Child Led Indicators: pilot testing a child participation tool for psychosocial support programmes for former child soldiers in Nepal

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There is increasing attention given to participatory projects with marginalized children and young people, in the absence of child protection. In Nepal, a process was developed to provide a framework for more systematic participation of children in psychosocial programming, geared towards facilitating the reintegration for former child soldiers. The process development followed seven steps with the children, including culturally grounded concepts of psychosocial wellbeing and problems, desired outcomes, utilization of existing resources, responsive activities and development of indicators in order to monitor project activities. The result was a series of Child Led Indicators (CLI), which represented markers of psychosocial wellbeing that children prioritized, recognized in others, and could monitor throughout a project cycle. Development and implementation of the CLI tool revealed a number of challenges to the implementation and effectiveness of participatory tools for children, which echo the growing the critique of participatory programming. This paper will describe the framework as well as the results of a pilot CLI implementation.

Keywords: child participation, former child soldiers, Nepal

Introduction

The concept of *'child participation'* has emerged from the field of community development and global discourse on children's rights. Participatory approaches evolved to improve the development process by engaging beneficiaries in programme planning, implementation and resource control. The increasing realization that economic progress alone does not improve the lives of the poor and disadvantaged, has led to philosophical and practical trends that seek to empower vulnerable populations. This is done by engaging them as the source of solutions rather than the source of problems (Freire, 1975). These ideas have influenced thinkers and actors in many fields, and underlie the development of participatory tools in which practitioners employ various techniques to encourage disadvantaged, usually rural, communities to reflect on their lives and propose solutions. At a practical level, humanitarian workers have found that such an approach encourages communities to *'own'* solutions, thereby ensuring greater programme sustainability. Chambers (1992) referred to this process as *participatory rural appraisal* (PRA), a methodology that grounds rural empowerment in local analyses of existing realities, and local ownership of actions geared toward changing those realities.

The United Nations Convention on the Rights of the Child (CRC) (UN, 1989) aided this approach to empowerment by setting standards for child rights that emphasized child participation. The convention provided

a clear mandate for attending to needs and concerns, as voiced by children themselves, rather than imposed *a priori* by adults. The CRC recognizes children as rights holders with the capacity to participate in defining their own wellbeing, rather than treating children as passive objects of adult interventions (Woodhead, 1997).

Landsdown (2001) writes;

> *Article 12 is one of the general principles of the CRC. It states the right of children and young people to express their views freely in matters that affect their being, provided the opportunity to do this in various forums that have a responsibility for their affairs. Children's participatory involvement in the process to improve their collective situation and those within their community exemplifies their role as citizens. This article presents one of the CRC's most fundamental and far-reaching principles.*

While the motivation behind the CRC and child participation may broadly have children's best interests in mind, this work is not beyond critique. Participation, while an admirable goal, may often come up against a range of social barriers to the empowerment of children. For example, Boyden (2003) has explored the range of adult attitudes toward the perception of children who have participated in armed groups. Boyden points out adults may view children as moral reprobates, and that this perception may be a barrier to empowerment activities for former youth combatants in post conflict settings. Even adults who are sympathetic to the principle of enabling children to express their views may feel uncomfortable with the process and implications of putting this into practice. Indeed, children themselves frequently experience similar feelings of unease (Lansdown, 2001).

Child participatory programmes may be an immediate small scale intervention that ignores broader societal ills. This in turn, may lead to gross discrepancies in power and access to resources, especially in capitalist systems (Singer, 1989; 1995; Kohrt, Tol, Pettigrew, & Karki, in press). There is not only the danger that participatory approaches may obscure larger power differentials which underlie the majority of social ills, there is also the risk that international agencies can – consciously, or more often unconsciously – exploit the participatory process to further their own objectives and goals without ultimately meeting the needs specifically identified by children (White & Choudhury, 2007). As White and Choudhury suggest, international development agencies have much to gain from the rhetoric of participation. Finally, Cooke and Kothari (2001) point out the risk of overburdening children with participatory approaches, and contributing to another tyrannical system dressed in the garb of inclusion and empowerment.

In order to maximize the benefit of participatory approaches, while being cognizant of these critiques, a number of researchers and interventionists have proposed possible solutions. For example, there is some consensus in the development sector that development agencies should make resources available to children in order to promote participation and empowerment (Ennew, 1994). Children's input has demonstrated some positive outcomes in programme development. This has been seen at the local level in South Asian countries, where children have been successful in influencing local level decision making without endangering them by overtly threatening pre-existing power relations (Williams, 2004). While there have been advances, such as the World Bank considering how to include

children as programme partners to further enhance their participation in programmes (Miljeteig, 2000), other fields have generally ignored child participation. For example, programme planning in emergencies (Jabry, 2005). Ultimately, many of the problems raised by children at the local level require national level solutions. To address this, political agreement among power holders at the national level is required to realize child rights (Hart, 2008). It is not only local cultural issues, but also organizational culture and internal power structures of development and humanitarian organizations, which may significantly mute the voice of children (Hart, Newman, Ackermann, & Feeny, 2004).

UNICEF (2001) claims that children who grow up in a participatory atmosphere do better, reach higher levels of moral development, become more socially involved, and have fewer psychological and social problems. The growing field of psychosocial interventions is a key arena to address both issues of child participation as well as possible limitations of this approach. The Psychosocial Working Group (PWG) (2003) suggests that participation itself is psychologically beneficial because it helps to restore dignity and a sense of control, especially following overwhelming experiences (Hobfoll, et al., 2007). Child participation in the aftermath of disaster will help them to regain a sense of agency and security, and ultimately foster resilience (Markenson & Reynolds, 2006). Similarly, a study conducted by Hart (2004) suggested that child participation in humanitarian action can open doors for enhanced protection. This was illustrated in one of the examples; '.. *a child is much more likely to be preoccupied with the difficulties of crossing a mine field to fetch water today, than remembering an experience of fighting which happened several years ago*' (Hart,

2004). This example illustrates how the reality of children's wellbeing may be counter-intuitive to programme developers, who may in turn focus on major traumatic events. Whereas for children, daily struggles may be more debilitating. A participatory approach may therefore have large implications for programme planning and funds allocation.

Humanitarian workers have incorporated the need for participation in their guidelines and consensus statements. The most recent edition of the Sphere Handbook (2004), which outlines minimum standards for the response of agencies to disaster, emphasizes the need to involve children as participants in the various stages of the programme cycle. Similarly, the Inter-Agency Steering Committee (IASC) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007) emphasize the necessity for participatory assessment, monitoring and evaluation with children.

The aim of this paper is to present a pilot-tested method for child participation, within a protection programme for former child soldiers focusing on psychosocial support. The approach links different steps of participation with programming stages, using a psychosocial framework. We outline a systematic method highlighting successful outcomes and major limitations. While we present a specific model here, practitioners should not feel limited to any single stereotyped approach, but rather consider myriad ways in which they can foster children's participation. The model presented here is just one such example. Moreover, presenting this model provides an opportunity to examine some of the growing critiques of participation, as they may arise, in a specific attempt at implementing a psychosocial participatory programme for children.

Setting and context

Nepal is a landlocked country north of India and south of the Tibetan autonomous region of China, with a population of almost 28 million. Nepal ranks 142 out of 171 countries on the human development index (United Nations Development Programme (UNDP), 2007). This rank shows the strong inequalities by region, gender, and caste (Government of Nepal, 2007; Kohrt, et al., 2009). Nepal has the highest income gap between rich and poor in Asia with the Gini coefficient having increased from 0.34 to 0.41 in the past decade (World Bank, 2007). Nepal's population comprises more than 60 ethnic and caste groups. There is a long history of hegemonic dominance by the Hindu high castes (*Brahman* and *Chhetri*) of the ethnic groups (*Janajati*, who are predominantly Buddhist and shamanist) and of those deemed low caste (*Dalit*). Across ethnic and caste groups, historically, children have had few legal rights but have been a large part of the labour force, even from early childhood.

In February 1996, the Communist Party of Nepal (CPN−Maoist) presented a 40 point list of demands to the Nepalese government. These points dealt largely with rectifying economic and social injustice, abolishing the monarchy, and establishing a constituent assembly (Thapa & Sijapati, 2004). When the government did not respond to their demands, the Maoists began a nationwide insurgency. Government security forces cause the majority of conflict's 13 000 deaths during the '*People's War*' (Mehta, 2005). The war officially ended in November of 2006, when the CPN signed a peace treaty with the government, which led to the inclusion of the Maoists in the national government. Both the Maoist People's Liberation Army (PLA) and the Royal Nepal Army (which became the Nepal Army in 2006) recruited children into roles as soldiers, sentries, spies, cooks, and porters (Human Rights Watch (HRW), 2007). Nepalese child soldiers, especially girl soldiers, have considerably greater mental health problems when compared to children who were not conscripted by the Maoists (Kohrt, et al., 2008). Those children participating in this pilot project were formerly associated with Maoist fighting forces.

Methods

The CLI process was developed by the Transcultural Psychosocial Organization (TPO) Nepal, drawing upon initial input from Save the Children Sweden, with the goal of having a tool to better involve children in designing and monitoring psychosocial support programmes. TPO field tested, and subsequently modified, CLI based on input from child participants.

This approach highlighted a number of areas where children can be involved. First, children can provide relevant insights, experience and views unique to their lived experience. Second, children can determine the characteristics of their wellbeing, specific to their particular socio-cultural context, and revealing their knowledge of socio-ecological resources in their community. Third, children can outline the necessary steps and activities required to elicit support from community resources. This sets the foundation for the development and implementation of subsequent programming. Fourth, children can develop indicators that they are able to identify, record, and follow over time. Fifth, children can assess the programme impact by evaluating changes in the lives of girls and boys, using the developed indicators. In addition, practitioners can employ indicators developed by children to guide other programming in similar topical areas, or cultural contexts.

Before going through each of the steps, it is important to consider group composition. Similar to forming a focus group, it is important to create a balance between homogeneity and diversity. In our work, the larger groups (about 5 – 12 children) were child soldiers in a specific age range (13 – 16 years old). Then, facilitators subdivided the groups into smaller working units, such as dividing the participants into subgroups based on gender. The structure and subdivisions ultimately will depend on the topic and type of children in the programme. Below we described the seven steps of CLI sequentially, highlighting the unique information emerging from each step, Table 1 provides an overview of the steps and their goals.

Description of the seven steps of the Child Led Indicator process

(1) *The heartmind map (manko chitra)* is a tool to help children discuss their psychological and social wellbeing in terms of the Nepali concept of 'heartmind' *(man)*. The heartmind *(man)* is the organ of emotion and memory, and the site of anxiety (*chinta*) and sadness/depression (*dukha*) (Kohrt, Tol & Harper, 2007; Kohrt & Harper, 2008). Facilitators ask children to draw their heartmind in any form they choose; examples have included faces, flowers, fish, and flags. Then, the children write any positive or negative emotion within the picture of the heartmind. The facilitator helps the children by encouraging them to write any emotion they would like. The facilitator explains that it does not need to be his or her own emotion, it can be anyone's. This helps children feel comfortable and less self-conscious. Thus, the heartmind map forms the basis for children to express both their positive and negative feelings. After drawing the heartmind and writing thoughts and feelings within it, the next step is to have children map out the type of experiences that can contribute to these feelings, thoughts, and memories. The final picture typically resembles an image with feelings written inside and then surrounded by different types of experiences and activities.

(2) *Priority ranking and selection of focal psychosocial problem* The goal of this step is to have children work together in their subgroups to identify the most important issues confronting their lives. The facilitator may ask the participants to look at their heartmind maps and think about the emotions, thoughts, or feelings that cause them the greatest distress. This may be fear of domestic or political violence, worries about how to meet basic needs, bereavement, regret about having left school, etc. We have found that children often combined feelings with the events that created them. It was rare to have children describe a single emotion, such as fear, independent of the cause. Moreover, we found that having emotions tied to the context actually was beneficial in later steps, thinking about solutions. Facilitators ask the groups to select three to five of these important psychosocial problems in their lives. Then the groups pick one psychosocial problem to discuss. They can pick it based on severity, frequency, or any other criteria they choose.

(3) *Cause and effect analysis* The goal of this step is to help children describe the causes of the main psychosocial problem. Then the children describe how the problem affects their lives. During this step, the facilitator asks the children to come up with a list of causes that

Table 1. Steps and goals of psychosocial Child Led Indicator process

Steps	Activities	Outputs	Skills developed
1. Heartmind map	Drawing the heartmind, positive and negative emotions, and experiences related to these emotions	Visual map for children to show positive and negative emotions with life experience	Describing feelings, emotions, and experience
2. Priority ranking of psychosocial problems	Identify main psychosocial problems which produce stress in a children's lives	List of 3–5 main psychosocial problems, and selection of a common problem for all children to discuss in subsequent steps	Identify concerns and prioritize them. Work in a group to come up with a shared psychosocial problem
3. Cause and effect tree	List a range of causes of main psychosocial problem, identify both proximal and distal effects of the psychosocial problem	A cause and effect tree diagram illustrating causes to mitigate and effects to minimize	Connect psychosocial problems with larger social issues in the community and think about consequences in both short and long term framework
4. Desired state of psychosocial wellbeing	Utilizing the problem analysis helps children to envision the situation where there is no such traits of psychosocial problems	A list of important positive psychosocial objectives to achieve through certain interventions	Help children recognize strengths and positive attributes even among children with difficult psychosocial problems, and help children envision wellbeing to achieve when addressing psychosocial problems

Table 1. *(continued)*

Steps	Activities	Outputs	Skills developed
5. Resource mapping	Make a list of existing community and personal resources which can be mobilized to address psychosocial problem	A resource map of personal and social factors to include in intervention programming and activity development	Help children to identify existing resources in their community which can be mobilized to improve their wellbeing
6. Proposed activities	Make a list of activities which could be done with existing community resources to address psychosocial problem	An activity matrix for addressing the psychosocial problem including the roles of children, families, and other community members in carrying out the activity	Help children to think about solving problems with existing resources, and help children to plan concrete activities they can do with peers
7. Indicators for programme monitoring and evaluation	Refer to the objective situation and ask children what kind of changes you would see if you achieved your stated objectives and implemented your planned activity	A list of child led indicators which can be used by children for self monitoring and by programme implementers for participatory monitoring and evaluation	Help children envision what a successful programme looks like and how to recognize improvement

contribute to their psychosocial problem. If their concern is domestic violence, a cause may be alcoholism. If the psychosocial problem is regret about leaving school, causes may include the family being unable to pay for a school uniform, or needing to stay at home and care for younger siblings. If the psychosocial problem is loneliness, the cause may be the death of a relative or being forced to move because of a natural or manmade disaster. Often, with some encouragement, children are able to identify a range of causes creating the chosen psychosocial problem. The facilitator then asks the children to consider the effects of the psychosocial problem – both current, and in the future. For example, if the family or armed group forced the child to leave school, the child should describe how that is affecting him or her now, and how it will affect him or her in the future. This helps to give a clear overview of the causes and effects of the main problem. Thereafter, this provides comprehensive analysis of the problem from the children's perspectives and educates the programme staff more about the broader context and concerns regarding the problem. One effective way to conduct this step graphically is through a *cause and effect tree*. In the tree, roots represent the cause, the trunk is the main problem, and the branches and leaves symbolize the consequences, with more proximal effects on close branches and distal effects on distant branches or leaves.

(4) *Developing a desired state of wellbeing* It is crucial that the CLI process focuses on strengths, resilience, and building hope, and not solely on problems. While problem analysis presents the negative aspects of an existing situation, analysis of objectives is an opportunity to describe a positive future situation where children have solved their main problem. During analysis of objectives, children identify potential solutions for a given problem. This involves the reformulation of the *'problems'* identified into positive *'objectives'*. The objectives derived should reflect the future, desired situation, but should also be realistic and achievable. The rationale of the reformulation is to derive the objectives directly from the actual existing problems identified earlier. In fact, children have to develop a wellbeing situation, which is the opposite of the negatively formulated problem. The children benefit by foreseeing a future where they are better equipped to prevent, or cope, with psychosocial problems. The outcome of this step will help in developing child framed project objectives, with the target of achieving this desired state of wellbeing, and guide development of activities and resources in the next steps.

(5) *Resource mapping* helps children to identify socio-ecological resources present in the community. They deem these resources necessary to achieve their desired state of wellbeing. In many post conflict and post disaster settings, the infrastructure is significantly destroyed, or in various states of reconstruction. In such circumstances, children often creatively rebuild their social support systems. The goal of this step is to help children brainstorm which resources in their community they could access to help address their psychosocial problem and achieve their desired wellbeing. At the same time, children need to help determine and assess the strength and

weakness of existing resources. The facilitator may gently point out possible challenges of resources proposed by children, so that the children can brainstorm how to overcome these factors. In doing so, the facilitator needs to identify the expected support of the children from the identified resources, i.e. to help children realize that they are responsible for being proactive agents meeting their own needs. This step will help to incorporate the existing resources into programme planning.

(6) *Activity listing* helps children plan, and take initiative, in designing the activities that could form an important base for developing the programme to reach their ascribed wellbeing situation. Children feel more ownership and willingness to participate in its implementation when they see that dedicated adults are assisting in bringing their designed activities to life, in order to achieve their wellbeing. This step is another opportunity for the facilitator to encourage children to think about their own responsibilities and agency in helping to achieve their target psychosocial wellbeing. In addition, activities should rely upon existing community resources to the greatest extent possible, to minimize the requirement of external (and possibly less sustainable) resources. The child designed activities should include the role of children in such activities, along with the clearly defined roles that children expect from their families, community members, and nongovernmental organizations (NGOs), and to develop an estimated timeframe and concrete action plan to implement those activities.

(7) *Development of indicators* is the final step of this CLI process. Indicators are the measurement of changes that children are trying to develop, based on their earlier identified objectives (Step 4). Children will ask to connect different positive psychosocial traits with different activities and resources in the development of indicators. Thereafter, evaluators can employ these indicators to monitor the activities conducted, to achieve their set objectives. This step helps children to come up with distinct measures and endpoints for their activities. These developed indicators are contextually relevant and will further strengthen the programme by providing a basis for a monitoring and evaluation mechanism. Moreover, the IASC *Guidelines on MHPSS* call for the development of contextual indicators, which will help to guide programme planning, monitoring, and evaluation processes within a particular cultural context (IASC, 2007). The child-developed indicators set a benchmark against which programmes could be evaluated, both at the outcome and impact level. This step is particularly important so that children see if their activities will actually address all of the psychosocial goals they set up in Step 4. If they find that one of their psychosocial goals does not fit as an indicator for any activity, then they may need to go back to Step 6 and design another activity.

Case example of a CLI process

The results below are from a CLI process with former girl soldiers. The CLI was conducted by a psychosocial facilitator who had received 1 month of qualitative and quantitative training, as well as a specific 3 day training in CLI, including conducting

a CLI learning process, in Kathmandu. Participants were recruited from the sample of former child soldiers in the larger quantitative study (Kohrt, et al., 2008 for full description of enrolment of child soldiers in the study). For the CLI described in this article, the group included eight girl soldiers (ages 14–16, mixed caste and religion). All girls were no longer associated with the Maoist army and were now living back in their home community. The CLI was conducted in a rural area (district name not disclosed for security reasons).

Discussion

This article is an introduction to a framework for more systematic participation of children in psychosocial programming. In this example, a seven-step CLI process was developed and piloted to incorporate child participation at different stages of programming during needs assessment, planning, implementation, monitoring and evaluation. The first two steps of CLI are ideal to elicit information on psychosocial status, especially for children in areas of conflict and war zones, or children affected by disasters. These initial steps highlight the areas of psychosocial distress most concerning children, from their perspective, and thus helps to inform programming to meet the needs specified by the children. The next four steps supplement this initial information by providing insight into the programme development approach, emphases, and actions for programme implementers. CLI produces clear goals and objectives for project work as defined by children. In addition, the steps shed light on existing socio-ecological resources and uncover pathways to take advantage of these resources. The last step results in specific indicators, which both children and adult evaluators can use to assess the impact of a programme. When successful, the CLI process achieves the objective of bringing about positive changes in children's lives in a manner amenable and acceptable to the children themselves.

In this pilot implementation of CLI, we worked with child soldiers reintegrated into home communities in Nepal. Below, we discuss the successes and challenges of this pilot work as it reflects upon the broader endeavour of child participatory approaches.

Needs assessment CLI was useful in eliciting information regarding the psychosocial needs of children who were the beneficiaries of proposed programming. Children of different backgrounds (e.g. differences based on caste, ethnicity, gender, class, educational background, disability, religion, region, etc.) had an opportunity to express their different needs within a common framework. For example, the concept of '*heartmind*' allowed children of different genders, ethnicities, or caste to connect with a common understanding of feelings and wellbeing that was comparable across linguistic and ethnic groups (Kohrt & Harper, 2008). This way of data collection, utilizing heartmind as a framework, helped children to define psychosocial problems within their socio-cultural setting without the need to frame their emotions and experiences within Western concepts of mental health and psychology.

For example, evidence of a good heartmind (or '*big*' heartmind) (McHugh, 2001) provided by girl and boy soldiers included helping people in difficult times, not discriminating against others, playing and enjoying time with friends, spreading peace in society, studying and becoming a good person, and sharing feeling with peers. Examples of a '*small*' heartmind (an undesirable state) included friends teasing them for being Maoists, backbiting, not being able to study, friends not listening to them, feeling

sad, people getting angry, staying alone, and being separated from family and friends. Experiences that cause pain in the heartmind included community discrimination, lack of acceptance upon their return in the community, not able to complete their education, and guilt. Children had the opportunity to describe these issues through verbal reports and visually, through drawings and other art.

By using CLI, we gained insight into the needs of children and the framing of those needs within a local ethno-psychological context. We would advocate the use of similar procedures in other settings of intended psychosocial intervention. However, there is a limitation to the CLI process when used as needs assessment. By structuring the process into the heartmind map and subsequent steps, facilitators specifically channel children into identifying and describing their problems within a psychosocial framework. Children, using this approach, are not able to start with ease to discuss their concerns. That said, with humanitarian and other agencies operating under specific mandates, they have definite constraints on children's freedom in the type of needs that practitioners can address. This area needs further investigation.

Programme development CLI provides children with a basis to participate in the planning process. It helps in identifying (1) programme objectives to reduce target problems; (2) resources to achieve these objectives; (3) activities required to put those resources into action; and (4) the overall arch of programme activities aimed toward meeting a locally defined target for wellbeing among children. Child participation can help to identify resources in the midst of damaged social fabric observed in post conflict settings (Desjarlais, Eisenberg, Good & Kleinman, 1995). For example, boy

soldiers in one of the districts identified guilt as one of their major problems because they had been involved in a lot of deforestation activity when building canals for the Maoists. Now, they blame themselves for the current consequences, such as landslides in their village. As a result, they want to reduce their feeling of guilt by planting trees in the affected communities. These boys saw the first step of a programme as the need to identify the resources in the community of those who could help in such tree planting activities. This example illustrates how children designed activities that could help improve their psychosocial wellbeing. This step also has two major limitations. The first is the scope of solutions available to children. While children's strength may be their awareness of local solutions, they may be unaware of broader regional, national, or international solutions to problems. This is where it may be helpful to combine the interventions developed by children with interventions proposed by experts in the field. The challenge is to address balancing expert knowledge with children's knowledge, so that children's voices do not become lost in the chorus of more traditional sources of power. The second challenge is how to follow through with child developed activities. Contextual factors, as well as the commitment of intervening agencies, strongly dictate what can and cannot be done with and for children, as we will describe below.

Programme implementation In order to implement activities designed through CLI, it is important that children develop a detailed action plan to guide their involvement, and that of their peers, to facilitate effective adult supervision. For example, during the CLI activity design process, children discuss and divide the roles and responsibilities between adults and children for the implementation stage. Therefore, interventionists

need to build regular communication between children and adults into programmes so that children can update adults continuously about their monitoring activities based on the selected indicators. The indicators developed during the process also help to guide adult activities during the implementation stages.

Programme implementation can be the major bottleneck in attempting child participatory psychosocial programmes. As mentioned above, while children are able to identify problems and design interventions, it is ultimately in the hands of adults running intervention programmes if, and how, this become translated into actual activities. Adults typically will decide which programmes to implement and how to modify child recommendations based on expert knowledge. As Hart (2008) and others have pointed out, a child based needs assessment and programme development may ultimately be used to justify preconceived programmes from development agencies. Development agencies may selectively choose to support some recommendations made by children, which are in keeping with prior activities of the organization, while discarding child recommendations that are novel or contrary to prior activities.

Monitoring, evaluation and impact assessment using child led indicators Participation of children in the development of indicators is crucial in setting up a participatory monitoring and evaluation system. Children develop indicators based on their concepts of desired wellbeing and their planned activities to achieve that wellbeing. For example, during the piloting of the CLI process with former child soldiers, many of the specific indicators were tied to a successful reintegration process. This illustrates how psychosocial wellbeing indicators are con-

textual and depend upon the programme's target group, e.g. psychosocial indicators for child soldiers may be very different from psychosocial indicators among child workers in brick factories. Table 2 lists some of the indicators in this pilot project.

One example of an employed child developed indicator was '*positive views of children from neighbours in the community.*' Based on this goal, interventionists directed considerable attention toward improving community members' perceptions of former child soldiers, especially girl soldiers. A significant part of this was fostering communication to counter suspicion of the motives of returning children, which often motivated community members to discriminate. They were concerned that the former child soldiers were still associated with the Maoists and that they were acting as spies. By addressing this fear and children communicating their motives to adults, community perceptions improved. This was done in some communities through street dramas written and performed by children, in cooperation with local child clubs and facilitated by NGOs providing child soldier reintegration packages. Another factor influencing children's treatment by community members was the perception that they would not be able to function in society. This became a '*chicken and egg*' situation. Community members prevented children from participating in educational or vocational activities, thus the children could not demonstrate their ability to fit into civilian life. Reintegration support from NGOs took the form of enrolling children in school and in vocational training, this then helped jumpstart community involvement.

'After getting support from the local NGO, the community perception toward us has changed. There is more respect and concern

Table 2 Example data from one CLI process (text is left in original after direct translation)	

Step 1: *Heartmind* map	*Positive feelings*
	  Happy to return back to their community
	  Ability to speak and learn more
	  Increased understanding of helping 'Dalit' communities
	  Increased leadership ability
	Negative feelings
	  Facing hardships in armed groups
	  Feeling bad after the commander's punishments
	  Feeling sad because of the behaviour of community members after returning home
	  Being teased by friends and teachers
	  Feels angry when meeting party (Maoist)

Step 2: Identification and priority ranking of psychosocial problems	Feeling afraid of re-recruitment Being hit, beaten and not allowed to speak Made to do sit ups as a punishment Feels awkward to eat in the laymen's/citizen's home Society being negative Backbiting by girls Being teased by teachers and peers Friends do not want to sit together at school

Step 3: Causes and effects of primary psychosocial problem	Main problems
	Fear of re-recruitment
	Causes
	  For election and revolution processes
	  Because we were admitted in army before
	  To take us into battle
	  For women's development
	Effects
	  We don't get to study
	  Our future is spoiled
	  Difficulty in sustaining life
	  Unable to fulfil the things desired in life
	  Possibility of being kidnapped again, ruined life
	  Family is affected by separation
	  Be put in a situation in which even death should be faced

Step 4: Ideal wellbeing	Able to study with full concentration Having no threat of re-recruitment Increase in self-confidence Become hardworking and faithful Development of speaking ability

Table 2 (continued)	
Step 5: Resource mapping	Family/relatives: Family and relatives should manage time for studies Home and society: It would be better if, people from villages and society perceive us in a good way; People from the village should not use the words 'Maoist' Organization: It would be good if organizations helped children like us to study Teachers: Teachers should behave towards every child equally Politicians: All political parties should stop using children Nation: It would be better if plans related to the rights of children to improve future
Step 6: Activities	Creating public awareness programmes in villages, society and nation Pasting leaflets to give out different types of information Circulating information through media Making, giving and pasting wall-magazines Informing about child rights Campaigning at the national level

Step 7: Child led indicators	Indicators
	   Living happily with family at home
	   No fear of re-recruitment
	   Good behaviour from teachers
	   Good behaviour from society and neighbours
	   Getting love, affection and help from everybody
	   Getting to study and be independent
	   Getting to participate in extra curricular activities at school.
	   Adjusting well with neighbours
	Means of verification
	   Can be seen from the ways of speaking, sitting, dressing and eating
	   Marks obtained in respective subjects in exams
	   Inquiring through teachers, principal and friends
	   When neighbours become friendly
	   Through school records and attendance registers

for us, especially when people find that we are doing well in school or in learning job skills'.
16-year old former girl soldier in Nepal (TPO, 2007).

However, we also encountered a number of challenges for implementing a truly participatory approach to monitoring and evaluation activities. Originally, we had proposed having former child soldiers take part as assistants in the field evaluation process. However, after exploring the ground reality of former child soldiers in the community, it was determined that this would put the children's safety in jeopardy, particularly in communities that expresses significant feelings of revenge toward former child soldiers. Moreover, by being more visible, former child soldiers would have been at greater risk of re-recruitment by armed groups. Thus, a fully child led evaluation would have been neither feasible, nor ethical. The outcome was to have research staff use CLIs, in consultation with children in evaluating the impact of programmes. We would expect similar constraints in other settings, especially areas that have recently experienced political violence, in fully participatory approaches for child led evaluation.

Limitations
Developing child participatory approaches is an ideal goal for any project. However, in addition to the challenges described above, it is important to highlight a few more limitations to the CLI process. For example, involvement of children at every stage is time consuming and can be a potential burden on children with other tasks (White & Choudhury, 2007). For example, in Nepal, there are already competing demands between schooling and domestic work. Second, it is possible to raise hope and create

false expectations of what is achievable. Thus, it is crucial to educate children about the realities of the situation, and help them work within this, so as not become cynical or feel helpless. In this specific CLI process development, the greatest weakness was the discrepancy between the information gathering process and the actual programme implementation. While many of the programmes implemented through reintegration support to former child soldiers complemented the identified needs, such as providing for education and job training, there was not a specific intervention conducted as the children proposed and designed it. This was particularly true for psychosocial activities. Many local implementing NGOs felt unable to address psychosocial issues raised in the child proposed activity because of the lack of training in mental health and psychosocial support. In the future, there should be a greater effort to develop of cadre of trained psychosocial workers who can carry out this task.

The most effective programmes will have a balance among child guided activities, expert practitioner driven practices, and child focused policy changes at the national political level.

Conclusion
A child led indicator process has the potential to include children throughout the programme cycle period, in a systematic and child friendly way. Children provide their input regarding issues and concerns, and propose solutions for appropriate interventions. The ultimate goal is to foster psychosocial growth through empowerment in the child participatory processes. A challenge facing advocates of child participation is when to consult children, and how to consult children, in designing programmes, particularly for programmes that could

enhance their psychosocial wellbeing. Another drawback is the potential for threats to participation. This pilot project demonstrates the successes and challenges of including former child soldiers in a reintegration programme in Nepal. The major challenges for the organization in this setting, and in general, are to take up child developed recommendations and work with the children to implement them. Future CLI approaches that carry through to the implementation phase should evaluate the impact of participation specifically as a contributing factor to improvement in children's psychosocial wellbeing. The ability of organizations to take up the issues of children in an effective way provides a real platform for children's effective and meaningful participation. However, participation in and of itself is not a panacea for psychosocial wellbeing, as it carries with it a series of risks and concerns that need to be addressed.

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