

An evaluation of the Kakuma Emotional Wellbeing Interview (KEWI)

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The success of interventions to address psychosocial issues depends on effectively identifying areas in which assistance is needed, and measuring whether the intervention is providing that assistance. This study evaluates one attempt to develop a locally meaningful assessment of emotional wellbeing (the Kakuma Emotional Wellbeing Interview or KEWI) using both quantitative and qualitative methods. The KEWI was found to have good reliability and validity according to a quantitative study, but a qualitative study highlighted some challenges. The findings of this research illustrate the importance of basing an assessment of psychosocial wellbeing on the aspects of people's lives that are particularly salient to that population, and of finding a way of taking into account the circumstances in which people are actually living. If useful and accurate information is to be obtained, there is a need for real community involvement in the planning and construction of an assessment tool, as well as in the decision-making process regarding how the assessment information is to be used. In addition, a good understanding of the norms and expectations of the population in which the instrument is to be used is necessary, both for the construction of the instrument and the interpretation of results.

Keywords: emotional wellbeing, assessment, evaluation, refugees, Kakuma

Introduction

Kakuma Refugee Camp is located in north western Kenya, 100 kilometres from the

Sudanese border. The camp was originally established for 12000 Sudanese minors who arrived in 1992. Since that time they have been joined by refugees from other nationalities, as well as thousands more Sudanese. The camp now includes refugees from Somalia, Ethiopia, Congo, Burundi, Rwanda and Uganda. Some have been resettled to third countries, such as the US, Australia and Canada, but many have been living in Kakuma for more than 10 years. Since 2006, large numbers of Sudanese refugees have returned home. However, many, especially the women and children, are not yet ready to leave Kakuma. At the time of this study (June 2008), the official population of Kakuma was 55 049.

The opportunities for refugees in Kakuma to improve their lives are limited. Kenyan government policy dictates that refugees must stay in one of two camps (Kakuma or Dadaab) in order to receive assistance. In Kakuma, refugees are not allowed to keep animals, since this is likely to increase conflict between the refugees and the local Turkana people. The semi-arid environment is not conducive to growing crops. It is possible for refugees to start small businesses, if the capital is available (either through a loan from an agency or money sent by family abroad). However, the market is finite because Kakuma is in a very isolated area and the majority of customers are other refugees, a small number of agency staff,

and local Kenyans. All nongovernmental organisations (NGOs) in the camp 'employ' refugees. However, due to Kenyan laws prohibiting employment of refugees unless they have the required work permits, they are engaged on a voluntary basis and then paid an 'incentive,' which is far lower than a wage would be for a Kenyan in an equivalent job.

Refugees living in Kakuma have to cope with many difficulties, not least of which is the lack of constructive activity, the lack of options available and the uncertainty of their futures. These circumstances often lead to complex social problems. For this reason, the Jesuit Refugee Service (JRS)¹ established a community counselling programme, where refugees are trained in basic counselling skills. Around 40 of those trained are employed by JRS to provide counselling/emotional support to those in their communities experiencing psychological or emotional distress.² While counsellors normally work with individual clients, they do so within the context of the client's family (if they have one in Kakuma) and community. It is a key aspect of their work to facilitate a client's links with their families and/or communities.

The programmes' goal is to improve the psychosocial wellbeing of refugees in Kakuma who are finding it difficult to cope with experiencing a high level of emotional distress. Within this context, improved psychosocial wellbeing is understood as:

- A decrease in the client's reported level of distress;
- An increased ability to carry out day-to-day tasks and function as a member of a family and/or community;
- An increased ability to take action to improve their situation, where possible;

- An increased ability to cope with aspects of their situation they cannot change.³

The need for an assessment instrument

In order to provide a way of assessing the progress made by individual clients, an instrument to assess the emotional wellbeing of the clients in the JRS community counselling service was needed. The JRS counsellors varied greatly in their skills and experience, and some form of structured assessment instrument would help them to both assess the issues affecting new clients in a systematic way; and to monitor the progress of their clients over time as they worked with them. The primary purposes of the assessment instrument would be:

- To provide a simple way of monitoring the progress of individual clients (for the use of counsellors and their supervisors);
- To facilitate the management of the JRS community counselling programme (for JRS management staff in Kakuma).

Although the instrument would have other potential uses (evaluation of the programme, wider assessment of the emotional wellbeing of refugees in Kakuma, etc.), these were not the primary goals.

The development of an assessment instrument in Kakuma

In the Kakuma context, it was not possible to identify an appropriate instrument that was known to be valid and reliable in that setting. Therefore, the development of a local instrument, meaningful to the local population, was appropriate. The aims of the assessment instrument were related to the aims of the JRS community counselling programme, referred to earlier. It was intended that the instrument would measure:

1. emotional distress, and
2. the ability to carry out day-to-day tasks expected of a man/woman within that community.

The instrument was developed using the freelisting procedure described by Paul Bolton and his colleagues (Wilk & Bolton, 2002). Freelisting involves asking respondents one or more standardised questions designed to generate a list (see below for examples). The interviewer encourages the respondent to list as many issues as possible, then goes through each issue listed and asks the respondent to provide a brief description of each. Fifty-two refugees from seven nationalities (25 male, 27 female) were asked the following questions:

1. What are the main psychological or emotional problems that affect people in Kakuma?
2. What are the main tasks or duties a man/woman must perform regularly to care for themselves? For their families? For their community?

They were also asked to identify people in their community who are often consulted about emotional and psychological problems. Thirty-two of these key informants (26 male, 6 female) were approached and asked; when people come to you to talk about their psychological or emotional problems:

1. What are the main bad feelings they are having?
2. How do they behave?
3. What do they tell you about what they are thinking?
4. What are the most common causes of their bad feelings?
5. What kind of things do you find help people to feel better?

The main emotional/psychological problems affecting refugees in Kakuma were identified by combining the community members' and key informants' responses. Thirty-nine problems were identified, and 30 questions were developed to assess these problems. This formed the *'emotions'* part of the assessment instrument.

The second part of the instrument to be developed was an assessment of function. Freelisting participants identified 46 main female tasks and 43 main male tasks. A pile sort task was carried out with 27 refugees to identify those tasks which were essential for men and woman to carry out. Participants were given cards with a task written on each, and asked to sort the cards into three piles: (1) those which men/ women in their community must carry out; (2) those which they are expected to carry out but it is not essential; (3) and those which they can carry out or not, as they choose. This exercise resulted in the selection of 13 key tasks for women, and 13 for men.

The initial version of the assessment instrument was tested by the JRS community counsellors with 201 of their existing clients. All nationalities living in the camp were represented in this group. Following analysis of the pilot test data, the *'emotions'* section of the assessment tool was reduced to 20 items, and the *'function'* section reduced to 10 items for men, and 10 items for women (see Horn, 2008, for a full description of the development process).

The *'function'* section is gender specific and the respondent is asked to rate the amount of difficulty they have completing each task, compared to another man or woman of their age. If the respondent indicates any difficulty carrying out a particular task, they are then asked to describe the cause of that difficulty. The final version of the instrument is referred to as the Kakuma Emotional

Wellbeing Interview (KEWI). This paper describes the evaluation of the KEWI using both quantitative and qualitative methods.

Method

The evaluation study was conducted within three communities in Kakuma:

1. *Ethiopian*
2. *Acholi* (which includes refugees registered as Sudanese and others registered as Ugandan, but forms a single community within the camp)
3. *Congolese, Rwandese and Burundi* (each of the three communities lives separately, and has their own leadership and community structures, but each community is very small. They are located in the same area of the camp, and French is a common language across all three communities. The Congolese and Rwandese interviewers who assisted with this research suggested that they could be combined; and further discussions with relevant individuals confirmed that this would be appropriate. This group will be referred to as the 'Great Lakes' community throughout this report).

The research team consisted of the main investigator, plus nine refugee researchers; three from the Ethiopian community (two male, one female); three from the Acholi community (one male, two female); two from the Great Lakes communities (one Congolese male, and one Rwandese male); and one Sudanese Dinka male. All nine researchers were experienced members of the JRS community counselling team, had good reputations and good relationships within their communities.

Most of the researchers had participated in previous training in qualitative research methods, and had conducted research

interviews during the development of the KEWI two years earlier. They had also been involved in the pilot study of the KEWI, so were familiar with its structure and function. They participated in further training on conducting the specific interview for the current study. The evaluation consisted of a qualitative and a quantitative component. Each will be described separately below.

Quantitative study

Selection and categorisation of participants

Following Bolton and his colleagues (Bolton, Bass, Betancourt, Speelman, Onyango, Clougherty et al., 2007; Bolton, Neugebauer & Ndogoni, 2004), the criterion validity of the KEWI was assessed using local input. Key informants from each of the three communities were asked to give the names of people who, in their opinion, were experiencing psychological or emotional problems. They were also asked to give the names of people they believed were not experiencing such problems. These lists were then combined for each community. This process resulted in 108 participants being identified in the Great Lakes communities (63 with emotional problems and 45 without); 85 in the Acholi community (44 with emotional problems and 41 without); and 92 in the Ethiopian community (44 with emotional problems and 48 without).

In order to confirm the categorisation of participants into those with and without emotional problems, the lists of names (without any indication of who had been identified as having emotional problems) were given to further key informants, who were then asked to consider each person on the list and state whether, in their opinion, that person had emotional problems, did not have emotional problems, or whether the person and/or their emotional state was not

known to them. The concept of *emotional problems* was described to key informants from all groups as; *'people who you know suffer from very bad thoughts or feelings. They might feel very sad, frightened, angry, or have other negative feelings for most of the time'*. All key informants were members of the target communities who were also employed by NGOs, so in addition to knowing their communities well, they were also bound by their organisational code of conduct regarding confidentiality. Inconsistencies were identified between key informants' assessments of the emotional states of 23 individuals. The interview data relating to these individuals were, therefore, removed from the part of the analysis which included this variable, but were included in the remainder of the analysis.

Materials

An explanation of the study was developed by the research team, to provide enough information for potential participants to decide whether they wished to take part. This included the purpose of the study, what would be involved in participating, and the outcomes for participants (including the fact that they would not benefit personally from participating, or be disadvantaged by choosing not to participate).

Each research team (Acholi, Ethiopian and Great Lakes) translated the KEWI, and the explanation of the study, into their own language (Acholi, Amharic and French, respectively). The translated interviews were then back-translated by someone unfamiliar with the original. The research team then met with the main investigator to compare the back-translated version with the original English version, and to resolve any discrepancies.

In addition to the translated interview schedule, interviewers were given a list of

names of potential participants in their communities, without any indication of whether each person had been identified as having emotional problems, or not.

Procedure

Once interviewers located a potential participant, they would explain the purpose and nature of the interview, and if the person was willing to participate, the interviewer either conducted the interview immediately, or arranged to conduct the interview at another time.

At the end of each day the main investigator entered the completed interview data into an Excel spreadsheet. If any discrepancies or omissions were found, the interview schedule was returned to the interviewer the following day, for the missing information to be completed.

Once the interviews had been completed, the main investigator randomly selected 10% of the participants interviewed by each interviewer, and allocated them to another interviewer from the same team. This person then re-interviewed the participant, as a reliability check.

Qualitative information

Description of participants

Two semi-structured discussions were conducted: one with the JRS community counselling a focal person, who was also one of the researchers; and one with the whole group of research interviewers. Both discussions took place after the interviewing process had been completed.

Procedure

The discussions focused on the experiences of conducting the interviews (e.g. how people reacted when approached; the questions/concerns people had about the research; whether there were there any

questions that made people feel uncomfortable). The discussions were facilitated and recorded by the main investigator. They were later transcribed.

Results

Quantitative study

Description of participants A total of 203 refugees were interviewed, 110 (54,2%) of whom were male and 93 (45,8%) were female. The ages of participants ranged from 16 to 64 years (mean = 33,88, SD = 9,26), and they had stayed in Kakuma for between one and 18 years (mean = 9,40, SD = 5,04). Of the 203 refugees interviewed, 90 were identified by key informants as having emotional problems; 90 were identified as not having emotional problems; and 23 could not be classified due to lack of agreement between key informants.

The sample consisted of refugees from all three communities: Ethiopian (65, 32%); Acholi (61, 30%); and Great Lakes (77, 38%). The Ethiopian sample included 64 Ethiopians and one Eritrean; the Acholi sample included 28 Sudanese and 33 Ugandans; and the Great Lakes sample included 19 Burundians, 26 Congolese and 32 Rwandese. The characteristics of each group are described in Table 1.

Internal reliability

Emotions section The internal reliability of the 'emotions' section of the interview was high (Cronbach's alpha = 0,934). Table 2 shows the item analyses for this section of the interview (six cases were excluded due to missing data). Scores for each item can range from 0 (not at all) to 3 (extremely).

Function section

The internal reliability of the 'function' section of the interview was calculated for only those participants for whom all items were applicable.⁴ For the male version of the interview (n = 41), Cronbach's alpha = 0,87; and for the female version (n = 71), Cronbach's alpha = 0,80. Table 3 shows the item analysis for this section of the interview. Scores for each item can range from 1 (no difficulty) to 5 (often unable to do the task).

A serious problem with this scale is that a number of items did not apply to a large proportion of the sample, particularly the men. Table 3 shows that four of the 10 items in the male version of the function scale were not applicable to a large proportion of the sample. These items relate to a man's responsibilities within his family, with two relating specifically to his role in relation to

Table 1. Characteristics of the three communities

Nationality	Ethiopian	Acholi	Great Lakes
<i>Emotional problems</i>			
Yes	27	24	39
No	38	24	28
Unknown	0	13	10
<i>Gender</i>			
Male	50	25	35
Female	15	36	42
Age: Mean (SD)	37,38 (7,72)	30,02 (9,29)	33,99 (9,33)
Years in Kakuma:	13,74 (4,32)	7,54 (4,42)	7,13 (3,50)

Table 2. Item analysis for 'emotions' questions

<i>Item</i>	Alpha if item			
	deleted	Mean	STD	n
1. I am easily annoyed or irritated	0,933	1,55	1,08	197
2. There are times when I suddenly become angry and cannot control myself	0,933	1,52	1,16	197
3. I feel I have nothing to look forward to	0,930	1,38	1,19	197
4. I feel there is nothing I can do to improve my life	0,931	1,20	1,25	197
5. I think a lot about bad things that happened in the past	0,934	1,97	1,05	197
6. I think a lot about my current problems	0,933	2,21	0,97	197
7. I think a lot about the future and whether things will ever improve	0,934	2,12	0,96	197
8. I find it difficult to fall asleep or to stay asleep	0,930	1,64	1,14	197
9. I cannot relax	0,930	1,35	1,18	197
10. I feel afraid	0,931	1,43	1,20	197
11. I feel lonely	0,932	1,38	1,25	197
12. I feel that others don't understand me	0,930	1,52	1,19	197
13. I prefer to be alone	0,933	0,86	1,12	197
14. I am sad all the time	0,929	1,28	1,19	197
15. I am too tired to do anything	0,934	0,97	1,15	197
16. I am so worried about my physical problems that I cannot think about anything else	0,932	0,89	1,17	197
17. I have trouble remembering things	0,935	1,18	1,01	197
18. I have more difficulty making decisions than before	0,932	1,42	1,13	197
19. I feel guilty all the time	0,935	0,84	1,05	197
20. I feel I am a complete failure as a person	0,930	1,11	1,25	197

Explanation: Alpha if item deleted indicates how the reliability of the scale would be affected by the removal of each item. Mean refers to the statistical mean, and STD refers to the standard deviation (measure of variance from the mean). Review of the correlation table (not shown) indicated high inter-item correlations between three sets of items: • (3) 'I feel I have nothing to look forward to' & (4) 'I feel there is nothing I can do to improve my life' ($r = 0,720$), • (8) 'I find it difficult to fall asleep or to stay asleep' & (9) 'I cannot relax' ($r = 0,725$) • (14) 'I am sad all the time' & (20) 'I feel I am a complete failure as a person' ($r = 0,647$). Three items have relatively low mean scores: item 13 ('I prefer to be alone'); item 16 ('I am so worried about my physical problems that I cannot think about anything else') and item 19 ('I feel guilty all the time'). Thinking about past, current and future problems have the highest mean scores.

his children. A considerable proportion of men in Kakuma are single, especially in the Ethiopian community. The two items relating to children (items 5 and 9) applied to less than half of the male participants. There were fewer females who said the items

relating to children and family did not apply to them.

Test-retest reliability

Twenty-three interviews were repeated by a different interviewer between 2 and 13 days

Table 3 Item analysis for 'function' questionss

<i>Item</i>	Alpha if item deleted	Mean	STD	n
Male (N = 110)				
1. Keeping yourself clean and tidy	0,857	1,36	0,84	110
2. Construct and maintain house and compound	0,844	1,56	0,95	108
3. Protect self and family	0,849	1,92	1,43	109
4. Provide basic needs for self and/ or family	0,844	1,99	1,32	108
5. Ensure children attend school	0,865	1,27	0,77	48
6. Work	0,863	1,43	1,07	107
7. Settle disputes in your family	0,871	1,34	0,83	62
8. Plan for development of your family	0,850	1,61	1,15	66
9. Guide and discipline your children	0,862	1,41	1,00	44
10. Respect rules & regulations governing community	0,857	1,23	0,81	110
Female (N = 93)				
1. Keeping yourself clean and tidy	0,780	1,54	0,93	93
2. Washing utensils	0,785	1,30	0,72	92
3. Cooking for self and/ or family	0,775	1,41	0,92	93
4. Taking care of your children	0,800	2,06	1,39	80
5. Sweeping/ cleaning house and surrounding environment	0,789	1,28	0,74	93
6. Washing clothes for self and/ or family	0,756	1,50	1,00	92
7. Fetching water	0,774	1,47	0,93	92
8. Managing own or family resources	0,777	1,54	1,11	87
9. Receiving visitors to the home	0,796	1,26	0,63	91
10. Teaching/ guiding your children	0,774	1,62	1,20	77
<i>Explanation:</i> 'Alpha if item deleted' indicates how the reliability of the scale would be affected by the removal of each item. 'Mean' refers to the statistical mean, and 'STD' refers to the standard deviation (measure of variance from the mean).				

after the first interview. The Pearson correlation coefficient (a measure of the strength of the association between the measures taken at the two time periods) for the *emotions* section of the interview was 0,847, and for the *function* section it was 0,837.

Construct validity

The construct validity of the emotions part of the KEWI was assessed using factor analysis with principal components

extraction and varimax rotation. A scree plot was used to determine the number of factors to extract (*Figure 1*).

Only one factor is above the elbow of the plot, suggesting that a single factor underlies much of the variation in responses. This factor accounted for 45% of the total variance of the 20 questions, compared with 6,7% for the next most significant factor. The analysis was then run again, specifying a single factor. The results of this analysis are shown in Table 4.

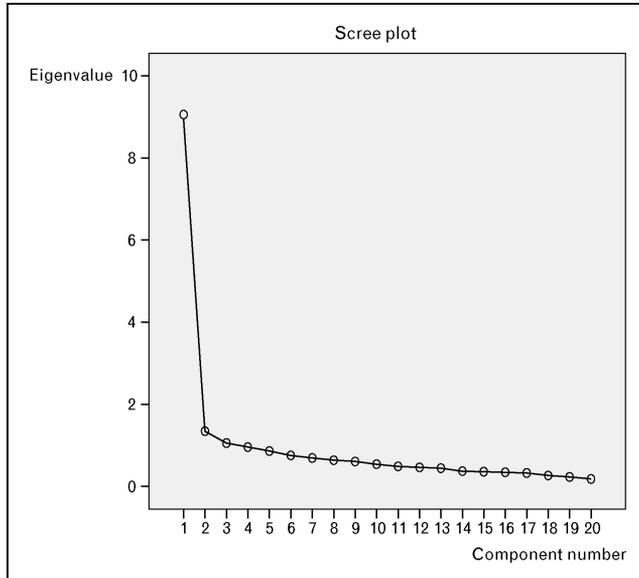


Figure 1: Scree plot of the emotions section of the KEWI with principal factor extraction.

Given the standard cut-off of 0,3 for adequate loading, all questions load onto this single factor. This indicates that the scale has acceptable construct validity.

Criterion validity

Blind interviews using the KEWI were conducted with 90 people identified by key informants as having emotional problems, and 90 were identified as not having such problems. Mean scores and standard deviations for the two groups are shown in Table 5. The analysis of the function part of the scale included only those participants to whom all items applied.

t-tests (a test to assess the significance of a difference between two scores) were conducted to compare the two groups' scores. Their scores on both the *emotions* part of the interview ($t(170) = -5,06$, $p < 0,001$), and the *function* part of the interview ($t(91) = -2,44$, $p = 0,02$) were found to be significantly different. Table 5 shows that in both cases, the mean score of those with

emotional problems is significantly higher than the score of those without.

Qualitative information

The interviewers expressed enthusiasm about the *emotions*' part of the instrument, because they found that the items reflected the concerns of those they interviewed. They said that some respondents expressed surprise that they were being asked about a feeling they had not told anyone about.

Reflections on the research process All interviewers said that the majority of those they approached were very willing to participate in the research. No one declined to participate, but some were wary of the process as they feared their responses might be passed onto other agencies, to which they may have given different information. One interviewer experienced some resistance from people who knew she worked for JRS and initially thought she was approaching them because she thought they would benefit from counselling.

Table 4. Principal component matrix of KEWI (emotions items)

<i>Item</i>	<i>Correlation between item and factor</i>
1. I am easily annoyed or irritated	0,621
2. There are times when I suddenly become angry and cannot control myself	0,663
3. I feel I have nothing to look forward to	0,749
4. I feel there is nothing I can do to improve my life	0,710
5. I think a lot about bad things that happened in the past	0,536
6. I think a lot about my current problems	0,648
7. I think a lot about the future and whether things will ever improve	0,548
8. I find it difficult to fall asleep or to stay asleep	0,782
9. I cannot relax	0,774
10. I feel afraid	0,714
11. I feel lonely	0,700
12. I feel that others don't understand me	0,780
13. I prefer to be alone	0,630
14. I am sad all the time	0,821
15. I am too tired to do anything	0,564
16. I am so worried about my physical problems that I cannot think about anything else	0,647
17. I have trouble remembering things	0,468
18. I have more difficulty making decisions than before	0,682
19. I feel guilty all the time	0,504
20. I feel I am a complete failure as a person	0,776

Some participated, but did not do so wholeheartedly. Interviewers felt that some interviewees agreed to take part in the research, but did not express themselves fully as they

knew the interviewer was unable to help them solve their problems. These participants tended to respond *'not at all'* to every item, without considering the question they

Table 5. Descriptive statistics for respondents with and without emotional problems

<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>Standard deviation</i>
<i>Emotions section</i>			
Without emotional problems	87	13,41	6,74
With emotional problems	90	19,17	8,33
<i>Function section</i>			
Without emotional problems	39	13,56	4,76
With emotional problems	54	16,94	7,63

were being asked. Interviewers said that others responded 'extremely' to every item, without considering what they were being asked. It is likely that these people were trying to communicate something general about themselves and their situation (i.e. that they were very much in need of assistance). Their responses are likely to falsely inflate the measures of the internal reliability of the instrument; indeed, high levels of internal reliability were found. However, if the data were greatly influenced by this type of response, we would not expect the scores to distinguish between those identified as having emotional problems and those who were not so identified. Since the KEWI scores were able to distinguish between participants in this way, it is likely that only a small proportion of respondents demonstrated the tendency described above.

Of those who were willing to participate, some participated because they had an understanding of what research is, and of the research process. Some agreed because they knew and respected the interviewer who was inviting them to participate, and some agreed because they believed they would benefit somehow from their participation. Although all were told there would be no direct benefit to them personally, not all interviewed believed it; *'I can still see that even if I tell them there is nothing they will get out of this, actually they should not expect this, they don't believe that I am really saying the truth'* (Ethiopian interviewer).

This is partly due to refugees' many years of experience of people carrying out assessments and surveys in Kakuma, as an Ethiopian interviewer explained;

'They have seen these things happening many times. They come and do assessments of the house, they come and do assessments of the children, they come, and then another time

you will get some construction material. And they are always 'why am not I be interviewed? Why didn't they come and talk to me?' Because they have to get, if they are not asked, interviewed about something, about their family, children and everything, they will not get a mosquito net. Or something . . . I can just see from their face that they feel like, you know, they tend to explain their problem further. And then as time goes by, they forget it. Because this also happens. They have come and interviewed me, and they did nothing. This also happens in Kakuma.'

Conceptual Difficulties The interviewers reported some difficulties with respondents understanding the concepts required, especially when they were asked how much difficulty they had in doing certain tasks compared to another man/woman of their age. The concept of comparing oneself to others was found to be challenging for some respondents.

Interviewers also reported that it was difficult to identify reasons for participants' difficulties in doing tasks, and to focus only on difficulties caused by a lack of motivation or energy. Many of those interviewed had difficulties performing certain tasks and responsibilities because they lacked resources, especially financial resources. Occasionally participants reported having difficulties performing certain tasks due to sickness, which was not necessarily related to emotional difficulties. Some women said they had difficulties performing certain tasks (e.g. washing clothes) because they were single parents and were busy trying to earn some income for their family, and therefore had very little time to complete these tasks at home. Participants and interviewers found it difficult to separate emotional problems from other difficulties, such as

lack of material resources, time, or physical difficulties (disability or sickness).

Circumstances Interviewers noted the various ways in which respondents' circumstances affected the way they responded to the scale as a whole, and some items in particular. Three of the *emotion* items were said to apply to all refugees in Kakuma, so did not discriminate well between those who have emotional problems and those who did not:

- Item 10 – *'I feel afraid'*: At the time of this study, the security situation in Kakuma was particularly tense. The previous weeks had seen a considerable increase in the number of armed attacks on refugees by unknown people, resulting in many refugees being injured and a number being killed. Refugees were feeling vulnerable and interviewers reported that many said they felt afraid in response to their reality at that time, not as a reflection of an underlying emotional problem.
- Item 6 – *'I think a lot about my current problems'*: This was said to apply to all refugees in Kakuma.
- Item 7 – *'I think a lot about the future and whether things will ever improve'*: Again, this was said to be true of most refugees in Kakuma.

Item 3 of the male version of the *'function'* scale, *'protect self and family'*, was particularly sensitive at the time the interviews were conducted due to the increase in the number of armed attacks on refugees over previous weeks. Interviewers reported that when asked how much difficulty they had in protecting themselves, men commonly responded; *'I can't protect myself. I have no weapons. This is a problem for everyone, not only me'*. This makes it difficult to interpret the fact that 74 respondents said they had *'no difficulty'* in protecting themselves compared

to others (which is true, but should also be seen in the context of everybody having difficulty protecting themselves), and does not accurately reflect the extent of the emotional difficulties caused by insecurity in the camp.

Culture and shame The cultural expectations of refugees living within different communities were said to impact the way they responded, especially to the *function* scale. The shame of not being able to perform certain tasks was said by interviewers to have a considerable influence on responses. Different levels of shame are attached to different tasks, and these differ according to culture, which makes the interpretation of responses a complex process.

The Ethiopian interviewers said that both men and women in their community would be reluctant to admit to difficulties keeping themselves clean and tidy, and it would be shameful for a woman to say she had difficulty cleaning utensils, or cooking for her family. They said there had been a number of people who reported no difficulty performing particular tasks, but the interviewer could see that they were unable to perform the task well. This issue also affected the Acholi community, according to the interviewers. They said that in the Acholi culture, no one wants to be perceived as lazy because the community would condemn them and *'women would not be married because of that'* (Acholi interviewer). So, even if a person has difficulties performing a task, they tell the interviewer that they are the same as other people.

The *function* part of the interview was said to be difficult to conduct because respondents perceived the questions to be asking whether they were failing in their duties (i.e. as asking *'do you think those women do their work better than you?'*). The questions relating to caring for children, in particular, were affected by

fears of being shamed because *'according to our culture, people say your children reflect what you are'* (Acholi interviewer). Therefore, respondents were reluctant to say that they had difficulties controlling or guiding their children.

Discussion

Both the *emotions* and the *function* sections of the KEWI were found to have good reliability and validity, according to a number of measures. However, the high Cronbach's alpha for the *emotions* part of the instrument, plus the finding that some of the items were highly correlated, suggests that some of the items are redundant and the length of the scale could be reduced. Although the *function* part of the assessment was found to be reliable, some of the items were not applicable to a large proportion of the sample, thereby reducing the relevance of this scale. The qualitative aspect of the evaluation highlighted some issues that may further limit the effectiveness of the instrument.

In Kakuma, refugees' ability to complete tasks was strongly influenced, it appeared, by their material and economic situation, as well as by their social situation (whether people were available to help them, whether they were caring for a family or living alone, etc.), physical condition, cultural expectations, and other factors. Refugees, both participants and interviewers, found it difficult to separate problems caused by emotional difficulties from problems caused by other factors, because this distinction was not meaningful to them. The KEWI was designed to only record difficulties carrying out tasks due to emotional and psychological problems, and in this sense did not well reflect the refugees' understanding of wellbeing. The KEWI would be improved by incorporating an assessment

of the aspects of life that are particularly salient to refugees in Kakuma. It would also be improved by incorporating an assessment of the resources available to individuals, as well as the challenges they face, and their emotional and behavioural responses.

Secondly, the qualitative study highlighted the impact of Kakuma refugees' circumstances on the way they responded to the interview. Due to their lack of control over their lives and their dependency on outside agencies, participants may attempt to present a particular picture of themselves during the assessment interview. Some may have seen their participation in the study as potentially leading to some material benefit. Refugees who have lived in Kakuma for several years have had many experiences of people coming to conduct assessments, sometimes in an attempt to identify *'vulnerable'* individuals who need extra assistance. Interviewers in the current study said some respondents answered *'extremely'* to all items, which may suggest that they were trying to convey that they were very much in need of help. This may have been partly due to their previous experiences of such assessments. The circumstances in which participants live clearly influence the way they understand what the assessment is about, and what the consequences might be for them, regardless of the information they are given in advance. Therefore, the concept of *'informed consent'* is more complex in these circumstances.

The reputation amongst the target population of the agency conducting the evaluation also influences responses. In this case, JRS is known in Kakuma mainly for its work with people with emotional and behavioural problems, and with women and children at risk of violence in the camp. JRS is seen by some as working with *'mad people'*, and some potential participants

expressed concern when approached, because they thought they were seen as potential 'JRS clients'. These people may have been particularly keen to present themselves as somebody who has no emotional problems and is coping very well during the interview.

These challenges are exacerbated when an assessment is carried out by an external agency, with limited community involvement in its planning and implementation. The KEWI was developed by members of an agency well established in Kakuma, in consultation with its refugee staff and (to a lesser extent) with community members. However, the involvement of the communities was at a somewhat superficial level. Decisions about the need for the assessment instrument were made at a JRS management level, as were decisions about the structure and use of the instrument.

An additional contribution of the qualitative study was in highlighting the impact of cultural factors on participants' responses. The multi-national nature of the Kakuma population illustrates the effect of cultural expectations well on responses to this type of assessment. As MacMullin and Loughry (MacMullin & Loughry, 2004) point out, one of the challenges involved in the use of Likert scales (scales which sum the responses to a number of Likert items. Likert items usually involve respondents rating the extent of their agreement or disagreeing with a statement) is that it is assumed that participants share an understanding of the words in the items, which is not necessarily the case. In the current study, discussions with the interviewers indicate that cultural differences between the three communities impacted on their responses, and possibly their understanding of the questions.

These differences were exacerbated by the translation of the KEWI into three

languages. While few difficulties were experienced with the French and Amharic translations, there were challenges with the Acholi language, which appears to have a more limited vocabulary than the other two languages, or English. For example, a single Acholi word is used to mean both 'angry' and 'annoyed', which made an accurate translation difficult of items 1 ('*I am easily annoyed or irritated*') and 2 ('*There are times when I suddenly become angry and cannot control myself*').

The main limitation of this research is the very small qualitative study. The observations made by the interviewers were extremely valuable, but would have been enhanced by a more comprehensive study incorporating the participants' perspectives on the experience, and their views on the KEWI. However, the fact that so many issues were raised in just one individual interview and one group discussion illustrates the value of building this type of information gathering exercise into evaluations of assessment instruments. A more comprehensive qualitative component to an evaluation study would enable emerging issues to be explored in more depth than was possible in the current study.

The 'emotions' part of the KEWI was found to be useful in this context, and suitable for the purpose for which it was designed (for counsellors and their supervisors to monitor the progress of individual clients, and to facilitate the management of the JRS community counselling programme). Changes in clients' scores on the 'emotions' part of the KEWI can be said to reflect a real change in their emotional wellbeing. The scores are intended to be used as an indicator of individual relative change; the intention is not to use the KEWI in a diagnostic capacity, or to establish cut-off points to indicate whether somebody has emotional problems

or not. Clearly, the majority of refugees in Kakuma are likely to experience some level of emotional distress due to their circumstances, and we would expect this to be reflected in their responses to the KEWI.

The use of both quantitative and qualitative methods in this evaluation study demonstrates the unique and valuable role that each approach plays in understanding the effectiveness of a measure of psychosocial wellbeing. While the quantitative study provides crucial information about the properties of the instrument, the qualitative study raises important issues affecting the way people respond to the instrument. These issues can inform the ways in which the instrument is used in practice, and the interpretation of responses.

Conclusion

The KEWI was found to be an effective measure of emotional wellbeing in Kakuma. However, the qualitative study indicated that it would be improved by focusing not purely on emotional wellbeing, but on the aspects of life that are particularly salient in that context, and by including an assessment of resources as well as challenges.

Psychosocial assessments in this type of setting are not pure measures of psychosocial wellbeing, but are influenced by a range of factors that influence participants' responses. The qualitative aspect of the evaluation highlighted some of these factors, including cultural expectations, the reputation of the group conducting the assessment, participants' previous experiences of such assessments, and the circumstances in which participants' are living.

There is a need for real community involvement in the planning and construction of an assessment tool, as well as in the decision-making regarding how the assessment information is to be used, if useful

and accurate information is to be obtained. Otherwise, responses are affected by people's beliefs about the purpose of the instrument and the potential outcomes for themselves.

A good understanding of the norms and expectations of the culture in which the instrument is to be used is necessary, both for the construction of the instrument and the interpretation of results. This is difficult in a context such as Kakuma, in which many communities live, but, again, would be enhanced by increased community involvement in the planning, development and use of the instrument.

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¹ The Jesuit Refugee Service is an international Catholic organisation with a mission to

accompany, serve and defend the rights of refugees and forcibly displaced people.

² The JRS community counselling programme was established in 1994, when counselling was one of the more regular responses to refugees' psychological and emotional problems.

³ Refugees in Kakuma live in very challenging circumstances, and their ability to address their difficulties and improve their situation is limited. The causes of many of their problems are outside of their control (e.g. Kenyan government encampment policy).

⁴ Single participants, or those without children, did not respond to some items because they did not apply to them.

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