

Participatory evaluation of psychosocial interventions for children: a pilot study in Northern Uganda

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In the past decade, evidence-based practice has led to a more critical approach towards professional practice in the humanitarian working field. Many agencies have increased their capacity and resources to research intervention effectiveness and programme impact. When evaluating psychosocial interventions, practitioners and researchers are often not only interested in intervention outcomes, but also in the external factors that influence effectiveness, the intervention process and the views of its beneficiaries. This requires a practice-driven approach that takes into account the (cultural) reality in the field, collects relevant process information and provides a framework to reflect the views of the participants. This paper explains how War Child Holland developed a participatory Monitoring and Evaluation (M&E) tool to evaluate IDEAL, its psychosocial life-skills intervention. The aim of the tool was to research intervention effectiveness by collecting process information with children as the key informants. The participatory M&E tool comprises a range of qualitative and quantitative measures, such as setting personal goals, themed quizzes, module evaluations and impact mapping. The tool was piloted with 510 children and 120 parents in Northern Uganda. It was found that the M&E tool has potential to strengthen 'evidence-based' evaluative practice and to involve children in meaningful evaluation, but it was found to be difficult to gather more data for impact evaluation without further quantifying and expanding the tool.

Keywords: children, evidence-based practice, Northern Uganda, participatory monitoring and evaluation, psychosocial life-skills

Introduction

Over the last decades there has been increasing interest in the psychological and social effects of war experiences on children. In the past, humanitarian organisations focused on emergency relief, the distribution of food and medicine. Subsequently these organisations developed a wider recognition that the psychosocial needs of those affected by war are a significant part of their overall health profile. This is specifically expressed in article 39 of the United Nations Convention on the Rights of the Child (UNCRC, 1989), which outlines children's rights to appropriate help with psychological recovery and social reintegration after their experiences of armed conflict (Save the Children, 2004). Recent years have shown a considerable growth in developmental programmes with a focus on promoting healthy psychosocial development of children in (post) conflict settings (Barenbaum, Ruchkin and Schwab-Stone, 2004; Kalksma - van Lith et al., 2009).

Evidence-based practice

The increased focus on psychosocial interventions for children in (post) conflict areas

has led to a growing interest from practitioners, donors and other stakeholders in the field to show evidence about *'what works'* (Kos, 2008; Tol & Jordans, 2008). This has increased the emphasis on evidence-based practice. This paradigm originates from clinical medicine and formulates a critical scientific approach to professional practice; obtaining evidence in a rigorous way and basing recommendations and decisions on research. Evidence-based practice prescribes the randomized controlled trial (RCT) as the *'golden standard'* when quantifying efficacy because it eliminates causality and bias and results can therefore be generalised to a high degree (Dawes et al., 2005; MacMullin & Loughry, 2004). Those interventions which are shown to be effective and cost-effective should be standardised and replicated for widespread use (Biesta, 2007; Webb, 2001). The framework is designed for obtaining evidence in a rigorous way, developing practice-guidelines and conducting studies to validate the instruments. It emphasises a critical, scientific attitude towards professional practice (Oxman, Lavis and Fretheim, 2007).

The need for a practice-driven approach to evaluate psychosocial interventions

Recent years have shown successful examples of rigorous field-research which identified evidence about the effectiveness of psychosocial interventions (Jordans et al., 2010). However these studies are often focused on clinical outcomes, whereas researchers and practitioners in complex psychosocial interventions are also interested in identifying the external factors that influence outcomes, the key characteristics of the process of an effective intervention, and the opinions of recipients with respect to the effectiveness of the

intervention (Gould, 2010). This demands an increasingly process-oriented and participatory approach to research; investigating not only *what* works, but also on *how* interventions work and *for whom* (Biesta, 2007). This is even more relevant when an intervention is in an early stage of development. In humanitarian settings, interventions are often developed (*ad hoc*) in the field, responding to local needs and expert opinion rather than to theory and factual evidence. Research can play an important role in further shaping an intervention, based on early evidence about how the intervention works and what outcomes it generates.

Methodological challenges

Choosing an appropriate methodology to improve practice-driven research of psychosocial interventions is often challenging. A RCT with standardised instrumentation might not be useful when an intervention is still in the developmental phase, or when the outcomes are not pre-defined and may be hard to determine. Moreover, research instrumentation which can be used in cross-cultural contexts is still limited and those few validated questionnaires that have already been developed, present several notable challenges when they are applied to psychosocial interventions in a humanitarian context. One of the limitations of quantitative measuring is that it necessarily reduces complex phenomena to simpler, measurable constructs. When measuring children's psychosocial wellbeing, we also need qualitative instruments which can measure outcomes in terms of the social ecologies of children's lives (MacMullin & Loughry, 2004). Scales to measure *'mental health'* or *'psychosocial functioning'* are mostly developed in Western countries, and therefore the concepts and indicators used are not necessarily valid in a non-Western

context. In addition, questions often have a strong focus on individual wellbeing and functioning, as opposed to an understanding of wellbeing and coping capacities on a social or community level. Accordingly, there is often a problem applying such indicators to interventions whose aim is to protect children against future psychopathology and strengthen their resilience, since the existing questionnaires equate psychosocial wellbeing *with* ‘(current) absence of psychopathology’. Using ‘reduction in symptoms’ as a measure is not useful when applied to interventions with long-term goals (Biesta, 2007; Webb, 2001). When it comes to research with children there are further particular challenges. Questionnaires are often not child-friendly. They often do not account for literacy level nor level of analytical skills (e.g. not being able to choose an answer on a 5-point scale). Moreover, they tend to regard children as research subjects, not participants.

In conclusion, complex psychosocial interventions call for practice-driven research, and especially when they are in an early development phase. Improvements in process-oriented, and participatory approaches are required so that we can explore intervention outcomes, enable beneficiaries to share their views and opinions, and strengthen evaluative practice. Implementing qualitative, open-ended methodology is vital if we are to gain an understanding of the complexity of psychosocial interventions; it will help explore the socio-cultural meaning of concepts and give greater insight into the processes of change that characterise psychosocial interventions.

A framework for participatory evaluation of psychosocial interventions for children

A more practice-driven approach to evaluation can be characterised by a scientific,

critical approach to professional practice, with broad definitions of ‘evidence’ and ‘research’, which can be adjusted to suit the ‘real-world’ situations of complex psychosocial interventions, their contexts and beneficiaries (Biesta, 2007; Bohart, 2005; Nelen, 2008; Webb, 2001). In literature, the paradigm of ‘evidence informed’ practice can be identified as an approach to strengthen evaluative practice of (psycho) social interventions. Three elements are identified as key features of this approach to evaluation.

1. Identification of the theory and assumptions underlying an intervention

In evaluating psychosocial interventions, we need to take into account that they involve complex change processes that can be strongly influenced by contextual factors, and therefore the intervention itself may not be the sole cause of any known outcome. A crucial first step in evaluation is therefore to establish a theory, understand the different components of an intervention, examine how they inter-relate, and identify the underlying mechanisms which will influence the outcomes of the intervention (Medical Research Council, 2000). By identifying the assumptions which underlie each intervention, and identifying the relevant external factors, we can better measure the extent to which outcomes can be attributed to the intervention (Biesta, 2007; Nelen, 2007). This will help organisations to clarify the results that they achieve and better understand what is measurable, and what is not.

2. Cultural validity of working concepts and participatory methodology

In evaluating interventions in non-Western settings it is important to assess the cultural validity of working concepts and methodologies in order to understand and evaluate

the outcomes of an intervention in a particular context. Evaluating interventions should therefore be a participatory and collaborative process. This also helps participants to take control and feel part of the intervention and its anticipated benefits. A participatory approach to evaluation implies that research can be built on the experience of (children and young people) participants and that conclusions on intervention success will take their opinions and views into account (Ansell, 2005; Karki, Kohrt & Jordans, 2009; Stark et al., 2009; Whitley, 2007). This requires more open-ended qualitative methodology; one that is appropriate and meaningful for children.

3. Focus on the intervention process

A third key aspect of evidence-informed practice is a stronger focus on the intervention process. We need to question *why* these interventions work, for *whom*, and in *what* context, and, particularly, *through what processes* (Biesta, 2007; Nelen, 2007; Roen et al., 2006, p.1067). Information on the implementation and process of an intervention can explain many of the intervention's effects and be used to improve the practice (Bolton, Tol & Bass, 2009). Collecting relevant evidence in relation to the process of complex intervention requires integration of qualitative methodology in research and evaluation designs.

Using evidence-informed practice as a framework for participatory monitoring and evaluation (M&E)

Needing to evaluate its interventions, and stimulated by the legitimate call for accountability, in 2009 War Child Holland (WCH) developed a monitoring and evaluation (M&E) tool to measure the impact of I DEAL (War Child's own life-skills

methodology for children and young people in conflict-affected areas).

Life-skills intervention I DEAL

I DEAL¹ is War Child's creative life-skills methodology for groups of 25–30 children (aged 11–15) and young people (aged 16–20) in conflict-affected areas. *'Life-skills'* are those psychosocial and inter-relational abilities that enable individuals to deal with the challenges of everyday life. Life-skills include communication skills, interpersonal skills, self-awareness and coping strategies. I DEAL provides a series of theme-based workshops for groups to improve the psychosocial function of children and young people's through training in life-skills, using a combination of creative and participatory techniques, such as role play, drawing, games and group discussions. In I DEAL, different psychosocial themes are addressed, through modules on *'Identity'*, *'Dealing with Emotions'*, *'Peer Relations'*, *'Relationships with Adults'*, *'Conflict and Peace'* and *'Future'*. Each module consists of 2–5 sessions of 1.5 hours. I DEAL has 17 sessions in total. Each session is built around a specific theme within a module, for example *'Who are my Peers?'* is one session in the module *'Peer Relations'*. The theme is addressed through the use of various creative exercises, individual and group work and discussions. The I DEAL intervention is facilitated by local social workers who have received a five-day training.

Programme theory

The I DEAL intervention is based on the assumption that the psychosocial modules have positive effects on war-affected children, helping to develop specific knowledge and skills, and that these life-skills can significantly encourage positive changes in children's behaviour. The underlying

assumption of the intervention is that creative and participatory methods that stimulate *'learning by doing'* are an effective way for children to acquire physical, emotional and social life-skills, helping them to express emotions, communicate better and build relationships. During creative play, children learn about social rules, the possibilities and limitations of their own bodies, about solving practical problems, relating to others, and confronting difficult situations (Haight & Black, 2001; Kalksma - van Lith et al., 2007; Wright et al., 2008).

Development steps of the participatory M&E Tool
In 2009, War Child started the development of a child-friendly monitoring and evaluation (M&E) tool for I DEAL. At the time, the I DEAL intervention was still in an early development phase, with few pre-defined expectations of its outcomes. Earlier impact evaluation of I DEAL had indicated that available tools often measured constructs such as mental health problems at the individual level, and, in contrast, I DEAL was not intended to lead to improvement of symptoms of particular mental health problems. Moreover, the evaluation methodology that was used did not help practitioners to evaluate neither the socio-behavioural changes in children's behaviour nor in their social environment. It became clear that a new instrument was needed, with a more open-ended and participatory methodology, if intervention outcomes were to be better understood. The development of this tool was guided by the following requirements:

- The tool should reflect the creative character of the I DEAL intervention itself and stimulate meaningful participation of children through child-friendly exercises.
- The tool should not be a stand-alone instrument but rather be integrated in the I DEAL intervention in order to strengthen evaluative practice and to gather process information.
- The tool should serve both learning and research purposes and therefore quantitative and qualitative measures are combined.
- The tool should be capable of measuring the intervention's effectiveness, and children's and facilitator's views on the effectiveness of the intervention.

An important first step in the tool development was to further specify the I DEAL intervention goals into measurable constructs. Also the programme theory was documented for the first time, outlining the theory and assumptions behind the intervention. This allowed for a more specific research focus. A new set of child-friendly and participatory measures was then developed to monitor psychosocial knowledge and skills of children, to evaluate how I DEAL contributes to children's personal goals, and to learn about the process of I DEAL. Important criteria for the exercises were that they could be integrated in a 1.5 hour I DEAL session and be easily implemented by local facilitators as part of the intervention to monitor progress and control the quality of the intervention. We made sure that it included creative exercises that were open and child-led, with the intention of enhancing the cultural validity of its measurements and avoiding the need for a separate validation study. The participation of children was not only seen as useful in data collection but also as an important value that War Child upholds in its work to empower children as an active agents in their lives. All but the Personal Goal exercise was implemented at a group level.

The monitoring and evaluation tool for IDEAL

The monitoring and evaluation tool consists of four types of child-friendly and participatory exercises that are integrated into the last session of each IDEAL module.

The four types are; Personal Goals Exercises, Impact Mapping Questionnaires, Themed Quiz Exercises and Module Evaluation Exercises (Table 1).

Personal Goals Exercises: child-led indicators for intervention success

The aim of the Personal Goal Exercise at the end of modules 1 and 6 is to empower children to set and evaluate their own intervention-goal, i.e. a child-led indicator for intervention success. The Personal Goal exercise is an individual exercise with a pre- and post measure. In the first IDEAL module, *'Identity and Assessment'*, children define a personal goal that they can realistically achieve through IDEAL and which they will work towards during the intervention. Children are asked to choose a goal about changing themselves or changing their social relationships, from within the subject areas covered by IDEAL. Children present their goal in a drawing and can share it with the group if they want to. Children's personal goals varied from addressing personal challenges and problems, (*'I wish I didn't get so shy'* and *'I don't want to get into fights anymore'*) to improving specific social relationships, (*'I don't want to argue with my mom.'*; *'I want to have more friends at school.'*; *'I wish I got along better with girls'*); and (school) performance *'I wish I could do better at school'* (see also Table 3 in the results section).

In the last IDEAL module the exercise *'Reflecting on Personal Goals'* is carried out. The facilitator asks the children if they remember the goal they set at the start of the intervention and hands out the drawings. Then children are asked to reflect on their

personal goal and estimate to what extent they have achieved it. Three *'answering posts'* are designated in the room: they are named as *'goal reached'*, *'goal almost reached'* and *'goal not reached'*. Children walk to the applicable answering post and then discuss with the other children at that post why they achieved, almost achieved or did not achieve their goal in the IDEAL workshops. The facilitator gives clear instructions that not reaching goals is not to be seen as a failure; participants might have reached other goals instead. The facilitator asks the children in different groups to explain why or why not they reached their goal. The facilitator notes down for every child their personal outcome and explanation. For analysis, the outcomes of this exercise are scored: 1 = not reached, 2 = almost reached, 3 = reached.

Themed quiz exercises: group-level measures of thematic skills and knowledge

The aim of the quiz exercises is to assess the level of skills and knowledge in the IDEAL group after each thematic IDEAL module² using a participatory method. The quizzes are group-level exercises and take place at the end of (or after) the module. Each thematic module has its own quiz containing seven multiple choice questions which reflect the content and goals of the module. In the last session of the module, the facilitator conducts this quiz with the whole group of children. The facilitator reads each question out loud for the group. For each questions there are three possible answers, which correspond to the three *'answering posts'* A, B and C. Children individually choose an answer and walk to the corresponding answering post in the room. Each question is discussed in the group after which the facilitator explains the answers. For each question the (co-) facilitator notes how many children have chosen the right answer, which is

Table 1. I DEAL modules, specific goals and M&E exercises

I DEAL module	Module goals	M&E Exercise
1. Identity and Assessment		My Personal Goal: children set their own intervention goals Impact Mapping part I: baseline data on challenges in I DEAL group
2. Emotions	Participants can differentiate between emotions Participants are able to express their emotions Participants are able to deal with their emotions	Quiz ' <i>Emotions</i> ': group-level assessment of knowledge and skills Module evaluation: children evaluate the relevance and effects of the module
3. Peer Relations	Participants know different elements of a positive peer relation Participants interact positively with their peers	Quiz ' <i>Peer Relations</i> ': group-level assessment of knowledge and skills Module evaluation: children evaluate the relevance and effects of the module
4. Relationships with Adults	Participants can identify positive solutions for problems with their parents/caregivers Participants are aware of their social support network	Quiz ' <i>Relations with Adults</i> ': group-level assessment of knowledge and skills Module evaluation: children evaluate the relevance and effects of the module
5. Conflict and Peace	Participants can identify positive ways of dealing with a conflict	Quiz ' <i>Conflict and Peace</i> ': group-level assessment of knowledge and skills Module evaluation: children evaluate the relevance and effects of the module
6. Future	Participants have improved relations with their peers Participants have improved relations with their parents and other significant adults Participants are empowered to reach their personal goals	Reflecting Personal Goals: children evaluate whether they reached their own intervention goals Impact Mapping part II: mapping of significant changes and learning
Three months after I DEAL		Impact Mapping part III: evaluation of the sustainability of changes reported at the end of the intervention.

expressed as a percentage of right answers. At the end of the quiz numerical scores (%) for the group can be easily calculated. War Child staff in Northern Uganda and the researchers collaboratively developed the questions for the themed quizzes. For research purposes individual measures with baseline- and post-test would have been

more relevant but this was judged too time consuming within the I DEAL sessions and potentially inappropriate if the quizzes came to be seen as '*tests*' instead of fun *group exercises*'. Further, the M&E component in I DEAL would become disproportionately heavy if additional measurements were added.

Table 2 Demographics children and parents in the pilot

Geographical area		Children N = 510		Parents N = 121	
District	Sub-county	N	%	N	%
Amuru	Alero	70	13.7	-	-
	Lamogi	113	22.2	-	-
	Koch Goma	121	23.7	-	-
Kitgum	Buluzi	35	6.9	35	28.9
	Palabek Gem	30	5.9	-	-
Lira	Aloi	61	12.0	24	19.8
	Barr	49	9.6	31	25.6
Gulu	Bobi	31	6.1	31	25.6

Module Evaluation Exercises

The aim of the module evaluation is to give children the opportunity to give feedback on the module, to identify key learning elements and to assess what is missing in the module. At the end of each module, after the quiz exercise, the facilitator facilitates a group discussion with children around questions like ‘*What did you learn from this module?*’, ‘*Are there things you learned that you now use in your daily life?*’ and ‘*What else would you have liked to learn in this module?*’. The facilitator documents all responses). After the first pilot with this exercise, a small set of questions was added for the facilitator to answer. The questions stimulate the facilitator to reflect on e.g. the performance of the group on the module goals (knowledge, skills, behaviour), the need for any changes in the module and the relevance of the module for the group.

Impact Mapping: visualizing the process of I DEAL and the sustainability of effects

The aim of Impact Mapping is to collect in-depth information on the process of I DEAL to identify the success factors of each intervention, as well as identifying external influences and unexpected outcomes. The

post-intervention mapping exercise aims to provide a better understanding of the sustainability of the identifiable changes.

In the first I DEAL module, ‘*Identity and assessment*’, the group sets the baseline for the Impact Mapping exercise. The facilitator makes a large map out of three flipcharts stuck together and draws a horizontal line: a time line. The facilitator explains to the group that the beginning of the line represents today. The midpoint will be the end of the I DEAL group, and the very end of the line will be the future. In the first part of the Impact Mapping Exercise the children discuss their situation today, the challenges they face in their daily lives and their expectations of the I DEAL intervention. All responses are written down along the timeline. The next Impact Mapping Exercise takes place at the end of the intervention and identifies significant events, learning and behavioural changes of the children following the intervention. The last mapping takes place three months after the intervention and identifies whether intervention outcomes are still present and whether new developments have occurred. By mapping out all the changes and the correlations between them, the process of

I DEAL should become clearer for both beneficiaries and facilitators. Baseline mapping for the pilot intervention was conducted retrospectively at the end of the I DEAL intervention, because this exercise was added to the M&E toolkit at a late stage. This exercise was also conducted with four groups of parents, so that we could include their perspective on the process and effectiveness of I DEAL. These parents all participated in the parenting intervention, Parents DEAL, which was parallel to the I DEAL intervention for their children.

Pilot study of the participatory Monitoring & Evaluation tool in Northern Uganda: results and lessons learned

In 2009, War Child piloted the child-friendly M&E tool to test its potential to stimulate evaluative practice and to learn about the process and outcomes of I DEAL.

Participants and procedure

The M&E tool for I DEAL was piloted between April and October 2009 in Northern Uganda. Participants were 510 children between 10 and 15 years old from 13 I DEAL groups in the districts Amuru, Gulu, Kitgum and Lira. The I DEAL groups were existing 4th, 5th and 6th grade school classes of eight primary schools that were selected in the WCH Uganda programme. The Impact Mapping Exercise was also conducted with 120 parents from four Parents DEAL Groups. All participating DEAL groups were selected based on their availability at the time of the pilot (Table 2).

Before the start of the pilot, eight local War Child social workers received a one-day training from one of the researchers [LC] about using the child-friendly M&E exercises and the report formats. They each piloted the exercises in one or two of their I

DEAL groups during the 17-week I DEAL course. The I DEAL workshops took place in the lunch-break at school, which was often not longer than one hour. Our intention was to carry out the M&E exercises as much as possible in regular sessions. However, the Personal Goal and Impact Mapping Exercises were too lengthy to add to the regular sessions. Consequently, most facilitators organised extra workshops to run these exercises. Where available, a local intern or an extra social worker helped the I DEAL facilitator by co-facilitating the exercise and documenting responses.

Results

Personal Goals

431 children completed the Personal Goals Exercises by setting a personal goal as a baseline and evaluating it in the last module. The majority of these children had a goal at the personal level (40.1%, see Table 4) whereas others had a goal related to family (21.2%), peers (19.7%) or school (14.4%). Questioned about whether they had achieved their goal at the end of the intervention, 234 children (54.3%) said 'yes', 178 (41.3%) 'almost' and 19 children (4.4%) 'no'. It was found that children with a goal related to the *family* had the highest goal-attainment scores ($F(4,426) = 3.972, p = 0.004$) (Table 3).

Level of skills and knowledge and module evaluations

The overall group score on the Themed Quiz Exercises was 87% correct answers, which indicates a generally high level of correct answers in the Quiz Exercises. Table 5 shows the percentage scores per module (Table 4).

Module Evaluation Exercise

In the Module Evaluation Exercise the participants reported how the newly acquired skills and knowledge were useful

Table 3 Personal goals per thematic category and percentage reached goals

	Personal goals		Personal goal evaluation
	N = 431		N = 431
Personal Goals; categories and themes	N	%	% goal reached
Personal level (personal knowledge, skills and behaviour)			
To overcome shyness, gain more confidence, deal with fear/anger/temper, taking responsibility, being an example to others, to stop being violent towards others, being honest, being friendly.	173	40.1	57.8–yes; 39.3–almost; 2.9–no
Family			
To improve relationships with parent(s), have more respect for parents, love between the child and its parents, to improve relations with siblings, increase trust in the family, to improve mutual support between child and parents.	91	21.2	62.6–yes; 33.0–almost; 4.4–no
Peers			
Friendship, to increase respect for peers, love between children, to improve relationships with children of the other sex, to improve cooperation with peers, to stop fighting with others.	85	19.7	51.8–yes; 44.7–almost; 3.5–no
School			
To overcome fear in class/fear of teachers, to improve school performance, to improve relations with teachers, to be a good example in class, to increase motivation at school, to become the head boy or girl in school.	62	14.4	35.5–yes; 53.2–almost; 11.3–no
Other			
The goals in this category were various, some were related to future professions such as becoming a War Child worker or a football player.	20	4.6	55.0–yes; 45.0–almost

in their daily lives. Most children reported that learning from the module *'Emotions'* had taught them to recognise and consider the emotions of others, and of themselves,

and to know better how to deal with them. In some groups children suggested having more sessions on this topic as the subjects were new to them. In the evaluation

Table 4. Scores (%) on the Themed Quizzes

Module theme	Children (N = 500)
	%
Emotions	75
Peer Relations	85
Adult Relations	91
Conflict and Peace	88

meeting, facilitators explained that the concept *'emotions'* does not have a direct translation in the local languages Acholi, Langi and Luo, and therefore it took more time for children to understand properly what *'emotions'* are. In *'Peer Relations'*, most children reported that the exercises in the module helped them to build better relations with children of the other sex. In the module *'Adult Relations'* children reported that they better understood the roles and responsibilities of both children and parents thanks to the various exercises and discussions on this topic. In the module *'Conflict and Peace'* children from all groups reported an increased ability to *'forgive'* after a conflict (an important social construct in the context of Northern Uganda).

Process information and sustainability of intervention effects: results of the Impact Mapping Questionnaire

The first Impact Mapping Questionnaire exercise took place at the end of the intervention. Children reflected retrospectively on both individual and group challenges that had been present in their group at the start of I DEAL (see Table 5). Expectations of the intervention were not discussed at this point. In the Impact Mapping Questionnaire at the end of the last module, children talked in more detail about improvements in personal skills, an increased feeling of

wellbeing and improved relations with parents/caregivers, peers and teachers. Three months after the intervention the groups indicated that outcomes of the intervention were generally still present. Children reported that, although some problems in class such as fighting and theft had not been completely solved, the feeling of belonging to a group and the positive interactions between group members (which were a result of the intervention) were still present, even three months after the intervention. Both children and parents indicated that social cohesion in the family and community had improved. Parents re-established storytelling at the campfire at night, a traditional form of informal education that had disappeared during the years of conflict. They reported that discussions with other parents had reminded them of the importance of their traditions and cultural practices.

Evaluation with facilitators: did the M&E tool strengthen evaluative practice?

The pilot study of the M&E toolkit was evaluated with the I DEAL facilitators to reflect on the potential of the tool to strengthen evaluative practice and to learn about the effects of I DEAL. All facilitators reported that the tool provides valuable information with which they can monitor and evaluate the intervention. The Personal Goals Exercises had guided children to increasing focus on their own learning and also helped facilitators to pay more attention to the needs of individual children within the group. Facilitators reported that the Themed Quiz Exercises and Module Evaluation Exercises had helped them to assess the children's understanding of the module theme. Based on the outcomes, some facilitators had planned an extra session to give more time to a difficult theme or to address

Table 5 Most reported outcomes of the impact mapping sessions I DEAL

Challenges before the start of the intervention (identified in retrospect)

Personal challenges:

- Anti-social behaviour (e.g. fighting, stubbornness, not listening, stealing, bullying other children and siblings)
- Internal problems (e.g. being afraid, social isolation, shyness, poor relations with peers)

Group challenges:

- Poor cooperation between group members
- Lack of trust between group members and school teachers

Outcomes of the I DEAL intervention

Personal/behavioural outcomes:

- Increased social behaviour (e.g. love and respect for other people, increased feeling of 'appropriate' behaviour amongst participants, feeling of happiness)
- Increased forgiveness (e.g. making up after a small conflict)

Peer/school level:

- Decreased anti social behaviour in class (e.g. reduction of stealing and fighting)
- Improved peer relations (e.g. increased trust, interaction and cooperation)
- Increased motivation for school and respect for teachers

Family level:

- Increased interaction and cooperation between children and parents
- Increased attention given by parents to their children

Post-intervention period (1-month and 3-month period)

Peer/school level:

- Positive interaction between group members
- Improved social cohesion within the former I DEAL group

Family level:

- Parents have become more sensitive to the needs of their children (e.g. reduced alcohol use, supported their children's education, and have increased awareness of their children's capacities: 'Now my parents give me work according to my strength')

Community level (as reported by parents):

- Restoration of informal education at night (e.g. story-telling, singing and dancing around the camp-fire in the community).
 - Increased awareness of the importance of education for girls, resulting in a reduction in the number of early marriages
 - Increased supervision over the children in the community
 - Strong promotion of education in the community
-

problems in the group, for example, discriminatory behaviour within the group. Most facilitators felt that the results from Impact Mapping confirmed the changes that they had observed on a day-to-day basis. Visualising the intervention process had been, they reported, an empowering exercise for both

children and facilitators, helping them to see how many changes had taken place in the group and how these changes were inter-related. Facilitators furthermore commented that the M&E exercises were fun and empowering for the children and meant that they could meaningfully participate in

monitoring and evaluation. One facilitator mentioned that, in the Personal Goals Exercise children *'had become more aware of their opportunities to learn from the workshops'*. Another facilitator observed that *'with every Module Evaluation Exercise children became less shy about telling us what they had learned and more and more confident when they criticised the session'* and *'When personal experiences are shared in the exercises, it stimulates recognition and mutual-understanding amongst children'*.

Limitations

An important constraint of the toolkit, reported by all facilitators, was that the M&E exercises took more time than was available in the regular sessions. Most facilitators planned extra sessions to carry out the Personal Goals and Impact Mapping Exercises. Improvement in scores was hard to measure because two of the quizzes had very high scores (resulting in a 'ceiling effect'); Relationships with Adults, and Conflict and Peace, showed scores of 91% and 88% respectively. The high scores indicate that either the knowledge tested in these two quizzes was already present in the children (this should be taken into account because measurement took place only after the event), or the quizzes were too easy to represent the actual level of knowledge and skills of the group. One recommendation for further development of the M&E tool is to evaluate and revise the quiz questions to increase the discriminatory strength of the quizzes. Also the potential bias towards socially-desirable responses should be considered when interpreting both the high quiz scores and also the positive reflections on personal goals. Generally the participants could (easily) explain whether and to what extent they had achieved their goal; however, we cannot exclude the possibility that social pressure or social-cultural custom

may create a bias towards reporting positive outcomes.

Discussion

This study describes how War Child developed an M&E tool to collect data on the process and outcomes of the I DEAL intervention in a child-friendly and participatory way. The tool development was started after previous evaluations of I DEAL showed that scientifically validated questionnaires used were inaccurate in measuring the impact of I DEAL. They didn't suit the character of the intervention, and failed to respond to the need of practitioners to identify social changes at the individual and group level. Our study found that a practice-driven approach to evaluation is more useful when exploring the outcomes of I DEAL, and better able to reflect the complexities of a psychosocial intervention. The pilot study showed that the M&E tool for I DEAL fits in with the creative character of I DEAL, which makes it easier to integrate it within the sessions. The results helped the facilitators to reflect on their own work and make small adjustments and improvements to their daily practice, which in turn led to enhanced evaluative practice.

Facilitators observed how the child-friendly exercises helped empower children to work actively towards their own goals and reflect on their learning. In the course of the intervention, children reportedly became more confident about sharing their views in module evaluations. Therefore in future evaluation, the potentially positive impact of a participatory and empowering M&E tool should also be taken into account, especially when it can become an integrated part of the intervention.

Although the tool collected useful data on key outcomes and changes for children and stimulated evaluative practice for

facilitators, it is still difficult to draw strong conclusions about the process of I DEAL, e.g. how did the content of the intervention lead to changes in children's lives? The pilot illustrates that when using more-qualitative methods, the data become harder to interpret and it therefore becomes vital to have a clear strategy for analysing the qualitative data and drawing conclusions. In order to answer key questions on the intervention process of I DEAL the M&E exercises should be further shaped around the key research questions and will guide field workers to reflect on the M&E outcomes. For example, the Impact Mapping could be more geared to explore *the correlations between significant learning points and the resulting changes reported by the children.*

For statistical analysis to test the correlation between key points of learning (psychosocial skills and knowledge) and significant changes in children's lives (personal goal attainment) the M&E tool did not collect enough data at an individual level. The group-level execution of the quizzes brings significant limitations to statistical analysis. Firstly, the lack of individual quiz results would make it difficult to draw conclusions on a child-by-child level. Secondly, due to a lack of a baseline for the quizzes, any change in skills and knowledge of children as a result of I DEAL could not be measured. Lastly, in analysing the group level results, the possible bias toward socially-desirable responses must be accounted for. Therefore in order to perform statistical analysis on the correlation between knowledge and skills and personal goal attainment, more individual level data are required.

Conclusion

In this study, evidence-informed practice was used to explore a more child-focused

and process-oriented approach to Monitoring and Evaluation. The pilot study demonstrated that a participatory approach to M&E was feasible and effective in collecting data on intervention outcomes and participant views on effectiveness. By collecting data throughout the course of the intervention, facilitators could monitor the relevance and effectiveness of the psychosocial intervention for children. This enhanced the evaluative evidence and led to greater evidence-informed practice of the I DEAL intervention. In order to collect more evidence on how the intervention process works, M&E of I DEAL could be more geared towards measuring the correlation between the themes of the I DEAL modules, the skills and knowledge acquired by participants, and significant change in children's lives.

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¹ The I DEAL methodology can be found on the WCH open-source platform www.warchildlearning.org.

² The thematic I DEAL modules are: Dealing with Emotions; Peer Relations; Relationships with Adults; Conflict and Peace.

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