecting children from violence is achieved. This, furthermore, would be possible if children and families are participating in CFS activities/operations and accessing services with equity, if CFS are providing quality and equitable child protection and welfare services, and if community-based child protection mechanisms are established and support the identification, prevention, response, reporting, referral, and monitoring of children and families at risk. For this, in turn to be achieved, NWCCW/WCCW needs increased knowledge and capacities to inform the development of policies, tools and standards to support the operationalization and scale-up of a community-based child protection mechanism. Some important assumptions have also been made, namely that CFS would receive adequate technical, material, financial and political support and that CFS staff providing services would be competent and well trained to identify, prevent and respond to violence against children. It was furthermore assumed that local communities would be empowered to participate in CFS activities and to enhance children's development, growth, health, protection and learning. CFS' ability to provide safe environments for children which are dependent on the assumption that they are effectively managed and driven by policies which support child-centered programming and that local, subnational and national systems and policies are available to support an enabling environment for child protection and welfare services.

Figure 14 - CFS Theory of Change: Development settings

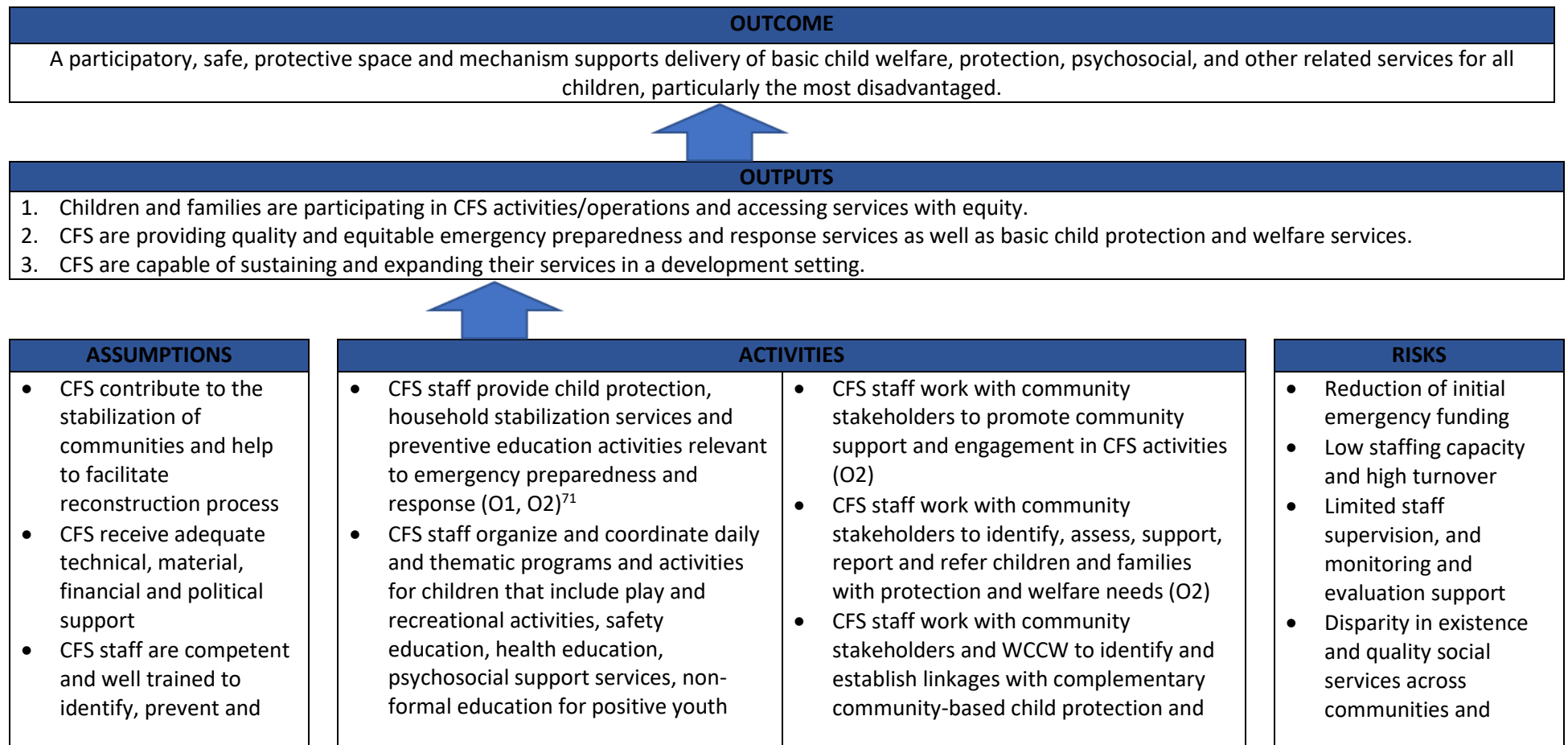


<p>identify, prevent and respond to violence against children</p> <ul style="list-style-type: none"> <li>Local communities are empowered to participate in CFS activities and to enhance children's development, growth, health, protection and learning</li> <li>CFS provide safe environments for children which are effectively managed and driven by policies which support child-centered programming</li> <li>Local, subnational and national systems and policies are available to support an enabling environment for child protection and welfare services</li> </ul>	<ul style="list-style-type: none"> <li>CFS staff organize and coordinate daily and thematic programs and activities for parents and caregivers on family education to better care and support the positive development of their children (O1, O2)</li> <li>CFS staff organize and coordinate services that facilitate children's and parents' participation in the management and service delivery (e.g., Children's Committees, Parents Committees, child or parent volunteers) (O1, O2)</li> <li>CFS staff provide mobile and outreach services to vulnerable and marginalized children and families (O1, O2)</li> <li>CFS staff work with community stakeholders to promote community support and engagement in CFS activities (O2, O3)</li> <li>CFS staff work with community stakeholders to identify, assess, support, report and refer children and families with protection and welfare needs (O2, O3)</li> <li>CFS staff work with community stakeholders, WCCW and government offices to identify and establish linkages with complementary community-based child protection and child welfare services (O2, O3)</li> <li>CFS staff work with community stakeholders, WCCW and relevant government offices to strengthen the referral and response systems to address</li> </ul>	<p>guidance, technical support, trainings, monitoring visits, on-site coaching and data gathering (O4)</p> <ul style="list-style-type: none"> <li>(N)WCCW, with support from UNICEF, organizes national, provincial and local level capacity building (O4)</li> <li>(N)WCCW, with support from UNICEF, organizes national level experience sharing events to document, introduce and scale up CFS (O4)</li> <li>(N)WCCW and relevant government offices at both national and local levels activate local and subnational multi-sector coordination mechanisms for child protection and child welfare services (O4)</li> <li>(N)WCCW and relevant government offices at both national and local levels, with input from UNICEF, develop/adapt procedures for reporting of and response to child abuse cases (O4)</li> <li>(N)WCCW and relevant policy makers at both national and local levels, with input from UNICEF, develop national and sub-national child protection and child welfare policy (O4)</li> <li>(N)WCCW and relevant policy makers at national and local levels</li> </ul>	<ul style="list-style-type: none"> <li>Lack of nationally endorsed minimum standards and regulations</li> <li>Disparity in existence and quality of social services across communities and provinces</li> <li>Absence of a coordinated and well-functioning child protection and welfare system able to respond to challenges of at-risk children and families</li> <li>Even though children and their families may be entitled to social assistance, the financial allocation at local level may not be sufficient to enroll them</li> <li>Lack of policies and financial commitment to achieve the government target of having CFS in 90% of rural and urban communities</li> </ul>
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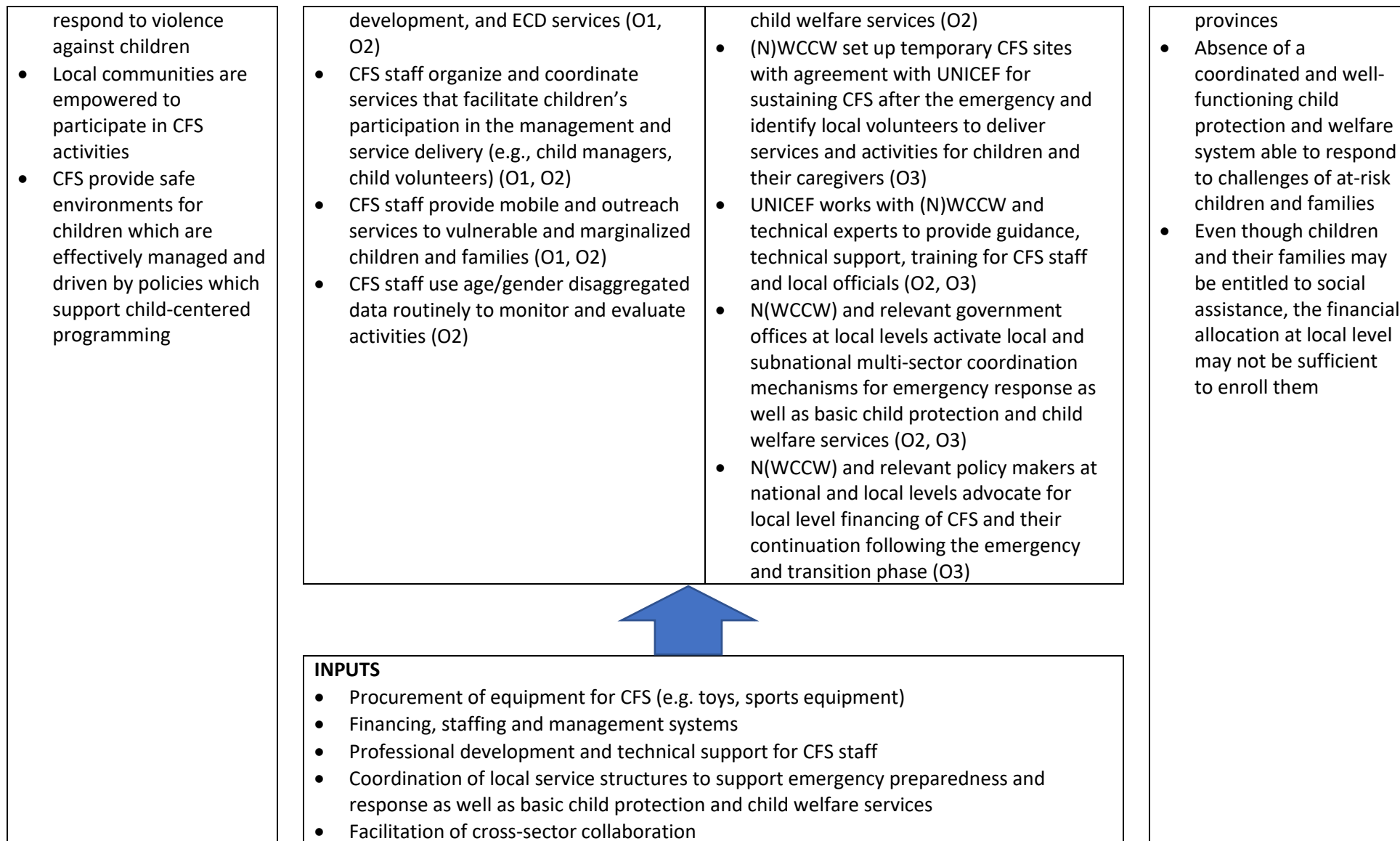
	<p>abuse, neglect, exploitation and violence (O2, O3)</p> <ul style="list-style-type: none"> <li>• CFS staff use age/gender disaggregated data routinely to monitor and evaluate activities (O2)</li> </ul>	<p>advocate for local level financing of CFS (O4)</p>	
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<b>INPUTS</b>
<ul style="list-style-type: none"> <li>• Procurement of equipment for CFS (e.g. toys, sports equipment)</li> <li>• Financing, staffing and management systems</li> <li>• Professional development, CFS guidelines and best practice operation manuals</li> <li>• Coordination of local service structures to support child protection and child welfare systems</li> <li>• Facilitation of cross-sector collaboration</li> <li>• Technical support for CFS staff and representatives from local government</li> </ul>

Figure 15 - CFS Theory of Change: Emergency / Post-emergency settings



<sup>71</sup> “O” refers to Output



### Annex 3 - Specific objectives defining evaluation criteria and guiding prioritization of evaluation questions

More specifically, after reviewing key documents related to CFS and interviewing key informants at UNICEF-China and NWCCW, the following issues were identified that could influence the success of CFS model to provide a participatory, safe, protective space and mechanism that supports delivery of basic child welfare, protection, development and participatory services for all children, particularly to the most advantaged children and families. These identified issues also helped frame the assumptions and potential risks to successful operation of the CFS model in its theory of change as well as the focus of this evaluation pertaining to the relevance, effectiveness, efficiency, impact, and sustainability of CFS' operations.

1. *The importance of best maintaining the quality of services delivered to children and families.*

Service quality is strongly related to relevance, effectiveness, and efficiency of the CFS model. The quality of services determines to what extent the CFS achieve its missions and goals to protect children, improve child wellbeing, and respond to children's needs in local communities. Service quality also influences the process of how services are delivered and how they are perceived by children and families. However, the quality of services can be influenced by multiple factors including the adequacy of material and financial support, availability of trained professionals, quality supervision/technical support as well as program evaluation and monitoring. For instance, despite increasing governmental support for social services agencies and social workers nationwide, shortage in trained professionals working with children and high staff turnover, constrain the daily service delivery to children. Furthermore, sustaining and ensuring the effectiveness of CFS services delivery requires consistent and high-quality supervision and ongoing monitoring. Therefore, it is important to understand how CFS operation and effectiveness were enhanced or constrained by limitations related to the quality of services, and possible solutions that have been proposed and attempted among local CFS staff and their community stakeholders. The issues around resources, staffing capacity and supervision/technical support constitute both risks and assumptions to successful CFS operation. This evaluation will specifically assess these issues under relevance, effectiveness, and efficiency of CFS.

2. *The importance of cross-sector collaboration and community support that serve as essential means to tap and leverage the resources in the local system.* Effective cross-sector collaboration and community support and engagement are crucial in both establishing and sustaining the community-based child protection and child welfare mechanism. One expected output of CFS is the establishment of community-based child protection mechanisms for the identification, prevention, response, reporting, referral, and monitoring of children and families at risk. Consequently, CFS should serve as the pivot structure that connects services from multiple systems (e.g., social services, education, healthcare, justice, disability services, etc.) to provide targeted interventions that positively impact child outcomes. The service linking and referral function as well as the referral procedures and mechanisms heavily relies on the collaborative relationship between CFS and other community partners from various sectors as well as availability of quality services across communities and provinces.



The presence of local community support and participation in CFS activities is an important factor for CFS to be successful and sustainable as a community-based child protection and child welfare mechanism while the lack of cross-sector collaboration becomes a risk factor. The issues around cross-sector collaboration and community support as well as CFS staff and stakeholders' perception of the efficiency of service referral and coordination function will be assessed under efficiency, impact and sustainability of CFS.

3. *The volume, quality and regional variations of resources available in local communities.*

The community resources that could influence the implementation and sustainability of CFS include social/human capital, existing social service infrastructure, and local government support.. The extent to which the community is socially cohesive and how many volunteers (e.g., retired professionals) are available is crucial in sustaining programming for children and maximizing the reach of services to community members. In addition, the existing social services infrastructure, such as number of social services, professionals, and kindergartens, varies substantially from one community to another. For instance, rural-urban and east-west regional diversity in economic and social development in China likely results in varying community contexts and resources available for the operation and sustainability of the CFS. These differences could affect services referral and subsequent services provision to children and families. Also, local government support, especially funding, is a key factor in sustaining the CFS operation. Local governments differ in terms of their capacity or efforts to fund social services. This evaluation will address issues related to community resources in relation to accessibility, equality and sustainability aspects of CFS.

4. *Evolving CFS as a community-based child protection and child welfare mechanism.*

While CFS model is well-received in China as a post-disaster response to child protection in the sense that Children's Places were included in the National Plan of Action for Children, how the CFS development model functions in China was never systematically assessed nor evaluated. In addition, there is also a lack of knowledge on the process of how the CFS model could evolve from a post-disaster response model to become a community-based child protection and child welfare mechanism in the Chinese context. However, there is an explicit concerted and coordinated effort by UNICEF and NWCCW in supporting the evolvement of CFS as a community-based child protection and child welfare mechanisms. This concerted effort includes both technical, material, and financial support; community engagement and participation in CFS activities as well as availability of local, subnational and national systems and policies to support an enabling environment for child protection and welfare services beyond the emergency and transition phase. The presence or absence of these conditions constitute facilitating factors of or barriers to successful transition. This evaluation will address these issues under relevance, effectiveness, efficiency and sustainability of CFS.

#### Annex 4 – Evaluation matrix

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
Relevance	<p><b>EQ1:</b> How relevant is the CFS model in addressing national, sub-national and local government priorities for both development as well as emergency?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>National, sub-national and local government priorities in researched communities.</p> <p>Alignment of CFS mission, scope and functions with the national, subnational and local government development strategies and agenda</p> <p>Policy stakeholders’ perception of CFS as an appropriate strategy to better reach, serve and protect children and promote their well-being</p>	<p>Desk review of government and other official publications</p> <p>UNICEF and local CFS project and reporting documents; mission statements</p> <p>Interviews with NWCCW / WCCW staff</p>
	<p><b>EQ2:</b> To what extent are emergency and development CFS services consistent with the situation and needs of children and families (including post disaster) in the communities</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Vulnerability and risk factors related to violence, exploitation, abuse and neglect of children in researched communities</p> <p>Type and contents of services (e.g. safe place, PSS, peer support and self-protection) available in CFS in various contexts</p> <p>Perceptions of government stakeholders and beneficiaries of what are the most acute needs of vulnerable families and children in communities</p> <p>Perceptions of government stakeholders and beneficiaries of whether the services provided in CFS (safe place, PSS, peer support and self-protection) respond to any of these acute needs</p>	<p>Desk review of needs assessment and other reports describing situation of vulnerable families and children</p> <p>Interviews with local government officers and WCCW staff</p> <p>Interviews with community key informants and beneficiaries</p> <p>M&amp;E data</p>
	<p><b>EQ3:</b> To what extent did CFS adapt to different and changing needs and contexts?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Relevance to community context and needs:</p>	<p>Desk review of national/international literature on community-</p>

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<p>Perceptions by children, families, the local community and CFS practitioners of whether CFS objectives and activities reflect community context (emergency/development)</p> <p>Availability of information and services for children on self-protection and necessary life skills and actions that they can take to avoid risk and dangers</p> <p>Differences in the type and contents of services provided in CFS in China and in the different researched communities</p> <p>Differences in the links / referrals created between CFS and other services (including community-based services) for children and families between researched CFS</p> <p>Community and service users' experience and perception of other community programs serving as a child protection mechanism which, are overlapping, more relevant or providing better/more appropriate services than CFS</p> <p><u>Relevance over time:</u></p> <p>New program development, program modifications made, and program termination over the CFS lifespan to address changing needs and context</p> <p><u>Relevance to age-groups</u></p> <p>Availability of, and difference in the availability between CFS, age-specific activities and services for different age groups of children (0-3; pre-school, school age; adolescence)</p>	<p>based child protection in China</p> <p>Desk review of CFS need assessment reports; CFS project descriptions, annual reports; M&amp;E data</p> <p>CFS director survey</p> <p>Interviews with national experts (incl. but not limited to scholars and researchers)</p> <p>Interviews with community key informants, and WCCW and local government officers</p> <p>Child and Parent/Caregiver structured interview</p>
	<b>EQ4:</b> How relevant was UNICEF's	<b>Qualitative area of inquiry:</b>	CFS director survey

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
	technical expertise in the establishment and implementation of CFS?	<p>Role of UNICEF in provision of technical expertise (both direct and outsourced) in the establishment and implementation of CFS</p> <p>Perceptions of local CFS director and NWCCW/WCCW and government officers of the relevance of UNICEF’s roles and technical expertise provided in the establishment and implementation of CFS</p>	Interviews with CFS directors, NWCCW/ WCCW and local government officers, as well as national experts
<b>Effectiveness</b>	<b>EQ5:</b> To what extent and how did the CFS achieve its goals and objectives to identify, protect children and help improve their wellbeing in different contexts (emergency/development)?	<p>For the two different types of setting (emergency and development), identification of similarities, differences in effectiveness as defined by the below areas of inquiry:</p> <p><b>Qualitative area of inquiry:</b></p> <p><u>Identification and referral systems:</u></p> <p>Availability of local referral system and the described role of CFS in this mechanism</p> <p>Perceptions of changes in the identification, referral, response patterns to cases of violence against children and to vulnerability and risk in families, since the start of CFS in various settings</p> <p><u>Types of services:</u></p> <p>Match or mismatch of program content/services with the stated objectives with special attention paid to program nature (prevention/intervention, emergency/development, safety/education/care, child/parent/family, psychosocial/physical health, &amp; child protection/child welfare), targeted groups of children (pre-school/school age, general/groups of disadvantaged children)</p>	<p>Desk review of CFS documents: CFS project description and annual reports; M&amp;E data</p> <p>CFS director survey</p> <p>Focus group discussions with CFS staff (including former staff)</p> <p>Interviews with community key informants</p> <p>Interviews with CFS directors, (N)WCCW and local government officers</p> <p>Child and Parent/Caregiver Structured Interview</p>

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<p><u>Quality of services:</u></p> <p>Alignment in different contexts of CFS services with the CFS quality standards captured in “Working Guide on CFS (June 2011) and “Minimum Requirements in Setting Up and Operation of CFS” developed by NWCCW</p> <p>Availability of M&amp;E routine activities and disaggregated data in CFS to measure quality of services</p> <p>Availability of a team of well-trained community based workers</p> <p>Community perceptions of achievements and quality of CFS</p> <p>Perception of positive changes in children and family life</p> <p><u>Factors influencing achievement of goals:</u></p> <p>Factors or features that were program barriers/constraints or helped meet the quality standards</p> <p>Availability of factors influencing the achievement or non-achievement of the CFS program goals and objectives with special attention to:</p> <ul style="list-style-type: none"> <li>- Environment factors (emergency/development, UNICEF funded/non-UNICEF funded, urban/rural, high-income province/low-income province) including but not limited to: policy and financial commitment, social service availability, coordination quality, endorsed minimum standards and regulations</li> <li>- Local community factors including but not limited to: coordinated and well-functioning child protection and welfare system, and financial allocation</li> </ul>	

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<ul style="list-style-type: none"> <li>- CFS internal factors including but not limited to: staffing capacity and turnover, M&amp;E support, and quality social services</li> </ul> <p><b>Quantitative indicators:</b></p> <p>Extent to which population (boys and girls and their families) and service targets have been met, measured by:</p> <ul style="list-style-type: none"> <li>- # of child abuse/neglect/abandoned cases being reported/identified within a year (&amp; changes over time)</li> <li>- # of child abuse/neglect/abandoned cases being referred within a year (&amp; changes over time)</li> <li>- # of children and families identified as vulnerable by CFS and referred to services within a year (&amp; changes over time)</li> <li>- # of vulnerable children and families being supported (out of those being identified)</li> <li>- # and frequency of programs and activities offered at CFS</li> <li>- Total # of participating children within a year (&amp; changes over time)</li> <li>- Total # of participating families within a year (&amp; changes over time)</li> </ul> <p>Difference in quality of interventions between different sites measured by:</p> <p># and percentage of CFS which</p> <ul style="list-style-type: none"> <li>- have internal documents /policies outlining safety and accessibility criteria of the CFS including physical accessibility</li> <li>- <u>have at least one full-time staff</u></li> <li>- have facilitators / volunteers who have received basic training for management and operation of CFS</li> <li>- have a differentiation in activities for children of different age groups</li> <li>- provide outreach service to children in remote areas or</li> </ul>	

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		identified at-risk children <ul style="list-style-type: none"> <li>- have established a simple reporting mechanism for cases of violence against children and for those who need referrals to other services</li> <li>- have a Children’s Committee that meets regularly</li> <li>- have a Parents’ Committee that meets regularly</li> <li>- have individual case files of vulnerable children</li> </ul>	
	<b>EQ6:</b> To what extent have CFS in different sites tested innovative and effective interventions that made a difference in the lives of beneficiaries?	<b>Qualitative area of inquiry:</b> Availability in various CFS of: <ul style="list-style-type: none"> <li>- Innovation in programs (e.g. using new technology and ideas to serve the hardest to reach and the most vulnerable communities)</li> <li>- Innovation in products or services (e.g. service users / most vulnerable populations’ participation in design or delivery of services)</li> <li>- Innovation in processes (e.g. processes for planning of service delivery; for identification of most vulnerable; for targeting most vulnerable and at risk with services and resources; to reduce economic vulnerability; to monitor effect of interventions and make corrective action/manage results; to become sustainable after UNICEF phases out)</li> <li>- Innovation in partnerships (e.g. communities; civil society organizations; private sector; young people)</li> </ul> Perceptions of service beneficiaries on which interventions / services /activities of CFS that were most useful to them or made the greatest difference in their lives  Examples provided by services users on changes made in their lives, as a result of CFS interventions / services / activities	Desk review of CFS project description and annual reports  CFS director survey  Interview central/local government officers including (former) UNICEF and N/WCCW officers  Parent/Caregiver Structured Interview
	<b>EQ7:</b> To what extent have UNICEF and its partners	<b>Qualitative area of inquiry:</b>	Desk review of CFS documents of training and

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
	<p>contributed to developing sub-national capacities of CFS?</p>	<p>List of partners that contributed to developing sub-national capacities of CFS and of their specific contributions in terms of financial support, training, equipment to CFS, experience sharing events</p> <p>Identification of other contributions provided directly by UNICEF to strengthen capacities of CFS (such as advocacy, technical assistance, financial support, equipment)</p> <p>Perceptions of stakeholders of the results of various capacity building activities</p> <p>Perceptions of trained CFS staff on usefulness of training and skills building activities</p> <p><b>Quantitative areas of inquiry</b></p> <p># of CFS administrators, professional staff, supporting staff, and volunteers</p> <p># of CFS sponsored trainings</p> <p># of participants in CFS sponsored trainings</p>	<p>other capacity building activities</p> <p>CFS director survey</p> <p>Interview CFS directors</p> <p>Focus group discussions with CFS staff (including former staff)</p> <p>Interview central/local government officers including (former) UNICEF and N/WCCW officers and national experts</p>
<p><b>Efficiency</b></p>	<p><b>EQ8:</b> To what extent has the design and implementation of CFS provided value for money?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Perceptions of government stakeholders of the value for money (cost versus impact on beneficiaries) of CFS in their contexts as compared to other similar interventions</p> <p><b>Quantitative indicators:</b></p> <p>Yearly budget of CFS in different sites and cost analyses of CFS operation, focusing on the ratio of</p> <ul style="list-style-type: none"> <li>- cost vs. size of participating families</li> <li>- cost vs. size of participating children</li> </ul>	<p>Desk review of CFS program descriptions, annual reports, budgetary information; and financial reports</p> <p>Interviews with WCCW and local government officers and local government fiscal reports</p>



Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<ul style="list-style-type: none"> <li>- cost vs. number of services provided</li> <li>- cost vs child population in community where CFS operates</li> </ul>	
	<p><b>EQ9:</b> To what extent have the management and coordination of the implementation of the CFS project been efficient?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Availability of any document describing delineation of vertical and horizontal partnership roles and responsibilities of each partnering key actors</p> <p>Availability of protocols (or models of practice) of coordination</p> <p>Availability of and representation of various stakeholders in management structure</p> <p>Availability of regularly meeting coordination mechanisms</p> <p>Perceptions of stakeholders of the functioning of management structure, coordination mechanisms and efficiency of implementation of activities in CFS</p> <p>Perceptions of stakeholders on the ability of such management and coordination mechanisms to enhance referral, capacities and results, to avoid duplication of interventions, and establish a clear delineation of roles and responsibilities</p> <p>Perceptions of stakeholders of whether there have been cases of duplication (or lack of) of child protection interventions</p>	<p>Desk review of CFS internal reports, meeting minutes, and protocols</p> <p>Interview CFS directors</p> <p>Interviews with WCCW and local government officers</p>
	<p><b>EQ10:</b> To what extent has local capacity in terms of staffing, functions and funding been adequate to implement CFS in the most efficient way?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Availability of difference of capacities (staffing, functions and funding) between emergency vs. post-emergency CFS, as well as UNICEF funded vs. non-UNICEF funded CFS</p>	<p>CFS director survey</p> <p>Interviews with CFS directors, local WCCW and government officers</p>

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		Perceptions of stakeholders of whether, over CFS lifespan there is: <ul style="list-style-type: none"> <li>- Sufficient organizational structure</li> <li>- Sufficient human capital (e.g. numbers and qualified staff, volunteers and professionals)</li> <li>- Sufficient and timely funding to implement activities</li> <li>- Sufficient capacity building activities at local, sub-national and national level</li> <li>- Sufficient technical support and quality assurance</li> <li>- Identified cost savings made over time</li> </ul>	Interviews with community key informants
<b>Impact</b>	<b>EQ11:</b> What key results are evident in the lives of children and their families from implementing CFS in emergency and development settings?	<b>Qualitative area of inquiry</b>  Perceived changes by children, families and community members in: <ul style="list-style-type: none"> <li>- Children’s psychosocial well-being including sense of positive identity, positive coping strategies, and improved peer relations</li> <li>- Children’s knowledge, skills and practices of safety at home and in the community</li> <li>- Parents and caregivers’ knowledge, skills and practices related to the care and parenting practices that protect and support children</li> <li>- Parents’ knowledge of referral mechanisms and welfare services</li> <li>- Community members’ knowledge of violence against children and child protection services</li> <li>- Community awareness of child protection and child welfare</li> </ul> <b>Quantitative Indicators:</b> <ul style="list-style-type: none"> <li>- Children’s psychosocial well-being including sense of positive identity, positive coping strategies, and improved peer relations; and self-perceived positive or native changes of</li> </ul>	Child and Parent/Caregiver Structured Interview  Interviews with community key informants

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<p>these indicators</p> <ul style="list-style-type: none"> <li>- Children’s sense of safety and security at home and in the community; and self-perceived positive or native changes of these indicators</li> <li>- Parents and caregivers demonstrate and use positive discipline practices and age appropriate parental expectations for child development; and self-perceived positive or native changes of these indicators</li> <li>- Feeling of satisfaction with services utilized</li> </ul>	
	<p><b>EQ12:</b> To what extent has the CFS contributed to the establishment of a community-based child protection and welfare mechanism that prevents and responds to violence, exploitation, abuse and neglect of children?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Availability of other existing child protection mechanisms in the community for prevention, identification, response, referral and monitoring of children’s welling being</p> <p>Availability of a local structure to support families (particularly families at risk) and child development</p> <p>Perceptions of various stakeholders and community members on the role of CFS in:</p> <ul style="list-style-type: none"> <li>- establishing such mechanisms</li> <li>- active and well-functioning of such mechanisms</li> <li>- supplementing services for families and supporting child development</li> <li>- benefiting children and families in the most disadvantaged situations (including disasters, poverty, and rural areas)</li> </ul> <p>Availability of an experienced and qualified team of community-based child welfare workers</p> <p>Perception of staff on their competencies</p> <p>Perceptions of various stakeholders and community members on</p>	<p>CFS director survey</p> <p>Interviews with community key informants</p> <p>Interviews with WCCW and local government officers</p> <p>Desk review of CFS training documents</p> <p>Focus group discussions with CFS staff (including former staff)</p>

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		the role of CFS in: <ul style="list-style-type: none"> <li>- community child welfare workforce development</li> <li>- training for improving child welfare in communities</li> </ul>	
	<b>EQ13:</b> To what extent, and how, have CFS contributed to changing knowledge, skills, attitudes and practices in relation to preventing violence against children?	<b>Qualitative area of inquiry:</b>  Community's understanding and perception of 'violence against children', the understanding of the causes and consequences of 'violence', and family and/or community approaches of prevention  Children's and parents' understanding and perception of 'violence' and 'safety', and their approaches of prevention	Interviews with community key informants  Child and Parent/Caregiver Structured Interview
	<b>EQ14:</b> To what extent has UNICEF contributed to these results?	<b>Qualitative area of inquiry:</b>  Type of contributions made to CFS by UNICEF  Perceived quality of UNICEF's contributions to establishment and running of CFS in development and emergency contexts  Perceived gaps in UNICEF's contributions to establishment and running of CFS in development and emergency contexts  Availability and quality of UNICEF's exit strategy from its support to establish CFS in emergency and development context	Interview with local government officers and WCCW staff
<b>Equity and gender equality</b>	<b>EQ15:</b> To what extent has the CFS been <b>designed</b> to be inclusive of the needs of different groups especially disadvantaged groups, including their children?	<b>Qualitative area of inquiry:</b>  Adequacy of type and contents of services offered by CFS to meet needs of especially disadvantaged groups, women and girls/men and boys, migrants and their children, ethnic minorities, people and children with disabilities, children living in poverty, e.g.: <ul style="list-style-type: none"> <li>- Inclusion of disadvantaged groups in planning and design of services</li> <li>- Type of needs (gender-specific needs, cultural needs of</li> </ul>	Desk review of CFS needs assessment reports, M&E data, and other reports  Parent/Caregiver Structured Interview  Interviews with non-participating families

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<p>ethnic minorities, needs of families and children with disabilities, needs of people living in remote and resourceful areas, needs of children affected by migration) versus services offered</p> <ul style="list-style-type: none"> <li>- Availability of outreach components of services</li> </ul> <p>Adequacy of qualified child welfare workers providing services in CFS to meet needs of disadvantaged groups, women and girls/men and boys, migrants and their children, ethnic minorities, people and children with disabilities, children living in poverty, e.g.:</p> <ul style="list-style-type: none"> <li>- Language skills amongst child welfare workers in CFS</li> <li>- Special training in CFS</li> </ul> <p>Adequacy of equipment and infrastructure of CFS to facilitate the service use of disadvantaged groups, women and girls/men and boys, migrants and their children, ethnic minorities, people and children with disabilities, children living in poverty, e.g.:</p> <ul style="list-style-type: none"> <li>- Accessibility to people with disabilities</li> <li>- Space and privacy for consultations</li> </ul>	<p>Interviews with community key informants</p> <p>CFS director survey</p> <p>Interview with CFS directors</p> <p>Focus group discussions with CFS staff (including former staff)</p>
	<p><b>EQ16:</b> To what extent has the CFS been <b>implemented</b> with and <b>utilized</b> by different groups especially disadvantaged groups, including their children?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Availability of structures and/or processes for informing operations and functions of CFS from the views and perspectives of children, women and girls/men and boys, migrants and their children, ethnic minorities, people and children with disabilities, children living in poverty, e.g.:</p> <ul style="list-style-type: none"> <li>- Children’s Committees and their functioning and composition</li> <li>- Other committees and their functioning and composition</li> <li>- Monitoring activities of service / activities implementation</li> </ul> <p>Perceptions of community members and CFS staff on individual</p>	<p>Child and Parent/Caregiver Structured Interview</p> <p>Focus group discussions with CFS staff</p> <p>Interview with community key informants</p> <p>Interviews with non-participating families and children</p>

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<p>and family demographics and characteristics of disadvantaged groups <b>not</b> being covered by the CFS services / activities</p> <p><b>Quantitative indicators:</b></p> <p>Individual and family demographics and characteristics of children and families who have utilized services at CFS with attention to, for example:</p> <ul style="list-style-type: none"> <li>--Locality of origin (rural / urban)</li> <li>--Language</li> <li>--Ethnic minorities</li> <li>--Status as displaced/migrant persons</li> <li>--Children left-behind</li> <li>--Children with disability</li> <li>--Children living in poverty</li> </ul> <p># of children, particularly the disadvantaged/vulnerable children, participate in program development, service delivery and monitoring activities (e.g., Children Committee)</p> <p># of women and girls/men and boys who participate in program development, service delivery and monitoring activities</p> <p># and frequency of participation / utilization of most disadvantaged groups in various CFS services / activities, e.g.:</p> <ul style="list-style-type: none"> <li>- Disadvantaged children in various services offered by CFS (e.g. ECD)</li> <li>- Disadvantaged families in services and activities offered by CFS (e.g. parenting skills trainings)</li> <li>- Women and girls/Men and boys</li> <li>- People with disabilities</li> <li>- Ethic and cultural minorities</li> </ul>	CFS director survey
	<b>EQ17:</b> To what extent has the	<b>Qualitative area of inquiry:</b>	Child and Parent/Caregiver

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
	CFS <b>benefitted</b> different groups especially disadvantaged groups, including their children?	<p>Perceived benefits of CFS services on children’s and parents’ lives</p> <p>Children’s and parents’ perception of advocacy of CFS services</p> <p>Community perception on the ways that CFS affected disadvantaged children and families (e.g. with specific attention to children from most disadvantaged groups, women and girls from disadvantaged groups, people with disabilities, ethnic and cultural minorities)</p> <p>Children’s perception of inclusion, respect, equality, and accessibility of services</p> <p><b>Quantitative indicators:</b></p> <p>Children and parents/ caregivers’ satisfaction by different grouping, including:</p> <ul style="list-style-type: none"> <li>--Girls and boys</li> <li>--Women and men</li> <li>--Minority</li> <li>--Disability</li> <li>--Urban/rural</li> </ul> <p>Beneficiaries’ perceived effect (positive and negative) of CFS services on their lives, e.g.:</p> <ul style="list-style-type: none"> <li>- Children’s psychosocial wellbeing</li> <li>- Parents’ discipline practices (by different grouping approaches: Gender, Disability, left-behind /separated children/family living arrangement, Minority, Family poverty, Urban/rural, Remote and less resourceful areas)</li> </ul> <p>Representation of different groups (e.g., boys and girls) in program designs and advocacy materials</p>	<p>Structured Interview;</p> <p>Interviews with non-participating families</p> <p>Interviews with community key informants</p>
<b>Sustainability</b>	<b>EQ18:</b> To what extent is the CFS	<b>Qualitative area of inquiry:</b>	Interviews with CFS

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
	<p>model sustainable within the <b>communities</b> where it has been implemented?</p>	<p>Awareness on the value of CFS and its scale up, among local and provincial authorities' stakeholders</p> <p>Perceptions around suitability of model for local systems and infrastructure</p> <p>Perceptions around suitability of current management and implementation mechanism</p> <p>Perceptions around complementarity of, and linkages created with other community-based child protection projects implemented by other partners or the local government</p> <p>Expressed ownership and commitment by local government and communities to CFS</p> <p>Availability and suitability of exit strategies for UNICEF supported CFS-pilots</p> <p>Perceptions around current functioning, and challenges in functioning of CFS that are no longer supported by UNICEF and have been handed over to government counterparts and local communities</p> <p>In the context of what is local level responsibility / authority sustaining CFS, availability of suitable system framework, and contents of each element needed for sustainability of CFS, e.g.:</p> <ul style="list-style-type: none"> <li>- Local policies and policy implementation</li> <li>- Standards and guidelines for the well-functioning of CFS</li> <li>- Structures and HR (e.g. availability of qualified social workers)</li> <li>- Finances and budgets</li> </ul>	<p>directors, WCCW and local government officers</p> <p>Interviews with community key informants</p> <p>Focus group discussions with CFS staff (including former staff)</p>



Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<p>Perceptions around current capacity and capacity gaps at national, provincial and local level to sustain CFS in emergency and development contexts</p> <p>Community awareness and commitment to child protection issues in emergency and development contexts</p> <p>Perceptions of CFS-staff of their ability to mobilize the community on child protection issues in emergency and development contexts</p>	
	<p><b>EQ19:</b> What is the potential for scale up of the CFS model nationwide?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Awareness on the value of CFS and its scale up among national stakeholders</p> <p>Perceptions around suitability and replicability of CFS for- and in China.</p> <p>Expressed ownership and commitment by national stakeholders to CFS</p> <p>Perceptions around suitability of current management and implementation mechanism</p> <p>In the context of what is national level responsibility / authority for sustaining and scaling up CFS, availability of suitable system framework for sustainability of CFS, e.g.:</p> <ul style="list-style-type: none"> <li>- National policies, legislation, and implementation</li> <li>- Standards and guidelines for the well-functioning of CFS</li> <li>- Structures and HR</li> <li>- Finances and budgets</li> </ul> <p>Perceptions around current capacity and capacity gaps at</p>	<p>Desk review of the central, provincial and local government policies and other relevant documentation</p> <p>Interviews with (N)WCCW, UNICEF and national recognized child welfare scholars and experts</p>

Evaluation criteria	Evaluation question	Qualitative area of inquiry / Quantitative indicator	Data Collection Methods / Tools
		<p>national and provincial level to sustain CFS in emergency and development contexts</p> <p>Perceptions around modifications needed in CFS model to make it suitable for scale-up of across China</p> <p>Perceptions around potential to increase cost-effectiveness of CFS in order to allow for scale up by government with specific attention given to identification of:</p> <ul style="list-style-type: none"> <li>- Cost elements in CFS that need to be reduced in a larger government run-model</li> <li>- Cost elements that need to be sustained in a larger government run-model</li> <li>- Cost elements that should be increased to reflect government priorities in a larger government run-model</li> </ul>	
	<p><b>EQ20:</b> What is the potential for <b>transitioning</b> emergency context CFS to development CFS? For the ones that have been transitioned from emergency to development CFS, how and why have (or haven't) they been successful?</p>	<p><b>Qualitative area of inquiry:</b></p> <p>Commitment by local and provincial stakeholders to transitioning emergency CFS to development CFS</p> <p>Stakeholders' views on priority elements that CFS can be progressively phased in or out between emergency and development contexts</p> <p>Perceptions around priorities for capacity building within emergency CFS to be able to transition into development CFS</p> <p>Availability of plans, processes and financial resources in local governments in communities with emergency CFS that can facilitate the transitioning the emergency CFS model into development CFS model</p> <p>Best practices and examples of successful transitions as well as barriers and examples of unsuccessful transitions</p>	<p>Desk review of CFS annual reports; financial information and local government fiscal reports</p> <p>Interviews with CFS directors, (N)WCCW and local government officers</p> <p>CFS director survey</p> <p>Interviews with community key informants</p>

### Annex 5 – Data collection tools

#### Tool 1 - Survey for phone interview with the Directors of a CFS in UNICEF funded CFS

In collaboration with UNICEF China and NWCCW Office, Maestral is conducting this project to evaluate NWCCW-UNICEF Joint Child Friendly Spaces Project in China (2008-2018). The evaluation team is composed of Dr. Mo-Yee Lee from Ohio State University, Dr. Qingwen Xu from New York University, and Dr. Qiran Zhao from China Agricultural University. The information we ask here via the telephone interview is about CFS history, previous operation, and current development. For comments, concerns, and questions about this project, please contact Dr. Lee (email: [lee355@osu.edu](mailto:lee355@osu.edu)), Dr. Xu (email: [qingwen.xu@nyu.edu](mailto:qingwen.xu@nyu.edu)) or Dr. Zhao (email: [zhaogqiran@cau.edu.cn](mailto:zhaogqiran@cau.edu.cn)). Thank you very much for your participation!

1. Please write down the CFS name: \_\_\_\_\_

2. Please list the year you started to work at this CFS: \_\_\_\_\_

If you had left the CFS, please provide the year you left: \_\_\_\_\_

Note: Please answer the following questions based on current situation. If you have left the CFS director position, please answer the following questions based on your best estimation and the situation when you left. Please be noted, some questions might not apply to your CFS or you; please skip those questions when needed.

3. Your gender:

- Male
- Female

4. Your age group:

- 18~25
- 26~40
- 41~60
- over 60

5. Your highest level of education is:

- High School
- 3-Year College
- 4-Year University
- Graduate School
- Others (please specify) \_\_\_\_\_

6. Have you received any professional training and/or have a professional certificate? If yes, please list the relevant certificate(s) and/or training contents.

\_\_\_\_\_

7. Nature of your current position in CFS:

- Funded by local government
- Funded by UNICEF
- Part of the community neighborhood committee

About the CFS

8. Please briefly describe the mission, goals, objectives, scope of work, and functions of the CFS.

\_\_\_\_\_

9. How many people are working at the CFS?

- Number of full-time people \_\_\_\_\_
- Number of part time people \_\_\_\_\_
- Number of volunteers \_\_\_\_\_

10. Please describe the current property of CFS. Select all that fit the situation.

Office situation:

- provided by Local government
- shared with local Residents (Villagers) Committee
- provided by Home Owner Association (the Village)
- not adequate (please explain why and indicate extra office spaces needed)  
\_\_\_\_\_
- There are accessibility concerns, for example, special room for young children, or wheelchair accessibility (please indicate the specific concerns)
- \_\_\_\_\_

Spaces for programs and services (including indoor and outdoor spaces):

- provided by Local government
- shared with local Residents (Villagers) Committee
- provided by Home Owner Association (the Village)
- not adequate (please explain why and indicate extra spaces needed)  
\_\_\_\_\_
- There are accessibility concerns about offices and spaces, for example, special room for young children, or wheelchair accessibility (please indicate the specific concerns)  
\_\_\_\_\_
- The facilities are not adequate, for example lack of the playground, toys or music instruments (please indicate extra facilities needed)  
\_\_\_\_\_

11. Please briefly describe the CFS organizational structure. For example, what is the CFS supervisory structure? Which institutions have provided supervision? Local government, Women's Federation, Youth League, Police/Public Security bureau, Civil Affairs bureau, Business Administration department, or UNICEF? Is there an advisory body for the CFS? Who have served on the advisory group? Under the CFS director, is there any division within the CFS? How have you managed the divisions?

12. Please list all programs, services and activities offered at the CFS during your stay, and provide information accordingly.

Programs, Services & Activities	1.Starting Year	2.Ending Year (write n/a if the program is still in operation)	3.Reasons of Termination (e.g., goals achieved, lack of funding, no community need, etc.)	4.Targeted Groups of People (e.g. girls, or pre-school children, or parents/caregivers)	5.Estimated Average Number of Participants Per Quarter	6.Funding Sources (if there was a change, please indicate)
12.1 Basic needs-based programs (e.g., housing, food, clothes, etc.)						
12.2 Disaster related services (e.g., psychosocial support, family reunion, etc.)						
12.3 Recreational/leisure activities for children (e.g., holiday activities, etc.)						
12.4 Non formal educational programs for positive youth development (e.g., sports, summer camps, tutoring, etc.)						

12.5 Health programs (e.g., vaccination, hygiene, nutrition, etc.)						
12.6 Early childhood development programs (e.g., daycare center, programs for preschool children, etc.)						
12.7 Parents education (e.g., parenting skills, new parent class, etc.)						
12.8 Family support (e.g., poverty relief, family conflict mediation, etc.)						
12.9 Safety education to prevent the risk of violence, abuse, exploitation and neglect (e.g., educational workshops for parents and children, awareness campaign, etc.)						
12.10 Others						

13. Along the way of program development and implementation, what are the major challenges? (Can choose multiple answers)

- Insufficient funding
- Insufficient organizational structure (e.g., lack of certain key sections)
- Lack of technical assistance (e.g., special training)
- Lack of qualified professional staff (e.g., language skills to work with ethnic minority families)
- Insufficient community supports and interests (e.g., lack of adequate participants)
- Coordination with government agencies
- Collaboration with other social service organizations (e.g. lack of local service organizations for referrals)
- Other ( please specify ) \_\_\_\_\_

14. How would you assess the level of technical assistance and quality assurance? From 1 to 5, please rate your level of agreement with the following statements, while 1=not agree at all and 5=agree very much.

14.1 Technical assistance and quality assurance received at local, sub-national and national level is adequate.

1 2 3 4 5

14.2 UNICEF offers primary technical assistance and quality assurance.

1 2 3 4 5

14.3 UNICEF's technical assistance and quality assurance is accessible and fully utilized.

1 2 3 4 5

15. How would you assess the capacity and competency of CFS human capital? From 1 to 5, please rate your level of agreement with the following statements, while 1=not agree at all and 5=agree very much.

- 15.1 CFS has adequate number of staff members, professionals, and/or volunteers.

1 2 3 4 5

- 15.2 CFS staff members possess necessary knowledge and skills to work with children at various age groups and their families, both women and girls/men and boys.

1 2 3 4 5

- 15.3 CFS staff members possess additional knowledge and skills to work with migrants and their children, children with disabilities, children living in poverty.

1 2 3 4 5

- 15.4 CFS staff members possess unique cultural knowledge and language skills to work with ethnic minorities.

1 2 3 4 5 N/A (no ethnic minorities)

- 15.5 CFS and experts from (N)WCCW or local government offers mandatory comprehensive training to all staff members about CFS program management and operation.

1 2 3 4 5

- 15.6 CFS and experts from (N)WCCW or local government offers the basic trainings for facilitators / volunteers about program management and operation.

1 2 3 4 5

- 15.7 CFS staff members have participated in at-job trainings and other capacity building activities.

1 2 3 4 5

16. Looking at your CFS practice, please answer yes/no to the following statements.

- 16.1 Have established a simple reporting mechanism for cases of violence against children and for those who need referrals to other services. Yes/No
- 16.2 Have a Children's Committee that meets regularly. Yes/No
- 16.3 Have a Parents' Committee that meets regularly. Yes/No
- 16.4 Have individual case files of vulnerable children. Yes/No
- 16.5 Provide outreach service to children in remote areas or identified at-risk children. Yes/No

17. What are the partners of CFS? Please select and describe briefly the collaboration content.

- Local government: \_\_\_\_\_
- Provincial or city government: \_\_\_\_\_
- Women's Federation: \_\_\_\_\_
- Police: \_\_\_\_\_
- Civil Affairs: \_\_\_\_\_
- Youth League ...
- Orphanage/Child Welfare Institution: \_\_\_\_\_
- Day care: \_\_\_\_\_
- Elementary school: \_\_\_\_\_
- Middle and high school: \_\_\_\_\_
- University: \_\_\_\_\_
- Hospital or clinics: \_\_\_\_\_
- Mental health hospital or clinics: \_\_\_\_\_
- Resident Committee/ Villager Committee: \_\_\_\_\_
- Homeowner Association: \_\_\_\_\_
- Volunteer Organization: \_\_\_\_\_
- Community Organization: \_\_\_\_\_
- Social Service Organization: \_\_\_\_\_
- Local business/Corporation: \_\_\_\_\_
- Others (please specify) \_\_\_\_\_

18. When working with different levels of governments and organizations and groups, what are the barriers? Is there a coordination or collaboration mechanism? Have the CFS regularly met with relevant government agencies?

\_\_\_\_\_

19. Is your CFS evolved from the emergency context to the development context? If yes, please provide following information.

- Yes
- Don't know the detailed information about the transition.

19.1 Please describe services that are being provided now but not before and why so:

19.2 Please describe services that have been provided before but not now and why so.



19.3 Please answer yes/no to the following statements.

- 19.3.1 The transition was supported by local and provincial stakeholders. yes/no
- 19.3.2 Transition plans and processes were carefully developed. yes/no
- 19.3.3 Additional financial resources were allocated for the transition, for example, resources for program development, training, additional hiring, new facilities, etc. yes/no
- 19.3.4 The transition overall was smooth. yes/no

About the Community

20. What do you think about the community in which the CFS resides? Please select all answers that fit your thought.

- Urban community
- Rural community
- Town
- Rich community
- Poor community
- Remote community
- Post-disaster community
- Corporation/work unit community
- Migrant worker community
- Elderly community
- Minority community
- Others (please specify) \_\_\_\_\_

21. Please estimate, in the community

- 21.1 Total population \_\_\_\_\_
- 21.2 Total number of households \_\_\_\_\_
- 21.3 Total number of children (younger than 18 years old) \_\_\_\_\_
- 21.4 Total number of the elderly (60 years old and older) \_\_\_\_\_
- 21.5 Total number of migrants \_\_\_\_\_
- 21.6 Total number of emigrants \_\_\_\_\_

22. Please estimate, among all children and families in the community, how many are in the following categories?

- 22.1 Total number of girls \_\_\_\_\_
- 22.2 Total number of children with disability (i.e., physical impairment only) \_\_\_\_\_
- 22.3 Total number of children with mental impairment (e.g., learning disability, mental illness) \_\_\_\_\_
- 22.4 Total number of households \_\_\_\_\_ and children living in poverty (with official account) \_\_\_\_\_
- 22.5 Total number of children, one of whose parents is not at home (migration, incarceration, divorce or other situation) \_\_\_\_\_
- 22.6 Total number of children without any parent at home (migration, incarceration, divorce or other situation) (including orphan) \_\_\_\_\_

23. Please fill out the number of new cases for each year. If no, please enter zero. If no such activity, please enter N/A

	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008
23.1 Children and families identified as vulnerable by the CFS										
23.2 Vulnerable children and families being supported (including direct services and referral services)										
23.3 Child abuse/ neglect/ abandonment/ exploitation cases being reported/ identified										
23.4 Child abuse/ neglect/ abandonment/ exploitation cases being referred										

24. Except services offered at the CFS, are the following services available that are accessible in the surrounding areas? Including fee-based services.

- Day care center
- Elementary school
- Middle school
- High school
- Vocational training school
- Bank
- Post service (or parcel service location)
- Hospital or clinics
- Job training and placement agency
- Library
- Exercise space (e.g., basket or soccer field)
- Community center with various service programs for children, older adults, and families

- Mental health and counseling services
- Child welfare or child protection institutions that provide outreach, investigation, care plan and monitoring services
- Services for vulnerable children (e.g. service for migrant children, service for children with disabilities, etc.)
- Services for vulnerable families (e.g., service for migrant parents, service for supporting parents with children who are challenged, etc.)
- Residential or shelter services for child victims of violence or abuse

About the UNICEF

Can you answer some questions related to UNICEF?

- Yes, as I am/was the director when this CFS is/was funded by UNICEF.
- Yes, although I was not the director when this CFS was funded by UNICEF.
- No. I was not the director when this CFS was funded by UNICEF; thus don't have enough knowledge.

25. Please check the roles played by UNICEF. Check all that apply.

- Provide initial funding for CFS establishment and operation
- Provide funding for specific CFS programming
- Contribute to the sub-national capacity building for child protection and child welfare
- Contribute to the CFS capacity building
- Offer technical expertise
- Offer professional network
- Others (please specify): \_\_\_\_\_

26. Has the CFS transferred from UNICEF to local government? If yes, please select the follow statement(s) that would apply to the CFS situation. If no, please check N/A.

- The transition was supported by local and provincial stakeholders.
- Transition plans and processes were carefully developed.
- Additional financial resources were allocated for the transition, for example, resources for program development, training, additional hiring, new facilities, etc.
- The transition overall was smooth.
- N/A

Overall Assessment

27. Given the community context, do you agree that the CFS has been an effective child protection and welfare mechanism that prevents and responds to violence, exploitation, abuse and neglect of children. From 1 to 5, please rate your level of agreement while 1=not agree at all and 5=agree very much. (EQ5, EQ12)

1 2 3 4 5

28. Given the community context, do you agree that the CFS has been an effective mechanism to promote children's development and support their families. From 1 to 5, please rate your level of agreement while 1=not agree at all and 5=agree very much. (EQ5, EQ12)

1 2 3 4 5

29. Given the current CFS capacity, do you agree that the CFS will continue to function well in the next five years. From 1 to 5, please rate your level of agreement while 1=not agree at all and 5=agree very much. (EQ20)

1 2 3 4 5

Thank you very much for your participation and support. Please provide any feedback, comment or question here.

## Tool 2 - Interview guide for national and regional experts

(Self-introduction first)

1. In your opinion, does China have a priority to establish a mechanism in both areas of development and emergency for child protection, welfare and development? If so, does the CFS mission, scope and functions align with the national, sub-national and provincial government development strategies and agenda? And why?
  - 1.1 What is the current national and/or sub-national policy for child protection, child welfare, and child development? Do you think the policy is adequate? If not, do you see a possible policy change that would occur fairly soon? What would be the major changes?
2. Can you describe the CFS model, in particular the service/programmatic components and service delivery approach, and assess its potential to serve as a community-based mechanism for child protection, welfare and development?
  - 2.1 Is the CFS model inclusive? Is there any group of children who is not covered by the CFS model? If so, why? Are all service programs equally effectively carried out by the CFS? If not, why? Comparing to existing child welfare/protection system, what are the advantages of the CFS model?
3. How do you describe the role played by UNICEF in establishing, funding and/or supporting CFS? In your opinion, what are the contributions of UNICEF and its partners to develop subnational capacity of CFS?
  - 3.1 Is UNICEF a funder? The reporting agency? Professional consulting role? When UNICEF had transferred the CFS to local government, do you see that UNICEF continue to play an important role?
  - 3.2 What UNICEF has done to develop subnational capacity of CFS? Has UNICEF worked together with other institutions to provide training and/or other capacity building activities? What has been the function and role of UNICEF supported technical support hubs (TSH)? How helpful has TSHs been and what additional supports will be needed?
4. From your expertise, to what extent can the CFS achieve its goals and objectives to identify, protect children and help improve their wellbeing in different contexts? Do you think programs, service delivery models and other CFS practice can be modified according to local context? Do you think that CFS in different sites in China are able to bring/have brought in innovative and effective interventions? If so, can you give an example?
  - 4.1 Do the CFS achievements vary given different context, i.e., development vs. emergency? Rural vs. urban?
  - 4.2 In terms of innovation, please think about innovation in programs; products or services; processes; and partnerships
5. Given your expertise, what is the potential for transitioning emergency context CFS to development CFS? Further, what is the potential for scale up of the CFS model nationwide?

5.1 How would you evaluate the transition of CFS in emergency situation to development context in particular pertaining to the types of services being provided, service delivery approaches being used and resources received? Has the transition been supported by national or provincial stakeholders? How about the transition from UNICEF to local government?

5.2 With the transitions in mind, would the current capacity and possible capacity gaps at the national, provincial and local level affect the sustainability of CFS model? Such as capacity to manage and implement CFS at the national, provincial and local levels; availability of national/provincial standards and guidelines; adequate qualified CFS workers; and adequate budgets.

5.3 Are you fully aware the value of CFS thus support its scale up? How would you perceive suitability and replicability of CFS for- and in China? Are there modifications needed in CFS model to make it suitable for scale-up across China? Given this is brought to China by UNICEF under the emergency situation, would you express the ownership and commitment to its success as a community-based child welfare and child protection mechanism? Do you think the large scale of implementing CFS model across China would increase cost-effectiveness? After scale up, what cost can be maintained and/or reduced? What cost needs to be increased?

### Tool 3 - Interview guide for local level stakeholders in sampled regions

(Self-introduction first)

1. In your opinion, do the provincial and local governments have a priority to establish a mechanism in both areas of development and emergency for child protection, welfare and development? If so, does the CFS mission, scope and functions align with the provincial and local governments' development strategies and agenda? And why?

2. Can you talk about in your urban community (or rural village) the vulnerability and risk factors related to violence, exploitation, abuse and neglect of children? Do you think the CFS is an appropriate way to respond to such factors? Do you think that CFS provides the right services/programs to meet the acute community needs? If so, in which way?

2.1 What is the past and current provincial and local practice for child protection, child welfare, and child development in the community? If so, can you describe the difference and similarity? From your opinion, which mechanism, CFS or the other, is doing a better job?

2.2 Is the CFS model inclusive? Is there any group of children who has not been covered by the CFS model? Or, do CFS services help connect them with other services? Any duplication?

2.3 Have these risk factors and community needs changed over years? If so, how has the CFS done to respond to such changes?

3. How do you describe the role played by UNICEF in establishing, funding and/or supporting the CFS? From your knowledge, has UNICEF offered any training or capacity development activities? How does the training contribute to the CFS capacity? Sub-national capacity for child protection and child welfare?

3.1 Is UNICEF a funder? The reporting agency? Professional consulting role? When UNICEF had transferred the administration, funding and direct operation of CFS to local governments, do you support this transition? Do you see that UNICEF continue to play an important role? In which way? How did the transfer occur? What were the priority elements that the CFS can be progressively phased out? Was there any additional supports for the transition? Such as additional resources, consultancy, etc.? Did the UNICEF have a plan and process to work with local government and support CFS transitions? Any lessons or successful experience to share?

3.2 What UNICEF has done to develop the capacity of CFS? Any specific technical assistance, training, networking events and/or consultation offered by UNICEF you can name? What has been the function and role of UNICEF sponsored technical support hubs? Do you think in general these activities contribute to the CFS capacity? Particularly, contribute to the competence of CFS staff/volunteers working with local children and families? If yes, do you think that UNICEF has helped build a child welfare workforce in the community and for the province? If not, what are the factors making these capacity building inefficient? Has the CFS participated in other capacity building activities not sponsored by UNICEF? Can you name a few?

4. From your experience, to what extent can the CFS achieve its goals and objectives to identify, protect children and help improve their wellbeing in different contexts (development and emergency)? What are the factors influencing the achievement or non-achievement of the CFS program goals and objectives? Saying factors from:

4.1 The larger policy context (emergency/development, UNICEF funded/non-UNICEF funded, urban/rural, high-income province/low-income province) such as: policy and financial commitment, social service availability, coordination quality, endorsed minimum standards and regulations

4.2 Local community such as coordinated and well-functioning child protection and welfare system, and financial allocation

4.3 CFS internal factors such as institutional structure, staffing capacity and turnover, M&E support, and quality social services

5. Do you think the services/programs offered at the CFS meet the quality standard? What are the factors or features that have been program barriers/constraints or helped meet the quality standards?

5.1 Are you familiar with quality standards the CFS adopted? For program and service delivery quality? If no quality standard, why? How would you evaluate program/service quality offered at the CFS?

5.2 Factors affecting the quality include the factors from the larger context, the local community, and the CFS.

6. To what extent has the CFS tested innovative and effective interventions that made a difference in the lives of beneficiaries? Saying innovative programs, services or products, process, and partnership?

7. Do you have a sense of the CFS yearly budget? How about detailed program budget? Can you describe a few scenarios? Has there been any cost saving efforts made over the years? Particularly given the transition of the CFS from UNICEF to the local government? From your knowledge, do you think the value for money is worthy? How about comparing to other similar programs/interventions in the community?

8. Has there been a structure/mechanism at the local level for CFS service coordination and collaboration? Such as a joint Committee composed of CFS director and local stakeholders? If so, how often has the Committee met? What has been the practice of coordination? Are there protocols of coordination? How do you evaluate the functioning of CFS management, coordination and program implementation?

9. Do you think the CFS, in the past and current, has the full capacity to support its mission, manage all programs and deliver services? If no, what has been the area that needs additional supports? For example, human capital, funding, organizational structure, or technical support?

9.1 How about the CFS capacity before and after the transition (e.g., from emergency to development, from UNICEF to local government)?

10. Do you think that the CFS has contributed to the establishment of a community-based child protection and welfare mechanism? If so, can you elaborate it? Such as, bringing in the CFS model and pilot testing it in the local community? Helping train a child welfare workforce for the community? Improving the capacity of local agencies? To what extent has UNICEF contributed to these results? In other words, without UNICEF, do you think the local government (of course, with the support of provincial and central governments, in terms of policy, funding, people, etc.) would be able to achieve the same results?

11. From your perception, do you think the CFS can continue to function well in the community with or without UNICEF? If so, why?



- 11.1 Is the CFS suitable for local systems and culture?
  - 11.2 Is the CFS connected with existing other child protection and/or child welfare projects?
  - 11.3 Do you feel the CFS is part of the community?
  - 11.4 Do you think local governments have made efforts to maintain a well functional CFS for the future? For example, local policies, funding allocation, etc.
12. What has been the experience of local CFS transitioned from emergency situation to development context?
- 12.1 Has the transition been supported by national or provincial stakeholders? Did the UNICEF have a plan and process to work with local government and support CFS transitions?
  - 12.2 Has there been a strategy for a successful transition? What were the priority elements that UNICEF can be progressively phased out?
  - 12.3 Are there any changes to services, approach to service delivery, location or setting of the CFS, or human resources, etc.? Was there any additional supports for the transition? Such as additional resources, training, etc.? Has the CFS maintained a full capacity to deliver programs and services after the transition?
  - 12.4 How would you evaluate the transition? Do you support this transition?
  - 12.5 Any lessons or successful experience to share? Do you think the successful transition (if so) can be replicated in other places? Why?
  - 12.6 How about the transition from UNICEF to local government?
13. Given your experience with the CFS in your community, what is the potential for scale up of the CFS model nationwide?
- 13.1 If a local CFS is to be replicated in other places, what would be the factors for success for doing so in similar or other communities? What are the uniqueness of local CFS practices that are either not applied or hard to be repeated in other communities? Are there modifications needed in CFS model to make it suitable for scale-up of across China?
  - 13.2 Do you think there is a gap at national or provincial level to adopt the CFS model. Saying gap in capacity, or gap in policy?
  - 13.3 Do you feel that the CFS is going to have a larger impact after scale up because of the increased cost-effectiveness? Such as certain cost can be reduced?

#### Tool 4 - Interview guide for CFS Directors in sampled regions

1. How would you evaluate UNICEF supports? For example, technical supports, training, capacity building supports, etc. Are they applicable, sufficient, accessible and/or effective? Can you envision a well-functioning CFS without any UNICEF supports? (\*in conjunction with question 3 above)
2. How would you evaluate the changes in children, their families and the community? Particularly vulnerable children and their families. (\* in conjunction with question 4 and 5 above)
3. How would you evaluate CFS programming, management, coordination, availability and quality of services to meet the specific community needs, capacity, and other aspects that contribute to its functioning as a community-based mechanism for child protection and child development? (\* in conjunction with question 8 and 9 above)

4. Service Mapping (completed jointly CFS directors, local level stakeholders and community key informants)

Below is a list of potential services that could facilitate the prevention, identification, responding, reporting and monitoring of children and families at risk. Please share with us your responses to the following questions:

Primary prevention programs/services	1.Does your CFS provide these services?	2.Who provide or also provide these services in your community?	3.Please describe the referral procedures if collaborating with them?
4.1 Recreational/leisure activities for children and families			
4.2 Early Childhood Development programs (e.g., parenting groups, workshops)			
4.3 Non-formal educational programs for positive youth development (e.g., sports)			
4.4 Health education (e.g., nutrition, handwashing)			
4.5 Child participation programs (e.g., Children Committee)			
4.6 Day care programs			
4.7 Safety education for risk prevention (e.g., awareness campaign on children's right)			
<b>Secondary prevention programs/services</b>			
4.8 Basic needs-based programs (e.g., food, housing support)			
4.9 Psychosocial support programs			

<b>Primary prevention programs/services</b>	<b>1.Does your CFS provide these services?</b>	<b>2.Who provide or also provide these services in your community?</b>	<b>3.Please describe the referral procedures if collaborating with them?</b>
(e.g., support groups and counselling)			
4.10 Day care to families with special needs			
4.11 Legal support to families in difficulty			
4.12 Vocational training			
4.13 Job placement			
<b>Case management services</b>			
4.14 Outreach, home-visits to at-risk child (e.g., child on street or un-accompanied)			
4.15 Investigations into specific circumstances			
4.16 Reporting of child abuse or neglect protocol and procedures			
4.17 Establish and implement a care plan for the child			
4.18 Making necessary referrals			
4.19 Monitor the child's situation			
4.20 Assist court/administrative procedures on decisions of child's placement if needed			
<b>Specialized social services</b>			
4.21 Medical services for children survivors of violence/abuse			
4.22 Psychological or mental health services			
4.23 Mentoring services to families			

Primary prevention programs/services	1.Does your CFS provide these services?	2.Who provide or also provide these services in your community?	3.Please describe the referral procedures if collaborating with them?
with children going through difficulties			
4.24 Rehabilitation services for at-risk child with behavioral problems (e.g. conflict with the law, suicidal)			
<b>Intensive services</b>			
4.25 Shelters for child victims of violence			
4.26 Residential care for children			
4.27 Family-based care services for children without parental care			

## Tool 5 - Interview guide for community key informants in sampled regions

(Introduction and warm up, including interviewee's brief personal background)

1. Could you please talk about what you know about Child Friendly Spaces (CFS)?
  - 1.1 Such as when it was set up? By whom? For what? What were the CFS goals and objectives? Have the goals and objectives been modified over years? With the changing community context from emergency to development?
  - 1.2 Who are working there? Full time? Volunteers? Do you think they are qualified staff and/or they can offer quality services? If not, why?
  - 1.3 How do you view the CFS? As a service provider? As a government? As a part of the community? Why?
2. From your experience, how do you evaluate the CFS?
  - 2.1 What programs/services/activities it has/had? Have you welcomed them? Why? Saying because of lack of such services, meeting the acute community needs, etc.
  - 2.2 Any good programs/things it did that impress you? Can you share the story?
  - 2.3 Any concerns about the programs/services? Why?
  - 2.4 Do you think the CFS suits for local systems? Why?
  - 2.5 Do your children use or you know any children using CFS services? How about vulnerable children? Such as girls, left-behind children, children with disability, etc. Do they know the CFS services and/or activities? If they knew, have they participated? If they did not know, do you know why?
  - 2.6 From your observation, do you feel any change in their families after participating in CFS services? How about the children? If not, why? For example, knowledge, skills and practices of safety at home and in the community, care and parenting practices, referral mechanisms and welfare services, etc. How about children in disadvantaged situation?
  - 2.7 Do you have any recommendation to improve the CFS services, activities and programming?
3. Do you feel any changes that the CFS has brought to the community?
  - 3.1 How does the community (people in the community) view or say about the CFS? How do they view the CFS? As a service provider? As a government? As a part of the community?
  - 3.2 Who have been really affected by the CFS? Any particular groups in the community not covered by the CFS? How has the CFS reach to different groups of community people?
  - 3.3 How has the CFS affected the community? Saying, the establishment of a community-based child protection and welfare mechanism? Affecting community knowledge and awareness of 'violence against children'? Etc. Why? Can you tell a story about the community change? If no change, what do you think about the reason?
  - 3.4 Comparing with other community centers/programs/services, what are the differences? Are they connected with the CFS? How? Does the CFS bring anything to the community that would not be there otherwise? Could the CFS be replaced by something else?
4. Do you think CFS would be useful in the future? And if so, why?

## Tool 6 - Guide for Focus Group Discussion with CFS staff

(Introduction and warm up, including brief self-introduction of each participant's position/responsibility at the CFS)

1. Can you talk about the community here?
  - 1.1 Any unique community characteristics?
  - 1.2 How about children and their families? Any special situation?
2. When developing programs, what kinds of preparations you have done?
  - 2.1 For example, need assessment? Training? Networking? Capacity building?
  - 2.2 How about disadvantaged children and their families? Such as children with disability, children left-behind, girls, and children in poor families?
  - 2.3 Do you feel confident about the CFS capacity to meet the needs of children in the community? And why?
3. During various program implementations,
  - 3.1 How do you perceive the service provision process? Any challenges or barriers?
  - 3.2 How do you see the children's experience in the program? Do you have a success story to share? Do you have a failure story to share?
  - 3.3 How about disadvantaged children and families with difference needs? Do you think the CFS has adequately served disadvantaged children and families? If so, why? If not, what are the barriers or challenges?
  - 3.4 From your professional perspective, how the programs can be improved?
  - 3.5 Do you have confidence to have the knowledge and skills to work with the children and their families in the community? If so, why? If not, what are your ways to enhance your competency?
4. What are your overall evaluation of the CFS?
  - 4.1 Do you think the CFS achieve its goals and objectives to identify, protect children and help improve their wellbeing in different contexts (emergency/development)? If so, why?
  - 4.2 Do you think that the CFS has contributed to the establishment of a community-based child protection and welfare mechanism? If so, why? To what extent have UNICEF and its partners contributed to process? Funding, technical supports, training, etc.?
  - 4.3 Comparing with community-based child protection and child welfare programs that work with children, how do you perceive the advantage and limitation of CFS?
5. In the next five years, how do you view the role of CFS in this community?
  - 5.1 Do you think the CFS is part of the community?
  - 5.2 What are potential factors promoting the role of CFS?
  - 5.3 What are predictable barriers for the growth and development of CFS?
6. For those of you who have knowledge about UNICEF's involvement, there are a few more questions.
  - 6.1 What UNICEF has done to the CFS?
  - 6.2 Have you attended some UNICEF provided trainings? Do you think these training are applicable and adequate?
  - 6.3 How would you evaluate the role of UNICEF in CFS programing, management, and service delivery?

6.4 If your CFS has been transited from UNICEF to local government, comparing your experience before and after the transition, do you note any difference? And why? Do you think the transition would contribute to the role and long term development of CFS in the community?



## Tool 7 - Interview guide for parent/caregivers from participating families

This is an evaluation of the Child Friendly Space sponsored by UNICEF and NWCCW. You are invited to this interview because your family has participated in this CFS. This interview will ask you about your children and family participation in CFS activities, your opinion on your child's wellbeing, protective from risks, and parenting practices. There is no right or wrong answers and please answer the questions as best as you could. Your participation in the interview is totally voluntary and you can stop at any time during the interview process. Your consent to the interview will not affect your family or your children's participation in the CFS. All information will be used for evaluation purpose and kept as confidential. No name will be appeared in any document.

ID#:

CFS Sites:

Date:

Interviewer:

Completer:

- Mother       Father       Grandfather       Grandmother  
 Step-father       Step-mother  
 Relatives: \_\_\_\_\_ (specify relationship)  
 Other: \_\_\_\_\_ (specify relationship)

### Interview Questions:

1. Child gender:      \_\_\_ Female    \_\_\_ Male
2. Birth date (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Child's Grade: \_\_\_\_\_
4. Ethnicity:      \_\_\_ Han                      \_\_\_ Ethnic minority group: Please specify  
\_\_\_\_\_
5. Language your family speaks in addition to Putonghua: \_\_\_\_\_
6. Do you live in:              City              Rural Town               Village
7. What is your education level?  
 No formal education       Elementary School  
 Middle School               High School  
 College               Undergraduate School     Graduate School or above  
 Others (please specify): \_\_\_\_\_
8. Who are living in your family?  
 Spouse

- Daughter    How many: \_\_\_\_\_
- Son                      How many: \_\_\_\_\_
- Grandparents
- Other relatives            Please specify relationship: \_\_\_\_\_
- Others                      Please specify relationship: \_\_\_\_\_

9. What is the average annual income of your family (RMB)?

- 3000 or below     3001-10000     10001-20000     20001-30000
- 30001-40000     40001-50000     50001-60000
- 60001-70000     70001-80000     >80000

10. Does the child have any issues that you are concerned about? Check all that apply.

- |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Academic problems<br><input type="checkbox"/> Relationship problems with friends<br><input type="checkbox"/> Relationship problems within family<br><input type="checkbox"/> Problems with basic needs<br><input type="checkbox"/> Others problems, please specify:<br>_____ | <input type="checkbox"/> Behavioral problems (e.g., fighting, stealing, conduct problems)<br><input type="checkbox"/> Emotional problems<br><input type="checkbox"/> Child Protection issues<br><input type="checkbox"/> Health problems |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Does your child have difficulties in those types of functioning?

	0(No difficulty)	1(some difficulty)	2(a lot of difficulty)	3(cannot do at all)
Visual				
Hearing				
Speech				
Physical				
Intellectual				
Mental				

Multiple types, please specify \_\_\_\_\_

12. Is the child currently living with his or her parents?

- Yes                                       No

13. If the child is not currently living with parents, when did it start?

Year: \_\_\_\_\_

Where are the parents: \_\_\_\_\_

14. Was it a time that both parents of the child were not at home with the child?

- Yes  No

15. Why the child's parents were not at home with the child?

- The child is a left-behind child  
 The child is an orphan.  
 Other reasons, please specify \_\_\_\_\_

16. When is the last time parents not at home:

\_\_\_\_\_

Where were the parents at that time: \_\_\_\_\_?

17. Is the child going to boarding school?

- Yes  No

18. Child participation in CFS activities:

18.1 When did the child begin coming to the CFS?	
18.2 How did you know this CFS?	
<p>18.3 Why your child or your family participate in CFS?</p> <p>18.4 Were there any needs your child or your family has that prompted your child to participate in this CFS?</p> <p>18.5 What types of activities or services have your children participated or received?</p>	<p><input type="checkbox"/> Basic needs-based programs (e.g., clothes, shoes, food)</p> <p><input type="checkbox"/> Psychosocial support programs (e.g., support groups and counselling for parents and children)</p> <p><input type="checkbox"/> Recreational/leisure activities for children (e.g., games, activities, and community events for families)</p> <p><input type="checkbox"/> Non formal educational programs for positive youth development (e.g., sports)</p> <p><input type="checkbox"/> Safety education to prevent the risk of violence, abuse, exploitation, and neglect (e.g., educational workshops for parents and children, awareness campaign)</p> <p><input type="checkbox"/> Health education (e.g., hand washing, nutrition)</p> <p><input type="checkbox"/> Early Childhood Development programs (e.g., parenting education groups or workshops)</p>

<p>18.6 To what extent do these services meet your child's needs?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Child participation programs (e.g., Children Committee, volunteer)</li> <li><input type="checkbox"/> Child protection (e.g., identify and conduct risk assessment of violence, abuse, exploitation and neglect)</li> <li><input type="checkbox"/> Child welfare (e.g., provide referral and linkage services to address identified situations of violence, abuse, exploitation and neglect)Referral services (e.g. referral to healthcare services, education, police)</li> <li><input type="checkbox"/> Other services: _____</li> </ul> <p>18.6.1 Please tell us how have these activities/services met your child's needs?</p> <p>18.6.2 What activities/services have been most useful to your child?</p> <p>18.6.3 What do you like most about the activities/services?</p> <p>18.6.4 How have these activities/services benefit your child and make a difference in his or her lives?</p> <p>18.6.5 What positive changes do you see after your child participated in these activities/services?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Feeling good about self</li> <li><input type="checkbox"/> Getting along well with peers</li> <li><input type="checkbox"/> Getting along well with family</li> <li><input type="checkbox"/> Attending schools and getting good grades</li> <li><input type="checkbox"/> Caring for health need and have good health habits</li> <li><input type="checkbox"/> Participating in fun and recreational activities</li> <li><input type="checkbox"/> Being motivated and finishing tasks</li> <li><input type="checkbox"/> Emotionally well</li> <li><input type="checkbox"/> Have more confidence</li> <li><input type="checkbox"/> Feeling safe at home</li> <li><input type="checkbox"/> Feeling safe in the community</li> </ul>
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<p>18.7 To what extent does your child feel safe at home or in the community?</p> <p>18.8 Does your child participate in Children’s Committees?</p> <p>18.9 On a 1-10 scale, to what extent does your child participate and feel welcomed in the planning and design of those programs/services?</p> <p>18.10 On a 1 to 10 scale, to what extent CFS activities meet the needs of your child?</p> <p>18.11 On a 1 to 10 scale, how satisfied are you with the CFS activities/services for your child?</p>	<p><input type="checkbox"/> Other positive changes: _____</p> <p>18.7.1 What are some of the things or situations that help your child feel safe at home and outside? What are some of the things or situations that make your child feel unsafe at home and outside?</p> <p>18.7.2 What changes do you see in your child’s knowledge, skills and practices of safety at home and in the community after participation in CFS activities/services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Low <span style="float: right;">High</span> 1 2 3 4 5 6 7 8 9 10</p> <p>Low <span style="float: right;">High</span> 1 2 3 4 5 6 7 8 9 10</p> <p>Low <span style="float: right;">High</span> 1 2 3 4 5 6 7 8 9 10</p> <p>18.11.1 Please share with us how these activities/services could be further strengthened to better meet your child or your family’s need:</p>
<p>18.12 How often does your child participate in CFS programs/services?</p> <p>18.13 Were there times that your child would like</p>	<p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Several times a week</p> <p><input type="checkbox"/> Several times a month</p> <p><input type="checkbox"/> Several times a year</p> <p><input type="checkbox"/> Not able to come because of transportation</p>



<p>19.4 What types of activities/services have you participated or received?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Basic needs-based programs</li> <li><input type="checkbox"/> Recreational/leisure activities for families</li> <li><input type="checkbox"/> Family education such as positive parenting workshops, parent support groups</li> <li><input type="checkbox"/> Safety education to prevent your child from the risk of violence, abuse, exploitation, and neglect</li> <li><input type="checkbox"/> Participation programs (e.g., Parent Committee, volunteer)</li> <li><input type="checkbox"/> Other programs: _____</li> </ul>
<p>19.5 To what extent do these activities/services meet your needs?</p>	<p>19.5.1 Please tell us how have these activities/services met your needs?</p> <p>19.5.2 What activities/services have been most useful to you as a parent/caregiver?</p> <p>19.5.3 What do you like most about the activities/services that you have received?</p> <p>19.5.4 How have these activities/services benefit you as a parent/caregiver?</p>
<p>19.6 What changes do you see in your knowledge of referral mechanisms and welfare services after you participated in these programs that help you to better protect and support your child?</p>	<p>Please elaborate:</p>
<p>19.7 What changes do you see in your parenting knowledge, skills and practice after you participated in these programs that help you to better protect and support your child?</p>	<p>19.7.1 Have your ways of disciplining your child change over time? What would you do before that were different than what you are doing now?</p> <p>19.7.2 If you have changed your way of disciplining your child, what have contributed to the change overtime?</p> <p>19.7.3 In your experience, what are the most effective ways to teach children positive behaviors?</p> <p>19.7.4 Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other</p>

<p>19.8 Do you participate in Parent's Committee or serve as volunteers?</p>	<p>adult in your household has used this method with (name) in the past month.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explained importance of right behaviors</li> <li><input type="checkbox"/> Listened first before scolding the child</li> <li><input type="checkbox"/> Scolded, shouted or yelled at the child</li> <li><input type="checkbox"/> Consistently enforced rules &amp; consequences</li> <li><input type="checkbox"/> Not allowed the child to come back home or leave the house</li> <li><input type="checkbox"/> Showed, demonstrated, or taught the child the right thing to do</li> <li><input type="checkbox"/> Praised the child when s/he does the right thing</li> <li><input type="checkbox"/> Made the child feel shameful or guilty</li> <li><input type="checkbox"/> Modeled positive behaviors</li> <li><input type="checkbox"/> Withheld affection</li> <li><input type="checkbox"/> Gave the child positive things to do instead</li> <li><input type="checkbox"/> Took away privileges or forbade something the child liked</li> <li><input type="checkbox"/> No meals</li> <li><input type="checkbox"/> Explained why the behavior was wrong</li> <li><input type="checkbox"/> Shook the child</li> <li><input type="checkbox"/> Spanked, hit or slapped the child on the bottom with bare hand</li> <li><input type="checkbox"/> Hit the child on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object</li> <li><input type="checkbox"/> Called the child dumb, lazy or another name like that</li> <li><input type="checkbox"/> Hit or slapped the child on the face, head or ears</li> <li><input type="checkbox"/> Hit or slapped the child on the hand, arm, or leg</li> <li><input type="checkbox"/> Beat up the child, that is hit him/her over and over as hard as one could</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>
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<p>19.9 On a 1-10 scale, to what extent do you feel welcomed in the planning and design of those programs/services?</p> <p>19.10 On a 1 to 10 scale, to what extent CFS activities meet your needs as a parent/caregiver?</p> <p>19.11 On a 1 to 10 scale, how satisfied you are with CFS activities/services as a parent/caregiver?</p>	<p>19.8.1 Please share with us your experience:</p> <p>Low High 1 2 3 4 5 6 7 8 9 10</p> <p>Low High 1 2 3 4 5 6 7 8 9 10</p> <p>Low High 1 2 3 4 5 6 7 8 9 10</p> <p>19.11.1 Please share with us how these activities/services could be further strengthened to better meet your need as a parent/caregiver.</p>
<p>19.12 How often do you come to this CFS?</p> <p>19.13 Were there times that you would like to come to CFS but could not do so? If yes, please check the reasons:</p>	<p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Several times a week</p> <p><input type="checkbox"/> Several times a month</p> <p><input type="checkbox"/> Several times a year</p> <p><input type="checkbox"/> Not able to come because of transportation</p> <p><input type="checkbox"/> Not able to come because the CFS is too far</p> <p><input type="checkbox"/> Not able to come because of time conflict</p> <p><input type="checkbox"/> Not able to come because of work</p> <p><input type="checkbox"/> Not able to come because of household chores</p> <p><input type="checkbox"/> Not come because of language barriers</p> <p><input type="checkbox"/> Not come because the program is not good fit for my needs</p> <p><input type="checkbox"/> Other reasons: _____</p> <p>Please describe the efforts CFS:</p>



<p>20.4 On a 1-10 scale, how satisfied are you with the outcomes?</p> <p>20.5 Are there other services or assistance that you have received from your community to address those issues other than from the referral by CFS?</p> <p>20.6 On a 1-10 scale, how effective these non-CFS related services or assistance have been to you and your child?</p>	<p>20.3.3 How have this benefit you as a parent/caregiver, your child or your family? What changes do you see in your child, your family or yourself in this process?</p> <p>Low <span style="float: right;">High</span></p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>20.5.1 Please list the services: 20.5.2 Can you please share with us your experiences with these services or assistance?</p> <p>Low <span style="float: right;">High</span></p> <p>1 2 3 4 5 6 7 8 9 10</p>
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## 21. Role of UNICEF in CFS

<p>21.1 Have you heard about UNICEF?</p> <p>21.2 What is your understanding of the role of UNICEF in supporting CFS?</p> <p>21.3 Based on what you know, to what extent that UNICEF support CFS in the following areas:</p> <p>21.4 On a 1-10 scale with 10 being the most important, how important do you think is the support of UNICEF to the functioning of CFS?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Providing financial support</p> <p><input type="checkbox"/> Providing technical and professional support</p> <p><input type="checkbox"/> Advocating for support to CFS</p> <p><input type="checkbox"/> Other support: Please specify _____</p> <p>Low <span style="float: right;">High</span></p> <p>1 2 3 4 5 6 7 8 9 10</p>
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22. Transition of CFS from UNICEF to Local Government (Only for those CFS that have been transferred from UNICEF to Local Government)

<p>22.1 Are you aware of the transition of CFS from UNICEF to Local Government?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>22.2 Can you share with us your experience of this change?</p>	
<p>22.3 Were there changes in the following areas: (EQ3, EQ20)</p>	<p><input type="checkbox"/> Staff changes</p> <p><input type="checkbox"/> Change of CFS location</p> <p><input type="checkbox"/> Change in programs/services being provided</p> <p><input type="checkbox"/> Other changes Please specify_____</p>
<p>22.3.1 If there were changes in programs/services, please share with us:</p>	
<p>22.3.2 What are the new services that are being provided now and not before?</p>	
<p>22.3.3 What are the services that this CFS has before but not now?</p>	

## Tool 8 - Interview guide for child from participating families

This is an evaluation of the Child Friendly Space sponsored by UNICEF and NWCCW. You are invited to this interview because you have participated in this CFS. Your participation in the interview is totally voluntary and you can stop at any time during the interview process. Whether you agree to be interviewed or not will not affect your family or your participation in the CFS activities and services. All information will be used for evaluation purpose and kept as confidential. No name will be appeared in any document.

ID#:

CFS Sites:

Date:

Interviewer:

### Instruction to interviewer:

Children will answer Question 10 to 12 ONLY if their parents have been interviewed and completed the Parent Survey.

### Interview questions:

1. Child gender:        \_\_\_ Female    \_\_\_ Male

2. Birth date (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Ethnicity:        \_\_\_ Han                    \_\_\_ Ethnic minority groups: Please specify  
\_\_\_\_\_

4. Child grade:

Elementary School:    Grade \_\_\_\_\_

Middle School:            Grade \_\_\_\_\_

High School:              Grade \_\_\_\_\_

5. Language your family speaks in addition to Putonghua: \_\_\_\_\_

6. Do you live in:            City                    Rural Town                     Village

7. Who are in your family?

Father

Mother

Brothers    How many: \_\_\_\_\_

Sisters        How many: \_\_\_\_\_

Grandparents

Other relatives            Please specify relationship: \_\_\_\_\_

8. Do you have difficulties in those types of functioning?

	0(No difficulty)	1(some difficulty)	2(a lot of difficulty)	3(cannot do at all)
Visual				
Hearing				
Speech				
Physical				
Intellectual				
Mental				

Multiple types, please specify \_\_\_\_\_

9. Are you currently living with your parents?

Yes  No

10. If you are not currently living with your parents, when did it start?

Year: \_\_\_\_\_

Where are the parents: \_\_\_\_\_

11. Was it a time that both parents were not at home with you?

Yes  No

12. Why parents were not at home with you?

I am a left-behind children

I am an orphan.

Other reasons, please specify \_\_\_\_\_

13. When:

\_\_\_\_\_ ?

14. Are you going to boarding school?

Yes  No

15. Participation in CFS activities:

15.1 When did you first come to the CFS?	
15.2 What were the reasons or needs for you to come to the CFS?	
15.3 How did you know this CFS?	

<p>15.4 What types of activities or services you have participated or received?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Basic needs-based programs (e.g., clothes, shoes, food)</li> <li><input type="checkbox"/> Recreational/leisure activities for children (e.g., games, activities, and community events for families)</li> <li><input type="checkbox"/> Psychosocial support programs e.g., support groups and counselling for parents and child(ren)</li> <li><input type="checkbox"/> Non formal educational programs for positive youth development (e.g., sports)</li> <li><input type="checkbox"/> Safety education to prevent the risk of violence, abuse, exploitation, and neglect (e.g., educational workshops for parents and children, awareness campaign)</li> <li><input type="checkbox"/> Health education (e.g., hand washing, nutrition)</li> <li><input type="checkbox"/> Early Childhood Development programs (e.g., parenting education groups or workshops)</li> <li><input type="checkbox"/> Child participation programs (e.g., Children Committee, volunteer)</li> <li><input type="checkbox"/> Child protection (e.g., identify and conduct risk assessment of violence, abuse, exploitation and neglect)</li> <li><input type="checkbox"/> Child welfare (e.g., provide referral and linkage services to address identified situations of violence, abuse, exploitation and neglect)Referral services (e.g. referral to healthcare services, education, police)</li> <li><input type="checkbox"/> Other services: _____</li> </ul>
<p>15.5 Have you participated in the Children committee or served as volunteers?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p>15.5.1 If yes, please share with us what have you done:</p> <p>Low <span style="float: right;">High</span></p> <p>1 2 3 4 5 6 7 8 9 10</p>

<p>15.6 On a 1-10 scale, to what extent do you feel that you have a voice in the activities provided by CFS?</p>	<p>Please share with us your experience:</p>
<p>15.7 How often do you participate in CFS programs/services?</p> <p>15.8 Were there times that you would like to participate in CFS activities but could not do so? If yes, please check the reasons:</p> <p>15.9 What are the programmatic and outreaching efforts that CFS has attempted to encourage you to participate in those programs/services?</p>	<p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Several times a week</p> <p><input type="checkbox"/> Several times a month</p> <p><input type="checkbox"/> Several times a year</p> <p><input type="checkbox"/> Not able to come because of transportation</p> <p><input type="checkbox"/> Not able to come because the CFS is too far</p> <p><input type="checkbox"/> Not able to come because of time conflict</p> <p><input type="checkbox"/> Not able to come because my child has to do homework</p> <p><input type="checkbox"/> Not able to come because my child has to do household chores</p> <p><input type="checkbox"/> Not come because of language barriers</p> <p><input type="checkbox"/> Not come because the program is not good fit for his or her needs</p> <p><input type="checkbox"/> Other reasons: _____</p> <p>15.9.1 Please describe the programmatic and outreaching efforts.</p> <p>15.9.2 On a 1 to 10 scale, how helpful have these efforts been to engage you in CFS activities? (EQ15, EQ16)</p> <p>Low <span style="float: right;">High</span></p> <p>1    2    3    4    5    6    7    8    9    10</p> <p>15.9.3 Please share with us what could be done that will make it easier for you to participate in CFS activities/services.</p>



16. Learning and Satisfaction of CFS activities

<p>16.1 What kind of things you do when you come here?</p>	
<p>16.2 On a 1 to 10 scale, to what extent CFS activities meet your needs?</p>	<p>Low <span style="float: right;">High</span>  1 2 3 4 5 6 7 8 9  10</p>
<p>16.3 What have you learned as a result of participating in CFS activities?</p> <p>16.4 Have you learned ways to keep you safe at home and in the community? What have you learned specifically?</p>	<p>16.4.1 To what extend do you feel safe at home?  Low <span style="float: right;">High</span>  1 2 3 4 5 6 7 8 9  10</p> <p>16.4.2 To what extend do you feel safe in the community?  Low <span style="float: right;">High</span>  1 2 3 4 5 6 7 8 9  10</p> <p>16.4.3 What are some of the things or situations that help you feel safe? What are some of the things or situation that make you feel unsafe?</p> <p>16.4.4 What have been done by CFS and the community to make you feel safe?</p>
<p>16.5 How do you feel after participating in CFS activities?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Feeling good about self</li> <li><input type="checkbox"/> Getting along well with peers</li> <li><input type="checkbox"/> Getting along well with family</li> <li><input type="checkbox"/> Attending schools and getting good grades</li> <li><input type="checkbox"/> Caring for health need and have good health habits</li> <li><input type="checkbox"/> Participating in fun and recreational activities</li> <li><input type="checkbox"/> Being motivated and finishing tasks</li> <li><input type="checkbox"/> Emotionally well</li> <li><input type="checkbox"/> Have more confidence</li> <li><input type="checkbox"/> Feeling safe at home</li> </ul>

	<input type="checkbox"/> Feeling safe in the community <input type="checkbox"/> Other positive changes: _____
16.6 What are the things/activities that you like most or have been most useful to you about this CFS?	
16.7 What are some of the things that you wish you can do here but it is not being offered?	
16.8 On a 1 to 10 scale, to what extent do you enjoy CFS activities/services?	Low <span style="float: right;">High</span> 1   2   3   4   5   6   7   8   9 10

17. Referral Services (Only child participant 12 years and older)

17.1 Have you received any referral services from CFS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.2 For what type of issues?	<input type="checkbox"/> Basic needs <input type="checkbox"/> Academic issues <input type="checkbox"/> Child behavioral problems <input type="checkbox"/> Child emotional problems <input type="checkbox"/> Family relational issues <input type="checkbox"/> Parenting issues <input type="checkbox"/> Health issues <input type="checkbox"/> Financial issues <input type="checkbox"/> Safety concerns <input type="checkbox"/> Child protection <input type="checkbox"/> Child welfare <input type="checkbox"/> Other issues: Please specify _____
17.3 Please share with us where were you	

<p>referred to and what happened.</p> <p>17.4 How have you and your family been helped by this referral?</p> <p>17.5 On a scale of 1-10, how satisfied are you with the outcomes?</p> <p>17.6 Are there other non-CFS related services or assistance that you have received from your community to address those issues other than from the referral by CFS? (EQ5)</p>	<p>Low <span style="float: right;">High</span></p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>17.6.1 Please list the services:</p> <p>17.6.2 On a scale of 1-10, how effective these services or assistance have been to you and your family?</p> <p>Low <span style="float: right;">High</span></p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>17.6.3 Can you please share with us your experiences with these services or assistance?</p>
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18. Role of UNICEF in CFS

<p>18.1 Have you heard about UNICEF?</p> <p>18.2 What is your understanding of the role of UNICEF in supporting CFS?</p> <p>18.3 Based on what you know, to what extent that UNICEF support CFS in the following area:</p> <p>18.4 On a 1-10 scale with 10 being the most important, how important do you think</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Providing financial support</p> <p><input type="checkbox"/> Providing technical and professional support</p> <p><input type="checkbox"/> Advocating for support to CFS</p> <p><input type="checkbox"/> Other support: Please specify _____</p> <p>Low <span style="float: right;">High</span></p> <p>1 2 3 4 5 6 7 8 9 10</p>
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<p>is the support of UNICEF to the functioning of CFS?</p>	
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19. Transition of CFS from UNICEF to Local Government (Only for those CFS that have been transferred from UNICEF to Local Government)

<p>19.1 Are you aware of the transition of CFS from UNICEF to Local Government?</p> <p>19.2 Can you share with us your experience of this change?</p> <p>19.3 Were there changes in the following areas:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Staff changes</p> <p><input type="checkbox"/> Change of CFS location</p> <p><input type="checkbox"/> Change in programs/services being provided</p> <p><input type="checkbox"/> Other changes Please specify _____</p> <p>19.3.1 If there were changes in programs/services, please share with us:</p> <p>19.3.2 What are the new services that are being provided now and not before?</p> <p>19.3.3 What are the services that this CFS has before but not now?</p>
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## Tool 9 - Interview guide for parent/caregivers from non-participating families

This is an evaluation of the Child Friendly Space sponsored by UNICEF and NWCCW. You are invited to this interview because your family has not participated in this CFS and we would like to hear from you about your perception and understanding of CFS services and reasons for non-participation. There is no right or wrong answers and please answer the questions as best as you could. Your participation in the interview is totally voluntary and you can stop at any time during the interview process. Your consent to the interview will not affect your family or your children's participation in the CFS. All information will be used for evaluation purpose and kept as confidential. No name will be appeared in any document.

ID#:

CFS Sites:

Date:

Interviewer:

Completer:

- Mother       Father       Grandfather       Grandmother  
 Step-father       Step-mother  
 Relatives: \_\_\_\_\_ (specify relationship)  
 Other: \_\_\_\_\_ (specify relationship)

### Interview questions:

1. Child gender:      \_\_\_ Female    \_\_\_ Male
2. Birth date (Month/Day/Year): \_\_\_/\_\_\_/\_\_\_
3. Child's Grade: \_\_\_\_\_
4. Ethnicity:      \_\_\_ Han                      \_\_\_ Ethnic minority group: Please specify  
\_\_\_\_\_
5. Language your family speaks in addition to Putonghua: \_\_\_\_\_
6. Do you live in:                      City                      Rural Town                       Village
7. What is your education level?  
 No formal education                       Elementary School  
 Middle School                       High School  
 College                       Undergraduate School     Graduate School or above  
 Others (please specify): \_\_\_\_\_
8. Who are living in your family?  
 Spouse



Where are the parents: \_\_\_\_\_

14. Was it a time that the child's both parents were not at home with the child?

- Yes                       No

15. Why the child's both parents were not at home with the child?

- The child is a left-behind children  
 The child is an orphan.  
 Other reasons, please specify \_\_\_\_\_

16. When: \_\_\_\_\_  
Where were the parents at that time: \_\_\_\_\_?

17. Is the child going to boarding school?

- Yes                                       No

18. Do you know there is a CFS in your community? If yes, when did you first know about the existence of this CFS?

19. What types of programs/activities/services do you think or other people share with you that are provided by the CFS?

- Basic needs-based programs (e.g., clothes, shoes, food)
- Recreational/leisure activities for children (e.g., games, activities, and community events for families)
- Psychosocial support programs (e.g., support groups and counselling for parents and children)
- Non formal educational programs for positive youth development (e.g., sports)
- Safety education to prevent the risk of violence, abuse, exploitation, and neglect (e.g., educational workshops for parents and children, awareness campaign)
- Health education (e.g., hand washing, nutrition)
- Early Childhood Development programs (e.g., parenting education groups or workshops)
- Child participation programs (e.g., Children Committee, volunteer)
- Child protection (e.g., identify and conduct risk assessment of violence, abuse, exploitation and neglect)

- Child welfare (e.g., provide referral and linkage services to address identified situations of violence, abuse, exploitation and neglect)
- Referral services (e.g. referral to healthcare services, education, police)
- Other services: \_\_\_\_\_

20. Were there times that you would like to come to CFS but could not do so?

Not able to come because of transportation

Not able to come because the CFS is too far

Not able to come because of time conflict

Not able to come because of work

Not able to come because of household chores

Not come because of language barriers

Not come because the program is not good fit for my need. Please share your needs:

21. What are some other reasons for you not to come to the CFS?

22. What might be some programs/activities/services that you think should be provided by CFS but are not?

23. Have you been outreached by CFS staff to participate in their activities? If so, what were those programmatic or outreaching efforts?

24. If you are invited to come to CFS, will you come? If yes, why and if no, why.

25. Please share with us what could be done that will make it easier for your family and your child to participate in CFS activities/services

26. What services you would rather use if in need?

27. Have you heard about UNICEF?

Yes

No

28. What is your understanding of the role of UNICEF in supporting CFS?

29. Based on what you know, to what extent that UNICEF support CFS in the following areas:

Providing financial support



- Providing technical and professional support
- Advocating for support to CFS
- Other support: Please specify \_\_\_\_\_

30. On a 1-10 scale with 10 being the most important, how important do you think is the support of UNICEF to the functioning of CFS?

## Tool 10 - Interview guide for child from non-participating families

This is an evaluation of the Child Friendly Space sponsored by UNICEF and NWCCW. You are invited to this interview for sharing with us your perception of CFS. Your participation in the interview is totally voluntary and you can stop at any time during the interview process. All information will be used for evaluation purpose and kept as confidential. No name will be appeared in any document.

ID#:

CFS Sites:

Date:

Interviewer:

### Interview questions:

Instruction to interviewer: Child participants 8 years or older will answer Question 10 to 12 ONLY if their parents have been interviewed and completed the Parent Survey.

1. Child gender:       \_\_ Female \_\_ Male

2. Birth date (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Ethnicity:       \_\_ Han       \_\_ Ethnic minority group: Please specify \_\_\_\_\_

4. Child grade:

- Elementary School:       Grade \_\_\_\_\_
- Middle School:            Grade \_\_\_\_\_
- High School:              Grade \_\_\_\_\_

5. Language your family speaks in addition to Putonghua: \_\_\_\_\_

7. Do you live in:

- City
- Rural Town
- Village

7. Who are in your family?

Father

Mother

Brothers   How many: \_\_\_\_\_

Sisters       How many: \_\_\_\_\_

Grandparents

Other relatives   Please specify relationship: \_\_\_\_\_

Do you have difficulties in those types of functioning?

	0(No difficulty)	1(some difficulty)	2(a lot of difficulty)	3(cannot do at all)
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Visual				
Hearing				
Speech				
Physical				
Intellectual				
Mental				

Multiple types, please specify \_\_\_\_\_

9. Are you currently living with your parents?

Yes  No

10. If you are not currently living with your parents, when did it start?

Year: \_\_\_\_\_

Where are the parents: \_\_\_\_\_?

11. Was it a time that both parents were not at home with you?

Yes  No

12. Why your parents were not at home with you?

- I am a left-behind child
- I am an orphan.
- Other reasons, please specify \_\_\_\_\_

13. When:

\_\_\_\_\_?  
Where were the parents at that time: \_\_\_\_\_?

14. Are you going to boarding school?

Yes  No

15. Do you know there is a CFS in your community? If yes, when did you first know about the existence of this CFS?

16. What types of programs/activities/services do you think or other people share with you that are provided by the CFS?

- Basic needs-based programs (e.g., clothes, shoes, food)
- Recreational/leisure activities for children (e.g., games, activities, and community events for families)
- Psychosocial support programs (e.g., support groups and counselling for parents and children)
- Non formal educational programs for positive youth development (e.g., sports)
- Safety education to prevent the risk of violence, abuse, exploitation, and neglect (e.g., educational workshops for parents and children, awareness campaign)

- Health education (e.g., hand washing, nutrition)
- Early Childhood Development programs (e.g., parenting education groups or workshops)
- Child participation programs (e.g., Children Committee, volunteer)
- Child protection (e.g., identify and conduct risk assessment of violence, abuse, exploitation and neglect)
- Child welfare (e.g., provide referral and linkage services to address identified situations of violence, abuse, exploitation and neglect)
- Referral services (e.g. referral to healthcare services, education, police)
- Other services: \_\_\_\_\_

17. Were there times that you would like to come to CFS but could not do so?

- Not able to come because of transportation
- Not able to come because the CFS is too far
- Not able to come because of time conflict
- Not able to come because my child has to do homework
- Not able to come because my child has to do household chores
- Not come because of language barriers
- Not come because the program is not good fit for my need. Please share your needs

18. What are some other reasons for you not to come to the CFS?

19. What might be some programs/activities/services that you think should be provided by CFS but are not?

20. Have you been outreached by CFS staff to participate in their activities? If so, what were those programmatic or outreaching efforts?

21. If you are invited to come to CFS, will you come? If yes, why and if no, why.

22. Please share with us what could be done that will make it easier for you to participate in CFS activities/services.

23. What services you would rather use if in need?

24. Have you heard about UNICEF?

- Yes  No

25. What is your understanding of the role of UNICEF in supporting CFS?

26. Based on what you know, to what extent that UNICEF support CFS in the following areas:

- Providing financial support
- Providing technical and professional support
- Advocating for support to CFS
- Other support: Please specify \_\_\_\_\_

27. On a 1-10 scale with 10 being the most important, how important do you think is the support of UNICEF to the functioning of CFS?

Annex 6 - List of sites visited and demographics of respondents

Table 6 - CFS selected for site-visits and in-depth interviews

Sites that are BOLDED were sites that were finally included in the field data collection

Province	Prefecture/District	CFS	Emergency/ Development	Funding Sources	Urban/ Rural	Resources	Status (completed/not completed)	Number of interviews
Sichuan	Ya'an: Lushan	Qingren CFS <b>Hengxi CFS</b>	Emergency to Development	UNICEF	Rural Village	Less	Completed	6
		Luyang CFS <b>Longman CFS</b>	Emergency	Local	Rural County	Less	Completed	3
Yunnan	Pu'er: Jinggu	<b>Yizhi Town Zhonghe Village CFS</b>	Emergency	UNICEF	Rural Village	Less	Completed	5
		<b>Weiyuan Town Weiyuan Community CFS</b>	Emergency	Local	Rural Town	Less	Completed	5
Jiangsu	Suzhou: Canglang	Tong Jing Community CFS	Development	Local	Urban	More	Not Completed	0
	Wujiang: Song Ling	San Cun Community CFS	Development	Local	Rural Town	Average	Not Completed	0
Guangxi	Liuzhou: Liu Cheng	Long Mei Community CFS	Development	Local	Rural Village	Less	Not Completed	0
	Nanning: Pumiao	<b>Hong Xing Community CFS</b>	Development	Local	Urban City	Average	Completed	6

**Table 7 - Demographics of Children – Emergency/Post-emergency & Development Context (N=134)**

	Emergency (N=104)	Development Context (N=30)
<b>Gender – N (%)</b>		
Male	52 (50.0)	15 (50.0)
Female	52 (50.0)	15 (50.0)
Male (parents/caregivers)	18 (20.5)	9 (24.3)
Female (parents/caregivers)	70 (79.5)	37 (75.7)
<b>Province</b>		
Sichuan	46 (44.2)	0 (0.0)
Yunnan	58 (55.8)	0 (0.0)
Guangxi	0 (0.0)	30 (100.0)
<b>Ethnicity - N (%)</b>		
Han	69 (66.3)	9 (30.0)
Ethnic minority groups	35 (33.7)	21 (70.0)
<b>Education – N(%)</b>		
College	1 (1.0)	0 (0.0)
High school	0 (0.0)	0 (0.0)
Middle school	23 (22.1)	2 (6.7)
Elementary	78 (75.0)	25 (83.3)
<b>Age</b>		
<6	0 (0.0)	4 (13.3)
6-8	35 (34.0)	17 (56.7)
9-11	42 (40.8)	7 (23.3)
12-14	18 (17.5)	2 (6.7)
15-17	6 (5.8)	0 (0.0)
18 or above	2 (1.9)	0 (0.0)
<b>Region</b>		
Urban	12 (11.5)	28 (93.3)
Rural	92 (88.5)	2 (6.7)
<b>Income</b>		
< 10000	5 (4.8)	0 (0.0)
10000 - 29999	45 (43.3)	4 (13.3)
30000 - 59999	27 (26.0)	7 (23.3)
60000 - 79999	8 (7.7)	6 (20.0)
> 80000	11 (10.6)	13 (43.3)
<b>Disability</b>		
Yes	25 (24.0)	7 (23.3)
No	79 (76.0)	23 (76.7)

	Emergency (N=104)	Development Context (N=30)
<b>Left-behind children</b>		
Yes	39 (37.5)	10 (33.3)
No	65 (62.5)	20 (66.7)

*Table 8 - Demographics of Children – Participating and Non-Participating Families (N=134)*

	Participating Children (N=88)	Non-Participating Children (N=46)
	n (%)	n (%)
<b>Gender – N (%)</b>		
Male	43 (48.9)	24 (52.2)
Female	45 (51.1)	22 (47.8)
<b>Province</b>		
Sichuan	28 (31.8)	18 (39.1)
Yunnan	40 (45.5)	18 (39.1)
Guangxi	20 (22.7)	10 (21.7)
<b>CFS Context</b>		
Emergency/Post-emergency context	68 (77.3)	28 (54.9)
Development context	20 (22.7)	18 (39.1)
<b>Ethnicity - N (%)</b>		
Han	53 (60.2)	25 (54.3)
Ethnic minority groups	35 (39.8)	21 (45.7)
<b>Education – N(%)</b>		
College	1 (1.1)	0 (0.0)
High school	0 (0.0)	0 (0.0)
Middle school	12 (13.6)	13 (28.3)
Elementary	73 (83.0)	30 (65.2)
<b>Age</b>		
<6	1 (1.1)	3 (6.7)
6-8	36 (40.9)	16 (35.6)
9-11	35 (39.8)	14 (31.1)
12-14	8 (9.1)	12 (36.7)
15-17	6 (6.8)	0 (0.0)
18 or above	2 (2.3)	0 (0.0)
<b>Region</b>		
Urban	29 (33.0)	11 (23.9)
Rural	59 (67.0)	35 (76.1)
<b>Income</b>		
< 10000	4 (4.6)	1 (2.2)
10000 - 29999	24 (27.5)	25 (54.3)

	<b>Participating Children (N=88)</b>	<b>Non-Participating Children (N=46)</b>
30000 - 59999	22 (25.3)	12 (26.1)
60000 - 79999	13 (14.9)	1 (2.2)
> 80000	19 (21.8)	5 (10.9)
<b>Disability</b>		
Yes	20 (22.7)	12 (26.1)
No	68 (77.3)	34 (73.9)
<b>Left-behind children</b>		
Yes	6 (6.8)	3 (6.5)
No	82 (93.2)	43 (93.5)



## Annex 7 – Training manual

Available as separate document

## Annex 8 - Evaluators biodata

**Mo Yee Lee, Ph.D.** is Professor at the College of Social Work, The Ohio State University. Dr. Lee has extensive research and practice experience related to children and families in both US and Hong Kong, China. Her scholarship focuses on intervention research using a solution-focused, strengths-based, and systems perspective as well as utilizing integrative approaches in treatment. Her research involves active engagement with agencies and community in creating solutions for diverse problems in children and families. Dr. Lee has published “Integrative Body-Mind-Spirit Social Work: An empirically based approach to assessment and treatment,” “Integrative Families and Systems Treatment (I-FAST): A strengths-based common factors approach,” “Culturally Competent Research: Using Ethnography as a Meta-Framework,” “Solution-Oriented Social Work: A Practice Approach to Working with Client Strengths,” and “Solution-focused treatment with domestic violence offenders: Accountability for change.” The Oxford University Press published these books in 2018 2014, 2013, 2009, and 2003 respectively.

**Qingwen Xu, Ph.D.** is a Chinese American, professor at New York University Silver School of Social Work and affiliated faculty at NYU Shanghai. Dr. Xu has been dedicated to community-based research and researching communities in China for over 15 years. Her research focuses on social participation behaviors in the community, grassroots organizations, and community-based service delivery models often adopts comparative perspectives and focuses on health and psychosocial outcomes of vulnerable groups of people including minority, immigrants, children and older adults.

**Anna Nordenmark Severinsson** is an international child protection specialist with 20 years of international professional experience. One of Anna’s specialties is in the use of monitoring and evaluation techniques to strengthen the protection sector and social policies more broadly. She has been involved in supervising large household surveys (MICS and DHS); has facilitated and designed training programmes for government stakeholders and UNICEF-staff on results-based management and human rights-based approaches to programming, programme excellence and monitoring and evaluation systems in child protection. She has also, led and overseen a number of qualitative and mixed-methods multi-country studies and evaluations in the fields of juvenile justice, alternative care and violence against children and on the social inclusion of children with disabilities for UNICEF and other organizations such as EU, USAID and global foundations.

**Qiran Zhao** is a doctor, who graduated from Martin-Luther University in 2014. Dr. Zhao works as an applied economics lecturer at College of Economics and Management in China Agricultural University. His research focuses on rural education and nutrition, the rural public policy impact assessment.

**Dr. Xiangming Fang** is currently Professor of Applied Economics and Chair for the Department of Applied Economics in the College of Economics and Management at China Agricultural University. He received his Ph.D. in Applied Economics from the University of Minnesota in 2004. Prior to his current position, he was a Senior Health Economist with the Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC).

## Annex 9 – Supplementary Data

### 1. Needs expressed around child's learning and academic related issues and psychosocial needs

Amongst parents/caregivers interviewed, 68,2% expressed concern and needs for support with learning and academic-related issues, psychological and emotional needs (29.5%) (“I would like them to be more cheerful and happy”), behavioral issues (18.2%), relationships with peers (17%) (“My child can connect with other children and learn how to relate to other”), and parent-child relationship and parenting skills (11.4%). For children (50), their stated needs around learning and psychosocial issues were mostly around opportunities to learn new things and have fun (“I would like to learn new things”; “I want to have fun and met friends” (23), “many friends and fellow students also join the activities”) and make friends.

### 2. Concerns expressed related to the physical safety of children in communities

37.5% parents/caregivers expressed concerns around the physical safety of children. These concerns included both more general safety issues, such as traffic accidents and natural disasters and specific child protection concerns.

When it comes to specific child protection concerns, the expressed needs and concerns by parents/care givers and children differ. Amongst the parents/caregivers the perceived child protection risk factors primarily related to criminal activities especially those related to kidnapping children. No parent/caregivers/caregivers mentioned child protection risk factors related to violence, exploitation, abuse and neglect of children in a family context. Children's perception of vulnerability and risk was expressed around being alone at home especially at night, followed by crimes against children such as kidnapping (15 children said that being “alone at home when it gets dark after sunset” was risky. Children were more concerned about criminals or “bad” people, especially kidnapers (14, “afraid being kidnapped by strangers”; “child trafficking”; “criminals”; “crazy people”; “terrorists”). Five children were also worried about natural disasters or risk factors related to the physical environment (“fire”; “earthquakes”; “rats and snakes inside my home”; “flooding of the river”), which could be exacerbated when the house was not in good condition. While traffic was the most cited risk factor by parents/caregivers, only three children were concerned about traffic (“too many cars and too many people”) and school bullying. Four children mentioned that they were afraid of being beaten or scolded by parents/caregivers and also fights between parents.

### 3. What make children feel safe

Parents/caregivers, in general, expressed that children would be safer if parents/caregivers and teachers were around; lack of adult supervision was not only applying to children left-behind but also to such scenarios as when a child was alone at home or when walking long way to the school by himself or herself. For children, adult supervision was a primary factor that contributed to children's sense of safety; the presence of parents/caregivers, teachers, friends or even pets were important for children. A few children said the support from the government, including the presence of CFS and the safety education programs on earthquakes, natural disasters and kidnapping after the earthquake made them feel safe.