'I CAN FORGIVE NOW'

EVALUATION STUDY OF WAR CHILD'S PSYCHOSOCIAL SUPPORT INTERVENTION I DEAL

WAR child

War Child Holland believes no child should be part of war. Ever. Nevertheless, millions of children and young people worldwide grow up in conflict-affected areas. Children and young people's rights to be protected from violence, abuse and neglect, to live a dignified life and be supported in their healthy development are violated on a massive scale.

We empower children and young people to change their own future by protecting them from the effects of war, promoting psychosocial support and stimulating education. We enable them to strengthen their self-confidence and to build positive relationships with their peers, family and wider community. We unleash children's inner strength with our creative and involving approach. We inspire as many people as we can.

War Child Holland is an independent and impartial, international nongovernmental organisation investing in a peaceful future for children affected by armed conflict. Our work is based on the United Nations Convention on the Rights of the Child. An up to date list of countries where we work can be found on our websites.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Exposure to the disruption, loss, and violence associated with conflict and its aftermath places significant psychological and social strain on children, young people, their families and communities. The overall impact results in the disruption of children's normal psychosocial development, including their identity, their ability to manage their emotions and behaviour, and their ability to build and maintain healthy relationships.

Despite growing evidence on the impact of psychosocial support interventions,[1, 2] there is an urgent need for a stronger evidence base on approaches that effectively support children affected by armed conflict.[3] To contribute to this evidence base, and building on a pilot study conducted in Uganda[4] in 2009, War Child conducted an exploratory outcome evaluation of its psychosocial support intervention 'I DEAL' in the Eastern Equatoria State of the Republic of South Sudan[5] and the Putumayo and Valle del Cauca regions of Colombia in 2012.[6] The objective of the evaluation was to explore the outcomes that I DEAL achieves for children and the factors that influence the achievement of those outcomes to further inform and strengthen the intervention.

I DEAL

War Child's psychosocial support intervention I DEAL supports children (11-15 years old) to better cope with the aftermath of armed conflict by strengthening their social and emotional coping skills. The intervention addresses the themes of identity, dealing with emotions, relationships with peers and adults, conflict and peace, and the future. Participants actively contribute to the intervention by determining which of the issues the intervention will address, setting and monitoring their personal goals for the intervention, and providing regular feedback on the intervention's content, activities and structure.[7] The intervention consists of nineteen sessions of 1.5 hours each, implemented over a period of four to six months depending on local circumstances and modules selected. Each session combines creative and participatory activities such as role-play, drawing, games, and group discussions, to stimulate active learning.[8] The groups consist of a maximum of twenty-five participants and are facilitated by community workers (hereafter facilitators). Previously published and non-published evaluations in other countries have shown that I DEAL has positive short-term outcomes for the children participating, particularly mitigating reactions to violence, such as aggression, and improving relations with adults and peers.[9]

METHODS
The evaluation followed a mixed-method, non-randomised, pre- and post-test design, with a focus on participatory methods. As the research was intervention-driven, it included a convenience sample in schools where the intervention took place, and did not include a control group. The findings stemming directly from children were compared and verified by interviews held with teachers, facilitators and parents. The research is in line with international ethical standards and guidelines for the evaluation of psychosocial programming.*

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* UNICEF (2011) Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. New York: United Nations Children's Fund. Inter-agency Standing Committee (IASC). (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva, Switzerland: IASC.

1   Flament, M.F., Nguyen, H., Furino, C., Schachter, H., MacLean, C., Wasserman, D., Sartorius, N., Remschmidt, H. (2007). Evidence-based primary prevention programmes for the promotion of mental health in children and adolescents: A systematic worldwide review. In H. Remschmidt, B. Nurcombe, M.L. Belfer, N. Sartorius & A. Okasha (Eds.). The Mental Health of Children and Adolescents: An Area of Global Neglect. (pp. 65-136) West Sussex, England: Wiley & Sons;
2   Jordans, M.J.D., Komproe, I.H., Tol, W.A., Kohrt, B.A., Luitel, N.P., Macy, R.D., de Jong, J.T.V.M. (2010). Evaluation of a classroom-based psychosocial intervention in conflict-affected Nepal: a cluster randomized controlled trial. Journal of Child Psychology and Psychiatry, 51, 818–26.
3   Tol, W.A., Patel, V., Tomlinson, M., Baingana, F., Galappatti, A., Panter-Brick, C., Silove, D., Sondorp, E., Wessells, M., van Ommeren, M. (2011b). Research priorities for mental health and psychosocial support in humanitarian settings. PLoS Medicine, 8(9), 1001096. doi:10.1371/journal.pmed.1001096
4   Claessens, L.F., De Graaff, D.C., Jordans, M.J.D., Boer, F., & Van Yperen, T.A. (2012). Participatory evaluation of psychosocial interventions for children: a pilot study in Northern Uganda. Intervention, 10(1), 43–58.
5   In collaboration with the University of Amsterdam, the Dutch Youth Institute, and HealthNet-TPO
6   In collaboration with the Childhood Observatory at the National University of Colombia
7   Claessens et al, 2012
8   Kalksma- van Lith, B. (2007). Psychosocial interventions for children in war-affected areas: the state of the art. Intervention, 5(1), 3-17
9   Claessens et al, 2012; De Graaff, D.C. (2006). Effect-study Creative Workshop Cycle World Child Kosovo War Child Research Paper, War Child Holland, Amsterdam; Abola, C. (2011). "Let's DEAL with it" and "Child protection and Education" Programmes implemented in Gulu, Amuru, Lira, Kitgum and Pader Districts in Northern Uganda. End of program evaluation. War Child Holland, Amsterdam.

In the Republic of South Sudan, I DEAL was implemented by staff of Youth Out of Poverty and AIDS in Society (YOPAS y SARRA), one of War Child Holland's partner organisations, over a period of 8 months in 2012. In Colombia, I DEAL was implemented over a period of four months in 2012 by two counsellors working for War Child's partner organisation Corporación Casa Amazonía (COCA) in Putumayo, and by teachers in the Valle del Cauca department, coordinated by War Child's partner organisation FUNDESCODES.

KEY FINDINGS

Overall findings
- **The objectives of the I DEAL intervention and the themes it addresses are consistent with children's local perceptions of well-being.**

- **The evaluations in both countries indicated positive results in children's achievement of their personal goals.**

- **Both evaluations indicate positive outcomes in the development of children's social coping skills, especially conflict resolution skills, and improved social relationships with peers and adults.**

Specific to Colombia:
- Children demonstrated decreased levels of psychosocial distress after the intervention, with an increase from 50 to 63 percent in the number of children reporting 'normal' levels of distress rather than 'borderline' or 'abnormal' levels of distress.

- Facilitators and parents observed an increase in children's confidence to speak in public and express their emotions.

Specific to South Sudan:
- Observed improvement in children's classroom performance, particularly in their concentration and participation, and in the collaboration between pupils in class.

- Teachers, facilitators and parents reported observing a decrease in fighting and aggression and better management of aggressive emotions and behaviours amongst children who had participated in the intervention. Participants also reported these changes.

QUALITY AND RELEVANCE OF CONTENT

Children in both countries confirmed that the topics covered in I DEAL were relevant and responsive to their local perceptions of well-being. Facilitators in both countries recommended further adapting the intervention to the local context, particularly by integrating local games and shortening and simplifying the exercises and sessions. Children in Colombia suggested including themes related to the prevention of drug abuse, youth delinquency, respect for different ethnic backgrounds and gender relations.

STRENGTHS AND LIMITATIONS OF THE RESEARCH

Strengths: In both countries, the evaluation gathered a large amount of qualitative data using participatory and child-friendly methods. Findings from interviews and activities conducted with children and young people were compared and analysed in the context of observations from facilitators, parents, and caregivers. In South Sudan, teachers were also interviewed.

Limitations: Because of the exploratory and intervention-driven nature of the research, control groups were not used. For this reason, the outcomes cannot be unequivocally attributed to I DEAL as they cannot be compared to the development of children not participating in the intervention. Also, the evaluation focused on gathering findings related to short-term outcomes only and relied largely on self-assessment tools, which provide subjective outcomes as they rely on individuals' own perceptions of their achievements or progress.

CONCLUSIONS

The evaluation of War Child's psychosocial intervention I DEAL in South Sudan and Colombia is in line with international research priorities, contributing to a better understanding of effective psychosocial support interventions for children affected by armed conflict.[10] The evaluation shows that I DEAL is consistent with local perceptions of well-being and positively affects children's social and emotional coping skills. This is particularly reflected in children's improved conflict resolution and collaboration skills, and improved self-confidence. In South Sudan, the intervention demonstrated the potential to improve classroom performance. In Colombia, I DEAL had a positive impact on reducing children's levels of psychosocial distress.

Participation in I DEAL contributed to a reduction in violent behaviour amongst children and strengthened their relationships with their peers and adults. In this way, I DEAL has the potential to contribute to peace building processes in conflict-affected areas by building individuals' skills to resolve conflicts and strengthen relationships.

All children affected by armed conflict should have access to support that builds their self-confidence and social and emotional coping skills. These attitudes and skills empower children to change their own behaviour and positively influence their peers, families, and the communities in which they live. And perhaps most importantly, though I DEAL, children learn to believe in themselves, in their ability to reach their goals, and make a difference.

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10 Tol et al, 2011b

KEY RECOMMENDATIONS

The findings from this study should be used to further improve the intervention to achieve maximum outcomes for children affected by armed conflict.

For further practise:

›   To effectively promote children's psychosocial well-being and healthy development, psychosocial interventions should be based on a thorough assessment of needs and resources. This would help ensure a common understanding of the psychosocial needs of the target groups, potential risks associated with children's participation in the intervention, and local resources and coping mechanisms that could complement the intervention and contribute to the sustainability of outcomes. In addition, psychosocial interventions should be combined with other interventions that address all factors influencing children's well-being in the local context. For example, their material and spiritual well-being, health, education, and protection.

›   To foster consistent attendance and promote sustainable outcomes, community support for the intervention should be increased by involving communities at the very beginning of implementation.

›   In line with child rights based programming principles and to ensure the motivation of participants, participation in psychosocial support interventions should be completely voluntary.

›   A clear structure for professional development and coaching should be put in place to motivate facilitators and increase the quality of implementation.

›   During the training of local facilitators, exercises should be reviewed and adapted to ensure themes and methods are culturally relevant and appropriate.

For further research:

›   Building on this exploratory outcome evaluation, the objectives of the I DEAL intervention should be further specified to allow for more precise measurement.

›   To be able to draw conclusions about the intervention's effectiveness, future research is needed using wait-listed control groups, analysing the relation between specific intervention components, external factors and outcomes

›   Research is needed to further assess the impact of I DEAL on academic performance and to explore the long-term impact of I DEAL on children's psychosocial well-being.

1. INTRODUCTION

This chapter describes the impact of armed conflict on the well-being of children and their right to psychosocial support. It also introduces the psychosocial life-skills intervention 'I DEAL' and the evaluation conducted on the intervention in 2012.

1.1 IMPACT OF ARMED CONFLICT ON THE PSYCHOSOCIAL WELL-BEING OF CHILDREN

Psychosocial well-being is determined by children's emotional, cognitive, social, and spiritual development.

Armed conflict impedes the healthy development of children. In the short-term, children's exposure to armed conflict can result in feelings of profound and constant fear, panic attacks and other forms of anxiety, disobedience, and nightmares. Exposure to armed conflict can also have a serious long-term impact on the mental health of children, potentially manifesting in social isolation, self-harm, aggression and depression.[11] Even in the absence of direct exposure to violence, the breakdown of stability caused by conflicts can trigger emotional distress in children.

Children's separation from their parents during armed conflict can often cause more emotional distress than exposure to violence or danger.[12] Parental absence may also require young children to take on adult responsibilities, such as caring for young children or becoming a family breadwinner.[13] Even when families remain together, parents are often unable to provide a safe and protective environment for their children. Conflict can also cause the breakdown or destruction of community support structures, resources and trust.[14]

This destruction of the security and stability of normal daily life – compounded by the lack of access to education and recreation activities often faced by children during armed conflict[15] – ruptures children's healthy development. Yet the resilience of children must not be underestimated. They have huge potential to cope with conflict situations and maintain their psychosocial well-being. By providing meaningful opportunities for children to maintain connections with their families, caregivers, friends, peers and teachers, their capacity to handle emotional distress and the adverse affects of armed conflict can be increased.[16] Table 1 provides an overview of short-term and long-term reactions to violence.

11   Donahue-Colletta, N. (1992). Understanding Cross-Cultural Child Development and Designing Programs for Children. (Washington, D.C.: PACT).

12   Betancourt, T.S., & Khan, K.T., (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. International Review of Psychiatry, 20(3): 317–328

13   UNICEF (2009). The Psychosocial Care and Protection of Children in Emergencies – Teacher Training Manual. Available at http://www.ineesite.org/uploads/files/resources/UNICEF_Teacher_Training_Manual_-_June_2009.pdf

14   Inter-agency Standing Committee (IASC). (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva, Switzerland: IASC.

15   Burkle, F.M., Chatterjee, P., Bass, J, Bolton, P. (2008). Emergency mental health and psychosocial support. In the International Federation of the Red Cross (IFRC). Public Health Guide for Emergencies. (2nd Edition pp 198-219). Retrieved at http://www.jhsph.edu/research/centers-and-institutes/center-for-refugee-and-disaster-response/publications_tools/publications/_CRDR_ICRC_Public_Health_Guide_Book/Chapter_5_Emergency_Mental_Health_and_Psychosocial_support.pdf

16   Betancourt & Kahn, 2008.

Table 1. Overview of typical reactions to violence by children.[17]

Short-Term Reactions to Violence	Longer-Term Reactions to Violence
• Fear • Clinging to parents • Mistrust and suspicion • Nightmares and night terrors • Physical complaints • Regression to developmentally younger forms of behaviour • Sadness or depression • Restlessness, defiance, disobedience • Aggression • Disturbed relations with adults and peers	• Preoccupation with traumatic memories • Nightmares related to the trauma and disturbances in sleep • Re-enacting trauma in play behaviour • Trouble concentrating • Lack of interest in activities • Showing of few emotions • Withdrawal from others, social isolation • Constant alertness to possible danger • Guilt about surviving • Poorly developed moral sense of right and wrong • Loss of optimistic view toward life

1.2 PSYCHOSOCIAL SUPPORT FOR CHILDREN AFFECTED BY ARMED CONFLICT

Children affected by armed conflict have a right to appropriate measures supporting their psychological recovery and social reintegration.[18] The approach to providing these services to children has shifted from the use of largely trauma-based models to approaches that recognise and strengthen resilience, or children's own ability to cope with adversity.[19] Resilience is characterised by a sense of self-esteem and self-confidence, a sense of self-efficacy (the belief in one's capacity to make a difference or achieve one's goals), and social problem-solving skills.[20] Social and emotional coping skills[21] and supportive social relationships with peers, parents and other adults[22] are also essential aspects of resilience.

The resilience approach acknowledges that emergencies, including armed conflicts, affect different groups and individuals differently, and that individuals and communities have inherent skills and mechanisms to recover from adverse experiences. Psychosocial support programming aims to build children's resilience by curtailing and preventing the consequences of armed conflict, restoring normal development. It allows children to interact socially with their peers and adults, improve their social and emotional skills and self-confidence, and grow into competent, engaged and productive adults.[23]

17 Donahue-Colletta, 1992.
18 Child Rights Convention Article 39
19 Kalksma- van Lith, B. (2007). Psychosocial interventions for children in war-affected areas: the state of the art. Intervention, 4, 3-17.
20 Betancourt, T.S., & Khan, K.T., (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. International Review of Psychiatry, 20(3): 317–328
21 ibid
22 Benzies, K., & Mychasiuk, R. (2008). Fostering family resiliency: a review of the key protective factors. Child & Family Social Work, 14(1): 103-114. doi: 10.1111/j.1365-2206.2008.00586.x
23 UNICEF (2009). The Psychosocial Care and Protection of Children in Emergencies – Teacher Training Manual.

1.3 INTRODUCTION TO THE I DEAL INTERVENTION AND EVALUATION

The overall objective of War Child's programming is to increase the well-being of children and young people affected by armed conflict by:

1. Providing access to quality **psychosocial support** for children and young people.
2. **Protecting** children and young people from violence, abuse, and exploitation.
3. Providing access to child-friendly and quality basic **education** opportunities for children and young people.

With a particular focus on psychosocial support, War Child uses an integrated programming approach that incorporates aspects of protection and education to support the holistic well-being of children and young people affected by armed conflict.[24] Developed by War Child in 2006, I DEAL has since become the key psychosocial component of War Child's integrated programming. Previous evaluations of I DEAL have shown positive short-term effects[25,26,27] in improving children's ability to cope with aggression and violence in their communities, and improve their relations with adults and peers.

1.3.1 The I DEAL intervention

War Child's group-based psychosocial life-skills intervention 'I DEAL' is designed to strengthen the resilience of children affected by armed conflict. The intervention aims to strengthen participants' self-esteem, self-confidence and self-efficacy through the use of participatory methods. These methods create opportunities for participants to express themselves and improve their ability to speak in groups, and foster participants' confidence in their ability to achieve their goals. Through activities focused on collaboration and conflict resolution, the I DEAL intervention also works to build participants' social and emotional coping and problem-solving skills, which contribute to the development of improved social relationships.

The overall objectives of I DEAL are:
- Strengthening children's social and emotional coping skills to strengthen their resilience and improve their relationships with peers, parents and other significant adults.
- Strengthening children's confidence in their ability to express themselves in a group setting and reach their own goals.

The intervention is designed for small groups of children ages eleven to fifteen, and consists of six theme-based modules. See table 2. for the key themes and objectives of each module. The modules combine a variety of creative and participatory techniques designed to stimulate active learning,[28] including role-play, drawing, games and group discussions. The themes addressed in the six modules are: identity, dealing with emotions, peer relations, relationships with adults, conflict and peace, and the future. Each module consists of three to four sessions of 1.5 hours each. The sessions are implemented over a period of four to six months, depending on local circumstances. I DEAL groups consist of a maximum of twenty-five participants, and are facilitated by community workers or teachers (hereafter facilitators) – one main facilitator and one co-facilitator. Participants actively contribute to the intervention by deciding on the issues the intervention will address, setting and monitoring their personal goals for the intervention, and providing regular feedback on the intervention's content, activities and structure.[29]

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24   War Child recalibrated strategy. 2013-2015, unpublished.
25   Claessens, L.F., De Graaff, D.C. , Jordans, M.J.D. , Boer, F., & Van Yperen, T.A. (2012). Participatory evaluation of psychosocial interventions for children: a pilot study in Northern Uganda. Intervention, 10(1): 43–58.
26   De Graaff, D.C. (2006). Effect-study Creative Workshop Cycle World Child Kosovo War Child Research Paper, War Child Holland, Amsterdam.
27   Abola, C. (2011). "Let's DEAL with it" and "Child protection and Education" Programmes implemented in Gulu, Amuru, Lira, Kitgum and Pader Districts in Northern Uganda. End of program evaluation. War Child Holland, Amsterdam.
28   Kalksma - van Lith, B. (2007). Psychosocial interventions for children in war-affected areas: the state of the art. Intervention. 5(1): 3-17.
29   See 25 and 28.

Table 2. I DEAL objectives per module

Module	Objectives of each module
Identity and assessment	• Participants get to know each other • Participants build trust in themselves and the group • Participants determine personal and group goals
Dealing with Emotions	• Participants can differentiate between emotions • Participants are able to understand and express their emotions • Participants are able to deal with their own emotions in a constructive way
Peer Relations	• Participants understand different elements of positive peer relations • Participants know how to deal with difficulties and conflicts in peer interactions • Participants know how to give and receive support from their peers and friends
Relations with Adults	• Participants understand different relations they have with the important adults in their lives • Participants can identify positive solutions for problems with their parents/caregivers • Participants know how to deal with difficulties in their relation with other important adults
Conflict and Peace	• Participants are aware of different types of conflict and their causes • Participants know what skills are important in dealing with conflict • Participants can identify peaceful ways of dealing with a conflict • Participants have ideas on how to foster a culture of peace

1.3.2 The evaluation

The majority of research on the mental health of children affected by armed conflict has focused on factors that place children's mental health at risk and psychopathology, rather than on factors that protect children's mental health and prevent short-term or long-term damage, such as their resilience and coping skills.[30] The conceptual framework for the I DEAL intervention and its evaluation in South Sudan and Colombia focuses on the enhancement of children's resilience and ability to cope with adverse events.

The I DEAL evaluation was initiated in 2011 by War Child, in collaboration with the University of Amsterdam, the Dutch Youth Institute, and HealthNet-TPO.[31] The research began in April 2012 in the Eastern Equatoria State of the Republic of South Sudan. In August 2012, the evaluation was extended to the Putumayo and Valle del Cauca regions of Colombia, where the research was conducted in collaboration with the Childhood Observatory at the National University of Colombia.[32] The main objective of the evaluation was to explore the outcomes that children and young people (hereafter children) achieve through their participation in I DEAL and the factors that influence their achievements. The primary purpose of the information is to inform the further revision and strengthening of the intervention. This evaluation builds on a pilot study conducted in Uganda in 2009.[33]

Despite growing evidence on the impact of psychosocial support interventions, there is an urgent need for a stronger evidence base on approaches that effectively support children affected by armed conflict.[34] War Child aims to inform its donors, partners, and the children, young people, parents, teachers and communities participating in its projects, on the progress and impact of its interventions. However, many of the existing research tools have been developed and validated in western, non-conflict settings. In addition, they are generally used to measure changes in psychiatric symptoms. These types of tools do not fit well with I DEAL, which is implemented in conflict-affected areas and was designed to reinforce resilience and coping skills rather than to treat trauma. In addition, traditional research instruments were not designed to be child-friendly or participatory, and are often not applicable in the various cultural contexts in which War Child works.

30   Betancourt & Kahn, 2008.
31   These research institutes provided guidance on the research design and methods
32   The research was conducted by a team of 5 psychology students, and their teacher
33   Claessens et al., 2012.
34   Flament et al, 2007

A complex intervention, which aims to achieve behavioural changes in complex settings such as (post) conflict areas depends on many factors to achieve success, including individual, social and societal factors. When conducting an evaluation of a complex intervention it is essential to identify the external factors that influence the achievement of outcomes, the factors that influence the effectiveness of the implementation, and participants' opinions of the effectiveness of the intervention.[35] Complex psychosocial interventions call for intervention-driven research, which requires qualitative, process-oriented and participatory research, before moving towards more rigorous and quantitative research designs.[36] Because I DEAL had not yet been evaluated in Colombia and the South Sudan, both evaluations were qualitative and process-oriented in nature. Information was gathered through participatory and child-friendly methods, which corresponded with the creative methods used within the intervention. The process-oriented approach aimed to stimulate learning about how the intervention can best be implemented. By exploring locally relevant outcome measurements, the evaluation also facilitates future impact evaluations.

The overall objectives of the evaluation were:
- Assessing the extent to which the themes of the intervention are relevant to and consistent with local perceptions of well-being.
- Exploring the outcomes of I DEAL for children in South Sudan and Colombia.
- Evaluating the implementation process, including the participants' and facilitators' appreciation of the content, to increase the effectiveness of the intervention.
- Identifying and sharing lessons learned with all War Child country programmes, partners, and other non-governmental organisations (NGOs) working in the field of psychosocial support for children affected by conflict.

1.3.3 Research questions
Based on I DEAL's objectives, research questions for the evaluation were formulated in-line with international guidelines for evaluations of psychosocial interventions[37,38].

1. Is the content of I DEAL consistent with children's perceptions of well-being? (Process evaluation)
2. How do the participants appreciate I DEAL? (Process evaluation)
3. What are the outcomes of I DEAL?
   - At the level of emotional and social coping skills?
   - At the level of participants' own personal goal? (Outcome evaluation)?
4. What factors contributed to these outcomes? (Process evaluation)

The evaluation research also aimed to contribute to current knowledge gaps in the field of psychosocial support by addressing three international research priorities[39]: 1) the effectiveness of school-based psychosocial support; 2) local perceptions of psychosocial problems, and; 3) the extent to which current interventions address these needs.

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35   Gould, N. (2010). Integrating qualitative evidence in practice guideline development: Meeting the challenge of evidence-based practice for social work. Qualitative Social Work, 9, 93-109.
36   ibid
37   UNICEF (2011). Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. New York: United Nations Children's Fund.
38   Inter-agency Standing Committee (IASC). (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva, Switzerland: IASC.
39   Tol et al, 2011b

1.4 METHODS

This section describes the research and monitoring and evaluation methods used during the outcome and process evaluations.

1.4.1 Design

The evaluation followed a mixed-method, non-randomised, pre- and post-test design, combining qualitative and quantitative data to explore outcomes (outcome evaluation), and to identify the factors that may have affected the intervention's effectiveness (process evaluation).

The research was conducted while the intervention was being implemented and therefor included a convenience sample of children participating in the intervention at the time. The research did not include a control group for ethical reasons, namely to avoid including children in research who may not have an opportunity to participate in the intervention. The research is in line with international standards for evaluating psychosocial support interventions.[40] Information about the research process was provided and participants' consent obtained using creative and child-friendly methods. Confidentiality was ensured to all respondents.

To ensure data quality, local research assistants were recruited from Juba University and War Child's partner organisations in South Sudan, and from the National University in Colombia. In Colombia the research team consisted of students of the Psychology faculty, who had knowledge of child rights and experience with interviewing techniques. They received a full-day training on using the research tools. In South Sudan, nine research assistants received three days of training on child rights, child safety, and using the research tools. Interviews were conducted in local languages (Juba Arabic and Lotuho). Researchers in both countries invested time in child-friendly approaches and games to build trust with participants. The head teacher introduced the purpose of the research to participants in South Sudan. In Colombia, the intervention facilitators made the introduction.

1.4.2 Sample Colombia

In Colombia, I DEAL was implemented at two schools in the Putumayo region and two schools in the Valle del Cauca region (in the municipality of Buenaventura). A total of 125 children (sixty-one girls, sixty-four boys) participating in the intervention took part in different phases of the research. They ranged in age from eight to eighteen, which is broader than the intended age range of eleven to fifteen, see Table 3 for demographic characteristics of the research sample. The sample was not randomly selected, but rather locations were selected based on access to schools and the inclusion of different cultural groups in the intervention. Intervention participants were selected from different grades by the schools' principals and teachers, based on the teacher's perception of the children's psychosocial problems.

Table 3. Demographic characteristics of research sample per group

I DEAL Group	Total No. of Children	Mean Age (SD)	Age Range	No. of girls	No. of boys
1	30	11.77 (1.74)	9-16	17	13
2	23	11.87 (1.10)	10-14	11	12
3	39	13.20 (1.76)	8-16	16	23
4	33	11.33 (2.09)	8-14	17	16

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40   UNICEF, 20011; IASC, 2007

To compare and verify the findings reported by participants, five facilitators (four females and one male), and twenty-one parents and caregivers (nineteen females and two males) between twenty-three and seventy-three years of age participated in the evaluation process.

Drop out

Unexpected circumstances periodically interrupted the carefully planned research schedule. As a result, the number of children participating in the evaluation research decreased significantly between the baseline and post-test measurements. In the Putumayo groups, this was due to participant drop out from the intervention, further explained in chapter 2. Colombia. In the Buenaventura groups (Valle del Cauca region), the difference in the sample size between pre- and post-test measurements occurred largely because the research team's last visit coincided with the end of the school year. As a result, a number of participants did not attend the evaluation session.

Overall, the post-test sample size was 29 percent smaller than the sample size at baseline (N_1=104; N_2=74). For the questionnaire, this resulted in a sample of 58 participants with both a baseline and post-test measurement (55.7 percent drop out). For the personal goal exercise, this resulted in a sample of 32 participants with both a baseline and a post-test measurement (drop out of 48.4 percent).

1.4.3 Sample South Sudan

Of the eleven I DEAL groups in Eastern Equatoria, five were selected to participate in the research. They were selected from schools hosting the intervention in five different villages, based on the security and accessibility of area, and the starting dates of the intervention. The research sample included a total of 122 children (seventy-three girls and forty-nine boys). Each group consisted of children from the same third or fourth grade class, which met after school hours. See table 4 for demographic characteristics per location. In some cases, teachers selected pupils from other grades to join the groups to balance the number of girls and boys. Consequently, the age of participants ranged from eight to sixteen years old, a slightly wider range than for which the intervention was designed (eleven to fifteen years old).

Table 4. Demographic characteristics of research sample per group

I DEAL Group	Total No. of Children	Mean Age (SD)	Age Range	No. of girls	No. of boys
1	21	12.38 (1.69)	9-16	11	10
2	24	12.17 (1.09)	11-14	13	11
3	28	11.32 (1.72)	8-15	8	20
4	27	10.33 (1.04)	9-13	11	16
5	22	11.91 (1.44)	9-15	6	16

Drop out

Thirty-three percent (N_1=110, N_2=74) of the children participating in the research dropped out before the post-test for the personal goal measurements was conducted. For each instrument used, the selection of respondents was based on their presence during data-collection, age and gender. Each child (N=122) participated in at least one of the research methods. From each location, at least one teacher from grade three or four was interviewed. The research aimed to include parents from each location. Due to practical constraints, this resulted in a total sample of eleven parents from two locations.

1.4.4 Research instruments
All research instruments used can be found in Annex 1.

Local perceptions of well-being
The participatory research tool 'Well-being exercise'[41] was used to compare the content of I DEAL with local perceptions of well-being and assess the intervention's relevance and cultural fit. During group exercises, children reflected on what they believe determines the well-being of a child in their community, and the behaviours they associate with peers who are 'doing well'.

Personal goal setting
The setting of personal goals can help interventions meet needs identified and articulated by participants themselves, and at the same time support their participation in the monitoring and evaluation of the intervention.[42] In clinical settings, there is emerging evidence that patients are more likely to achieve their goals if they are involved in setting them and scoring their progress.[43] Further, children's participation in planning, monitoring and evaluation can in itself facilitate psychosocial growth.[44]

War Child uses personal goal setting to include a child-led, participatory indicator of success in its intervention. I DEAL facilitators use the 'Personal Goal' exercise[45] to further tailor the intervention in response to the needs of the particular group. At the same time, the exercise enables children's participation in evaluating the intervention. By setting a personal goal at the beginning of the intervention, participants establish their own individual indicator of success. At the post-test measurement, participants determine the extent to which they have achieved their personal goal. To ensure that participants formulate realistic and achievable goals, participants choose goals related to their self-identified strengths and difficulties within the themes of the intervention: personal skills or behaviours, and relationships with peers and adults. At the end of the intervention, participants mark their progress on a ten centimetre continuous line (see below) without numbers.[46] As shown below, the positive and negative ends are indicated by a smiling and a sad face,[47] respectively.

If participants feel their goal has been fully achieved, their end score will be '10'. If participants have not fully achieved their personal goal they can measure their progress by measuring the distance between the first (baseline) and the second (evaluation) mark. There is growing evidence this approach is more sensitive than standard measures, and can avoid floor and ceiling effects, when all respondents tend to choose the most positive or negative option, inhibiting the measurement of individual differences.[48] For the purpose of the research, in-depth interviews further clarified the reasons that participants felt they had or had not achieved their personal goal.

41   Stark, L., Wessells, M., King, D., Lamin, D., & Lilley, S. (2012). A grounded approach to the definition of population-based, child protection and wellbeing outcome areas. London, England: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.
42   See I DEAL Monitoring and Evaluation Toolkit. Available at warchildlearning.org and after March 2014 warchildholland.org
43   Durrant, C., Clarke, I., Tolland, A., & Wilson, H. (2007). Designing a CBT Service for an Acute In-patient Setting: A pilot evaluation study. Clinical Psychology and Psychotherapy, 14, 117-125. doi: 10.1002/cpp.516
44   Karki, R., Kohrt, B.A. & Jordans, M.J.D. (2009). Child Led Indicators: pilot testing a child participation tool for former child soldiers in Nepal. Intervention, 7(2): 92-109.
45   See 31 and Annex 1
46   Baker, R., & Hall, J. (1994). A Review of the Applications of the REHAB Assessment System. Behavioural and Cognitive Psychotherapy, 22, pp 211-231. doi:10.1017/S1352465800013084.
47   See 42 and Annex 1
48   Turner-Stokes, L., Hurn, J., Kneebone, I., & Cropley, M. (2006). Goal setting as an outcome measure: A systematic review. Clinical Rehabilitation, 20(9):756-72.

Evaluation interviews

After the intervention, structured interviews were held with participants on their satisfaction with the intervention. The interview questions were based on a tested tool for measuring client-satisfaction,[49] which measured their motivation to participate, reasons for missing one or more sessions, and whether the sessions were beneficial to them in their opinion. The interview included closed and open-ended questions. For example, the question, 'How much did you enjoy participating in I DEAL?' could be answered with 'a lot', 'quite a bit', 'a little', 'hardly' and 'not at all'.

To assess what participants learned during the intervention researchers asked 'Has there been any change (positive/negative) after finishing the programme for you personally?' The answer options were a) deterioration, b) no change, c) some improvement or d) much improvement, as well an open option to allow for explanations.[50] Other questions included: 'How did you feel in the group?', 'Did you want to participate and why or why not?', and 'Has there been any change (positive or negative) after finishing the programme for you personally?'

Group discussions

At post-test, one-group discussion was held in each location to evaluate the modules and ask participants for suggestions to improve the content and facilitation. Two group exercises were conducted: In the first exercise each participant used a sticker to indicate which module they liked most (green), which one they liked least (red) and from which module they had learnt most (orange). In the second exercise, they were asked to work in small groups and formulate tips for facilitating a session well, in order to determine the style of facilitation they prefer. In addition, participants were asked when they prefer the sessions to take place, for tips to make sure every child actively participates in the session, and whether the sessions should address any other difficulties that children may have.

Observations

In four groups, two sessions – one at mid-term and one towards the end – were observed with a focus on the quality of facilitation[51] and group dynamics. Researchers used a checklist of statements such as 'the facilitator followed the manual' to assess the completeness of implementation, and 'the facilitator used mainly frontal teaching' to assess the facilitators' fidelity to the intervention's intended approach. To find out whether group dynamics played a role in achieving the objectives, the checklists also included statements such as 'the participants were resistant to participate in exercise'. Each statement had four answer options: 'rarely/never', 'sometimes, frequently', and 'all the time'. Total scores on the quality of facilitation could vary from twelve to forty-eight.

Interviews with teachers, facilitators, project staff and parents

Interviews with teachers, facilitators, project staff and parents were held after the intervention using structured topic lists that combined closed and open-ended questions. Respondents were, for example, asked if they had observed any changes in participants' behaviour over the past six months, and what they thought had caused these changes. To understand the external factors relevant to each group, the respondents were also asked how participants were doing in general, and if there were any events that may have affected their well-being over the last six months.

Additionally, facilitators were asked about their satisfaction with facilitating each group and how difficult it was for them to lead the groups.[52] They were also asked about the user-friendliness of the teaching materials (what was easy, what was difficult, and what could be improved), how they valued the training and support they received, and for suggestions to improve the content of the intervention and support for facilitators. The overall quality

49 Healthnet TPO & Centre for Trauma Psychology: Monitoring and Evaluation Package - version II. Retrieved May 2010 from http://www.healthnettpo.org/files/695/m-e-format.pdf
50 ibid
51 Hasson, H. (2010). Systematic evaluation of implementation fidelity of complex interventions in health and social care. Implementation Science, 5:67.
52 Healthnet TPO & Centre for Trauma Psychology.

of implementation, including the completeness of implementation and facilitators' fidelity to the intervention's approach, was assessed by asking facilitators what they had adapted or skipped and by observing sessions, as described above.

Key project staff were also asked to share their observations regarding the quality of implementation, the strengths and weaknesses of the training for facilitators, and possible external factors that may have influenced the effectiveness of the intervention.

Monitoring and evaluation tools
In addition to the abovementioned research methods, War Child's general monitoring and evaluation tools were used to evaluate the intervention. Regular participatory evaluations were integrated into the intervention and documented by facilitators. These, as well as facilitators' evaluations of the intervention, have been used for the purpose of this research to assess content appreciation and implementation.

Additional research instruments used in Colombia
Risk and resources map
To provide contextual information on the areas in which the intervention was implemented, participants created risk and resource maps indicating the risks children face and the available resources and protective factors in their social environments. [53]

Questionnaire assessing psychosocial distress
Before the start of the intervention, participants were interviewed using the 'Strengths and Difficulties Questionnaire', which measures psychosocial distress levels.[54] The purpose of using the questionnaire was to gain insight into the general levels of well-being amongst children involved in the intervention and to explore whether the intervention has any influence on children's psychosocial distress levels in the short term (three to five months). This tool has been validated in various countries and cultures, and is currently one of the strongest tools available to measure the psychosocial well-being or distress levels in children.

General levels of psychosocial distress were measured using a total difficulties score of zero to forty based on twenty items. A lower score indicates low levels of psychosocial distress. Additionally, the five-item pro-social scale was used to assess pro-social behaviour (using a scale of zero to ten). A higher score indicates more pro-social behaviour.

Case studies
Interviews were held with a few participants at the start, mid-term and at the end of the intervention to follow their learning process in a more in-depth manner. The interviews used a structured topic list and visual-analogue lines to score twelve selected outcomes relating to the main learning objectives of each module. Questions included, for example, 'How confident do you feel to speak in front of a group?' and 'How would you rate the interactions or relations you have with your peers?' In addition, participants were asked, 'How do you feel to be part of this I DEAL group?' and 'What new things have you learnt during today's session?'

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53   Hart et al, (2007). Participatory tools for evaluating psychosocial work with children in areas of armed conflict: a pilot in eastern Sri Lanka, Intervention 2007, Volume 5, Number 1, Page 41 – 60.
54 Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. Journal of Child Psychology and Psychiatry, 38, 581-586.

1.4.5 Analysis

Quantitative data was analysed using Excel and SPSS 20. T-tests and analysis of covariance were used to analyse pre- and post-test differences in psychosocial distress and resilience, taking into account the following covariates: gender, age, and location.

Qualitative data was analysed using grounded theory to discover patterns emerging from the data. The analysis started with intensive case-level analysis and gradually progressed into extensive analysis combining and comparing types of informants, topics and cross-cutting themes.[55] Although grounded theory in itself is an inductive form of analysis, the analysis was conducted using general themes derived from existing theory (factors of resilience and psychosocial well-being). In maintaining a balance between inductive and deductive coding, conclusions can be easily translated into existing frameworks, while also allowing for new insights provided by the data.[56] To increase the objectivity of analysis, the coding was done by two researchers separately and consensus was reached where needed.

55   Silverman, D. (2011). Interpreting Qualitative Data. London, England: SAGE; Russell Bernard, H. (2002). Research Methods in Anthropology: Qualitative and Quantitative Approaches. Oxford, England: Altamira Press.
56   Russell Bernard, H. (2002). Research Methods in Anthropology: Qualitative and Quantitative Approaches. Oxford, England: Altamira Press.

COLOMBIA

This chapter details the findings of the process and outcome evaluations conducted in Colombia between August and December 2012. It begins by describing the local context, followed by an analysis of the results, conclusions and recommendations.

2.1 LOCAL CONTEXT

Colombia has an estimated population of 47.7 million, thirty four percent of which lived below the national poverty line in 2011. After five decades of conflict between the national army, guerrillas, paramilitary groups, drug mafias, and other armed groups, armed violence has become a fact of life for children in Colombia. They face multiple forms of violence, ethnic discrimination, and the breakdown of family structures and traditional social support networks. Their future prospects are extremely limited.[57]

Marginalised regions such as Putumayo and Valle de Cauca have been disproportionally affected by the presence of armed groups. The regions continue to experience daily armed confrontations, child recruitment by illegal armed groups and the national army, and the occupation of schools by the national security forces.[58] Armed groups also continue recruiting and using children in urban areas such as Bogotá and Pereira.

A Child Rights Situation Analysis[59] recently conducted by War Child in Colombia highlighted the psychosocial impact of the conflict on children. The findings included children's diminished sense of self-esteem, fear of expressing themselves, and the loss of a sense of identity. Roles within families have changed significantly as a result of the conflict, especially amongst displaced populations, with children taking on adult roles and responsibilities for supporting their families. Children lack figures they can turn to for support. In addition, the study identified internalisation of violence by children as a mechanism for self-protection and social positioning, and children's deep resentment toward adults and authorities. Overall, the study found that basic ties of solidarity and support had broken down, resulting in a general sense of distrust and lack of prospects, other than those offered by armed groups.

2.1.1 Facts and figures

- **Child soldiers:** an estimated 8,000 – 14,000 child soldiers are still active in Colombia. Since 2000, 4,688 former child soldiers have attended the programme run by the Colombian Institute of Family Well-being (ICBF) for children released from armed groups.[60]
- **Internally displaced children:** 645,612.[61] Colombia is home to the second largest internally displaced population worldwide.[62]
- **Sexual and gender based violence:** armed groups perpetrate grave forms of sexual violence. Fears of reprisals by perpetrators or of re-victimization result in vast underreporting.[63]
- **Child labour:** in 2008, 610,100 boys and 280,000 girls ranging in age from 5-14 were economically exploited.[64]
- **Other violence affecting children:** 745 children had been killed and 10,337 had been victims of domestic violence in 2008. Cases of extrajudicial executions involving children persisted in 2010.[65]

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57 War Child Holland (2012). Factsheet Colombia. Unpublished.
58 UN General Assembly (2013). Children and armed conflict: report of the Secretary-General of 2012, 23. Available at http://watchlist.org/wordpress/wp-content/uploads/CAAC-Annual-Report-2013.pdf
59 Child Rights Situation Analysis, Colombia. War Child Holland. Unpublished
60 ICBF, 2011.
61 Internal Displacement Monitoring Center.
62 Acción Social, 2010.
63 UN General Assembly (2011). Children and armed conflict : report of the Secretary-General , 23 April 2011, A/65/820 - S/2011/250. Retrieved from: http://www.refworld.org/docid/4dda382b2.html
64 ILO Colombia (2008). Child labour data country brief. Available at http://www.ilo.org/ipecinfo/product/download.do?type=document&id=7794
65 UN General Assembly (2011). Children and armed conflict : report of the Secretary-General, 23 April 2011, A/65/820 - S/2011/250. Available at: http://www.refworld.org/docid/4dda382b2.html

2.1.2 I DEAL interventions in Putumayo and Valle de Cauca

The relationship between the armed conflict, illicit crops and drug trafficking, thrives in the regions of Putumayo and Valle de Cauca. As a result, these regions have suffered significantly from the consequences of the armed conflict. The civilian population has experienced armed clashes, massacres, kidnappings, and targeted killings. In addition, these areas have historically been excluded from development enjoyed by other regions in the country, reflected in the regions' high levels of poverty and poor roads and transportation infrastructure. The precariousness of the education infrastructure and the low quality of educational services in the areas are largely caused by corruption.[66] War Child has worked in the Valle del Cauca region since 2012 and in Putumayo since 2008.

Putumayo

The cultivation of coca is widespread in Putumayo, with timber and mining (petroleum) also playing important roles in the region's economy. The production of petroleum and coca facilitated the consolidation of the FARC guerrilla group in the region and the subsequent appearance of paramilitary groups, who began fighting for control of drug production and trafficking routes in the 1990s.[67] Seeking to control the population through fear, they carried out massacres in various villages[68] and caused massive displacement. In 2011, more that forty-eight percent of the internally displaced population living in Putumayo were children.[69]

In Putumayo, I DEAL was implemented in two groups (Groups 3 and 4) from rural education centres located in areas largely inhabited by small-scale farmers and peasants. The area also includes indigenous reserves. Some of the I DEAL participants' families have been victims of massacres or other severe acts of violence.

During the risk and resource mapping exercises, participants indicated that they spend most of their free time in their neighbourhoods or at local rivers where they go there to have fun, play and be with their friends and family. In addition to their recreational or sporting activities, they also dedicate a significant part of their free time to domestic chores and other work-related activities. Although a sensitive topic, some of the participants mentioned that they work in family-owned stores or businesses, and harvest coca, cocoa bean and coffee crops as casual labourers.

Buenaventura

Buenaventura, a municipality in the region of Valle de Cauca on Colombia's Pacific Coast, is Colombia's most important port. Despite the wealth of the port, the community has limited access to basic services and infrastructure. Consequently, the population, the majority of which are afro-descendants,[70] faces one of the highest levels of poverty in the country (80.6 percent live in poverty, 43.5 percent in extreme poverty[71]).

Valle de Cauca is one of the regions most affected by the armed conflict.[72] Buenaventura illustrates the new dynamics of the armed conflict, characterised by the appearance of neo-paramilitary groups with links to drug-traffickers, who exercise control over the civilian population through selective murders, extortion and threats.[73]

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66   District Secretariat of Education Buenaventura (2012). Audit Results. Available at: http://www.sembuenaventura.gov.co/sed/index. php?option=com_content&view=article&id=124:resultados-auditoria-ministerio&catid=1:latest-news
67   Ramírez, (2010). Cited in Historical Memory Group, 2011. The El Tigre massacre in Putumayo, 9th of January 1999. Bogotá: Pro-offset. Available at: http://www.banrepcultural.org/sites/default/files/89818/informe_el _tigre.pdf
68   Historical Memory Group, (2011). The El Tigre massacre in Putumayo, 9th of January 1999: Reconstruction of Historical Memory in the Valle del Guamuez, Putumayo.Bogotá: Pro-offset
69   UNICEF (2012). Situation for children and adolescents in Putumayo. Bogotá: UNICEF
70   Centre of Multi-disciplinary Research for Development (2011). Project to characterize Commercial Sexual Exploitation of children and adolescents in six municipalities of Cauca. Results and analysis from the Municipality of Buenaventura. University of Valle, Departmental Secretariat of Health of the Valle del Cauca.
71   Development Plan of the District of Buenaventura 2008 – 2011. Governable, Educated and Productive Buenaventura with Security. Available at: http://cdim.esap.edu.co/BancoMedios/Documentos%20PDF/pd%20-%20plan%20de%20desarrollo%20-%20buenaventura%20-%20valle%20-%202008%20-%202011.pdf
72   Regional Coordination of the Colombian Pacific (2010). Buenaventura: A port of excitement? Territorial review of ethnic minorities 1 (5), December 2010.
73   Jesuit Refugee Service (2013) Buenaventura: a humanitarian crisis without a response. Available at: www.jrs.net/Assets/Regions/IOR/media/files/Informe Buenaventura.pdf

Disputes between these groups caused nine mass displacements in 2012, forcing 5,242 people from their homes. Numerous cases of child recruitment and the use of children in drug trafficking and gang-related criminal activities have been reported.

In the municipality of Buenaventura, two I DEAL groups were selected to be part of the research: one from an urban school (Group 1), and one from a rural school (Group 2). The rural area is characterised by small islands populations, which can only be reached by boat. The majority of residents don't have adequate housing, running water, a sewage system, or rubbish collection.

During the risk and resource mapping exercises carried out as part of the research, children identified the schools as a protective factor in their lives, indicating that schools were places where children can have fun. One of the participants stated that they liked coming to school because *"[I can] learn [...], have fun with my classmates, sometimes I can meet other people [...] when they give us our break we can play and share."* Schools also facilitate regular contact and close relationships between children.

2.1.3 Research sample

Table 5 provides an overview of the number of participants per research instrument. The Strengths and Difficulties Questionnaire (SDQ) represents the total sample size as it was used with all children participating in the research. The number of participants in each I DEAL group varied per school. As a result, the number or participants involved in research instruments used during group activities (risk and resource mapping, well-being exercise and discussion groups) varied accordingly.

Table 5. Sample size per research instrument in Colombia

|	Research Tools	Research part	No. in group 1	No. in group 2	No. in group 3	No. in group 4	Total
Baseline	Well-being exercise	Process evaluation	8	8	8	9	33
	Risk and Resource mapping	Process evaluation	31	13	22	14	80
	SDQ	Outcome evaluation	30	21	30	23	104
	Case studies	Outcome evaluation	2	2	2	2	8
Midterm	Observation of sessions	Process evaluation	1	1	1	1	4
	Case studies	Outcome evaluation	2	2	1	1	6
Post test	SDQ	Outcome evaluation	17	13	22	27	79
	Case studies	Outcome evaluation	2	2	1	1	6
	Discussion groups with participants	Process evaluation	17	13	22	27	79
	Interviews with caregivers	Outcome evaluation	6	6	4	5	21
	Interviews with facilitators	Process evaluation	2	1	1	1	5

2.2 PROCESS EVALUATION

This section describes the results of the process evaluation including the intervention's consistency with local perceptions of well-being, the relevance and appreciation of the content, participant attendance and drop out, the quality of and recommendations for implementation, and the capacity building and support provided to facilitators. The data informing the process evaluation was gathered through standard monitoring and evaluation tools and group discussions and interviews.

2.2.1 Local perceptions of well-being

Psychosocial well-being is subjective: it reflects an individual's satisfaction or dissatisfaction with socially constructed indicators of well-being.[74] To verify the degree to which the I DEAL intervention corresponds with local perceptions of well-being, the evaluation study assessed participants' perceptions and understanding of their own well-being. The 'Well-being' exercise was conducted with a total of thirty-three participants representing all groups. Overall, most participants indicated that personal relationships, free time activities, emotions and social conditions were the main factors that determine well-being (See Figure 1). Only 6 percent of participants mentioned academic success (Groups 2 and 4) or material well-being as contributing to a child's well-being.

Figure 1. Factors associated with personal well-being
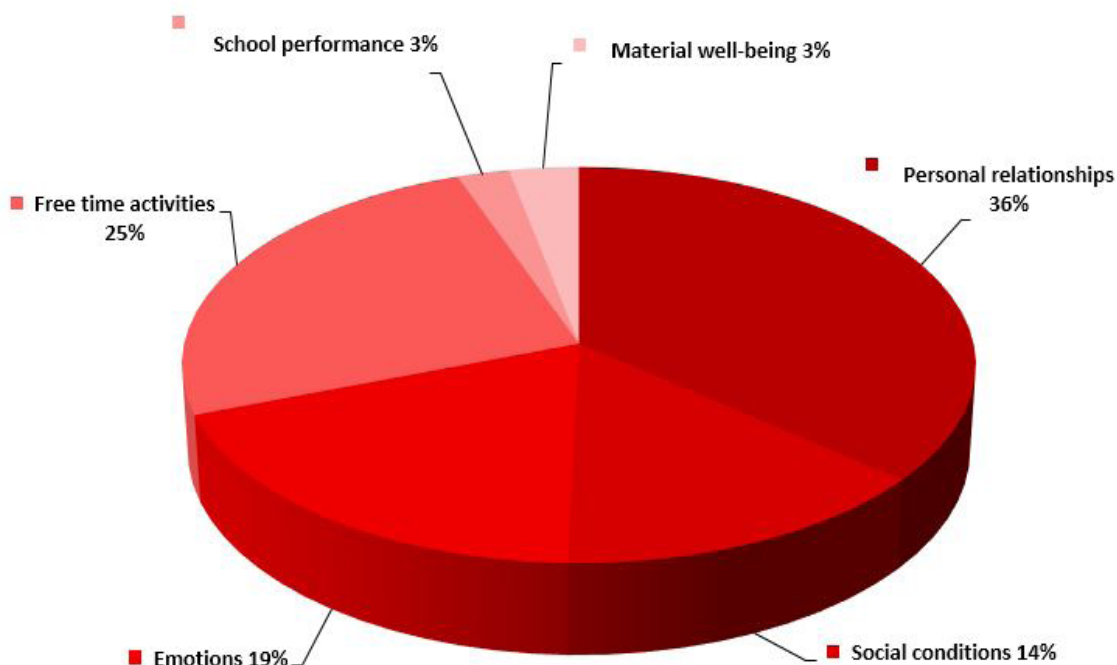
Participants identified good personal relationships as a fundamental component of their well-being. In this category they mentioned: 'establishing relationships with other people in a harmonious manner', 'good company', 'friendship' and 'family support'. Behaviours they associated with good personal relationships included sharing, respect, tolerance, sincerity and helpfulness.

Participants also felt that leisure activities played an important role in children's well-being (especially participants from Groups 1 and 3). They mentioned dancing, singing and swimming in the river or the ocean as activities that they enjoy.

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74   Blanco and Díaz (2005). Social well-being: Its Concept and Measurement. In Psicothema, 17, 4, 582-589.

Furthermore, the ability to manage and express emotions was mentioned by participants as a factor contributing to well-being, mainly in Group 4. They related well-being to the ability to express confidence, happiness and love – towards oneself and towards others – and manage sadness and anger.

Social conditions were also identified as important factors for well-being, predominantly in Groups 2 and 3. To have housing, food, health and access to education was considered important for children to feel at peace. In Group 2, participants mentioned that work allows them to obtain money to buy food.

When discussing behaviours they associated with well-being, most participants' responses were related to pro-social behaviours towards peers and adults, and showing a sense of self-esteem. Participants strongly associated well-being with caring for others, helping others and not fighting. See table 6 for the complete overview of specific behaviours mentioned.

Table 6. Behaviour participants associated with well-being

Category	Behaviour of child that is doing well	N	Behaviour of child that is not doing well	N
Emotional well-being	Self esteem Plays	4 1	Envies others	2
Behaviour towards others	Cares for others Is honest Helps others Listens/ does what is told Shares	3 2 3 1 1	Ignores others Fights Does not share Steals	3 3 2 1

2.2.2 Relevance and appreciation of content
Both facilitators and participants positively evaluated the intervention, highlighting the importance of the space it provides for children to develop new relationships and express themselves freely.

Facilitators
Some facilitators felt that the intervention's emphasis on games as a key tool for working with children was particularly important. They felt this was especially important in contexts of armed conflict where it is necessary to strengthen children's social and emotional skills. As one of the facilitators said, *"I DEAL is very good because it mainly uses games. The sessions are more dynamic and fun and motivate the students to participate."* (Facilitator 1) Some facilitators highlighted the need to include more games in the intervention to develop teamwork skills. They also suggested including relaxation exercises and activities to allow participants to deal with the negative thoughts and energy that occasionally arise during the activities.

However, one facilitator emphasised the importance of gender sensitivity and not assuming that all participants enjoy creative and game-based activities:
> *"The methodology assumes that because children like games, everyone likes to play everything, but it's not like that. There are games that girls like to play that the boys won't play [and vice versa]. So to play football we did it with brooms because the girls weren't going to use their feet. There are games that they can't play with the boys because it is insulting for them."* (Facilitator 5)

Facilitators also appreciated that they could create spaces in which children's voices played a central role. They felt that the intervention created ideal scenarios to develop *"life skills with children"* (Facilitator 1), and generated *"opportunities for dialogue and building trust [... and] to share personal things."* (Facilitator 3)

During the implementation of a session from the 'Relationships with Peers' module, it was evident that the participants' peer relationships were significantly affected by the gender discrimination common to the local context. "*The discrimination against women is very strong. The boys are alpha males, they are from the countryside and they know what to do. The girls don't.*" (Facilitator 1). These issues were evident particularly in activities requiring group work when participants were resistant to working in groups of mixed genders. Neither the boys nor the girls wanted to work with each other. The facilitators felt that I DEAL could be adapted to better address these issues and promote equitable gender relationships and the prevention of gender-based violence.

Regarding the structure of the intervention, some of the facilitators stated that the organisation of the intervention into modules and exercises allows them to easily follow the structure and organise their work. The manuals provide basic information for developing a session and "*[help facilitators] understand what we needed to do with the participants because [the instructions] give us a clear and defined purpose.*" (Facilitator 2) In this way, the clear structure and guidelines helps facilitators understand, prepare and implement the intervention.

Some of the facilitators also recognised the importance of carrying out the final session of I DEAL as "*a celebratory end to the programme.*" They felt that it was important to have a clear end to the intervention because the final session "*generates a lot of nostalgia. It is very important to manage the expectations that have been generated regarding the future, above all when the participants' contexts may challenge the achievement of their dreams.*" (Facilitators 1 and 2)

Participants

The participants highlighted the importance of belonging to a space "*that belongs to children and is for children.*" This space facilitates social interaction and making new friends, and is a place where participants' voices and ideas are valued. Many participants also found emotional support or coaching to resolve personal difficulties through the intervention. One of the participants stated that during the I DEAL sessions "*we expressed what we like and what we don't like because everyone's opinion counted.*" The methodology provides a space in which "*a person can talk about a topic and receive advice [...]*" and feel understood. As one participant said: "*they understand us, they understand us a lot, they help us and they are patient [with us].*" During the group discussion, the participants highlighted the importance of games as an effective strategy because "*they make the sessions fun and the students learn more*" (Group 1).

As is shown in Table 7, during discussion groups, participants from the different groups responded very differently to questions regarding the content of the intervention, such as 'Which module did you like most?', and 'Which module did you like or enjoy the least'. These differences are due to the fact that not all of the same modules were implemented for all of the groups, and possibly due to difference in how the modules were facilitated. Table 7 provides an overview of participants' favourite and least favourite modules, and the reasons cited.

Some participants suggested including topics related to preventing the use of drugs, delinquency, and other threats facing children. Others suggested including a topic on ethnic differences and non-discrimination. Still other participants insisted on the need to increase the focus on knowledge and skills that help them believe in themselves and increase their capacities for self-expression. While the first module, 'Identity and Assessment', works on this topic, it is not addressed in other modules as much as the participants and facilitators would have liked. They recommended that the topic be covered again at a later stage when the participants have become familiar with the overall objective of the intervention, feel more comfortable participating, and have more confidence.

In the opinion of several participants, too often too many activities had to be covered in one session, making the sessions less enjoyable. During the group discussion, one group agreed: "*If there are too many activities then the children and adolescents get bored*" (Group 1).

During the group discussions some participants stated that: *"the students need more materials to learn, such as notebooks, pencils, desks, balls and chairs so they don't have to sit on the floor, paints, brushes and snacks"* (Groups 1 and 2). Taking into account that the intervention is based on creative methods, including the use of art, it is important that the material needed to complete the exercises and achieve the intended objectives is available. However, this recommendation also relates to the fact that these schools operate with very limited resources and often lack supplies, and is therefor not necessarily related to the intervention.

Additionally, the participants suggested including activities such as excursions, camping and field trips for added variety and so that some of the sessions can take place outside and include cultural activities. Participants also suggested that videos, films, music and other interactive elements that relate to the topics could be included in the intervention. These adaptations would make the intervention more relevant to the cultural context and promote active participation, potentially improving outcomes.

Table 7. Evaluation of modules in per group

I DEAL Group	Module participants liked most		Module participants liked least	
1	**Conflict and Peace (53%)**	"(We learnt) that we need to say NO to violence because we have to live in peace." "We have to help reduce the violence and conflict in Colombia."	**Future (57%)**	"When they asked us about future careers we stayed quiet because maybe we don't think about this, we are not in that place right now. [It's difficult] to say I want to do something and then not know if you are going to be able to do it."
2	**Identity and Assessment (75%)**	"(We learnt) not to say bad words." "To get to know my friends better and to learn to share with my classmates."	**Future (100%)**	"I didn't want the project to end because that meant the I DEAL group finished and I wanted to continue with the group."
3	**Relationships with peers (42%)**	"(We learnt) that we are all equals and there shouldn't be differences between us." "How to treat others because you can share with others without saying swearwords to anyone."	**Relationships with Adults (39%)**	"Because we should develop relationships with (people) our age and not so much with adults."
4	**Future (48%)**	"It's cool (good) to think about what we want to do in "life and what we are doing now to achieve it and move forward." "I learnt to share my dreams with others and that if you want to achieve what you want then you have to make an effort."	**Identity and Assessment (44%)**	"The activities are difficult." "I got confused during the spider web activity."

2.2.3 Attendance and drop out

The number of participants varied per group throughout the implementation process (see Table 8). Overall 25 percent of the participants dropped out, and new participants periodically entered the groups. The drop-out rate differed per group, with 88 percent of the total number of drop outs occurring in the Putumayo groups. In Buenaventura, 94 percent of participants completed the intervention, while in Putumayo only 56 percent of the initial participants completed the intervention.

Table 8. Analysis of participation and drop out per I DEAL group

I DEAL Group	1	2	3	4	Total
Number that began with intervention	30	21	30	23	104
Number that dropped out	2	1	17	6	26
New participants that joined	0	0	9	10	19
Total number of participants at the end of the intervention	28	20	22	27	96
Number of students that completed the entire process	28	20	13	17	78

The reasons for participant drop out differed per group and were related to both the conflict dynamics and participants' individual circumstances. Factors affecting attendance included:
- Illness
- Lack of mobility due to poverty
- Lack of mobility due to conflict/insecurity
- Inaccessibility of the intervention location (rain, tides, available transport)
- Conflicting priorities (school, chores, work, other spare time activities). This is a particularly important factor when the intervention is implemented outside of school hours.

In Group 1, two participants dropped out due to a scheduling conflict between their sporting activities and the I DEAL sessions. In Group 2, one participant dropped out when illness required the entire family to temporarily move to the city to seek medical attention.

The drop-out rate was the highest in Group 3; three students from the group received threats from armed actors, prompting their families to flee the area. In addition, the principal of the school used participation in the group as form of punishment for bad behaviour, despite the insistence of the facilitators that participation should be voluntary. For this reason, motivation among participants was low and probably contributed to the high drop-out rate. In the words of one of the group's facilitators "*to not be obliged to do something is important for these students*" (Facilitator 2). Over time, other participants who wanted to be part of the group were allowed to join after others had dropped out.

The geographical characteristics of Buenaventura rural zone (Group 1) also presented obstacles to participants. "*When it rains, it's impossible to get to the school – to navigate through the ocean, and up the river to the island where it is located. And if it's been too dry for too long you can't get there either*" (Facilitator 5).

The majority of the participants in Group 4 lived in remote communities. Their ability to travel to the school was one of the major factors that affected their attendance. One of the facilitators stated:

"the students that live in Ecuador have to travel a long way to get to [here]. In addition, there is a phenomenon of 'mobility of children' in the [schools] due to the structural problem of poverty. The parents move [to an area] for a month, if they don't find work they move to another area. The children move freely between the different schools and we'll never know where they are" (Facilitator 1).

To prevent drop out, facilitators emphasised the importance of ensuring that sessions don't interfere with school activities, and of providing transportation for participants to and from the intervention site. Facilitators also recommended allowing for a period of six months to implement the minimum number of modules (four) in urban areas, and a period of seven or eight months in rural areas. This extended implementation schedule would allow facilitators to reconcile the time available for each session with the demands of the group.

2.2.4 Quality of implementation: completeness and fidelity

The intervention's main criteria for quality are related to completeness and fidelity. Completeness refers to whether sufficient content has been covered to consider that a complete intervention has been implemented. Fidelity refers to whether the intervention was implemented according to the guidelines for facilitation, which emphasise a participatory and child-friendly approach.

Completeness

As stated in the Facilitator's Manual, the I DEAL intervention should begin with the module 'Identity and Assessment' and conclude with the module 'Future'. The other modules to be implemented are chosen in a participatory manner by the participants.

The modules 'Identity and Assessment', 'Relationships with Peers', 'Relationships with Adults', and 'Future' were implemented for Groups 3 and 4. Some activities had to be omitted or shortened, because the sessions were reduced from the planned two hours to approximately ninety minutes. The facilitators commented that: *"the majority of activities take more time than what is stated in the [manual]."* Because of this discrepancy, facilitators had to negotiate between complying with the requirements of the module and meeting the demands of the group.

Based on monitoring data, it appeared that the facilitators made no significant adaptations other than adjusting the duration of the sessions. One exception was the addition of one session into the 'Relationships with Peers' module to address problems that occurred during the session with one group. Based on these findings, it can be concluded that the implementation of the intervention was complete for both Putumayo groups (3 and 4).

The I DEAL interventions taking place Buenaventura (Groups 1 and 2) planned for the implementation of the two additional modules ('Conflict and Peace' and 'Dealing with Emotions') as well as the four other modules covered by Groups 3 and 4. However, the difficulties that participants faced travelling in the area resulted in a significant reduction in the number and duration of the sessions. As a result, the 'Conflict and Peace' module was not implemented in Group 2. Additionally, the four sessions in the 'Future' module were combined into just one meeting, which was also when the intervention party was held (Group 2). As a result, the final 'Personal Goal' exercise, which is used to allow participants to evaluate their achievements during the intervention, was not carried out. In the opinion of one participant *"there wasn't time to do anything, there wasn't even time to play."* During interviews, some of the participants from Group 2 said that the 'Future' module had not been implemented.

For these reasons, it can be concluded that the implementation the intervention in Group 2 was incomplete. It is important to add that the facilitators in charge of Group 2 were implementing the intervention for the first time. Their lack of experience in working with I DEAL could potentially have limited their ability to manage the unforeseen issues and circumstances that they faced.

All six modules scheduled were implemented in Group 1. According to monitoring data, facilitators made some adaptations to exercises and activities such as role-plays, although the adaptations were not specified. Despite these adaptations, the data available indicates that the implementation in Group 1 was complete. The monitoring data provided by facilitators from Group 1 did not provide many suggestions for the improvement of the intervention; this may have been caused by a lack of time and capacity to document suggestions, or a general level of satisfaction with the intervention amongst facilitators.

Overall, facilitators suggested carrying out adjustments to sessions and activities to make them fit into the available time and make them more attractive to participants and relevant to their cultural contexts. For example, one facilitator said:

"*In the manuals it is only basically explained what should be done within each session. I think if you want to go more in-depth into the topic, then you need to look for other tools…to contextualise and ensure that the exercises have an impact and develop how you want them to*" (Facilitator 2).

Another facilitator said, "*the work should be more adapted to the context in which it is going to be implemented*" (Facilitator 4). This is especially important given that working with children in Colombia:

"*…is very different from working with children and adolescents in Africa. […] This is a very diverse country, with some diverse cultures and there are very different children as well, indigenous, afro-descendants, rural – they are just very different,*" (Facilitator 1).

Fidelity

The I DEAL intervention is based on creative and participatory methods that stimulate the development of self-confidence and social and emotional coping skills amongst children affected by armed conflict. The intervention uses activities such as theatre, role-plays, drawing and communication games, combined with group discussions and reflection to stimulate active learning.[75]

Facilitators implementing the I DEAL intervention in Colombia effectively implemented its creative and participatory approach. Information collected through session observations affirmed that the facilitators in all four groups promoted both individual and group participation using a range of strategies. For example, facilitators added an activity in which a group composed a song together, and used a range of strategies to promote group work. They also demonstrated effective strategies for appropriately and effectively managing group dynamics. These include addressing students by their first names, and pro-actively asking for their opinions, demonstrating that facilitators recognised the importance of the participants' ideas and opinions in the intervention. Specific efforts to encourage the participation of the quietest children in the groups were observed. According to monitoring data, the facilitators at times made an effort to relate the objectives of the sessions with examples from the participants' daily lives to enrich their participation. Some of the facilitators emphasised the need to strengthen the communicative and argumentative capacities of the participants as they observed participants' limited abilities to debate or express their ideas over the course of the intervention. This could be related to developmental, cultural, and age difference amongst participants.

On the other hand, in group discussions some participants stated that even though the opinion of the whole group is important, the facilitators should have the group "talk less and play more." The participants valued the fact that their voices were heard in the intervention, however they suggested that there should be a balance between the games-based activities and the discussion and group work (Group 1).

It can be concluded that in three of the four groups the intervention was implemented completely, both in terms of content and process. In all of the groups, the implementation was in-line with the intervention's creative and participatory approach. Facilitators made efforts to implement the intervention according to the instructions and the needs of the children participating.

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75   Kalksma-van Lith, 2007

2.2.5 Capacity building and support

Profile of facilitators
Six facilitators implemented the interventions in Colombia. In Putumayo, two people shared the roles of facilitator and co-facilitator for Groups 3 and 4. Both facilitators had professional experience working with children and had links to community development organisations in the region. One had five years of experience with the I DEAL intervention. The four facilitators in Buenaventura (Groups 1 and 2) were teachers and counsellors with links to the schools where the interventions were held. This was their first experience with I DEAL.

Training
The six facilitators received a five-day training specially designed for facilitators of the I DEAL intervention. Five of them received this training at the start of 2012, and one received it more than five years before. All of the facilitators valued the training they received and considered it necessary for the implementation of the intervention. One of the facilitators stated that: "*the training was good, very experience-based – from the shared readings to the practical elements. The most useful part was to share perceptions and ideas about adjusting the programme to the local context*" (Facilitator 2).

Facilitators expressed the need for skills to promote the prevention of violence against children and provide appropriate support for the participants who they know are victims of violence or abuse. One of the facilitators stated that the training should elaborate more on:
> "*[the concept of] psychosocial support, and the possibility of sharing experiences on how to tackle violence and strategies for the prevention of violence against children, especially sexual violence*" (Facilitator 2).

Facilitators also suggested holding regular "*meetings to update and share experiences of implementing I DEAL in other places*" (Facilitator 2). This would allow facilitators to strengthen their facilitation skills by learning from each other and stimulate the adjustment of the intervention to fit the local cultural context and the circumstances of the participants.

2.2.6 Other factors affecting the implementation
The local social dynamics and the high presence of armed actors, armed confrontations and territorial disputes affected the implementation of the intervention, in addition to other factors. These factors (addressed below) included:
- venue
- group size and age range
- time available

Implementation
During the implementation of the I DEAL intervention in in Putumayo, the groups (3 and 4) met once every two weeks, at which time two sessions were implemented. The meetings lasted approximately three hours. In Group 3 the sessions were held outside of school hours while in Group 4, meetings were held during regular school hours. In Buenaventura (Groups 1 and 2), the intervention was implemented during weekly meetings of two hours each over a period of three months. These meetings were held in the afternoon after regular classes had been held in the morning (See table 9).

Table 9. I DEAL meeting schedule per group

Group	1	2	3	4
Frequency	Once a week	Once a week	Every two weeks	Every two weeks
Time	Friday 3:00 to 5:00 pm	Wednesday 2:00pm to 4:00 pm	Outside of regular school hours 2:00pm to 5:00pm	During regular school hours

For Group 1, the facilitators successfully implemented their planned schedule. This was possible in part because the participants lived near the school where the intervention was implemented. On the contrary, facilitators weren't able to follow the schedule they had prepared for Group 2. The intervention was shortened to nine weeks and not all of the sessions could be implemented. As stated by one of the facilitators leading the group, *"here, due to administrative conditions and other problems, we can only hold three sessions a month. And occasionally, because of what's going on, we can't hold a session at all."*

The time available for implementing the intervention in Putumayo (Groups 3 and 4) was less than planned. This was mainly due to the limited mobility of participants and facilitators caused by the presence of armed actors, resulting in delays and requiring the facilitators to schedule additional meetings or implement the sessions in a shorter amount of time.

Venue
Overall, the rooms or spaces used for the interventions were not very appropriate due to their lack of materials, their size, or because they were in locations where the participants could be easily distracted. This affected participants' concentration and subsequently the quality of their participation. For example, one of the facilitators stated that:
> *"There are no big classrooms and there are other children or parents looking at what [the participants] are doing during the session. These classrooms are also full of dust and dirt, the floor hurts the students when they sit down and there are no desks because they don't fit in the room"* (Facilitator 5).

Group size and age range
The facilitators highlighted the size of the groups as an important factor affecting the implementation of the intervention. It takes more time to facilitate the involvement of all participants in larger groups. One facilitator said:
> *"When there are twenty-five students and they are all different and we try to get all of them to speak [it takes time]…All students should participate, because that is going to generate the changes we are seeking to facilitate"* (Facilitator 1).

One facilitator suggested having ten participants per group.

The wide age range in the groups (from eight to eighteen years old) also affected implementation because the pace and styles of learning varied greatly amongst participants. As a result, their levels of participation in the sessions also varied.

Time available

In many cases, facilitators required additional time to attend to the particular needs of participants during the sessions. For example, making sure that the instructions for the activities were sufficiently clear, that participants sufficiently understood a concept covered in the session, or that participants knew how to participate in an activity. The facilitators agreed that there should be additional time to allow for dealing with any difficulties or unexpected events that occur during the sessions.

One of the facilitators stated that flexibility is necessary:

"To deal with unforeseen or complicated situations, such as a conflict that occurs in the middle of the session, a fight, a participant sharing something that happened to them at home. It's not that these types of things aren't covered by the module, [...] we have all of the tools to deal with it and we need time to assess whether we cover the issue with all of the group or if we look at it individually with the participant" (Facilitator 2).

In the opinion of all of the facilitators, the time available to implement the intervention was excessively short and therefore insufficient to cover each theme in an in-depth manner. In addition, they felt that a 'rigid and pre-set script' didn't allow them to be responsive enough to the needs and dynamics of the groups and flexible enough to deal with unforeseen situations. The limited time made the process difficult and had potentially negative effects on group cohesion and participants' understanding of the topics covered, and therefore the achievement of the intervention's objectives.

Environmental and contextual factors

In Buenaventura, a range of factors made it difficult for the facilitators to follow the planned intervention timeline:

"A lot of times there was no class, also due to problems with the Secretariat of Education such as a lack of payment (to teachers), cutbacks, strikes, [and] armed clashes outside of the Institution. This affected the programme's implementation. In Group 2 [implementation was delayed] due to a lack of water, due to the tidal problems, because the students don't live in the area, [because] getting to school is complicated, [and] because the teachers only work three weeks of the month" (Facilitator 4).

This last issue meant that the number of sessions held in a month were less than what was initially planned, which had significant repercussions on the number of modules that could be implemented at the school. Sessions were delayed various times due to strikes, crop fumigation (during which children could not go outside) and armed clashes. As one of the facilitators in Putumayo stated,

"We were in [the main city in the municipality] when the guerrilla came in and we had to cancel everything. We had to leave, because we weren't going to put the participants at risk by doing a workshop while bullets were going past" (Facilitator 1).

Another facilitator explained, *"Activities were delayed and later we had to combine them all together and reduce the time involved...and by the end everything was very quick and very difficult"* (Facilitator 2).

One facilitator emphasised the need to sensitise the community about the intervention before starting implementation, especially because the presence of armed actors had created a lack of trust, particularly in relation to interventions by third parties. Engaging the community would facilitate a greater understanding of the objectives of the intervention and contribute to the sustainability of the outcomes.

In addition, one facilitators highlighted – in addition to the importance of providing psychosocial support services to children – the need to address the structural causes of the conflict to ensure the long-term psychosocial well-being of children in Colombia:

"Obviously the fact that these children and adolescents live in an environment which is affected by the violence that occurs in the context of the armed conflict affects them a lot and sometimes this doesn't allow for permanent changes in their lives...we can do a lot of work but if the context that they live in, especially in the area of fulfilling the rights of children, isn't free of violence then we can't guarantee these rights even if we even if we run the I DEAL programme for 100,000 years." (Facilitator 1)

2.3 OUTCOME EVALUATION

2.3.1 Levels of psychosocial distress at baseline
General levels of psychosocial distress were measured using the total difficulties score of zero to forty based on twenty items. A lower score indicates low levels of psychosocial distress. Additionally, the five-item pro-social scale was used to assess pro-social behaviour (using a scale of zero to ten). A higher score indicates more pro-social behaviour.

According to the 'Strengths and Difficulties Questionnaire' (SDQ, see chapter 1.4 Methods) 51 percent of participants demonstrated a 'normal' level of psychosocial distress before the intervention began. The scores from the remaining 49 percent of participants indicated higher levels of psychosocial distress: 24 percent scored in the 'borderline' category, while 25 percent showed 'abnormal' levels of distress. Abnormal levels of distress generally indicate a need for individual care. See figure 2.

Figure 2. Baseline results psychosocial distress levels
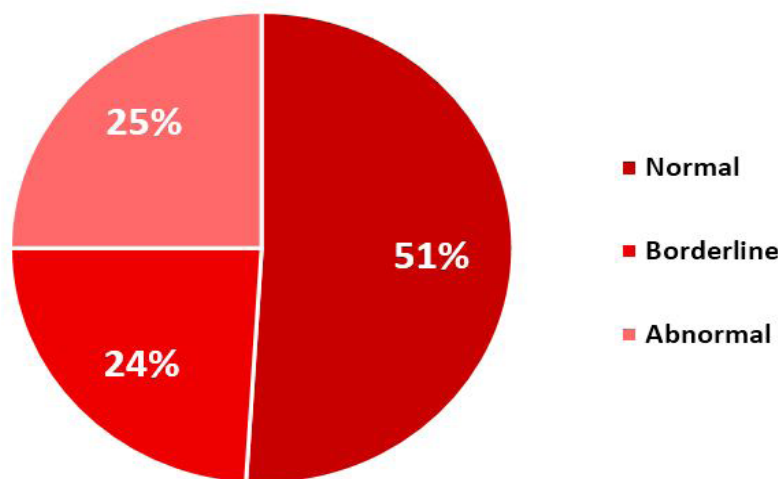
The average levels of psychosocial distress differed slightly between each group and between boys and girls, but no significant differences were found between groups, ages, or gender.

2.3.2 Changes in psychosocial distress
The SDQ was used before and after the intervention to measure changes in the levels of participants' psychosocial distress. The sample for the baseline and post-test analysis was fifty-eight respondents. Figure 3 shows the changes in the distribution of the participants' psychosocial distress levels after the intervention. The percentage of participants demonstrating 'normal' levels of psychosocial distress increased from 50 percent to 63 percent. Similarly, the percentage of respondents demonstrating 'borderline' levels of distress decreased from 31 percent to 25.9 percent, and the percentage of respondents demonstrating 'abnormal' levels of distress decreased from 19 percent to 10.3 percent.

The degree to which distress levels changed varied per individual and also per group. Differences between the groups were not statistically significant. However, when analysing all groups together, participants' total difficulties scores decreased significantly, by an average of 1.60 points. At baseline, the average difficulties score was 15.03, and at post test the average score was 13.43. Although this may not seem a big difference given the scale has a range from 0-40, given a relatively low variance within the group this resulted in a statistically significant change. This is also illustrated by the previously described changes in classifications.

The total scores for the scale on pro-social behaviour did not significantly change. This can be explained by the high scores at baseline, where the average score was 8 out of 10. See table 10 for exact baseline and post test measures, standard deviations (SD) and test results.

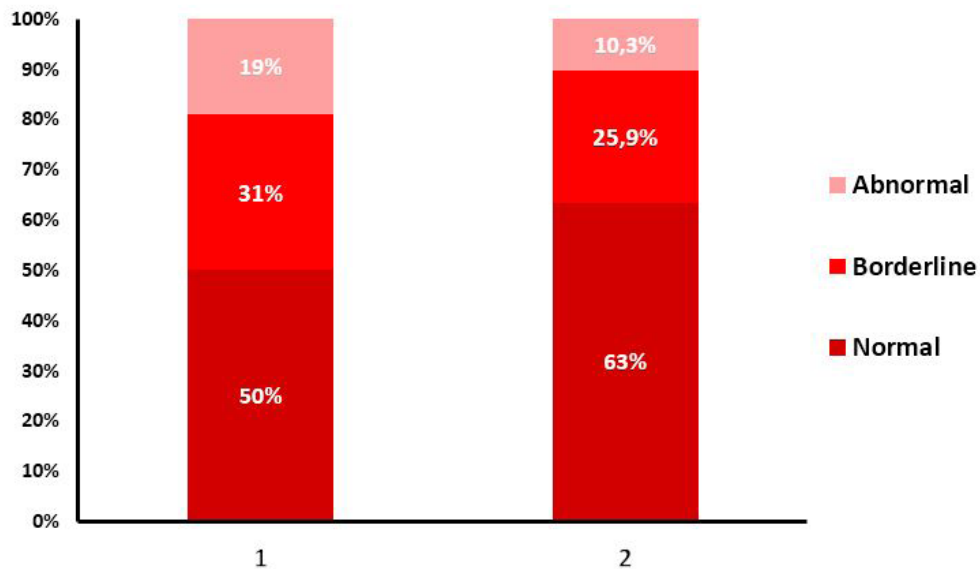**Figure 3. Classification of the SDQ results (baseline and post-test)**

Table 10. SDQ Scores Colombia

	Total group N=58			
	Mean score at baseline (SD)	**Mean score at post test (SD)**	**Test results T(df); *p***	**T1-T2 (SD)**
SDQ Total Difficulties Score	15.03 (4.91)	13.43 (5.20)	2.308(57); 0.025*	-1.603 (5.291)
Prosocial Score	8.00 (1.89)	7.91 (1.56)	0.342(57); 0.734	0.086 (1.922)

*significant at a confidence interval of 95%

2.3.3 Personal goals

The personal goals of sixty-six participants from three groups (1, 3 and 4) were analysed for the purpose of this research. Table 11 groups the personal goals into seven categories: pro-social behaviour, relationships with adults and peers, academic performance, self-confidence, emotional well-being, and other.

Table 11. Categorisation of personal goals

Category	Key words
Pro-social behaviour	to improve behaviour; to tell the truth / not lie, to not be rude, to show respect, be obedient, to not talk in class, to not be critical.
Relationships with adults	respect, obedience, discipline.
Relationships with peers	not to fight verbally / physically, to improve friendships, to be a good friend.
Academic Performance/ Education	to improve academic performance, to be a good student, to pay attention in class, to learn new things, to be responsible with homework, to keep quiet in class.
Self-confidence	to stop being shy, to speak in public, to not be nervous in a group, to express myself.
Emotional well-being	to express feelings, to change feelings of aggression, to not have so many bad moods, to not offend anyone, to change personality, to stop being afraid and to tell the truth.
Others	to participate in the project.

In Group 1, the majority of participants formulated personal goals related to paying more attention in class and participating more. The key words 'respect', 'discipline' and 'obedience' were linked to these objectives. Due to time constraints, Group 1 did not complete the personal goals end-measurement exercise. In Group 4, many children set a goal related to improving their academic performance. Personal goals related to emotional well-being were formulated in all three schools.

Thirty-two participants (Groups 3 and 4) completed both the 'Personal Goal' baseline and end measurements. Two of these participants ended with slightly lower scores and one participant scored the same. Four participants scored moderately higher (an end score of six out of ten or lower); these participants all explained that they would like to see more progress. The other twenty-five participants all came close to achieving their personal goals and could provide examples of the positive improvements they made (See Box 1).

The average baseline score for Groups 3 and 4 combined was 2.5 (out of ten). In Group 3, the average baseline score was 2.8 and the average end score was 7.4, an increase of 4.6 out of ten. In Group 4, the average baseline score was the lowest at 1.2. The average score at the end measurement was 7.3, an average increase of 6.1 points.

BOX 1. EXAMPLES OF ACHIEVEMENTS RELATED TO PERSONAL GOALS

One boy's personal goal was "*to not be hurt or offended by anything.*" At baseline, he gave himself a score of 0.1. After the intervention, he explained: "*I learned to forgive, because in the project I understood it is no use being angry with everything.*" He gave himself an end score of 8.9 out of 10.

One girl wanted "*to not be shy when speaking in public.*" She scored herself at 0.6 at baseline. At the end of the intervention she said: "*I have not progressed so much. I'm too shy to speak in public.*" Her end score was 1.5.

Another boy's personal goal was to "*improve the way I express myself to my family and peers.*" After I DEAL, he explained that he felt he had achieved his goal completely: "*I speak better and love my family, and I play football with my friends without fighting.*" His end score was 10.

Another girl's personal goal was to overcome her fear of speaking in public and the fear of expressing herself. At baseline she scored herself a 0. After I DEAL she gave herself a score of 7. "*I now feel more confident with others,*" she explained.

2.3.4 Achievement of the intervention's overall objective

The overall objective of the I DEAL intervention is to strengthen the psychosocial well-being of children affected by conflict through developing social and emotional coping skills. To evaluate the extent to which this objective was achieved, the results from the SDQ and personal goals measurements and information gathered through interviews with participants, caregivers and facilitators, were analysed, compared and interpreted.

Changes reported in interviews with parents and caregivers, participants and facilitators were analysed through a qualitative categorisation of the results. The changes were grouped into three separate categories: self-awareness, relationships with peers and adults, and conflict resolution skills, which was integrated into the 'relationships with peers' category.

The six participants selected for in-depth case study interviews, as well as the facilitators, perceived that the intervention resulted in positive changes for the participants. However 33 percent of the parents and caregivers did not perceive any changes. All caregivers said that the participation of their child in the I DEAL intervention was important for reasons such as: the possibility to develop relationships with others, to engage in activities that are different from school and can occupy their free time, to feel happy and relaxed, and the possibility of developing life skills. One parent stated:

> "Because when they are in the house they do chores: they light the wood-stove, peel coconuts, prepare food; they don't learn anything new. But in this programme they have the opportunity to learn new things. With other children they can learn better"

Table 12 provides an overview of key learning points per module as reported by participants during the case study interviews.

2.3.5 Social coping skills

Changes in relationships with peers
Participants, facilitators and caregivers most commonly reported changes related to the improvement of participants' relationships with their peers. These changes were largely due to behavioural changes, including playing and sharing with others, receiving and providing support, and improved conflict resolution skills.

A girl (18 year old) said:

> "I think that every day [I improve] because before I didn't like to share the material things that I had, because they were bought for me and people asked to borrow them and I didn't share them. I have learnt to share now and that's a change, isn't it?"

Another girl (12 year old) stated that:
"Before I didn't play much, now I do. Before I used to spend all my time in my room and now I play a lot with my friend." When asked how she achieved this, she responded: *"Learning games and practicing them in my house. Before I didn't talk to anyone, but now I do. I learnt to have more fun, I share with everyone else. Before [the other children] were different, but now they've changed a lot. Before they were jealous, now they aren't and they share more."*

Three of the six case study participants reported that they noted these changes in others as well as in themselves. The participants live in places where it is difficult to have stable friendships; many children are isolated from peers because they have to work (plant seeds, harvest crops, fish, collect coconuts, take care of their siblings). Most children therefore only spend time with each other at school.

Table 12. Objectives and learning per module

Module	Objective	Key learning
Identity and assessment	To form a group and reflect on their identity and strengths and difficulties.	"That I am a person, that I have to learn to be different to the others, that I'm not the same as other people. It's like I'm unique." (girl, 10 years old)
Relationships with peers	To develop social skills to build supportive relationships with their peers.	"That we need to respect our friends, not hit them or offend them." (boy, 12 years old) "I learnt to be a part of a group because now I can work in a group and relate to others." "That we are all equal and we all have the same rights" (boy, 13 years old)
Relationships with adults	To gain social and emotional skills to maintain or restore positive relationships with important adults in their lives.	"That adults give us everything we need to live and we need to respect them" (boy, 11 years old)
Conflict and Peace	To acquire ideas and skills to prevent and solve conflicts.	"I learnt to solve conflicts through talking with other people, even though I don't cause the problems" (girl, 10 years old)
Future	To reflect on their future to specify their goals and positive changes they want to achieve.	"That it's important to take big steps in order to achieve the goals that you have" (boy, 12 years old) "I think that if I continue like this, everything is going to turn out good...I have to continue studying in order to achieve my goal" (girl, 10 years old)

Facilitators reported that at the start of the intervention, the issue of conflicts between peers was the most evident difficulty faced by participants. The relationships between them included verbal, physical and psychological aggression. During the implementation of I DEAL, both participants and facilitators reported an improvement in the resolution of conflicts among peers. One facilitator felt that the intervention's most important achievement was the *"[participant's] capacity to resolve conflicts amongst peers and with adults and to propose different solutions"* (Facilitator 2). Aggressive behaviours and bullying among the participants notably declined during the implementation of the intervention. For example, one boy (12 years old) explained that his peers stopped bullying him because I DEAL helped him feel more confident:

"So when the I DEAL programme arrived, I learnt new things and the other classmates stopped bullying me. Sometimes when they tried to hassle me I just stayed quiet and laughed to myself and since then they haven't annoyed me again."

A girl (12 years old) reported a similar change: *"When they come to me to fight, now I don't do anything and I don't say anything. They make fun of me and I don't say anything, I just keep sitting there and being quiet."* Rather than being provoked, this participant is now able to control his emotions and avoid fighting.

Participants and facilitators also reported participants' increased awareness of their own behaviour and ability to ask for forgiveness and to forgive others. As one facilitator explained:

"Another thing that for me was very significant was when a pupil was really hard on one of the girls because she is missing a tooth. After the reflection he said 'I want to apologise, I would like to ask you to forgive me'. We didn't tell him to apologise or anything that people would normally do in that situation. He asked to speak and afterwards I thought 'We're getting there!'" (Facilitator 1)

Ten parents interviewed also observed changes regarding their children's social relationships. One caregiver (female, 34 years old) said that her child:

"*stopped being distant and unfriendly with her classmates. She used to only talk to a small group of friends and no one else. And she saw that the other students that had been rude to her could see that she is kind and friendly and that's been the change.*"

Another caregiver (female, 39 years old) said that her daughter "*has learnt to relate to other people, to develop good relationships with the friends that she has now, because she was very shy before.*"

Friendships are a very important factor in the daily lives of children. Fourteen (43 percent) of the personal goals set by participants during the intervention were about improving their relationships with their peers. For example, one 12-year-old boy's goal was: 'to be closer to my friends'. At the end of the intervention, he stated that he had achieved his goal because he had more friends than before and can relate positively to his classmates.

Improving relationships with their peers allowed participants to form a support network with classmates or friends from which they could seek support. Some participants and caregivers reported that participants' relationships with their siblings had also improved because they supported their siblings more and they stopped fighting. As one female caregiver (73 years old) reported:

"*At home they talk about what they have learnt in the I DEAL programme and they put it into practice. They say 'remember that the teacher said that we can't be rude'…They talk about correcting someone else when they are doing something bad.*"

Changes in relationships with adults

Participants identified affection as an important part of children's relationships with adults, although this was often missing in their own relationships with adults. While some of the participants reported stable relationships with their caregivers, others reported that their relationships with their parents or caregivers were problematic. For example, one boy (10 years old) stated that everyday life in his house was aggressive and difficult. He said, "*… the difficult thing in my house is, well I don't know, that there's a lot of shouting because one person is fighting, the other person is shouting, almost everyone is involved.*" In an interview with this participant's caregiver, she stated that he occasionally demonstrated aggressive behaviour because he is constantly afraid that his father will beat him.

Most changes in participants' relationships with adults were related to cooperating at home and obeying rules. The majority of caregivers reported changes and new attitudes in these two areas. One mother (46 years old) said:

"*Since [my daughter] has been in the [I DEAL intervention], she has changed with me. Before she was more disobedient and I had to punish her, but now she is good. She says that she follows the rules so I don't punish her.*"

Some caregivers reported that their children are now more communicative and tell them about what happened at school and how they felt. As one caregiver (female, 60 years old) said about the child she cares for: "*She's happier, more open, talks more. At least when her mother connects to the internet she says that her child is talking with more confidence and is more confident in what she is saying.*"

Changes were also observed in participants' relationships with teachers and other important adults. One mother (24 years old) stated:

"*… the teacher said that he was very disruptive, that he hardly did any [work in class]. Now he has changed a lot; he used to be very stubborn and rebellious. The teacher said that she used to [discipline him] saying 'please, don't do that' and he would get angry and wouldn't pay any attention. At home he was the same. I ordered him around and told him to do certain things, and the first thing that he would do was complain. Now […] I ask him to do something and he does it at once. He might get in a bad mood about it but that soon passes.*"

While these examples show that the relationships between children and their parents and teachers improved, it is not possible to draw conclusions about the sustainability of these outcomes in the longer term. The violent context in which the participants live continually puts pressure on healthy relationships and social structures. This makes it important to continue working to further strengthen these relationships and further outcomes in the longer term.

2.3.6 Emotional coping skills

The I DEAL intervention supports participants to reflect on and build their emotional coping skills, including their strengths and difficulties. This requires self-reflection, which, according to one facilitator, was difficult because: "*no one has ever asked these children how they feel before*" (Facilitator 5).

Nonetheless, facilitators, parents and caregivers and participants all agreed that by the end of the intervention the participants had more confidence to speak in public and express their emotions. The participants reported changes such as: "*I lost my nervousness*" (boy, 13 years old), and; "*I used to really panic when I had to talk in public, but that has changed a bit, talking in public used to make me feel really embarrassed*" (girl, 13 years old). Parents and caregivers also noted the changes in the participants. One mother (33 years old) said, "*My child isn't so embarrassed when she talks to people, she is losing her fear.*"

Participants increased self-awareness and self-confidence is also reflected in their increased ability to manage their emotions. For example, one caregiver (female, 60 years old) reported that: "*at the beginning, my child was shy and cried a lot. Now he says what he feels, lets us know what happened. He says 'I feel this' or 'this has happened for this reason'. We have noted the changes.*"

Participants also improved their ability to manage their anger. They reported 'feeling calm' and avoiding violent conflicts. For example, one participant said that "*the programme helped me to be more patient, and if people say rude things to me now I can handle it and not say anything back. It helped me to know how other people feel*" (Participant 6). One caregiver (female, 33 years old) said the girl she cares for:

> "*... is different, she is more fun, she comes home happy, she isn't so stressed anymore because in the past she was stressed all the time. She used to be ruder, and have more bad moods. Now she isn't like that, she's changed a lot.*"

2.3.7 Academic performance

The outcomes children achieved while participating in the I DEAL intervention seem to have positively affected their academic performance, as observed by parents and caregivers. For example, one caregiver (female, 68 years old) said, "*I see that she's more committed to completing her chores, and in her schoolwork as well, because she always invites her friends around to do their homework here.*"

Facilitators also observed that participants had improved their active participation and concentration skills, both of which can positively affect academic performance. As one facilitator said:

> "*Some participants made achievements in terms of their goals, active participation and relating to their peers. Other areas included expressing their emotions without using acts of violence and improved concentration*" (Facilitator 1).

2.4 DISCUSSION AND CONCLUSION

War Child's psychosocial support intervention I DEAL corresponds with Colombian children's local perceptions of well-being and has the potential to contribute to improving their social and emotional coping skills and their social relationships.

Is the content of I DEAL consistent with children's perceptions of well-being?
Children in Colombia related their well-being to personal relationships, leisure activities, emotions, and social conditions, which correspond closely with the objectives of the I DEAL intervention. Although I DEAL cannot directly improve broader social conditions such as conflict and poverty, it does help participants develop the skills to improve the social conditions in their direct environment by establishing healthy relationships with peers and adults, managing their emotions and resolving conflicts.

What are the outcomes of I DEAL?

The evaluation research shows an overall decrease in participants' perceived levels of psychosocial distress, positive steps in the achievement of participants' personal goals, and improvement in their emotional and social coping skills and social relationships with adults and peers. Changes regarding relationships with adults were mainly related to improved communication and obedience. The research findings also revealed positive changes related to participant's sense of identity, self-confidence, self-expression skills, empathy, and conflict resolution skills.

The changes reported by participants, facilitators and caregivers coincide with the objectives of the intervention. The findings suggest that participants made important behavioural changes as a result of their participation in I DEAL, and show that the intervention's immediate objectives were achieved. However, the longer-term impact of children's participation in the intervention needs to be further researched.

Psychosocial distress

Overall, the results from the SDQ suggest that I DEAL made a positive change in the participants' perceived levels of psychosocial distress, with significantly lower levels of psychosocial distress reported in the post-test compared to the baseline measurement. This is also shown in the redistribution among the levels of psychosocial distress at post-test, with an increase in the number of participants located in the 'normal' range and a reduction in the number of participants located in the 'abnormal' and 'borderline' categories.

The I DEAL intervention is preventive in nature, aiming to strengthen social and emotional coping skills. The intervention does not include specialised care for individuals suffering from severe psychosocial distress or trauma. Findings from the SDQ at baseline indicated that twenty-five percent of the participants would need specialised care. Post-test results indicate that many participants who demonstrated abnormal distress levels at baseline showed reduced distress levels after the intervention. This may indicate, that despite its preventive nature, the intervention could also have positive effects for children with high levels of psychosocial distress. However, these results should be analysed with care as the post-test sample was reduced by 55 percent compared to the pre-test, and no control group was used.

Regarding the differences in the changes in psychosocial distress levels between intervention groups, there are two trends that are important to mention. First, there was a decrease in participants' levels of psychosocial distress in Group 2 despite the fact that the implementation of the I DEAL intervention was not complete. These changes might be caused by the opportunities participants had to interact with other children, to be listened to, and to belong to a group. A complete implementation of the intervention could have resulted in even more significant changes.

Second, Groups 3 and 4 had extremely different results even though the facilitators, activities and topics covered were the same in both. This difference in outcomes could be explained by the different characteristics of the groups and the contexts in which they were operating. In Group 4, participants presented problematic behaviours

and their baseline scores for psychosocial distress were much higher than those of participants in Group 3. Findings from Group 3 may have suffered from a 'ceiling effect', as their levels of distress at baseline were already relatively low, making it harder to achieve and measure changes.

However, a few additional factors may also have influenced the differences in outcomes between the two locations. The age range in Group 4 corresponded to the intended age group for the intervention, which allowed for easier implementation compared to the Group 3, which had a broader age-range. In addition, facilitators also mentioned differences in how the groups were formed and in their motivation, which might have affected outcomes. For example, the principal at school where Group 4 was implemented provided a lot of support for the participants, and participating in the intervention was a considered a 'prize' at that school. On the contrary, in Group 3, participating in I DEAL was perceived as a punishment as the school's principal decided that only the 'problem students' would participate in the group. This, together with the significant age differences affected the motivation and the cohesion of the group, which may have negatively affected outcomes.

Personal goals

Findings indicated that most participants from Groups 3 and 4 reported having achieved their personal goals, which were related to their emotional well-being, pro-social behaviour, personal relationships, self-confidence and academic performance. However, the sample was very small and there is limited additional qualitative information available to draw strong conclusions. In addition, the participants had difficulties thinking of personal goals to work on during I DEAL and the facilitators reported finding the exercise difficult to explain. Both of these factors resulted in the fact that not all of the personal goals were related to the intervention, and that some participants had multiple objectives, making it difficult to measure the progress made. Facilitators suggested to measure the progress using steps, or stairs, rather than a continuous line of ten centimetres. Based on similar feedback from other countries implementing I DEAL, the personal goal exercise was adapted in 2013.

Social and emotional coping skills

Generally, changes reported in participants' relationships with peers were related to the establishment and strengthening of friendships. The growing recognition of others as equals allowed for the creation of mutually beneficial relationships characterised by sharing rather than by aggression or harm. The findings suggest that the intervention supported children to recognise, seek and provide support in their relationships with peers. The intervention also seems to have contributed to improvements in participants' ability to resolve conflicts, and their ability to recognise and manage aggressive emotions and behaviours and promote reconciliation by apologising and forgiving others.

Participants' increased confidence to speak in public and express themselves, reported by facilitators, caregivers, and participants, can be attributed to various aspects of the I DEAL intervention including belonging to a group, and the opportunity to practice self- expression in a safe and supportive environment.

Limitations

As described above, qualitative data gathered during the evaluation research provides strong indications of positive outcomes related to the intervention. The evaluation has shown that the intervention promoted positive short-term changes among the participants that can strengthen their resilience and psychosocial well-being. Considering these positive short-term findings, it would be worthwhile to conduct further evaluations on the interventions' long-term outcomes and effectiveness.

However, conclusions based on the results of this evaluation have to be drawn with care, due to the non-randomised, small convenience sample and the lack of a control group to which the findings could be compared. In addition, the majority of the research instruments used were based on self-reporting, and therefore subjective and dependent on the reflective capacity and understanding of the respondent. Another limitation is the relatively high drop out rate from both the intervention and the research. This caused a significant loss of data from the SDQ (55.7

percent) and personal goals (48.4 percent) at post-test measurements.

In addition, the implementation of the I DEAL intervention was also complicated by several factors including time restraints at the overall implementation and session implementations levels, broad age range within the groups, environmental circumstances causing transportation issues, and the on-going conflict, which at times caused the cancellation of sessions and potentially negatively affected the participants psychosocial well-bein

2.5 RECOMMENDATIONS COLOMBIA

This section describes the recommendations stemming from the process and outcome evaluations in Colombia. The evaluation provided insight into the implementation process and the correlation between the intervention's objective and local perceptions of well-being, as well as on short term outcomes. The evaluation also provided valuable information on how to further improve the intervention.

2.5.1. Recommendations based on the process evaluation

These recommendations to improve the intervention and its implementation are based on findings from observations, group discussions with participants, and interviews with facilitators.

1. *Content: relevance and appreciation*
   - The topics of self-expression and confidence should be addressed throughout the modules
   - Topics related to prevention of drug abuse, delinquency, and discrimination related to gender and ethnicity should be included in the intervention.
   - The methods used should be gender sensitive.
   - The number of different activities per session should be reduced to allow for each topic to be fully addressed within the planned time.
   - The length of each session should be limited to the standard 1.5 hours.
   - To stimulate and develop teamwork and for relaxation, sufficient games should be integrated into each session.

2. *Selection and participation*
   - Participation should be voluntary and inclusive, preferably by including all pupils from one class in the intervention to prevent discrimination and stigmatisation.
   - To ensure consistent participation and prevent drop out, the sessions should be integrated in the school's timetable or scheduled as a voluntary extra-curricular activity that does not interfere with other school activities.

3. *Quality of implementation*
   - All materials needed during the sessions should be made available.
   - The manual and the minimum standards related to the maximum amount of participants (15-30), the selection process, target group (ages 11-15), the minimum time span for the intervention (12-20 weeks), and adaptation of the exercises, should be adhered to.
   - Skills for preventing violence against children, including sexual violence, and providing individual support to children who have experienced violence, should be included in the training of facilitators.
   - Facilitators should have access to opportunities to meet and exchange experiences, learn from each other and further tailor the intervention in the implementation plan.

4. *Contextual factors affecting implementation and effectiveness*
   - Due to the on-going conflict and environmental conditions affecting some schools, sufficient time should be planned in the implementation schedule to allow for unforeseen delays.
   - Parents, care givers, and the community should be involved in the planning phase of the intervention. This will provide a sense of trust, often lacking in communities with high presence of armed actors, and ensure the community's support for the intervention and contribute to sustainable outcomes.

2.5.2 Recommendation based on the outcome evaluation

The evaluation of I DEAL in two regions in Colombia provided insight into the interventions' short-term outcomes. The findings resulted in the following recommendations for future research:

› More precise and locally validated indicators should be used to evaluate the intervention's effectiveness.
› To assess effectiveness and factors affecting it, the intervention should be implemented in a more uniform manner. It would be interesting to evaluate the comparative effectiveness of implementation by community workers, counsellors and teachers, to identify the most effective but also most efficient ways of implementation.
› Building on the findings from this first exploratory evaluation, future research should use more rigorous research designs, with pre-tested and adapted evaluation instruments, to identify the aspects of the implementation process and the intervention's methodology that contribute to the outcomes.
› The participants should be monitored over a longer period of time.

3. SOUTH SUDAN

This chapter details the findings of the process and outcome evaluations conducted in South Sudan in 2012. It begins by describing the local context, followed by an analysis of the results, conclusions and recommendations.

3.1 LOCAL CONTEXT

Thirty-eight years of civil war between what is now Sudan and South Sudan displaced 4.9 million people and killed more than 2 million. Independent since 2011, South Sudan is grossly underdeveloped – its vital infrastructure is essentially destroyed and there is an almost complete lack of basic social services. The population is estimated at 9 million, with more than half living below the poverty line, especially in rural areas.[76] The country is highly rural, characterised by isolated and inaccessible communities.

The population census of 2008, conducted two years after the peace agreement and ceasefire with Sudan, put the population below age eighteen at an estimated 51 percent.[77] Seventeen percent of the children have lost at least one parent. [78] Long distances to schools, the high costs of primary education and the necessity for children to contribute to the family income, all contribute to severely low school enrolment levels. The coverage and quality of education remains extremely limited, with education expenditure accounting for only 7 percent of the national budget expenditure in 2010. The female literacy rate is the lowest in the world (8 percent).[79]

The presence of seven armed groups, inter-communal conflicts, and generalised violence continue to negatively impact the healthy psychosocial development of children, as demonstrated by high rates of violent behaviour and weak social skills. Eastern Equatoria State, where the evaluation of I DEAL was conducted, was particularly affected by the conflict and still experiences insecurity. Food insecurity, returnees and refugees from Sudan, seasonal flooding, and internal displacement continue to affect communities.[80] War Child has worked in Eastern Equatoria, since 2009, implementing child protection, education and psychosocial support programing.

76   World Bank, (2013). South Sudan Overview. Retrieved at http://www.worldbank.org/en/country/southsudan/overview
77   CBS, (2009). Fifth Population Census of Sudan.CBS, 2009. Figures retrieved from http://ssnbs.org/storage/SPHC%202008%20tables.pdf
78   UNICEF, Summary sheet Children in Sudan, retrieved at http://www.unicef.org/esaro/Children_in_Sudan_summary_sheet_final.pdf
79   World Bank, (2012). Education in the Republic of South Sudan: status and challenges for a new system. Africa human development series; Africa education country status report. Washington, DC: World Bank. Available at http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2012/06/28/000333038_20120628035809/Rendered/PDF/705950PUB0EPI0067902B09780821388914.pdf
80   UN (2012), Report of the Secretary-General on South Sudan 8 November 2012. Retrieved June 2013 from http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2012/820&Lang=E

3.1.1 Research sample

Table 13 provides an overview of the sample sizes used for final analysis per research instrument, for both the process and the outcome evaluation.

Table 13. Overview of sample per research method South Sudan

	Research Tools	Research part	Mean Age (SD)	No. of girls	No. of boys	Total
Baseline	Well-being Exercise (5 groups of ± 8 children)	Process evaluation	12 (1.65)	15	26	41
	Personal Goals	Outcome evaluation	11.6 (1.56)	44	66	110
Midterm	Observations Sessions (1 session in 4 groups)	Process evaluation	-	-	-	4
Post test	Observations Sessions (1 session in 4 groups)	Process evaluation	-	-	-	4
	Personal Goals	Outcome evaluation	11.4 (1.59)	30	44	74
	Personal Goal Interview	Outcome evaluation	11.8 (1.69)	2	10	12
	Evaluation Interview participants	Outcome evaluation		26	36	62
	Group Discussion participants (5 groups of ± 11 children)	Process evaluation				56
	Interview parents (2 locations)	Outcome evaluation		8	3	11
	Interview teachers (5 locations)	Outcome evaluation		1	5	6
	Interview facilitators	Outcome and process evaluation		1	2	3
	Group discussion facilitators*	Process evaluation		3	2	5
	Interview WCH project staff (1 group of 5)	Process evaluation		1	2	3

*two researchers had been facilitators in the past and gave input as well

3.2 PROCESS EVALUATION

This section describes the results of the process evaluation including the intervention's consistency with local perceptions of well-being, the relevance and appreciation of the content, participant attendance and drop out, the quality of and recommendations for implementation, and the capacity building and support provided to facilitators. The data informing the process evaluation was gathered through standard monitoring and evaluation tools, observations, interviews and group discussions.

3.2.1 Local perceptions of well-being

Psychosocial well-being is subjective: it reflects an individual's satisfaction or dissatisfaction with socially constructed indicators of well-being.[81] In South Sudan, participants' perspectives on what determines children's well-being in their communities can be summarised in five main categories (listed in order of frequency): material welfare, access to education, good relations with peers and adults, religious beliefs, and a safe environment. When discussing behaviours associated with well-being, most responses were related to: behaviour towards peers, behaviour towards adults, general conduct, expressing emotions, and behaviour motivated by future goals. Participants strongly associated well-being with being friendly and not fighting, listening well to adults, and being respectful. See table 14 for the complete overview of specific behaviours mentioned.

Table 14. Behaviour participants associated with well-being

Category	Behaviour of child that is doing well	N	Behaviour of child that is not doing well	N
Behaviour towards peers	Friendly to others Sharing / helping others Playing peacefully Playing with friends	7 5 4 3	Lonely and isolated (no friends) Bullying Influences others negatively	5 2 1
Behaviour towards parents/caregivers	Listens/ does what is told Respectful Helps at home Loving relationship Other*	10 5 3 3 3	Disobedient Lack of respect Doesn't help at home Runs away / wanders around Does not accept punishment	8 8 3 3 2
General conduct	No fighting No stealing or being greedy Humble / graceful Other** Prays a lot	8 3 2 2 1	Fighting Rude and insulting Greedy/doesn't share Steals and makes trouble Not loved/beaten by others Doesn't go to church	8 4 3 2 2 1
Emotional well-being	Always happy No worries	6 1	Short tempered / restless Unhappy	3 1
Future goals	Tries to achieve good results in school / become intelligent Hard working	4 1	Doesn't go to school Lazy Doesn't care for himself	6 4 1

* accepts punishments/appreciates gifts/does not go out of home without permission
** not using bad words/visiting people

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81   Blanco and Díaz (2005). Social well-being: Its Concept and Measurement. In Psicothema, 17, 4, 582-589

3.2.2 Relevance and appreciation of the content

Participants generally liked the I DEAL sessions. They especially enjoyed the 'Peer Relations' module. Although they liked the module 'Conflict and Peace' the least, many considered this module the most useful, along with 'Dealing with Emotions'. None of the participants thought that any of the modules should be removed. However, they would generally like to see more local games included in the sessions.

The majority (84 percent, N=52) of participants interviewed stated that they 'enjoyed the programme a lot', while 15 percent enjoyed it 'quite a bit' and 1 percent 'a little'. Almost all of the participants that were initially hesitant (N=8), eventually reported enjoying the intervention. Most children felt good in the group during sessions. As one of the researchers described, *"The general mood is very positive, everyone is participating, including both facilitators, and there were a lot of smiles and giggles."*

However, nine children stated they did not always enjoy being in the sessions because they didn't like the games or felt embarrassed, for example. As one nine-year-old girl explained:

> *"For me I did not want to participate because I do not want to be embarrassed by friends, for example during the introduction. I do not speak Arabic very well. […] Sometimes I feel bad to be in the group when I am embarrassed."*

Participants who enjoyed I DEAL less (in the 'quite a bit' or 'a little' categories) were also less positive about their improvements after the intervention, generally reporting only 'some improvement' or 'no changes'. Analysis showed a significant positive relationship between the level of enjoyment and positive changes reported by participants in the evaluation interviews (Kendall's τ=0.269, *p*=0.025).

The facilitators' feedback about the content of I DEAL was mainly positive, with a few suggestions for improvement, such as repeating some of the games less often and to change games they felt were culturally inappropriate. For example, letting participants sit on each other's lap was seen as unsuitable in the South Sudanese context. They also suggested making some instructions and exercises easier to understand and to shorten sessions to make it more feasible for the facilitator to complete a session within 1.5 hours.

3.2.3 Attendance and drop out

The five I DEAL groups participating in the research included a total of 122 children: seventy-three boys and forty-nine girls. Of these, 33 percent attended all sessions, while 35 percent missed one to seven sessions. The main reasons for missing a session were illness and domestic chores, such as work in the garden or cleaning. Thirty-nine participants (32 percent) completely dropped out of the intervention, of which twenty-nine (75 percent) dropped out during the last module. These participants predominantly attended groups in the two locations that postponed the last sessions until after the Christmas holidays. The main reason for participants not returning after the holidays was because they transferred schools. In the three locations that did finish the I DEAL intervention before Christmas holidays started, the drop-out rate was lower, at 10 percent (one child dropped out in the last module), 21 percent (3 participants dropped-out in the last module, another two dropped out after half of the sessions), and 30 percent (one transferred to another school, 7 others were absent in the last module), respectively.

Sometimes sessions were cancelled or postponed due to national holidays or festivities, or because community meetings were held in the same location. In a few locations, some children missed sessions for security reasons related to cattle raiding. One teacher indicated that some parents did not support their children's participation because they perceived the intervention as playing. *"I DEAL has made children at times to go home late, parents even question them. This has made others withdraw from the intervention,"* the teacher said. According to another teacher, participants become confused when parents, teachers and I DEAL facilitators all ask different things from them. During interviews, participants shared that I DEAL interferes with other tasks, predominantly domestic chores.

3.2.4 Quality of implementation: completeness and fidelity

The quality of implementation was measured at two points in time in each of the four groups using an observation checklist. Possible scores could range from twelve to forty-eight. Three groups scored similarly (37.5, 41.5, 36.5 on average), while one stood out as particularly poor, with a score of twenty-six. Because each group had a number of facilitators over the course of the intervention, no relationship was found between the quality of implementation, facilitators' characteristics, and outcomes. The fewest difficulties were observed in relation to facilitators' skills in making adjustments according to the participant's energy levels and giving participants enough time to answer questions before providing the answers. The most difficulties were observed in relation to enforcing ground rules when needed and in explaining the exercises in a simple and understandable way.

Researchers who observed the sessions reported that they were generally implemented according to the manual, with some exceptions when facilitators felt they needed to skip or adapt an exercise to manage energy levels in the group. When exercises were skipped or changed, these were generally energizers, not the key learning exercises in the module.

Further, it was observed that facilitators' understanding of the intervention's overall objective, as well as the objectives of specific exercises, was limited. The exercises that facilitators had difficulties with were often the most important ones. The inability to explain or facilitate the exercise correctly could change their meaning and therefor affect the intervention's outcomes. For example the 'Telephone' exercise, where children pass on a whispered message from individual to individual, is meant to illustrate the importance of communication, especially listening, and why it sometimes goes wrong. One facilitator thought the exercise was meant to practice English words, and children in this group became frustrated when they felt like they were failing to understand the English words correctly. In addition, a researcher who observed a session on conflict resolution, remarked:

> *"A female facilitator did not allow for a discussion on resolving the various conflict scenarios in the activity, or even the selection of each group's scenarios. The execution of this activity was very different from how it is described in the module."*

One of the facilitators shared that he found it challenging to understand the manual: *"You need to do research before you go to conduct the session, and a dictionary. You need to prepare notes. It's easier than from the [manual]'.* In contrast, a female facilitator shared: *"[The manual] is easy to use because it is written in simple grammar and therefore easy to understand."*

Most facilitators were participatory and child-friendly in their approach, as reported both by the participants and by the researchers. One female facilitator shared that it was challenging to manage groups that included both fast and slow learners. She said, *"All these issues sometimes made me rush and leave behind the slow learners."* Other facilitators shared that children sometimes became too playful or aggressive in a few games. This, in turn, may indicate difficulties with group management and facilitation skills.

3.2.5 Children's recommendations for facilitation of I DEAL sessions

Children were also asked to formulate recommendations for facilitators on how to improve facilitation. The different groups came up with nine main qualities for facilitators that would benefit the facilitation of the sessions. The most important qualities were having patience, being able to activate participants and being inclusive. Children would like the facilitator to repeat explanations if necessary and to not get annoyed or easily lose patience. Participants felt that active facilitation would help them not become dormant or distracted. The participants also wanted the facilitator to include all children in group discussions and exercises, show appreciation to all children, and respect their answers.

Furthermore, facilitators need to be reliable. Children appreciated it when the facilitator was on time, showed commitment and kept promises. Being happy, polite and peaceful were also considered important qualities, because participants felt that facilitators need to set a good example for them, which would also influence the atmosphere during the sessions. Time management and keeping discipline during sessions were also mentioned a good qualities for facilitators, but mentioned less often.

3.2.6 Capacity building and support

Various forms of training and coaching have been integrated in the intervention to ensure appropriate support for facilitators. To reflect on the quality and effectiveness of these support structures, interviews were held with project staff members and facilitators.

All facilitators followed a five-day, specially designed training prior to the intervention, and some received an additional five-day training on how to use creative methods such as games, drama and art. All facilitators and project staff agreed that the standard five-day training was very useful, especially for developing skills for facilitation and working with children. However, all facilitators felt they needed more training, and some felt that five days was too short to serve the purpose of the training. One facilitator suggested that co-facilitators should also follow the training to improve the teamwork between facilitators and co-facilitators during I DEAL sessions.

Additionally, exchange between facilitators was organised in 'reflection sessions', which were held after the first one or two modules were finalised. The objectives of these sessions were to 1) improve the facilitators' facilitation skills, 2) optimise learning from monitoring and evaluation information gathered during the modules, and 3) improve the implementation of the intervention. Both facilitators and project staff were very enthusiastic about this form of support. As one of the facilitators stated: "*the two-day reflection session was more important than the five-day training*" *and* "*we discussed challenges, creative methods and learned to work as a team*" (co-facilitator and facilitator).

The reflection sessions helped facilitators identify their individual strengths and weaknesses, and formulating ppersonal goals, to inform capacity building by War Child and stimulate professional development. This helped them improve the quality of their work and better deal with challenges they faced during facilitation. The documentation of monitoring and evaluation information also improved greatly after addressing shortcomings in the first reflection sessions. A staff member added that the reflection sessions motivated facilitators to do their best and keep up with the others. However, reflecting on the modules was difficult when facilitators did not follow the same time schedule and were thus implementing different modules at the time of the reflection session. Project staff also suggested that the reflection sessions be followed up with support (on-the-job coaching) in order to be more effective.

An exchange between facilitators from South Sudan and Uganda was organised a month later to allow for the exchange of good practices. The outcomes of this meeting were used as input for an international meeting on the I DEAL intervention in Nairobi, with project staff from South Sudan, Colombia, Sierra Leone, Uganda, DRC, Burundi, Israel and the occupied Palestinian territories, Sri Lanka, Afghanistan and the Netherlands. The objective of this meeting was to develop a joint vision on how to move forward with the intervention, further improving the quality of the DEALS methodology and implementation.[82]

3.2.7 Other factors contributing to the effectiveness of the intervention

Various environmental factors affected the planned implementation schedule. During the rainy season, heavy rainfall made some roads impassable and therefore locations inaccessible to facilitators, who often travelled to the villages by motorbike. Secondly, national events occurred unannounced, closing schools without prior notice. Thirdly, in a few locations, security issues related to cattle raiding or inter-communal conflict caused participants to miss sessions and some schools to be closed down for two to three weeks. These events led to delays and cancelled sessions, leading to confusion amongst participants on the dates and times they were supposed to meet. A few participants dropped out of the intervention because of the schedule changes.

Other factors that may have affected implementation were the limited number of trained facilitators, low or delayed payment, and unreliable transportation for facilitators. The drop out of some facilitators resulted in an increased workload for those remaining, who often became responsible for leading more than one I DEAL group. Two facilitators reported that the financial compensation was not sufficient in relation to the high workload. In three locations, implementation was further delayed because facilitators were not paid on time. In addition to the

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82   War Child Report International DEALS meeting, 2012. Unpublished.

dire road conditions, the lack of available motorcycles at times caused facilitators to arrive late or miss sessions. Many children complained of facilitators arriving late or not showing up at all.

Furthermore, the collaboration between project staff and facilitators and schools could be improved, to ensure comprehension of the intervention's objectives, and clear agreements on planning to prevent clashes with the schools' priorities and timetablesThe involvement of the communities in the intervention was also limited. According to one facilitator, some communities showed very little interest in education, and even less in the I DEAL intervention. And in some cases, community leaders held their meetings in the location where I DEAL groups met, causing sessions to be postponed. Involving and gaining the support of community leaders and other key community figures before starting the intervention could increase support from parents and community members for the intervention and the children participating.

3.3 OUTCOME EVALUATION

This section describes the outcomes of the intervention, based on changes reported by participants, facilitators, teachers and parents and caregivers.

During interviews (N=62) held at the end of the intervention, 48 percent of the respondents stated that they noticed significant personal improvement, while 30 percent noticed some improvement. The main types of improvement reported are listed in Table 15. None of the children participating in the research reported negative changes, fourteen participants (22 percent) did not report any changes during the interview. Four of the participants that did not report any changes dropped out of the intervention and two indicated they did not like the games and thought I DEAL was too difficult.

3.3.1 Personal goals

A total of 110 personal goals were formulated in the five research locations. The largest group of participants (45 percent) formulated goals to improve their pro-social behaviour including 'sharing', 'helping', 'being forgiving' and 'having respect for others'. Other participants (34 percent) formulated goals relating to their relationships with others, such as improving friendships, making more friends, or to 'socialise' and 'play together' with peers. Approximately one-fifth of participants (19 percent) wanted to improve on 'working hard' and being 'disciplined'. More than half of the participants' personal goals were related to their parents or home environments. Twenty-six percent were related to peers, sixteen percent were related to emotions (mostly feelings of shyness) and two percent of the participants' personal goals were related to a combination of discipline and pro-social behaviour.

Before the I DEAL intervention began, participants scored themselves as a three out of ten on average in relation to their personal goals. Post-test scores (N=74) were significantly higher (t (73) =16.26, p=0.00), resulting in an average score of seven out of ten. None of the participants scored themselves lower after having participated in I DEAL. Boys showed slightly more improvement than girls: the average improvement rates were 4.2 and 3.5 points, respectively. These differences were not statistically significant, however. Box 2 provides examples of the variety of goals and progress towards achieving them.

BOX 2. IMPROVEMENTS RELATED TO PERSONAL GOALS

A 13 year-old girl's personal goal stated *"I would like to improve on playing with my friends."* She indicated that she progressed from 4 to 6 on the visual scale (0-10), and explained: *"I was afraid of playing with peers but now at least I talk and play with them."*

A 10 year-old girl stated: *"I would like to improve on hard work with parents at home."* She indicated that she progressed from 1 to 2 on her personal goal. *"I used to avoid work at home but now I can fetch water and wash utensils."* She explained that seeing good examples from peers helped her during the sessions.

A 9 year-old boy's personal goal stated: *"I would like to try to be more forgiving when someone has done something wrong."* After I DEAL he moved from 3 to 7: *"I no longer fight in revenge, but I control my temper and take time to decide. For example, someone slapped me and I did not react. But after a day, I asked him and he asked for forgiveness from him and I did. [But] when someone has seriously hurt me it takes time to forgive."*
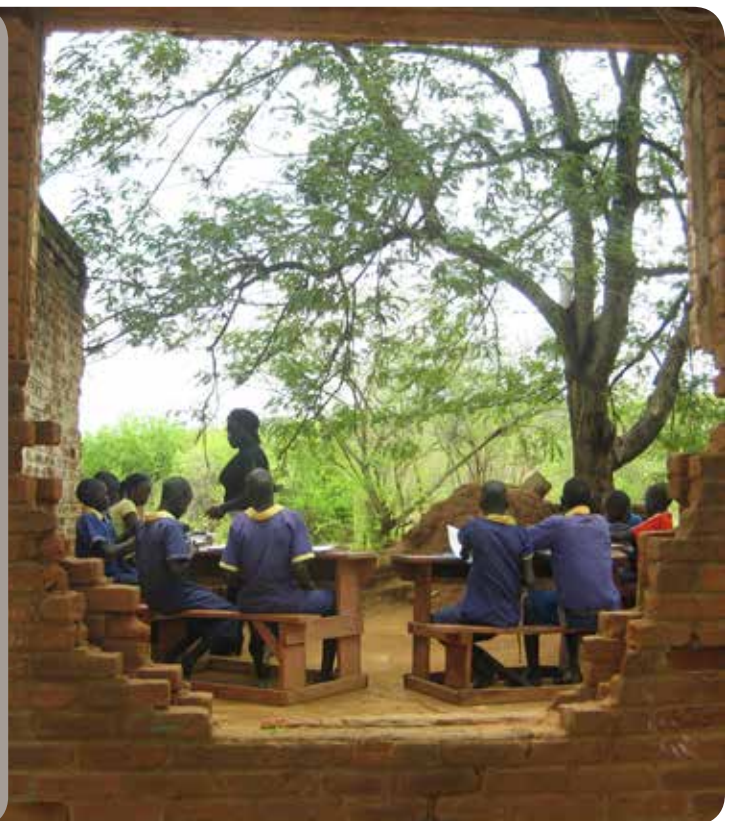
3.3.2 Social coping skills

During the evaluation interviews, most participants reported positive changes in relation to their social skills and relationships. In particular, they reported reduced conduct problems, improved pro-social behaviour, improved relationships with peers, and improved relationships with adults.

Thirty-nine percent of participants interviewed reported that they fight less and are less aggressive after having participated in I DEAL. As one eleven-year-old boy stated: "*I have noticed some changes in me. For example, I used to fight a lot but since I was taught about dealing with emotions, I could forgive and control my emotions.*" Also, two participants said they used to steal, but no longer do so. A teacher from the school confirmed that some children stopped stealing. Teachers in three locations and a facilitator confirmed a decrease in fighting, bullying and other aggressive behaviour. One parent mentioned that her child fights less with friends.

Some participants described a more general improvement in sharing, helping and respecting others (pro-social behaviour). A thirteen year-old girl explained: "*Before, I was not listening to people but now I am good at listening to people and respecting everybody.*"

Three teachers also reported observing a general improvement in participants respecting and helping others, especially with their school lessons. According to another three teachers, girls and young children especially improved their general behaviour after participating in I DEAL. Three other teachers responded that all participants had equally changed. One of the facilitators said that participants became better at sharing during I DEAL.

One-third (32 percent) of participants indicated that they strengthened their friendships and improved their social skills because they learned how to make friends and 'play well' together. Some participants made new friends during I DEAL, while others reported to have strengthened existing friendships. This change is also described by two teachers who observed that children who participated in I DEAL were working well together, helping each other, becoming more united as a group and more becoming more sociable.

Nineteen percent of the participants interviewed also reported improvements in their relationship with adults. The type of changes participants described in their relationships with parents related mostly to respect and obedience. As one thirteen-year-old girl reported, "*Whatever my parent tells me to do I always do on time.*" An eleven-year-old girl said, "*I always apologise to my parents for the bad things I do to them. I DEAL made me realise the advantage and disadvantage of caregivers.*"

Eleven participants and seven parents described these types of changes. Only one fourteen-year-old boy described a different form of improvement in his relationship with his parents. He said, "*I can go for advice to my parents now.*"

Teachers also report that participants were more obedient, with girls in particular showing more respect towards teachers after the intervention. See table 15 for an overview of changes reported.

Table 15. General changes reported in interviews with participants

Type of change	percent	N	Girls (N)	Boys (N)
Less fighting and less aggressive	39	24	10	14
Improved friendships and social skills	32	20	8	12
Improved relation with parents and other adults	19	12	4	8
Improved on sharing / helping / respecting others	11	7	4	3
Less worries and better control over own emotions	6	4	3	1
No more stealing	3	2	1	1
Participant described one type of change	39	24	10	14
Participant described more than one type of change	39	24	10	14
Participant could not mention any relevant changes	22	14	5	9
Total	**100**	**62**	**25**	**37**

3.3.3 Emotional coping skills

Only four out of sixty-two participants reported that they worried less than before or could control their fears better after participating in the intervention. One boy implicitly referred to improving his emotional coping skills as his reason for participating in I DEAL:

> *"I wanted to participate in I DEAL because of playing games like boom-chika. They make me stronger and fit in the mind as well as making me learn to let go of other problems like the memories of bad things like death, poverty, lack of food."*

One teacher commented that I DEAL reduces children's problems because *"playing makes them no longer think of it."* Facilitators also observed that participants became more confident and active during I DEAL sessions over time. Teachers reported that participants in I DEAL had become more courageous in class and participated more. However, both a facilitator and a teacher mentioned that improved self-confidence sometimes resulted in defiant and disruptive behaviour from a few participants. One male facilitator stated:

> *"...some children can also become more stubborn, they start making fun of it [the activity], because when you learn to express yourself you get this freedom, you're free at heart and free in your mind."*

A few teachers noted that some children who participated in I DEAL remained very shy, hardly participating in class. Participants themselves did not mention an increase in confidence specifically, with the exception of two participants who referred to this in their personal goal.

3.3.4 Academic performance

All teachers interviewed reported positive changes in their students' academic performance after participating in I DEAL. *"Some children started studying together in groups, even without being told,"* explained one teacher. According to another teacher, her students performed better because they were more attentive, and some became more confident and participatory in class: *"It has also empowered some children to actively participate in the class, they have now realised their right to talk in public or class."* One teacher stated that students who had participated in I DEAL showed improved memory.

Another teacher said:
"I DEAL children are performing better than those who [did not participate]. In the way they behave, for example they have learned about respecting one another and their parents and teachers. Such improvement make it so their learning isn't interrupted through psychological issues."

Another teacher explained:
"I DEAL games help children to positively interact and share ideas on their learning in class and outside issues such as how they are supposed to behave at home to their parents. This cements their friendship further."

One teacher said: *"Children told me that I DEAL has caused some changes in them such as learning to be respectful to parents, teachers and their friends."*

3.4 DISCUSSION AND CONCLUSIONS

Contributing to three international research priorities,[83] the evaluation of the I DEAL intervention in South Sudan indicates that I DEAL positively affects children's social and emotional coping skills. This is particularly reflected in improved conflict resolution and collaboration skills, increased sharing and respect for others, and improved self-confidence. The intervention also has shown the potential to improve classroom performance. Research findings provide insight into children's own perceptions of well-being. The findings also highlight how children, their parents and teachers, evaluate the intervention. However, conclusions about the intervention's effectiveness have to be drawn while taking the study's limitations into consideration.

Is the content of I DEAL consistent with children's perceptions of well-being?

The content of I DEAL is consistent with local perceptions of the factors that determine well-being: having positive social relationships with peers and adults, being respectful and friendly, preventing conflicts, and being able to cope with negative emotions. The factors that children in South Sudan associated with well-being that I DEAL does not directly address are: religious behaviours as a form of support, well-disciplined behaviour, education, safety and material welfare. The intervention indirectly addresses safety, disciplined behaviour and education by strengthening participants' abilities to seek social support from peers and adults, be respectful, and cope with their emotions. Other components of War Child's programming in South Sudan address safety and access to education. Material welfare and religion are not addressed in War Child's programming. Assessing and integrating local resources and coping mechanisms into the intervention can further increase the intervention's local and cultural relevance and acceptance. An in-depth assessment and consultation phase at the beginning of the intervention could help further tailor it to local contexts and target groups.[84]

How do the participants appreciate I DEAL?

The content of I DEAL was highly appreciated by the participants, and overall satisfaction was high. No participants reported not enjoying the session, a few participants (sixteen percent) reported enjoying them 'a bit' or 'a little'. The findings indicate that participants who enjoyed the intervention more reported more improvement toward their personal goals.

What are the outcomes of I DEAL?

I DEAL aims to strengthen social and emotional coping skills and confidence. In line with previously published and unpublished evaluations,[85] the main changes reported by children after participating in I DEAL were related to improved social coping skills, specifically improved collaboration and conflict resolution skills, and increased sharing and respect for others. These changes seemed to have positively affected the social relationships, both with peers and with adults.

Findings showed that participants made significant improvements towards achieving their personal goals. Due to the subjective nature of the self-assessment, these findings could be biased. However, the results suggest that participants scored their progress realistically. Integrating personal-goal setting into the intervention allowed participants to evaluate and provide insight into the goals they set and the progress they made towards achieving them.

In interviews held after the intervention, the majority of participants reported experiencing positive changes, mainly decreased fighting and improved relationships with peers and parents. Teachers, parents and facilitators confirmed these changes. The reported decrease in fighting suggests improvement in participants' ability to cope with emotions that lead to aggressive behaviour. Facilitators and teachers observed changes in participants' confidence and active participation in the I DEAL group and classroom, which also suggests improved emotional

83   Tol et al, 2011b
84   Jordans, M.J.D., Tol, W.A., Susanty, D., Ntamatumba, P., Luitel, N.P., et al. (2013). Implementation of a Mental Health Care Package for Children in Areas of Armed Conflict: A Case Study from Burundi, Indonesia, Nepal, Sri Lanka, and Sudan. PLoS Med 10(1): e1001371. doi:10.1371/journal.pmed.1001371
85   Claessens et al, 2012; De Graaff, 2006; Abola, 2011

coping skills. That only very few participants cited changes related to emotional coping skills, such as improved confidence, might be caused by cultural or linguistic factors, or difficulty in reflecting on emotions.

In line with studies in western settings[86,87,88] and earlier findings from evaluation research conducted in Uganda,[89] I DEAL seems to have positively affected participants' academic performance. The social and emotional coping skills children gained during the sessions, could have contributed to this observed improvement.[90,91]

Overall, it can be concluded that the intervention strengthens important components of children's resilience: social and emotional coping skills and supportive relationships.[92] In addition, psychosocial support interventions can contribute to peace building processes by reducing violence and strengthening relationships.[93] I DEAL has the potential to contribute to peace-building processes at the interpersonal levels, by building individuals' skills to resolve conflicts and strengthen relationships. This ultimately increases community resilience, and contributes to preventing the re-occurrence of violent conflict.[94]

What factors influenced the outcomes?
The findings indicate that the enjoyment of I DEAL significantly influenced the improvements made by individual participants. Participants who indicated that they enjoyed the intervention less also reported less improvement toward their personal goals. In addition, although attendance could not be related to individual outcomes, participants' regular attendance and the continuous implementation of the intervention could significantly improve outcomes. Further, the quality of implementation, characteristics of facilitators, and contextual factors (family circumstances, security, illnesses, and accessibility of locations) may have influenced outcomes.

Although no significant differences were found between outcomes reported by younger and older participants, the wide age range may have negatively influenced outcomes. Younger and older children learn at different paces and may not have felt comfortable participating with each other, potentially affecting group dynamics and the pace of learning.

As not every child experiences behavioural, social or emotional problems as a result of being exposed to armed conflict, it can be argued that outcomes would improve if participants were selected based on psychosocial distress screening.[95] Although this may further improve the intervention's outcomes, War Child aims to enhance social integration by including all children in an existing group (such as a class) in the intervention, preventing stigmatisation or jealousy.

86 Parker, J. D. A., Creque, R.E., Barnhart, D.L., Harris, J., Majeski, S.A., Wood, L.M., Bond, B.J., & Hogan, M.J. (2004). Academic achievement in high school: Does emotional intelligence matter? Personality and Individual Differences 37: 1321-1330.
87 Gavala, J.R. & Flett, R. (2005). Influential factors moderating academic enjoyment/motivation and psychological well-being for Maori university students at Massey University. New Zealand Journal of Psychology, 34: 52-57.
88 Van der Merwe, N. (2005). The Relationship between psychosocial well-being and academic performance of university students Mini-dissertation North-West University, Potchefstroom. http://dspace.nwu.ac.za/bitstream/handle/10394/1056/vandermerwe_n?sequence=1
89 Claessens et al, 2012
90 Lam L.T. & Kirby, S.L. (2002). Is Emotional Intelligence an Advantage? An exploration of the impact of Emotional Intelligence on individual performance. The Journal of Social Psychology, 142(1): 133-143.
91 Zins J.E., R.P. Weissberg, M.C. Wang & H.J. Walberg (2004) Building academic success on social and emotional learning: What does the research say? Teachers College Press, New York.
92 Betancourt & Kahn, 2008
93 Wessels, M., & Monteiro, C. (2001). In Christie, D. J., Wagner, R. V., & Winter, D. A. (Eds.). (2001). Peace, Conflict, and Violence: Peace Psychology for the 21st Century. Englewood Cliffs, New Jersey: Prentice-Hall. Wessells, M., & Monteiro, C. (2006). Psychosocial Assistance for Youth: Toward Reconstruction for Peace in Angola. Journal of Social Issues, 62: 121–139
94 Tol, W.A., Jordans, M.J.D., Reis, R., de Jong, J.T.V.M. (2009). Ecological resilience: working with child related psychosocial resources in war-affected communities. In: Brom, D., Pat-Horenczyk, R., Ford, J., (eds.). Treating traumatized children: risk, resilience, and recovery. London: Routledge.
95 Jordans, M.J.D., Komproe, I.H., Tol, W.A., & de Jong, J.T.V.M. (2008). Screening for psychosocial distress amongst war affected children: Cross-cultural construct validity of the CPDS. Journal of Child Psychology and Psychiatry, 50(4), 514-523. doi: 10.1111/j.1469-7610.2008.02028.x

Limitations

The research was exploratory in nature and therefore has certain limitations. Due to non-randomised sampling and the lack of a control group, conclusions regarding the attribution of the outcomes to the intervention have to be drawn with care. Because demographic information, with the exception of gender and age, was not collected, it is not possible to draw conclusions about the representativeness of the findings for children in South Sudan or children affected by armed conflict in general. It was challenging to balance gender in both the intervention and in the research sample due to the low school attendance of girls in the region. Thirty-three percent of the participants participating in the personal goal exercise dropped out, which may have biased the results to some extent. However, the evaluation provides strong qualitative evidence on the outcomes, as the sample size was substantial and responses from children were compared with and verified by those of parents, teachers and facilitators.

3.5 RECOMMENDATIONS SOUTH SUDAN

These recommendations stem from both the process and the outcome evaluations. Findings from this evaluation should be used to further improve the effectiveness of the psychosocial support intervention and inform further research.

3.5.1 Recommendations based on findings from the process evaluation

These recommendations to improve the intervention and its implementation are based on the findings from observations, group discussions with participants, and interviews with facilitators.

1. *Content: relevance and appreciation*
   - The majority of participants (84 percent) appreciated the content of I DEAL. Participants who liked the sessions more reported more positive changes compared to participants who did not like I DEAL as much. The intervention should always be pre-tested to ensure that it is relevant, culturally appropriate, and liked by the target group. Children's participation in the intervention should be entirely voluntary.
   - As suggested by participants, more local, culturally-appropriate games should be included.
   - As suggested by facilitators, the repetition of the methods used (for example, group discussions) should be decreased, the sessions should be shortened, and the instructions simplified.

The above recommendations were integrated into the revision and adaptation of the I DEAL intervention in 2013.

2. *Selection and participation*
   - To ensure children are motivated to participate, the intervention should be well explained, and children should have a choice to participate. School staff, head teachers and parents should be well informed and understand the purpose and timing of the intervention to avoid misunderstandings and conflicts with other priorities.
   - The main reasons for drop out were illness and domestic chores. Parents and the wider community should be informed about and involved in the intervention before it begins to ensure they understand its objectives and support children's attendance.
   - Most of the drop out took place in the groups that delayed the implementation of some modules until after the Christmas holiday break. Many families moved during that period and children changed schools. To avoid drop out due to delays, the intervention should be implemented over a continuous period of time, uninterrupted by long breaks.

3. *Quality of implementation*

Feedback from observations and from participants were positive regarding the participatory and child-friendly approach used by facilitators and their skills in observing the participants' energy levels. In general, facilitators experienced difficulties with enforcing ground rules when needed and explaining exercises in a simple and understandable way.
   - To address this, facilitators' understanding of the objective of the intervention, as well as session- and exercise- specific objectives should be strengthened.
   - As suggested by facilitators, co-facilitators should also participate in the five-day training and the exchange with other facilitators, and receive regular on-the-job coaching.

4.   Contextual factors affecting implementation and effectiveness
The rainy season, which made some villages inaccessible, and security issues disrupted implementation and caused delays and cancellations. The delays and schedule changes caused confusion amongst participants and may have contributed to drop out.
  ›   When planning an I DEAL intervention, school holidays, environmental factors, and security issues should be taken into account, and where necessary, extra time should be planned into the implementation schedule to allow for cancellations. Intervention progress should be monitored closely.
  ›   Communication and collaboration with the schools and the communities should be improved to prevent confusion or miscommunication on scheduling.
  ›   In the most isolated and difficult to access communities, local community members should be trained as facilitators to avoid logistical obstacles related to travel.

Unannounced events interfered with the intervention schedule or use of the venue.
  ›   Close collaboration with the schools and the community should be established to ensure better communication and coordination.

As reported by facilitators, the high workload and low financial motivation may have affected the quality and continuation of implementation.
  ›   More facilitators should be trained to avoid that facilitators are responsible for too many groups at the same time and to account for drop out.
  ›   Facilitators' responsibilities should be in balance with incentives.
  ›   More opportunities for professional development should be created.

3.5.2 Recommendations based on the outcome evaluation
The following recommendations are based on the analysis of outcomes demonstrated by the evaluation and current literature on effective approaches in psychosocial support. The results point toward the following recommendations:
  ›   To effectively promote children's psychosocial well-being and healthy development, psychosocial interventions should be combined with other interventions that address material well-being, health, education, and protection, and that build on local resources and coping mechanisms.
  ›   To foster consistent participation and sustainability of outcomes, community support for the intervention needs to be increased.
  ›   Building on this exploratory outcome study, future evaluations should measure outcomes by defining more specific and culturally relevant indicators of psychosocial well-being.
  ›   Future research is needed to analyse the relation between specific intervention components and outcomes, using (wait-list) control groups to draw conclusions about effectiveness. Future studies should also analyse the extent to which psychosocial characteristics, age range and gender balance within the group, attendance, the quality of implementation and contextual factors influence the effectiveness of the intervention. In addition, future evaluations should also analyse the influence of children's families and community life on their well-being.
  ›   More research is needed to explore the longer-term impact of I DEAL (including academic performance) and other psychosocial interventions.

4. OVERALL CONCLUSIONS FROM THE EVALUATION OF I DEAL

4.1 THE I DEAL INTERVENTION IS CONSISTENT WITH CHILDREN'S PERCEPTIONS OF WELL-BEING

Overall, both evaluations have shown that the topics covered in the intervention are consistent with children's local perceptions of well-being, particularly by addressing social and emotions coping skills.

The research revealed a few interesting differences in how children in South Sudan and Colombia perceived well-being. Children in South Sudan mentioned (in order of frequency) material welfare, access to education, good relations with peers and adults, religious beliefs and a safe environment as the most important factors contributing to children's well-being. While in Colombia, children indicated that the most important factors for well-being were personal relationships, free time activities, emotions, social conditions, material welfare and education. The fact that South Sudanese children mentioned material welfare more frequently than Colombian children can be explained by the high levels of poverty in the region, which heavily affects children's well-being. The same is true for access to education, which is much lower for children in South Sudan. Colombian children referred to quality of education rather than access to education. Safety seemed to be equally important to children in South Sudan and in Colombia.

4.2 PARTICIPANTS AND FACILITATORS APPRECIATE I DEAL

Generally, the participants and facilitators in both countries appreciated the intervention.

Participants

In South Sudan, the majority of the participants (84 percent, N=52) stated they 'enjoyed I DEAL a lot', 15 percent enjoyed the intervention 'quite a bit', and only 1 percent enjoyed it 'a little'. Most participants felt good in the group during sessions. Participants' most important suggestion to improve the intervention was to include more culturally appropriate games.

In Colombia, participants highlighted the importance of having a space that belongs to children, where they felt that each of their opinions mattered and where they were heard and understood. Participants in Colombia felt that the intervention would be better if it elaborated more on the topics of self-expression and confidence as well as on other topics relevant to the local context (drug abuse, delinquency, discrimination). Participants suggested having fewer activities per session and more games.

Facilitators

Although the topics covered in I DEAL were consistent with children's local perceptions of well-being in both countries, facilitators in both countries urged the further adaptation of the intervention to the local contexts by integrating local games and shortening and simplifying exercises and sessions. Facilitators in South Sudan suggested reducing the repetition of methods used (for example, group discussions).

Facilitators in Colombia suggested addressing self-expression and confidence throughout all modules, and increasing the gender sensitivity of methods used. They also recommended including sufficient games per session to stimulate teamwork skills, as well as for relaxation. Facilitators in Colombia also expressed the need to increase their capacities to address and prevent violence against children, and respond to individual cases of abuse.

It is important to note that the above suggestions, along with recommendations from other countries implementing I DEAL, were used for during the revision and adaptation of the I DEAL intervention in 2013.

4.3 OUTCOMES OF I DEAL

In both countries, the evaluation showed positive outcomes related to children's social coping skills and improved social relationships with peers and adults. This was demonstrated in children's increased conflict resolution skills and increased pro-social behaviours, such as sharing.

Findings from both countries suggest positive results in participants' achievement of their personal goals. Findings in Colombia were less conclusive due to the small size of the participant sample and difficulties with the exercise. The fact that groups in South Sudan did not have the same difficulties may be explained by the additional time spent on the personal goal exercise during the facilitator's training and during additional reflection and exchange meetings, which also stimulated professional exchange and learning.

Participants in Colombia showed a significant decrease in their levels of psychosocial distress after the intervention. Facilitators and parents observed participants increased confidence to speak in public and express their emotions. Some anecdotal evidence from parents and caregivers indicated that, in a few cases, children showed increased commitment to schoolwork and improved academic performance.

In South Sudan, participants showed significant progress toward the achievement of their personal goals. Further, all teachers observed improvement in participants' academic performance due to their increased concentration, improved in-class participation and collaboration between pupils that had participated in I DEAL as compared to other students. Teachers, facilitators and parents also observed decreased fighting amongst children who had participated in the intervention, as well as their ability to better manage aggressive emotions or behaviours. These changes were also reported by participants themselves.

4.4 FACTORS AFFECTING THE OUTCOMES (PROCESS EVALUATION)

4.4.1 Relevance and appreciation of content

Findings from South Sudan indicated that the more participants liked the sessions, the more positive outcomes they reported. Similarly, it can be expected that the relevance of the topics to the daily realities of the children can affect enjoyment and appreciation, and therefor outcomes.

4.4.2 Quality of Implementation

Facilitators in Colombia decided to select a number of modules in order to finalise within four months; the modules selected differed per location. In some groups, participants were selected by principals and teachers based on perceived difficulties within their communities, families, or schools. This resulted in a broad age range within the groups, low motivation to participate, and high drop-out rates in some locations. Security issues significantly affected the continuity of implementation in two of the research locations in particular.

In Buenaventura, (Groups 1 and 2) teachers implemented the intervention for the first time. In Putumayo (Groups 3 and 4), the intervention was implemented by counsellors who had several years of experience with the intervention by the time research began in 2012. Although, due to the small sample sizes and the different contexts, no differences in outcomes could be identified, the quality of implementation seemed to be higher in Putumayo. This most likely had a positive effect on the achievement of outcomes.

In South Sudan, all six of the intervention's modules were implemented for all groups over a period of eight months. The groups were facilitated by community workers (often young), and consisted of all of the students in one class. In some cases, however, girls from other classes were allowed to participate to create equal numbers of boys and girls in the groups because there were very few girls in each class.

In South Sudan, there was a high turnover of facilitators, who were often young and inexperienced in working with children. This affected continuity and may have also negatively affected the quality of implementation. One

of the reasons for the high turnover was that facilitators felt that the pay was too low. Facilitators emphasised the importance of balancing financial compensation with responsibilities, the need to exchange with other facilitators more often, and the need for on-the-job coaching.

In conclusion, the overall quality of implementation can be further improved by: 1) planning additional time or allowing for schedule flexibility to account for unexpected environmental and contextual factors that may delay implementation, and; 2) ensuring closer monitoring and coaching of facilitators and facilitating exchange and reflection amongst facilitators from different locations. In addition, defining minimum standards for the implementation of the intervention would help clarify issues around facilitator selection, participant selection, monitoring the quality of implementation, and coaching.

4.4.3 Strengths and limitations of the research

Strengths: In both countries, the evaluation gathered a large amount of qualitative data using participatory and child-friendly methods. Findings from interviews and activities conducted with children were compared and analysed in the context of observations from facilitators, parents, and caregivers. In South Sudan, teachers were also interviewed.

Limitations: The evaluation focused on gathering findings related to short-term outcomes only. The self-assessment tools provide subjective outcomes, as they rely on individuals' own perceptions of their achievements or progress. Because control groups were not used, the outcomes cannot be unequivocally attributed to I DEAL, as they cannot be compared to the development of children not participating in the intervention. The evaluation was not implemented uniformly in all research sites.

4.4.4 Conclusions

The evaluation of War Child's I DEAL intervention contributes to current gaps in knowledge on psychosocial support,[96] particularly regarding effective approaches for supporting children affected by armed conflict. While conclusions about the intervention's effectiveness have to be drawn with care due to the study's limitations, the evaluation demonstrates the intervention's consistency with local perceptions of well-being in both South Sudan and Colombia. In addition, the data gathered suggests that I DEAL positively affects children's social and emotional coping skills and has the potential to improve children's classroom performance. In Colombia, I DEAL positively affected the reduction in participants' levels of psychosocial distress. By reducing violent behaviour and strengthening relationships, I DEAL also has the potential to contribute to peace building processes in conflict affected areas.

96 Tol et al., 2011b

MODULOS

1. Identidad y Valoración

Relaciones entre iguales

...ones con adultos

...oro

...de A...

5. OVERALL RECOMMENDATIONS
FROM THE EVALUATION OF I DEAL

5.1 RECOMMENDATIONS FOR FURTHER IMPLEMENTATION

Findings from this research should be used to further improve the effectiveness of the psychosocial support intervention and inform further research. The results from both evaluations point towards the following recommendations:

› For both countries, a clear structure for professional development and coaching for facilitators would be motivating and further increase the quality of implementation.

› A longer and more flexible time span for implementation would account for interruptions caused by environmental factors (rainy seasons, accessibility of locations), contextual factors (unannounced events in schools and communities) and security issues, and would help ensure the complete implementation of the intervention.

› To effectively promote children's psychosocial well-being and healthy development, psychosocial interventions should be based on thorough assessment of needs and resources. Psychosocial interventions should be combined with other interventions addressing aspects of well-being relevant in the local context, such as material and spiritual well-being, health, education, and child protection.

› To be more culturally appropriate, exercises should be reviewed and adapted with local facilitators during their training, and an assessment should be made of children's psychosocial needs, and the risks, local resources and coping mechanisms at community level before implementation begins so that these factors can be incorporated into the implementation plan.

› To foster consistent attendance and promote sustainable outcomes, community support for the intervention should be increased by involving communities at the very beginning of implementation.

› In line with child rights-based programming principles and to ensure the motivation of participants, participation in psychosocial support interventions should be completely voluntary.

5.2 RECOMMENDATIONS FOR FURTHER RESEARCH

› Building on this exploratory outcome evaluation, the objectives of the I DEAL intervention should be further specified to allow for more precise measurement.

› To be able to draw conclusions about the intervention's effectiveness, future research is needed using wait-listed control groups, analysing the relation between specific intervention components, external factors and outcomes.

› Research is needed to further assess the impact of I DEAL on academic performance and to explore the long-term impact of I DEAL on children's psychosocial well-being.

ANNEXES

ANNEX I: RESEARCH INSTRUMENTS

OVERVIEW OF RESEARCH TOOLS USED FOR THE I DEAL EVALUATION

When?	What information?	Tools
Baseline	Monitoring and Evaluation (M&E) data about personal goal	1. Personal Goal exercise (War Child)
	Level of psychosocial distress	2. Strengths and Difficulties Questionnaire (Colombia)
	Local perceptions of well-being	3. Well-being exercise
	Social context, risks and resources	4. Risk and resources map (Colombia)
On-going	Process evaluation: session observations (quality of implementation: completeness and fidelity)	5. Observation list
	Knowledge and skills learned during I DEAL sessions	6. Topic list for case study, pre- mid-term, and post-test interviews (semi-structured interviewaccording to each session's objectives)
	Appreciation of content, completeness and fidelity	Monitoring and Evaluation (M&E) tools (War Child)
Post-test	Progress measurement and description of personal goal	1. Personal Goal exercise (War Child)
	Progress regarding personal goals and other outcomes	6. Topic list interview (part about personal goal) 7. Topic list interview on outcomes
	Changes in psychosocial distress	2. Strengths and Difficulties Questionnaire
	Appreciation of the intervention and outcomes	8. Topic list group discussion M&E tools (module and final evaluations)
	Interview parents about changes in their child	9. Topic list (and SDQ impact supplement)
	Interview teachers about changes in their students	10. Topic list
	Observations of participant behaviour and process of implementation (completeness and fidelity, etc.), training and support, user-friendliness etc.	11. Topic list interview facilitators
	Cooperation with facilitators, observations process etc.	12. Topic list interview coordinator

1. PERSONAL GOAL[1]

This exercise will be facilitated by the group facilitator as part of the I DEAL sessions. The baseline measurement is done as part of the first module, the end measurement will be done during the last module. Instructions used by the facilitator are described below, and stem from the I DEAL modules 2012.

Baseline: My own goal (40 minutes)

Goal of the exercise: Participants identify their individual goals for I DEAL.

Note: hang up the flip charts listing the difficulties and strengths from the previous session.

Tell the group: In the previous session we identified our strengths and difficulties. Some of the things we listed apply to one or two children, but others are important for us all. Today you are each going to choose your own goal: what would you like to learn or improve through I DEAL? Once you have your own answer to that question, you have your 'own goal' set.

1. Read the lists of strengths and difficulties from the last session out loud. Ask the participants to think about the most important issue for them personally, the issue that they would like to improve or learn about most through participating in I DEAL. This will become their own goal.

2. To help participants formulate their own goal, ask one participant to give an example of what they have chosen to learn or improve, and formulate their goal together as a group. The goal should be related to their own strengths or difficulties.

The participants goals should be something about themselves; something they would want to learn and improve. It should also be something they can **realistically achieve through I DEAL**. Goals such as getting more food, improving football skills, or becoming a doctor are not realistic. If a participant formulates a goal about becoming a doctor, for example, ask them which difficulty or strength they need to improve in order to become a doctor, such as concentration, patience, or focus. Improving that difficulty or strength should become their goal.

3. Give each participant a sheet of paper and a pen or coloured pencil. Give them 10 minutes to write down or draw their own goals.

Note: Explain that you don't expect them to be artists; their drawing can be very simple. If they don't feel comfortable drawing, they can also write down their personal goal or ask someone to help them.

Note: Help participants put their names on their papers. This way you can easily recognise their drawings in exercise 4 in Module 6: 'Future', during which they reflect on their personal goals.

4. When all participants have written down or drawn their goals, ask the group to sit or stand in a circle. Let every participant briefly present their personal goal. Ask for volunteers to go first. Take 10 minutes for this step.

Note: Do not force someone to show their drawing to the group if they do not want to.

If a participant presents a goal that cannot be achieved through I DEAL, for example, "I want to become a teacher", help them identify a goal related to I DEAL.

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1   See I DEAL Monitoring and Evaluation Toolkit. Available at www.warchildlearning.org and after March 2014 www.warchildholland.org

Also, if a participant presents a goal that is very general, for example, "I want to become a better friend", help this participant formulate a more specific goal by asking what it is they want to improve about themselves as a friend. For example, "I want to listen to my friends when they have problems".

Note down the explanation of each personal goal on the Personal Goals Reporting Form. Registration is very important because you will reflect on these goals in the last module and a good description is needed to accurately remember which personal goal the drawing reflects. Keep all the drawings for the session in the Future module in which you reflect on these goals.

5. Draw an (imaginary) line on the floor and explain that one end of the line represents the point where they have not at all achieved their personal goal and the other end is where they have entirely achieved their goal (or explain that the line ranges from 0% to 100%, if this is more easily understood). Ask the children to choose a point anywhere on the line which represents where they feel they stand now in terms of reaching their personal goal. Allow 5 minutes for this step.

Stress that they can stand anywhere on the line, showing how far away they are from reaching their own goal. Explain that they should be realistic. They chose a goal to improve on. This means they shouldn't be too close to achieving their goal at this moment.

Give them an example from your own experience, for example: "I would like to become more patient with my children, but it's not like I am not patient at all. That would be a 'zero'. I feel like I am almost halfway to reaching this goal, so I would stand somewhere around 30%." Stand on the line to show the children where this would be.

6. Now, ask the children to draw a line of exactly 10 cm. on the other side of the paper with their personal goal, or let them use the My Personal Goal Drawing with the lines already drawn on it. Ask them to indicate for themselves (in private) on the first line where they stand now in achieving their personal goal, for example by drawing something like a dot, star, cross, boy or girl (see example below). Allow 5 minutes for this.

NOW, I am this far in achieving my personal goal:

(not at all)   (entirely achieved my goal)

7. Explain to the children that at the end of the I DEAL course they will reflect on their personal goal.
After the session, measure the scores in centimeters, given by the children, and add these to the Personal Goals Reporting Form.

End measurement
Exercise 4: Reflection on My Personal Goal (40 minutes)
Goal of the exercise: The children have reflected on their personal goal which they identified in the first I DEAL module.

1. Hand out the My Personal Goal Drawings. Take some time to help the children remember what goal they had set. Also make use of your notes in the Personal Goals Reporting Form.

2. Draw an (imaginary) line on the floor and explain that one end of the line represents the point where they have not at all achieved their personal goal and the other end is where they have entirely achieved their goal (or explain the line ranges from 0% to 100%, if this is easier understood). Ask the children to choose a point anywhere on the line which represents where they feel they stand now at the end of the program, in terms of reaching their personal goal. Take 10 minutes for this step.

Stress that they can stand anywhere on the line. Give them an example from your own experience, for example: "I wanted to become more patient with my children. I feel like I am now more than halfway in reaching this goal, so something like 70%." Stand on the line to show the children where this would be.

3. After they have indicated where they are now at the end of the program, divide the children into groups of 3-4 to discuss the extent to which they achieved their personal goal. Ask them to think about and discuss the following for 15 minutes:

- If you reached your goal (or almost did) reflect on: How did I DEAL help you reach your goal? Were there other things that helped you reach your goal?

- If you did not reach your goal: Why not? What is still difficult? What could you do to reach your goal?

Walk around the groups and write down the outcomes of this discussion for as many children as you can in the Personal Goals Reporting Form. Try to document explanations of children who say they have achieved their personal goal and of children who have not.

4. Ask the children to now draw a second line of exactly 10 cm. on the paper with their personal goal, or let them use the second line of the My Personal Goal Drawing. Ask them to indicate for themselves (in private) on the second line where they stand now in achieving their personal goal, for example by drawing something like a dot, star, cross (see example below). Allow 5 minutes for this.

After I DEAL, I am this far in achieving my personal goal:

(not at all)   (entirely achieved my goal)

Kindly stress that it is not regarded as a 'failure' if they think they have not yet achieved their goal completely. Everyone's situation is different. We can always further improve.

After the session, measure the scores in centimetres, given by the children on the second line, and add these to the Personal Goals Reporting Form.

My Personal Goal drawing and line (sheet for the participant)

Your name:_____

Please draw your personal goal on the other side of this paper before marking the line below.

1. At the start of the program, I am this far in achieving my personal goal:
(Mark where you feel you stand now, anywhere on this line)

2. At the end of the program, I am now this far in achieving my personal goal:
(Mark where you feel you stand now, anywhere on this line)

2. STRENGTHS AND DIFFICULTIES QUESTIONNAIRE[2]

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name ....   Male/Female

Date of Birth..

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Your signature ....   Today's date ....

2 Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. Journal of Child Psychology and Psychiatry, 38, 581-586. The Spanish (Rio de la Plata) version was used, retrieved at: http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Spanishqz(RioqzdeqzlaqzPlata)

3. WELL-BEING EXERCISE[3]

Aim: To elicit the characteristics (and conceptual categories) that children or adults associate with wellbeing for children of different ages and genders.

Prepare groups: This activity was used effectively with children (and adults) over 8-9 years of age. With a diverse group of participants, it may be advisable to group similar individuals together (gender, age, sociocultural background) and run the activity in parallel for each group. Each group should ideally not be larger than 8 persons.

Facilitators: At least 1 facilitator and translator for each working group.

Materials:
Two colours of marker pens for each group
A4 sheet for each participant
Pen or pencil for each participant

Steps:

- Tell participants "In this exercise we will learn what children need in order to feel good"

- "Please try to think about a girl of your age (11-15) that you know and about whom you could say, "yes, s/he is basically doing well." (It may help to draw stick figures on a sheet of paper to denote the particular age group and gender)

- "Do you have a girl in mind who is doing well? Then make a quick drawing of this person, don't mention her name, but note down her age on your paper. (5 min)

- "Now what let's you know, that this person is doing fine? Try to draw or write down 4 things about the person that lets you know that she/he is doing well." (5 min)

- *N.B. Do not give examples. Avoid asking for "reasons" that they are doing well.*

- "Now let's think of a boy you know that is doing well!"
  Repeat the steps 2, 3, 4 for this person. (5 min)

- "Now let us please briefly explain the four things you wrote down that show you the person is doing fine". *A designated note taker (the translator/facilitator) must write down each participant's "four things",* trying hard to capture the spoken language and phrases. Complete this activity for both the girl and the boy. (10 min)

- Ask: "how would a person with all these characteristics behave?" (I.e. at home, with neighbours, with peers, at school?). (10 min)

- How would a person NOT having all these characteristics behave? (10 min)
  This may be the most important part of the entire exercise so spend some time on this!

- Tell the participants what you may have learned from the activity and give them the opportunity to provide feedback about the exercise.

- "Thank you for your time and input, we will use your ideas to plan future activities."

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3   Stark, L., Wessells, M., King, D., Lamin, D., & Lilley, S. (2012). A grounded approach to the definition of population-based, child protection and wellbeing outcome areas. London, England: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

4. RISK AND RESOURCE MAP[4]

Aim: To provide information on the risks children face, their problems and anxieties and the resources available to them. Also to provide information regarding the environment in which children live.

Participants: This activity can be used effectively with children aged 10 years or over.
With a diverse population, it may be advisable to group similar individuals together (dividing the group according to sex, age, socio-cultural background, etc.) and run the activity in parallel for each group. Each group ideally should not be larger than eight participants. Literacy is not essential.

Facilitators: One facilitator can work with up to two small groups, although ideally there should be one facilitator per group, with an observer/recorder for each group who takes notes on the children's discussions and other aspects of the process.

Materials: One large sheet of paper for each group; three colours of marker pens for each group (red, green, black).

Instructions:
1. Form the children into groups of around five to six each. Try to keep children of the same age together and to form groups of boys and girls separately. Ask the children if they would like to do an activity about their own village. If they say 'yes' then continue with the activity. Introduce the activity to the participants. Explain that to help the facilitators plan their work; you need to understand the community/village where they are working. Explain that it is very important to understand what resources and things of use are available in the community/village, as well as what dangers or difficulties exist in the community/village. Explain that this activity will attempt to encourage a discussion of these issues through the drawing of a map. It is important to confirm that children know what a map is.

2. Give each group a large sheet of paper and three marker pens. Explain that the green pens are for things, places or people who are resources, that red pens are for the things, places or people who are dangers or risks, and that the black pen is for anything else that is neither a resource nor a risk. Instruct the participants to draw a map of the community/village as they see it, incorporating the views of all the group members.

3. If the participants have not grasped the exercise or are unsure of how to begin, the facilitators may stimulate a little brainstorming within the small groups about ideas for 'useful things/places' and 'risky things/places' that are found in their village. Questions that can help the children start include; 'There are some things that are useful to you in your village, can you tell me one of those things? 'and' There are some things that a dangerous or scary in you village, can you tell me one of those things?' Facilitators should not make suggestions, but can mingle with the participants, monitoring the conversation and processes of each group. Once maps are relatively well elaborated, facilitators may ask probing questions about the items that have been marked in green and red.

4. Encourage all the children to share the responsibility of drawing. Don't interfere too much in the process, but do ask: 'What have you drawn there? How is it useful?' or, 'How does it create difficulties in for you? What else is there in your village that is useful or causes problems or danger?' and other similar questions.

5. Once all the maps have been completed, invite each group to present their map to the entire gathering and explain what they have drawn. The facilitators should ask questions about each map to find out 'why', 'when' and 'how' particular items are 'useful' or 'dangerous'. Asking questions relating to whether 'girls and boys' or 'men and women' experience these items differently, or not, will help develop an understanding of the differential experiences of different social categories. Also ask questions about specific instances that demonstrate the na-

4   Hart et al, 2007. Participatory tools for evaluating psychosocial work with children in areas of armed conflict: a pilot in eastern Sri Lanka, Intervention 2007, Volume 5, Number 1, Page 41 – 60.

ture of the items or whether participants have personally experienced this, or how they came to know about this. During the presentations of maps, notes should be taken on the discussion, the layout of the maps, conversation and group dynamics. This is the most important part of the activity, so allow adequate time for it.

6. Ideally the facilitators should keep a visual record of the maps that have been generated.
This may be done through photographs on-site or off-site with the consent of the participants. There should be a discussion with the participants about what they would like to do with the maps, and some elaboration of a clear outcome (i.e. who would take care of each map, and what they might do with it).

5. OBSERVATION LIST I DEAL SESSIONS

Facilitation skills of teacher/facilitator

The Facilitator...	Rarely/Never	Sometimes	Frequently	All the time
followed the manual	☐1	☐2	☐3	☐4
ensured that each child could participate well	☐1	☐2	☐3	☐4
used creative ways to engage participants	☐1	☐2	☐3	☐4
listened well	☐1	☐2	☐3	☐4
summarised discussions well	☐1	☐2	☐3	☐4
observed the energy level of the group and intervened / adapted the session when necessary	☐1	☐2	☐3	☐4
used frontal/one-way teaching	☐1	☐2	☐3	☐4
explained assignments in an easy way	☐1	☐2	☐3	☐4
allowed for the group to formulate their own answers and solutions	☐1	☐2	☐3	☐4
provided answers /solutions before group could come up with their own	☐1	☐2	☐3	☐4
referred to the ground rules when needed	☐1	☐2	☐3	☐4
attended to individual's needs when needed	☐1	☐2	☐3	☐4

How are the group dynamics?

The participants...	Rarely/Never	Sometimes	Frequently	All the time
were resistant to participate in exercises	☐1	☐2	☐3	☐4
were enthusiastic and participated well	☐1	☐2	☐3	☐4
were bullying each other	☐1	☐2	☐3	☐4
were cooperating well with each other	☐1	☐2	☐3	☐4
were using verbal violence towards each other	☐1	☐2	☐3	☐4
were using physical violence towards each other	☐1	☐2	☐3	☐4

6. INTERVIEW WITH I DEAL PARTICIPANT (FOR CASE STUDY)

Selection of the interviewee should be participatory, preferably after the session has ended: explain that you would like to speak to one of the participants, to be like a representative for this group: "who would like to share about what they are learning during the I DEAL sessions?"

Please take notes as detailed as possible, including some exact quotes of the participant, using his/her words.

Aim: To grasp the essence of what has been learnt during the I DEAL modules.
The interviews will be exploring:
1. What has been done during the session as observed by the researcher?
2. What was the participant's experience during the session?
3. Were the key objectives of the intervention achieved?

Introduce the Interview
- Introduce yourself and the purpose of your interview: hear the opinion of him/her about the I DEAL programme.
- Kindly stress confidentiality and stress that his/her opinions are important and taken seriously to further improve the work of organizations supporting children in RSS, no answer is wrong or right.

Questions:
1. What is the I DEAL program about?
2. How do you feel to be part of this I DEAL group?
3. What new things have you learnt during today's session?
4. What have you been doing during previous sessions in the past month?
   Let the interviewee come up with as many things as she/he can, by probing a bit (i.e. "anything else you can remember?")

Proceed with only those questions in the table below that refer to the modules that have been finished (ask the facilitator in advance which are the modules that have already been finalized)

Module that has been entirely finished	Question to be asked
Identity and Assessment	What new things have you learnt during the module identity and assessment?
Dealing with Emotions	What did you learn about emotions and how to deal with them? (allow time for the participants to come up with as many things as he/she can come up with)
Peer relations	What did you learn about peer relations and friendship?
Relationships with adults	What did you learn about relationships with caregivers / parents? (after module relationships with adults)
Conflict and Peace	What did you learn about solving conflicts? (after module conflict and peace

7. INTERVIEW PARTICIPANTS⁵ – OUTCOME EVALUATION

1. How much did you enjoy the program?
- O [A lot]
- O [Quite a bit]
- O [A little]
- O [Hardly]
- O [Not at all]

2. How did you feel in the group? (please explain)

3. Did you want to participate and why/why not?

4. If you weren't able to come to all the sessions, what was/were the reason(s) you couldn't come? (if child only mentions sickness, probe if next to sickness there were other reasons)

5. Do you feel the program has reduced any difficulties or problems that you have?
- O Yes
- O No

6. If yes, what difficulty?

7. How much have these difficulties reduced?
- O [Hardly reduced]
- O [A little reduced]
- O [Quit a bit reduced]
- O [A lot reduced]

8. Has there been any change (positive/negative) after finishing the program for you personally?
- O [Deterioration]
- O [No change]
- O [Some improvement]
- O [Much improvement]

9. If yes, what changes have you noticed?

Personal goal (bring the drawing and description)

1. What was your personal goal?
   Show the two lines and indicate if there is a difference between before and after I DEAL: First you felt you were …this far from achieving your personal goal, after I DEAL you felt …this close to achieving it.

In case the respondent has come closer to achieving the goal or entirely reached it:

2. Why do you feel you have (almost) achieved your goal?
   a. What has changed for you?
   b. What have you done to achieve your goal? Can you give an example?
   c. What has helped you achieving your goal?

In case the respondent did not entirely achieve his/her personal goal, ask:

3. Why do you feel you did not achieve your goal completely yet?
   a. What is still difficult for you (ask for examples)
   b. What do you need to achieve your goal completely?

8. GROUP DISCUSSION PARTICIPANTS

Ideally, you have already analysed the feedback mentioned in the M&E. This group discussion can then be used to check your conclusions and to clarify feedback that is not specific enough.

[Read to the client]: "Please help us improve our program by answering some questions. We would like to know what you really thought of I DEAL what you liked it or not liked".

Giving feedback to each of the modules / listing all key exercises *(group activity)*
Use the same table as below and let the children place three stickers: a green one (liked the most/was most fun), an orange one (learned the most), and a red one (liked the least). Divide the group in small groups of 3-4 children and give each group a sheet and each individual child (to make sure each child pastes his own stickers) a set of stickers. Explain that you do not have to agree with your group members.

	Green: most fun /liked most Orange: learnt most / most relevant Red: liked least
Identity & Assessment	
Dealing with emotions	
Peer Relations	
Relationships with Adults	
Conflict & Peace	
The Future	

Method: Small group work / Role-play 'Children are advisors for organisation x' (invent a funny NGO name with the group)

Depending on age of the group and comprehension of this exercise this can be done like a chair debate, so that children can each take turns for giving their advise, or by dividing the group in a few smaller groups so they can divide the questions and formulate their advise and share in plenary afterwards.

You are now playing to be experts who advise organisation x, who also want to start doing I DEAL with children and young people in (village/city the group chooses).

Share 2 tips for modules / exercises?
  • Which module could we skip?
  • Which exercise(s) could we skip?

Share 2 tips for teaching the sessions well (could your school teacher do these sessions? Who would you advise to teach the session in place x?) (Probe for how did the teacher/facilitator act during the sessions?)

For example:
Like a teacher, standing in front of the class, strict, explaining and giving instructions. Like a teacher, but more friendly and not talking all the time. Explaining clearly and giving us the chance to ask questions and discuss Explaining clearly and giving us the chance to ask questions and discuss, listened well and engaged every child.
  • How clear were the instructions during the sessions?
  • What would be the ideal time and ideal place for the sessions?

Share 2 tips about how can we make sure every child actively participates in the session?
- Any other difficulties that children may have that should be tackled during the I DEAL sessions?
- Any other tips we should consider?

9. INTERVIEW PARENTS

Introduce yourself and purpose of this interview: to get insight from the parents about the wellbeing of their children to learn how we can best support them.

Name parent:
Name child:
Gender:
Age:
Location:
Participant in Parents DEAL: Y/N

(Start with questions below and follow with questions from impact supplement of the SDQ)

1. Did you notice any changes in your child's behaviour in the past six months?
   a. What kind of changes?
   b. Is this positive or negative in your opinion?
   c. What do you think has caused these changes?

2. Are there any events or occasions that might have affected your child's wellbeing in the last six months?

3. Do you know what I DEAL is? If yes, can you explain in a few words? (If the parent doesn't know the name, explain it is War Childs Life Skills Training after school)

4. Did your child tell you anything about the I DEAL program?

5. What is your opinion on the fact that your child participates in I DEAL?

6. How important is it to you that your child participates in I DEAL?
   O [Very important]
   O [Important]
   O [Moderately important]
   O [Of little importance]
   O [Unimportant]

7. Can you explain?

10. INTERVIEW TEACHER

1. How are the children doing in this class?

2. Have there been any changes in their performance in the last 6 months?

3. Can you mention a few challenges the children in this class have?

4. Can you mention a few positive behaviour of children in the class?

5. Can you mention a few negative behaviour of children in the class?

6. Did you notice any changes in your pupils' behaviour in the past six months?

7. What kind of changes?

8. Which children?

9. Is this positive or negative in your opinion?

10. What do you think has caused these changes?

11. Are there any events or occasions that might have affected the pupil's wellbeing in the last six months?

12. Do you know what I DEAL is? If yes, can you explain in a few words? (If the parent doesn't know the name, explain it is War Childs Life Skills Training after school)

13. Did the children tell you anything about the I DEAL program?

14. How important is it to you that the pupils in your class participate in IDEAL? Can you explain why?

11. INTERVIEW FACILITATOR

Introduce yourself and the topics to be discussed during the interview:
1. Implementation of I DEAL (what went well, what was difficult, suggestions for improvement)
2. User-friendliness of manual
3. Relevance of training received and other support needed

Name:
Age:
Gender:
Experience:
(Education, Work Experience, How many groups have you facilitated until now? / since when facilitating I DEAL?)

Outcomes observed
1. Have you any observed changes (positive/negative) among the participants?[6]
   - O   [Deterioration]
   - O   [Improvement]
   - O   [No change]
   - O   [Both]
        Please explain

2. What were the major changes observed?

3. Have there been any impactful events that might have affected the implementation and/or effects of I DEAL?
   (Probe: conflict/tensions, drought, extreme weather, etc.)

Implementation *(check outcomes from M&E data and if applicable reports of reflection meeting)*
1. What was done during the sessions?

2. How did the facilitation of sessions go?
   - What went well?
   - What didn't go so well?
   - What would you do differently next time?

3. Did you (have to) adapt/change/skip parts of the module?
   - Which ones? And why?

4. What are your strengths as facilitator?
   - Mention two strengths

5. What are your difficulties as facilitator?
   - Mention two difficulties
   - Probe for: using creative methods, engaging all participants, being participatory, not engaging in groups discussions but guiding them, be simple and clear in explaining, don't give the correct answers but allow the group to come up with their own solutions

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6   Questions, 1, 6, 7 are based on: Healthnet TPO & Centre for Trauma Psychology: Monitoring and Evaluation Package - version II. Retrieved May 2010 from http://www.healthnettpo.org/files/695/m-e-format.pdf.

6. How distressing was it for you to (co)-lead this group
- O [Very much]
- O [Quite a bit]
- O [A little]
- O [Hardly]
- O [Not at all]

7. How satisfied are you in leading/ co-leading this group
- O [Very much]
- O [Quite a bit]
- O [A little]
- O [Hardly]
- O [Not at all]

User-friendliness Manual
1. What do you think about the manual?
- • Is it easy to use? What/what not?
- • What could be improved?

Training
1. Have you received a training?
- • When?
- • Who facilitated the training?
- • How much time was spent on the training?

2. How do you evaluate the training received?
- • Was it useful? Please explain
- • What could be improved?

3. Did you participate in a reflection session?
- • Was it useful? Please explain
- • What could be improved?

4. Is there any other type of support you would like?

12. TOPIC LIST: INTERVIEWS WITH WAR CHILD COORDINATOR, TRAINER

Topics to be discussed

1. Implementation: observations of good practices and challenges, lessons learned
    a. How would you rate the quality of how I DEAL was implemented in the 4 research locations? Are there differences, if yes, can you explain?
    b. What went well and what needs improvement?

2. Process of coaching and support, lessons learned
    a. What type and frequency of coaching and other support was given?
    b. What went well and what could be further improved?

3. Were there any external factors that could have affected the children's wellbeing or the execution of the program on a broader scale? (e.g. Violence, unusual weather, etc.)

4. Are there any location differences that you are aware of? (some places have difficulties that others don't, or geographical inconveniences)

ANNEX II: CASE STUDIES COLOMBIA

* All names have been changed.

Laura (12), rural area

Laura referred to I DEAL as the "club for happy children," which was the name that the participants gave her group. She affirmed that she really enjoyed the games and activities that were a part of the sessions. "*I liked it a lot, because we played a lot with the teacher (facilitator), and I also liked it when we did role plays and when we drew,*" she said. She also stated that she enjoyed the time shared with her classmates in the group "*because the teacher didn't let anyone fight, but when we are in normal classes people fight.*" She added that with the facilitator they shared fun moments and weren't reprimanded. "*The teacher didn't get angry with us and I liked that a lot.*"

Laura stated that for her it was important to learn new games that facilitated sharing with her classmates. But she also appreciated the encouragement she received to achieve her own goals: "*Apart from singing, drawing and playing, what I liked most about being in the I DEAL programme was to have talked about my dream to become a nurse. The stories that the facilitator told also helped me realise it is important to make an effort to achieve my dreams.*"

Still, Laura felt shy and embarrassed in some activities. Her mother, affirmed that "*she has been like this since she was little, and she always acts angry, quiet and bored.*" She explained that participating in I DEAL helped her obtain more friends of both genders, and also supported her to maintain a better relationship with them. She said "*now I am happy with my classmates because we play a lot.*"

Her mother stated that sometimes Laura "*talks more, and is happier, she is happy for a long time, and that's never happened before, never. So if that is occurring then I think that something unusual is happening.*" Laura's mother wasn't aware that her daughter was participating in I DEAL, which could explain why she was unaware of the possible causes for the changes that she's seen in her daughter.

During her participation in IDEAL, Laura reported that she had several conflicts with some of her classmates, which had been occurring for a period of time before the intervention began. Laura stated that she fought a lot with some of her classmates and that "*I get angry and I don't talk to them again.*" However, she stated that she had learnt to ask for forgiveness and to apologise for negative things that she did or said to her classmates.

Her mother reported that lately Laura had been much better at school. Laura said that she had many more new friends that help her with homework and said that "*when we leave (school), they come to my house and we pull out our notebooks and we begin to write.*"

Samuel (13), rural area

Samuel likes football and playing with his friends in the sand when he is not at school. He doesn't have a television at home, so at night he goes to a friend's house to watch the latest soap operas on the national channels. The community leader, who guides young people and watches out for them, is one of the most important adults in Samuel's life. He spends a lot of his time with his grandfather, helping him with his work. Sometimes he goes with his grandfather to fish or to the forest to collect fruit. According to Samuel, his mother is extremely angry and when he doesn't follow her instructions she hits him. At home he lives with his father, his mother and five siblings (aged 16, 11, 9, 7 and 5 years of age).

Samuel has a wide circle of friends, talks and has fun with his classmates, makes jokes and laughs. He said that sometimes he loses control when he is sad or angry. *"Sometimes I fight,"* he said. He also stated that he doesn't manage these emotions well.

He remembers the sessions from the modules on 'Identity and Assessment' and 'Relationships with Peers' the best. He said, *"I've improved in my drawing…and I've stopped feeling nervous [when speaking in public]."* He felt this was due to his increased self-confidence and increased respect for others and for himself. Samuel said that he found I DEAL extremely enriching, and found the change to engage in games with his classmates and friends, and share experiences with them particularly important. He learned, *"That we are all equals and we all have the same rights… we asked people what was their favourite food, what they liked to do, what they didn't like to do, what they want to do when they were older."* He also learned, *"That we need to respect adults, they are our equals as well."* He valued the experience and would like to have more activities such as these in his community.

Samuel stated that his personal goal was to stop feeling nervous, referring to his fear of speaking in public and not feeling relaxed when he interacted with people that he didn't know. He shared that the activities, spaces to share with classmates, the environment of respect created for everyone participating and the warmth of the facilitators enabled him to practice talking in front of his classmates. After the intervention, he stated that he felt more secure speaking in public and talking in front of people he hadn't met before.

Managing his anger was the only area in which Samuel stated that he didn't do very well. He stated that he found it difficult to control himself when he had a confrontation with a friend: *"When I am sad, what do I do? Sometimes I fight."*

Tatiana (10), urban area

Tatiana has recently moved to a new neighbourhood, where she had to go to a new school and make new friends. A few days before one of the interviews Tatiana witnessed a violent event in front of her house. A man was killed while she watched television with her family. "*So since then I've been afraid, knowing that if I live in this place, I think that something could happen to me, but I try to think positively and I tell myself that nothing is going to happen to me.*"

In addition to I DEAL, Tatiana attends other psychosocial support programmes focusing on child rights and using game-based activities: "*We do it there on the beach. The facilitators are other people. It's like I DEAL, but it isn't the same; there they give snacks to the kids…there they teach us things: to work as a group and to not discriminate against others.*" For Tatiana, I DEAL "*has the goal of teaching children good things so that they can be good people in the future.*" She liked the intervention, above all because the sessions allowed participants to learn and share with friends: "*we share the moment, sometimes someone didn't have a pencil and we lent it to them, we shared our materials.*" She explained that she participated because she liked the idea that some people would teach her things that would help her get ahead in her life: "*I believed that this was going to change my life and that it was going to help me have a better life in the future.*"

She explained she had liked writing in the 'I DEAL diary' because she could write things about the sessions and did her homework for the intervention there. Sometimes she wrote about "*how I felt about sharing with all the people. I left a space as well to do drawings of what I was learning about.*"

Overall, Tatiana learned, "*That I am a person, that I have to learn to be different to others; that I'm not like others. I'm not the same as everyone, I'm unique.*" She also said, "*I learnt to work in a group, because now I can be a part of a group and interact with others. When I don't have any friends around I can approach people and begin to talk to them.*"

Tatiana affirmed that I DEAL contributed to an improvement in some difficulties she had before. For example it helped her to feel more secure. "*When the I DEAL program arrived I learnt some things and my classmates stopped making fun of me. Sometimes when they picked on me I just stayed quiet and laughed at them and since then they haven't annoyed me again.*" She also: "*learnt to solve conflicts through talking with other people, even if I am not part of the problem,*" she said. She also shared that as a result of her participation in I DEAL her shyness decreased to speak in front of her class.

I DEAL also helped Tatiana improve her relationship with her grandmother – "*now I do what my grandmother asks me to*"– as well as with peers, "*before I didn't like to talk to some people, but I learnt how to get to know other people. I have more friends now.*"

She saw some small changes in her behaviour with her family members and classmates. She explained that now she helps more in the house with her mother and grandmother. The strengths and weaknesses exercise helped her, because she could recognise some mistakes that she had made in terms of her behaviour with her grandmother. Tatiana stated that I DEAL represents, above all, support to build her future. "*I know that if I keep going like this and moving forward, I am going to continue to do everything I did in I DEAL. To move forward means to be a good person in order to achieve my future.*"

Camilo (11), urban area

Camilo is in sixth grade and lives with his mother, his three-year-old sister, his uncle and his step-father. In general he said his relationships with his parents is good, but he also shared that "*I often get into fights with family because of my sister or because I haven't behaved well at school.*"

"*I want to finish my studies and then be a football player,*" Camilo said. He has a lot of friends at school and he likes to talk in public. Sometimes he gets really annoyed and can't control what he feels, which is why he prefers to go to his room and lie down until it passes. Sometimes he fights with his classmates but he tries to resolve conflicts peacefully. "*Often I want to find a solution to the conflict but they don't, so I don't force them,*" he said. When asked how he felt about solving conflicts peacefully, he answered "*sometimes good, sometimes bad. A lot of times it doesn't work out very well because they don't want to solve it peacefully so I don't bother.*" He added, "*That when there is a conflict you can't just leave it but you have to solve the conflict through talking, dialogue and that's how you solve it. But only some conflicts you can solve like this, because there are some people that don't understand.*"

Camilo stated that he feels afraid when there are armed clashes near his home and that death and sickness make him sad. He doesn't want anything to happen to his relatives and when there are armed clashes in the street he hides under the covers and prays. "*When there's a shootout near my house I think about that it's going to finish and I can't sleep just yet...I feel better...I think about [...] other things.*"

Camilo's experience in I DEAL was positive: next to having fun, he shared that he started talking again with classmates that he had stopped talking to and he learnt to be confident in himself. His personal goal was to be more disciplined. He wants to be 100 percent disciplined, he said, but: "*I haven't achieved it yet, I don't want to be at 50 percent, I want to be at 100 percent.*" He said that on various occasions the intervention taught him new things, however he couldn't specify them.

Camilo indicated that he felt more confident about his ability to manage his anger each time he was interviewed. He also indicated that he was much more secure in seeking support from his peers. At the same time, he said that one of the main aspects that he should work on in the future is conflict management because he doesn't feel that he has tools to solve conflicts, above all with his peers. The games were one of the things that Camilo most enjoyed about the intervention, although he wasn't sure about the purpose of the games or the intervention's overall objective.

Jairo (12), urban area

Jairo lives with his mother, step-father, two sisters (fifteen and five), and his uncle. He has a good relationship with his family, mainly with his mother, and says that he goes to her when he has some type of problem and feels very safe when he is with her.

For Jairo, I DEAL represented an opportunity *"to learn about different things like friendship, including others…about peace and respect, or behaving well, not to fight and to be at peace at home, at school, everywhere. To be good people, not to yell at others, to defend them. It was really good because I had a lot of fun, because how we did it, the things that we did, how we understood each other more."*

According to Jairo, he learned, *"about myself, because sometimes I have been very tight with my money and people didn't like me because of this. That a person can be tight with their money, but other people aren't going to like that and they don't want to be friends."* He also learned, *"That you have to respect your friends, not hit them, not offend them. Tell them the truth if another person said something bad about them because then you have to tell them that you don't like it. To be sincere."* Regarding relationships with adults, he said that he learned, *"that they give us everything and you have to respect them."* To reach his future goals, he said he learned *"that we need to take big steps to get there quicker (to the goal that he has)…I want to be a doctor to help sick people. Because you help and make other people feel better."*

He remembered the sessions on relationships between peers the best, *"Talking about how you know what it is to be a good friend and how to treat people as friends."* Jairo didn't like the trust building exercise *"where one person leans on the back of the other person and that person has to support them, because some people made me fall, you trust in them and they made you fall, they didn't mean it, because they asked for forgiveness after."* Overall, the intervention, *"has helped me to be patient, if people say something rude to me I don't say anything back. It has helped me to know how other people feel."*

Before his participation in I DEAL, Jairo reported that he wasn't satisfied with his personal relationships and with his attendance at the school because *"there's a lot of discipline."* It appeared that he had been often reprimanded due to his behaviour. He also stated that he had some difficulties in the relationships with his classmates. For this reason he stated that he wanted to participate in the case study, *"because I have always been the most forgotten person at school, because when we play football I ask my classmates to pass me the ball and they never pass it to me."*

At his old school, he had to sign a contract for good behaviour because he got in a fight with his classmates. He said that he didn't feel integrated with his classmates, that they annoyed him and made fun of him, which is why his reaction was always aggressive. *"I fought a lot and now I don't,"* he said. In terms of his personal relationships, he improved his ability to make friends: *"I feel better because I have more friends and I spend time with them."* Because of his difficulties interacting with his peers, his I DEAL goal was to *"to integrate more with my friends."* He felt he reached his goal at the end of the programme because he had a lot more friends than before and felt more capable of successfully relating to his classmates. He felt he achieved this because in I DEAL he learnt that he should ask about take the feelings of others into account. He learned that *"… If I said something and I made them feel bad then I should stop talking like that."*

After the intervention Jairo stated *"I talk, I have fun, I don't fight anymore. It has changed because when they make fun of me then I run. I don't fight with them because it makes no sense, like my mum says: the person that doesn't run is even more of a chicken."*

He also succeeded in managing his anger *"it makes me angry because we were in the program and they made a piñata. I was there, I caught something and the others were taking them from me. I didn't say anything and I didn't fight with anyone."*

Edison (11), rural area

Edison lives with his parents and his three younger siblings near the school, but has lived with various families in the previous years. He said that he didn't get along very well with many of his classmates, because sometimes he wasn't happy with them. It made it difficult for him to feel comfortable talking in front of them in class.

When asked what he had learnt from the first module, 'Identity and Assessment', he stated that he had learnt to value himself, which allowed him to change and be less arrogant. Regarding the 'Relationships with Peers' module, he said that he learnt that friendship "*is to share with others…it's about not fighting, not treating someone bad, not being rude with your friends…because friendships are always damaged with lies and not with truth.*"

His personal goal was: "*not to fight so much with my brother.*" During the second interview he shared that he no longer paid attention to his brothers when there were problems so that he didn't fight with them. However, during the last interview, he said that he no longer perceived these changes that he had reported before and that he was very concerned about the relationships within his family, which continued to be difficult. He said, "*…the difficulty in my house, well I don't know but there is a lot of shouting because one fights, the other one is shouting, almost everyone is involved…now it has me very worried.*"

During the interview with Edison's mother, she said that she had seen a lot of changes in him, that he was more cooperative at home, more disposed to share with his classmates and that he only fought with his siblings to defend the younger ones. His mother stated that even though Edison was very stubborn and the teacher complained a lot about him, he was collaborating more and doing it without arguing, even though he was unhappy about it. His mother also mentioned that Edison changed in the way that he related to the other children in the family, because before he didn't share with them and he was very shy, while after the program he was more open. "*… Now he laughs a lot, before he didn't, he was bitter, he almost didn't play with his younger brothers. He said it was better that he was alone because he said that with his siblings he had all sorts of problems.*"

Edison mentioned that after I DEAL, his father asked him why he had changed so much, because before he was 'rude and arrogant.' Edison responded "*I don't know dad, maybe it's because of the [I DEAL] programme.*"