# Interagency Psychosocial Evaluation Project

## FINAL REPORT

**Columbia University**
**UNICEF/oPt**

**WORKING DOCUMENT**

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**Foreword**
**DG ECHO, Jerusalem**

This study is the culmination of a joint endeavour steered by UNICEF and supported by DG ECHO, the Humanitarian Aid and Civil Protection department of the European Commission. Research has taken place in the occupied Palestinian territory over a period of two years, including numerous workshops aimed at developing outcome indicators for psychosocial response in protracted crises. The product is a pilot model of tools for the monitoring and evaluation of psychosocial interventions for children that will inform programming in the oPt and can also be used in other areas of the globe where crises of a long-term nature persist. Multiple national and international stakeholders have taken part in this effort.

The study is best understood as a minimal set of requirements for the design of outcome objectives and indicators in psychosocial projects. These outcome indicators are intended to measure a child's emotional and social well-being as well as acquisition of skills and knowledge. The design of evidence-based monitoring and evaluation tools for psychosocial programming makes it possible to design more effective interventions and activities for children and their families.

Though much of the work is behind us, the study is open for review in the coming years. Insights and feedback on best practices and application guidelines should also be developed.

DG ECHO would like to thank UNICEF, the Columbia University and all the national and international organisations that have worked together to produce this study, often under challenging circumstances. While applauding this joint venture, DG ECHO recognises the effort as an important milestone in the wider child protection community, not only in East Jerusalem, the West Bank and the Gaza Strip, but the world over.

## Executive Summary

*Introduction*

Children in the occupied Palestinian territories (oPt) have been born into one of the most complicated and protracted conflicts in the world, encompassing 60 years of conflict and 42 years of military occupation. As they grow up, children in the Palestinian territories are exposed to military incursions, political violence, home demolitions, displacement, and home searches. With their access to normal routines and activities often restricted, such as school and play, children must learn to navigate a complex system of permits, barriers, and checkpoints.

In order to support children's mental health and psychosocial well-being within this particular context, governmental bodies, non-governmental organizations (NGOs), and UN agencies have implemented a range of interventions across the occupied Palestinian territories. This report presents the findings of the first interagency evaluation of psychosocial interventions in oPt. The evaluation process was supported by UNICEF and Columbia University, and was conducted in partnership with the multiple agencies across the West Bank and Gaza.

*Methods*

This evaluation used a quasi-experimental pre-test/post-test design. A common survey tool was administered to children in programmes at the beginning and the end of agency programme cycles, and in comparison groups of children who had not yet taken part in the psychosocial programmes. This closed-ended survey tool was developed using a brief ethnographic approach, which identified local definitions and indicators of psychosocial well-being through consultations with children and parents in the West Bank and Gaza. A limitation of the methodology was that qualitative measures were not included in the study.

The survey questionnaire was administered to a sample of approximately 1,900 Palestinian children and adolescents living the West Bank and Gaza by programme staff from each agency. Each agency[1] used their programme rosters as their sampling frame. In all but one case, random sampling strategies were used, and questionnaires were administered to at least 80-100 children in programme groups and in comparison groups. In the one case in which random sampling was not used, the agency relied on convenience sampling. Programme groups were composed of children who were participating in psychosocial interventions, and comparison groups were composed of children who were on waitlists to participate in programmes.

The data analyzed in this evaluation was collected by five agencies in the West Bank and three agencies in Gaza, at the beginning and end of each agency's programme cycle. Data in the West Bank was collected between September 2008-July 2009. In Gaza, the data used in this evaluation was collected between September and December of 2008, prior to the military operation Cast Lead, which occurred in the end of 2008 and the beginning of 2009.

[1] 35 organizations (some through their implementing partners not listed here) agreed to participate in the study as follows: ANERA, EMDH/ BASR, MdM, MOE, MOH, MOSA, PRCS, Tdh, UNDP, UNWRA, YMCA, Ard Al Ensan, CMBM, CTCCM, Islamic Relief, Medical Relief, Mercy Corps, MoEHE, PCDCR, Beit Al Mustaqbal, Culture and Free thought assoc. Sharek Youth Forum, El Wadad. However, this reduced to the following: YMCA, ANERA, PRCS, Save the Children, PRMA, UNWRA, MOE, PCDCR. Data for the study was finally provided by five organizations in West Bank and three in Gaza- EMDH/ BASR, MdM, PRCS, Tdh, YMCA, Save the Children, PCDCR and El-Wedad Association.

Post-intervention responses of children in programme groups and in comparison groups were compared to their mean scores at baseline in order to measure increases in the following seven psychosocial outcome areas: a child's general resilience, level of engagement at home and with their family, engagement in school, engagement in the community, social relations, problem solving abilities, and reduced troubling thoughts and feelings. Mean differences in each of these outcomes were tested for statistical significance. These outcomes among children in programme groups and comparison groups were then further analyzed by age, gender, location and programme type.

*Results*

The main findings of the evaluation were as follows.

- Baseline scores of children in psychosocial programmes were relatively high
  The children's well being was first assessed during the baseline data collection phase, using the common questionnaire *before* he or she began actively participating in a psychosocial programme. One of the main findings of the evaluation is that children's overall mean scores across all seven outcomes were relatively high at baseline. On a scale of 0-100, all mean scores at baseline were above 50. This indicates that before children entered into psychosocial programmes, children in both the West Bank and Gaza reported relatively high scores for their level of engagement at home, in school and in the community, as well as with their problem-solving skills, their social relations, and their ability to reduce their troubling thoughts and feelings.

  The children in the intervention group and the children in the comparison group were similar at baseline on all of the seven outcomes. That is, the average pre-test scores for each outcome of children enrolled in psychosocial programs did not differ significantly from the average scores of children who were in wait-listed comparison groups in the West Bank and Gaza at baseline.

- Psychosocial programmes in the occupied Palestinian territories are promoting child and adolescent well-being

  Comparison between pre and post intervention results show children's levels of resilience increased and risks to psychosocial well-being significantly reduced during the time they participated in PS interventions in West Bank and Gaza. All seven outcomes significantly increased at a 5% alpha level for children who participated in psychosocial interventions in the West Bank. In Gaza, all outcomes increased significantly except for reduced troubled feelings.
  - Most significant improvements: level of engagement at home, in community, social relations and problem solving
  - Less change observed in resilience outcome, engagement in school, reduced troubled thoughts and feelings

  The psychosocial well-being outcomes for the children in the comparison groups across *all* levels was not as high, and in fact *decreased* in some areas (engagement at home and at school, social relations, community engagement, problem-solving).
  Overall, participating in a psychosocial programme resulted in a demonstrated difference in child well-being as defined by the participating organizations at the baseline, and as measured by the survey questionnaire developed for this evaluation research.

- Data from parents supports results children's findings
  Non-representative data was collected from parents. Because of the comparatively low rate of response from **parents (46%),** the information from parents is not representative and cannot be analyzed using tests of statistical significance. Consequently, questionnaires from parents were analyzed qualitatively in order to support the quantitative findings from the children's questionnaires. Their responses broadly support the findings from children's data regarding improvements in interactions at home, in school, and their children's ability to reduce troubling thoughts and feelings.

- Children's psychosocial outcomes varied by demographic factors, such as age, gender and location
  While all outcomes improved significantly as a result of participation in psychosocial programmes, levels of increase varied by factors such as age, gender and where the child lives.
    - **Age:** adolescents (13-18yrs) in psychosocial programs in both the West Bank and Gaza improved on less outcomes than younger children, especially resilience, engagement in school, reduction in troubling thoughts and feelings
    - **Gender and location:** Children's outcomes improved in the West Bank between baseline and post-test, regardless of gender. In Gaza, however, improvements in outcomes differed by gender. While boys' outcomes improved significantly across the board, girls in programs in Gaza did not experience significant improvements in their level of resilience, engagement in school, and reduced troubling thoughts and feelings.
    - **Age and location**younger children (8-12yrs) in West Bank improved in all 7 outcomes, in Gaza younger children did not improve significantly on engagement in school and in their ability to reduce troubling thoughts and feelings.
    - Adolescents in Gaza did not improve significantly when compared to comparison group re engagement at school, reduction in troubling thoughts and feelings

- Psychosocial outcomes improved regardless of programme design, but some appear more effective than others
    - While all outcomes significantly improved for children in all types of psychosocial programmes, children in Gaza who were enrolled in psychosocial programmes that included a clinical counselling component in addition to recreational activities did better than children who were in programmes that only involved recreational activities in Gaza. Gazan children who received some clinical counseling did better on two outcomes: levels of engagement at home and reduced troubling thoughts and feelings. There were no significant differences between the two types of programming within the five other outcomes.

The reverse was true in the West Bank, where children in programmes that focused on recreational and group activities *only* did better. Additionally, in the West Bank, children who were in short-term programmes experienced greater improvements than children who were enrolled in longer-term interventions.

Further investigation is required before accepting this finding: the majority of the interventions sampled where short-term in nature (shorter than 6 weeks) thus having a possible bias against counseling interventions which are typically longer term, and only short-term interventions were evaluated in Gaza; not enough information was given describing the different psychosocial interventions sampled and how they were categorised;

Insufficient data analysis was done comparing different types of psychosocial interventions and cross –correlating the age, gender, type of intervention and location variables

*Conclusion*

The findings support the importance of a social ecological approach which stresses the importance of supporting the internal resources within Palestinian culture and society that contribute to children's resilience. Despite the conditions that have made life increasingly difficult in both the West Bank and Gaza, the findings indicate that children who participate in psychosocial programmes come into programmes with a high degree of self-efficacy and social support from their families and school environment. Additionally, children's outcomes improved across the board—regardless of age, gender, location, or programme design—as a result of participation in psychosocial programmes. Further, it is important to note that the post-test scores of children in wait-listed comparison groups significantly decreased after baseline. This last finding further supports the need for psychosocial programming as part of a coordinated response in improving the lives of children and their families in the occupied Palestinian territories.

This evaluation both supports the general effectiveness of psychosocial interventions in oPt and challenges programs to consider how they might better meet some of these particular needs in both the West Bank and Gaza. This study offers evidence of the continued need for psychosocial programming – and argues for more programming to foster essential pre-existing supports which allow children to prosper in an extremely adverse environment. Children in the occupied Palestinian territories continue to be exposed to military incursions, political violence, home demolitions, displacement, and home searches. As governmental bodies, non-governmental organizations and UN agencies across the West Bank and Gaza continue implementing interventions to support children's mental health and psychosocial well-being within this context, studies such as the one presented in this report can provide critical insights to inform policy and programming.

This interagency evaluation process was the first of its kind, and reflects an important step in a coordinated effort to improve programming and build the evidence base for future interventions. Lessons learned from the process of the evaluation itself and the limitations of the data hold important implications for future research. Process wise, the evaluation brought together a number of key actors working in the field of psychosocial response who were eager to learn more about the impact of their programs—and to do this together. These pioneering efforts reflect an important step in a coordinated effort to improve programming and build the evidence base for future interventions, to:

- institutionalize quality evaluation and programme learning systems
- build the evidence-base for effective PS programming
- harmonise agreed strategies and standards for implementation, and
- work towards national coverage in oPt.

This evaluation is the second part of a three-stage process: (i) the interagency commitment to common evaluation, (ii) the interagency psychosocial baseline and evaluation research and development of measures of children's psychosocial well-being, and phase (iii) whereby over a 12-18 month period, the participating agencies agree to commit to using the evaluation approach and tools and convene at the end of a pre-determined period to assess the relevance and appropriateness of psychsocial evaluation approach, the guidelines and the tool kit to the oPt situation.

In terms of the way forward, it is recommended that UNICEF and the implementing agencies plan for and commit to Phase three of this important and pioneering interagency initiative.

**Recommendations**

*Direct Interventions:*
A consideration of more:

- school-based psychosocial approaches and interventions
- psychosocial interventions for adolescents (15-18 years)

*Research:*
More research is required comparing psychosocial programming:

- between the West Bank and Gaza
- between different approaches and types of interventions
- between younger children and adolescents
- between girls and boys ( and the integration of gender markers and awareness in psychosocial programming) .
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*Plan Phase 3 of the Interagency Psychosocial Evaluation:*

vii. Adapt survey questionnaire and finalise the quantitative and qualitative M+E measurement tools of children's psychosocial well-being in oPt based on the interagency PS outcomes and indicators
viii. Mainstream M+E tools into UNICEF + participating agencies existing frameworks
ix. Further interagency research to be co-ordinated by a locally based
x. Evaluate effectiveness of shared tools, adaptations necessary and value in the field
xi. Assess relevance and appropriateness of the psychosocial evaluation approach, the guidelines and the tool kit.
xii. Publish oPt Interagency Psychosocial Monitoring and Evaluation Guidelines and Tool kit.

## Introduction

The compounded crises of the humanitarian emergency, prolonged political and military violence and inequity at multiple levels (e.g. barriers to travel and difficulties in accessing basic services) in oPt impacts upon children on a massive scale. The field of psychosocial programming for children affected by crises (e.g. natural disasters and armed conflicts) and protracted political and military violence is still young, but is maturing steadily. Much work needs to be done to systematize the work being done and to strengthen the quality of supports for children, including children and families living through the particular difficulties facing Palestinians in oPt..

A priority is to expand the evidence base with regards to appropriate and effective psychosocial interventions. A persistent problem is that this area of intervention often relies on assumptions, does not have a sufficient empirical body of evidence, and is lacking in recognized and agreed upon measurement systems and tools. The capacity to conduct inter-agency training workshops, undertake rigorous programme evaluations, and develop appropriate tools and approaches is essential to institutionalize quality evaluation and programme learning systems, and to build the evidence-base for effective psychosocial programming.

A major development in the effort to standardize monitoring systems for psychosocial programming has been the Inter-Agency Standing Committee Taskforce (IASC) on Mental Health and Psychosocial Support . Guidelines have been produced that outline appropriate minimum responses in emergencies, which bridge the traditional divide between mental health and psychosocial programming. The interagency standards on mental health and psychosocial support (MHPSS) represent the consensus of the international humanitarian community on appropriate psychosocial support and mental health programming in emergencies.[1]

This interagency evaluation followed the IASC MHPSS guidelines. The IASC MHPSS Guidelines are an effort to ensure that findings are both rigorous and reflective of the ways in which children and adults experience and understand children's well-being in a particular context. A conceptual and methodological challenge facing the development of such international guidelines and standards is that they have to strike a balance between being sufficiently global to guide a myriad of approaches and interventions and enable comparisons between regions and agencies and different types of interventions, yet also be local enough to adequately measure children's psychosocial well-being within their everyday political, cultural and socio-economic context.

> There is a need for inter-agency initiatives that work together to define and use common indicators and measures of children's psychosocial well-being, making it possible to compare data across agencies, to build consensus on minimum standards and promising practices, and acquire information that can be used to advocate for good practice

Representatives from 35 agencies in the West Bank and Gaza worked with UNICEF and Columbia University over a period of 2 years to put together the framework for this interagency evaluation of psychosocial programming in oPt. A series of interagency consultations, technical

training workshops and baseline research culminated in the interagency evaluation research. The findings presented in this report are from eight psychosocial programmes in oPt, and in part, represent the diversity of approaches in the field of psychosocial response. While psychosocial and mental health programming has become a systematic part of humanitarian response, this has included a wide, and often divergent set of activities and methodological approaches. The psychosocial interventions evaluated within this report range in their approach from offering activities such as individual clinical counselling with children and parents, group counselling with children, recreational activities, to community workshops for parents, children, and teachers. Some approaches do not include clinical or psychological counselling, but include group therapeutic play, involving drawing, theatre, music, dance, sports and recreation for children. Some programmes focus on children in the context of their classrooms, and others work with children within their communities. Some of the agencies evaluated respond immediately to crises and provide short-term individual and group counselling, whereas other agencies provide longer-term psychological and/or psychosocial support. See Annex 1 – for an outline of the different types of psychosocial interventions that were sampled for this interagency evaluation.

The findings from this evaluation reflect an evaluation process that was the first of its kind, and serves to build the evidence base for effective psychosocial programming in the complex environment of the occupied Palestinian territories, where child protection issues are compounded by the protracted structural, political and military violence.

## Background

*Situation Background: the occupied Palestinian territories*

Children in the occupied Palestinian territories (oPt) are growing up within a population that is predominantly youthful and growing quickly at a combined growth rate of 3.3%.[2] Of the estimated 3.9 million people who live in the occupied Palestinian territories (oPt), an estimated 52% are under the age of 18, and 45.7% are under the age of 15. [34] Between the West Bank (including East Jerusalem) and Gaza, approximately two million children and adolescents live in the occupied Palestinian territories.

Most of these young people were not yet born when the Middle East "peace process" began. Following the signing of the Oslo accords in 1993 between Israel and the Palestinian Liberation Organization (PLO), resulting in the creation of the Palestinian National Authority and open, direct talks between Israel and the PLO, efforts towards a peace agreement ultimately fell in 2000, with the impasse at the Camp David Summit and the outbreak of the second Intifada. Children in the Palestinian territories have grown up during this period of failed peace negotiations and renewed conflict, the construction of the wall between Israel and the West Bank, the encroachment of Israeli settlements, the split between Hamas in Gaza and Fatah in the West Bank, and more recently, the 22-day Israeli military incursion in Gaza known as Operation Cast Lead.

Palestinian history is a story of continual displacement and survival, as connections to land, homes and community have been disrupted, more recently as a result of the Israeli occupation.[5] Currently, approximately half of the population of the Palestinian territories, or 1.8 million people, are registered as refugees with UNRWA.[6] Since the beginning of the second Intifada in 2000, young Palestinians and their families have faced increasingly high levels of poverty, unemployment, and dependency on outside aid.[7] As conditions become more and more difficult, some argue that the social fabric of Palestinian society has become frayed. With the more recent

fighting between the Fatah and Hamas parties, a peaceful resolution to the conflict often appears increasingly illusive, and the family and community ties that have long held Palestinians together have been weakened and are becoming increasingly vulnerable.[8]

Other qualitative studies conducted in the occupied Palestinian territories, however, offer evidence which suggests that Palestinian children demonstrate a high degree of self-efficacy and a "guarded optimism" concerning their current situation; in other words, while Palestinian young people may be pessimistic about the future, they are optimistic about their own personal potential.[9] Further, self-efficacy, such as taking active measures to improve oneself, succeed in school, participate in recreational activities and community life, can be understood as closely correlated with a high degree of resilience.[10] It is within this particular social context that agencies sought to understand how best to support children's resilience and to evaluate the effectiveness of their interventions.

### The West Bank

Geographically separated from Gaza by Israel, the West Bank is growing at a rate of 2.9%, and is home to approximately 2.5 million people.[11] As an occupied territory, an estimated 38% of the West Bank consists of Israeli military bases, outposts, settlements, and Israeli-designated nature preserves. These areas are controlled by the Israeli military and are off-limits to Palestinians.

As a result of the 1995 "Israeli-Palestinian Interim Agreement on West Bank and Gaza," the West Bank was divided into three areas: A, B and C. Area A is comprised of major cities in the West Bank and is home to 55% of the population, and is under full Palestinian Authority (PA) civil and security control. Area B is primarily rural, under partial PA civil control and Israeli security control, and home to 41% of the population in the West Bank. The remaining 4% of the Palestinian population lives in the full Israeli-controlled Area C, which is an estimated 60% of the land and cuts through Areas A and B, dividing Areas A and B up into 227 smaller areas.[12] Area C contains approximately 150 settlements and an estimated 250,000 Israeli settlers, as well as roads, buffer zones, and almost all of the Jordan Valley and the Judean Desert.

More recently, daily life in the West Bank has become increasingly restricted by the construction of the wall between the West Bank and Israel, 57% of which is now complete, and 79% of which controversially cuts into the West Bank.[13] Given this complex geography of occupation, children and their families in the West Bank navigate systems of checkpoints, border crossings and closures, and permits on a daily basis, often facing delays, uncertainties, and harassment by the Israeli military.[14]

Palestinians in the West Bank also face the encroachment of Israeli settlers and settler attacks-attacks in which children are directly targeted on their way to and from school, for example, which prevents them from accessing education. During the process of this evaluation, the administration of questionnaires was postponed on at least two occasions due to attacks of settlers on targeted villages and schools.[15]

### Gaza

Stretched along the Mediterranean coast, and surrounded by a heavy system of military checkpoints and barriers along its borders with Israel and Egypt, Gaza is home to approximately 1.5 million residents, more than half of whom are under the age of 18.[16] Unlike the West Bank, Gaza is incredibly urban and dense. Gaza City, with a population of over a half a million people, is the largest Palestinian city in the occupied Palestinian territories. 70% of residents in Gaza are

registered refugees, and more than half of all refugees live in the three large camps, Jabalia, Rafah, and al-Shati.[17]

Differing from their counterparts in the West Bank, the daily lives of children in Gaza have been profoundly affected by the Israeli military blockade. Despite the unilateral disengagement of Israel from Gaza in 2005, Gaza's land borders, territorial waters and airspace remain tightly controlled by the Israeli military. More recently, after Hamas took control of the Gaza Strip in 2007, Israel further intensified this military blockade against Gaza along the borders between Gaza, Israel and Egypt, in an attempt to weaken Hamas and to end rocket attacks against Israel. At the time of writing, items allowed into Gaza are restricted by the Israeli military; only basic humanitarian supplies – food, groceries, and medicine – are allowed in, and items such as building materials have been strictly prohibited.[18] Moreover, due to the continued blockade, people are only able to leave Gaza if they obtain rare medical or religious permission, which has led to an effective "locking-in" of Gaza's 1.5 million residents and the frequent characterization of Gaza as "the world's largest outdoor prison."[19]

Making conditions even more difficult in Gaza, on 27 December 2008, the Israeli military launched an offensive against Hamas in Gaza, which lasted for 22 days. As a result of the military operation, the 1612 Monitoring Group on Grave Violations against Children reported that an estimated 350 children were killed, and another 1,800 were injured.[20] According to OCHA/oPt, 1,383 deaths of Palestinians were confirmed by two independent sources. 13 Israelis were killed in the offensive.[2122]

In addition to fatalities, an estimated 6,400 homes were destroyed in the offensive, and approximately 120,000 people were rendered unemployed.[23] As a result of increasing poverty, an estimated 75% of the population became "food insecure," from an already high 56%, as the result of a reduction in the consumption of higher-cost, protein-rich foods, and an increase in the consumption of lower-cost high-carbohydrate foods.[24] Schools become overcrowded; 18 schools were destroyed and 280 were damaged.[25] Agencies working in Gaza reported, "not only are large numbers of children exposed to violence and injury, but countless others growing up are deprived of their physical and emotional needs, including the structures that give meaning to social and cultural life…. All of these circumstances affect the Palestinians, especially children, who are deprived not only of recreation, but also of the basic requirements needed for life."[26] It is within this continually changing political, social and economic context that the outcomes of psychosocial programmes in Gaza and the West Bank were evaluated.

*The Psychosocial Situation of children and families in oPt*

The impact of continued fighting, the expansion of illegal settlements in the West Bank, targeted, direct settler violence against children and their families, military incursions and increasing demolitions of homes, the continuing Israeli blockade of the Gaza Strip and the increasing restrictions of movement have had severe impacts on the psychosocial well-being, development, education and health of children. The number of children requiring support is increasing whilst parents and other caregivers who are also affected by the effects of the ongoing conflict, find it difficult to support their children and seek the support they themselves need. Acute levels of stress and insecurity are evident in children and their caregivers. Since the beginning of the second Intifada in late September 2000 until January 2009, a total of 1,475 Palestinian children have been killed and thousands of have been injured as a result of conflict.

Following Operation Cast lead in Gaza, assessments have shown a high level of psychosocial distress among communities and families. In an assessment carried out by UNFPA- CFTA[2] in January immediately after the cease fire and in the months following the crisis, 20% of women were identified as suffering from psychological disorders; 98% of youth interviewed stated that they were having difficulty sleeping and problems with aggression and 40% of young people interviewed said they took Tramadol to help them sleep and reduce anxiety. Women interviewed made recommendations for immediate and medium/ long term support, which included "Psychological support for entire families" and psychosocial support for youth to enable them to "deal with their feelings." Importantly, in the same study, men asked for psychosocial support and awareness-raising on how to deal with their families following the war. The Palestinian Central Bureau of Statistics found in November 2009[3] that 77.8% of households surveyed in Gaza had at least one person suffering from psychological problems resulting from the war, and despite the fact that the war is over, communities are still feeling the effects, such as fear, insecurity, sleeping problems and stress. In a joint UNFPA FAFO study following Operation cast Lead[4], 23% of adults questioned said they often felt so depressed that "nothing could cheer them up" and 24% felt "deeply hopeless". 21% of children stated that they had concentration difficulties which had started during the war. In the 10- 14 year age group, 9% of children questioned said they had started bed wetting during the war.

The resilience approach conceptualizes children as active agents and makers of meaning who engage with life challenges and attempt to cope and adapt in the face of adversity and cope with difficulties.

As noted in the UN Fact Finding Mission (Goldstone Report): "International aid providers should step up financial and technical assistance for organizations providing psychological support and mental health services to the Palestinian population" (para 1772) "Many women felt helpless and embarrassed at not being able to protect and care for their children. Others felt frustrated, invaded in their personal space and powerless when their houses and possessions were destroyed or vandalized. Those feelings contributed to their psychosocial suffering" (para 1275).

*Conceptual Framework: Children's Resilience and Social Context*

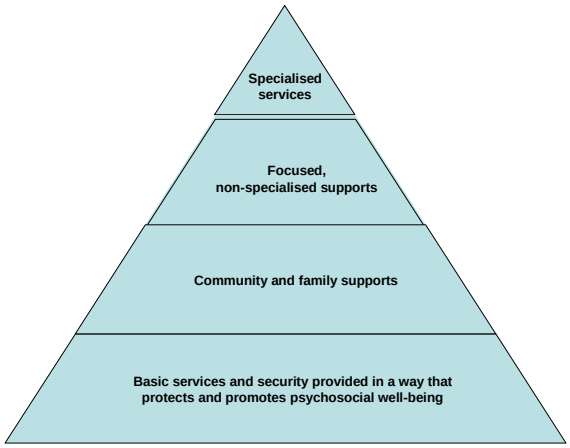
This conceptual framework for this evaluation focuses on children's resilience and the importance of the social context in child development. The resilience approach conceptualizes children as active agents and makers of meaning who engage with life challenges and attempt to cope and adapt in the face of adversity and cope with difficulties. The resilience approach contrasts with the more typically used but increasingly questioned *deficits approach*, which emphasizes children's psychological problems such as post-traumatic stress disorder, depression, and anxiety, placing "problems" into a medical dimension of diagnosis and treatment. A central tenant of the resiliency approach is the acknowledgement that not everyone is affected in the same manner by an emergency, and that communities or populations cannot be defined as being "affected" or

[2] Gaza Crisis : Psychosocial Consequences for Women, Youth and Men, Executive Summary, April 27th 2009, Culture and Free Thought Association and UNFPA
[3] PCBS Impact of War and Siege on Gaza Strip, November 2009
[4] Living conditions in the Gaza strip during and after Israel's military campaign in the winter of 2008/ 2009- Evidence from interviews with 2,000 households, UNFPA- FAFO, 3-12 March, 2009

"traumatized". The resilience approach recognizes that Palestinian children have been affected by war, displacement, oppression, blockades, and a multitude of daily sources of distress such as chronic and worsening poverty and restrictions on movement. However, the resilience approach recognizes that Palestinian children, youth, and adults have coped remarkably well despite the many hardships they face.

A resilience approach is an appropriate conceptual framework for this evaluation because it reflects the adaptive capacities of Palestinian people and avoids the unintended harm that can arise through the use of a deficits approach. In the present situation, taking a deficits approach would risk pathologizing people who are struggling and for the most part coping with great difficulties, and it could also contribute to the sense of hopelessness. In addition, a resilience approach offers significant advantages from a programmatic standpoint. A resilience approach identifies and builds on what people naturally do to support themselves and each other, and these existing assets and supports are the best foundation on which to build sustainable psychosocial support. The resilience approach recognizes that a minority of children will require focused, specialized support, and allows for this support to be provided in the context of the different, complimentary layers of support which underlie focused MHPSS responses and are recommended by the IASC MHPSS Guidelines. The deficit approach is based on "treating" disorders, and does not take into account the fact that the majority of people have internal, community and family resources which supports their ability to cope.

**Intervention pyramid for mental health and psychosocial support in emergencies**. *(for an explanation of the different layers, see pages 12-13 of IASC Guidelines)*




This evaluation is also grounded in an appreciation of the importance of the social context or environment in influencing children's development. Palestinian children's development is situated within their social ecology, comprising of their relations with families, neighbours, peers, teachers, community and religious groups. This is in turn situated within the broader socio-political and economic context, which is characterized by distrust and violence, displacement and restrictions on daily living. These various groups, particularly the family, provide social support and guidance for Palestinian children amidst difficult situations. How well an individual Palestinian child is doing depends in no small part on the quality of relations within the family and the family's ability to support the child achieve particular developmental tasks such as achieving good relationships with others or learning and achieving mastery. For example, a child

whose home had been attacked and destroyed might adapt and continue to cope well if she were still with her family and receiving their support. In this sense, positive family relations can be a protective factor that promotes healthy development and wellbeing. Palestinian children may also derive support and protection from their peers and being able to participate in appropriate, meaningful roles such as that of a student, success in which enables mastery, develops self confidence, and builds hope for the future.

A core aim of psychosocial programmes is to minimize the risk factors in children's environments, while simultaneously strengthening the protective factors.

However, social contexts also consist of risk factors at multiple levels (e.g., family, peer, and community levels and the broader political levels) that can cause harm. Within stressed Palestinian society, many stressors exist for children, such as child abuse, violence in school and home, and stressors due to the occupation, such as settler violence, military incursions and arrests. When protective factors outweigh risk factors, children tend to be resilient, whereas a preponderance of risk factors can limit children's healthy development and cause psychological harm. From a programmatic perspective, a significant task is to minimize the risk factors in children's environments while simultaneously strengthening the protective factors. It is hoped that this evaluation can contribute to this effort.

**Background and Methodology of the Interagency Psychosocial Evaluation Project**

*Background and Timeline*

Evaluating the effectiveness of programmes in an environment of ongoing structural, political and military conflict provides a host of challenges, and this is especially true for psychosocial and mental health programming.

Effective psychosocial programming depends on the use of appropriate measures of psychosocial wellbeing. The identification and development of such measures has proved challenging. Agencies interested in evaluating their programmes have found that, while there are many measures of mental health and psychological wellbeing, these have usually not been validated in the context in which they are working, and may not address the issues of concern to the community in that area.

In 2005, before the interagency psychosocial evaluation took place, Columbia University and UNICEF conducted an extensive review of existing measures and tools to evaluate change in behaviours, attitudes or distress levels among war-affected children. The review concluded that none of the existing measures—or the underlying constructs being measured—were uniformly meaningful and appropriate for the diverse set of conditions affecting children in war zones around the world.

In order to develop psychosocial constructs and tools that are contextually relevant and appropriate, the review identified an ethnographic approach developed by Jon Hubbard as the most useful means of collecting information about the needs, beliefs and strengths of the local populations, explained in more detail below.

*Interagency Consultations and Consensus Building*

In early 2007, UNICEF and Columbia University agreed to field-test the *Guide to the Evaluation of Psychosocial Programming in Emergencies*, and conduct an interagency evaluation of

psychosocial programmes in the occupied Palestinian territories. Following an initial consultation and orientation of psychosocial programme evaluation, it was proposed that an evaluation of psychosocial programmes be conducted in order to better understand what approaches are most effective in supporting children's resilience and psychosocial well-being within the context of the West Bank and Gaza.

| **Project Timeline** | |
|---|---|
| **Date** | **PHASE 1: Consensus Building, Piloting Research/Evaluation Tools** |
| March 2007 | Agreement between UNICEF oPt and UNICEF HQ NY to pilot common well-being indicators, and launch IASC guidelines on mental health and psychosocial support in emergencies |
| January 2008 | Psychosocial Working Group formed in oPt, comprised of 35 agencies in the West Bank and Gaza |
| March 2008 | Interagency workshops held in the West Bank and Gaza, with over 60 participants from approximately 25 agencies, in which the group:<br>• developed a draft set of agency outcomes and indicators[5]<br>• reviewed individual agency M&E tools and strategies<br>• developed and agreed upon Good Practice Guidelines for research in oPt (Annex III); and<br>• developed a joint, interagency M&E plan |
| April-June 2008 | Ethnographic survey: 600 interviews conducted with children, parents, and teachers to identify local definitions of well-being; 300 in the West Bank and 300 in Gaza |
| July 2008 | Results of interviews were analyzed and categorized in order to develop a common set of questionnaires for children, parents and teachers |
| | Interagency workshops held in the West Bank and Gaza in order to:<br>• train 30 trainer-of-trainers (ToT) on how to use the common questionnaire<br>• train 22 participating agencies on research methods (including random sampling and comparison groups)<br>• assist individual agencies with planning for baseline data collection; and<br>• finalize a sector-wise evaluation plan |
| July-August 2008 | Over 220 field staff trained on how to use the common questionnaire |

Initial phases of the project involved a review of all psychosocial activities in oPt, and the formation of the Psychosocial Working Group in early 2008, comprised of representatives from 35 agencies in the West Bank and Gaza. UNICEF and Columbia University supported this group with a series of technical assistance workshops and individual agency consultations, with the goal of assisting sector agencies in producing work plans, and developing indicators and monitoring and evaluation mechanisms. As a result of these workshops, agencies developed a set of common sector-wide objectives, outcomes and indicators for psychosocial programmes which were aligned to ensure compatibly with the agencies own objectives, outputs and activities A capacities and needs assessment was conducted assessing the agencies monitoring and evaluation systems and tools (Annex IV). The findings of the capacities and needs review indicated that:

- Very few agencies established adequate baselines during design phase

[5] The draft set of agency outcomes and indicators have since been developed into a core set of outcomes and indicators for use in psychosocial programming in oPt. Please see Annex II

- No agency used control groups as part of evaluation plan
- Most common evaluation tools were focus group discussions (FGD) and questionnaires. All agencies believed staff capable of high quality evaluations if provided with training and support in mixed-participatory methodologies random sampling comparison groups and data analysis.

The interagency consultation process culminated in a consensus to collaborate in an interagency evaluation project, where all agencies would use common tools and methodologies to evaluate their psychosocial programmes.

*Development of the Common Survey Instrument*

The survey instrument used in this evaluation was developed in several phases, starting with the ethnographic research into local perceptions of children's psychosocial well-being.

In order to develop a questionnaire relevant to the context of oPt, Jon Hubbard's ethnographic interviewing approach was taken to understand the local meanings of what is meant for children to be doing well and children having problems (Annex V). This technique involves using a brief semi-structured interview, framed around a question, to systematically collect information on a specific topic of interest from a community or population. Members of the target group or community are randomly sampled and asked to think of someone representative of the population of interest they know (e.g. a child) who, in their view, is "doing well", and then list the things about this child that indicate to them that he or she is doing well. The process may be repeated to ask about children of both genders and in different age groups to further specify the construct. A similar question may be used that asks individuals to list indications that a child is "not doing well."

This approach allows for the development of culturally appropriate evaluation tools based on local definitions of what it means to be doing well, and also identifies the primary problems children face, using the language of children, parents, and teachers. In doing so, validity and reliability of the tools are built into the process. Since participants are asked to describe the characteristics of real children, the indicators are likely to be attainable and realistic, rather than abstract ideals.

The characteristics that emerge from this process can then be used to more fully understand the constructs that emerge from the data. The responses collected with the interview become 'data' which can be summarized through a variety of human and/or statistical means to identify common underlying themes. Repeated above

**A Sector Wide Approach to the Evaluation of Psychosocial Programmes in oPt.**

Overall Sector Wide Objectives:

- Develop and execute a 12 month sector wide evaluation plan
- Reach consensus on a set of core outcome indicators to be sector wide
- Reach a consensus on baseline needs and shared base line collection methods by sector agencies
- Include shared outcomes indicators in individual agency's monitoring and evaluation efforts

The two primary benefits of the Hubbard approach is that it allows for a quick and systematic approach for gathering data regarding the two areas of consideration for the psychosocial evaluation: how children do well and what problems children

have due to the current situation in oPt. Through semi-structured interviews, the data collected can be used to identify the common issues and responses related to children's resilience. This data is then used to create common questionnaires to evaluate psychosocial programmes.

Secondly, the approach allows for the development of culturally appropriate evaluation tools that are based on local definitions of what it means to be doing well and the primary problems children face, and it utilizes the language of the children, parents, and teachers in the evaluation tools. In doing so, the validity and reliability of the tools are built into the process. Because these local definitions would be based on direct, unfiltered comments from members of the West Bank and Gaza communities, the research team believed they would reflect local ideas and beliefs more accurately than those included on standardized measures.

A questionnaire for children was developed based on the Hubbard ethnographic interviewing manual. A shorter questionnaire was developed for parents and another for teachers. Since key problems of children revolved around domestic and school violence, and the prevailing political oppression and military violence, the parent and teacher questionnaires focused on their role in fostering and supporting the resilience of children.

The ethnographic research took place in April to June of 2008. Using simple random sampling, open-ended questionnaires were administered to 600 respondents—300 in the West Bank and 300 in Gaza (150 with children and 150 with adults)—in all governorates by field staff over a two-week period. Responses were then compiled and pile-sorted into related categories. Through the sorting process, the following emerged as categories of what it means for a child to be "doing well." Categories of risk, or what it means for a child to be "having problems" were expressed as the opposite:

- *Parental Support:* parents are active in the child's life (structured home life, homework time, parents visit school and teachers even when there is not a problem), or parents are not incarcerated (in the West Bank) or have not been killed (more commonly in Gaza);
- *Teacher-Child Relationships*: the child has positive relationships with his or her teacher and feels s/he can do well in school
- *Friendships:* the child has friends, including close friends that they can confide in and share secrets with
- *Self-efficacy:* the child believes s/he can achieve positive outcomes when she or he tries hard
- *Social and Recreational Activities:* the child is able to participate in recreational activities
- *Economic Support:* parents are employed, able to provide child with spending money
- *Violence:* the child is not exposed to family violence, violence in school, or violence in the community

Questions for the evaluation were then developed from these categories, and programmes were evaluated based on their ability to support resilience and ameliorate risks. Economic categories were largely eliminated because the psychosocial programmes did not attempt to address these aspects of children's lives. Once responses from the ethnographic exercise were sorted and categorized, these categories were then compared to the following existing common evaluation outcome measures shared by participating agencies:

- Reduced troubling thoughts and feelings
- Increased resiliency
- Improved social relations in the home
- Improved social relations in school
- Improved social relations in the community
- Increased engagement in school or the community

- Increased self-expression
- Increased problem solving skills

Two agencies—one in the West Bank and one in Gaza—then drafted the interagency evaluation instrument based on the responses and categories of resilience and risk that emerged through the "brief ethnographic interview" and a realignment of the shared agency outcomes. This resulted in the seven following outcomes in the interagency evaluation instrument:

- *Resilience*
- *Engagement at Home*
- *Engagement in School*
- *Engagement in the Community*
- *Social Relations*
- *Problem Solving*
- *Reduced Troubling Thoughts and Feelings*

Indicators for each of these outcomes and the common evaluation survey instrument for children can be viewed in Annex V. Surveys were also created to be used quantitatively with parents and teachers to triangulate findings from the children's report. This plan, however, was later amended based on time and logistical constraints. The additional data collected from a non-representative sample of parents was analyzed qualitatively and used to support the children's quantitative results.

**Interagency Evaluation Project Questionnaire for Children**

It is important to note that this survey questionnaire is a tool designed to give a general measure of the psychosocial well-being of children living within the oPt, assessing the three broad psychosocial domains relevant to a child's life – emotional and social well-being and the acquisition of skills and knowledge. This survey tool establishes a baseline and subsequently, a final evaluation of the psychosocial well-being of children, allowing for a before and after comparison of the impact of the psychosocial intervention on the child's well-being.

This interagency survey questionnaire does not asses the following two aspects that are critical to the overall functioning of programmes, and further evaluation methods and tools are required to evaluate these programming elements:

- The specific psychosocial intervention implemented by the agency (eg: a psychosocial intervention working with adolescent youth who have survived detention, or a mother and pre-school children's group)
- The operational, organizational and management aspects of the programme

In July 2008, a second set of interagency workshops were held in the West Bank and Gaza in order to train 30 trainer of trainers (ToTs) from participating agencies on how to use the common questionnaire, and between July and August of 2008, over 220 field workers from agencies in the West Bank and Gaza were trained on how to use the common questionnaire. Over twenty participating agencies were trained on research methods (including random sampling and comparison groups), and individual agencies were provided with technical assistance in planning for baseline data collection, and in finalizing a sector-wide evaluation plan.

| **Project Timeline** | |
|---|---|
| **Date** | **PHASE 2: Baseline Data Collection and Evaluation Activities** |

| | |
|---|---|
| September-October 2008 | Baseline data collected for 8 agencies in the West Bank and Gaza |
| December 2008 | Post-test questionnaires administered and data collected for 3 agencies in Gaza |
| December 2008 – July 2009 | Post-test questionnaires administered and data collected for 5 agencies in the West Bank. |

Out of the twenty-six agencies that initially planned to participate in the evaluation, eleven were unable to do so, either due to programmatic delays in collecting baseline data or a lack of internal agency approval. Of the total fifteen remaining agencies that were able to collect baseline data, five agencies in Gaza did not collect post-test data. This was largely due to the military incursion in Gaza - operation Cast Lead. For programmes that ran from late 2008 and into the next year, the military incursion in Gaza from December 2008-January 2009 severely disrupted normal programming and the data collection process, and rendered it impossible for agencies in Gaza to collect meaningful data. As a result, some baseline and post-test questionnaires were re-administered with three agencies following the military incursion in Gaza; however, this data was not linked by individual respondent, and the duration of the interventions were too short to be considered, rendering the data non-comparable. Comparable, usable data—i.e. data that included both pre-test and post-test values for both programme groups and comparison groups—was therefore collected by eight agencies conducting psychosocial programmes in the occupied Palestinian territories for use in this evaluation: five in the West Bank, and three in Gaza. Each agency that participated in the evaluation used the same, common questionnaire.

*Quasi-experimental design*

This evaluation used a quasi-experimental design that included pre-tests and post-tests with intervention and comparison groups. At the beginning and the end of agency programme cycles, a common survey instrument was administered to children enrolled in programmes, and simultaneously administered to children in comparison groups. The responses of children in programme groups and in comparison groups were compared in order to measure differences in the seven psychosocial outcome areas.

*Sampling*

Each agency used current programme participant rosters as their sampling frame for the intervention group. After receiving training on random sampling methodologies from UNICEF, all but one agency employed simple random sampling strategies. For these agencies, a representative sample size for each agency was calculated to be between 80 and 100 respondents[6] for the programme groups and the comparison groups, and each agency randomly selected respondents to achieve this sample size. According to the research, in most cases, saturation was reached after interviewing 80 to 100 individuals regardless of population size.[7] Therefore, for the oPt evaluation project, it was recommended for agencies to target 100 beneficiaries per population for their sample.

For some agencies, every other name on a roster was selected, and for others every fifth name on the roster was selected. The agency that used convenience sampling administered the questionnaire to all programme participants present on the day when the survey was scheduled to

[6] Sample size determinations were based on the Draft UNICEF Psychosocial Evaluation guide - field testing version
[7] See Annex K - Psychosocial Evaluation guide - field testing version.

be administered. If all of the children enrolled in the programme were present on the day of the survey and took part in the process, no bias would have been introduced. However, if some children were not present, which is more likely, this is likely to have biased the results for this one agency.

The comparison groups were comprised of children who were on waitlists to participate in psychosocial programmes. It was determined that this group would serve as the best comparison group for most agencies, as it was thought that these children shared the same characteristics as the children already in programmes. It was also deemed to be the most ethical choice of a comparison group since these children would eventually receive the programme services. Children were selected from rosters of waitlists in the same manner in which children were selected into the intervention group.
Parents of all children in programme and comparison groups were invited to participate in the study. Fewer than half of the invited parents provided additional insights into their child's well being both at the time of pre-test and post-test.

*Data Collection*

In total, five agencies in the West Bank and three agencies in Gaza collected the data that informs this evaluation. This analysis contains data from two points of data collection. Pre-test (T1) and post-test (T2) data was collected in the West Bank and Gaza roughly during the same time period, in late 2008 and early 2009, at the beginning and end of each agency's respective programme cycle. Post-test data analyzed in this evaluation were collected in December 2008, prior to the military operation Cast Lead. It is important to note that some of these programme cycles lasted only for a few weeks, while other longer-term interventions lasted for between two and eleven months.

Field staff from each agency led the data collection process, administering the questionnaire to waitlisted and current participants in their own programmes. Between August and September 2008, four two-day interagency trainings were held in Gaza and five in the West Bank, in which over 220 field staff were trained on the common survey instrument and on Interview Good Practice Guidelines (Annex I). Children were interviewed individually by field staff—comprised of social workers, animators, mental health officers, and assistants—in private locations within centres or in schools, and each child was assured of the confidentiality of his or her responses. Informed consent was explained and obtained first from parents on behalf of their children and then from the children, themselves, before each interview began.

In cases where a female respondent was over the age of 13, the interviewer was female. It was explained to children that there were no right or wrong answers. Responses to each question on the questionnaire were measured on a 4-point scale of: "never," "sometimes," "most of the time," and "always." This response format was explained and practiced with children before the interview began. Questionnaires with children were administered orally, and interviewers read each question exactly as written. Each interview lasted approximately 30-45 minutes.

Upon giving their informed consent, participating parents were given self-administered questionnaires in separate areas within schools and centres. Support from field staff was provided, where needed.

*Data Analysis*

The statistical analysis for this evaluation was completed by a statistician in New York, at Columbia University, and a statistician in Ramallah, West Bank. The statistician in the West Bank received the questionnaires from UNICEF as they arrived from agencies, and was responsible for entering the data from questionnaires into an MS Access database, cleaning the data, exporting the data into SPSS and conducting preliminary analyses.

Data from agencies in the West Bank and Gaza were exported into a file in SPSS. Once all data were entered and cleaned, this file was sent to a statistician in New York who completed the analysis of the data in SPSS. The statistician together with the rest of the Columbia University team in New York, determined what data could and could not be analyzed with sufficient statistical rigour.

*Table 1.*

| **Location (# of agencies)** | **Data Collected (October 2008-July 2009)** | |
|---|---|---|
| | **Total # of pre-test (T1) questionnaires collected (October 2008-May 2009)** | **Total # of post-test (T2) questionnaires collected (December 2008-July2009)** |
| West Bank (5) | 1280 | 1174 |
| Gaza (3) | 619 | 494 |

Respondents for whom data were missing (i.e. data indicating whether the respondent was in the programme group or in the comparison group) were excluded. Additionally, questionnaires that were not clearly identified as pre-tests or post-tests in the database were excluded from analysis. Annex VI

In the West Bank and Gaza, 59% and 79% of the same children, respectively, completed the post-test questionnaire that had completed the pre-test questionnaire. This was deemed a sufficient response rate to analyze the results.

Because of the comparatively low rate of response from parents (46%), the information from parents is not representative and cannot be analyzed using tests of statistical significance. Consequently, questionnaires from parents were analyzed qualitatively in order to support the quantitative findings from the children's questionnaires. These findings were analyzed according to the themes that emerged from the questionnaire: how parents support their children's education; interactions within the family and home; and how parents protect children and support them in the larger community.

Questions items were used to create scales to inform on the seven outcomes - resilience, increased engagement at home, at school, and in the community, social relations, increased problem-solving skills, and reduced troubling thoughts and feelings. In order to determine whether these individual question items reliably constituted a scale, Chronbach's alpha coefficients were calculated. These coefficients were then used to assess the reliability of the scale measures of each of the seven outcomes. The outcomes, associated questionnaire items, and alpha coefficients are presented in Table 1 below.

*Table 2.*

| **Outcome** | **Associated Questionnaire Items** | **Chronbach's Alpha –** | **Chronbach's Alpha –** |
|---|---|---|---|

| | | West Bank | Gaza |
|---|---|---|---|
| Increased Resilience | I have close friends I can play with<br>I have close friends with whom I can share secrets<br>I am able to solve my daily problems<br>I feel I can improve my performance in school<br>I do my homework without my parents asking me<br>I know what to do in dangerous situations | .58 | .72 |
| Increased Engagement at Home | My parents encourage me to participate in recreational activities<br>My parents help me to solve difficult problems<br>My parents [do not] yell at me<br>My parents [do not] hit me<br>My family treats me the same as they treat my siblings<br>My parents listen to me and respect my opinion<br>I [do not] fight with my siblings<br>I feel that my parents can protect me from danger<br>I [do not] feel that other children are happier than me because their parents are able to buy them more things | .67 | .79 |
| Increased Engagement in School | Other children [do not] hurt me at school<br>I participate in my classes<br>My teachers [do not] yell at me<br>My teachers [do not] hit me<br>My teacher listens to me and respects my opinion | .64 | .72 |
| Increased Engagement in Community | I solve my problems with other children without fighting<br>I help other children who have problems<br>I can ask people I trust for help when I need to | .48 | .60 |
| Increased Problem-Solving Skills | My parents help me to solve difficult problems<br>My family listens to me and respects my opinion<br>I resolve my problems with other children without fighting<br>I help other children when they have problems<br>I can ask people I trust for help when I need to | .59 | .65 |
| Improved Social Relations | Other children hurt me at school<br>My family listens to me and respects my opinion<br>I help other children when they have | .43 | .50 |

| | | | |
|---|---|---|---|
| | problems<br>I can ask people I trust for help when I need to | | |
| Reduced Troubling Thoughts and Feelings | I [do not] feel lonely<br>I can sleep at night<br>I [can] concentrate while studying<br>I feel safe<br>I [do not] feel angry<br>I feel that others like me<br>I [do not] have bad dreams<br>I do not feel scared because of the current situation | .59 | .74 |

According to Shrout and Fleiss[27], when evaluating reliability, a coefficient of 0.40 or lower is considered poor, and the associated items should not be considered to constitute a scale. A coefficient between 0.40 – 0.75 is considered a sign of moderate reliability. Because all of our reliability coefficients were above the cut-off of 0.40, it was deemed reasonable to progress with analysis based on the proposed outcome categories.

As mentioned above, responses to each question on the questionnaire were measured on a 4-point scale of: "never," "sometimes," "most of the time," and "always." Items were grouped for each outcome category, such as engagement in school, and a mean score was derived using a 0-100 point scale. Higher scores indicated higher levels of resilience or overall well-being; conversely, lower average outcome scores indicated less resilience, or risk.

In order to measure the effects of psychosocial programmes on children's well-being, changes in outcomes from baseline among children in programme groups were measured against the changes from baseline of children in comparison groups to test for significance. Furthermore, because there may have been differences in outcomes due to a child's age, his or her gender, or where she or he lives in the occupied Palestinian territories, the mean differences in outcomes between children in programme groups and comparison groups were tested for significance by age, gender, location, and programme type. Two-sample t-tests with equal variances, and the p-values of mean differences were calculated for each outcome.

## Results

*Study Population*

This evaluation focused on the psychosocial well-being of a sample of nearly 1,900 Palestinian children and adolescents living the West Bank and Gaza. Approximately 80% were younger children (8-12 years old) in the West Bank, 50% were younger children in Gaza, and the rest were adolescents (13-18 years old

*Table 3. Age Breakdown of Study Sample Population*

| Age | West Bank | | | Gaza | | |
|---|---|---|---|---|---|---|
| | Program (n) | Comparison (n) | Total (n) | Program (n) | Comparison (n) | Total* (n) |
| ***8-12*** | 1544 | 988 | 2532 | 116 | 113 | 318 |
| ***13-18*** | 50 | 633 | 683 | 150 | 129 | 295 |
| **Total** | **1003** | **2177** | **3215** | **266** | **242** | **613** |

There were an approximately equal number of girls and boys in both program groups and comparison groups in the West Bank and Gaza (table 4).

*Table 4. Gender Breakdown of Study Sample Population*

| Gender | West Bank | | | Gaza | | |
|---|---|---|---|---|---|---|
| | Program | Comparison | Total | Program | Comparison | Total |
| ***Male*** | 1082 | 644 | 2213 | 127 | 150 | 330 |
| ***Female*** | 1127 | 604 | 2249 | 139 | 92 | 283 |
| **Total** | **2209** | **1248** | **4462** | **266** | **242** | **613** |

Children who participated in the evaluation lived in all areas of the West Bank and Gaza. The highest number of participants came from Hebron governorates (23.6%), Nablus (16.6%) and Bethlehem governorates (15.2%) (table 5). In some governorates, however, there were a high proportion of respondents for whom their group—program or comparison—was unknown.

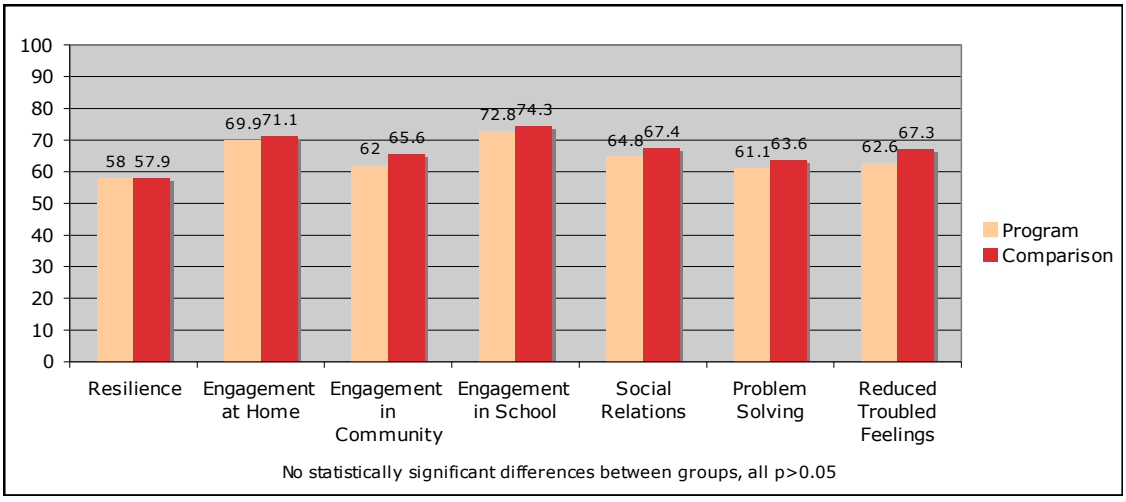
*Table 5. Governorate Breakdown of Study Sample Population*

| West Bank | | | | Gaza | | | |
|---|---|---|---|---|---|---|---|
| **Governorate** | **Program (n)** | **Comp. (n)** | **Total* (n)** | **Governorate** | **Program (n)** | **Comp. (n)** | **Total** (n)** |
| ***Hebron*** | 560 | 27 | 647 | ***North Gaza*** | 54 | 46 | 103 |
| ***Nablus*** | 229 | 224 | 455 | ***Dier El Balah*** | 42 | 49 | 208 |
| ***Bethlehem*** | 234 | 177 | 418 | ***Gaza*** | 68 | 56 | 109 |
| ***Qalqilya*** | 101 | 101 | 202 | ***Rafah*** | 52 | 41 | 100 |
| ***Tubas*** | 48 | 52 | 101 | ***Khan Yunis*** | 50 | 50 | 93 |
| ***Tulkarem*** | 39 | 37 | 76 | | | | |
| ***Jerusalem*** | 39 | 37 | 76 | | | | |
| ***Ramallah*** | 52 | 19 | 73 | | | | |
| ***Salfit*** | 28 | 29 | 57 | | | | |
| ***Jenin*** | 24 | 0 | 24 | | | | |

* Total count of unknowns, West Bank: Hebron, n=60; Nablus, n=2; Bethlehem, n=7; Tubas, n=1; Ramallah, n=2; Jenin, n=14. ** Total count of unknowns, Gaza: N. Gaza, n=3; Gaza, n=84; Dier El Balah, n=18.

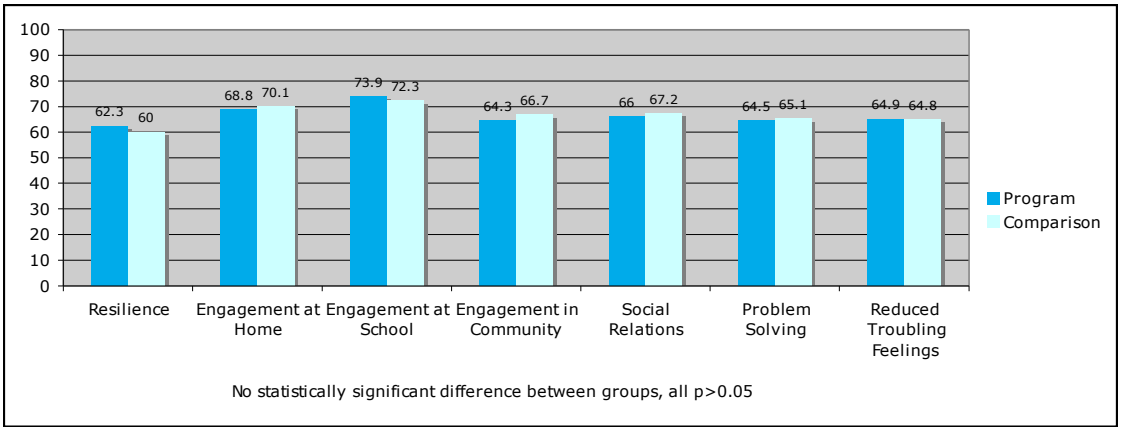
As detailed in the methods section above, a child's well-being was first assessed using the common questionnaire *before* he or she began actively participating in a psychosocial program. Overall, the average pre-test scores for each outcome of children enrolled in psychosocial programs did not differ significantly from the average scores of children who were in wait-listed comparison groups in the West Bank and Gaza at baseline (figures 1 and 2).

*Figure 1. Mean Scores of Program and Comparison Groups at Baseline in the West Bank*



There were no statistical differences between the two groups in all seven outcomes at the 5% level of significance. As such, we can conclude that the children in the intervention group and the children in the comparison group were similar at baseline on all of the outcomes of interest.

*Figure 2. Mean Scores of Program and Comparison Groups at Baseline in Gaza*




**Finding One: Children's Resilience at Baseline was Relatively High**

One of the main findings of the evaluation is that children's overall mean scores across all seven outcomes were relatively high at baseline. On the scale used, "0" functions as the center-point of the scale; scores below "0" are a negative indication of well-being and scores above "0" are a positive indication of well-being. All mean scores at baseline were above 50. This indicates that before children entered into psychosocial programs, children in both the West Bank and Gaza reported relatively high scores for their level of resilience, engagement at home, in school and in the community, as well as with their problem-solving skills, their social relations, and their ability to reduce their troubling thoughts and feelings.

Within both their school and home environments, children reported feeling a relatively high sense of engagement and agency—or their own ability to determine their own outcomes—at baseline. The composite score for *engagement at home* indicates that, on average, children had positive interactions with parents and other siblings at home, and felt supported and protected by their families. The composite score for the outcome of *engagement in school* indicates that, on average, children responded as though they felt that they could improve their performance in school, frequently did their homework without being asked by parents, and had relatively positive interactions with their classmates and teachers.

**Finding Two: Psychosocial Programs across West Bank and Gaza are Promoting Child and Adolescent Well-being**

Another important finding is that psychosocial programs—regardless of agency, program design, or location differences—are supporting positive developments in child and adolescent well-being in oPt. Children's and adolescents' overall resilience increased, and risks to their psychosocial well-being were significantly reduced during the time that they participated in psychosocial activities in both the West Bank and in Gaza. Statistically significant increases in pro-social behaviours in the home, in school, and in the community were reported across the board by children in program groups compared with children in comparison groups ($p<0.001$).

Children in the program groups in the West Bank reported statistically significant ($p<0.001$) increases in mean scores across all seven outcomes when compared with the comparison groups (table 6).

*Table 6. Mean Differences in Outcomes between Baseline and Post-test Scores in the West Bank*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | N | Mean Diff b/t Pre-test and Post-test | 95% CI | n | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 616 | 11.7 | 10.0-13.3 | 374 | 2.6 | 0.7-4.5 | p<0.001 |
| Engagement at Home | 616 | 6.9 | 5.6-8.3 | 374 | -1.0 | -2.4- -0.5 | p<0.001 |
| Engagement at School | 615 | 4.9 | 3.4-6.5 | 374 | 0 | -1.6-1.6 | p<0.001 |
| Engagement in Community | 616 | 8.1 | 6.0-10.2 | 373 | -2.5 | -4.6 - -0.3 | p<0.001 |
| Social Relations | 615 | 8.5 | 6.7-10.2 | 374 | -0.9 | -2.7- 1.0 | p<0.001 |
| Problem Solving | 616 | 9.2 | 7.4-11.0 | 373 | -1.1 | -3.2-0.9 | p<0.001 |
| Reduced Troubled Feelings | 616 | 6.3 | 4.8-7.8 | 373 | 0.4 | -1.3-2.1 | p<0.001 |

While outcomes improved significantly for children who participated in psychosocial programs in West Bank ($p<0.001$), children in comparison groups reported less of an increase in all seven outcomes, and, in fact, some mean scores for outcomes *decreased* between pre-test and post-test. For example, as displayed in the table above, mean scores for community engagement increased by 8.1 points in the program groups between baseline and post-test. In contrast, community engagement scores *decreased* by 2.5 points in the comparison group.

Increases in scores of children who were in programs in Gaza were also statistically significant for all outcomes ($p<0.05$), except for reduced troubling feelings, when compared with children in comparison groups (table 7).

*Table 7. Mean Differences in Outcomes between Baseline and Post-test Scores in Gaza*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | N | Mean Diff b/t Pre-test and Post-test | 95% CI | n | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 200 | 5.1 | 2.4-7.9 | 194 | 0.5 | -2.4-3.3 | p<0.01 |
| Engagement at Home | 198 | 3.8 | 1.4-6.1 | 194 | -2.2 | -4.5-0.1 | p<0.01 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Engagement at School | 201 | 2.8 | 0.1-5.5 | 194 | -0.7 | -3.6-2.3 | p<0.05 |
| Engagement in Community | 200 | 4.4 | 0.8-8.0 | 194 | -4.1 | -7.8- -0.5 | p<0.001 |
| Social Relations | 201 | 4.4 | 1.5-7.4 | 194 | -4.2 | -7.2- -1.2 | p<0.001 |
| Problem Solving | 200 | 4.2 | 1.3-7.1 | 194 | -4.4 | -7.2- -1.5 | p<0.001 |
| Reduced Troubled Feelings | 200 | 4.0 | 1.5-6.5 | 194 | 1.3 | -1.1-3.6 | p>0.05 |

These mean scores indicate the following improvements among children who participated in psychosocial programs in the West Bank and Gaza. In response to individual questions regarding their relationships with peers, children who participated in psychosocial programs reported increased positive peer interactions, in general, as well as in their interactions with close friends. At the end of programs, children reported feeling as though they had more close friends with whom they could play, share secrets and personal experiences with at the end of programs than was reported by children in comparison groups in the West Bank ($p<0.001$) and Gaza ($p<0.01$).

Children's responses to individual questions also indicate that children in programs felt that they were better able to resolve problems with other children without fighting, and better able to help other children when they had problems at the end of programs than children in comparison groups ($p<0.01$). Children's self-reliance and problem-solving skills improved after going through a program cycle. Individual responses indicate that these children believed they had the skills necessary to handle dangerous situations. They also reported that they could go to someone they could trust to discuss a problem more frequently than children in comparison groups ($p<0.01$). Overall, the outcomes of *resilience* and *problem-solving skills* of children in psychosocial programs improved significantly more than children in comparison groups in both the West Bank ($p<0.001$) and Gaza ($p<0.01$).

As stated above, children in comparison groups experienced less improvement across almost all seven outcomes. Whereas the mean differences between baseline and post-test scores for resilience show an increase of 11.7 points (95% CI 10.0-13.3) for children in psychosocial programs in the West Bank, and an increase of 5.1 points (95%CI 2.4-7.9) in Gaza, the mean differences between baseline and post-test scores for children in comparison groups show lesser increases of 2.6 points (95% CI 0.7-4.5) in the West Bank and 0.5 points (95% CI -2.4-3.3) in Gaza.

In fact, in some outcome areas, the scores of children in comparison group grew worse between the pre-test and post-test. While the mean difference in baseline and post-test scores for the outcome of problem-solving was 9.2 points (95% CI 7.4-11.0) in the West Bank and 4.2 points (95% CI 1.3-7.1) in Gaza for children who participated in programs, the mean problem-solving scores of children in comparison groups *decreased* between pre-test and post-test by 1.1 points (95% CI -3.2-0.9) in the West Bank, and 4.4 points (95% CI -7.2- -1.2) in Gaza.

Within their families, following their participation in psychosocial interventions, children reported an increased level of their *engagement at home* in both the West Bank and Gaza when compared with children in comparison groups ($p<0.001$; $p<0.01$). The mean difference in scores for *engagement at home* for children in program groups and comparison groups in the West Bank and Gaza, however, show that children's level of *engagement at home* in fact deteriorated among children who were not in psychosocial programs. While the mean difference in scores between baseline and post-test indicate an improvement of 6.9 points (95% CI 5.6-8.3) for children in programs in the West Bank, the mean difference of scores of children in comparison groups show a decrease of 1.0 point (95% CI -2.4- -0.5). Similarly, in Gaza, while the mean scores of children in programs improved by 3.8 points (95% CI 1.4-6.1), the mean scores of children who were in comparison grew worse by 2.2 points (95% CI -4.5-0.1).

The increased mean score for *engagement at home* indicates that children who were enrolled in psychosocial programs reported significant improvements in their relationships with siblings, felt more as though their parents treated them the same as their brothers and sisters, and fought less with their siblings, than when they first entered psychosocial programs and when compared to children in comparison groups. In both the West Bank and Gaza, these improvements among children in programs were statistically significant when compared with children in the comparison groups ($p<0.001$; $p<0.01$).

Children's responses also indicate that there were significant decreases in negative interactions—or, important reductions in risks—between parents and children within the home. Responses to individual questions indicate that children who went through psychosocial programs reported that their parents less frequently hit them or yelled at them compared with children in comparison groups ($p<0.001$). Children's perception of their parents' support and protection of them improved, as children in programs reported that they felt as though their parents were better able to help them to solve difficult problems and protect them from danger. The differences between mean scores in this outcome of *engagement at home* between children in the program group and in the comparison group in the West Bank and Gaza were statistically significant ($p<0.001$), and reveal that while children in programs experienced significant improvements between the time they took the pre-test and the post-test, the level of *engagement at home* of children who were in comparison groups in the West Bank and Gaza, once again, deteriorated.

Within their schools, children in psychosocial programs reported greater increases in confidence and self-assurance than children in comparison groups in the West Bank ($p<0.001$) and Gaza ($p<0.05$). As with other outcomes, however, children who were in comparison groups showed no increase in their levels of *engagement in school* between pre-test and post-test. The mean difference in scores for children in comparison groups in the West Bank was 0 (95% CI -1.6-1.6), and -0.7 (95% CI -3.6-2.3) in Gaza.

Following participation in psychosocial programs, increases in *engagement in school* indicate that children had greater perceptions that their teachers listened to them and respected their opinion, and tended to participate more in the classroom than children in comparison groups (West Bank $p<0.001$; Gaza $p<0.05$). This increased sense of agency—or ability to determine one's own outcomes—was also evident in children's belief that they could improve their performance in school, and that they did their homework without being asked by parents. In addition to these improvements in school, scores indicate that there were reported reductions in negative interactions between children, teachers and their classmates. Following participation in psychosocial programs, children less frequently reported that their teacher hit or insulted them, or that other children bullied or did "bad things" to them at school, when compared with children in comparison groups in both the West Bank and Gaza ($p<0.001$; $p<0.05$).

In addition to improvements in pro-social behaviors, there were significant improvements in children's emotional outcomes between baseline and post-test among children in programs, particularly in terms of *reduced troubling thoughts and feelings*, when compared to children in comparison groups in the West Bank ($p<0.001$). After participating in programs, children's responses to individual questions concerning *reduced troubling thoughts and feelings* revealed that they were able to sleep better, and had fewer nightmares as compared with children in comparison groups ($p<0.001$). Reported results also indicate that children felt more loved and experienced less isolation, felt less lonely less angry, had less intrusive thoughts and were more able to concentrate when studying than children in comparison groups in the West Bank ($p<0.001$). Changes in outcomes of *reduced troubling thoughts and feelings*, however, were not statistically significant for children in programs in Gaza, when compared with children in comparison groups ($p>0.05$).

**Finding Three: Data from Parents Support Children's Findings**

While the data collected from parents is not representative, it does broadly support the findings from children's data. Parents of children in programs reported that they spent more time talking with their children about issues that were important to their children. Parents of children in programs also reported fewer negative interactions between themselves and their children within the home compared with parents of children in the comparison group. These same parents more often responded that they hit their child less when they did something wrong, used more verbal criticism, and more frequently praised their child when they did something well. Parents also responded that they less frequently fought with their spouse, and that their children fought less with each other after participating in the psychosocial program.

In terms of engagement within the school, at the end of programs, parents expressed that they encouraged children to participate in more recreational activities, and that they encouraged their children's performance in school by supporting their studies at home, visiting their children's schools, and meeting with teachers.

Finally, reports of parents following children's participation in programs also show that parents observed that their children were better able to sleep through the night and had fewer nightmares when compared with parents of children in the comparison group. All of these findings appear to support the data collected on children.

**Finding Four: Child and Adolescent Psychosocial Outcomes Vary by Age, Gender and Location**

While the psychosocial well-being of children enrolled in psychosocial programs improved significantly overall, and in comparison children in comparison groups, some children did better than others. According to the analysis, this is due, in part, to how old the child was, whether the child was male or female, and where the child resided.

*Age*

Positive increases in the well-being of younger children, aged 8-12, in psychosocial programs in the West Bank, were statistically significant across the board, in comparison with children of the same age in comparison groups ($p<0.001$) (table 8). As seen in the table below, mean scores for children aged 8-12 who were in programs improved for all outcomes. By contrast, the scores of children in comparison groups aged 8-12 decreased in all but two of the outcome areas.

*Table 8. Outcomes by age, 8-12, West Bank*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | n | Mean Diff b/t Pre-test and Post-test | 95% CI | n | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 590 | 11.1 | 9.5-12.9 | 456 | 1.2 | -0.6-3.0 | p<0.001 |
| Engagement at Home | 589 | 7.0 | 5.6-8.5 | 456 | -1.4 | -2.8-0.1 | p<0.001 |
| Engagement at School | 589 | 5.5 | 3.9-7.0 | 456 | -0.1 | -1.8-1.6 | p<0.001 |
| Engagement in Community | 590 | 8.5 | 6.3-10.7 | 456 | -2.6 | -4.7- -0.5 | p<0.001 |
| Social Relations | 589 | 8.1 | 6.3-9.9 | 456 | -2.1 | -3.8- -0.3 | p<0.001 |
| Problem Solving | 590 | 9.5 | 7.7-11.3 | 455 | -2.3 | -4.5- -0.4 | p<0.001 |
| Reduced Troubled Feelings | 590 | 6.4 | 4.8-7.9 | 455 | 0.9 | -0.7-2.5 | p<0.001 |

In Gaza, changes in outcomes of children aged 8-12 in psychosocial programs were statistically significant ($p<0.05$), except for increases in their level of *engagement in school* and their *reduced troubling thoughts and feelings* (table 9). Increases for these two outcomes were not statistically significant when compared to children in the comparison group. This indicates that despite their involvement in psychosocial programs, children aged 8-12 in Gaza did not experience significant improvements in the degree to which they felt engaged in school or had positive relationships with their classmates and teachers as a result of participating in psychosocial programs. Additionally, despite participating in programs, children in Gaza aged 8-12 did not improve significantly in comparison with their counterparts not in programs in their ability to reduce troubling thoughts and feelings, sleep better at night, and concentrate on their studies ($p>0.05$).

*Table 9. Outcomes by age, 8-12, Gaza*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | n | Mean Diff b/t Pre-test and Post-test | 95% CI | n | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 96 | 7.2 | 2.7-11.6 | 99 | -3.3 | -7.7-1.0 | p<0.001 |
| Engagement at Home | 95 | 5.5 | 1.9-9.1 | 99 | -3.1 | -6.6-.05 | p<0.001 |
| Engagement at School | 96 | 3.7 | -0.5-8.0 | 99 | -0.7 | -5.5-4.1 | p>0.05 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Engagement in Community | 96 | 6.7 | 1.1-12.3 | 99 | -3.0 | -8.3-2.4 | p<0.01 |
| Social Relations | 96 | 4.0 | -0.7-8.6 | 99 | -5.7 | -9.9- -1.4 | p<0.05 |
| Problem Solving | 96 | 5.8 | 1.4-10.2 | 99 | -5.3 | -9.8- -.09 | p<0.001 |
| Reduced Troubled Feelings | 96 | 5.0 | 1.2-8.9 | 99 | 2.5 | -1.4-6.4 | p>0.05 |

Adolescents, aged 13-18, who participated in psychosocial programs in the West Bank reported significant improvements in their levels of *engagement at home* (p<0.001), *engagement in community* (p<0.01), their *social relations* (p<0.001), *problem solving* abilities (p<0.01), and their ability to *reduce troubling thoughts and feelings* (p<0.05), when compared with children in comparison groups. Adolescents in the West Bank did not report statistically significant improvements, however, in their *resilience* and their level of *engagement in school*, as compared with children in comparison groups (p>0.05) (table 10).

*Table 10. Outcomes by age, 13-18, West Bank*

| **Outcome** | **PROGRAM GROUP** | | | **COMPARISON GROUP** | | | **Overall Significance between Groups** |
|---|---|---|---|---|---|---|---|
| | **N** | **Mean Diff b/t Pre-test and Post-test** | **95% CI** | **N** | **Mean Diff b/t Pre-test and Post-test** | **95% CI** | |
| Resilience | 226 | 7.1 | 4.7-9.6 | 112 | 4.6 | 1.1-8.0 | p>0.05 |
| Engagement at Home | 225 | 3.9 | 1.9-5.8 | 112 | -1.6 | -4.2-1.1 | p<0.001 |
| Engagement at School | 227 | 1.7 | -0.7-4.1 | 112 | -0.7 | -3.6-2.2 | p>0.05 |
| Engagement in Community | 226 | 3.9 | 0.5-7.2 | 112 | -4.9 | -9.2- -0.6 | p<0.01 |
| Social Relations | 227 | 5.9 | 3.2-8.6 | 112 | -1.7 | -5.6-2.1 | p<0.001 |
| Problem Solving | 226 | 4.0 | 1.2-6.7 | 112 | -2.1 | -5.5-1.3 | p<0.01 |
| Reduced Troubled Feelings | 226 | 4.1 | 1.9-6.4 | 112 | -0.1 | -2.7-2.5 | p<0.05 |

Adolescents in Gaza reported improvements at the end of programs in their level of *engagement in community* (p<0.05), their *social relations* (p<0.01), and their *problem solving* abilities (p<0.05) (table 11). However, adolescents in Gaza did not experience significant improvements in their *resilience*, level of *engagement in school*, or in their ability to *reduce troubling thoughts and feelings* when compared with adolescents in comparison groups (p>0.05).

*Table 11. Outcomes by age, 13-18, Gaza*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | N | Mean Diff b/t Pre-test and Post-test | 95% CI | N | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 104 | 3.3 | -0.1-6.6 | 95 | 4.4 | 0.9-8.0 | p>0.05 |
| Engagement at Home | 103 | 2.2 | -0.9-5.2 | 95 | -1.3 | -4.2-1.5 | p<0.05 |
| Engagement at School | 105 | 1.9 | -1.5-5,4 | 95 | -0.6 | -3.9-2.7 | p>0.05 |
| Engagement in Community | 104 | 2.3 | -2.3-6.8 | 95 | -5.4 | -10.3- -0.4 | p<0.05 |
| Social Relations | 105 | 4.9 | 1.1-8.6 | 95 | -2.6 | -7.0-1.7 | p<0.01 |
| Problem Solving | 104 | 2.8 | -1.1-6.7 | 95 | -3.4 | -7.1-0.3 | p<0.05 |
| Reduced Troubled Feelings | 104 | 3.1 | -0.2-6.3 | 95 | -0.1 | -2.8-2.7 | p>0.05 |

Overall, it appears that both children of all ages in psychosocial programs in both the West Bank and Gaza experienced significant improvements in their level of *engagement in community, social relations, and problem solving* abilities. As a result of being in psychosocial programs, younger children aged 8-12 experienced improvements in all outcomes in the West Bank, and in all outcomes except for *engagement and school* and *reduced troubling thoughts and feelings* in Gaza.

In both the West Bank and Gaza, adolescents experienced improvements in their levels of *engagement in community, social relations,* and *problem solving* abilities, but did not see significant improvements in their level of *resilience* and *engagement in school.* As with their younger counterparts in Gaza, adolescents in Gaza also did not report any significant improvements in *reduced troubling thoughts and feelings.*

*Gender*

The improvement in boys' scores in psychosocial programs were statistically significant for all outcomes when compared with boys in comparison groups for both the West Bank and Gaza ($p<0.01$). Consistent with other findings, while the mean scores of boys in psychosocial programs increased, the outcomes of boys in comparison groups, in fact, decreased between baseline and post-test (table 12). The outcomes with the greatest observed increase among boys were in *resilience* and *problem solving* ($p<0.001$).

*Table 12. Mean Differences in Outcomes, Boys, West Bank*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | n | Mean Diff b/t Pre-test and Post-test | 95% CI | n | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 393 | 9.0 | 7.0-11.0 | 289 | 1.8 | -0.3-3.9 | p<0.001 |
| Engagement at Home | 393 | 5.4 | 3.7-7.1 | 289 | -1.7 | -3.5-0.1 | p<0.001 |
| Engagement at School | 394 | 4.7 | 2.7-6.7 | 289 | -0.3 | -2.4-1.9 | p<0.001 |
| Engagement in Community | 394 | 6.1 | 3.4-8.8 | 288 | -2.1 | -4.7-0.6 | p<0.001 |
| Social Relations | 394 | 6.5 | 4.3-8.7 | 289 | -0.3 | -2.6-2.1 | p<0.001 |
| Problem Solving | 394 | 7.0 | 4.8-9.3 | 288 | -0.8 | -3.1-1.5 | p<0.001 |
| Reduced Troubled Feelings | 394 | 5.6 | 3.9-7.4 | 289 | 1.8 | -0.1-3.7 | p<0.01 |

As in the West Bank, the mean scores of boys who participated in psychosocial programs in Gaza improved across the board, including their ability to *reduce troubling thoughts and feelings* ($p<0.05$). When disaggregated by gender, it appears that, for boys, the change observed in mean scores for *reduced troubling thoughts and feelings* is, in fact, statistically significant when compared to boys in comparison groups in Gaza ($p<0.05$) (table 13).

*Table 13. Mean differences in Outcomes, Males, Gaza*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | n | Mean Diff b/t Pre-test and Post-test | 95% CI | N | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 97 | 6.6 | 2.6-10.7 | 118 | 0.1 | -3.1-3.3 | p<0.01 |
| Engagement at Home | 97 | 3.5 | 0.3-6.7 | 118 | -3.1 | -5.6- -0.6 | p<0.01 |
| Engagement at School | 98 | 4.7 | 0.8-8.5 | 118 | -1.3 | -4.8-2.2 | p<0.05 |
| Engagement in Community | 98 | 7.0 | 2.1-11.9 | 118 | -1.7 | -5.9-2.5 | p<0.01 |
| Social Relations | 98 | 6.9 | 2.6-11.3 | 118 | -2.0 | -5.7-1.6 | p<0.001 |
| Problem Solving | 98 | 6.4 | 2.2-10.5 | 118 | -2.6 | -5.6-0.4 | p<0.001 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reduced Troubled Feelings | 98 | 5.0 | 1.5-8.5 | 118 | 1.3 | -1.4-4.0 | p<0.05 |

Similar to their male counterparts, all outcomes for girls in program groups increased significantly in the West Bank, while the outcomes of their counterparts in comparison groups decreased (p<0.001) (table 14). The greatest amount of increase among girls in program groups in the West Bank was also in *resilience* and *problem solving* when compared to girls in comparison groups (p<0.001).

*Table 14. Mean Differences in Outcomes, Females, West Bank*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | N | Mean Diff b/t Pre-test and Post-test | 95% CI | N | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 423 | 11.0 | 9.1-13.0 | 279 | 1.9 | -0.4-4.3 | p<0.001 |
| Engagement at Home | 421 | 6.9 | 5.2-8.5 | 279 | -1.1 | -2.9-0.7 | p<0.001 |
| Engagement at School | 422 | 4.2 | 2.4-6.0 | 279 | -0.2 | -2.2-1.8 | p>0.001 |
| Engagement in Community | 422 | 8.3 | 5.8-10.7 | 279 | -4.0 | -6.7- -1.4 | p<0.001 |
| Social Relations | 422 | 8.4 | 6.3-10.5 | 279 | -3.8 | -6.0- -1.6 | p<0.001 |
| Problem Solving | 422 | 8.9 | 6.8-10.9 | 279 | -3.7 | -6.2- -1.3 | p<0.001 |
| Reduced Troubled Feelings | 422 | 5.8 | 4.0-7.7 | 279 | -0.5 | -2.5-1.6 | p<0.001 |

In Gaza, the outcomes of girls improved in terms of their level of *engagement at home, engagement in the community, social relations, and problem solving* abilities when compared with girls in comparison groups. The outcomes of girls in programs did not significantly improve as compared to girls in comparison groups, however, in terms of *resilience*, their level of *engagement in school,* and their *reduced troubling thoughts and feelings* (table 15).

*Table 15. Mean differences in Outcomes, Females, Gaza*

| Outcome | PROGRAM GROUP | | | COMPARISON GROUP | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | N | Mean Diff b/t Pre-test and Post-test | 95% CI | N | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 103 | 3.7 | -0.1-7.5 | 76 | 1.0 | -4.4-6.5 | p>0.05 |
| Engagement at Home | 101 | 4.0 | 0.6-7.5 | 76 | -0.9 | -5.3-3.5 | p<0.05 |

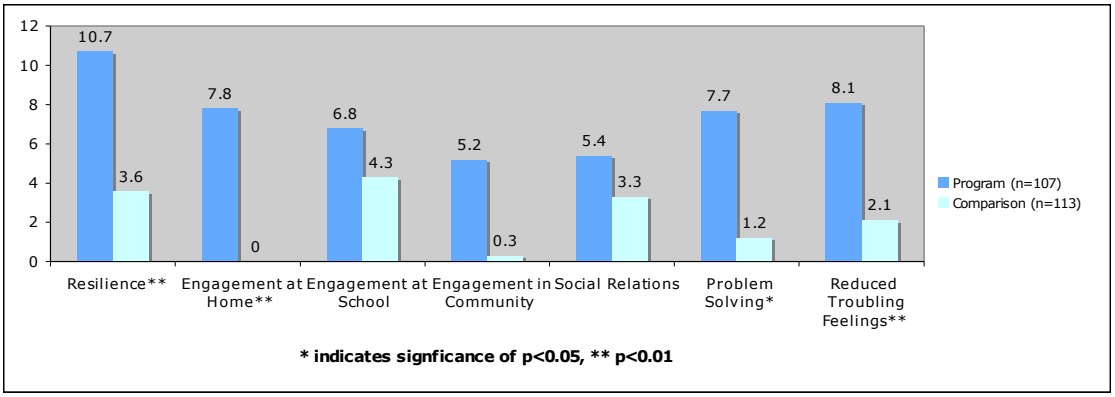
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Engagement at School | 103 | 1.0 | -2.8-4.8 | 76 | 0.4 | -4.9-5.6 | p>0.05 |
| Engagement in Community | 102 | 1.9 | -3.3-7.1 | 76 | -7.9 | -14.5- -1.3 | p<0.01 |
| Social Relations | 103 | 2.1 | -1.9-6.0 | 76 | -7.5 | -12.9- -2.2 | p<0.01 |
| Problem Solving | 102 | 2.2 | -1.9-6.3 | 76 | -7.0 | -12.8- -1.3 | p<0.01 |
| Reduced Troubled Feelings | 102 | 3.0 | -0.5-6.6 | 76 | 1.2 | -3.2-5.7 | p>0.05 |

Overall, children's outcomes improved in the West Bank between baseline and post-test, regardless of gender. In Gaza, however, improvements in outcomes differed by gender. While boys' outcomes improved significantly across the board, girls in programs in Gaza did not experience significant improvements in their level of *resilience*, *engagement in school*, and *reduced troubling thoughts and feelings.*

*Location*

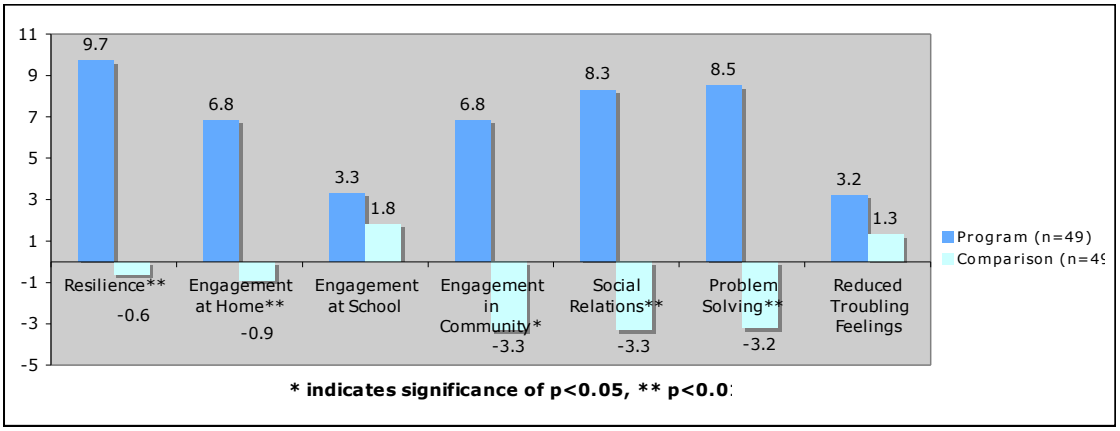
Where a child lived also made a difference in terms of children's overall well-being, as reflected by differences in outcome by governorate. While not all governorates were comparable, some differences were observed in the increases from pre-test to post-test between children in programs and those in comparison groups. As observed in analyses above, many scores of children who were in the wait-listed comparison groups decreased between the time they took the pre-test and when they took the post-test, while the scores of children who were enrolled in programs increased.

*Figure 3. Differences in changes observed between pre-test and post-test in Nablus, West Bank*



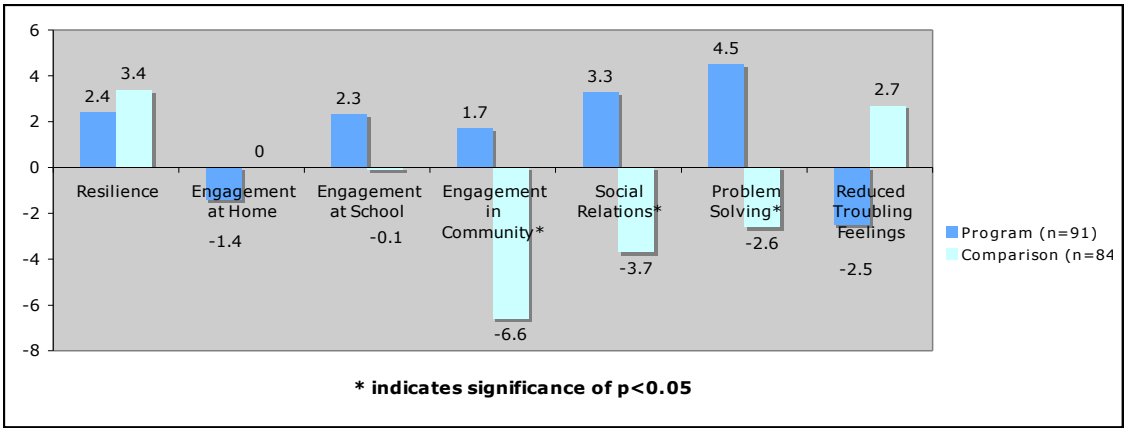

In Nablus, increases in mean scores of children in psychosocial program between baseline and the time they took the post-test were significant in terms of *resilience* (p<0.01), *engagement at home* (p<0.01), *problem solving* (p<0.05) and *reduced troubling feelings* (p<0.01), when compared to children in comparison groups. Increases in children's mean scores were not significant in levels of *engagement in school*, *engagement in community* and *social relations* (figure 3).

*Figure 4. Differences in changes observed between pre-test and post-test in Qaliqilya, West Bank*




In Qalqilya, increases in the scores of children enrolled in programs differed significantly from those in comparison groups in terms of their level of *resilience* ($p<0.01$), *engagement at home* ($p<0.01$), *engagement in community* ($p<0.05$), their *social relations* ($p<0.01$) and *problem solving* abilities ($p<0.01$), but did not differ significantly from children in comparison groups in terms of *engagement in school* and *reduced troubling thoughts and feelings* (figure 4).

*Figure 5. Differences in changes observed between pre-test and post-test in Bethlehem, West Bank*

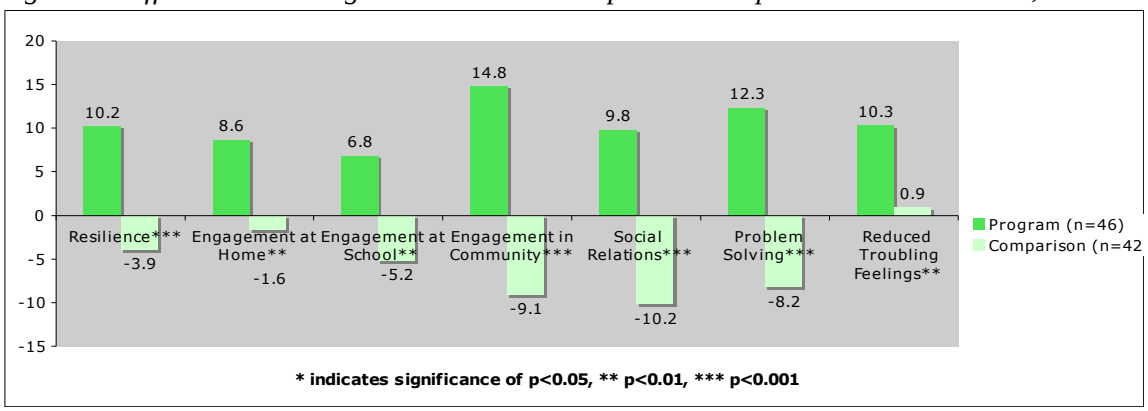



In Bethlehem, children's scores at post-test only differed significantly in terms of their level of *engagement in community* ($p<0.05$), their *social relations* ($p<0.05$), and their *problem solving* skills ($p<0.05$), and they did not differ significantly in their levels of *resilience*, *engagement at home*, *engagement in school*, or in *reduced troubling thoughts and feelings* (figure 5).

For the governorates of Jenin, Salfit, Ramallah, Jerusalem, Tulkarem, Tubas and Hebron the sample size of children in comparison groups was not large enough to draw statistically valid conclusions ($n<30$).

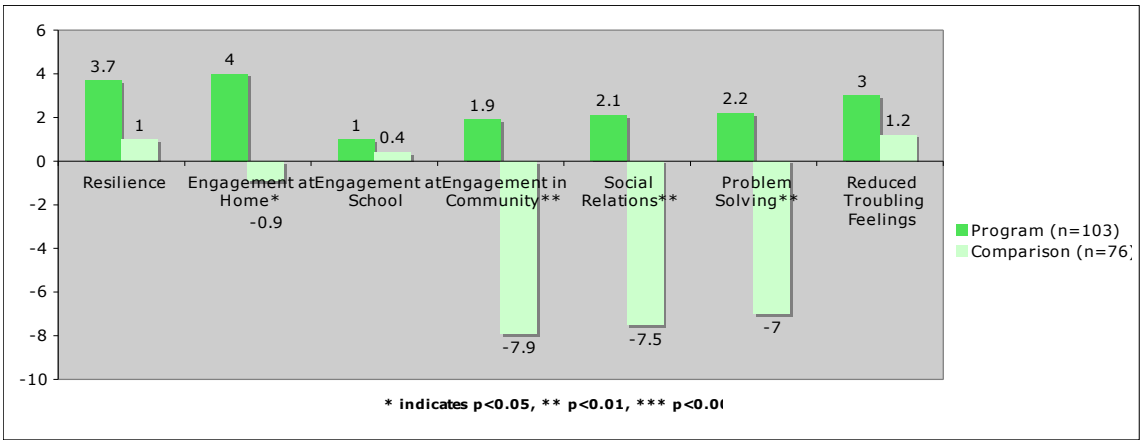
In Gaza, change in outcomes observed between children in program groups and comparison groups were significant in four of the five governorates. Outcomes in the Gaza governorate, however, did not differ significantly between those enrolled in programs and comparison groups.

*Figure 6. Differences in changes observed between pre-test and post-test in North Gaza, Gaza*



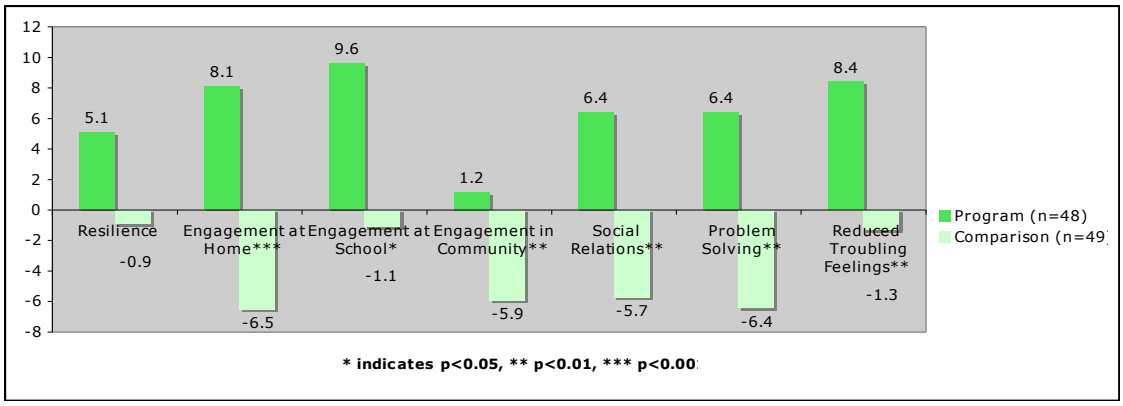

In North Gaza, significant increases among children in programs, when compared with children in comparison groups, were observed for all outcome areas at a level of 5% ($p<0.01$) (figure 6). However, consistent with previous analysis, the outcomes of children in comparison groups in North Gaza significantly deteriorated over the time between pre-test and post-test, particularly in their levels of *engagement in community*, *social relations*, and *problem solving* abilities ($p<0.001$).

*Figure 7. Differences in changes observed between pre-test and post-test in Rafah, Gaza*



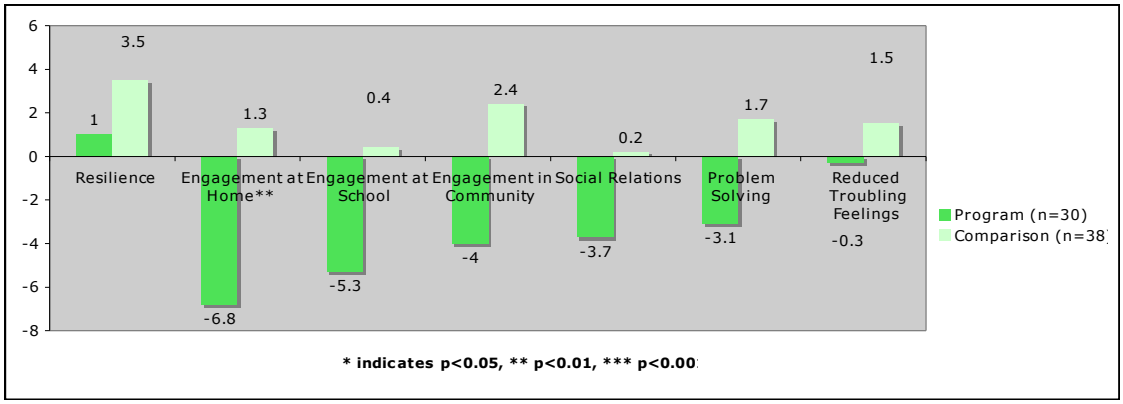

In Rafah, children's increases in children's levels of *engagement at home* ($p<0.05$), *engagement in community* ($p<0.01$), in their *social relations* ($p<0.01$) and *problem solving* skills ($p<0.01$) differed significantly from those in the comparison groups, but children in programs did not differ significantly from children in comparison groups in terms of *resilience*, *engagement in school* and *reduced troubling thoughts and feelings* ($p>0.05$) (figure 7). As in North Gaza, however, children's outcomes markedly deteriorated among those who were in comparison groups in Rafah in their reported level of *engagement in community*, *social relations*, and *problem solving* abilities ($p<0.01$).

*Figure 8. Differences in changes observed between pre-test and post-test, Khan Yunis, Gaza*




In Khan Yunis, children who were in programs experienced significant increases in nearly all outcomes, except for *resilience*, when compared with children in comparison groups. Children's mean scores between pre-test and post-test improved in their level of *engagement at home* ($p<0.001$), *engagement in school* ($p<0.05$), *engagement in community* ($p<0.01$), as well as in their *social relations* ($p<0.01$), *problem solving* abilities ($p<0.01$) and *reduced troubling thoughts and feelings* ($p<0.01$) (figure 8). Consistent with previous analyses, however, the scores of children in comparison groups significantly decreased between pre-test and post-test for these same outcomes in Khan Yunis.

*Figure 9. Changes observed between pre-test and post-test, Dier El Balah, Gaza*




In Dier El Balah, however, children who were in programs seem to have experienced marked decreases in their scores between pre-test and post-test when compared with children in comparison groups. Differences in scores were only statistically significant for *engagement at home*. However, in contrast to findings from other governorates, while the scores of children in comparison groups increased for their level of *engagement at home*, children in program groups' scores decreased in this same area ($p<0.01$) (figure 9).

Overall, the outcomes of children in psychosocial programs increased in most governorates in the West Bank and Gaza, but some increases were more significant than others when compared to children in comparison groups in the same governorates. In the case of Dier El Balah, further investigation may be required to better understand the negative outcomes of children in programs in this particular region of Gaza. In general, however, it appears as though significant increases were seen in most governorates among children who participated in programs, most commonly in children's levels of *engagement at home*, *engagement in community*, *social relations* and *problem*

*solving.* Less change was observed *in resilience, engagement in school,* and *reduced troubling thoughts and feelings*.

**Finding Five: Children's Psychosocial Well-Being Improved Regardless of Program Design but some appear more effective than others**

The fifth, and final, finding is that while children's psychosocial outcomes improved, regardless of program design, there were some significant differences in the amount of improvement that children achieved between programs. Specifically, there were some differences between programs that incorporated clinical counselling work compared with those which focused exclusively on recreational and group activities, and between programs which were shorter than one month compared with those longer than one month.

*Recreational Activities and Clinical Counselling*

The outcomes of children improved significantly both in programs that had recreational activities only and in programs that incorporated clinical counselling work with recreational activities. In the West Bank, the improvements of children who were enrolled in programs which only involved recreational components and group activities were *greater* than those who also incorporated clinical counselling ($p<0.05$) Children who were enrolled in programs that incorporated clinical counselling experienced less of an increase in psychosocial outcomes than children who were enrolled in programs which focused on recreational and group activities only (table 16).

*Table 16. Outcomes in the West Bank by Program Type*

| Outcome | Counseling & Other Activities | | | Recreational Activities Only | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | N | Mean Diff b/t Pre-test and Post-test | 95% CI | n | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 566 | 6.8 | 5.2-8.4 | 424 | 10.1 | 8.1-12.2 | p<0.01 |
| Engagement at Home | 566 | 2.7 | 1.4-4.1 | 424 | 5.6 | 4.0-7.2 | p<0.01 |
| Engagement at School | 566 | 1.6 | 0.1-3.1 | 424 | 5.0 | 3.3-6.8 | p<0.01 |
| Engagement in Community | 565 | 2.5 | 0.5-4.5 | 424 | 6.4 | 3.8-8.9 | p<0.01 |
| Social Relations | 565 | 3.2 | 1.5-4.9 | 424 | 7.3 | 5.1-9.4 | p<0.01 |
| Problem Solving | 565 | 3.6 | 1.9-5.4 | 424 | 7.5 | 5.3-9.7 | p<0.01 |
| Reduced Troubled Feelings | 565 | 3.2 | 1.6-4.8 | 424 | 5.3 | 3.7-6.9 | p<0.05 |

In Gaza, however, the findings were somewhat different. There was little difference between children who were enrolled in either type of psychosocial programming, and there were differences on only two of the seven outcomes. Interestingly, and in contrast to the West Bank findings, children receiving some clinical counselling did better on those two outcomes. The findings from Gaza show significant differences in children's levels of *engagement at home* ($p<0.05$) and *reduced troubling thoughts and feelings* ($p<0.001$) (table 17). Within the five other outcomes, *resilience, engagement at school, engagement in community, social relations,* and *problem solving,* however, there were no significant differences between the two types of programming.

*Table 17. Outcomes in Gaza by Program Type*

| Outcomes | Counseling & Other Activities | | | Recreational Activities Only | | | p-value |
|---|---|---|---|---|---|---|---|
| | N | Mean Diff b/t Pre-test and Post-test | 95% CI | n | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 309 | 3.0 | 0.7-5.3 | 85 | 2.3 | -1.4-6.0 | p>0.05 |
| Engagement at Home | 308 | 0 | -1.8-1.9 | 84 | 3.6 | 0-7.2 | p<0.05 |
| Engagement at School | 310 | 0.8 | -1.5-3.1 | 85 | 2.2 | -1.7-6.2 | p>0.05 |
| Engagement in Community | 309 | -0.4 | -3.4-2.5 | 85 | 2.5 | -2.6-7.5 | p>0.05 |
| Social Relations | 310 | -0.2 | -2.6-2.3 | 85 | 1.6 | -2.9-6.1 | p>0.05 |
| Problem Solving | 309 | 0.4 | -2.0-2.9 | 85 | -1.5 | -5.7-2.5 | p>0.05 |
| Reduced Troubled Feelings | 310 | 1.3 | -0.7-3.2 | 84 | 7.8 | 4.5-11.1 | p<0.001 |

*Longer-term vs. Short-term Interventions*

The improvements of children both in programs that were longer than 6 weeks and programs that were shorter 6 weeks were statistically significant in the West Bank. However, the improvements in all outcomes of children in programs with program cycles lasting shorter than 6 weeks were, perhaps surprisingly, greater than those who were enrolled in longer-term interventions ($p<0.05$) (Table 18).

*Table 18. Length of Interventions, West Bank*

| Outcome | Interventions 4-6 Weeks | | | Interventions >6 Weeks | | | Overall Significance between Groups |
|---|---|---|---|---|---|---|---|
| | n | Mean Diff b/t Pre-test and Post-test | 95% CI | n | Mean Diff b/t Pre-test and Post-test | 95% CI | |
| Resilience | 202 | 12.2 | 9.8-14.6 | 788 | 7.2 | 5.8-8.7 | p<0.001 |
| Engagement at Home | 202 | 8.2 | 6.1-10.3 | 788 | 2.8 | 1.7-4.0 | p<0.001 |
| Engagement at School | 202 | 5.4 | 3.0-7.8 | 787 | 2.5 | 1.2-3.8 | p<0.05 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Engagement in Community | 202 | 11.0 | 8.2-13.8 | 787 | 2.4 | 0.5-4.2 | p<0.001 |
| Social Relations | 202 | 9.9 | 7.5-12.4 | 787 | 3.7 | 2.1-5.2 | p<0.001 |
| Problem Solving | 202 | 9.1 | 6.6-11.6 | 787 | 4.3 | 2.7-5.9 | p<0.01 |
| Reduced Troubled Feelings | 202 | 11.2 | 8.8-13.5 | 787 | 2.3 | 1.0-3.5 | p<0.001 |

This analysis was not possible in Gaza, however, as all interventions evaluated in this evaluation in Gaza were shorter than 4-6 weeks.

## Methodological Challenges and Limitations:

While implementing the evaluation project, a number of challenges arose regarding the understanding of the conceptualization of psychosocial interventions within the child protection approach in oPt and the evaluation design itself.

*Interagency collaboration*: It has been noted in the report that some agencies' data could not be used in the study, as they had omitted to complete certain information- whether the questionnaire was pre or post, whether the child was form a control or participant group, which agency the child was from etc.. While some of these omissions can be attributed to gaps in supervision of the fieldworkers, a small number of agencies refused to provide this information as they felt that it would be used to comparatively rank their individual evaluations, thereby limiting their opportunity to receive funds from donors. There was also reluctance on the part of some organisations to participate in what was considered to be a donor lead initiative, under the control of a UN agency.

*Sample:* It must be noted that at this point in the development of a common survey tool to measure children's psychosocial well-being in Palestine that a sample limited to children participating in psychosocial programmes, and a group of children waiting to take part, has an inherent bias. The different criteria used by the eight agencies taking part in the survey for selecting children to participate were not made clear in this report. Accordingly it is difficult to assess if the most vulnerable children were included in the study, or if the children participating reflect in part children with greater access to resources.

*Lack of qualitative tools:* Because of limitations placed on agencies due to time and money constraints, some agencies resisted using more tools when carrying out the evaluation. This resulted in a tool being developed for children, but for the parents and teachers, the survey questionnaire focused solely on their behaviour, and was short and not in depth. It would have been advantageous to develop questionnaires for parents and teachers to enquire about the child, thus adding value to the evaluation of the child's wellbeing, but it was not feasible to do this because of lack of resources.

Related to the above, the interagency evaluation did not include qualitative tools in the evaluation process. During the questionnaire development process, a qualitative tool, the Spider Diagram

(Annex VI), was considered in order to learn more about children's support networks and to further involve children in the process. However, while agency staff felt this tool could be useful during interventions, they were against using another tool in the interagency evaluation due to time and staff constraints. The mixed methods approach, where qualitative tools are used in addition to the quantitative tool, is a good practice in evaluations, strengthening the validity of the results achieved from using one tool only. This report includes the Spider Diagram and recommends including this qualitative measure in future evaluations of psychosocial programmes.

*Unclear item reliability of the survey questionnaire:* Further work is needed to test the survey questionnaire. It was not clear how each indicator corresponded to each outcome in the actual survey tool and in the data. Some of the outcome categories are lower on the reliability spectrum of the Chronbach's alpha coefficients (e.g. improved social relations), and more analysis is needed in order to determine whether these individual question items reliably constituted a scale (eg. an item Factor Analysis). The results related to the low Chronbach's alpha coefficients (0.50 to 0.40 and lower ) should thus be considered carefully.

*Not all agencies used random sampling methods:* While all agencies were trained on random sampling, one agency opted to use convenience sampling. The agency that interviewed a convenience sample of children who showed up for their programme that day may have introduced certain biases into the data. One cannot be certain of the types of biases that may have been introduced, but in the case of oPt, it is reasonable to hypothesize that children who were not present on the day of the survey may have also been absent other days as well. In that case, we would expect that those children who were absent would have had lower rates of improved change when compared with the children who attended all of the sessions. This would mean that the results presented for children in the intervention group are slightly higher than they would have been if they had included children who were not regularly at the sessions. Additionally, it seems reasonable to hypothesize that the children at higher risk may have had a harder time making it to the programme on a regular basis (for example, if they did not have parents who were supportive to make sure they attended every session). In that case, more vulnerable children may also have been missed as a result of the convenience sampling. This would also have resulted in inflated values for the effectiveness of interventions.

*Reduced sample size:* The planned sample size was reduced due to the fact that many children's surveys were not accurately marked as pre-test, post-test, comparison group or intervention group. This resulted in a lot of lost data. Additionally, missing items on questionnaires led to even further reduced – and often disproportionate - sample sizes when results were analyzed by age, gender, location, and programme type.

*Younger respondent bias:* Three quarters (74.4%) of the children sampled where between 8 and -12 years old (45.7% of the Palestinian population is under 15yrs). This serves to bias the results towards the capacities and needs of younger children, as well as towards interventions more appropriate for younger children. This makes it difficult to adequately assess the impact of programmes on adolescents. There is no description of the different approaches used with adolescents. However, this bias reflects the situation on the ground where there is a lack of adolescent-friendly and focused psychosocial interventions.

*Facilitator bias:* An interagency decision was taken for programme staff to administer the surveys. It is quite likely that whether intentional or unintentional, staff created another source of bias. It is only natural that programme staff would want results of their programme evaluation to yield positive results. Given this tendency, it is likely that field staff may have given unconscious

signals to the children during the administration of the survey which may have affected the way participants answered the questions. Similarly, children may have instinctively wanted to 'do well' for the interviewers, and may have introduced social desirability response bias. Social desirability response bias describes the tendency of respondents to reply in a manner that they believe will be viewed favourably by others. This generally takes the form of over-reporting good behaviour and under-reporting bad behaviour. One way this might be avoided in future evaluations of this sort would be to have outside evaluators carry out the interview administration or to have field staff switch and interview participants enrolled in programmes other than their own programmes.

However, there is also the argument for involving field staff in their own evaluations to increase capacity and learning. The field staff were trained on the methodology used in this study in order to support their participation, involvement and motivation.

*Limited triangulation data:* Only 46% of parents completed the post-test, and thus the data obtained from parents cannot be considered a representative sample. Ideally, data from parents would have been used to provide quantitative data on children from another viewpoint, serving to triangulate and verify the self-reports from children. Instead, the data from parents can only be used to indicate trends or suggest areas of support or disagreement with the children's data.

*Short-term programming bias:* The data collection period from baseline to end-of-intervention evaluation was over a four month period. Only short-term interventions (below 4-6 weeks duration) were evaluated in Gaza. This biased the sample towards shorter interventions and immediate programme outcomes.

The sustainability potential of the programme outcomes was not considered.

*Limited analysis on comparisons between different interventions:*
There is limited description and analysis of the different types of intervention used during the study time frame. This limitation, together with the bias towards short-term interventions, makes it is difficult to:

- identify which interventions targeted which outcome levels, for example, engagement at home, and which were school based
- Make comparisons and cross-correlations between different interventions and the different age, gender and location variables.

**Discussion**

Overall, the findings of this evaluation support the general effectiveness of psychosocial programming within the changing cultural and political context of the occupied Palestinian territories. Not only were the improvements in psychosocial outcomes of all children overall significant when compared to children in comparison groups, the evaluation found that the outcomes of children who were not in programs—in the waitlisted comparison groups—often deteriorated over time and became significantly worse.

One important finding from this evaluation is that children's overall level of resilience upon entering programmes was relatively high, even without intervention. This indicates that despite the current conditions that have made life increasingly difficult in both the West Bank and Gaza, children who participate in psychosocial programmes appear to come into programmes with a high degree of self-efficacy and social support. This is consistent with findings from other

qualitative studies conducted among young people in the occupied Palestinian territories, and might reflect the important internal resources within Palestinian families, culture and society that contribute to children's responses to adversity.[2829]

The measured resilience among children participating in the study needs further examination. Within the context of the oPt, where children, families and communities have adapted over generations to protracted political and military violence, and to the long-term impacts of the economic blockade, dislocations and travel restrictions, resilience becomes an adaptation in the face of adversity – a normal reaction to abnormal events. However, experience and research has shown that the long term consequences of such adaptation to persistent threats to the well-being of individuals and social groups can result in deep-rooted individual and societal difficulties. The challenge for psychosocial programming within such a context is to situate response and interventions within a holistic rights-based approach, where evidence-based practice can help strengthen the protective environment for children and thereby contribute to structural changes in the situation of children, for example, by creating better access to equitable, quality services.

All interventions that were evaluated in this report worked with both children and caregivers, and therefore could not be compared with interventions which did not. However, among these programmes, improvements in all psychosocial outcomes were statistically significant across the board. This potentially supports a general effectiveness of methodological approaches that go beyond individual approaches, and work both with children in groups and with their families within the existing context of their social worlds. The social ecological approach acknowledges the importance of supporting children's psychosocial well-being through his or her existing mechanisms of support within his or her family and the broader community.

The social ecological approach also acknowledges that risks and protective factors that contribute to a child's psychosocial well-being are not fixed or static, but instead are rooted in a child's changing cultural and political landscape. Moreover, demographic factors, such as how old a child was, whether or not the child was a boy or a girl, and particularly where he or she lived in the occupied Palestinian territories influenced children's levels of overall resilience following participation in psychosocial programmes.

When analyzed by age, the findings show that younger children, aged 8-12, experienced improvements across the board in the West Bank, and younger children in programmes in Gaza experienced improvements in *resilience, engagement at home, engagement in community, social relations*, and *problem solving.* Younger children in programs in Gaza did not, however, experience significant improvements in their level of *engagement in school* or in their *reduced troubling thoughts and feelings.*

Among adolescents aged 13-18 in psychosocial programmes in both the West Bank and Gaza, significant improvements in their relationships at home within their families, with their community, in their social relations, and problem-solving abilities were observed. Adolescents in the West Bank also experienced improvements in their emotional health and in reductions in their troubling thoughts and feelings; adolescents in Gaza, however, did not. Moreover, significant improvements in *resilience* and *engagement in school* were not observed among adolescents in neither the West Bank nor Gaza. This indicates that for adolescents in programs, an increased sense of close relationships with peers, with teachers and with classmates was not a significant result of participating in psychosocial programs. As mentioned above, various methodological limitations like the younger sample age and no description of the different approaches used with adolescents, makes it difficult to adequately assess the impact of programmes on adolescents.

In general, both younger children and adolescents in the West Bank reported feeling safer, sleeping better, and feeling more able to concentrate on their studies. Among children of both age groups in Gaza, however, this was not the case. While children of both age groups experienced improvements in most outcomes, children in Gaza did not report significant improvements in *reducing troubling thoughts and feelings* following participation in psychosocial interventions.

Children's outcomes improved in the West Bank between baseline and post-test, regardless of their gender. In Gaza, however, this was not the case; improvements in outcomes of *resilience, engagement in school,* and *reduced troubling thoughts and feelings* differed by gender. While boys' outcomes improved significantly across the board for all outcomes, girls in programs in Gaza did not experience significant improvements in their level of *resilience, engagement in school,* and *reduced troubling thoughts and feelings.* Furthermore, when analyzed by gender, the findings show that it is girls, and not boys, who do not report a reduction in troubling thoughts and feelings in Gaza.

Where a child lived in oPt also made an important difference in his or her amount of improvement between the time that he or she took the baseline questionnaire and the post-test. The outcomes of children in psychosocial programmes increased in most governorates in the West Bank and Gaza, but some increases were more significant than others when compared to children in comparison groups in the same governorates. In general, it appears as though significant increases were seen in most governorates among children who participated in programmes, most commonly in children's levels of *engagement at home, engagement in community, social relations* and *problem solving.* Less change was observed in *resilience, engagement in school,* and *reduced troubling thoughts and feelings.*

Finally, given that all outcomes of children who participated in programmes improved significantly, which approaches were more effective? The difficulty with this analysis is that many of the programmes included in this evaluation are relatively similar in approach or in their general structure, and therefore difficult to statistically compare. What is important to note, however, is that this evaluation found that the psychosocial interventions evaluated in this report result in positive outcomes for children in the occupied Palestinian territories, regardless of programme type or design.

Results were analyzed to determine whether or not a clinical counselling component makes a difference, or if recreational activities make a difference in the amount of increase in psychosocial outcomes. All outcomes improved significantly for children in all programmes in oPt across the board, but the results were different in Gaza and in the West Bank. I n Gaza, children who participated in programmes that included a clinical counselling component experienced a greater amount of change in two outcomes of their level of *engagement at home* and in *reduced troubling thoughts and feelings.* In the West Bank, children who were in programmes that mainly focused on recreational and group activities experienced a greater amount of increase in *all* outcomes compared with children in programs that included only clinical counselling. Moreover West Bank programmes were also examined in terms of implementation time frames[8]. Children who participated in shorter-term interventions experienced significantly greater improvements in all psychosocial outcomes than those who participated in longer-term interventions.

[8] Gaza interventions were 4-6 weeks in length, and thus this same time element could not be examined in a meaningful manner.

Plausible explanations for both of these findings will require further investigation. The study only examined short-term interventions in Gaza. This biased the sample towards shorter interventions and immediate programme outcomes. Consequently the result that short term projects are more successful in Gaza is misleading and needs further study. Stakeholder's feedback to this report asserted that the majority of organizations deliver projects which are longer than 6 weeks, yet these were not reflected in the study. In addition, it also needs to be taken into account that the impact of a long term programme take longer to "show". There is no definition of "short" and "long" term, or the cut off point for each. It is necessary to establish if the selection criteria for short or long term programmes are different, as this would impact significantly on the results - children who participate in a long term intervention may be more troubled, for example. There is no information on the status of the children in the programmes, if their level of distress was mild or severe, and again, more information is needed on the type of interventions.

**Conclusion**

This study offers preliminary evidence of the continued need for psychosocial programming, and the need to assess the long term impacts of such programming. It also reveals a need for additional programmes that support key elements of children's social ecologies that are directly linked to their resilience and well-being. These elements include children's parents and households, teachers and schools
and mentors and extra-curriculum programmes. Indeed, the longer children in the Palestinian territories continue to be exposed to occupation and incursions, the more important it is for the organized assistance to focus not only on mental health and psychological concerns, but also on statutory (policies) and social supports that buffer children from the most harmful effects of structural violence and economic duress.

Lessons learned through this inter-agency evaluation should also help to inform future learning endeavours. The evaluation process brought together a number of key actors working in the field of psychosocial response who were eager to learn more about the impact of their programmes—and to do this together. These pioneering efforts reflect an important step in a coordinated effort to improve programming and build the evidence base for future interventions, to:

- Institutionalize quality evaluation and programme learning systems
- Build the evidence-base for effective PS programming
- Harmonise agreed strategies and standards for implementation, and
- Work towards national coverage in oPt.

As part of the

The evaluation process revealed a number of methodological constraints that limited the evaluation's ability to make in depth efficacy comparisons of different programme approaches. The involvement of different agency staff over an extended period of time resulted in a considerable amount of data being lost.

Issues around inter agency coordination were present; however the MHPSS actors remain engaged in the process and ready to continue to work with the tools. The process and outcomes of this study clearly indicate the need for a locally based research manager to supervise field workers and manage the data collection and the data management process. This is particularly pertinent given the high staff turnover rate during the lifespan of the study- there was little institutional knowledge about the study among the participating agencies a year on from initial involvement.

With these limitations in mind, this evaluation underscores both the general effectiveness of psychosocial programmes across the board, and also the need to consider how programmes could be more specifically tailored to meet the different realities in Gaza and West Bank. Programmes in different areas of Gaza and the West Bank that combine three or more supports (individual, family and school, for example) could be more carefully compared with programs in these same areas that offer one support (counselling and-or recreation, for example. More structured comparison between West Bank and Gaza would also be useful. Additionally, there is a need for closer examination of the influence of gender on psychosocial outcomes—particularly for girls in Gaza—and adolescent's levels of engagement in school.

This evaluation is the second part of a three-phase process:

(i) Interagency commitment to common evaluation

(ii) Interagency psychosocial baseline and evaluation research and development of measures of children's psychosocial well-being

(iii) Over the next 12-18 month period, the participating agencies agree to commit to using the evaluation approach and tools and convene at the end of a pre-determined period to assess the relevance and appropriateness of the psychosocial evaluation approach, the guidelines and the toolkit (Annex VII) to the oPt situation.

An addendum to this report should be noted: In October 2010, participating agencies came together to agree on a set of core outcomes and indicators to guide psychosocial programming in the oPt. Please see Annex VII.

In terms of the way forward, it is recommended that UNICEF and the implementing agencies plan for and commit to phase three of this important and pioneering interagency initiative.

## Recommendations

*Direct Interventions:*
A consideration of more:

- school-based psychosocial approaches and interventions
- psychosocial interventions for adolescents (15-18 years)

*Research:*
More research is required comparing psychosocial programming:

- between the West Bank and Gaza
- between different approaches and types of interventions
- between younger children and adolescents
- between girls and boys ( and the integration of gender markers and awareness in psychosocial programming) .
-

*Plan Phase 3 of the Interagency Psychosocial Evaluation:*

i. Adapt survey questionnaire and finalise the quantitative and qualitative M+E measurement tools of children's psychosocial well-being in oPt based on the interagency PS outcomes and indicators
ii. Mainstream M+E tools into UNICEF + participating agencies existing frameworks
iii. Further interagency research to be co-ordinated by a locally based
iv. Evaluate effectiveness of shared tools, adaptations necessary and value in the field
v. Assess relevance and appropriateness of the psychosocial evaluation approach, the guidelines and the tool kit.
vi. Publish oPt Interagency Psychosocial Monitoring and Evaluation Guidelines and Tool kit.

**Annex 1**
**Breakdown of types of PS interventions sampled**

| Intervention | Activity |
|---|---|
| Recreational activities, or "Fun days"<br>- Most commonly carried out during holiday periods<br>- Numbers of up to 100 children involved<br>- Can involve children from one community of varying ages in a "one off" day<br>- Children involved in ongoing programmes involved plus "guests"<br>- Divided by gender if adolescents involved | - Sports and group games<br>- Art- mask making, painting, murals etc.<br>- Music, including folklore and cultural songs<br>- Folkloric dancing and cultural activities<br>- Swimming for younger children (Gaza)<br>- Drama- devising plays about issues or specific themes |
| Group based activities<br>- In groups of between 15- 20 children<br>- Sessions from between 2 weeks intensive to one year<br><br>Children referred from schools, community leaders, CBO's. Also can be selected based on an emergency which took place in their community, school, or family (incursion, arrest, death of family member, family dispute etc.) | - Art and creative approaches<br>- Discussion and themed roleplays<br>- Class-based intervention<br>- "Butterfly Technique"<br>- Communication skills, coping with conflict, negotiation skills<br>- Group counselling<br>- Referral of children in need of more focused support<br>- Confidence building<br>- Thematic sessions- mine risk education, 'Say no', cultural days, etc.<br>*Usually follow a set session plan of specific topics, not based around individual needs* |
| Individual sessions<br>- One on one sessions of counselling with a psychologist, social worker or trained counsellors (paid para-professional counsellors)<br>- Carries on for an indeterminate number of sessions<br>- Children will normally have participated in group sessions first, been referred from the group, and can attend group and individual sessions concurrently | |
| Caregivers group sessions<br>- Can be parents of children attending sessions or not<br>- Sometimes attend sessions with children, in a session designed to increase communication between them<br>- Can be identified through school, mothers groups, community centre or voluntarily come forward (eg call help line) | - How to recognise signs of children not doing well<br>- How to support children demonstrating signs of distress<br>- Communication skills<br>- Supporting children at school, ie, encouragement to approach teachers to discuss progress etc.<br>- Alternative methods of discipline |

| | |
|---|---|
| - Majority mothers<br>- Fathers identified in non traditional ways, and are therefore less likely to be parents of children who are also receiving support (Mosques etc.) | - Coping with stress |
| Teachers sessions<br>- Identified through school based programmes<br>- Identified as part of emergency intervention in high risk areas (regular incursions, school at risk of demolition etc.)<br>- Can be one off "counselling days" or regular sessions | - How to recognise children in distress<br>- How to support children psychosocially<br>- How to deal with stress and how to support each other<br>- Alternative methods of discipline |

**ANNEX II**
**Core Outcomes and Indicators for Child-centered Psychosocial Programming in the oPt**
**October 2010**

## Measuring Children's Psychosocial Wellbeing

It is important that the stated objectives of psychosocial projects should provide the clearest definition of what the interventions are seeking to achieve. Much time, energy and money is spent on these projects, thus programmers must ensure that there will be an actual positive change for children as per the stated aims and objectives.

**Work that seeks changes in the psychosocial wellbeing of children means that:**

- Family and community as well as individual issues are addressed.
- There is a deliberate and explicit focus on bringing together psychological factors and social inclusion, and not focusing only on either material, psychological, spiritual or welfare support.
- The key underlying idea to psychosocial interventions is that participation in psychosocial activities assists children and their families who have experienced severe stress to begin to re-stabilise their social and psychological health and prevent more long term social and mental health problems.
- The primary focus of psychosocial interventions is on supporting the natural healing and recovery process by strengthening resilience in the face of challenging circumstances and the stability of an entire affected community.

**Psychosocial wellbeing exists at the individual, family and community level.**

Individual level:

- Ability to form and maintain positive relationships with caregivers, peers and positive role models
- Sense of security, trust, self-confidence, meaning and hope for the future
- Life skills/empowerment

Family level:

- Ability to protect, care and support children and other family members
- Ability to address and reduce the stresses of poverty, violence

Community/society level:

- Community mobilization to address PS concerns, and how to address them
- Community cohesion, social support and tolerance

Psychosocial interventions plan for positive change for children within the three core psychosocial areas or domains of skills and knowledge, emotional and social wellbeing. In addition, depending upon the agency and the type of programme, objectives and outcomes of psychosocial interventions may include the broader domains impacting upon the wellbeing of children, their families and communities (as outlined by Williamson and Robinson in their overlapping circles model, 2006).


Source: Williamson, J. and Robinson, M. 'Psychosocial Interventions, or Integrated Programming for Wellbeing', *International Journal of Mental Health,* Volume 4, March 2006.

People responsible for PS programming should be able to specify the objectives of their work in relation to the three domains of PS wellbeing. This will ensure that programming addresses an appropriately broad range of issues influencing children's well-being. These domains may be reflected in different ways in different cultures but they represent the common core of most PS work.

| **PS DOMAINS and KEY INDICATORS[9]** | | |
|---|---|---|
| **Psychosocial Domain** | **Description** | **Key Indicator** |
| 1. Skills and Knowledge | For example: life skills, using culturally appropriate coping mechanisms, vocational skills, conflict management | Some measure of acquisition of skills |
| 2. Emotional Wellbeing | For example: feeling safe, trust in others, self worth, hopeful for the future | Some measure of improved emotional adjustment |
| 3. Social Wellbeing | For example: attachment with caregivers, relationships with peers, sense of belonging to a community, access to socially appropriate roles, resuming cultural activities and traditions | Some measure of improved social functioning |

The indicators below are directly linked to the psychosocial well-being tools included in this interagency evaluation and can be used as a guideline for minimum standards of design, monitoring and evaluation frameworks and tools. Additional well-being indicators may be included which are directly linked to the particular outcomes of the specific interventions implemented by the agencies.

[9] A guide *to the evaluation of psychosocial programming in emergencies.* UNICEF, 2007.

| **Core Outcomes and Indicators for Child-centered Psychosocial Programming in the oPt<br>October 2010** | |
|---|---|
| **Impact: Improved Wellbeing for children and families in oPt<br>Impact Indicator: Strengthened psychosocial well-being of children** | |
| **Outcomes** | **Indicators** |
| **Emotional Wellbeing:**<br>1. Reduced troubling thoughts and feelings | 1.1 % increase in the psychosocial well-being score of children who participated in the psychosocial intervention as measured by the oPt Interagency Psychosocial Evaluation Questionnaire for Children.<br>*Additional:*<br>% Decrease of children who have bad dreams as reported by children and parents |
| 2. Children show more self confidence | 2.1 % Increase of children who can name 3 things that they are good at and proud of about themselves as reported by children (measured by the Coat of Arms / My Emblem tool). |
| 3. Increase of children's ability to cope with stress | 3.1 % Increase in the number of daily life (social, cultural, recreational) activities that children enjoy doing in one week as reported by children, parents and teachers (tool development required)<br>3.2 % Increase of children who do their homework without being asked as reported by children and parents (as measured by the oPt Interagency Psychosocial Evaluation Questionnaire for Children).<br>*Additional:*<br>*Additional:*<br>% increase in classroom attendance as measured by school records<br>% increase in school performance as measured by school records |
| **Social wellbeing: Improved social engagement**<br>4. Improved social relations in home | 4.1 % Decrease in negative (verbal and physical) interactions at home as reported by children and parents/caregivers (self reports as measured by the oPt Interagency Psychosocial Evaluation Questionnaire for Children).<br>4.2 % Increase in the number of people the children go to for help to solve their problems as reported by children (measured by the Spider Diagram). |

| | |
|---|---|
| 5. Improved social relations at school<br><br>6. Improved social relations in the community | 5.1 % Increase in co-operative behavior with peers and teachers at school as reported by children and school staff (tool to be developed, and as measured by the oPt Interagency Psychosocial Evaluation Questionnaire for Children)<br><br>6.1 Indicator and measurement tool to be developed. |
| **Increased Skills and Knowledge:**<br>7. Increased positive self expression amongst children<br>8. Increased problem-solving skills | 7.1 Increased active participation of children in classroom and workshop activities as reported by children, parents and teachers/facilitators (tool to be developed, and as measured by the oPt Interagency Psychosocial Evaluation Questionnaire for Children)<br>7.2 % increase in the number of children able to share feelings and opinions with other children, parents and teachers as reported by children, parents and teachers (as measured by the oPt Interagency Psychosocial Evaluation Questionnaire for Children) |

**oPt Interagency Psychosocial Monitoring and Evaluation Tools**

**Types of assessment include:**

1. Current **child resilience status**

**PS M+E tools:** eg the Interagency Essential Psychosocial Outcomes and Indicators, the oPt Interagency Psychosocial Questionnaire: 3x children, parents and teachers (quantitative); Spider Diagram (quantitative and qualitative), Spider Diagram (quantitative and qualitative), oPt Interagency Psychosocial FGD protocol.

i. conduct assessment at baseline: situational and capacities and needs analysis, assessment of children entering the programme
ii. conduct ethnographic study of local perceptions of child well-being and distress

***Status:*** *Agency tools and systems exist. Interagency Essential PS Outcomes and Indicators matrix, the Psychosocial Questionnaire and FGD protocol developed, piloted, but require adjustment and further testing. Data collection, management and analysis guidelines need to be developed. Need to develop Interagency assessment criteria for children participating in PS programmes.*

2. The **identification of children in need of focused MHPSS support** and **referral systems**

**PS M+E tools: eg** the Mental Health and Psychosocial Support Referral Pathway

i. Case management tools, eg: psychological assessments appropriate for oPt population (norms and values according to RCT)
ii. Referral criteria re: more specialized psychological care and support, eg: family assessment and support, individual counseling, group therapy, psychiatric assessment

*Status: Agency tools and systems exist. Interagency MHPSS Referral Pathway requires adaptation for oPt*

**3. Monitoring trends**

**PS M+E tools: eg** the Interagency Essential Psychosocial Outcomes and Indicators (minimum programming and reporting requirement), the Mental Health and Psychosocial Support 4xw (MHPSS WWWW - what, who, where, when), the Interagency MHPSS Guidelines for Evaluating Psychosocial Programmes in Humanitarian Emergencies.

i. **MHPSS planning and service delivery** mapping and monitoring
ii. **Psychosocial well-being performance targets** established to assess the resilience status of children participating in psychosocial interventions within and across Gaza and West Bank, over time allows for contextualization / comparisons with national / regional data.

*Status: Agency tools and systems exist. Guidelines for developing targets based on the Minimum Essential Interagency Psychosocial Outcomes and Indicators need to be developed. The MHPSS 4xW requires adaptation for oPt.*

**4. Programme Review/Evaluation/Operations Research**

**PS M+E tools: eg** the Interagency Essential Psychosocial Outcomes and Indicators, the oPt Interagency Psychosocial Questionnaire: 3x children, parents and teachers (quantitative); Spider Diagram (quantitative and qualitative), Spider Diagram (quantitative and qualitative), oPt Interagency Psychosocial FGD protocol, the Interagency Essential Psychosocial Outcomes and Indicators.

i. To determine whether the program is effective in reaching its outcomes
ii. To conduct end-of-programme evaluation
iii. To compare alternative programme models and approaches
    a. Data analysis
    b. Cost analysis
    c. Model analysis

*Status: Agency tools and systems exist. Guidelines for data collection, management and analysis need to be developed*

b. **Data Management System**

i. Development of tools (caregiver and children)

Training on data collection

ii. Collected by staff, field workers, community health workers at pre-determined dates (on quarterly and annual basis)
iii. Checked for quality
iv. Entered and stored into a computerized database

*Status: Agency tools and systems exist. Interagency guidelines for data collection, management and analysis need to be developed*

**A set of interagency PS outcomes and indicators with M+E Toolkit, will:**

- Provide a clear idea of the extent to which participating agencies accomplish their objectives, or not, to protect and promote children's psychosocial well-being in oPt
- Provide concrete means of tracking and measuring activities, achievements, set-backs and lessons learnt
- Enable better understanding and articulation of agencies technical and operational capacities and needs
- Enable greater integration of psychosocial approaches and interventions into Child Protection objectives and outcomes
- Result in a more standardised and systemic approach to the psychosocial component of child protection and well-being in oPt

## Annex III

### Interagency Evaluation Project
### Interview Good Practice Guidelines

**Meeting and Greeting the Child:**
**Purpose: Placing the child at ease**

- Meet responsible adult—re-establish purpose; show letter of introduction, state agency affiliation, and obtain consent
- Introduce yourself when you meet the child.
- Meet with the child in private (separate from their parents or other adults in the household); ensure privacy of interviews to the maximum extent possible
- Breaking the ice: be friendly, use positive and respectful body language; reduce tension and place the child or adult at ease; make the child feel comfortable;
- Establish communication with the child by using open-ended questions
- If the children meet in a common location (i.e. a school), play a game with the children before interviewing each child individually
- Model respect for the child or adult
- Offer a drink or snack if available
- Engage young children through simple and concrete words
- Do not be rigid in the process: in the greeting, maybe discuss the purpose briefly and then go to an ice breaker.
- If girl is 13 or over, interviewer should be a woman.
- Adopt culturally appropriate interviewing approaches. For example, women can interview boys and girls. Men can interview only boys.
- Be prepared to refer individuals and families with serious problems

**Explaining the Purpose of the Interview and Obtaining Consent**

- Explain that the purpose of the interview is to help the agency understand how to improve its program and that the agency is interviewing a number of children for this end.

- Be clear about the objective of the interview exercise. Emphasize that participation in the interview will not affect services (do not create false expectations); rather it is an effort to improve existing services in the future

- Be unbiased and explain to the child that there are no right or no wrong answers

- Ensure confidentiality (but do not over-emphasize or repeat it often): the information obtained will not be shared with parents, teachers, or others.

- Receive Informed Consent: the participant can agree or not agree to participate. Give the child enough time to think and make a decision in an informed way.

- Summarize all key points at the end to ensure everything is covered.

**Conducting the Interview**

- Make sure there is a quiet, comfortable and safe place, with privacy, to conduct the interview

- Explain the interview process: number of statements; the rating scale and what it means; the amount of time needed for the interview

- Start with several easy practice questions to ensure children understand the scale. Practice questions should lead to different answers in the scale.

- Create a non-threatening and comfortable atmosphere between the child and interviewer (i.e. sit down in order to speak with the child at his/her eye level)

- Mark responses (1 through 5) clearly in the standard questionnaire in order to allow for consistent data entry

- If the child responds with answers unrelated to the scale, the interviewer should ask the child to which one of the answers in the scale they are referring.

- Use participatory methods with all children

- Be neutral; do not have strong reactions to responses, other biases or offer clues – every answer is an appropriate answer

- Start and finish the interview in one sitting

- Remain focused on the interview and have no distractions (i.e. no cell phones; no people coming in and out of interview space)

- Listen! Listen! Listen! Be ready to pause if questions raise emotions in the child; pace interview accordingly

- Make it an enjoyable experience.

**Ending the Interview**
**Purpose: bring closure to the interview process**

- Towards the end of the interview, let the child know that it is almost over (i.e. there are two remaining questions)

- Thank the child and let her know she has been very helpful and that the document is complete

- Remind the child about when program will be starting; if the child is on the wait list, let him/her know that it will start in the near future

- Reassure the child that this will remain confidential and will be used only to help improve the program

- Make sure the child is emotionally okay and is ready to return to her regular activities

## Guidelines for Managers regarding the Interviewing Process

**Planning the Interview**

- Decide who will be interviewed: interventions vs. wait listed groups; age, gender, location, etc.

- Understand the purpose of the interview

- Inform the child's caregiver that this will take place

- Decide when and where to conduct the interview—consider child or adult's needs for privacy and confidentiality

- Be prepared for the interview and ensure a common understanding of the questionnaire and practice skills needed for interviewing

- Interviews should be conducted individually.

- Be familiar with the interview tool in advance, including the questionnaire statements and rating scales.
- Prepare and practice interview techniques well in advance of interviews
- Develop a coding system in advance so we can identify interviewees from the baseline data collection to the final evaluation conducted
- Have an idea regarding the time needed for the interview
- Understand how to explain the purpose and procedures to the child: make sure she/he knows what it is, and agrees (or not) to participate
- Staff preparedness: anticipate issues or challenges that may come up during the interview and practice responding to possible issues
- Understand the local context and culture
- Be aware of the education levels of population and use appropriate words and language with the interviewee
- Work in teams: female and male interviewers together
- Do not have female interviewers enter unknown houses alone
- Female interviewers should interview women and girls; and male interviewers should interview boys and men
- Ensure random sampling plans are followed—do not deviate without evaluation supervisor's approval
- Interviewers need to understand how to follow the sampling plan
- Have letters of introduction indicating agency affiliations and purpose of the interview
- Plan on holding feedback sessions to review interviews and improve practices

**Annex IV**

**Capacity and Needs Assessment Results**

| West Bank | Baseline | Comparison Group | Methods | Sampling Strategy | Capacity to Implement Evaluation | Analysis | Timeline |
|---|---|---|---|---|---|---|---|
| YMCA | Partial | Not currently. Requested assistance | Pre-post survey ( Requested assistance) | Requested assistance | Yes | Requested assistance | New Program cycle in July |
| ANERA | Yes, but displeased with current baseline | Not currently. Requested assistance | Pre-post survey, focus groups ( Requested assistance) | Requested assistance | Yes | Yes | New Program cycle in July |
| Red Cross | Yes | Requested assistance | Pre-post survey, focus groups ( Requested assistance) | Yes | Yes | Yes | New Program cycle in August |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Save the Children** | **Yes, but displeased with current baseline** | **No** | **Pre-post structured interviews, focus groups, mapping, PRA activities** | **Convenience Sampling** | **Yes** | **Requested assistance for quantitative analysis** | **Seeking funding for next program cycle** |

| GAZA | Baseline | Comparison Group | Methods | Sampling Strategy | Capacity to implement evalu | Analysis | Timeline |
|---|---|---|---|---|---|---|---|
| PMRS | Yes | No | Interviews, case management forms, FGD and questionnaires and WHO functioning form ( Requested assistance for PS component) | Not for internal evaluation but experience as part of external evaluation | Yes | Yes | Internal evaluation in Jan/Feb |
| UNRWA | Partial | Requested assistance | Satisfaction rating, observation by teachers measures of social functioning, academic achievement and quality of life | Yes | Yes | Yes | Ongoing 6 month cycles |
| MOE | Partial (problems faced by students) | No | Case management forms, monitoring problems and counselors performance | No (requested assistance) | Yes | Yes | Four monthly monitoring cycle starting in July |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | **( Requested assistance)** | | | | |
| **PCDCR** | **Yes, but displeased with current baseline** | **Requested assistance** | **Pre-post questionnaires, focus groups, case managment forms, interview, PRA (with support from Save)** | **Convenience Sampling** | **Yes** | **Requested assistance for quantitative analysis** | **New programme cycle begins in July** |

**Annex V**

**Psychosocial Programs, oPt**
**Inter-Agency Evaluation Project**
**Questionnaire for Children**

**Background Information**

1.1.1 Date of interview: _____

1.1.2 Interviewer name: _____

1.1.3 Data collected for: _____ Baseline (pre-test) _____ Final evaluation (post-test)

1.1.4 The child is in the: _____ Program _____ Comparison group

1.1.5 Full name of child being interviewed:
_____

1.1.6 Gender: ____ Boy ____ Girl

1.1.7 Age: _____

1.1.8 Location where the child being interviewed lives:
_____

1.1.9 District: _____

1.1.10 Full name of child's parent (if the child's parent is in the program or comparison group): _____

1.1.11 Full name of the child's teacher/school counselor (if the child's teacher/school counselor is in the program or comparison group):
_____

**Program Information**

1.2.1 Agency Code: _____

1.2.2 Type of program intervention: (group activities, individual counseling…):
_____

1.2.3 Number of sessions per week: _____

1.2.4 Length of each session (i.e. 1 hour, 2 hours): _____

1.2.5 Total number of children participating in the sessions (size of group): _____

1.2.6 Total number of sessions: _____

1.2.7 Length of program (start and end dates): _____

**Questionnaire for Children**

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***Outcome: increased resilience***

لدي أصدقاء ألعب معهم.

1.3.1 I have friends that I play with.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

لدي أصدقاء مقربين أشاركهم أسراري.

1.3.2 I have friends that I can share secrets with.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

لدي القدرة على حل مشاكلي اليومية

1.3.3 I am able to solve my problems.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أشعر بأنني قادر على تحسين أدائي في المدرسة

1.3.4 I feel I can improve my performance in school.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أحل واجباتي بدون طلب من أهلي

1.3.5 I do my homework without being asked by my parents.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أعرف كيف أتصرف في حال الخطر

1.3.6 I know what to do during dangerous situations

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

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***Outcomes: improved social relations, increased problem solving, and increased engagement in home, school and community***

يشجعنيأهليللمشاركةفيالانشطةالترفيهية

1.4.1 My parents encourage me to participate in recreational activities.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أهلي يساعدوني في حل مشكلاتي الصعبة

1.4.2 My parents help me to solve difficult problems

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أهلييشتمونني

1.4.3 My parents yell at me.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أهلييضربونني

1.4.4 My parents hit me.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أهلي يعاملوني كما يعاملون باقي أخوتي

1.4.5 My parents treat me in the same way as my siblings

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أهلي يستمعون لي و يحترمون رأيي

1.4.6 My parents listen to me and respect my opinion.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أنا أتشاجر مع اخواني واخواتي

1.4.7 I fight with my brothers and sisters.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أشعر أن أسرتي قادرة على حمايتي عند الخطر

1.4.8 I feel that my family is able to protect me from danger.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أشعر بأن الاطفال الاخرين أكثر سعادة منى ، لأن اهلهم يوفرون لهم أشياء أكثر.

1.4.9 I feel other children are happier than me, because their parents can buy them more things.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

الاطفال الاخرين يؤذوني في المدرسة

1.4.10 Other children do bad things to me at school.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أنا أحل مشاكلي مع الاطفال الاخرين بدون مشاجرة

1.4.11 I resolve problems with other children without fighting

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أنا أساعد الاطفال الاخرين الذين لديهم مشاكل

1.4.12 I help other children when they have problems

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أطلب مساعدة شخص أثق به عندالحاجة

1.4.13 I can go to someone I trust to help me when I need to

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أشارك في الحصة

1.4.14 I participate in the classroom

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

معلمي/تيي/تشتمني

1.4.15 My teacher insults me.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

معلمي/تيي/تضربني

1.4.16 My teacher hits me.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

معلمي/تيي/تستمعاليوي/تحترمأرائي

1.4.17 My teacher listens to me and respects my opinion.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أحب المشاركة في المناسبات الاجتماعية

1.4.18 I like to participate in social events

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

---

***Outcome: reduced troubling thoughts and feelings***

أنا أشعر بالوحدة

1.5.1 I feel lonely

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

لا أستطيع النوم بالليل

1.5.2 I can sleep well.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

لا أستطيع أن أركز عندما أدرس

1.5.3 I cannot concentrate when I try to study.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أنا لا اشعر بالامان

1.5.4 I do not feel safe.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أنا أشعر بالغضب

1.5.5 I feel angry.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أشعر بأنني محبوب

1.5.6 I feel loved

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أحلم أحلام مزعجة

1.5.7 I have bad dreams

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

أنا لا أشعر بالامان بسبب الاحتلال

1.5.8 I do not feel safe because of the current situation.

☐ 1. Never ☐ 2. Sometimes ☐ 3.Most of the time ☐ 4.Always

**Psychosocial Programs, oPt**
**Inter-Agency Evaluation Project**
**Questionnaire for Parents**
**Child Resilience Knowledge and Practice**
**Background Information**

2.1.1 Date of interview: _____
2.1.2 Interviewer name: _____
2.1.3 Data collected for: _____ Baseline (pre-test) _____ Final evaluation (post-test)
2.1.4 The parent is in the: _____ Program _____ Comparison group
2.1.5 Full name of parent being interviewed: _____
2.1.6 Gender: ____ Male ____ Female
2.1.7 Location where the person being interviewed lives: _____
2.1.8 District: _____
2.1.9 Full name of parent's child (if the parent's child is in the program or comparison group): _____

**Program Information**

2.2.1 Agency Code: _____
2.2.2 Type of program intervention: (group activities, individual counseling…):
_____
2.2.3 Number of sessions per week: _____
2.2.4 Length of each session (i.e. 1 hour, 2 hours): _____
2.2.5 Total number of parents participants in the sessions (size of group): _____
2.2.6 Total number of sessions: _____
2.2.7 Length of program (start and end dates): _____

**Questionnaire for Parents**

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أقـ ضـي بـ عض الـ وقـ ت اتـ حدث مع اولادي عن امورهم الـهامة
2.3.1 I spend time talking with my child about what is important to them
1. Never 2. Sometimes 3. Most of the time 4. Always
ا ساعد اولادي فـ ي درو سهم فـ ي الـ بـ يت
2.3.2 I support my child's studies at home
1. Never 2. Sometimes 3. Most of the time 4. Always
اق وم بـ زيـ ارة مدر سة أولادي ومـ قابـ لة معـ لمـ يهم
2.3.3 I meet with my child's teachers and visit the school
1. Never 2. Sometimes 3. Most of the time 4. Always
أتـ جادل مع أولاد ي
2.3.4 My child and I argue
1. Never 2. Sometimes 3. Most of the time 4. Always
ابـ نـي/ابـ نـ تـي يـ تـ شاجر مع اخواتـ ه واخوانـ ه
2.3.5 My child and his/her siblings fight
1. Never 2. Sometimes 3. Most of the time 4. Always
أ سـ تخدم ا سـ لوب الـ نـ قد فـ ي ضـ بط ابـ نائـ ي
2.3.6 I use verbal criticism to discipline my child
1. Never 2. Sometimes 3. Most of the time 4. Always
امدح وامجد ابـ نـي/ابـ نـ تـي عـ ندما يـ عمل شـي جـ يد
2.3.7 I praise my child when she/he does something well
1. Never 2. Sometimes 3. Most of the time 4. Always

ا ضرب اولادي ع ندما يـ خط ئون
2.3.8 I hit my child when she/he does something wrong
1. Never 2. Sometimes 3. Most of the time 4. Always
اذ ا وزوج تي/زوجي ذ تجادل
2.3.9 My spouse and I argue
1. Never 2. Sometimes 3. Most of the time 4. Always
ابـ نائـ ي يـ شارآون فـ ي الـ ذ شاطات الـ ترفـ يهـ ية أوأي ذ شاطات أخرى أثـ ناء الـ عام الـ درا سي
2.3.10 My child participates in recreation or other activities during the school year
1. Never 2. Sometimes 3. Most of the time 4. Always
بـ عد أي اجـ ذ ياح، يـ عاذ ي اولادي من الـ كوابـ يس والـ ذ بول الـ لارادي واعراض عاط فـ ية اخرى
2.3.11 After an incursion, my child suffers from nightmares, bedwetting or other emotional problems.
1. Never 2. Sometimes 3. Most of the time 4. Always

**Psychosocial Programs, oPt**
**Inter-Agency Evaluation Project**
**Questionnaire for Teachers and/or School Counselors**
**Child Resilience Knowledge and Practice**
**Questionnaire Background Information**

3.1.1 Date of interview: _____
3.1.2 Interviewer name: _____
3.1.3 Data collected for: _____ Baseline (pre-test) _____ Final evaluation (post-test)
3.1.4 The teacher/school counselor is in the: ___ Program sample ___ Comparison group
3.1.5 Full name of teacher/school counselor being interviewed:
_____
3.1.6 Gender: ____ Male ____ Female
3.1.7 Location where the person being interviewed lives: _____
3.1.8 District: _____

**Program Information**

3.2.1 Agency Code: _____
3.2.2 Type of program intervention: (group activities, individual counseling…):
_____
3.2.3 Number of sessions per week: _____
3.2.4 Length of each session (i.e. 1 hour, 2 hours): _____
3.2.5 Total number of teachers/school counselors participants in the sessions (size of group): _____
3.2.6 Total number of sessions: _____
3.2.7 Length of program (start and end dates): _____

**Questionnaire for Teachers and/or School Counselors**

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اذا ا اسـ تخدم أ سـ لوب الـ ذ قد لـ ضـ بط اط فال الـ صف
3.3.1 I use verbal criticism to maintain discipline in the classroom
1. Never 2. Sometimes 3. Most of the time 4. Always
اذا ا اسـ تخدم أ سـ لوب الـ مديـ ح والـ ثـ ناء لـ لحـ فاظ عـ لى اهـ تمام الـ طلاب بـ دراـ سـ تهم
3.3.2 I use praise to maintain student interest in their studies
1. Never 2. Sometimes 3. Most of the time 4. Always
الـ عـ قاب الـ جـ سدي ضروري آأ سـ لوب اذ ضـ باط
3.3.3 Physical punishment is a necessary disciplinary tool
1. Never 2. Sometimes 3. Most of the time 4. Always
والاولاد فـ ي الـ صف أعطي ذ فس الاهـ تمام لـ لـ بـ نات
3.3.4 I give equal attention to girls and boys in the classroom
1. Never 2. Sometimes 3. Most of the time 4. Always
أقـ وم بـ الـ مـ بادرة بـ الاتـ صال بـ أهلـ ي الـ طلاب اذا لـ م يـ قوموا هم بـ هذه الـ مـ بادرة
3.3.5 I initiate communication with parents of students who have not initiated contact with me
1. Never 2. Sometimes 3. Most of the time 4. Always
أذ ا أ سـ تط يع تـ حديـ د الـ طلاب الـ ذيـ ن فـ قدوا آبـ ائـ هم أو الـ ذيـ ن لـ ديـ هم مـ شآآل فـ ي الا سرة
3.3.6 I identify students who have lost parents or have other family problems
1. Never 2. Sometimes 3. Most of the time 4. Always
أذ ا ا اسـ تط يع تـ حديـ د الـ طلاب الـ مـ نعزلـ ين والـ ذيـ ن لـ يس لـ ديـ هم أ صدقـ اء جـ يديـ ن
3.3.7 I identify students who seem isolated and without good friends
1. Never 2. Sometimes 3. Most of the time 4. Always
يـ سخرون ويـ ضربـ ون الـ طلاب الاخـ ريـ نأ سـ تط يع أن ألاحـ ظ الـ طلاب الـ ذيـ ن

3.3.8 I observe students teasing or bullying other students
1. Never 2. Sometimes 3. Most of the time 4. Always
أذ ا ا شجع وأدعم وجود ذ شاطات ت رف يهة ول عب ب عد دوام ال مدر سة ل طلاب مدر سة تي
3.3.9 I advocate for after school play and recreation programs for students at my school
1. Never 2. Sometimes 3. Most of the time 4. Always
أزور ال طلاب ف ي ب يوت هم ال ذي ن هم ب حاجة ل دعم وم ساعدة أآث ر
3.3.10 I visit the homes of students who need extra attention or support
1. Never 2. Sometimes 3. Most of the time 4. Always
ب عد أي اج ت ياح أق ضي وق ت اطول ل م ساعدة ال طلاب وال عمل ع لى ت هدئ تهم لا س ت عادت هم ل ممار سة
ح ياة هم ال روت ي ذ ية
3.3.11 After an incursion, I spend time helping my students calm down and resettle into routines
1. Never 2. Sometimes 3. Most of the time 4. Always

## Annex VI

# Possible Program Type Comparisons & Constraints

**Programs which were School-based vs Non School-based/Community-based**

| | | |
|---|---|---|
| West Bank | X | Not comparable. Only one program evaluated was not school-based, and this was the agency which used convenience sampling. |
| Gaza | X | Not Comparable. All programs evaluated were community-based. |

**Programs which were longer than 1 month or shorter than 1 month**

| | | |
|---|---|---|
| West Bank | ok | Comparable. |
| Gaza | X | Not comparable. All programs evaluated were shorter than 1 month (and roughly the same amt of time). |

**Programs which targeted Children + Parents as Unit vs those which worked with Children and Parents Separately**

| | | |
|---|---|---|
| West Bank | X | Not Comparable. Reasoning: even if some of the parents of kids in the 'Not as unit' categorization received some sort of intervention, this dilutes what we are measuring. Similarly, if we look at our comparison group of children who have not had an intervention, but somehow their parents DID get an intervention, this also could confound our results and allow us to draw incorrect conclusions about these types of interventions. |
| Gaza | X | |

**Programs which had Recreational Activities Only vs those which incorporated a Clinical Counseling Component**

| | | |
|---|---|---|
| West Bank | ok | Comparable. |
| Gaza | ok | Comparable. |

**ANNEX VII**
**oPt Psychosocial Well-Being Evaluation Qualitative Tools: 2 Expressive Activities for Child Participants (8-18 years)**

**Group Discussion Facilitation Guide**

1. Try to get participants to talk about their own stories and experiences rather than to talk only generally about what others think or what they think should happen. One way of doing this is to often ask: "Can you give me an example of a time when that happened?".
2. However, use the group to look through the eyes of the participants to describe not only their own experiences, but also stories of other people in their community who they have access to and which are relevant. If you are not sure how widespread a perspective is, ask: "I wonder if there are people in your community who would feel differently about this?"
3. Be aware of the tendency in groups to focus on extreme or unusual stories and try to get a sense of the normal, everyday experiences of participants, as well as the more dramatic experiences.
4. Ensure that you access the range of perspectives and experiences within the group.
5. Draw in those who are shy or who only speak a little. Watch the group dynamics and ensure that the discussion is not dominated by one or two outspoken people, and that everyone gets a chance to share their story.
6. Manage the time well, so that you get through the questions in the agreed upon time.

**Introduction**

1. Brief introductions and explanation of purpose. Explain that as a group, you will be doing 2 or 3 exercises together. The exercises will involve the group talking about their lives, what they like doing, about their friends, family and their neighbourhood / community. The ideas the group has will help in the planning and the evaluation of psychosocial activities - how to do them, how well they work for children and families, and how to improve these projects and activities.
2. Explain the procedure: exercises, sharing the drawings, questions and discussion.
3. Explain confidentiality and note-taking the children's ages need to be recorded on the sheet that is passed round, but reassure that names are not taken and will not be written into any reports.

**Steps:**

1. Facilitate the *Coat of Arms* first, then have a little break with water or juice.
   **Aim:** To generate information about the participants self image, future orientation, personal sources of strength and resilience.

2. Follow up with the *Spider Diagram.*
   **Aim:** To generate information about the children's perceptions of self image, future orientation, personal sources of strength and resilience.

## Coat of arms: My emblem

**Aim:**
To generate information about the participants self image, future orientation, personal sources of strength and resilience.

**Participants:**
- This activity can be used effectively with children over 8 years of age, with groups of 8-12 persons.

**Facilitators:**
- 1 facilitator and 1 co-facilitator/translator.

**Materials:**
- 1 large sheet of paper per person with a Coat of Arms and a Motto Scroll already drawn on it.
- Pencils

**Instructions:**
1. Each child to get a Coat of Arms
2. Each child to write their name, age, school grade and location (district, community) at the back of each paper
3. The child to write the following in each quarter of the shield and in the Motto Scroll below:
   - Something I like about myself
   - Something I like doing
   - Something I am proud of about myself
   - What I want to be doing in 5 years time

   **My Motto** in the scroll below:
   - A few words or a sentence that describes me
4. General discussion, children volunteer to present their personal Coat of Arms and discuss it with the group.
5. Facilitators record and rank answers on flipchart paper. Discuss most commonly cited situations and worries.
6. The facilitators keep a visual record of these Coats of Arms and Mottos but make sure the children can keep their original drawings.

**Coat of Arms, Uganda**

**Spider Diagram**

**Aim:**
To generate data about children's social networks and the people that they may turn to for help with different situations/problems

**Participants:**
- This activity is suitable for children aged 8-14.
- The work is carried out individually at first and can work with a group of up to 10.
- It is helpful to split the groups up, so as to have the boys and girls working separately.

**Facilitators:**
- 1 facilitator is needed for each group of 10 children.
- It is not possible to run 2 groups in parallel with only one facilitator.

**Materials:**
- A4 paper and pens

**Instructions:**

1. Ask the children to sit on the floor and give everybody a piece of paper and a pen. Introduce the activity by saying something like: 'this is a nice activity because we are going to draw people who are helpful to us in different ways.' Explain that we will do this by drawing a spider.

2. Ask the children to draw a circle in the middle of the paper and write their name or draw a picture to represent themselves. This is the body of the spider. The legs of the spider are the problems that they face and the feet are the people they go to for help. People who help a lot can be shown by drawing bigger feet to represent them. Explain to the children that sometimes the legs might not have a foot attached because they might not know who to go to right now, or they might feel shy or worried about approaching someone, so it is ok to have legs with no feet for the moment.

   Note to facilitators: There may be some children who are 'missing feet', which indicates that the child has nobody to turn to for help with a particular problem. If the problem is serious, please refer onwards. If not, make sure to assess the issue when you repeat the exercise with the child concerned.

3. Encourage the children by drawing a spider yourself, but do not write down anything on the legs or feet. If the children are still finding this activity difficult, it may help to go round to children individually and ask them about a problem they face and then who they may go to for help. Remind them that there are no right or wrong answers.

4. When everyone has finished drawing, and you have had time to talk to each child individually, call everyone back together for a Focus Group Discussion. This is intended to aid reflection on problems and people who can provide assistance. Explain that they only have to share the problems that they noted if they want to. Then ask those who are willing to share their problems, and who they go to for help, with the rest of the group.

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