Psychosocial support for children in the Republic of South Sudan: an evaluation outcome

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This paper describes an exploratory outcome evaluation of War Child Holland's psychosocial support intervention I DEAL, a life skills intervention aimed at improving the ability of children and young people affected by armed conflict in the Republic of South Sudan to 'deal' with their daily lives. The specific objectives were to assess whether I DEAL is consistent with local perceptions of wellbeing, and to explore the outcomes, as well as the factors that influence outcomes of this intervention. The research was conducted using mixed methods, with a focus on qualitative and participatory methods: group exercises, individual goal setting (N = 110) and interviews (N = 62). To triangulate findings from children, interviews were held with teachers (N = 7), facilitators (N = 5), and parents (N = 11). It was found that the content of the intervention was consistent with children's perceptions of wellbeing. Specific outcomes that were reported by children and confirmed by facilitators, teachers and parents included decreased fighting and improved relationships with peers and parents. Findings suggest that I DEAL positively affect children's social coping skills and has the potential to improve children's emotional coping skills and classroom performance.

Keywords: armed conflict, children, participatory outcome evaluation, psychosocial support, Republic of South Sudan

Introduction

An estimated one billion children and young people under the age of 18 live in areas affected by armed conflict (United Nations Children's Fund (UNICEF), 2009). Exposure to the disruption, loss and violence associated with armed conflict, and its aftermath, negatively affects the psychosocial wellbeing of children (Jordans et al., 2010; Tol et al., 2011a; Attanayake et al., 2009).

At the individual and interpersonal levels psychosocial support can rebuild broken relationships and promote nonviolence (Wessels & Monteiro, 2006). This article focuses on the evaluation of a psychosocial support intervention that can contribute to nonviolent behaviours and other peace-building processes at the interpersonal level in the Republic of South Sudan.

Thirty-eight years of civil war, between the Sudan and South Sudan, has displaced 4.9 million people and killed more than 2 million. The vital infrastructure of the Republic of South Sudan has been 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 (World Bank, 2013). The population below the age of 18 is around 51% (Central Bureau of Statistics, 2009). The country is highly rural, and is characterised by isolated and inaccessible communities. The high costs of primary education, the necessity for children to contribute to the family income, as well as long distances to schools, all contribute to severely low school enrolment levels. At 8%, South Sudan's female literacy rate is the lowest in the world (World Bank, 2012).

After South Sudan's independence in 2011, ongoing conflict in some border regions, intercommunal conflicts, food insecurity, seasonal flooding and internal displacement continue to affect communities (United Nations, 2012). In addition, the presence of seven armed groups, the recent outburst of violence, as well as more generalised violence all continue to negatively impact the psychosocial development of children. This is often demonstrated by violent behaviour and weak social skills, as observed during situation analyses and by War Child's staff.

Eastern Equatoria State, where the evaluation of I DEAL was conducted, was particularly affected by the civil war from 1983 – 2005. Until today, the region experiences insecurity caused by landmines, many civilians owning weapons, and shattered social and community relations. Cattle rustling, armed robbery, and banditry are endemic. In many areas of the state there is little security presence. Violent conflicts over cattle and land are common, which are further exacerbated by the return of refugees and the arrival of internally displaced civilians. In addition, Eastern Equatoria experiences chronic food insecurity, a lack of basic services, and few economic opportunities (United Nations Development Programme (UNDP), 2012). War Child has worked in Eastern Equatoria since 2009, implementing child protection, education and psychosocial support programming. The ongoing conflicts, generalised violence and the recent outburst of ethnic violence call for continued support in all three areas, as well as effective peacebuilding, to promote children's rights and their healthy development.

War Child follows an ecological approach (Bronfenbrenner, 1979) to improve children's rights and healthy development, through strengthening protective factors at various levels in society (Betancourt & Kahn, 2008). Therefore, War Child Holland's psychosocial support intervention 'I DEAL'[1]

is implemented in combination with interventions promoting education and child protection. I DEAL aims to support children (11 – 15 years of age) to deal better with the aftermath of armed conflict, by strengthening determinants of resilience and psychosocial wellbeing, such as self-confidence and social and emotional coping skills. Important determinants for resilience include having an internal locus of control and a sense of self-efficacy (Betancourt & Kahn, 2008). To increase children's confidence that they can make a difference (internal locus of control) and to achieve their goals (self-efficacy), the intervention uses participatory methods, to create opportunities for the children to express themselves and to reduce their fear of speaking within group situations.

Other essential determinants of resilience are social and emotional coping skills (Betancourt & Kahn, 2008), and supportive social relationships with peers, parents and other adults (Benzies & Mychasiuk, 2008). I DEAL's aims of strengthening children's social and emotional coping skills contributes to improving social relationships, through group discussions and game based activities, focused on collaboration and conflict solving.

The themes addressed in the six modules of I DEAL (each consisting of 3 – 4 sessions), are identity, dealing with emotions, peer relations, relationships with adults, conflict and peace, and the future. Participants actively contribute to the intervention by selecting the themes to be addressed, and through participatory monitoring and evaluation exercises (Claessens et al., 2012). The intervention consists of a maximum of 19 sessions of 1.5 hours each, implemented over a period of 4 to 6 months, depending on local circumstances and modules selected. Each session combines creative and participatory techniques, such as role play, drawing, games and group discussions to stimulate active learning (Kalksma-van Lith, 2007). The groups have a maximum of 25 participants and are facilitated by

community workers (hereafter facilitators) in schools, after school hours. Previously published and non published evaluations in other countries have shown positive short-term outcomes of I DEAL; mitigating reactions to violence, such as aggression and improving relations with adults and peers (Claessens et al., 2012).

Despite growing evidence of the effectiveness of psychosocial interventions for children and young people (Flament et al., 2007; Jordans et al., 2010), there is an urgent need for a stronger evidence base on the effective approaches for children affected by armed conflict (Tol et al., 2011b). As complex psychosocial interventions call for practice driven research, process oriented and participatory approaches are required, before moving towards more rigorous research designs (Claessens et al., 2012). Building on a pilot study conducted in Uganda (Claessens et al., 2012) in 2012, War Child Holland, in collaboration with the University of Amsterdam, the Netherlands Youth Institute, and HealthNet TPO, conducted an exploratory outcome evaluation and a process evaluation of I DEAL in the Republic of South Sudan.

The primary purpose of this research is to further strengthen the intervention, in addition to facilitating future effect evaluations, by exploring locally relevant outcome measures. The study also aims to contribute to current knowledge gaps in the field of psychosocial support, through addressing three prioritised, international research areas for psychosocial support interventions (Tol et al., 2011b): effectiveness of school based psychosocial support; local perceptions of psychosocial problems; and the extent to which current interventions address these needs. This paper addresses the following questions:

1. Does I DEAL fit with participants' perceptions of wellbeing?
2. What are the outcomes of I DEAL regarding:
   a. the achievement of participants' personal goals, and;
   b. social and emotional coping skills
3. What factors influence the outcomes of the interventions?

Methods

Design

The exploratory evaluation followed a mixed method, nonrandomised, pre and post test design. As it was intervention driven, the research included a convenience sample in schools where the intervention took place, and did not include a control group. The pre test was conducted in April 2012, the post test in November 2012. The research is in line with international ethical standards and guidelines for the evaluation of psychosocial programming (UNICEF, 2011; Inter-Agency Standing Committee (IASC), 2007). Respondents gave informed consent verbally. Confidentiality was ensured to all respondents, and it was explained that all identity information was collected for analysis only.

To ensure data quality, nine community workers received three days of training and conducted the interviews in local languages (Juba Arabic and Lotuho), with structured topic lists. In order to build trust, the teacher introduced the researchers and the research purpose to the children, and researchers used child friendly approaches and games.

Sample

The evaluation took place in Eastern Equatoria State, where a total of 11 groups (152 boys and 105 girls) participated in I DEAL. Out of the 11 groups, five (from different villages) were selected to participate in the research. Teachers selected children from grades 3 and 4, and in some cases they included girls from another grade to improve gender balance. Consequently, the age of participants ranged from 8 to 16 years old (see Table 1 for demographic information).

Table 1. Demographic characteristics of participating children

School	Mean age (SD)	Female N	Male N	Total N
1	12.38 (1.69)	11	10	21
2	12.17 (1.09)	13	11	24
3	11.32 (1.72)	8	20	28
4	10.33 (1.04)	11	16	27
5	11.91 (1.44)	6	16	22

The selection of the research groups was based on the security and accessibility of the area, and the starting dates of the intervention. The five groups included a total of 122 children: 73 boys and 49 girls.

The total dropout rate of the intervention was 32%, resulting in a smaller research sample at the post test stage. See Table 2 for an overview of the sample sizes used for final analysis, per research instrument. For each instrument, the selection of respondents was based on 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. It was an aim to include parents from each location through snowball sampling. However, due to practical constraints, this resulted in a sample of 11 parents from two locations.

Research instruments

Local perceptions of wellbeing

The participatory research tool, Wellbeing Exercise (Stark et al., 2012; Hart et al., 2007), was used as described by Stark et al. (2012) to compare the content of I DEAL with local perceptions of wellbeing, as well as its relevance and cultural fit. During group exercises, children's local perceptions of wellbeing were explored through reflection of what determines the wellbeing of a child within their community, and what behaviours they associated with peers who are 'doing well'.

Table 2 Overview of sample per research instrument

	Research instruments		Mean age (SD)	Female N	Male N	Total N
Baseline	Wellbeing exercise	5 groups of ± 8	12 (1.65)	15	26	41
	Personal goals		11.6 (1.56)	44	66	110
Post test	Personal goals		11.4 (1.59)	30	44	74
	Evaluation interview		–	26	36	62
	Group discussions	5 groups of ± 11	–	–	–	56
	Interview parents	2 locations	–	8	3	11
	Interview teachers	5 locations	–	1	5	6
	Interview facilitators		–	1	2	3

Two researchers had been facilitators in the past and also provided input.

Personal goals

Children set individual goals at the beginning of the intervention, which is included as the '*Personal Goal*' exercise in the intervention's monitoring and evaluation[2]. Formulating child led and participatory indicators of success supports facilitators to address the needs specified by the children themselves. Further, children's participation in planning, monitoring and evaluation can, in itself, facilitate psychosocial growth (Karki, Kohrt & Jordans, 2009). To formulate realistic and achievable goals, the personal goals were based on self-identified strengths and difficulties, and set within the themes of the intervention; personal traits and relationships with peers and adults. Progress towards reaching personal goals was measured on a visual analogue line of 10 cm, a continuous line without numbers, using a smiling and a sad face to indicate the positive and negative ends, respectively (Baker & Hall, 1994). In clinical settings, similar types of '*Goal Attainment Scoring*' have shown positive therapeutic value in encouraging patients to reach their goals (Durrant et al., 2007). There is growing evidence that this way of measuring has greater sensitivity over standard measures, potentially avoiding floor and ceiling effects (Turner-Stokes et al., 2006). These effects occur when respondents choose the most positive or negative answer option, which inhibits the measurement of individual differences.

Evaluation interviews

Based on a client satisfaction questionnaire (Healthnet TPO & Centre for Trauma Psychology, 2010), structured interviews were held at the end of the intervention to assess children's satisfaction with the intervention. Using both closed and open ended questions, the interviews assessed motivation to participate, reasons for missing one or more sessions, level of enjoyment and children's perceptions of the benefits of the intervention. To explore outcomes, children were asked: '*has there been any change (positive/negative) after finishing I DEAL, for you personally?*' Answer options were: a) deterioration, b) no change, c) some improvement, or d) much improvement, followed by an open question to obtain an explanation.

Group discussions

A group discussion was held in each location in order to evaluate the modules. During a group exercise, based on a structured topic list, each child used a sticker to indicate the module they liked most (green), the one they liked least (red) and the module where they learned the most (orange). In addition, children were asked, within small groups, to formulate suggestions regarding time, setting, themes and facilitation.

Interviews with teachers, facilitators, project staff and parents

To triangulate the findings, structured interviews with teachers, facilitators, project staff and parents were held using structured topic lists, including both closed and open ended questions. Respondents were, for example, asked if they had observed any changes in children's behaviour over the past six months, and what they thought had caused these changes. Interviews with facilitators and War Child staff included questions on the quality of implementation, and other factors that could have influenced the intervention's outcomes.

Analysis

Quantitative data was entered and analysed using Excel and SPSS 20 software. To compare the difference between the mean scores at pre and at post test in relation to the variation in the data, t-tests were used to assess progress towards achieving children's personal goals. Qualitative data was analysed, combining grounded theory and content analysis. The combination was chosen to allow for new insights provided by the data, while keeping general theoretic themes in mind. First, intensive case level analysis was done, followed by extensive

analysis combining and comparing types of informants, topics and crosscutting themes, in order to discover patterns emerging from the data (Russell Bernard, 2002; Silverman, 2011). Two researchers separately conducted the coding, in order to increase the objectivity of data analysis. Consensus was reached where needed.

Results

Participants' perceptions of wellbeing

Participants' perspectives of what determines a child's wellbeing can be summarised in five main categories (in the 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 wellbeing, most responses were related to: behaviour towards peers, behaviour towards adults, general conduct, expressing emotions and behaviour motivated by future goals. Participants strongly associated wellbeing with being friendly and not fighting, listening well to adults, and being respectful. See Table 3 for the complete overview of specific behaviours mentioned.

Outcomes of I DEAL

During evaluation interviews (N = 62), 48% of the respondents stated that they noticed significant personal improvement, while 30% noticed some improvement. The main types of improvement are listed in Table 4. None of the participants reported negative changes, and 14 (22%) children did not report any changes during the interview. Two of them also showed very little progress towards their personal goals. They indicated that they did not like the games and thought that I DEAL was too difficult. Four children dropped out of the intervention, and therefore missed a significant amount of sessions. The other eight did report positive improvement regarding their personal goals.

Personal goal scores

A total of 110 personal goals were formulated in the five locations. Most children (45%) formulated goals to improve their pro social behaviour, including 'sharing', 'helping', 'being forgiving' and 'having respect for others'. Thirty four percent stated goals relating to relationships with others: to improve friendships or make more friends, 'socialise' and 'play together' with peers. Nearly 1/5 of the children (19%) wanted to improve on 'working hard' and being 'disciplined'. Half of them mentioned this in relation to their parents or home environment. Two percent of the children's personal goals combined discipline and pro social behaviour. One child wanted to improve self-esteem and become more courageous, which was categorised as 'emotional wellbeing'. Before I DEAL, the average score was 3.0 (SD = 1.757, N = 74), in relation to achieving their personal goals. None of the children showed lower scores at post test. Post test scores within the same group were significantly higher ($t(73) = 16.26$, $p = 0.00$), resulting in an average score of 6.9 (SD = 1.914). No significant differences were found between locations, age or gender. Boys showed slightly more improvement than girls, with their average improvement rates at 4.2 and 3.5, respectively. These differences were not statistically significant ($t(72) = -1.548$, $p = 0.126$). Quotes below provide examples of personal goals and the progress towards achieving them.

A 13 year-old girl's personal goal stated 'I would like to improve 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 my peers, but now at least I talk and play with them'.

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 progressed 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 [about it] and he asked for forgiveness from me, and I

Table 3 Behaviour associated with well being by participants

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

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

did. [But] when someone has seriously hurt me, it takes time to forgive'.

Social coping skills
During the evaluation interviews, most children reported changes regarding social skills and relationships. The following changes are described in more detail below: reduced conduct problems, improved pro social behaviour, relationships with peers, and relationships with adults. Thirty-nine percent (N = 24) of children interviewed reported that they fight less and are less aggressive after having participated in I DEAL. As one 11 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*

Table 4. General changes reported in evaluation interviews

Type of change	%	Total (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 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

with emotions I could forgive [others] and control my emotions'. Also, two children said they used to steal, but no longer do so. Teachers in three locations and a facilitator confirmed a decrease in fighting, bullying and other aggressive behaviour.

Eleven percent (N = 7) described more general improvements in sharing, helping and respecting others (pro social behaviour). This was also observed by four teachers, who stated that some children started helping their peers with their schoolwork and were showing more respect for others. According to three teachers in two locations, girls and young children in particular displayed improvement in their general behaviour after I DEAL. One facilitator mentioned that participants became better at sharing during I DEAL.

One-third (N = 20) of the children indicated that they strengthened their friendships and improved their social skills, learning how to make friends and *'play well'* together. This change was also described by two teachers who observed children working well together, helping each other, behaving more socially and becoming more united as a group.

Nineteen percent (N = 12) of the children interviewed reported improvement in their relationship with adults. The type of changes children described in their relationships with their parents related mostly to respect and obedience, as illustrated in these quotes:

> *'Whatever my parent tells me to do I always do in time'.* (Girl, 11 years old)
> *'I always apologise to my parents for the bad things I do to them'.* (Girl, 13 years old)

Seven parents also described these changes. One 14-year-old boy described a different form of improvement in his relationship with his parents, saying *'I can go for advice to my parents now'.*

Two teachers also reported that children became more obedient, with girls in particular showing more respect towards teachers after the intervention. See Table 4 for an overview of changes reported by children.

Emotional coping skills
In the evaluation interviews, four out of 62 children reported that they worried less than before, or could control their fears better.

One boy implicitly mentioned 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 physically 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'.*
Two facilitators observed that children became more confident and active during I DEAL sessions over time. Teachers (N = 4) also reported that children in I DEAL had become more confident 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 children. The 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'.

Another facilitator noted that some children remained very shy, hardly participating in the group. Only two children mentioned changes in confidence, related to their personal goal.

Academic performance
All teachers interviewed (N = 7) reported positive changes in their pupil's academic performance after participating in I DEAL. *'Some children started studying together in groups, even without being told'*, explained one teacher. Another teacher explained that the increase of respect and increased concentration has contributed to the children's academic performance:

'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 has prevented their learning being interrupted because of psychological issues'.

According to another teacher, some children performed better because they were more attentive, and others because they had become 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'.*

Factors contributing to intervention outcomes
In order to identify factors influencing the outcomes, a process evaluation was conducted to assess: appreciation of the intervention; attendance; the quality of implementation; characteristics of facilitators; and contextual factors (security, illnesses, and accessibility of locations). As appreciation and attendance may have had the more direct influence on the individual outcomes, these are described below.

Appreciation
Findings from the group discussion indicate that children liked the module addressing social relationships with peers most. The module on solving conflicts was the least liked by the children, who also considered it, and the module on dealing with emotions, to be the most useful. None of the participants thought that any of the modules or sessions should be removed, however. Participants provided suggestions on how to improve certain exercises, and recommended including local games in the sessions. The majority (84%) of the children that were interviewed (N = 62) stated that they *'enjoyed the programme a lot'*, 15% responded *'quite a bit'* and 1% *'a little'*. Most children indicated that they felt good in the group during sessions, with the exception of

nine children who stated they did not always enjoy being in the sessions, as illustrated by the following quotes:

'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 language very well. [. . .] sometimes I feel bad to be in the group when I am embarrassed'. (Girl, 9 years old)
'I did not feel good most of the time, because the games are hard to understand'. (Girl, 11 years old)

A significant positive relationship was found between the level of enjoyment in I DEAL and changes reported by children in the evaluation interviews (Kendall's $\tau = 0.269$, $p = 0.025$).
The children who enjoyed the session less (16%) were also those who reported the least improvement at the end of the intervention.

Attendance
Of the 122 participating children, 24% attended all 19 sessions, 38% missed $1-3$ sessions, and 6% missed $4-7$ sessions. The main reasons for missing a session were illness or domestic chores, such as work in the garden or cleaning. Thirty-two percent of the children completely dropped out, of which 29 (75%) dropped out during the last module, predominantly in the two locations that had postponed the last sessions until after the Christmas holidays. 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, children missed sessions for security reasons related to intercommunal conflict. One teacher indicated that some parents did not support their children's participation because they perceived the sessions as playtime.

Discussion
Firstly, local perceptions of wellbeing were explored to assess to what extent the intervention was culturally relevant. Results showed that the sessions address most of the locally defined determinants of wellbeing; having positive social relationships with peers and adults, through being respectful, being friendly, preventing conflicts, and being able to cope with negative emotions. The factors that children associated with wellbeing that the intervention did not address were: religious practices; well disciplined behaviour; education; safety; and material welfare. Other War Child Holland programme components address safe environments and access to education. Material welfare and religion are currently not addressed in War Child's work. An assessment of local resources and coping mechanisms would further increase the intervention's relevance and cultural acceptance. Further tailoring the intervention to the context and target group could be realised through an assessment and consultation phase, as described by Jordans and colleagues (2013).
Secondly, the outcomes of the intervention were explored. Findings showed a significant improvement towards achieving personal goals. It can be argued that these findings may be biased, due to the subjective nature of the self assessment. However, the results indicate that children seemed to score their progress realistically, not scoring too high at either the start, or the end.
The main changes reported by children, as well as by facilitators, teachers and parents, were decreased fighting and improved relationships with peers and parents. These outcomes are in line with previous unpublished evaluations conducted in other countries using I DEAL. The reported decrease in fighting suggests improvement in the ability to cope with the emotions leading to aggressive behaviour. Facilitators and teachers observed changes in confidence and participation, which also suggest increased emotional coping skills. The fact that very few children mentioned coping with emotions as a difficulty or change might

be caused by cultural or linguistic factors, or a difficulty in reflecting on emotions. These findings suggest that the intervention strengthens essential components of children's resilience: social and emotional coping skills, and supportive relationships (Betancourt & Kahn, 2008). However, when adopting a more ecological conceptualisation of resilience, the influence of children's family and community life has to be taken into account as well (Tol et al., 2009). In addition, by reducing violence and strengthening relationships, I DEAL potentially contributes to peacebuilding processes (Wessels & Monteiro, 2001).

Furthermore, I DEAL seemed to have positively affected pupils' academic performance, in line with studies in Western settings (Gavala & Flett, 2005; Van der Merwe, 2005), as well as earlier findings from War Child Holland in Uganda (Claessens et al., 2012). This may be explained by the social and emotional coping skills gained, which have shown to positively affect school performance (Lam & Kirby, 2002; Zins et al., 2004).

Additionally, factors that could influence the outcomes of the intervention were analysed. The findings indicate that the participants who enjoyed I DEAL less than the others, reported less improvement. Attendance could not be identified as a factor influencing individual outcomes. However, enhanced attendance and continuity of implementation could significantly improve outcomes. Further, the quality of implementation, characteristics of facilitators, and contextual factors (security, illnesses, and accessibility of locations) may have influenced the outcomes. In addition, although no significant differences were found in outcomes of younger or older participants, the wide age range might have negatively influenced the outcomes, as this can affect the group dynamics (for example, younger children may not have felt comfortable and learn at a different pace).

As not every child experiences behavioural, social or emotional problems as a result of being exposed to conflict, it can be argued that participants of psychosocial support interventions should be selected based on psychosocial distress screening (Jordans et al., 2008). Although this may further improve the outcomes, War Child Holland, aims to enhance social integration by including all children within an existing group (i.e. class), in order to prevent stigmatisation of those selected, or jealousy among those excluded.

To gain more insight into other contextually relevant factors affecting children's psychosocial wellbeing, as well as broader peace building processes, it is essential to assess community needs and build on available resources. Addressing these factors of '*ecological resilience*' can contribute to preventing re-occurrence of violent conflict (Tol et al., 2009).

Limitations

Conclusions regarding attribution of outcomes have to be drawn with care, due to the non randomised sampling, and the lack of a control group. Demographic information, except gender and age, was not collected; therefore conclusions about representativeness cannot be drawn. Despite efforts made to balance gender in both the intervention, as well as in the research, this turned out to be challenging due to low school attendance of girls in the region.

The dropout rate for personal goal measurements was 33%, which may have biased the results to some extent. However, the intervention driven evaluation provides strong qualitative evidence for outcomes, as the sample size was substantial, and responses from children were triangulated with those of parents, teachers and facilitators.

Conclusion

Contributing to current gaps in knowledge on psychosocial support (Tol, et al., 2011b), this study indicates that the psychosocial support intervention I DEAL is consistent with local perceptions of wellbeing, positively affects children's social coping skills

and potentially improves children's emotional coping skills and classroom performance. Through reducing violence and strengthening relationships, I DEAL also has the potential to contribute to peacebuilding processes. Findings indicate that enjoyment of participation in the intervention positively influences the outcomes of the intervention.

Recommendations

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

- To effectively promote children's psychosocial wellbeing and healthy development, psychosocial interventions should be combined with other interventions that address material wellbeing, 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 wellbeing.
- Future research is needed to analyse the relation between specific intervention components and outcomes using (waiting list) control groups, to be able to draw conclusions about effectiveness. Future studies should also analyse to what extent psychosocial characteristics, age range and gender balance within the group, attendance, quality of implementation and contextual factors influence the effectiveness of the intervention.
- More research is needed to explore the longer term effects (including on academic performance) of I DEAL and other psychosocial interventions.

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

[2] See Monitoring and Evaluation Toolkit at www.warchildlearning.org/trainingtools/evaluation.

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