

**USERS GUIDE FOR  
THE COMMUNITY PARTICIPATORY EVALUATION TOOL  
A PARTICIPATORY METHOD FOR THE DESIGN, MONITORING,  
AND EVALUATION OF COMMUNITY LEVEL PROGRAMS FOR  
CHILDREN IN EMERGENCIES**



Adapted from: Bragin, M. (2005). The Community Participatory Evaluation Tool for Psychosocial Programs: A guide to implementation. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 3(1), 3–24.

## INTRODUCTION

Children are engaged in a dynamic process of development. Emergencies such as armed conflict, natural disasters, epidemic diseases, and systematic social exclusion are often inter-related and continue to affect communities for many years. Therefore, the essential purpose of psychosocial interventions with children in humanitarian action is to restore the conditions necessary to the optimal flow of development and to foster the re-establishment of protective factors that promote resilience.

Because children's optimal development and well-being are so important, each community and culture has mechanisms in place to understand, maintain, and support those processes. Psychosocial interventions are culturally constructed products that may or may not fit a local culture or situation. Damage can be done through the imposition of external approaches and the marginalization of local ones. Research indicates that communities will not sustain child protection efforts based on externally imposed theories and values, with which they do not concur.<sup>1</sup> Therefore, Standard 17 of the Child Protection Minimum Standards (CPMS) requires humanitarian actors in child protection to develop programs at the community level that are specifically designed with the leadership and active participation of affected communities.<sup>2</sup> Similarly, the IASC Guidelines on Mental Health and Psychosocial Support, require participatory assessment processes prior to introducing new efforts in this area.<sup>3</sup>

The Community Participatory Evaluation Tool (CPET) is a rapid participatory method that can be used to develop indicators of children's psychosocial well-being as part of a plan to support community level child protection and psychosocial support activities in accordance with local vision. To that end, it elicits community concepts of the optimal flow of development, as well as the coping mechanisms that families use to enable children to grow up well in "normal" times. The tool can then be used to measure progress toward the restoration of positive coping mechanisms, the identification and elimination of negative ones, as well as the degree to which children are able to meet developmental milestones over time. When given the opportunity to monitor and evaluate programs designed on the basis of their specifications, community members can help to ensure that program approaches are effective and to modify ineffective ones.

This document is a brief, practical guide to using the CPET during an emergency and afterwards. For a fuller understanding, consult the referenced article from which this method is derived, as well as the additional references footnoted below and at the end of the text.

The document contains the following sections:

- Introduction
- First Steps- Preparing to Start a CPET Exercise
- Forming Focus Groups
- Interview Guides
- Next Steps- Making the Information Useful
- The Participatory Evaluation Tool- Sample Charts
- Additional Activities for Child and Adolescent Engagement
- Brief reference list

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<sup>1</sup> Wessells, M. G. (2018). *A guide for supporting community-led child protection processes*. New York: Child Resilience Alliance.

<sup>2</sup> The Alliance for Child Protection in Humanitarian Action, *Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition*. Standard 17: Community level approaches <https://handbook.spherestandards.org/en/cpms/#ch001>

<sup>3</sup> Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, 2007, ISBN 978-1-4243-3444-5, available at: <https://www.refworld.org/docid/4e97ceca2.html> [accessed 14 June 2020]

## FIRST STEPS—PREPARING TO START A CPET EXERCISE

### *Conducting an Introductory Meeting*

Introduce the CPET exercise to community leaders, including duty bearers at all relevant levels. Include officials as appropriate, traditional leaders and healers if they are there, teachers and birth attendants, and all others relevant to the care and wellbeing of children. Elicit their views as to the conditions that are best to promote child well-being and how children are impacted by the current emergency. Explain the plan to engage experts, parents and the children themselves in discussing what is required for children to grow up well. Elicit their collaboration in obtaining relevant data, identifying key informants and forming focus groups.

### *Creating Interviewing Teams*

The CPET exercise can be conducted by one or more interviewing teams. The lead interviewer on each team should be someone who has experience engaging with local people about child protection and psychosocial wellbeing. The lead interviewer should take this role exclusively and neither take notes nor translate. The team will need one or two persons dedicated to taking notes, as well as a translator. It is essential to have a translator on each team if there is any possibility that the language of the participants will not be the same as that of the interviewer or notetaker. Translation can be integrated into the exercise as participants often want to be sure that their ideas are well captured.

## FORMING FOCUS GROUPS

### *Participant Selection*

Select individuals and groups from communities in which you work or in which you plan to work and organize them into focus groups. Separate focus groups should be organized for: mothers and women elders and experts; fathers and male elders and experts; girls; and boys. If relevant, groups can be further disaggregated by rural/urban setting, by ethnicity, and/or by those from different migrant and host communities. Have participants suggest key informants for background information.

Be careful to include disabled children and adults, children living without parental care, and members of other marginalized groups. Be conscious of exclusion, and make conscious efforts seek out those who are not immediately visible. A simple method is to ask community leaders and diverse interlocutors who has not been invited to participate and why.

### *Time Allocation*

Children's groups take up to 1 hour; men about 1½ hours; and women about 2 hours.

### *Number of Participants per Focus Group*

For adolescents and adults limit size of each group to fifteen to twenty participants, if possible. For children six to eleven years old, limit size of each group to ten children

### *Informed Consent*

Always begin by informing members of each group the precise purpose of the focus group discussion, the fact that the discussions will be held in many communities, not just theirs, and that the first meeting is purely informational: that no action may be taken as a result of the discussion and that whatever actions are taken will be taken with their advice and participation. If possible, provide a time frame for the follow up meetings and keep to that frame. Remind participants that they are free to leave at any time, and that they will not be excluded from any future discussion or program based on their participation

## INTERVIEW GUIDES

NOTE -The interview guides on the following pages can and should be modified to suit local culture and conditions

**Interview Guide** with Mothers/ Women Elders/Teachers/ Birth Attendants/ Healers/ all relevant persons who are intimately involved with children’s growth and development

### CHILDREN’S DEVELOPMENT

**Instruction: Think about a time before the emergency and the conditions that caused it, when life was “as it should be.” How did you raise your children back then?**

#### **Early Childhood**

- What is the first thing that happens when a new baby is born? This refers to breast feeding or not, prayer rituals surrounding birth or not, care by other than mother or not
  - Any special parties or celebrations at this time?
- How are infants cared for and by whom? What is the most important thing for a child to learn in the first months of life?
- At what age does a child begin to walk? What changes at that time?
  - At what age can a child walk unaccompanied?
- At what age does a child first talk? Say “no-no?”
- At what age can one begin to teach a child right from wrong? How?
- What is a child like from 3 to 6 years old?
- At what age can a child begin to help the parent?
  - Which parent? With what chores?

#### **Middle Childhood**

- At what age can a child begin to learn the important rules of the community?
- How are children taught these things and by whom?
- At what age can a child begin school or work? What makes this a good age?
- What is a child like from 7 to 11 years old?

#### **Adolescence**

- At what age does a child begin to see the world differently from what is told to him/her? (Think back on your own childhood)
- At what age can a person speak of these opinions to the family? In the community? Participate in community councils or meetings?
- At what age is a person considered to be a proper adult in this community (fully grown up person)?
- At what age should a person get married? Who makes that decision?
- List the characteristics that make a respected man or woman in this community? How do they learn these things? Are there special ceremonies associated with the acquisition of this knowledge/these capacities? At what age is one expected to behave in this way?
- Are there any special danger signs that indicate that things are not going well in this regard? (For girls? For boys?) What do you do and with whom do you consult if things are not going well?

**Instruction: Think about how things have changed. What is different under current conditions?**

### **Early Childhood**

- What is the first thing that happens when a new baby is born?
  - Any special parties or celebrations?
- How are infants cared for and by whom? Are children learning the most important things in their first months of life?
- At what age are children walking? What changes happen here when they walk?
  - At what age does a child walk unaccompanied?
- At what age does a child first talk? Say “no-no?”
- At what age can you begin to teach a child right from wrong? How?
- What are children like from 3 to 6 years old?
- At what age do children begin helping their parents?
  - Which parent? With what chores?

### **Middle Childhood**

- At what age can a child begin to learn the important rules of the community?
- How are children taught these things and by whom?
- At what age can a child begin school or work? What makes this a good age?
- What is a child like from 7 to 11 years old?

### **Adolescence**

- At what age does a child begin to see the world differently from what is told to him/her? (Think back on your own childhood)
- At what age can a person speak of these opinions to the family? In the community? Participate in community councils or meetings?
- At what age should a person get married? Who makes that decision?
- List the characteristics that make an adult a respected person in this community? How does a person learn these things? Are there special ceremonies associated with the acquisition of this knowledge/these capacities? At what age is one expected to behave in this way?
- Are there any special danger signs that indicate that things are not going well in this regard? (For girls? For boys?) What do you do and with whom do you consult if things are not going well?

## COMMUNITY COPING MECHANISMS

**Instruction: Again, think about a time before the emergency and the conditions that caused it, when life was “as it should be.” What community activities were there for mothers then?**

- What were the celebrations and festivals in the community? Who participated? What were these celebrations like in good times?
- What did you do if you had a moment free from household work? Did you have occasion to socialize with other women during the workday? Where and how?
- Were there women’s organizations or lending groups that women participated in?
- When your children were sick or had difficulties, what did you do, who did you consult?
- If a person could not afford to feed or care for her children what did she do?
- What was the custom when someone died? (Funerals, mourning ceremonies etc.)
- Who cared for the children of the deceased?
- What was the custom when there was a natural disaster or other community problem?
- If someone’s child did not behave properly or was not growing up properly, what did you do? Who did you consult on these occasions?
- If a mother was under stress or having difficulty caring for her children, who would help her? Was there some way she could feel better?

**Instruction: Has anything changed? What is different under current conditions? What is/is not in place now?**

- What celebrations and festivals do you do here? Who participates? What is different about these celebrations here/now?
- What do you do if you have a moment free from household work? Do you have occasions to socialize with other women during the workday? Where and how?
- Are there women’s organizations or lending groups that women participate in?
- When your children are sick or have difficulties, what do you do, who do you consult?
- If there is no food for the children what do you do?
- What is the custom when someone dies? Is this different from before? In what way?
- What is the custom when there is a natural disaster or other community problem?
- If someone’s child does not behave properly or is not growing up properly, what do you do? Who do you consult on these occasions?
- If a care giver is under stress or having difficulty caring for the children, who should help her? Is there some way she could feel better?

**Interview guide** with Fathers/Elders/ Spiritual Leaders/Teachers/Healers/ all relevant persons who are involved with community standards on children's growth and development

**Instruction: Think about how it was before the emergency and the conditions that caused it. How were children raised in the community?**

- How were decisions made in the community?
- How were disputes resolved in the community? Between communities?
- Were there any methods by which a person who had acted wrongly could make restitution or be restored to the community?
- What were the celebrations and festivals in the community? Who participated? What were these celebrations like in good times?
- What were the customs of the community regarding births and marriages?
- What was the custom when someone died? (Funerals, mourning ceremonies etc.)
- Were there customs or ceremonies for children growing up? Which ones? For what ages?
- What were the customs of the community regarding famine, loss of income, violence, or another major difficulty?
- What were the community organizations or social groups that men participated in?
- When your children were sick or had difficulties, what did you do, who did you consult?
- If a person could not afford to feed or care for his children and family what did he do?
- If someone's child did not behave properly or was not growing up properly, what did you do? Who did you consult on these occasions?
- If a man was under stress from the difficulties of caring for his family, what could he do to relieve that stress? What were some ways he could feel better?

**Instruction: Has anything changed? What is different under current conditions? What is/ is not in place now?**

- How are decisions made in the community now? How is this different from before?
- How are disputes resolved in the community? Between communities?
- Were there any methods by which a person who had acted wrongly could make restitution or be restored to the community?
- What are the celebrations and festivals in the community? Who participates? What are these celebrations like nowadays?
- What are the customs of the community regarding births and marriages?
- What are the customs when someone died? (Funerals, mourning ceremonies etc.)
- Are there customs or ceremonies for children growing up? Which ones? For what ages?
- What are the customs of the community regarding famine, loss of income, violence, or another major difficulty?
- What are the community organizations or social groups that men participate in?
- When your children are sick or have difficulties, what do you do, who do you consult?
- When a person cannot afford to feed or care for his children and family what does he do?
- When someone's child did not behave properly or was not growing up properly, what do you do? Who do you consult on these occasions?
- If a man is under stress from all the difficulties of caring for his family, what can he do to relieve that stress? Are there any ways that he can feel better?

## Interview Guide with Children and Adolescents

**Instruction: We are here to learn about your life before this emergency and how it is now, so that we can help your families to make things better.**

- Describe the place that you come from.
- What is it like there? (Talk about animals, weather, school, religious institutions, traffic if any, other descriptive factors.)
- What did a girl do all day from morning until night?
- What did a boy do all day from morning until night?
- What can you do to have fun here in this place? *(Be sure to probe for the following: Do they ever help their parents with chores or work? Which chores and when? When they go to sleep at night, does anyone tell them a story? Do they have dreams?)*
- What are the celebrations in the community? Are they the same as before? If not, how are they different? Can kids go to all of them, or only some?
- What are these celebrations like? Are they the same as before? How are they different?
- What is the best thing about this place?
- Is there anything that you don't like? Is there anything dangerous or frightening for kids here?
- What is the worst thing about this place?
- Can you name a person you look up to? Can you tell me what you admire about them?

**Close your eyes ---while your eyes are closed, you will grow big and bigger until you are an adult** Tell me about your life. (What do you do for a living? What do you do in your family? What is best about your life? How will you have prepared for this?)

**I will clap my hands; the magic will be over, and you will return to your own age.**

Do you have all the things (conditions) necessary to grow up to accomplish these things? If not, why not? What is needed?

## NEXT STEPS

### ***Making the Information Useful***

1. After listening to the different focus groups, aggregate the information into charts that capture the changes and create space for intervention (see examples of charts below).
2. Hold follow-up meetings to check the aggregated data in the charts with the opinions of new focus groups comprising some community members who participated in the original focus groups and some community members who did not get to participate. (The usual combination is about 2/3 previous participants and 1/3 new participants; however, this depends on the program size, the sample size, and availability of participants.) Amend the charts based on these community discussions.
3. Discuss ideas for ways to restore or advance community coping mechanisms and family supports, in order to promote or restore conditions for optimal child development. Use these ideas to create a program that supports wellbeing for children and their families.

### ***Beginning the Program***

1. Begin the program.
2. Populate the charts with baseline information.
3. Use the charts to discuss and record changes at 3 months, 9 months and 18 months.
4. Adapt the program as required.

### ***Charting Progress***

The success of a program can be measured by the degree to which the conditions for normal developmental milestones are restored, community coping mechanisms are reinstated, outmoded or dangerous mechanisms are removed and new mechanisms are put in place to meet contemporary needs identified by the community.

Involving communities in re-establishing the conditions for children's optimal growth and development helps to ensure that such interventions are sustainable long after outside interest and attention has faded. Sustainability is established by noting whether these conditions remain in place after 3 months, 9 months, and 18 months.

### ***Accountability and Learning***

Share the results of each evaluation session in a community meeting of program participants, so that modifications can be made to aspects of the intervention that may not be working well or are impractical. Incorporate community suggestions going forward.

At the end of the project, hold one or more community meetings to ensure that communities are part of any learning that emanates from the project. In this way community members can judge for themselves whether the program should be continued and with what modifications.

**PARTICIPATORY EVALUATION TOOL - SAMPLE CHARTS**

The sample charts in the next pages provide practical suggestions on how to measure progress in ways that community members and local emergency practitioners can use.

**COMMUNITY COPING MECHANISMS**

Instruction: This chart is for understanding to what degree the program has restored coping mechanisms or created new ones that help families to help children to grow up well. Record the baseline in the first two columns. Then, in 3 months 9 months and 18 months, go through the list of questions once again. Has anything changed? What is different under current conditions? What is/is not in place now?

| <i>Prior community</i> | <i>Current Conditions (baseline)</i> | <i>Post program</i>        |                            |                             |
|------------------------|--------------------------------------|----------------------------|----------------------------|-----------------------------|
|                        |                                      | <i>Baseline + 3 months</i> | <i>Baseline + 9 months</i> | <i>Baseline + 18 months</i> |
|                        |                                      |                            |                            |                             |
|                        |                                      |                            |                            |                             |
|                        |                                      |                            |                            |                             |
|                        |                                      |                            |                            |                             |
|                        |                                      |                            |                            |                             |

**CHILD DEVELOPMENT**

**Instruction:** This chart is for understanding to what degree the program has restored children's wellbeing, as measured by restoring the normal flow of development. Record the baseline in the first two columns. Then, 3 months after the program has begun, go through list of questions once again. Has anything changed? What is different under current conditions? To indicate a positive result, record the % or # of children now engaging in behaviors consistent with optimal development.

| <i>Age of child</i> | <i>Normal standards</i> | <i>Emergency related changes</i> | <i>Post Program</i>        |                            |                             |
|---------------------|-------------------------|----------------------------------|----------------------------|----------------------------|-----------------------------|
|                     |                         |                                  | <i>Baseline + 3 months</i> | <i>Baseline + 6 months</i> | <i>Baseline + 18 months</i> |
| 0 – 18 months       |                         |                                  |                            |                            |                             |
| 18 months – 3 years |                         |                                  |                            |                            |                             |
| 3 years – 5 years   |                         |                                  |                            |                            |                             |
| 6 years – 11 years  |                         |                                  |                            |                            |                             |
| 12 years- 14 years  |                         |                                  |                            |                            |                             |
| 15 years- 18 years  |                         |                                  |                            |                            |                             |

## ADDITIONAL ACTIVITIES FOR CHILD AND ADOLESCENT ENGAGEMENT

Children and adolescents are an important source of information about the risks and protective factors in their lives. Balanced with adult perspectives on what children need to grow up well, children's voices can form the essential "reality check" on what works and what does not in their lives and experience. The interview guide is the formal means to involve them in the process of emergency program design, monitoring, and evaluation. However, when it is feasible, the supplemental activities described here can help to structure their engagement and participation. They are not required to complete the CPET, but may be used when and if they are helpful.

### COMMUNITY MAP

**Instruction:** Assemble children and adolescents in groups of ten to fifteen. Group small children with older ones who can assist them with writing or drawing. Distribute large sheets of paper and markers to share.

**Instructions to participants:**

Draw a map of your community (define this according to context)

Make a legend for the map:

- Indicate places that you like with one symbol
- Indicate places that you don't like with a 2<sup>nd</sup> symbol
- Indicate places that you would like to change with a 3<sup>rd</sup><sup>th</sup> symbol
- Indicate places that don't exist that you were there with a 4<sup>th</sup> symbol

**Instruction:** Present the maps to adults for their consideration and possible inclusion in a plan for community action.

## PROBLEM/ SOLUTION MATRIX

The problem/ solution matrix is a way to help older children and adolescents who may be feeling hopeless and helpless, to think about their own priorities and ways that they might help to make a change. It can also help adults concerned with child wellbeing to learn what children are worried about and what might engage them

**Instruction:** Assemble children in focus groups of ten to fifteen. Group adolescents separately.

Populate the matrix by asking each group the questions below. Three problems are selected here, but four or five are possible if that allows for broader engagement and if resources permit.

**Instruction to Participants:**

Name the 3 biggest problems affecting your community today

- Who should solve them?
- How should they be solved?
- What can you do as a young person in this community?

| Problem Matrix | Who should solve it? | How should it be solved? | What can you do as a young person in this community? |
|----------------|----------------------|--------------------------|--|
| Problem 1      |                      |                          |  |
| Problem 2      |                      |                          |  |
| Problem 3      |                      |                          |  |

**Instructions:** Participatory ranking can help children and adolescents to prioritize what they want to do and when they want to do it. Use a common object to represent each problem. Have the children designate a spokesperson to describe why it is important. Suggest to the participants that they might be able to do only one activity. Invite them to stand behind the object representing the one they would choose if only one were possible. The one with the majority is first priority. Repeat the exercise for the second and then third priority. Make a plan to present the children's priorities to the adults, and to work with the children around addressing each of their priorities, either one at a time or in simultaneous interest groups, as part of a community activity or program.

To learn more about participatory ranking see: Ager, A., Stark, L., Sparling, T., & Ager, W. (2011). Rapid appraisal in humanitarian emergencies using participatory ranking methodology (*PRM*). New York, NY: Program on Forced Migration and Health, Columbia University Mailman School of Public Health.

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