

**Assessment and Evaluation of Psychosocial Programming for
Crisis-Affected Children: A Good Practice Initiative**

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About the Report

UNICEF asked the Psychosocial Working Group (PWG) – a consortium of five operation agencies and five academic institutions that work together on psychosocial response in humanitarian crises – for assistance on this project. The Program on Forced Migration and Health at Columbia University’s Mailman School of Public Health is a PWG academic partner – and agreed to take lead responsibility for this project on behalf of the wider consortium.

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List of Abbreviations

CBI	Child Behavior Inventory
CCF	Christian Children's Fund
CRC	Convention on the Rights of the Child
DTR	Documenting, Tracing and Reunification
HEA	Household Economy Analysis
IDP	Internally Displaced Person
IRC	International Rescue Committee
NGO	Non-Governmental Organization
PRA	Participatory Rural Appraisal
PTSD	Post-Traumatic Stress Disorder
PWG	Psychosocial Working Group
RENAMO	Resistência Nacional Moçambicana
UN	United Nations
UNICEF	United Nations Fund for Children
UXO	Unexploded Ordinance
WHO	World Health Organization

1. Introduction

According to the UN, roughly 20 million people have been killed in over 150 armed conflicts in developing countries since World War II, the majority being women, children and adolescents.¹ Indeed, the demographic dominance of young people in most of the world's conflict affected areas ensures that many, if not most victims of warfare are children or adolescents.² As UNICEF records, two million young people have been killed in situations of conflict throughout the past decade, 12 million have been seriously injured or permanently disabled, more than 1 million have been orphaned, and 6 million have been made homeless. The US Committee for Refugees places the number of forced migrants at the end of 2000 above 35.5 million people, at least half of whom are children and adolescents. According to WHO, those under 18 years of age are 24 times more likely to perish during conflict from disease and injuries which would in peacetime be treated routinely and without fatality. Approximately 800 young people are killed or seriously injured by landmines and Unexploded Ordnance (UXO) every month. Furthermore, The Coalition to Stop the Use of Child Soldiers estimates that there are 300,000 young people under the age of 18 actively engaged with military forces in 30 countries across the globe.

Children are among the hardest hit during natural disasters, and they require a special focus in emergency response and long-term support to get them back on their feet. The past year has been an unprecedented one for major disasters devastating children's lives. It can take decades for children and their families to rebuild their lives. The recent South Asian tsunami, Niger food crisis, Gulf Coast and Central American hurricanes and South Asia earthquake all highlighted the severe impacts of natural disasters on children and their communities.

Conflict and natural disasters have the greatest impact on the poorest communities around the world, and children are among the most severely affected in these communities. The impacts of such crises on young people may be direct and obvious, such as death, disease, family separation and displacement. Many detrimental impacts, however, are far less readily apparent, and include economic impoverishment, engagement in hazardous labor, and loss of opportunities for education and healthy development.³ In addition to physical destruction, war and disaster bring violence into young people's social worlds, tearing at the fabric of communities, weakening interpersonal ties, destroying trust, and threatening the survival of individual families.

In recent years, the devastating consequences of crisis across the globe have engendered enormous interest in the psychosocial effects of complex emergencies on children, families and communities. Many humanitarian aid and relief organizations have developed projects to address these issues. Though the need for such interventions may be clear, however, the field is characterized by a lack of consensus on goals, strategies and best practice for supporting young people. In particular, definitions of *psychosocial wellbeing* and the principles that should guide related assessments and program implementation and evaluation remain a focus of considerable debate. Recognizing this diversity of conceptual approaches, five humanitarian agencies and five academic institutions established the Psychosocial Working Group (PWG) in 2000 to address

debates about the psychosocial impacts of complex emergencies on crisis-affected populations globally.

The term *psychosocial wellbeing* has come to be preferred to narrower concepts such as mental health by humanitarian agencies to the extent that it points explicitly to wider social and cultural influences on wellbeing. According to the PWG, the psychosocial wellbeing of an individual is defined with respect to three core domains: human capacity, social ecology and culture and values. These domains map the human, social and cultural capital available to people responding to the challenges of prevailing life circumstances and complex emergency events and conditions. Other issues clearly have a significant influence on such well-being. The loss of physical and economic resources available to households, disruption to community and regional infrastructure, and degradation of the natural environment all impact the wellbeing of individuals and communities. Such issues define the broader context within which individuals, families and communities exist.⁴ Below is a pictorial representation of the PWG's conceptual framework:

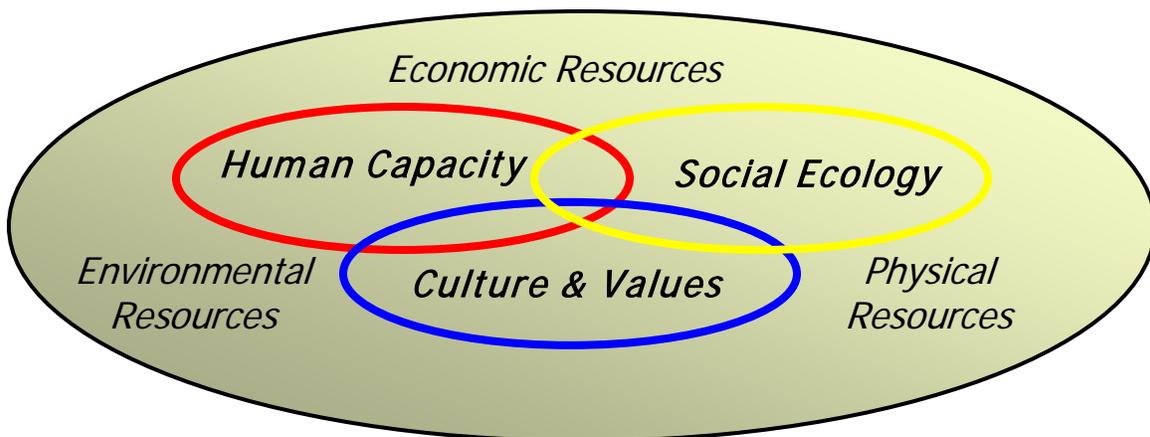


Figure 1. Factors Influencing Psychosocial Wellbeing

The above framework suggests that there is a wide range of approaches to improving psychosocial wellbeing that agencies may adopt. Accordingly, there is still great debate regarding appropriate techniques and tools for measuring the psychosocial effects of complex emergencies on children. Furthermore, there are few resources available to implementing agencies to help them measure the effectiveness of their work.

When it comes to conducting assessments, how are we to determine the extent and nature of consequences of complex emergencies on children's psychosocial wellbeing? What tools can we use to make connections between the events and conditions that children experience and their attitudes and behaviors? How do we account for different immediate and long-term responses of children to war? To what extent do context and the subjective meaning of events shape the impacts of conflict on children's growth and development?

With regards to monitoring and evaluation of psychosocial programs, what concepts, methods and tools might be used to judge projects implemented during, or in the aftermath of, crisis? How do we determine whether children are benefiting over the short and long-term from projects designed to facilitate individual healing, social reconciliation and community building? The development of indicators to measure project outcomes and impacts is a continual challenge for field practitioners. Factors influencing child development and psychosocial wellbeing are often difficult to isolate, define, and quantify. Furthermore, changes in children take time to evidence themselves, a luxury in any emergency response project. Consequently, agency staff must too often assume that their projects are having a positive effect on children's lives. Lacking ways to measure the effectiveness of psychosocial interventions, practitioners are often left in the position of asserting that projects are "helpful" in broad and unverified ways.⁵ Unable to determine the true achievements of their programs, they may also fail to recognize harm done. There exists a clear need to develop methods for evaluating program impact in order to build more effective intervention practices and prove to donors that interventions have been successful.

This paper reviews existing concepts, methods and tools used by UN agencies, humanitarian organizations and academic researchers for assessing children's psychosocial wellbeing and evaluating subsequent interventions. It highlights examples of best practice and makes recommendations regarding some basic principles and minimum standards for working with children. It is designed to promote sharing of lessons learned and a cross-fertilization of assessment and evaluation strategies. This paper should be considered a "working document" insofar as we hope that its dissemination among colleagues in the field and at headquarters will provide critical review and further input from a variety of disciplines, cultural settings and regional perspectives.

2. Conceptual Framework

According to the PWG, the domains of human capacity, social ecology and culture and values are broad categories within which there are specific factors that contribute to or detract from children's wellbeing. All three domains should be understood as overlapping since aspects of one domain may have direct relevance for others as well. They may be understood in the following way:

2.1 Human Capacity

Human capacity refers to the health, knowledge and skills of an individual. It encompasses innate attributes (cognitive aptitude, social skills, personal identity and emotional well-being) that affect the ability of individuals to interact within their social, cultural and material environment. Although the PWG treats 'human capacity' as a distinct domain, children's health and abilities are heavily influenced by their social and cultural environments.

The following elements all contribute to a child's individual capacity:

- Physical health
- Mental health
- Knowledge
- Skills
- Age
- Gender
- Education
- Social status
- Economic status
- Legal status

Human capacity may include other inter-personal factors such as self-esteem, self-confidence, intellectual ability, basic orientation towards life – optimism, hope, happiness, security and stability – and social competence (communicative ability, sensitivity and empathy).⁶ Understood this way, improving physical and mental health, or education and skills in support of increased knowledge, enhances a child's capacity and thus psychosocial wellbeing. Malnutrition, disease, exposure to violence and abuse, and lack of access to education, on the other hand, all serve to limit human capacity, as do less tangible impacts such as reduced sense of control over events and circumstances.⁷

2.2 Social Ecology

Social ecology generally refers to the quality of the social relationships, networks, institutions and systems that surround children and help determine how crisis will affect their wellbeing. It takes into consideration the circumstances of children's social worlds including their relationships with peers, family, neighbors and others; social support, care and services available to them; and the implications of their social identity (gender, class, nationality, ethnicity, religion) for life experiences and events.⁸

Some important elements of child's social ecologies around the world include:

- Nuclear and extended families
- Peers
- Schools
- Religious institutions
- Police
- Social welfare systems
- Juvenile justice systems
- Civil and political authorities
- Military and other fighting forces

Social Ecology and Wellbeing

Social interaction and support are an integral part of the human experience, and help to shape children's immediate perceptions and responses to adversity as well as longer-term developmental outcomes.^{9 10} The relationships, networks and institutions that make up children's social worlds – before, during and after conflict – influence how related experiences will affect them. Differences in the extent and quality of children's social worlds will result in important variations for their ability to cope with adversity. Children who receive consistent parental care and support during conflict, for example, may be better prepared to face situations of stress and loss.¹¹ Knowledge of the differing capacities of social relationships and systems to care and protect children is critical to informed interventions.

Conflict and Social Ecology

Protection for children affected by armed conflict often focuses on risks posed by external dangers be it direct warfare, exploitation or civil and political violations. International interventions normally focus on protecting people from these external dangers by deploying international peacekeeping troops to conflict zones; negotiating with national governments to ensure protection of displaced people by government armies; or human rights training and advocacy. In this way, children's vulnerability during conflict has been treated as a function of threats from the outside world.¹²

Recent research, however, suggests that threats to young people's well-being also come from *within* their own communities – from relatives, neighbors, friends and even the immediate family. This is in part because targeting social structures and networks is commonplace during modern political and military conflict, and thus systems that are fundamental to children's wellbeing in times of peace may become sources of constraints, threats and danger. It is therefore important to move beyond idealized notions of “family,” “community” and “schools” to realistic examinations of the extent to which these social mechanisms support or endanger children's safety and wellbeing.

Community

Damage to communities is a hallmark of many modern conflicts. Villages become pitted against themselves and neighbors become enemies through acts of self-protection, self-

interest and collusion with the “enemy.” Children’s social networks become altered in powerful and profound ways, in some cases being reduced to only immediate family members.¹³ Refugee and IDP camps, where the erosion of social relationships and trust is common, may be especially harmful places for children.

During conflict, children’s lives may become marked by interpersonal grievances over disparities and inequities that result in violence against them. In some cases, for example, intra-communal conflicts that would normally be dealt with through verbal confrontations, witchcraft or spiritual violence become escalated to physical violence as people exploit the conditions of war to avenge the “enemy”.¹⁴ Interpersonal violence is a common feature of life in IDP and refugee camps, where people cannot depend on physical and social distance for control of conflicts due to overcrowded conditions.¹⁵ Indeed, for many children, war is less about fighting forces “than the mire and violence of micro-level relationships, with which they [have] to contend.”¹⁶

Family

Conventional wisdom holds that children’s care and protection needs are best served within the context of the family.¹⁷ Recent studies with war-affected children, however, suggest that this is not always the case.¹⁸ To the contrary; ethnographers have found that families are sometimes a direct source of threat to children, and that their wellbeing and protection is not necessarily a family’s first priority. Parents may decide to sacrifice one child for the good of the family unit. Families have abandoned their children, sold them into exploitative situations, and sent them to join fighting forces. Adolescents in particular are relied upon by families to lessen the economic burden of the household, produce income, and seal political alliances crucial to economic or physical security.¹⁹

Families may also become increasingly turbulent places for children in the aftermath of war, when disruption of traditional generational hierarchies leads to increased conflict between parents and their offspring. When fixed systems of parental power and authority are upset during conflict, many adults cope with social upheaval by attempting to reinstate their authority according to previous social norms. In doing so, they may demand unquestioning authority and compliance in an attempt to reverse their loss of status and control, becoming new or worse abusers of “defiant” children.²⁰

Peers

Support from peers is critical to children’s survival and resilience in situations of crisis and displacement.²¹ Friends and peer networks often have highly developed collective survival strategies that are vital to children’s wellbeing during emergencies. But youth groups are not always protective associations. Frequently, political and ethnic violence divide peers group allegiances to the point that even friends may pose very real threats to individual safety.

Other social institutions

During conflict, social institutions, such as schools have the potential to be either sites of protection or danger for children. Schools may play a protective role in children’s lives by ensuring their physical safety and contributing to personal development and wellbeing.

Often, schools may provide children with a safe, structured place for learning and recreation; an opportunity for growth and development of social networks; the provision of adult supervision and vital continuity and support; access to potentially lifesaving information; or basic literacy and numeracy skills crucial to a child's survival.²²

But crisis can undermine the benefits of school and introduce additional risks. Access to schools is often limited, dangerous or impossible and some conflict-affected schools (as in parts of Sri Lanka and Southern Sudan) are surrounded by landmines.²³ Schools may become sites of ethnic hatred, political indoctrination or recruitment of child soldiers,²⁴ and corporal punishment seems to be more common in schools during times of conflict.²⁵ Moreover, many children are either unable to pay for school fees and books – and do not go – or attend with inadequate supplies and clothing, subjecting them to ridicule and abuse. In extreme cases, such as West Africa, children have engaged in transactional sex in order to afford the cost of attending school.²⁶

Understanding the extent to which social relationships, networks, institutions and systems are able to protect and support children is vital to developing programs to enhance their psychosocial wellbeing. Evidence suggests that a realistic assessment of the protective capacities of families, friends, educators, and other people who make up children's social worlds is critical. To this end, children themselves are important sources of information about social relationships and institutions, and how to distinguish those that protect from those that endanger.²⁷

2.3 Culture and Values

War and natural disaster affect not only children's individual capacities and social worlds, but their culture and values as well. Events and conditions associated with crisis can disrupt norms, traditions and beliefs that serve to unite and give identity to a community. They can also create conditions that challenge human rights.²⁸ Children and adults in war-zones throughout the world express anxiety over the impact of conflict on the beliefs, practices and values that define their communities. Their concerns suggest that culture and values are themselves determinants of psychosocial wellbeing.

According to the Psychosocial Working Group, the 'culture and values' domain consists of the following elements:

- Religion and spirituality
- Traditional practices
- Conflict resolution
- Protection and safety
- Human rights

Conflict, Conflict and Values

The cultural and religious beliefs, practices and values of a community may be disrupted during conflict, making it difficult for people to adhere to traditions that previously contributed to both individual and collective wellbeing. In some African cultures, for

example, initiation rites and ceremonies performed around the time of puberty are of great importance to young people, as they symbolize a change in social status and are a necessary step in becoming a man or woman.²⁹ War and displacement often result in a lack of economic and/or social resources necessary for the performance of such traditional rites of passage.³⁰ This can be particularly disheartening for boys who find themselves with few opportunities for employment, and thus unable to produce a livelihood and provide a bride price. Unable to attain manhood through traditional means – employment, marriage and bearing children – boys face limited social mobility and a lack of power within their communities.³¹

War also creates conditions that challenge societal values. Female virginity has high cultural and economic value in many societies: it is a prized social characteristic, a girl's hope for a good marriage and a family's economic prospects. During conflict, however, livelihood opportunities are often reduced, and transactional sex may be the only viable survival strategy for girls who must prioritize economic security and subsistence over respect for deeply entrenched cultural norms.³² Girls are also prone to systematic abduction and slave concubinage by soldiers and militias. In situations of protracted instability and crisis, young people may also seek solace or protection through sexual relationships. This too breaches traditional cultural standards of virginity and is a source of concern among adults.³³

Culture and values as an explicit target of war

A community's culture and values are often an explicit target of enemy forces, whether armed groups or governments. Sexual violence, as was seen in Rwanda and the Balkans, is common in the context of ethnic cleansing and genocide, and purposely used to degrade and demoralize both individuals and entire communities. Prior to the Kosovo conflict, for example, Kosovar girls who were not virgins were generally considered unsuitable for marriage and reproduction. During the conflict, unmarried Kosovar girls were intentionally targeted by Serbian forces that wished to prohibit the growth of the Albanian population. Since the girls were also considered the bearers of Kosovo Albanian identity, rape of adolescent girls was an explicit means of humiliating communities and defiling ethnic and religious purity.³⁴

Social engineering and cultural or religious destruction at the hands of rulers are also common practice during war. In Cambodia, Pol Pot's regime worked to eliminate the religious beliefs and social customs of the Khmer people to ensure their unquestioning loyalty to the militarized state. Under the Khmer Rouge, traditional dancers and craftsmen were killed, and written documentation on Khmer culture and language destroyed. Buddhism, Islam and Christianity were brutally suppressed, Buddhist monks and nuns were killed or forced to break their vows, and temples destroyed.³⁵ Such widespread devastation brings about a disturbing sense among war-affected populations that something shared has been irrevocably lost. This loss creates nostalgia for the past, anxiety about the future, and specific fears over the consequences of cultural destruction for children.³⁶

Distortion of culture and religion for exploitation of children

Traditional practices intended to benefit children may also be distorted to exploit them. According to Boothby *et al.*, during Mozambique's 30-year war, RENAMO used traditional ceremonies to ensure children's loyalty to this armed group. Upon reaching the final stages of training and generally after a boy soldier had committed his first murder, RENAMO marked the occasion with a ceremony similar to a traditional rite of passage that he would have undergone in his village. This process of mimicking traditional ceremonies was intended to usurp a boy's ties to family, community and traditional values.³⁷ Religious leaders and institutions too, often become highly politicized, encouraging children to harm others.

Culture, Values and Wellbeing

Disruption of cultural and religious beliefs and practices often has a negative impact on children's wellbeing. In many African cultures, traditional practices such as initiation rites and maturation ceremonies are linked to young people's changing roles in society. A boy's inability to transition into manhood – by undergoing initiation, marrying, and bearing children – may have negative consequences for his self-esteem and self-efficacy. In fact, it is often cited as a reason that boys turn to the armed forces. For many boys, participation in conflict is an alternative means of accessing power and control, income, respect, social status, and girlfriends – all things highly valued in many cultures.³⁸ Because soldiering may provide a substitute source of authority, it is an attractive method of social mobility³⁹ for boys who have lost the cultural means to attain manhood.

Assault on a community's value system can also have implications for children's wellbeing. Rape survivors who are deemed unmarriageable, for example, may subsequently be socially alienated and economically marginalized. After the conflict in the Balkans, strong social taboos against sexual violence meant that many Kosovar girls who were raped were ostracized or abandoned by their families and communities. This, in turn, rendered them more vulnerable to trafficking rings operating in refugee camps by the Albanian mafia. Many girls facing exposure, shame and rejection as a result of this dishonor succumbed to the false promises of traffickers who offered them freedom and happiness abroad.⁴⁰ Societal alienation also leads to high suicide rates among rape victims.⁴¹

Conflict and displacement interrupt cultural practices, impede young people from fulfilling their traditional social roles, and challenge beliefs and values that define them in relation to their communities. This may seriously affect young people's psychosocial wellbeing, and even prove highly dangerous for them. Given that culture and values are key components of wellbeing, and that their breakdown puts children and youth at risk, to overlook their significance is to ignore very real sources of danger for young people.

Culture, Values and Resiliency

Children and youth have distinct cultural and religious resources available to them that help mediate their experiences of a crisis, and aid in their recovery from devastating loss. An appreciation of such resources should form the basis of psychosocial responses and

protection mechanisms for youth.⁴² Ability to cope with misfortune is often promoted through cultural training in resilience and risk management during adolescence. Ceremonial transitions from childhood, for example, often prove to be a source of strength in times of crisis. In Ethiopia, for instance, child soldiers who underwent initiation ceremonies prior to conscription showed better resilience to conditions of war than those who had not been initiated.⁴³ This may be because initiation ceremonies involving ritual scarification or circumcision stress a transition to manhood through acts of independence, bravery, responsibility and strength. Afterward, initiates are seen as adults, a status which accommodates the activities of warfare, and carries with it expectations for defending a family's social and economic interests. As a result, coming of age ceremonies enabled adolescent boys to assimilate their experiences of violence, while those who had not been initiated had difficulty reconciling the atrocities they had committed with their status as children.⁴⁴

Religion and spirituality are another source of resilience for children and youth. For many children, religion is a central part of their identity, and the associated beliefs, practices and social networks offer important tools for coping with adversity. Children learn to manage stress or come to terms with grief through praying. A sense of personal security and wellbeing may be restored by appealing to the belief that a wise and benevolent God is in control of their fate. Some children are encouraged to find meaning in suffering, and see it as an opportunity for growth or redemption. Religion and spirituality also provide specific activities for actively coping with stress and loss, such as prescribed burial rituals. Finally, religious institutions often provide children with their first point of contact with the larger community and serve to welcome them fully into the social world of their family, community, and society.⁴⁵

Children and youth may be particularly prone to hazard in times of war, but they also have resources to draw upon which ensure that they are rarely overcome by single traumatic events. Such resources should be recognized as determinants of the ways young people process adversity and recover from it. Insofar as they shape the meaning of events, they will reveal what therapeutic efforts will be relevant and successful, what risks remain in place, and what protection strategies are best pursued.⁴⁶

2.4 Economic, Environmental and Physical Resources

Economic, environmental and physical resources refer to the material conditions of children's lives. A child's material environment includes physical infrastructure, a level of food and livelihood security, the natural environment, and a degree of physical safety and comfort.⁴⁷ Such issues have great influence on children's wellbeing and define the broader context within which families and communities seek to protect children. It is difficult, if not impossible, to attend to the psychosocial wellbeing when food, shelter, medical care and safety are not assured.

3. What to Assess and Evaluate

3.1 Psychosocial Assessments

Adults all over the world have clear ideas about what is good for children. It is these ideas that we refer to as *wellbeing*. Standards for children's wellbeing generally include the ideal behavior and characteristics that children should have and the achievements that they are supposed to attain. Parents generally hope that their children will develop physically, mentally, socially, emotionally and spiritually. Things that impact children's wellbeing and development include opportunities for development, children's personal characteristics, and the social, cultural, political and material conditions that surround them. Threats to children's wellbeing abound in war zones. Children who grow up amidst conflict face real problems and must cope with their negative consequences. And yet, most children are not completely overwhelmed by the difficulties they face. They and their families have internal strengths and external resources that are used to deal with challenges, lessen their negative impacts, and reduce stress and suffering. It is these resources that allow crisis-affected children to endure difficulties with optimism, and that contribute to their resilience in times of hardship.⁴⁸

The objective of an assessment is generally to determine how children are doing during or after a conflict or disaster, and to identify areas of need and sources of support. A situational assessment of children's wellbeing should include an examination of how several variables – crisis and displacement; harsh physical environment and economics; and social, cultural and religious norms and practices – interact to protect or endanger children's well-being. Specifically, a situational assessment should:

- Identify **local standards and ideals** for children's capacity, social worlds and cultural lives;
- Examine the **impact of crisis** on children's capacity, social worlds and cultural lives;
- Examine the **consequences** these impacts have on psychosocial wellbeing;
- Identify populations of **children especially at risk** of reduced capacities, social worlds and cultural opportunities;
- Investigate the **challenges and threats** to children's capacity, social worlds and cultural lives;
- Determine the **resources** children and communities have to strengthen children's capacities, social worlds and cultural lives.

3.1.1 Assessing Human Capacity

Assessments of children's individual capacities may also want to specifically consider the impact of crises on:

- Physical health (nutrition, physical state and ability);
- Mental health (emotional and psychological state, social functioning, behavior);
- Knowledge (things a person knows, access to education);
- Skills (depth and breadth of tasks one is capable of);

- Self-esteem and self-confidence;
- Personal development (cognitive capacity and intellectual development, identity and basic feelings about life – optimism, hope, happiness, security and stability);
- Social competence (communicative ability, sensitivity and empathy).

Assessments of children’s individual capacities should also take into account how the following factors influence protection and wellbeing:

- Age
- Gender
- Social/Economic/Educational status
- Legal status

Chapter 5.1 highlights three assessments of children’s psychosocial wellbeing that are noteworthy in their on focus on children’s individual capacities.

3.1.2 Assessing Social Ecology

Negative impacts of war and displacement may be mediated by positive social relationships, networks, institutions and systems such as the family, schools, and peer groups.⁴⁹ It is for this reason, for example, that interventions for separated children focus largely on tracing and reunification programs. It also explains why sports and recreation programs are common practice in psychosocial interventions.⁵⁰ And yet, it is a mistake to assume that social relationships, networks, institutions and systems benefit all children all the time. Ample evidence exists to the contrary: children face great risks to their protection and wellbeing if the *quality* of the social structures they rely on is poor.

Most psychosocial programs address one or more elements within the social ecology domain. Assessments should therefore seek to gauge the extent to which the following mechanisms are able to provide care and support to children:

- Nuclear and extended family members and non-family caregivers
- Peers
- Schools
- Religious communities and institutions
- Other community groups
- Police
- Social welfare systems
- Juvenile justice systems
- Civil and political authorities
- Military and fighting forces

Special attention must be paid to those children least likely to have access to or benefit from protective social structures, institutions and systems. Such groups of children may include:

- Separated children
- Children associated with the military
- Internally displaced/refugee children
- Victims of exploitation, sexual abuse, rape and gender-based violence
- Babies born of rape
- Children of threatened ethnic groups, minority groups, or mixed marriages
- Children in conflict with the law
- Children living in institutions or temporary shelters
- Children living alone
- Working children (including those working on the streets)
- Out-of-school children
- Children with physical or mental disabilities
- Children injured by mines, combat, and other debilitating activities
- Children affected by HIV/AIDS (AIDS orphans and those living with the disease)
- Children abusing drugs

In sum, an assessment of children's social worlds should seek to:

- Map the **social relationships, networks, institutions and systems** that define children's lives;
- Examine the **impacts of crisis** on all of the above;
- Examine the **consequences** of such impacts for children's wellbeing;
- Identify those **children** who will be most effected by shortcomings within existing social systems;
- Determine **children's most pressing concerns** regarding their social lives;
- Ascertain the sources of **children's resiliency**;
- Determine key **community resources** for strengthening/rebuilding social institutions.

An assessment of the role of school/education in displaced children's lives, for example, might examine the following:

- Priority of education in the specific culture;
- Effects of conflict on schools and/or the educational system;
- Sources of discrimination (poverty; lack of school supplies, uniforms or shoes; physical dirtiness; etc.) likely to result in stigmatization or punishment at school;
- Vulnerability of girls to gender-based violence and discriminatory practices in schools or regarding access to education;
- Nature of schools and the extent that they provide physical safety and emotional security to children:
 - ✓ Do teachers exercise corporal punishment to the detriment of children's well-being?
 - ✓ Are schools military recruitment grounds for children?
 - ✓ Are children taught cooperation and peaceful conflict resolution methods, or are violence, discrimination, and enmity reinforced in school?

- ✓ Does the curriculum content suit the academic and social needs of children?⁵¹

Chapter 5.3 highlights two assessments of children's psychosocial wellbeing that are noteworthy in their attention to children's social relationships and networks.

3.1.3 Assessing Culture and Values

Assessments of children's cultural and religious lives should examine the extent to which crisis and displacement has violated, restricted or altered:

- Cultural customs, norms, values and practices (such as initiation ceremonies, traditional rites of passage, burial practices, etc);
- Religious or spiritual beliefs and practices (such as formal and informal religious instruction, spiritual rituals, religious holidays and festivals, etc)

It should aim to:

- Identify the **cultural/religious beliefs, values and practices** that shaped children's lives prior to conflict;
- Determine their **contributions** to children's wellbeing;
- Determine the **challenges** they pose to children's wellbeing;
- Examine the **impact of crises** on cultural/religious beliefs and practices;
- Examine how they may have been used to **exploit** children during a crisis;
- Determine the **consequences** of such impacts on children's wellbeing;
- Determine which **children** are most likely to bear the brunt of these impacts;
- Identify **children's priorities** for resurrecting or maintaining cultural and religious beliefs, values and practices;
- Identify key **community resources** for preserving/rebuilding positive cultural and religious traditions.

Chapter 5.5 highlights three assessments of children's psychosocial wellbeing that are notable for their concentration on children's culture and values.

3.2 Evaluating Psychosocial Programs

There is significant need to determine a reliable means of evaluating and demonstrating the changes that can be brought about through psychosocial programming with children. Currently, agencies lack a systematic procedure for capturing these changes in a precise and replicable manner. The first step in determining best practice for program evaluation is to identify a common terminology. Most important, perhaps, is the differentiation between program output, outcome, and impact:

- Project Output⁵²: immediate accomplishments of the project input.
- Project Outcome: measurable or observable results from the project with respect to stated project objectives.

- Project Impact: change in status or behavior related to stated project objectives that is a direct result of project or intervention.

Evaluations should seek to determine not only whether a project has met its objectives, but also what the consequences for children’s wellbeing were, and what its long-term impact may yet prove to be. The following questions are rough guides to obtaining important information regarding changes in children’s wellbeing as a result of interventions:

- How have children’s capacities/social worlds/cultural lives been affected as a result of the intervention?
- How has this impacted their overall wellbeing?
- What steps may be taken to increase benefits of the intervention?
- What steps must be taken to amend negative impacts of the intervention?
- What challenges stand in the way of achieving greater success of the program?

The recommendations below offer more specific guidance for evaluating psychosocial program interventions:

- Determine whether program outputs, outcomes and impacts met **program objectives**;
- Examine the effects of **program impacts on children’s psychosocial wellbeing**;
- Identify which children were not reached through programs in order thereby to reinforce **inclusivity**;
- Determine if the intervention is **reinforcing existing inequalities** or discriminatory attitudes (those pertaining to gender, ethnicity, etc);
- Ascertain the level of **children’s empowerment** as a result of interventions;
- Analyze the extent of **community mobilization and capacities built**;
- Use pre-determined **systematic evaluation methods** where appropriate and compare data obtained to baseline information if available;
- Relate evaluation results to **long-term plans for follow-up**, even after project completion.

Evaluation Challenges

Lack of adequate and clear objectives

Agencies face numerous challenges in trying to demonstrate the positive impacts of their work. One such challenge stems from a lack of adequate and clear objectives developed during the project design phase. Monitoring and evaluation should be related to project objectives in that the nature of the outcomes and impact that a project seeks to achieve should provide the basis for its evaluation. In practice, however, most projects focused on qualitative change, including psychosocial projects, lack coherently defined objectives with associated outcomes and impacts. Even where project goals are more clearly stated and used to direct an intervention, they may still be inadequate when it comes to observing outcomes and impacts in practice.⁵³

Identifying indicators

Development of indicators is a fundamental component of all monitoring and evaluation procedures within the field of humanitarian assistance. They are the basic tool of measurement and are generally focused on clearly quantifiable change. In relation to psychosocial programming with children, however, the use of indicators is laden with difficulty. On a technical level, indicators need to be measurable and thus require precise definition. While this may be possible when evaluating discrete determinants of wellbeing, such as physical health or access to education, others may lend themselves less well to quantitative evaluation. Many changes sought are likely to be qualitative in essence. Quantification may only be possible as a following step when the associated dimensions of qualitative change have been determined and data about achieved change for individual children, their families and communities is aggregated. Questions also abound regarding who identifies indicators and what constitutes a standard of success. Traditional approaches to monitoring and evaluation generally reflect management's concerns regarding efficiency and effectiveness: the attainment of 'benefit' in high proportion to unit 'cost' to ensure and demonstrate the maximum use of resources. Within such an approach, management often employs a consistent set of its own indicators. Generally, these are used by external evaluators at predetermined time intervals in line with the life cycle of the project – itself determined in advance. Such indicators are often related to the *outputs* of a project, rather than the *impacts* that they have had on children lives.⁵⁴

Linking program outcomes to effects on children

Evaluations of psychosocial programming often fail to address whether positive program outcomes have impacted children's wellbeing, and if so, the nature and extent of this impact. But establishing a link between program activities and children's wellbeing is crucial for ascertaining whether interventions have indeed been effective. Often, this is difficult to accomplish since measuring the link can be problematic. Different children will experience interventions and improvements in their external environment differently. Furthermore, since psychosocial wellbeing is influenced by a wide variety of internal and external factors, evaluators need to take extreme caution in determining the *cause* of improvements to children's wellbeing before attributing them to interventions *per se*.

Evaluating long term impacts

Due to relatively short periods of funding and program cycles, most evaluations of psychosocial programs are conducted soon after the interventions themselves, and therefore do not capture long-term outcomes and impacts. But children's situations may change drastically over time, and thus psychosocial effects seen in the short-term cannot be assumed to be lasting effects. It is thus important to monitor children's lives well into the future since the true impact of programming is often not discernable at the time when projects are brought to a close. This is an area where long-term applied research is especially important.

Implications of rights-based approaches to monitoring and evaluation

A participatory approach to program evaluation involves the identification of indicators that are meaningful for participants themselves. The evaluation process, like other aspects

of program design and implementation, should reflect the concerns and aspirations of participants. Participatory approaches to program evaluation which allow for project participants themselves to identify indicators are central to a rights-based approach to programming. This has strong implications for the relationship of implementing agencies with their donors. Much advocacy work may be needed by agencies to gain acceptance on the part of donors of a more qualitative and decentralized approach to monitoring and evaluation than is common at present.⁵⁵

The next three sections examine evaluations of psychosocial programs according to the three domains of the PWG Conceptual Framework. Our application of a theoretical framework to programmatic evaluations offers guidance for how future evaluations may be conducted.

3.2.1 Evaluating Human Capacity

To date, few evaluations of psychosocial programs intended to improve children's individual capacities have been conducted. Instead, many organizations administer psychosocial assessments with children before and after program implementation. These pre- and post- tests rely on a battery of instruments that reveal little about the *causes* of improvements or reductions in children's individual capacities and overall wellbeing, and thus shed little light on the effectiveness of programs. Comprehensive evaluations of psychosocial interventions themselves are urgently needed to ensure quality programming and an improvement in children's individual capacities and overall wellbeing.

There are several crucial points to consider while evaluating psychosocial programs intended to promote children's capacities. Firstly, it is important to analyze the components of human capacity (knowledge, skills, etc) in order to understand their practical implications for children's daily lives. It is now accepted, for example, that access to information is vital to children's empowerment, insofar as the expansion of knowledge enables them to function more effectively in the different areas of their lives. In addition to the value of knowledge or awareness itself, however, information that children acquire may also elevate their status within their peer groups, families and the wider community. This raised status may, in turn, result in children gaining increased recognition and respect, and developing heightened feelings of self-efficacy.⁵⁶

Similar analysis is required for concepts such as 'self-confidence.' Learning that children have increased levels of self-confidence as a result of an intervention is important, but more so is an understanding of the practical implications for their lives. What have they become more confident in doing? It is the answers to these questions that will give evaluators true insight into the relevance and sustainable change that program interventions have had on children's lives.

Involving children in program evaluations may itself have significant benefits for children's capacity. Participation in the evaluation process may empower children by valuing their opinions and enhancing their knowledge and skills. Furthermore, current thinking within the field of development psychology suggests that parents are not the

absolute determinant of children's socialization and personality development. Peer groups, too, have significant influence, particularly among older children and adolescents. Encouraging activities in which children take responsibility, help and support one another according to principles of tolerance and non-discrimination seem particularly valuable from this perspective. Finally, it is important to note that opportunities for social interaction also contribute to a child's mental health insofar as it is linked to social and emotional development.⁵⁷

Chapter 5.2 highlights an evaluation of a project in the West Bank/ Gaza that is notable for its focus on the impact of a psychosocial intervention on children's capacities.

3.2.2 Evaluating Social Ecology

Few psychosocial interventions that address children's social worlds have been rigorously evaluated. Many programs do not establish adequate baseline data on children's wellbeing, and thus evaluators lack a reliable way to measure changes over time. Furthermore, very few were able to reliably document the relationship between program outcomes and children's wellbeing.

It is mistaken to assume that positive program outcomes – such as improving access to education for former child soldiers – necessarily benefit children's wellbeing. Program initiatives will have varying impacts according to the different needs of different children. Boothby *et al.*, for example, found that educational stipends were of little importance to former child soldiers in Mozambique, since they valued livelihood skills and apprenticeships over literacy.⁵⁸ In Liberia, however, former child soldiers were anxious to attend school and transition from the role of soldiers to students.⁵⁹ Such differences reinforce the importance of distinguishing between positive program outcomes and benefits for children's wellbeing. They also underscore the crucial significance of children's participation in program design and evaluation to help ensure that their pressing needs and concerns are addressed.

Interventions related to children's social worlds are especially important to monitor in the long term. In Ethiopia, for example, a study found that placement of separated children into foster homes resulted in exploitation of girls after they were adopted. The girls' experiences were only discovered ten years after the project for separated children had finished and the girls were adults. Such realities emphasize the importance of monitoring the impacts of interventions long after their implementation, as only then can we ensure quality programming and an improvement in children's social worlds and overall wellbeing.⁶⁰

Evaluations of interventions to improve children's psychosocial wellbeing through support of their social worlds may pay particular attention to:

- Strength and quality of social relationships and networks created;
- Quality of social institutions supported and the extent that they provide safety and emotional security to children;
- Children's access to social services supported;

- Impact of program on gender roles and resulting societal changes;
- Impact of program on communal identity;
- Relevance of interventions to children's lives and concerns.

Chapter 5.4 highlights two evaluations of psychosocial programs that are noteworthy in their attention to children's social networks and institutions.

3.2.3 Evaluating Culture and Values

Since few psychosocial assessments have inquired about the impact of conflict on children's culture and values, interventions to address these impacts have likewise been lacking. As a result, they are also rarely the focus of program evaluations. Evaluating how effective interventions have been at supporting a community's cultural practices, values and beliefs is no simple task. Neither is determining the nature and extent of the impact of support in this domain on children's psychosocial wellbeing.

Some basic guidance may, however, be offered. First, program objectives and indicators of success should not be automatically linked to the *reinstatement* of cultural beliefs, practices and values that existed prior to conflict and displacement. All cultures include beliefs and practices that may be detrimental to children's wellbeing, and situations of social and political upheaval often prompt important changes to cultural and religious systems that cannot be ignored. Instead, the primary goal of agency interventions should be to support those beliefs, values and practices that support children's wellbeing. The extent to which interventions have helped re-establish or sustain these may be the most important indicator of success.

Evaluations of psychosocial interventions designed to benefit children's cultural and religious lives may pay particular attention to:

- Nature of support to cultural and religious beliefs, values and practices;
- Extent to which that they provide safety and emotional security to children;
- Children's access to positive cultural, religious and spiritual opportunities;
- Impact of program on gender roles and resulting cultural norms and values;
- Impact of program on cultural identity;
- Relevance of interventions to children's lives and concerns.

Chapter 5.6 highlights two evaluations of psychosocial programs that are noteworthy in their attention to the impact of interventions on children's culture and values.

4. How to Assess and Evaluate

Sections 4.1 and 4.2 describe instruments and methods that have been used in both psychosocial assessments and program evaluations. Section 4.3 further discusses how participatory approaches can enhance program evaluations.

4.1 Validated Instruments

A number of standardized assessment instruments have been developed to determine the prevalence of psychological distress and symptoms – stress, depression, anxiety and behavioral problems – among children and adolescents in crisis settings.⁶¹ Most common among these is Post-Traumatic Stress Disorder (PTSD). Other instruments are described in Appendix D. In theory, the use of these instruments allows for rapid, cost-effective assessment of children’s behavior and psychopathology in order to identify those children most in need of help. Validated instruments are also intended to enable comparisons between children in different times, populations, and places. Information collected with validated instruments has been used for program planning and evaluation, and in longitudinal studies to track patterns of child development over time.

These validated instruments, however, have been the subject of growing controversy. Many were not developed for use with children and adolescents who have experienced war or natural disasters, and are thus based on different underlying constructs. Newer scales have been designed to overcome such problems, but have not been tested enough to make sound conclusions about their validity or reliability.

Many validated instruments also run the risk of decontextualizing the individual, and overlooking the important roles that society and culture play in human development, adaptation and healing. They interpret suffering by means of pre-determined psychiatric categories and symptoms rather than starting from people’s own perceptions and the meanings they attach to events.⁶² As such, they are inattentive to subjective interpretations of human experience, and to growing evidence that what children experience during conflict is also a function of what events *mean* to them, or the *subjective* experience of conflict. Even if instruments are translated and adapted to “fit” local cultural norms, the symptoms revealed by standardized questionnaires do not necessarily agree with local understandings of disease or misfortune.⁶³

Another critique of validated instruments suggests that the majority of children in crisis settings continue to demonstrate adaptive and positive functionality. Indeed, only a small minority seem to require specialized medical care.⁶⁴ Claims of vast numbers of traumatized children exaggerate the percentage of those who are unable to cope with distressing experiences and focus disproportionately on vulnerability at the risk of undermining young people’s sources, strengths and abilities for overcoming adversity.⁶⁵ Furthermore, in field contexts where the mental health services are limited or nonexistent, testing children for diagnostic criteria also presents an ethical dilemma: is it responsible to probe into areas of mental health for which intervening organizations cannot offer adequate assistance?

4.2 Qualitative Methods

For reliable and triangulated data, assessment and evaluation teams have employed a variety of qualitative and participatory methods with children and other members of their communities including parents and caretakers, teachers, community leaders and local officials. Different methodological tools have been developed to explore what young people themselves are saying about their experiences of conflict and displacement, and to understand the resulting implications for the international protection regime. Research, field experience and human rights combine to make a compelling argument for the need to understand the realities of children's lives from their own perspective so that interventions may be more relevant to their needs and concerns. This combined learning also questions the current operational emphasis on children's vulnerabilities, suggesting that such an approach may make children *more* susceptible to hazard by rendering them passive victims, as opposed to active survivors, of adversity. Such a focus may obscure very real protection issues, neglect children's capacities and resilience, undermine their existing resources for self-protection, and create dependency on outside interventions. Since conventional perspectives and operational strategies may ultimately be disempowering, a modified view of the young and new approaches to child-centered emergency interventions is needed.

Current literature also suggests that contemporary understandings of protection and assistance rely too much on western assumptions about what children can and should do, and about what their relationship should be to adults and to adversity. While acknowledging the global power of western theories, it questions their universal applicability across cultures and societies, and argues that reflection upon the assumptions underlying agency interventions engenders serious doubts about their relevance and validity.

Methods which have proven useful in past assessments include:

Focus group discussions

Focus group discussions may yield rich data because open-ended questions encourage participants to express their thoughts and opinions, thereby providing insight into how they understand life events.⁶⁶ Children are often very articulate in expressing their views. Many enjoy the opportunity to freely reflect on their lives, and find focus groups to be a useful forum within which to discuss and debate issues of importance with their peers. Children have reported that focus group discussions result in both feelings of relief at learning that others think and feel as they do, and surprise at some of their peers' experiences. Participants' enthusiasm during focus groups is generally evidenced by an eagerness to speak about their lives, and the expressed desire for more similar opportunities.⁶⁷ *Children of Kabul: Discussions with Afghan Families*, discussed in Sections 5.5, is exceptional in part due to the use focus group discussions with children and adolescents.

Semi-structured interviews

Semi-structured interviews (sometimes called narrative interviews) are designed to obtain as much detailed information about a topic as possible. They may be used with children

and/or other key informants such as family or community members. Interviewers should consider conducting a series of interviews to get an in-depth understanding of important issues. *Living in an Open Prison*, discussed in Section 5.5, is noteworthy for its use of semi-structured interviews to gain an understanding of young people's psychosocial and protection concerns.

Mapping

Mapping is a generic term for gathering in pictorial form baseline data on a variety of indicators. This is a good starting point for participatory work because it gets people involved in creating a visual output that can be used immediately to bridge verbal communication gaps and to generate lively discussion. Maps are useful as verification of secondary source information, as training and awareness-raising tools, for comparison, and for monitoring of change. Common types of maps include: risk and resource maps, mobility maps, health maps, institutional maps (Venn diagrams), community maps and social maps.⁶⁸ *Child Focused Livelihood Assessment in Urban El-Fasher*, discussed in Section 5.1, provides guidance around the use of mapping tools with war-affected children.

Drawing and creative self-expression

Drawing and other forms of creative self-expression may be used to gain insight into children's needs, concerns, ideas and opinions. Drawings and play-acting are particularly useful in that they reveal information both through the content itself (in drawings, the visual artifact and/or through a child's explanation of the drawing), and through the process of arriving at the final product.⁶⁹ *Afghan Children's Psychosocial Wellbeing: a Multi-Modal Study of Intervention Outcomes*, discussed in Section 5.4, describes the use of drawing methods in program evaluations.

Free listing

Free listing is another method developed in an effort address the gap between Western and local concepts of psychological illness or dysfunction. In theory, it allows researchers to design or adapt validated scales and survey instruments to local cultures. Free listing has been tested with refugee and internally displaced populations, and can be completed – from training to analysis – in seven to ten days. During free listing, an interviewer asks a primary, open-ended, general question that is designed to elicit a list of responses. The interviewer probes to get as many responses as possible, until the respondent cannot think of any more. Then the respondent is asked to provide descriptions of each of the terms on the list. Finally, the interviewer asks the respondent to identify local people who are knowledgeable about each of the things listed. The next step in the process is to locate and interview these “key informants.”⁷⁰ *Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts*, discussed in Section 5.6, details the use of free listing to assess psychosocial wellbeing.

Other

Other participatory methods that have been useful in assessments with children include:

- Participatory Learning and Action (PLA)

- The People-Oriented Analytical Framework
- Triple-A Cycle
- Lifelines/Timelines
- Spider Diagrams
- Problem Trees
- Appreciative Inquiry
- Participant observation

Since children are inherently creative but often less adept at verbal expression than adults the above creative approaches are highly effective in identifying threats to and resources for children’s wellbeing.⁷¹ Risk and resource maps, for example, offer children an opportunity to draw their immediate surroundings and can help agencies identify a) the people, places, institutions or things that children find threatening; and b) those that they recognize as sources for support and protection. Community maps – that reveal a child’s daily tasks, significant relationships, and distinctive structures or geographic features of their villages – have proved vital to the International Rescue Committee’s family tracing and reunification work with separated children.⁷²

Children’s Participation

Research methods associated with “wellbeing models” seek to identify not only the challenges children face, but also the strengths and resources they possess for dealing with adversity. Such an approach recognizes the importance of learning from children and their communities about their health and wellbeing, and replaces the current emphasis on children’s vulnerabilities with a view of children as active survivors of adversity.

This shift in thinking about children has led to the use of qualitative, participatory techniques to both assess children’s psychosocial wellbeing and evaluate psychosocial interventions. Many such techniques are associated with Participatory Rural Appraisal (PRA). PRA is a label given to a growing family of participatory approaches and methods that emphasize local knowledge and enable local people to make their own appraisal, analysis, and plans. PRA uses group animation and exercises to facilitate information sharing, analysis, and action among stakeholders. The purpose of PRA is to enable development practitioners, government officials, and local people to work together to plan context appropriate programs.⁷³

PRA Hallmarks:

- **Participation:** Local people's input into PRA activities is essential to its value.
- **Teamwork:** PRA is best done by a team that includes local people with perspective and knowledge of the area's conditions, traditions, and social structure and either nationals or expatriates with a mix of backgrounds and experience.
- **Flexibility:** PRA does not provide blueprints for its practitioners. The combination of techniques will be determined on a case by case basis.
- **Optimal ignorance:** To be efficient, PRA work intends to gather just enough information to make the necessary recommendations and decisions.

- **Triangulation:** To ensure that information is valid and reliable, PRA teams follow the rule of thumb that at least three sources must be consulted or techniques must be used to investigate the same topic.⁷⁴

Effective psychosocial assessments and program evaluations require a commitment on the part of implementing agencies to participatory work with children. Qualitative methods, such as focus group discussions, encourage participants to examine issues that are important to them. To learn how children view their lives and experiences, agencies must ask children to reflect upon personal and sensitive realities. There is now experience with non-intrusive ways to help children express themselves on difficult subjects that may be used to determine appropriate methods for conducting assessments and evaluations with them.^{75 76} In general, participatory methods best enable children and youth to express their thoughts when:

- They have activities to do and participate in. Children can give their ideas through drawings, acting, storytelling, or making models. If children are enjoying themselves and having fun during the activities, this suggests that they feel at ease with the methods being used.
- Facilitators start with easy questions and activities, which help children relax, before moving to more sensitive and personal topics.
- Facilitators have kind manners and good listening skills.
- Facilitators do not feel that there is a correct or specific answer, but that all children's ideas and opinions are respected.⁷⁷

The purpose of participatory methods is to encourage children to discuss their views, experiences and concerns so that interventions may reflect children's priorities and needs. The associated tools are useful for promoting dialogue with children about the challenges they face in their lives, and the resources they have for coping with adversity. Conversations with children, family and community members will enable a fuller understanding of the impacts of crisis and displacement and the interventions necessary to address them. The right of children to participate in all decisions concerning their lives is a fundamental element of the UN Convention on the Rights of the Child (CRC). More importantly, perhaps, it has been shown that engagement in meaningful social action is a crucial means of promoting personal development and self-efficacy in the aftermath of crisis and displacement.⁷⁸

4.3 Evaluation Methods

The aforementioned participatory methods may be used in both psychosocial assessments and program evaluations. Evaluations generally seek to understand whether or not interventions have attained their goals and objectives. Reasons for conducting an evaluation include: 1) to gather evidence for improving future interventions or, if mid-project evaluations occur, to improve an on-going project; and 2) to report program results to donors. A third important reason for evaluating interventions, however, is to respond to the concerns of the community involved in the project. To do so, project beneficiaries need to be involved in the design and implementation of the evaluation.⁷⁹ Reasons for adopting a participatory approach in evaluations are to:

- Ensure that project outcomes correspond to the concerns and aspirations of the intended beneficiaries;
- Enhance accountability to intended beneficiaries;
- Provide an opportunity for learning and reflection, encouraging confidence, a sense of ownership and self-efficacy on the part of beneficiaries;
- Promote communication between all involved in the project;
- Identify new and emerging needs, including capacity-building needs.⁸⁰

Project evaluations should have clear and locally-informed objectives, and should make use not only of validated, locally-tested and back-translated instruments, but also of participatory methods that empower the children involved. Participatory methods can help organizations determine how effective their interventions have been from children's own perspectives. Asking children themselves and the adults around them what, if any, changes have taken place as a result of an intervention is perhaps the best way to determine its success. Subsequently, organizations may make changes to programs that are reflective of children's own priorities and needs. Though time and resource intensive, conversations with children and their communities may be the only way investigate whether or not interventions are having a positive impact on children's cultural and spiritual worlds, and their overall psychosocial wellbeing.

5. Good Practice Exemplars

5.1 Assessing Human Capacity

A diverse mix of assessment tools is likely to yield a fuller understanding of the impact of crisis on children's individual capacities. The examples outlined below emphasize varying aspects of good practice:

Children on Dangerous Streets: A Child-Focused Assessment of Baghdad Governorate

Conducted: July 1 – August 9, 2003

Author/Agency: Mike Wessels, Christian Children's Fund

Objectives: 1) To map key risks for and issues affecting children's wellbeing; 2) To identify particularly vulnerable groups, children's coping skills and mechanisms and local assets for supporting children; 3) To identify immediate emergency needs and initiate rapid response as appropriate; 4) To support the development of child protection policy and practice by Iraqi authorities and civil society, donors, UN and NGOs.

Methodology: The assessment relied on qualitative methods to learn from local people about the main issues affecting the wellbeing of children and their families. Purposive, criterion-based, cluster and snowball sampling were all used to identify children to participate. Specific assessment instruments used were constructed as part of a collaborative, inter-agency child protection assessment initiative. Interview and focus group discussion questions reflected a conceptualization of children's wellbeing as multidimensional and related to issues such as health, education, security, poverty, gender, age, ethnicity and minority status. They were designed to gather information about resources for and challenges to child protection in Baghdad. Assessment tools acknowledged the reality that in most war zones, children exhibit considerable resilience, and families and communities have coping resources all their own. Recognizing the importance of providing space for ideas and issues to be raised spontaneously by local people, conduct of the assessment was flexible in its use of questions and instruments.

Findings: War and the post-war environment have fundamentally worsened the lives of most children and families and have enabled abuses of children's rights on a large scale. Widespread insecurity, the breakdown in law and order, and the rise of local gangs and crime have created a context that places large numbers of children in a very dangerous environment that threatens their well-being and healthy development. Many families are unable to meet children's basic needs for food, clean water, health care, and education. Children in Baghdad Governorate are at risk of physical injury or death; profound emotional and social effects that limit long-term development; and participation in criminal activities.

Children reported feeling fear and insecurity as a result of the pervasive looting, theft, shootings, drug use, car jacking, sexual abuse and beatings, and cases of kidnapping.

Girls who are kept home from school and recreational activities due to security concerns reported feelings of isolation and stress. Many described their homes as “prisons.” Deprivation of education, recreation, and social interaction created significant stress for these girls in addition to denying them opportunities for the development of age-appropriate cognitive, social, and emotional competencies that strengthen resilience and enable the acquisition of life skills needed for the construction for a positive future. For children who do attend school, the lack of electricity hampered their ability to study and perform well on examinations.

Children and families reported increased family violence due to stress, unemployment and lack of electricity. Abusive treatment is correlated with low self-esteem, developmental delays, depression, isolation, and aggressive behavior, among other problems. Furthermore, conflict has increased the numbers of children living on the streets, where abuse of alcohol and drugs has also risen.

Critique: The assessment team was rigorous in their sampling methodologies and data analysis. Training of interviewers and staff was apparently thorough and emphasized cultural sensitivity and respect. As pointed out by researchers, the assessment was limited by its reliance on verbal and retrospective reports, though the team carefully and extensively cross-checked and triangulated data. Like all short-term, rapid assessments, this one could not, by nature, provide the kind of in-depth, quantifiable data needed to guide long-term interventions or planning. It is, however, an example of a strong effort to harvest local knowledge about children’s individual capacity in thorough and culturally sensitive ways. It is also a good example of systematic yet flexible data collection techniques that revealed both resources for and challenges to children’s wellbeing. The findings reveal specific issues that affect human capacity and are accompanied by comprehensive analysis of the implications.

Child Focused Livelihood Assessment in Urban El-Fasher

Conducted: May 8 – 19, 2005

Author/Agency: Rudaba Khondker and Yousif Abaker, Save the Children (UK) in Sudan

Objectives: 1) To identify the most vulnerable children in urban El-Fasher; 2) To determine children’s livelihood needs; 3) To identify existing services and facilities available within the communities; 4) To determine protection gaps and gather children’s recommendations for future interventions.

Methodology: The Household Economy Analysis (HEA) approach was used examine children’s livelihoods and identify the most vulnerable households. 60 focus group discussions were conducted by three teams of six national staff members. Each team employed a mix of participatory methods including mind-mapping and several others.

Findings: This assessment identified the root causes and hazards of child labor. The average income of an adult male and female in a “poor” household allows a household to

meet minimum needs. In “very poor” households of seven or more persons, adult incomes were insufficient to meet basic survival needs. Children of very poor households and female-headed households have no option but to work to contribute to the family income. Family coping mechanisms included sending children into domestic work, where two meals are provided by employers; delaying or suspending school enrollment of younger children so that older ones can attend; boys lying about their ages in order to join the police or army, etc.

Other key findings revealed the physical, mental, psychological and social risks and abuses associated with child labor. Child labor not only results in decreased school attendance – thereby precluding acquisition of knowledge and inhibiting mental development – it also affects children’s physical and psychological wellbeing due to the abuse and exploitation associated with child labor in Darfur. Children reported the following impacts of child labor: pain, tiredness, injuries, stunting, lack of concentration, lack of confidence, poor performance in school, lack of ability to cope, depression and irritability, low self esteem, fear, drug dependency, feeling that there is no one to talk about their problems, feeling neglected, lack of aspiration and negative attitudes toward life and people.

Critique: This assessment focused on those elements of human capacity that are impacted by poor economic conditions and insecurity. Researchers conducted an exhaustive, systematic study of 11 zones in El-Fasher town, allowing them to form a detailed picture of the demographic and economic situation. The number and variety of children (street children, separated children, children with special needs, and children in trouble with the law) that the teams interviewed yielded an impressive array of data and insights about children’s lives and livelihoods.

Children’s mind maps and drawings also highlighted the negative health and mental health consequences of conflict and labor. Analyzed in combination with other primary and secondary data, the result was an in-depth picture of children’s situation in El-Fasher town. Children also provided recommendations for remedying their problems, and thus contributed significantly to program design.

A Psychosocial Assessment of Palestinian Children

Conducted: July – August 2002

Author/agency: Cairo Arafat and Neil Boothby, USAID

Objectives: The primary objective of this study was to gain a more precise understanding of how Palestinian children view their circumstances, and how they are coping with difficult life events.

Methodology: A representative, stratified, random sample of children was chosen from cities, villages and refugee camps in the West Bank and Gaza. Sampling was based on census population estimates and distribution data. Children were chosen randomly by

school counselors conducting the survey, who went to every tenth home in their specified area. 61% of those interviewed live in the West Bank and 39% live in Gaza. Girls and boys were represented in equal proportion. A total of 1,266 children were selected, and 95 focus group discussions were held. 449 parents and 70 teachers also participated in separate focus group discussions. The Statistical Program for Social Science was used in entering data and examining consistency.

Findings: The psychosocial wellbeing of Palestinian children is under significant strain, mainly due to the omnipresence of violence in their surroundings and the resulting pervasive feeling of danger in their lives. The majority of sampled children (93%) reported not feeling safe and felt exposed to attack. They fear not only for themselves but also for their family and friends. Almost half of the children (48%) have personally experienced violence owing to the ongoing Israeli-Palestinian conflict or have witnessed an incident of such violence befalling an immediate family member. One out of five children (21%) have had to move out of their homes, temporarily or permanently, overwhelmingly for conflict related reasons. Children in Gaza were generally more affected than children in the West Bank. Children in urban and refugee camp settings were also more affected than children in rural areas.

Lack of freedom is frustrating to children who are in need of opportunities to enjoy and express themselves. Under such circumstances, it is difficult for children to feel carefree. Nine out of ten parents reported symptomatic traumatic behavior in their children, ranging from nightmares and bedwetting to increased aggressiveness and hyperactivity, as well as a decrease in attention span and concentration capacity. Nonetheless, the findings also revealed a strong degree of self-efficacy and resiliency among the Palestinian children, and identified the sources that help them cope and foster resiliency. Despite their circumstances, many children show optimism regarding their own futures, and 71% channel their energy into positive, constructive and non-violent activities. Most see education as the main means to improving their situation.

Critique: This assessment is a good example of representative sampling techniques and qualitative methods used to produce representative and quantifiable findings. Focus group discussions were guided by a questionnaire that included both closed and open-ended questions and resulted in robust data. The first section of the report provided quantitative data on the individuals in the focus groups, and the second and third sections elicited qualitative data from the group. The questionnaire touched on health and education issues in the quantitative section, and feelings and coping mechanisms in the qualitative section. The focus groups held with parents and teachers provided triangulation and context for the findings from the children's focus groups. These additional perspectives also shed light on behavioral and emotional changes and disturbances that did not come out in the discussions with the children.

5.2 Evaluating Human Capacity Interventions

Classroom-Based Intervention Program, Save the Children

Author/agency: Save the Children USA, West Bank/Gaza Field Office

Conducted: September – November 2003

Objectives: 1) To conduct an evidence-based study to measure the impact of the Classroom-Based Intervention (CBI) implemented in the West Bank and Gaza. This psychosocial integration and recovery program for children, adolescents and their adult caregivers is the largest scale psychosocial support program known to date. Over 100,000 children completed the 15-session program. This evaluation sought to measure the program's impact on young Palestinians, paying particular attention to age and gender differences.

Methodology: Pre- and post-intervention, randomized, controlled impact study of 664 children, ages 6 to 16, using 11 assessment instruments: Child and Adolescent Strengths Assessment (CASA), Youth Coping Inventory (YCI), Children's Hope Scale, Strengths and Difficulties Questionnaire (SDQ-Child), PENN State Worry Questionnaire for Children (PSWQ-C), Impact of Event Scale (IES), Children's Attributional Style Questionnaire-Revised (CASQ-R) and CAPS, Adolescent-Coping Orientation for Problem Experiences (A-COPE), and Rosenberg's Self-Esteem Scale (RSE). The control group was a comparable, waitlisted group, and researchers compared "pure difference" scores for both groups to control for the influence of time.

All instruments were carefully selected to test the effectiveness of the CBI program in reducing traumatic stress reactions in children aged 6 to 16 years old. According to researchers, all instruments used were culturally appropriate since they studied universal issues, and, where necessary, were adjusted to the local context. All questions were carefully translated and back translated, to ensure accuracy and appropriateness. The validity of the content and the reliability of all CBI assessment instruments were established through a pilot study in July 2003. This pilot study was intended to obtain data on the factorial composition of the instruments and their inter-correlations, to determine the internal consistency of each instrument, and to obtain data on the difficulty and discrimination of each instrument.⁸¹

Findings: The CBI program produced positive psychological changes in young Palestinian boys and girls (6 to 11 years) and in adolescent girls (12 to 16 years). According to researchers, it contributed to children's psychosocial re-integration, helping them function "normally" with respect to family, school and play. No positive changes were noted in adolescent boys (12 to 16 years), but a few negative effects were found. These included an increased awareness of their difficult circumstances, and an increased tendency to avoid cognition of and/or feelings about these difficult life experiences.

Mostly importantly, the CBI-intervention seemed to increase hope for both young boys and girls. Researchers believe that hope has crucial implications for children's coping with ongoing psychosocial stressors and life threats. Reinforcing and increasing hope in children's lives tends to sustain already existing resiliency factors and may be a vehicle for changing fear-based orientations towards life-threatening events. General

characteristics of hope include a sense of meaning or purpose in life, and a sense of the value of life.

As a result of the CBI intervention, evaluators found that young children were more likely to maintain friendships and exhibit positive negotiation skills with peers; and less likely to blame themselves for negative events, doubt their credibility and lose interpersonal trust. The program proved effective in decreasing emotional and behavioral difficulties, while augmenting positive social behaviors. It also improved children's reactions to events, strengthening their sense of personal responsibility, ability to achieve their goals, and control over their lives.

For adolescent girls, CBI programs helped strengthen relationships with family and peers, and increased positive coping strategies and self esteem. On the other hand, girls also exhibited increased concerns about the conflict and hyperactivity when faced with difficult circumstances. For adolescent boys, CBI programs appeared to negatively affect their self-reliance and optimism.

Critique: In-depth consideration of why the CBI programs had negative effects on adolescent boys would be a useful addition to this study. Research with the boys themselves may offer important insights into how the intervention may have been improved for them.

5.3 Assessing Social Ecology

After the Taliban: A Child-Focused Assessment in the Northern Afghan Provinces of Kunduz, Takhar, and Badakshan

Author/Agency: Michael Wessells and Kathleen Kostelny, Child Fund Afghanistan for Christian Children's Fund

Conducted: April 2002

Objectives: 1) To map the key risks to child protection and wellbeing; 2) To identify particularly vulnerable groups; 3) To analyze the resulting policy implications and means of strengthening support for children.

Methodology: Rapid assessment to identify key gaps and priorities in child protection through a triangulation of methods including: key informant semi-structured interviews; focus group discussions with elders, women, teachers, parents, children and youth; transect walks and participant observation. 200 children and 120 adults representing urban/rural, gender- and age-specific diversity from three provinces in northern Afghanistan (Kunduz, Takhar, and Badakshan) participated in the study. Opportunistic and snowball sampling methods were used to build networks and collect data. Key informants were identified through purposive sampling. For the child soldiers' component, 20 adolescents currently in the military and 20 demilitarized adolescents were selected for participation. Interviews regarding child soldiers were also conducted

with parents, teachers, former local commanders, and mine victims injured while in service.

Findings: The study identified vulnerable groups of children including child soldiers, internally displaced children, orphans and separated children, working children, and sexually exploited children. Key protection issues were found to include: landmines and unexploded ordnances; disarmament, demobilization, and reintegration; de-institutionalization; gender discrimination; non-formal education and support for adolescents; drug abuse; and protection for the most vulnerable children.

Critique: This study is a good example of an assessment that identified the most vulnerable children within a population. It is particularly noteworthy for its sound data gathering techniques and for its examination of the services and supports available to neglected children including disabled children. Questions specifically addressed the consequences of the conflict and new risks for children; whether there were any changes in treatment of the identified groups since the Taliban rule; what the available social networks and resources for children were, and what steps the community was taking to protect the identified groups. The study also managed to examine the intersection of vulnerabilities, as it looked at the situation for disabled street children, for example, and found that for occupational and educational supports were severely lacking for such children. Most schools lacked the materials, facilities, and teacher training to support children who have visual deficits, hearing impairments, multiple disabilities, or mental challenges such as retardation or learning disabilities.

**Children Deprived of Parental Care in Afghanistan: Whose Responsibility?
Report on a National Assessment of the Situation of Children Deprived of Parental
Care in Institutions in Afghanistan⁸²**

Author/Agency: Westwater International Partnerships for Afghan Ministry of Labor and Social Affairs and UNICEF Afghanistan

Conducted: April – June 2003

Objectives: To gain an understanding of the situation of Afghan children who are deprived (or at risk of being deprived) of parental care and living in state and private institutions.

Methodology: Qualitative forms of data collection including questionnaires for institution workers and for children in institutions; and focus group discussions with children of different ages (3-6, 7-12, 13-18), parents, and relatives. 2,150 children completed questionnaires.

Findings: For children without both parents, orphanages are the only institutions in Afghanistan that can care for them since there are no community-based alternatives. There was no consensus as to what constituted happiness for Afghan children.

Critique: This assessment focused on understanding the existing social system for a particular group of children – orphaned children in institutions – and analyzing the quality of this system. The report is particularly comprehensive in that detailed questions are asked regarding the state of the orphanages and children’s feelings about living in them. Furthermore, the recommendations are specific and reflect the precise needs of the children.

5.4 Evaluating Social Ecology Interventions

Former Soviet Embassy Compound IDP Camp Psychosocial Support Activities, Kabul, Afghanistan⁸³

Author/Agency: Laura Amston, Save the Children US.

Conducted: January – February 2001

Objectives: The purpose of the study was to conduct a retrospective review of Save the Children’s program activities and to evaluate the relationship between program outcomes and the needs of children in Kabul’s IDP Camp. The intervention intended to build/re-establish social support networks for children and encourage children and youth to engage in both short-term and long-term planning. Program activities included creating and re-establishing social support networks for children and adolescents through formal education, playgrounds and sports grounds, and a youth sports committee.

Methodology: The evaluation used both qualitative and quantitative techniques. 20 focus group discussions were conducted with mothers, women from female-headed households, community health educators, fathers, male and female youth, boys from a youth sports committee, school-age girls and boys no longer attending the camp school, and IDP camp school teachers. A household survey was also implemented, with 87 households surveyed. The households were selected via systematic random sampling.

Findings: Children and adolescents reported that participation in football and other group activities helped them think less about the past and engage in more constructive, less “deviant” behavior. Children and male youth also reported that they were able to assuage their boredom and idleness – which they identified as an underlying cause of their negative outlook on life – through playing on the playground and taking part in sports activities.⁸⁴

Critique: This evaluation is a good example of one that seeks to determine of effects of program outcomes on children’s psychosocial wellbeing. It also delineates the risks children face in spite of interventions, which is crucial in identifying vulnerable children and ascertaining the quality of the social systems, structures, and institutions established.

Afghan Children's Psychosocial Well-being: A Multi Model Study of Intervention Outcomes⁸⁵

Author/Agency: Christian Children's Fund, Oxford University, Queen Margaret University College

Conducted: August 2003 – December 2004

Objectives: 1) To determine the efficacy of a community-based psychosocial program using a quasi-experimental design that attempted to isolate intervention outcomes from those attributable to other variables; 2) To develop and field-test measures of psychosocial wellbeing and child protection that use both qualitative and quantitative methods, are locally rooted, and reflect the importance of healthy social life to children's wellbeing.

The intervention was implemented by Child Fund Afghanistan in the Northern Afghanistan provinces of Kunduz and Takhar. As part of a wider consortium program involving the International Rescue Committee (IRC), the project sought to identify and reduce threats to the protection and wellbeing of Afghan children and youth; increase engagement of Afghan children with their environment in safe, integrated, and developmentally appropriate ways; and increase positive engagement and learning opportunities for Afghan youth. Implementation consisted primarily of Child Centered Spaces, which aim to provide a sense of safety and structure for children, and a place for expression so that they can come to terms with their experiences.

Methodology: The study sought to systematically compare the impact of psychosocial interventions, water-sanitation interventions, and a combination of psychosocial and water-sanitation interventions on children's wellbeing. Both quantitative and qualitative methods were used to obtain the data. Wellbeing questionnaires with subscales concerning feelings, social relations, and coping strategies were administered via stratified random sampling to 267 children between 8 and 14 years of age, and to 145 adults in 7 villages. Data was analyzed using the Rasch Unidimensional Model (RUMM) among other techniques. After nine months, a second data set was collected from 224 children in six villages, and the data were compared with the initial data set.

A sub-study on coping was also initiated in May 2004. Researchers convened small groups of 7-13 year olds, 14-18 year olds, and adults (>21 years) using convenience sampling techniques.

The qualitative research consisted of focus group discussions of 8-12 people, with separate sessions for adults and children; individual semi-structured interviews with young men, village leaders, imams and other key informants; PRA tools such as Venn diagrams, issue matrices and time lines; and children's activity sessions that involved drawing and discussing the drawings, participant observation, and home visits.

Findings: Data from the quantitative study suggested while no significant impacts resulted from the psychosocial intervention alone, the water intervention had considerable impacts on children's feelings and relationships. The combined water and psychosocial interventions also had visible effects on children's feelings but not on their relationships. There were significant variations by village. The sub-study on coping revealed that risks and worries varied by age and gender, and that gaps existed in some villages between adults' perceptions of children's worries, and children's own opinions. The qualitative research identified challenges for children including beating and exploitation by teachers, poverty, and gender-based discrimination. Key resources for children included families, peer groups, communities, and religious practices.

Critique: This study is well-grounded for a number of reasons: it triangulates both qualitative and quantitative data collection methods; replaces trauma scales with culturally constructed concepts of children's wellbeing; compares both baseline and post-intervention data; and isolates intervention outcomes from other variables, enabling evaluators to measure the impact of the program itself. While the study does not determine whether the water or psychosocial intervention had greater impact, researchers believe that quantitative data indicate that the water intervention had greater impact, while the qualitative data shows that both were highly valuable. The study demonstrates why triangulation of methods is important and highlights the difficulty of generating positive impact from a psychosocial program isolated from other developments in the environment.

5.5 Assessing Culture and Values

Much academic literature argues for the importance of supporting culture and religion to be sources of resilience for war-affected children. This is echoed by anecdotal evidence from practitioners in the field. And yet, there is a striking dearth of agency assessments that focus on the effects of conflict on children's culture and values. There are several notable exceptions. War Child Holland and Canada, Save the Children and UNICEF have each conducted a child protection or psychosocial assessment that focuses in part on the effects of war on children's cultural and spiritual lives or on the cultural resources that children have at hand to help them cope with adversity.

Through interviews and focus group discussions with children and their communities, each of these assessments sought to learn about young people's lives and the challenges that they face in order to inform the development of psychosocial interventions. In doing so, they inquired into the effects of armed conflict and displacement on young people's roles and responsibilities, their relationships with family and community members, cultural and religious practices, and the traditional norms and values that defined their lives. They also created space for children to talk about the sources of strength and resilience that they have for dealing with their difficulties.

'Living in an Open Prison:' Assessment Report⁸⁶

'Living in an Open Prison' reports on a child protection needs assessment conducted by War Child Holland and War Child Canada in four IDP camps in West Darfur: Ardamata, Krinding, Dorti and Riyad.

Author/Agency: War Child Holland and War Child Canada

Conducted: January 15 – February 2, 2005

Objectives: 1) To understand the situation of vulnerable youth living in camps; 2) To determine the key psychosocial issues facing them; 3) To determine effective training/educational opportunities for youth; 4) To make recommendations about areas for intervention.

Methodology: Using participatory methods such as focus-group discussions and semi-structured interviews with young people, their parents and caretakers, teachers, community leaders (sheiks) and local officials, a team of seven staff members from War Child Holland, War Child Canada and St. Vincent de Paul (a local NGO) executed the assessment over a period of 2½ weeks.

Focus group discussions were held with IDP youth in order to collect in-depth qualitative information about young people's perceptions, attitudes and experiences. Lifeline drawings were employed to increase understanding about past life experiences and stimulate discussion about major life events and sensitive issues. Semi-structured interviews were conducted with youth in order to gather more detailed information on issues raised during focus group discussions. Key informant interviews were conducted with community leaders, teachers, parents, caregivers and local officials in order to understand their perceptions of young people's situations. Detailed questionnaires and guidelines directed focus-group discussions, semi-structured interviews and key informant interviews. Staff members also conducted participant observation (using observation checklists) in order to make their own judgments about the psychosocial wellbeing of IDP youth. Finally, a Livelihood/Training Survey was done in order to determine the feasibility of instituting vocational training projects.

Focus-group discussions and interviews with young people focused on learning about the following issues: personal and family background, daily lives and activities before displacement and in the camps, educational background and current circumstances, roles and responsibilities in the home and community, relations with family and community members, cultural traditions, security concerns and challenges they face in the camps. Focus-group discussions and interviews with parents, caregivers, teachers and community leaders inquired about their perceptions of the effects of conflict and displacement on youth's social and psychological wellbeing, and changes in traditional mechanisms and structures that were important to their communities.

Relevant findings:

Traditional customs, ceremonies and festivals disrupted

Conflict and displacement have resulted in decreased opportunity for young people to participate in religious festivals and traditional ceremonies that contributed to their happiness and feelings of belonging within the community. Prior to displacement, adolescent boys and girls played a major role in preparing for and conducting village

festivities surrounding births, marriages and holidays. They were responsible for preparing songs, music and dances, and were encouraged by parents and elders who believed that participation in traditional activities was important for children's development. Due to the mass killings of adults by the *Janjaweed*, however, adolescents have had to take on significantly more economic responsibility, often seeking work in Geneina town and assuming new tasks and chores within their homes. Due to considerable pressure to provide for their families they now have little free time to participate in traditional celebrations. In addition to feeling busy and stressed, security constraints in the camps make it difficult for them to gather to practice *nogara*.⁸⁷ Parents are afraid to allow their children to meet as they used to due to the risk of harassment and attack from militias. Economic hardship and chronic insecurity have also resulted in a sharp decline in holiday celebrations and traditional ceremonies within the camps.

The loss of such opportunities has led to great uneasiness among IDP youth. They miss the joy and feeling of responsibility associated with organizing and participating in celebrations. They are concerned about being idle during the day; unable to find work or take part in leisure activities, young people reported feeling bored and restlessness. They regret the declining incidence of celebrations and festivals, and are anxious for recreational activity to help them forget their experiences of conflict and displacement and the difficulties of camp life. Most young people lost family members and friends during the attacks on their villages, and said that the reorganization of youth clubs – in which they could organize music and dancing – would help them cope with the pressures of life in the camps.

Traditional customs affected by humanitarian regime

Conflict and displacement are not solely responsible for effecting traditional practices. Indeed, displacement has resulted in lowered incidences of male and female circumcision, a common practice in many Darfurian villages. It is difficult to perform circumcisions in the camps due to the absence of traditional “circumcisers” and poor sanitation conditions. In addition, however, young people said that the popularity of this practice has fallen due to messages from international agencies encouraging its eradication.

Child rearing practices altered

Young people and elders in Darfur also worry about the effects of conflict and displacement on traditional child rearing practices and opportunities for exchange between youth and elders. Prior to displacement, Darfurian parents were primarily responsible for teaching their children about the norms and customs associated with ‘manhood’ and ‘womanhood.’ But grandparents too played an important role in raising children and passing down the community's traditions and culture. Community elders spent much time providing advice and guidance to youth, and teaching them about the morals and values that defined their tribes. Young people often gathered in the evenings to listen to the elders’ stories about the history and traditions of their community. They also attended Koran teaching classes at the Mosque during which they learned values and morals according to Islam from the village Imams.

Within the IDP camps, there is a marked absence of parents and caretakers, and those that exist are kept busy struggling to provide for their families' basic needs. Mothers and fathers have little time to spend training their children due to the urgent need to find work or look for food and water. Elders too are either absent or have little energy for fulfilling their traditional child-rearing roles. Many suffered great emotional tolls during the attacks on their villages, and face continuing difficulties due to harsh living conditions in the camps. As a result, opportunities for elder-youth 'counseling' have become rare. Elders have little contact with youth in the camps, and many are reluctant to tell stories about the history and culture of their tribes or villages since they are painful reminders of lost family members, homeland, and a way of life. Security constraints also prevent young people and elders from congregating in the evenings as they used to. Knowledge of traditional customs is an important part of young people's lives, and many expressed concern about the gradual loss of such traditions. Others worried about losing contact with their roots – due to separation from their villages and livelihoods – their cultural identity and a sense of belonging. Young people explained that they enjoyed learning from their elders and at the Mosque, and viewed such times as critical opportunities to discuss and debate important issues.

Changing values and children's socialization

Elders expressed concern about the impact of conflict on children's socialization. They worry that children in the camps are growing up without proper instruction regarding the values and morals of their tribes. Some believe that since young people must now seek work in town, they will be influenced by the negative values that exist there. They're concerned that this will lead to loss of cultural identity, bad behavior and erosion of cultural norms and values that are essential to their tribes. According to Sudanese elders, some children are already showing signs of deviant behavior (such as disobeying their parents) and they fear that that drinking and prostitution may also increase among children and youth.

Cultural fluidity as a coping mechanism

The dynamic, elastic nature of culture itself is a source of resilience for young people. Marriage in Sudan is an important event in young people's lives, and was traditionally celebrated through large ceremonies with neighboring villages. Due to conflict and displacement, however, marriage has become much more difficult, as young men can no longer afford the high dowry price expected by the bride's family. As a result, the incidence of marriage in the camps has been drastically reduced, often with negative implications for boys' wellbeing. Though many elders feared that this would result in prostitution within the camps, IDP youth suggested that traditional customs have proven adaptable to their new circumstances. According to youth, it has become acceptable for young men and women to live together without being officially married, given that both families agree to defer the dowry payment until an improvement of their economic situation. In this way have displaced communities turned potentially damaging traditional customs into ones that promote young people's wellbeing.

Children of Kabul: Discussions with Afghan Families, SC US and UNICEF⁸⁸

“Children of Kabul: Discussions with Afghan Families” reports on a consultation conducted with children and their families in Kabul, Afghanistan.

Author/Agency: Save the Children USA, UNICEF.

Conducted: August 2001 – September 2001, January 2002-June 2002

Objectives: 1) To listen to children’s views and hear about their experiences of daily life; 2) To gather information from children in order to guide the development of programs for war-affected children in Afghanistan; 3) To learn about wellbeing goals for Afghan children; threats children face in achieving wellbeing and coping resources children already have for dealing with their difficulties.

Methodology: Using qualitative participatory methods, a team of SC/US and partner organization staff members executed the assessment. At first, SC/US staff members facilitated all group discussions. In time, the team trained 17 additional facilitators to conduct the children’s sessions. Over 600 people participated in group discussions: children between 7-18 years of age, parents, grandparents and caregivers. Drawings, timelines and case study stories used to stimulate discussion with children and their families. Children were split into groups according to age and gender – separate groups for boys and girls, ages 7-13 and 13-18. All group discussions were tape recorded, then transcribed and translated. The team started its work in August 2001, but the project was suspended after the events of September 11th, and restarted in January 2002.

At the beginning of the project, the team piloted research methods, questions and activities for six weeks. They worked in two communities in Kabul where SC/US had existing programs and relationships. The purpose of the piloting period was to learn which questions and activities best encouraged people to talk about their concerns and ideas. If group participants did not understand a question or activity, or if it did not help them talk about their lives, it was abandoned. The team was careful in choosing words to explain the project and ask questions; they tried to use words that all participants would understand, and to be consistent in word use. Numerous activities were employed to encourage participants to discuss things that they worry about, things they’re afraid of, things they do not like to see, physical dangers for children, things that make them happy and sad, their ideas about families and relationships, risks and dangers in Kabul, good and bad events and situations, and their bodies and feelings.

The team designed a series of participatory activities to encourage children and young people to express their opinions and ideas. They worked with 43 groups of children, every group attending six sessions. Each group was made up of 10 to 15 children, ages 7 to 13. Each session lasted two hours, and involved a number of participatory activities that encouraged children to relax, enjoy themselves and to express their opinions. Research with children was called the *Children’s Ideas Project*, and it was designed to assure children that their ideas and opinions were important. The *Children’s Ideas Project* was facilitated with the *Children’s Ideas Box*, which held all the information and

supplies required for the activities. The box was also used to collect children's ideas — in stories, drawings, tape recordings and charts — at the end of the project.⁸⁹

The research team also developed methods to use with groups of adolescents, parents and grandparents. These were less activity based than those used with children, but also promoted conversations and sharing. Those methods included: case study stories to start discussion on child-focused topics, drawing time lines to put participants' experiences in historical perspective, and asking people to reflect on their own experiences.

Relevant findings:

Traditional burial customs disrupted

The disruption of proper burial and mourning rituals has had particularly negative effects for Afghan children in Kabul. Across cultures, proper burial and mourning rites are important for people coming to terms with loss and death, and disruption to these rituals can aggravate grief because people cannot fully express their sadness. Afghan children expressed concern about being unable to find the bodies of their loved ones or bury the ones they did find in an appropriate manner. They felt that they could not give the dead the respect they deserved or fully forget and move on from this loss. The lack of proper burial also engendered a fear of ghosts in many children due to their belief that if the dead are not buried properly, they will return to haunt the homes in which they died. Many Afghan children were very preoccupied by a fear of ghosts in destroyed houses of Kabul.⁹⁰

Changing values and children's socialization

Adults expressed great concern about the impact of conflict on children and their socialization. Parents and grandparents were particularly worried, for example, that the experience of war had taught children to value fighting. Many said that they noticed boys in Kabul playing war games that entailed dividing into sections with the names of different military factions and pretending to attack each other. According to Afghan families, they now fear that because their children play with 'guns', they will grow up to be soldiers and fighters.⁹¹

Religious faith as a coping mechanism

Religious faith is central to how Afghan children are taught to understand and cope with suffering. From a young age, children are taught prayers to say when they are scared, and many said that they commonly use prayer as an effective tool against fear. While passing graves or destroyed houses, for example, many children say the *Kalima* and feel safe. They are also encouraged to believe that everything that happens in life is in the hands of God or beyond their control, and should therefore be accepted. Children take comfort in believing that God is in control of their fortune and misfortune, and that since there is nothing they can do to influence many situations; they must deal with the events of their lives. Religious faith also offers children hope that things will be better in the future.⁹²

Mullahs have a significant influence on children's resilience insofar as they affect children's *tarbia*⁹³ through moral and religious instruction. *Mullahs* are often called upon by families to help address particular difficulties, such as children who develop unhealthy

and anti-social personality characteristics, children who have particularly bad *tarbia* or children who have spiritual problems such as being afraid of ghosts. Typically, *Mullahs* use extracts from the Koran as treatment for such problems and these local remedies are highly valued.⁹⁴ Afghan children also identified cultural celebrations and ceremonies such as family wedding parties, Eid and New Year, as times that greatly contributed to their feelings of happiness.

Life after the Bomb: a Psychosocial Study of Child Survivors of UXO Accidents in Lao PDR, UNICEF⁹⁵

Author/Agency: UNICEF, Handicap International, Lao Youth Union

Conducted: 2004

Objectives: 1) To improve understanding of the long-term social, economic and psychological impacts of UXO accidents on children in order to inform the development of appropriate child-focused interventions.

Methodology: This study employed both qualitative and quantitative methods. Qualitative methods included focus group discussions with children; interviews with children using open and closed questions; and narrative accounts from children and their families. The survey team interviewed all known child survivors in 23 selected districts. A total of 162 child survivors were interviewed using a questionnaire and an additional 24 children participated in open interviews. Boys made up 76% of child survivors interviewed, which is in-line with the gender balance of child UXO casualties recorded in the current UXO Lao accident database. A total of 158 parents of child survivors were interviewed. Additional interviews were held with key informants including schoolteachers, doctors, traditional healers and development workers. Focus group discussions were also held with groups of children involved in metal collection along the roads, children unaffected by UXO accidents and school children. Quantitative sampling methods guided the sampling frame that was constructed based on analysis of recent UXO accidents recorded by UXO Lao from 1997-2003. Survey sites were selected based on the number of child UXO victims per 10,000 head of population, resulting in 23 districts in 8 provinces. The research team also visited the district hospital, the Department of Labour and Social Welfare and village committees in order to identify additional child survivors.

Relevant findings:

Traditional healing practices as a coping mechanism

Child survivors of UXO accidents in Lao PDR rely heavily on traditional healing practices to deal with both physical and psychological pain resulting from their injuries. Such practices include the use of herbal medicine, spiritual mediums, religious ceremonies and prayer. Within most Laotian villages there are a variety of traditional healers, each with their own area of expertise: preparing herbal medicine, amulets, talismans and holy water for patients; acting as mediums between individuals and the spirit world for the purpose of exorcizing malevolent spirits; communicating directly with

spirits in order to bargain on behalf of the patient; reading horoscopes, palms and cards in order to advise and guide patients, etc. Many children described healing ceremonies that involved calling and strengthening souls. Such ceremonies are deemed necessary because the force of a UXO explosion, the resulting pain and the strong emotional impact are thought to seriously weaken a child's soul and may even cause one or more souls to become detached from his/her body. According to Laotian beliefs, recovery is impossible without a full complement of strong souls, and thus ceremonies, offerings and prayers are conducted in order to speed recovery.⁹⁶

In addition to playing an important role in the psychological rehabilitation and recovery process for individual child survivors, interviews with Laotian children and their parents suggested that traditional healing practices also have a broader therapeutic function. By bringing together the injured child, parents, extended family and other community members, such ceremonies serve to reinforce social relationships, re-integrate affected children into the community, and provide an opportunity for family and community members to give moral and material support.⁹⁷

5.6 Evaluating Culture and Values Interventions

Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts⁹⁸

“Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts” is an evaluation of Save the Children's 1988 Children and War program in Mozambique.

Agency/Author: Neil Boothby, Jennifer Crawford and Jason Halperin

Conducted: 2003 – 2004

Objectives: 1) To evaluate the life outcomes of former child soldiers 16 years after their return home, paying particular attention to: how they have adapted over time; their psychosocial well-being and social functioning; and their roles as husbands, fathers, economic providers, and neighbors; 2) To make recommendations for future efforts to assist young combatants returning to civilian life.

Methodology: Both qualitative and quantitative data were used to assess the psychological health, as well as the social and economic wellbeing of 39 former child soldiers who are now adult men. After their demobilization, all 39 boys were housed in Save the Children's Lhanguene Center for former child soldiers. After being reunited with their families, Save the Children conducted follow-up assessments in 1988, 1989, and 1990 in their communities. During the follow-up assessments, the boys' experiences were recorded using a Life Events Profile and their ecologies assessed using a Documentation, Tracing, and Reunification (DTR) protocol. A Child Behavior Inventory Form (CBI) was also established to assess aggression, traumatic symptoms, and high-risk to pro-social behavior. For the 2003-2004 phase of research, former Lhanguene staff led

the research teams and conducted interviews with the men. The teams used free listing to identify relevant “social functioning” tasks important to local communities. To triangulate the data, focus group discussions with families, community members, and community leaders were also conducted.

Relevant findings:

Despite the limitations of center-based programming, the traditional cleansing ceremonies that young boys underwent as part of the intervention were instrumental in facilitating their return to civilian life. According to the men that once lived in the Lhanguene Center as boys, traditional healing ceremonies played a very important role in psychosocial healing. Many said that after the ceremonies they became “sane” and that their minds were restored to “this world.” Others said that the ceremonies allowed them to forget their wartime experiences and move on with their lives. According to Boothby *et al.*, this process of “forgetting” was a protective coping mechanism that had more to do with alleviating feelings of guilt and shame than with not remembering past events. Finally, after the cleansing process, former child soldiers reported “feeling like everyone else again.” This transformation from “child soldier” to being “like everyone else” was a crucial aspect of forgiveness, healing and reintegration into rural Mozambican life.⁹⁹

Relatives and neighbors recalled that traditional ceremonies were important because they gave the community a defense against the evils that returning child soldiers may bring with them. During the war, many children were forced to violate deeply-entrenched social hierarchies through acts such as killing elders and commanding their peers into battle. The re-establishment of social hierarchies through traditional rituals was therefore was a priority for many communities who feared that former child soldiers may be disruptive due to their indoctrination into violence.¹⁰⁰ In this way, cleansing ceremonies helped to repair relationships between former child soldiers and their families and communities, offer protection to their neighbors and relatives, and reestablish social trust and cohesion within the village.

Healing Wounds of War in Angola: a Community-Based Approach¹⁰¹

Agency/Author: Mike Wessells and Carlinda Monteiro

Conducted: 2000

Objectives: 1) To evaluate CCF’s Psychosocial Training and Child Soldier Reintegration Projects intended to facilitate the rehabilitation and reintegration of former child soldiers in Angola.

Methodology: This study employed a variety of qualitative methods such as focus group discussions with children, parents, community leaders and trainees.

Relevant findings:

This report confirms that traditional cleansing ceremonies are important not only for rehabilitation of individual former child soldiers, but also for family and community

reconciliation and reintegration. Despite positive feedback from former child soldiers and their communities regarding the impacts of traditional ceremonies, however, it is important to note that improvements in children's psychosocial wellbeing are not attributed solely to such practices. Former child soldiers also cited the parallel economic assistance that implementing agencies provided – including apprenticeships, income generation projects and the provision of seeds and tools for farming – as important forms of support. In Angola, credit for children's effective transitions from military to civilian life belongs both to cleansing ceremonies *and* their participation in small business ventures such as carpentry or agriculture. Such findings underscore the importance of integrating psychosocial programming with livelihood support and economic reconstruction in order to fully support war-affected children to rebuild their lives.¹⁰²

Conclusion

Numerous other reports confirm that traditional cleansing ceremonies are important for both rehabilitation of individual former child soldiers and family and community reconciliation and reintegration. Such ceremonies have been shown to be particularly important for young girls forced into sexual slavery by various rebel groups in Africa, for example.^{103 104} Christian Children's Fund supported traditional healers in Sierra Leone to perform group-cleansing rituals for girls in order to undo their "spiritual contamination."¹⁰⁵ Afterwards, girls were accepted into their communities and allowed to participate in activities from which they had been prohibited such as small-business, weddings, and other community celebrations. Similar findings have been reported in Angola and Uganda.^{106 107 108}

Throughout war-torn regions of Africa, traditional ceremonies have been consistently linked to improved psychosocial wellbeing in former child soldiers. Agency evaluations of psychosocial programs have helped to highlight the complexity of factors – individual mental health, social relationships, cultural practices and economic conditions – that influence wellbeing, and suggest that they are interconnected in ways we are only beginning to understand. They also remind us that long-term monitoring and evaluation is needed to fully appreciate the psychosocial impacts of traditional cleansing ceremonies. Too often, evaluations are conducted at the beginning of the reintegration process, and regular follow-up is needed to ensure that children's lives continue to improve over time.¹⁰⁹

6. Recommendations

Armed conflict, forced migration and/or natural disaster can significantly affect children's psychosocial wellbeing – their individual capacities and social and cultural worlds. The PWG framework provides a tool for mapping the impact of crises and identifying the individuals, groups and services that can help mitigate them. Previous sections of this paper have examined psychosocial concepts, approaches and practices related to assessment of children's wellbeing and evaluation of programs undertaken on their behalf. This section, in turn, makes recommendations for further development of psychosocial assessment and evaluation practices.

The preceding chapters reviewed a variety of practical tools currently used for assessing children's psychosocial wellbeing and evaluating related interventions. These tools range from standardized instruments used to diagnose psychological disorders in crisis-affected children to participatory activities used to learn from children themselves about their experiences, concerns and needs. In general, participatory methods involving qualitative analysis of children's lives were highlighted as examples of best practice in both psychosocial assessments and program evaluations. Such methods allow children to discuss their views, experiences and concerns so that interventions may reflect their own priorities and needs. It is our belief that conversations with children and their communities are an appropriate way to better understand the impacts of conflict and the interventions necessary to address them.

Participatory methods that reveal important information about children's lives include focus-group discussions, semi-structured interviews and mapping and drawing exercises, among others. Such tools are increasingly being used with crisis-affected children and youth, their parents and care-takers and the wider community to gain insight into the effects of crises on young people's individual capacities, social worlds and cultural lives. Some organizations are also gradually incorporating participatory methods into program evaluations, having recognized them as an effective means to ensure that projects are meaningful to participants themselves.

Much work has been done, particularly by researchers, to develop participatory tools for working with children. Some of these tools were developed specifically for assessing children's psychosocial wellbeing and evaluating related interventions. This report has referred to both publications exclusively dedicated to instruction in working with crisis-affected children and reports that describe the findings arising from use of participatory methods. The former provide extensive guidance on specific tools and the latter examples of the kinds of information such tools can be expected to provide.

Despite growing recognition of the benefits of participatory approaches, there exists an urgent need to pilot related methods in order to demonstrate their ability to produce data that can be analyzed conceptually or statistically. A common critique of qualitative participatory methods is the absence of randomized sampling, small sample populations, and lack of quantifiable data needed to demonstrate needs and promote appropriate policies and programs. We thus highlight, especially, the work of Cario Arafat in Palestine (see page 32 of this report) as a good example of the use of randomized sampling techniques, qualitative methods and statistical analysis to produce representative and quantifiable findings. The resulting report had a significant impact on policies and donor country funding allocations. This is a direction that UNICEF could usefully consider for other country programs.

We also acknowledge the importance of documenting psychosocial dysfunction and wellbeing in a standardized manner that allows for comparisons over time as well as cross-country comparisons of results. However, our review of current validated instruments (see Appendix D) concluded that none of standardized surveys are sufficiently constructed—in terms of content and context focus, age appropriateness, cultural

relevance, and/or practical application—to serve this purpose. There is a need to develop and pilot a new protocol that could in part draw on elements of these existing instruments, as well as other methodological approaches.

The components of child and adolescent psychological health that could be usefully assessed in standardized manner include: 1. self-perceptions of dangerous events and circumstances; 2. stress and worry; 3. mood; 4. future orientation; 5. self-esteem; functioning/capabilities; 6. internalizing and externalizing behaviors; and, 7. social connection and capability. For children and adolescents, we favor a tool that would allow them to indicate their level of agreement to a series of statements related to the different components of psychosocial health noted immediately above. Agreement levels could include, for example: 1. strongly agree; 2. agree; 3. disagree; and, 4. strongly disagree. We also favor limiting the time frame to questions that ask children how they “have been feeling” to two weeks. Questions should be worded both positively and negatively, and the coding of response scales for analysis adjusted accordingly. Pictorial prompts should also be used to ease use for children and adolescents.

Prior to use, it is essential to ensure that concepts and wording of questions is valid in the local language and socio-cultural context. Many concepts for emotional distress may differ between human populations, and the terms used to describe them do not translate well between different languages and cultures. A validation procedure must therefore be undertaken before a questionnaire is used. Key steps to validate questions include:

- Translation into the local language, and separate back translation
- Focus groups with local service providers, parents and other caregivers to ascertain local descriptors for emotional distress and well-being and ensure linguistic and cultural relevance
- Focus groups with children and adolescents in the age range to review for relevance to child and adolescent concerns, and ease of use of the response scale.

Adaptations to standardized survey to best fit the local language and culture will no doubt be necessary. As much as possible, however, the response scale and the general domains of the questionnaire should remain intact to allow for cross country comparisons.

Further methodological work is also needed to ensure that assessment and evaluation tools are easy to implement and thus suitable for local agency staff with limited training in psychosocial work.¹¹⁰ In addition, there is a need to ensure that tools require few materials so that they are appropriate for use among populations with little or no access to resources. Finally, assessments and evaluations would benefit from the development of additional tools that are amenable to use by children in as broad an age range as possible and with limited or no literacy.

There is also much work to be done to make certain that regardless of which tools are used, psychosocial assessments and program evaluations are carried out in accordance with strict ethical standards. In general, assessment and evaluation processes should:

- ✓ Practice inclusively;
- ✓ Be conducted with informed consent from children and their communities;
- ✓ Ensure confidentiality where appropriate;
- ✓ Be aware of unintended consequences;
- ✓ Recognize the potential for activities to raise expectations regarding results of an intervention, and leave children and communities feeling disappointed or abandoned when such results do not materialize;
- ✓ Provide a valuable and enjoyable experience for children;
- ✓ Respect local culture and values;
- ✓ Ensure the wellbeing and safety of all participating children;
- ✓ Negotiate power dynamics between adults and children and between children themselves.

Beyond the actual tools themselves, there is much work to be done regarding assessment and evaluation *methodology* as a whole. The term ‘methodology’ refers to more than simply practical tools. It also refers to the philosophy that influences the manner in which data collection is conducted. As such, the production of a ‘toolkit’ of methods is only part of the challenge that agencies face in the development of sound assessment and evaluation practice. It is vital, of course, to have effective methods for understanding the effects of crisis on children, and the impacts of programs on their psychosocial wellbeing. And yet, the mere *existence* of such tools is not enough. Adequate human and material resources are necessary to make use of them, and the information they garner must then be linked directly to interventions for the tools to be relevant at all. This requires agreement among those engaged in designing, undertaking and reviewing assessments and evaluations on the objectives, processes, and principles that should guide them. To achieve this may entail significant attitudinal change on the part of implementing agencies and, particularly, of donors.

No single exercise is likely to provide data about everything required for psychosocial assessments and program evaluations. There is often a need to conduct a variety of exercises in order to build a comprehensive picture of children’s lives and the impacts that crises or projects may have had. This can be achieved only when time is allowed for working with a single group. Indeed, it may take several days to conduct a full set of activities. In order for community participation in assessment and evaluation processes to be effective, it is important to build local capacity among agency staff and participants, to implement different methods.¹¹¹

Effective facilitation of assessments and evaluations requires sustained interaction between children and adults. It is therefore important to have sufficient staff dedicated to such initiatives. Inadequate staffing means that facilitators will be unable to work closely and consistently with a group of children to understand their needs and capacities, ensure their protection, and help assessments/evaluations achieve their full potential. How best to meet the required levels of support is a complicated issue of resource allocation and relationship between agencies and communities. Whatever the difficulties, it is crucial

that both issues of quantity and quality have a secure place on the agenda of implementing agencies.¹¹²

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8. Endnotes

- ¹ The Convention on the Rights of the Child (CRC) remains the principal international standard for determining who is a child. Article 1 states that a child is “every human being below the age of 18 years unless, under the law applicable to that child, majority is attained earlier.” For the purposes of this paper, we have adopted this definition.
- ² Sommers, 2002: 2.
- ³ Boyden *et al.*, 2002: 4.
- ⁴ Psychosocial Working Group, 2003: 2.
- ⁵ Duncan and Arnston, 2004: i.
- ⁶ Hart *et al.*, 2004a: 22.
- ⁷ Psychosocial Working Group, 2003: 2.
- ⁸ Taken from Hart *et al.*, 2004b: 10.
- ⁹ Bronfenbrenner, 1979.
- ¹⁰ Bronfenbrenner, 1989.
- ¹¹ Dawes and Donald, 2005.
- ¹² Newman, 2005: 19.
- ¹³ Mann, 2003b.
- ¹⁴ De Berry, 2004: 102.
- ¹⁵ Chatty, 2002: 24.
- ¹⁶ De Berry, 2004: 104.
- ¹⁷ Tolfree, 2004:145.
- ¹⁸ Mann, 2003a; Tolfree, 2000: 145-150.
- ¹⁹ Boyden, 2000: 70.
- ²⁰ WCRWC, personal communication.
- ²¹ Chatty and Hundt, 2002: 24.
- ²² Nicolai and Triplehorn, 2003.
- ²³ *Ibid.*
- ²⁴ Seitz, 2004: 26.
- ²⁵ *Ibid.*: 26.
- ²⁶ Nicolai and Triplehorn, 2003.
- ²⁷ Miller, 2004.
- ²⁸ Psychosocial Working Group: 5.
- ²⁹ Eyber and Ager, 2004: 314.
- ³⁰ Tefferi, 2003.
- ³¹ WCRWC, 2002: 11
- ³² *Ibid.*: 101.
- ³³ WCRWC, 2000; 2001a; 2001b; 2002.
- ³⁴ Swaine, 2004: 135-6.
- ³⁵ Boyden and Gibbs, 1997: 115-6.
- ³⁶ *Ibid.*: 117.
- ³⁷ Boothby *et al.*, 2006.
- ³⁸ Utas, 2004: 344.
- ³⁹ McCallin, 1998: 66.
- ⁴⁰ Swaine, 2004: 135.
- ⁴¹ WCRWC 2001a: 24.
- ⁴² Bracken, 1998; Bracken and Petty, 1998; Summerfield, 1998.
- ⁴³ Tefferi, 2003.
- ⁴⁴ *Ibid.*
- ⁴⁵ Wessells and Strang, forthcoming.
- ⁴⁶ Bracken 1998: 55.
- ⁴⁷ Hart *et al.*, 2004b: 10.
- ⁴⁸ De Berry *et al.*, 2003: i-ii.

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- ⁵¹ For example, accelerated classes such as the Complimentary Rapid Education for Primary School (CREPS) enables students to gain literacy and other skills at a faster-than-normal rate, and may therefore be better suited for adolescents with little or no education.
- ⁵² Duncan and Arnston, 2004.
- ⁵³ Hart *et al.*, 2004b: 6.
- ⁵⁴ Hart *et al.*, 2004a: 13.
- ⁵⁵ Ibid: 14.
- ⁵⁶ Ibid: 20.
- ⁵⁷ Ibid: 22.
- ⁵⁸ Boothby *et al.*, 2006.
- ⁵⁹ Mentioned in Stark, 2006: 24.
- ⁶⁰ Jareg, 2005.
- ⁶¹ See Appendix D for an annotated list of validated instruments that have been used for assessing PTSD, depression, anxiety and behavior in child and adolescent survivors of war and natural disasters.
- ⁶² Boyden 2000; Hinton, 2000..
- ⁶³ Hart *et al.*, 2004b: 57.
- ⁶⁴ Cairns, 1996; Eyber and Ager, 2004: 319.
- ⁶⁵ Eyber, 2002: 10 12.
- ⁶⁶ Arafat and Boothby, 2003: 11-12.
- ⁶⁷ Ibid: 17.
- ⁶⁸ World Bank.
- ⁶⁹ Duncan and Arnston, 2004.
- ⁷⁰ Bolton, 2004: 98.
- ⁷¹ Hart *et al.*, 2004b.
- ⁷² De Lay, 2003: 22.
- ⁷³ World Bank.
- ⁷⁴ Ibid.
- ⁷⁵ De Berry *et al.*, 2003: 3.
- ⁷⁶ For further information on doing participatory research with children see: Boyden and Ennew, 1997; Dynamix Ltd, 2002; Kirby, 1999; Richman, 1993.
- ⁷⁷ De Berry *et al.*, 2003: 3-4.
- ⁷⁸ Hart, 2002.
- ⁷⁹ Hart *et al.*, 2004b: 11-12.
- ⁸⁰ Ibid: 12.
- ⁸¹ Save the Children, 2004: 12-13.
- ⁸² UNICEF, 2003.
- ⁸³ Amston, 2002.
- ⁸⁴ Ibid.
- ⁸⁵ Christian Children's Fund *et al.*, 2005.
- ⁸⁶ War Child Holland and War Child Canada, 2005.
- ⁸⁷ *Nogara* refers to traditional songs, music and dance activities.
- ⁸⁸ De Berry *et al.*, 2003.
- ⁸⁹ Ibid: 5.
- ⁹⁰ Ibid: 24.
- ⁹¹ Ibid: 24.
- ⁹² Ibid: 48.
- ⁹³ *Tarbia* refers to children's manners and the quality of their relationships with others.
- ⁹⁴ De Berry *et al.*, 2003: 51.
- ⁹⁵ UNICEF *et al.*, 2004.
- ⁹⁶ Ibid: 17-19.
- ⁹⁷ Ibid: 18.
- ⁹⁸ Boothby *et al.*, 2006.
- ⁹⁹ Ibid.
- ¹⁰⁰ Ibid.
- ¹⁰¹ Wessells and Monteiro, 2000.

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- ¹⁰² Ibid: 626.
¹⁰³ Verhey, 2001.
¹⁰⁴ Stark, 2005.
¹⁰⁵ Kostelny, 2004.
¹⁰⁶ Verhey, 2001.
¹⁰⁷ Honwana, 1998.
¹⁰⁸ Wessells and Monteiro, 2001.
¹⁰⁹ Stark, 2005.
¹¹⁰ Hart, 2004b: 17.
¹¹¹ Ibid: 40.
¹¹² Ibid: 57.

9. Appendices

Appendix A: Human Capacity Matrix

Location and Type of Crisis	Agency and Focus of Assessment/Evaluation	Reference Document	Methodology Employed	Dates	Sample Age and Size	Major Finding
Assessments						
Afghanistan (Kabul): War and Displacement	Save the Children-USA and UNICEF: assessment of children's psychosocial well-being and development.	De Berry, J., Fazili, A., Farhad, S., et al. (2003). The Children of Kabul: Discussions with Afghan Families. Save the Children USA and UNICEF.	Qualitative methods: focus group discussions and participatory activities with children and families.	August – September 2001; January – June 2002.	Focus group discussions with 437 children and adolescents, ages 7–18; discussions with 215 parents and grandparents.	This project validates a psychosocial approach for the majority of Afghan children. Major findings are outlined at length in three lengthy chapters of the report.
Eastern Chad: Armed Conflict	Christian Children's Fund: assessment of refugees' needs in regards to quality of basic services, psychosocial well-being, protection concerns and desired support.	Christian Children's Fund. (2004). Child Protection Assessment in Eastern Chad	Qualitative methods: Records and reports, formal and informal interviews, focus groups, key informants, and observation.	August 16 – 25, 2004	4 camps: Iridimi, Touloum, Kounoungo, and Mile	Confirmed reports that there is a "major dearth of child/youth activities in all camps as well as a real need to engage young people in meaningful, normalizing activities."

El Salvador: Armed conflict	Joaquin E. Flores, Teachers College, Columbia University: assessment of the psychological effects of war on children.	Flores, J.E. (1999). “Schooling, family, and individual factors mitigating psychological effects of war on children,” Current Issues in Comparative Education, 2 (1).	Quantitative Methods: Tools employed include the Children’s Post Traumatic Stress Disorder Inventory (CPTSDI), Children’s Depression Inventory (CDI), Revised Children’s Manifest Anxiety Scale (RCMAS), the Child Behavior Checklist for Agest 4-18 (CBCL) Problem Scale, and the CBCL Competence Scale.	August – November 1992	132 children; 93 from community exposed directly to the war and 39 from unexposed community were surveyed.	“The Direct War Exposure group experienced significantly higher incidence of war related events, disruption of schooling, and disruption of families, than the No Direct War Exposure group.”
Ethiopia: Displacement	Lewis Aptekar: assessment of the effects of trauma on adolescent mental health	Aptekar, L., Paardekooper, B., & Kuebli, J. 2000. Adolescence and youth among displaced Ethiopians: A case study in Kaliti camp. International Journal of Group Tensions, 29,1-2: 101-135.	Quantitative Methods: Ethnographic fieldwork, the Trauma Event sub- scale of the Harvard Trauma Questionnaire, and the Symptom Check List 90-Revised.	1994 – 1996	108 war traumatized subjects (86 male and 40 female).	The psychopathology of the group was considerably less than expected.
Kuwait: Armed Conflict	Mona Macksoud et al.: assessment of the effects of the Iraq war on Kuwaiti children.	Macksoud, M., et al. 1996. “Assessing the Impact of War on Children,” in Minefields in their Hearts.	Validated instruments, created by adapting existing measures.	1992 – 1993 [timeframe not given]	300 school children, 11 to 16, and their families.	Most children were negatively affected by the violence but some suffered more than others; ecological and developmental factors mediated the effects of the war on children’s development; children with a strong sense of national identity also suffered more.

Lao PDR: UXOs	Handicap International (Belgium), Lao Youth Union and UNICEF: assessment of the psychosocial state of child UXO survivors.	Handicap International, UNICEF, Lao Youth Union. (2004). Life after the Bomb: A Psychosocial Study of Child Survivors of UXO accidents in Lao PDR. Vientiane: Handicap International, Lao Youth Union, UNICEF.	Quantitative methods: questionnaire and surveys. Qualitative methods: focus group discussions with children; semi-structured interviews with children and families.	2003	168 child survivors in 23 districts; 158 parents. Other informants include school teachers, doctors, traditional healers, and development workers.	“For most child survivors, the impacts of the accident are multiple, long lasting and severe.”
Nepal: Armed Conflict	Save the Children–US: assessment of the impact of the Sanjivani Classroom Based Intervention and Effective Parenting, and to build a tool to measure disability in daily life.	Centre for Victims of Torture, Nepal. (2004). Rapid Assessments on: The Sanjivani Classroom Based Intervention & Effective Parenting, as implemented by Save the Children US, Children in Crisis Programme.	Quantitative and Qualitative Methods: 1. Rapid assessment of the intervention was conducted through semi-structured interviews, focus groups and a questionnaire that included the Pro-social Behaviour – Strengths and Difficulties (PSB), Self-esteem Scale (SES), Children’s Attributions and Perceptions Scale (CAAPS), Social Integration/Marginalisation (SIM), and Adaptation of Youth Coping Index (AYCI). 2. Assessment of the effective parenting program was carried out via semi-structured interviews and focus group discussions.	2004	1) Classroom-based intervention: 6 children, 3 caretakers and 3 facilitators were interviewed; 103 children were administered questionnaires. 2) Effective parenting intervention: a total of 29 people participated in 3 focus groups, and 2 community volunteers and a trained person were interviewed.	Rapid assessments indicate that 4 out of 5 objectives of the classroom-based intervention were reached. Regarding the Effective Parenting intervention, the assessment was too limited to make conclusions, but “The programme seems to have been able to bring across knowledge and a change in the general attitude of parents towards the psychosocial impact of conflict on children, in a culturally appropriate manner. The programme, however, was mentioned to be too short and it lacks refreshment training, which makes sustainable implementation of skills more doubtful.”

Northern Uganda: Armed Conflict and Displacement	B. Paardekooper, Netherlands Foundation for the Advancement of Tropical Research: assessment of impact of war on South Sudanese refugee children in Northern Uganda.	Paardekooper, B. et al. (1999). "The Psychological Impact of War and the Refugee Situation on South Sudanese Children in Refugee Camps in Northern Uganda: An Exploratory Study." <i>Journal of Child Psychology and Psychiatry</i> , 40 (4) 529-536.	Quantitative Methods: a variety of standardized and customized questionnaires were administered to children and parents, including those measuring coping and mental health.	November 1995 – January 1996	193 Sudanese children from transit camp, aged 7–12, and 123 children from settlements were assessed. Comparison group comprised of 80 Ugandan children.	The Sudanese refugee children "reported significantly more PTSD-like complaints such as trouble with sleep, nervousness, traumatic memories, and behavioral problems as well as depressive symptoms and psychosomatic complaints."
Sierra Leone and Uganda: Child Soldiers	The International Rescue Committee: assessment to describe and quantify the adjustment challenges faced by former child soldiers.	MacMullin, C. & Loughry, M. (2004). "Investigating Psychosocial Adjustment of Former Child Soldiers in Sierra Leone and Uganda." <i>Journal of Refugee Studies</i> , v. 17, no. 4.	Quantitative Methods: customized instruments including the IRC Psychosocial Adjustment Scale (Sierra Leone) and the Northern Uganda Child Psychosocial Adjustment Scale (NUCPAS)	Sierra Leone, 2000; Uganda, 2001	350 10–18 year-old children in addition to 209 after questionnaire was revised (Sierra Leone); 567 10–18 year-olds (Uganda)	Although the Sierra Leone portion of study had to be abandoned, the assessment in Uganda revealed that: 1. Formerly abducted children were found to be more anxious and depressed, more hostile, less socially proactive and less confident than children who were not abducted. 2. Girls were found to be more anxious and depressed than boys. 3. All former abductees living with a parent or parents were found to be less anxious and depressed than those living with guardians.

Sudan (Zalingei): Displacement	Mercy Corps' Jessica Alexander: assessment to gather baseline data on children's psychosocial well-being, children's engagement in pro-social behaviors and positive coping mechanisms, their daily routines, and outlets in the camp for coping and self-improvement.	Alexander, J. (2005). Children's Psychosocial Assessment: Hassa Hissa and Hamadia Camps, Zalingei, Sudan. Mercy Corps.	Quantitative and Qualitative Methods: 10 focus groups, employing instruments including free-listing, daily timelines, spatial mapping, variation on problem trees, and a large-scale survey created from preliminary "formative research" (focus groups and key informant interviews)	May 15 – June 4, 2005	367 randomly sampled children between ages 10 and 13; 192 from Hassa Hissa camp; 175 from Hamadia camp	<ol style="list-style-type: none"> 1. Children have strong caregiver/family attachments and feel connected to their community. 2. Children generally feel safe in the camps and feel safest when surrounded by their relatives. 3. Children are by and large, optimistic about their futures and are excited to learn. 4. The majority of children are engaged in culturally defined positive coping and pro-social behaviors. 5. Children's favorite activities are those in which they engage with friends and play and learn.
West Bank, Gaza, and Central Israel: Armed Conflict	DC-Middle East Program, Center for Development in Primary Health Care (CDPHC), and Israel Center for the Treatment of Psychotrauma: assessment to screen and identify youth in distress, and to provide them with appropriate interventions.	Pat-Horenczyka, R. & Abeend, Z. The Impact of Exposure to Ongoing Violent Conditions on Palestinian and Israeli Youth: 2004 CHERISH School-Based Screening.	Quantitative Methods: 6 internally validated assessment scales, culturally adapted to Palestinian and Israeli society.	2004	2100 Palestinian high school students (ages 14–17); 1016 Israeli students (ages 10–16).	<ol style="list-style-type: none"> 1. Posttraumatic distress was associated with higher levels of exposure to violence. 2. Prevalence of probable PTSD was 35.6% in the Palestinian sample and 6.6% in the Israeli sample. 3. In both communities, girls reported more posttraumatic symptoms than boys. 4. Functional impairment in both societies was found to be most severe in school.

Evaluations						
Bosnia and Herzegovina: Armed Conflict	Ragnhild Dybdahl, University of Tromso, Norway: evaluation to examine the effects of an intervention program, and to investigate children's psychosocial functioning and the mental health of their mothers.	Dybdahl, R. (2001). "Children and Mothers in War: An Outcome Study of a Psychosocial Intervention Program," <i>Child Development</i> , 72 (4), 1214-1230.	Quantitative and Qualitative Methods: an inventory was constructed on the basis of commonly used instruments (IES, Raven CPM, BDI) and UNICEF's guidelines regarding assessments. Interviews with mothers, interview with the child, and observations of the child and mother-child interaction were part of the evaluation methodology.	1996~	87 Bosnian-displaced mother-child dyads; median age of children was 5.5 years.	Despite exposure to severe trauma, manifestations of distress varied considerably. Intervention program had a positive effect on mothers' mental health, children's weight gain and several measures of children's psychosocial functioning and mental health.
Bosnia and Herzegovina: Armed Conflict and Displacement	Christopher Layne, Brigham Young University and Trauma Psychiatry Service, UCLA: evaluation of a school-based postwar program for war-exposed Bosnian adolescents.	Layne, C. et al. (2001). "Trauma/Grief-Focused Group Psychotherapy: School-Based Postwar Intervention With Traumatized Bosnian Adolescents." <i>Group Dynamics: Theory, Research, and Practice</i> , 5 (4), 277-290.	Quantitative Methods: Pretreatment assessment consisted of a classroom screening survey. Posttreatment evaluation consisted of a self-report questionnaire. Tools measured levels of PTS, depression, grief, psychosocial adjustment, and group satisfaction.	1999-2000	55 students, 15-19 years old.	Group therapy was associated with significant reductions in PTS, depression, and grief symptoms between pretreatment and posttreatment.

Grenada: Natural Disaster	St. George's University: evaluation of UNICEF's <i>Return to Happiness</i> program, a psychosocial recovery program for children affected by Hurricane Ivan.	Amuleru-Marshall, Z., & Frame, T. (2005). Evaluation Report: Implementation of the Expansion of the Return to Happiness Program into Primary Schools in Grenada Following Hurricane Ivan. St. George's University.	Quantitative Methods: process evaluation and outcome evaluation using the Children's Impact of Events Scale (CRIES-13), the Piers-Harris Children's Self-Concept Scale 2, the Children's Hope Scale, and the Multidimensional Scale of Perceived Social Support. Tests were administered by 588 volunteers.	January – June 2005	Program was offered to all children between ages 6 to 11 who attended public primary schools in Grenada, Carriacou, and Petite Martinique. Total of 7,239 children at 51 sites were reached between January and June 2005; analysis based on 287 children in intervention and 679 in comparison group.	The only significant statistical difference found pre-test to post-test was a reduction in anxiety scores.
Sierra Leone: Child Soldiers	The International Rescue Committee: evaluation to further understand the factors that influenced psychosocial adjustment and community reintegration among former child soldiers to ensure optimal interventions.	Betancourt, T. et al. Psychosocial Adjustment and Social Reintegration of Child Ex-Soldiers in Sierra Leone, Draft: Wave II Follow-Up Analysis.	Quantitative Methods: Surveys included measures of hostility, anxiety, depression, confidence and pro-social behavior.	2002 (Baseline assessment); 2004 (Interim evaluation)	Baseline intervention group consisted of 260 former RUF youth, ages 8–19; the follow-up intervention group consisted of 156 children and youth. 138 children and used were in the comparison sample.	Measures of mental health symptoms as well as pro-social behaviors maintained reasonable stability over time in the IRC intervention group; compared to the sample without intervention. Receipt of IRC services was correlated with positive mental health such as higher confidence and pro-social behavior.

West Bank, Gaza: Armed Conflict	Save the Children-USA: evaluation of the organization's 5-week, 15-session intervention program	Save the Children. (2004). Classroom-Based Intervention (CBI) Program	Quantitative Methods: 10 instruments addressing pro-social strengths, coping style/utilization of social and spiritual supports, sense of hope, mental health, PTSD-like symptoms, locus of control/depression, self-perception and attribution of meaning, and self-esteem.	2003	6–16 year-olds, 840 (pre-intervention), 664 (post-intervention)	The CBI Program produced a number of positive psychological changes in Palestinian boys and girls (aged 6-11 years) and adolescent girls (aged 12-16 years). No significant gains were observed among adolescent boys.
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Appendix B: Social Ecology Matrix

Location and Type of Crisis	Agency and Focus of Assessment/Evaluation	Reference Document	Methodology Employed	Dates	Sample Age and Size	Major Finding
Assessments						
Afghanistan (Kabul): Armed Conflict	Save the Children-USA and UNICEF: assessment of children's psychosocial well-being and development.	De Berry, J., Fazili, A., Farhad, S., et al. (2003). The Children of Kabul: Discussions with Afghan Families. Save the Children USA and UNICEF.	Qualitative methods: focus group discussions and participatory activities with children and families.	August – September 2001; January – June 2002.	Focus group discussions with 437 children and adolescents, ages 7–18; discussions with 215 parents and grandparents.	<ol style="list-style-type: none"> 1. Damaging threats for children are economic, environmental, political, relational, and personal. Examples include political repression, war, displacement, poverty, family loss and separation, family tension, gender-based expectations, among others. 2. Negative consequences of these threats affect children's overall social and emotional well-being, including their social development and mortality (tarbia), their behavior and their opportunities. 3. Contextual factors influencing people's ability to cope include political stability of the country, economic stability of the country, and physical surroundings.

Afghanistan (Kunduz, Takhar, Badakshan): Armed Conflict	Christian Children's Fund/Child Fund Afghanistan: assessment to 1) map the key risks and issues of child protection and well-being, 2) identify vulnerable groups, 3) analyze the policy implications and means of strengthening supports for children.	Wessells, M., & Kostelny, K. (2002). After the Taliban: A Child-Focused Assessment in the Northern Afghan Provinces of Kunduz, Takhar, and Badakshan. Christian Children's Fund International, Child Fund Afghanistan.	Qualitative Methods: Triangulation of key informant semi-structured interviews, focus groups discussions, and participant observation. Criterion-based cluster sampling was used to identify key vulnerable groups and to explore areas needing additional investigation. Opportunistic sampling, snowball sampling, and purposive sampling techniques were also used accordingly.	Pre- and Post-9.11 (pre-9.11 data gathered retrospectively)	200 children and 120 adults representing rural-urban and gender- and age-related diversity participated in the study. For the child soldier component, sample consisted of 20 children (14–18 yrs of age) in the military, and 20 children (same age range) that had recently been demobilized.	<ol style="list-style-type: none"> 1. Vulnerable groups include child soldiers, internally displaced children, orphans and separated children, disabled children, working children, and sexually exploited children. 2. Protection issues were found to include landmines and unexploded ordnances, DDR, gender discrimination, drug abuse, among others.
Iraq (Baghdad): War	Christian Children's Fund: child protection assessment to 1) map key risks and issues affecting children's well-being; and to 2) identify vulnerable groups, coping skills, mechanisms, and local assets for supporting children..	Christian Children's Fund (2003). Children on Dangerous Streets: A Child-Focused Assessment of Baghdad Governorate, Christian Children's Fund.	Qualitative Methods: triangulated key informant interviews, focus group discussions, site visits, transect walks.	July – August 2003	Interviews with over 500 Iraqi girls and boys, school-age children and teenagers, men and women. Target areas included Thawra City, Al Khansa, Sabbah Nissan, Haifa Street, Saddun, Yarmuk, Al-Salam, Hay Al-Riyad, and Quds.	<p>The following were found to undermine children's well-being and/or strain family relations:</p> <ol style="list-style-type: none"> 1. Widespread insecurity and crime, including those committed by children. 2. Lack of electricity and associated increases in poverty and unemployment. 3. Increase in prevalence of children living and working on the streets. 4. Increase in drug use. 5. Increase in family violence.

Northern Uganda (Gulu, Kitgum and Padar Districts, Northern Uganda): Armed Conflict and Displacement	Women's Commission for Refugee Women and Children: assessment of the effects of war on Ugandan and Sudanese Adolescents in Northern Uganda.	Pillsbury, A. A., & Lowicki, J. (2001). <i>Against All Odds: Surviving the War on Adolescents. (Promoting the Protection and Capacity of Ugandan and Sudanese Adolescents in Northern Uganda). Women's Commission for Refugee Women and Children.</i>	Qualitative Methods: interviews, focus group discussions, and surveys conducted by Ugandan and Sudanese adolescents.	May – July 2002	Interviewees included more than 2,000 adolescents and adults in Gulu, Kitgum and Padar. The 54 adolescent researchers ranged from 10–20 years of age and included returned abductees, Ugandan IDPs, Sudanese refugees, adolescents living in and out of camps, those orphaned by war and HIV/AIDS, students and out-of-school youth, working youth, adolescents with disabilities.	<ol style="list-style-type: none"> 1. Fear of LRA and SPLA (Sudanese adolescents); fear on the part of communities to receive formerly abducted young people has hindered reintegration. 2. Insecurity is preventing adolescents from completing school. 3. Adolescent participation has empowering effects.
Palestine: Armed Conflict	Secretariat of the National Plan of Action for Palestinian Children (NPA) and Save the Children: assessment to identify what children see as risk factors, strengths, coping mechanisms and means of resiliency.	Arafat, C. & Boothby, N. (2003). <i>A Psychosocial Assessment of Palestinian Children.</i>	Qualitative and Quantitative Methods: focus group discussions with children, parents and teachers. A representative, stratified, random sample was selected for the children. Quantitative data on basic social issues (questionnaire responses) processed with SPSS.	July – August 2002	In total, 95 focus groups with children (1,266 children in total, between 5 and 17 years of age), 35 focus groups with parents (499 parents), and 5 with teachers (70 teachers) were held. 61% of the interviewees live in the West Bank; 39% in Gaza. Girls and boys were represented in equal proportions.	<ol style="list-style-type: none"> 1. 93% of children reported not feeling safe and at risk of being attacked; 48% witnessed conflict-related violence; 21% were displaced, overwhelmingly for conflict-related reasons. 2. Older children especially feel that parents can no longer fully provide care and protection; other influences on psychosocial well-being include financial and material limitations, lack of control over external events, and stress felt by caregivers. 3. The school has gained importance as a social forum and source of support for children.

Evaluations						
Afghanistan: Armed Conflict and Displacement	Christian Children's Fund, Oxford University, Queen Margaret's University College: evaluation to 1) determine the efficacy of a community-based psychosocial program; and to 2) develop and field-test measures of psychosocial well-being and child protection that use qualitative and quantitative approaches.	Christian Children's Fund, Oxford University, Queen Margaret University College. (2005). Assessing Afghan Children's Psychosocial Well-Being: a Multi-Modal Study of Intervention Outcomes. Final report submitted to the Psychosocial Working Group Secretariat.	Quantitative Methods: questionnaires with sub-scales on feelings, social relations, and coping strategies. Data analyzed via RUMM, AMOS, and others. Qualitative Methods: comparison of psychosocial, wat/san, and psychosocial-wat/san interventions through focus group discussions, semi-structured interviews, Participatory Rural Appraisal; children's activities; participant observation; and home visits.	August 2003 – December 2004	Quantitative research: Questionnaires administered to 267 children between 8–14 years of age, and to 145 adults in 7 villages. After 9 months, 224 children in 6 villages were again studied. Sub-study on coping convened groups aged 7–13, 14–18, and adults (>21 years). Qualitative research: Participants included both children and adults.	<ol style="list-style-type: none"> 1. No significant effects occurred in regard to psychosocial interventions alone. The combination of water and psychosocial interventions had significant effects on children's feelings but not their relationships (varying results per village). 2. Younger and older children had different concerns and worries. 3. Significant gaps existed in some villages between adults' perceptions of children's worries, and children's own perceptions. 4. Mixture of resources such as families, peer groups, and religious resources were found to be the most influential on children's well-being and healthy development.

<p>Afghanistan: Armed Conflict, Internal Displacement</p>	<p>Save the Children US and UNICEF Afghanistan: retrospective review of program activities, achievement of anticipated results, and an evaluation of the relationship of program outcome to needs in the Kabul IDP Camp (Shomali IDPs at the former Soviet Embassy compound). Program components include formal education in language, math, and religion for boys and girls; home-based vocational activities for pre-adolescent and adolescent girls; home visits for health promotion to women with children under five; creation of playgrounds and sports grounds; and support to the youth sports committee.</p>	<p>Amtson, L. (2002). Review of the Former Soviet Embassy Compound IDP Camp Psychosocial Support Activities Kabul, Afghanistan. Save the Children US.</p>	<p>Qualitative and Quantitative Methods: focus group discussions with children and adults, and household surveys. Participation in adult focus groups was voluntary, while school-aged children were randomly selected from class attendance lists. Households for the survey were selected using a systematic random sample. Questions sought to evaluate whether the program objectives were achieved, including 1) The building/ reestablishment of social support networks for children; 2) Increased access to health services, educational opportunities, and information for women and children; and so on.</p>	<p>January – February 2001 (for 14 month period beginning in October 1999)</p>	<p>20 focus group discussions with mothers, women from female-headed households, community health educators, fathers, male and female youth, boys from the youth sports committee, school- age girls and boys, school-age girls and boys no longer attending the camp school, and IDP camp school teachers. 87 households were surveyed.</p>	<ol style="list-style-type: none"> 1. Gradual progress has been made towards building social support networks, especially for mothers and adolescent girls; increasing access to health information and services; increasing educational opportunities for primary school-age children; and encouraging a positive outlook toward the future. 2. Children reported that school attendance would improve if teachers stopped beating students for days of absence and if students were given food, shoes, and clothing. 3. Youth reported that football and other group activities have enabled them to think less of the past and to engage in more constructive and less destructive (“deviant”) behavior. 4. Hunger, illness, and boredom/idleness (particularly for children, male youth, and men) were at the root of respondent’s negative outlook. 5. Some recommendations include providing teacher training; involving fathers, brothers, and male kin in education promotion; exploring alternatives to reach out-of-school children; and organizing additional recreational activities for youth.
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Grenada: Natural Disasters	St. George's University: evaluation of UNICEF's <i>Return to Happiness</i> program, a psychosocial recovery program for children affected by Hurricane Ivan.	Amuleru-Marshall, Z., & Frame, T. (2005). Evaluation Report: Implementation of the Expansion of the Return to Happiness Program into Primary Schools in Grenada Following Hurricane Ivan. St. George's University.	Quantitative Methods: process evaluation and outcome evaluation using the Children's Impact of Events Scale (CRIES-13), the Piers- Harris Children's Self- Concept Scale 2, the Children's Hope Scale, and the Multidimensional Scale of Perceived Social Support. Tests were administered by 588 volunteers.	January – June 2005	Program was offered to all children between ages 6 to 11 who attended public primary schools in Grenada, Carriacou, and Petite Martinique. Total of 7,239 children at 51 sites were reached between January and June 2005; analysis based on 287 children in intervention and 679 in comparison group.	Results of outcome evaluation: 1. Statistically significant differences were observed between participants' level of anxiety before and after the program. 2. No significant difference was found between participants and comparison groups on children's sense of social support from a "special person" and family. Furthermore, no significant results of program on children's sense of social support from neighbors.
Sierra Leone: Child Soldiers	Displaced Children and Orphans Fund (DCOF): evaluation of progress of UNICEF's and IRC's child demobilization and reintegration activities in Sierra Leone.	Williamson, J., & Cripe, L. (2002). Assessment of DCOF- Supported Child Demobilization and Reintegration Activities in Sierra Leone.	Qualitative Methods: Research	May, 2002		Community sensitization; demobilization, tracing and family mediation; family reunification; traditional cleansing ceremonies; and school/skills training (through the Community Education Investment Program and Complementary Rapid Education for Primary School program) of former combatants have contributed to successful family and community reintegration.

<p>Multiple Countries: Policy and Program Evaluation, UNHCR</p>	<p>Valid International: independent evaluation of UNHCR's policies, programs, projects, and practices on meeting the protection needs of refugees children.</p>	<p>Valid International (2002). Meeting the Rights and Protection Needs of Refugee Children: An Independent Evaluation of the Impact of UNHCR's Activities.</p>	<p>Qualitative Methods: Review of UNHCR's policies and existing guidelines through field missions to Bosnia and Herzegovina, Cote d'Ivoire, Serbia and Montenegro (including Kosovo), Guinea, Liberia, Pakistan, Sierra Leone, and Tanzania; focus groups with refugee children and adolescents; semi-structured interviews with UNHCR staff and key external stakeholders; and confidential field questionnaires to 62 UNHCR field operations.</p>	<p>March – July 2001</p>	<p>35 focus groups of more than 400 refugee children were conducted across the nine field operations. Participants were organized as groups of girls aged 12–15 and boys aged 14–17. Participants represented separated children, those in and out-of-school, among others. Additional focus groups were held with adults.</p>	<ol style="list-style-type: none"> 1. Social protection is a key component of protection, not simply physical or legal protection; the harmonization of activities is recommended for UNHCR. 2. A community-based psychosocial approach would support social structures to monitor the protection needs of refugee children and initiate rehabilitative activities such as emergency education and family reunification. 3. The People-Oriented Analytical Framework is an effective way to mobilize communities. The framework includes population profile (community mechanisms etc.) and context analysis; activities analysis; and resource analysis.
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Academic Research and Analyses

<p>Multiple Countries: General Conflict</p>	<p>Humanitarian Practice Network: analysis of impact of conflict on education, intersections in education and protection of children.</p>	<p>Nicolai, S. & Triplehorn C. (2003). The Role of Education in Protecting Children in Conflict, Humanitarian Practice Network 42. Overseas Development Institute. London.</p>	<p>Analysis</p>			<p>Education can be protective (physical, psychosocial, cognitive) since it can provide a venue of expression through play and cultural activities, facilitate social integration of vulnerable children such as separated children and former child soldiers, and support social networks and community interaction, among numerous other possibilities..</p>
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Methodology, Evaluation Methods	Refugees Studies Centre: pilot of methods for the evaluation of psychosocial programs in Sri Lanka.	Armstrong, M., Boyden, J., et. al. (2004). Piloting Methods for the Evaluation of Psychosocial Programme Impact in Eastern Sri Lanka. Final Report for USAID. Refugee Studies Centre, University of Oxford.	Analysis and theoretical constructs: Framework used comprises of social ecology (social relationships), human capacity and material environment. Participatory M&E methods examine children's functioning (emotional status, feelings, among others), environmental opportunities and constraints (risks and resources). Qualitative methods: Semi-structured focus groups and informal discussions for children post-intervention.	April 2003 – January 2004	Children in Batticaloa, Sri Lanka, above 10 to 16 years of age.	Report includes: 1. the different approaches to M&E; operational principles; and conceptual and practical issues to their employment. 2. results from various individual methods (risk and resource maps, timelines, spider diagrams, problem trees, "What matters", social mapping, Social networking activities, and body maps)
Methodology, Social Capital	Research to link social capital and health.	Hapham, T., Grant, E., & Thomas, E. (2002). Measuring Social Capital within Health Surveys: Key Issues. Health Policy and Planning, 17(1), 106-111. Oxford University Press.	Literature review and analysis of latest theoretical developments in quantifying social capital (defined to include participation, connections, security, trust, norms, et al).		Medical research on measuring social capital within health surveys.	A comprehensive approach that captures concepts of cognitive, structural, bonding and bridging social capital is recommended in measuring social capital within health surveys.

Appendix C: Culture and Values Matrix

Location and Type of Crisis	Agency and Focus of Assessment/Evaluation	Reference Document	Methodology Employed	Dates	Sample Age and Size	Major Finding
Assessments						
Afghanistan: Armed Conflict	Save the Children-USA and UNICEF: assessment of children's psychosocial well-being and development.	De Berry, J., Fazili, A., Farhad, S., et al. (2003). The Children of Kabul: Discussions with Afghan Families. Save the Children USA and UNICEF.	Qualitative methods: focus group discussions and participatory activities with children and families.	August – September 2001; January – June 2002.	Focus group discussions with 437 children and adolescents, ages 7–18; discussions with 215 parents and grandparents.	<ol style="list-style-type: none"> 1. Children want emotional and social development. 2. Children require positive and supportive contexts and relationships. 3. Threats to children are environmental, economic, political, relational and personal. 4. Children have strengths and resources to help them cope with challenges. Religion, beliefs, spirituality are key sources of resilience.
Lao PDR: UXOs	Handicap International (Belgium), Lao Youth Union and UNICEF: assessment of the psychosocial state of child UXO survivors.	Handicap International, UNICEF, Lao Youth Union. (2004). Life after the Bomb: a Psychosocial Study of Child Survivors of UXO accidents in Lao PDR. Vientiane: Handicap International, Lao Youth Union, UNICEF.	Quantitative methods: questionnaire and surveys. Qualitative methods: focus group discussions with children; semi-structured interviews with children and families.	2004	168 child survivors in 23 districts; 158 parents. Other informants include school teachers, doctors, traditional healers, and development workers.	<ol style="list-style-type: none"> 1. Many children and families use traditional healing ceremonies to care for child survivors of UXO accidents. 2. Traditional healing practices have an important role in children's recovery process. 3. Such healing practices are not limited to the treatment of physical injury and pain, but they also address emotional suffering.

Sudan (Darfur): Armed Conflict	War Child Holland and War Child Canada: assessment of the psychosocial well-being of IDP youth.	War Child Holland & War Child Canada (2005). Living in an Open Prison. War Child Holland.	Qualitative methods: questionnaires, focus group discussions, semi-structured interviews, participatory activities with children; interviews with other “key informants”.	January – February 2005	Focus group discussions held with 210 youth from 4 IDP camps; semi-structured interviews conducted with 20 youth.	<ol style="list-style-type: none"> 1. Family and community separation, and harsh living conditions negatively affect the traditions of IDP youth. 2. Youth played a major role in facilitating traditional customs in the village and are unable to continue this due to lack of time, opportunity and security. 3. Youth would like to resume their role in traditional religious ceremonies and other customs in order to maintain a sense of identity and belonging. This has a major impact on their well-being.
Evaluations						
Afghanistan: Armed Conflict	Christian Children’s Fund: evaluation of CCF’s emergency response program (Child-Centered Spaces)	Snider, L., & Triplehorn, C. (2003). Children in Conflict: Afghanistan. Assessment of CCF’s Emergency Entry Program into Afghanistan: Its Impact on Child Well-Being and Protection. Christian Children’s Fund.	Qualitative methods: individual and group interviews with CCF staff, children, parents and teachers. Reviewed records and data.	2003		<ol style="list-style-type: none"> 1. CCF activities facilitated the normalization of social life for children, including transmission of social values and expectations, and a move away from the culture of war and violence. 2. Communities reported positive change in children’s behavior and a decrease in war games played by children in favor of other activities.

Afghanistan: Armed Conflict	Christian Children's Fund, Oxford University, Queen Margaret's University College: evaluation to 1) determine the efficacy of a community-based psychosocial program; and to 2) develop and field-test measures of psychosocial well-being and child protection that use qualitative and quantitative approaches.	Christian Children's Fund, Oxford University, Queen Margaret University College. (2005). <i>Assessing Afghan Children's Psychosocial Well-Being: a Multi-Modal Study of Intervention Outcomes</i> : Final report submitted to the Psychosocial Working Group Secretariat.	Quantitative Methods: questionnaires with sub-scales on feelings, social relations, and coping strategies. Data analyzed via RUMM, AMOS, and others. Qualitative Methods: comparison of psychosocial, wat/san, and psychosocial-wat/san interventions through focus group discussions, semi-structured interviews, Participatory Rural Appraisal; children's activity sessions; participant observation; and home visits.	August 2003 – December 2004	Quantitative research: Questionnaires administered to 267 children between 8 and 14 years of age, and to 145 adults in 7 villages. After 9 months, 224 children in six villages again responded to questionnaires. Sub-study on coping convened groups aged 7–13 years, 14–18 years, and adults (>21 years of age). Qualitative research: Participants included both children and adults.	<ol style="list-style-type: none"> 1. CFA activities resulted in discernable improvements in children's psychosocial well-being. 2. Religious resources are an important influence on children's well-being and healthy development. 3. Afghan children derive much support from their Islamic faith and pre-Islamic spiritual practices.
Angola: Armed Conflict and DDR	Mike Wessells and Carlinda Monteiro: evaluation of Christian Children's Fund's Psychosocial Training and Child Soldier Reintegration Projects	Wessells, M. G., & Monteiro, C. (2004). <i>Healing the wounds following protracted conflict in Angola: A community-based approach to assisting war-affected children</i> . In U. P. Gielen, J. Fish, & J. G. Draguns (Eds.), <i>Handbook of culture, therapy, and healing</i> (pp. 321-341). Mahwah, NJ: Erlbaum	Qualitative methods: focus group discussions with community leaders, parents, trainees and children	1995		<ol style="list-style-type: none"> 1. Training and supportive activities had positive impacts on war-affected children. 2. DDR activities successfully facilitated re-entry and social reintegration of former soldiers. Successful reintegration activities include cultural and religious healing practices which restore youth to their communities. 3. Psychosocial assistance must be grounded in cultural beliefs and practices.

Mozambique: Armed Conflict and DDR	Neil Boothby: evaluation of Save the Children's Children and War Program (rehabilitation for former child soldiers)	Boothby, N. (2006). Mozambique Child Soldier Life Outcome Study: Lessons Learned in Rehabilitation and Reintegration Efforts. Global Public Health: An International Journal for Research, Policy and Practice. Routledge.	Qualitative: interviews with former child soldiers; focus group discussions with families, community members and leaders; free listing exercise	2003-2004	39 former child soldiers, now adult men	1. Most former child soldiers have become productive members of their communities. 2. Spiritual and religious beliefs and practices played a central role in their rehabilitation and resiliency. Traditional cleansing ceremonies helped many former child soldiers return to civilian life.
Academic Research and Analyses						
Mozambique: Armed Conflict and DDR	Alcinda Honwana's study with CCF, "The Impact of Traditional Healing Practices in the Social Reintegration of War-Affected Children"	Honwana, A. (1998). Okusiakala Ondalo Yokalye. Let us Light a New Fire: Local Knowledge in the Post-War Healing and Reintegration of War- Affected Children in Angola. Christian Children's Fund.	Qualitative methods: interviews and meetings with communities, local chiefs, traditional healers and religious leaders; life history interviews with children-affected by war and former child soldiers.	August 1997 – February 1998	Former child soldiers and children affected by armed conflict.	1. Performance of traditional cleansing and healing rituals plays a significant role in helping war-affected children deal with their experiences and former child soldiers reintegrate into their communities. 2. Such rituals must be complimented by jobs and skills training as well as poverty alleviation schemes in order to give youth hope for the future. 3. A vast amount of local knowledge and expertise of how to assist children affected by war exists in Angolan culture. Aid and relief agencies must draw upon this in order to effectively support war-affected children.

Mozambique: Armed Conflict	Andy Dawes and Alcinda Honwana's research on children, culture and mental health	Dawes, A. & Honwana, A. (1996). <i>Children, Culture and Mental Health: Interventions in Conditions of War: Keynote Address at Rebuilding Hope: Congress on Children, War and Persecution.</i>	Analysis of modern psychological discourse and "other" cosmologies; the cultural basis of health, illness and healing; the cultural construction of children's suffering and healing in Mozambique; and different meanings of childhood.	1996		<ol style="list-style-type: none"> 1. Interventions with children from communities who do not share similar constructions of "childhood," "illness" and "healing" must deal with the diversity of the notions if children are not to become victims of the ideological differences of those who seek to care for them. 2. This requires participation of local communities and recognition of the impact that the "outside expert" has. 3. Healing systems are determined by culture, and western models may not suit children's needs. An eco-cultural orientation is required.
Mozambique and Angola: Armed Conflict	Alcinda Honwana's research on non-Western concepts of mental health.	Honwana, A. (2001) <i>Discussion Guide 4: Non-Western Concepts of Mental Health. From the Refugee Experience-Psychosocial Training Module.</i> Oxford: Refugee Studies Centre.	Analysis of mental health as a social and cultural construction; PTSD; notions of health and illness in Mozambique and Angola; spiritual agencies' role in health and healing; war and burial rituals; social pollution; cleansing and purification rituals.			<ol style="list-style-type: none"> 1. Families, chiefs, traditional healers and communities are already beginning to heal the wounds of war in children. Interventions should be a process of support and collaboration with these actors. 2. There are various systems of knowledge about mental health that exist throughout the world, many of which are complimentary. A pluralistic approach that brings them together may be the most appropriate course of action. 3. The challenge for mental health practitioners and other aid experts is to be able to understand and develop interventions around this diversity.

Multiple Countries: Violent Trauma in children affected by war and street children	James Garabino's review of research and theory on the intersection of the developmental psychology of trauma and spirituality.	Garabino, J. & Bedard, C. (1996). <i>Spiritual Challenges to Children Facing Violent Trauma</i> . <i>Childhood</i> , vol 3: 467-477. Sage Publications: London.	Analysis of religion, spirituality and the psychology of trauma; trauma as a negative religious experience; spiritual elements of trauma in children and youth.	1996	Formal and informal research and fieldwork with children affected by war, violent youth and street children.	<ol style="list-style-type: none"> 1. Traumatization functions as a kind of reverse religious experience, a process that threatens "meaning" for children. 2. Practitioners must better understand the role of spirituality in the traumatization and healing of children. 3. Interventions with children in crisis should explore innovative/alternative strategies for accessing spiritual resources in affected children.
Multiple Countries: Armed Conflict	Michael Wessells and Alison Strang's research on the impact of religion on children in situations of armed conflict.	Strang, A. & Wessells, M. (2006). <i>Religion as Resource and Risk: the Double-Edged Sword for Children in Situations of Armed Conflict</i> .	Analysis of the relationship between religion and children's well-being; religion as a source of coping and protection for children affected by armed conflict; religion as a source of harm and damage; implications for humanitarian practice.	2006		<ol style="list-style-type: none"> 1. Religion supports children, advancing their spiritual life and coping under difficult circumstances. 2. Religion can also cause harm to children through, for example, supporting warrior identities and youth participation in organized violence. 3. Given the importance of religious and spiritual beliefs, practices and networks for children, psychosocial assistance for those in situations of conflict should map, support and build upon those resources already present. 4. Humanitarians have an obligation to support local resources. Local spiritual leaders should be consulted regarding how to support children's well-being, and space must be made for children to practice traditional ceremonies and rituals.

Appendix D: Validated Assessment Instruments

1. Post Traumatic Stress Disorder

PTSD is an anxiety disorder that can occur after exposure to traumatic stress. Symptoms of PTSD are believed to be among the most common types of psychological distress observed in children after disasters. The DSM-IV diagnostic criteria for PTSD were originally designed for adults, and then adapted for children.

- **UCLA PTSD Reaction Index for DSMIV (UCLA PTSD-RI)**

This is one of the most widely used measures in childhood PTSD assessment and evaluation. It is a three part scale for assessing post-traumatic symptoms and PTSD in children ages 6-17 after exposure to a broad range of traumatic events. It is designed to be administered by someone with at least graduate level training under the supervision of a Master's level clinician, but also has been administered as a self-report scale for children ages 8 and older. The test takes about 30 minutes to administer. It has been used in different disaster settings, and is available several languages. Cross-cultural validation data, however, has not been published.

- **Harvard Trauma Questionnaire (HTQ)**

The HTQ is a culturally validated instrument designed to measure war and disaster trauma and torture events. While not designed for children, it has been used with adolescents as young as age 14 and a modified version has been developed for children ages 12-13. The HTQ consists of four sections which can be administered in about one hour. It has been translated and validated in several languages, including Bosnian, Croatian, Cambodian, Japanese, Laotian, and Vietnamese. The results of validity studies in three Southeast Asian countries were positive.

- **Impact of Event Scale-Revised (IES-R)**

The IES-R is a widely used instrument in adult PTSD research. It consists of 22 items which measure symptoms of intrusion, avoidance and arousal and takes about 15 minutes to administer and score. The IES-R has not been modified to assess specific manifestations of child and adolescent traumatic responses. A new developmentally appropriate test based in the IES-R, the Children's Reaction to Traumatic Events Scale, has been developed. It is a 15 item self-report scale designed for children 8-12. Initial validation studies are somewhat positive.

- **Posttraumatic Stress Symptoms in Children (PTSS-C)**

The PTSS-C is a new instrument developed for identifying pediatric post-traumatic symptoms in disaster contexts. It has been used on samples of children ages 6-18, takes about 30 minutes to administer, and consists of 30 yes/no items. The first 17 questions are based on DSMIV criteria for PTSD. Limited validity is available.

- **Child PTSD Symptom Scale (CPSS)**

The CPSS is a self-report scale that assesses the DSMIV defined symptoms for PTSD and functionally impairment related to PTSD, in a format and language that are age developmentally appropriate for children and adolescents ages 8-18. It consists of 17

questions that assess the frequency of symptoms of PTSD in the previous month, and seven additional questions that assess daily functioning (i.e. school performance, relationships with friends). The test takes about 15 minutes to administer and score. Preliminary validation data for the CPSS is relatively positive.

- **Trauma Symptom Checklist for Children (TSCC)**

The TSCC is a self-report scale that assesses distress and post-traumatic symptoms after acute or chronic trauma in children 7-16. It has been used to assess children's response to sexual abuse. It has not been used in disaster contexts. The scale consists of 54 items related to anxiety, depression, anger, post-traumatic stress, dissociation, and sexual concerns. It takes about 20 minutes to administer. Validity data is adequate.

2. Depression

Depression is believed to be one of the most common responses to stress and trauma. Depression disorders in children and adolescents have been linked to long-term effects on functioning and adjustment, including increased risk for illness and interpersonal and psychosocial difficulties that can persist long after the depressive episode is resolved. Depression in children and adolescents is also associated with an increased risk of suicidal behaviors and in adolescents there is also an increased risk for substance abuse.

- **Children's Depression Inventory (CDI)**

The CDI is the most widely-used self-rating scale for depression in children in western countries. It is a self-report, symptom-oriented scale with first-grade reading level, designed to measure depressive symptom severity in children and adolescents, ages 7-17. The CDI consist of 27 items, and takes about 10 minutes to administer. Parent and teacher versions are available, as well as a 10-item CDI Short Form developed to provide quick assessment of child or adolescent depressive symptoms. Validity data is relatively positive, with better results when the test was re-administered within two weeks.

- **Hopkins Symptom Checklist-25 (HSCL-25)**

The HSCL-25 is a widely used screening instrument which measures symptoms of anxiety and depression in adolescents and adults, and has been used in disaster contexts. Part I has 10 items for anxiety symptoms; Part II has 15 items for depressive symptoms. Cambodian, Laotian and Vietnamese version of the HSCL-25 has been validated, with reasonably good results.

3. Anxiety

Anxiety disorders are believed to be common among children and adolescents. It is thus important that assessment tools be able to distinguish between transient anxiety and more serious anxiety symptoms. There is some evidence that pre-existing anxiety disorders are high risk factors for developing post-disaster PTSD symptoms, so assessments should ideally include items to differentiate pre-existing anxiety disorders from post-disaster symptoms.

- **Revised Children’s Manifest Anxiety Scale (RCMAS)**

This “what I think and Feel” scale is the most widely (western countries) used scale for childhood anxiety. It consists of 37 yes/not items for use with children 1-19. It takes about 10 minutes to administer and yields an overall general anxiety score as well as sub-scores for worry, psychological anxiety, social concerns, and concentration. Validation data is somewhat positive. A limitation is that it is based on older models of anxiety and the symptoms it assesses do not entirely match DSMIV symptoms for anxiety disorders.

- **Fear Survey Schedule for Children (FSSC)**

The FSSC is designed to provide quantitative information about children’s reactions to a variety of possible sources of maladaptive emotional reactions, with a particular focus on fears and phobias. It consists of 108 items for children ages 9-12. It takes about 30 minutes to administer and score. The FSSC has been translated into other languages and has been shown to be useful in differentiating among anxiety disorders in children and the relationship between fears to anxiety and depression.

- **State and Trait Anxiety Inventory for Children (STA-C)**

The STA-C, also called the “How I Feel Questionnaire,” consists of two, 20 item scales each relating to symptoms of anxiety. A limitation of the STA-C is that it does not cover all of the DSMIV anxiety symptoms, and some of these assumptions have been challenged in literature discussions.

- **Multidimensional Anxiety Scale for Children (MASC)**

The MASC consists of 39 items scored on a 4-point likert scale. It is designed for children ages 8-19, takes about 15 minutes to administer, and is becoming one of the preferred anxiety assessment tools in North America. A parent-form is also available. The MASC has not been used in disaster settings, but would seem to be appropriate for such settings. Results are divided into four scales: physical symptoms, social anxiety; harm avoidance; and separation/panic. It assesses all the DSMIV symptoms of anxiety, rather than an underlying anxiety construct. Validity results are relatively positive.

4. Behavioral Disorders

It is believed that exposure to traumatic events may result in a range of disruptive behaviors and behavioral disorders in children and adolescents. Since children are not always objective reporters of their own behavior, and assessing adult perceptions of child and adolescent disruptive behaviors is thus important.

- **Pediatric Emotion Distress Scale (PEDS)**

The PED is a post-traumatic parent report scale that measures post-traumatic behavioral problems in children ages 2-10. The 21 item parent-report rating scale includes general behavior items such as “seems worried,” “has bad dreams,” “complains about aches and pains, ” as well as trauma-specific items. The PEDS yields three factors: anxiety/withdrawn, fearful, and acting out. It is one of the only assessment instruments for very young children.

- **Revised Behavioral Problem Checklist (RBCP)**

The RBPC is used to rate problem behaviors observed in adolescents and children. It consists of 89 items that teachers or parents mark as present or absent in a child or adolescent. It takes about 20 minutes to administer, and is designed for children ages 5-18. It produces an overall score and six sub-scales which measure: conduct disorder; socialized aggression; attention problems; anxiety-withdrawal; psychotic behavior; and, motor tension excess.

- **Child Behavioral Checklist (CBCL)**

The CBCL is used widely in western countries to assess general behavior of children and adolescents. It has been translated into other languages. Several other CBCL forms have been developed as family assessment instruments. The most common version, the CBCL-6-18, can be used by parents of children and adolescents ages 6-18. Parents rate their children on how true 118 items describing behavioral and emotional problems are for the child now or within the past 6 months. The CBCL-6-18 yields a total score for behavioral problems as well as sub-scores for internalizing and externalizing problems, social competence and school competency.

Discussion

When conducting assessments in emergency settings, there is not a single “best” instrument. A potential battery of assessment tools could include:

- A 15 item questionnaire designed to assess levels of exposure to stressors associated with particular types of disasters (i.e. war, natural disaster, etc).
- The 20 item Child PTSD Self-Rating Scale for assessing symptoms of PTSD
- The 27 item Children’s Depression Inventory
- The 26 item Multidimensional Anxiety Scale for Children for assessing symptoms of anxiety.
- The 17 item Pediatric Emotional Distress Scale administered to children’s parents or primary caregivers to independently assess trauma-related behavior.
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Together, these instruments would form a battery of about 90 questions for children that could be administered in about one hour, the results of which could provide data to help to direct resources and design psychosocial programs.