



Measuring the Unmeasurable: Community Reintegration of Former Child Soldiers in Cote d'Ivoire

Submitted by:

Tomo Hamakawa

Katherine Randall

Master in Public Policy Candidates
Harvard Kennedy School

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Save the Children UK
Mark Canavera, Child Protection Manager

Harvard Kennedy School
Professors J. Bhabha, M. Toft, and J. Wilson



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II. LIST OF ACRONYMS

CAAF	Children associated with armed forces
CPC	Child Protection Committee
DDR	Disarmament, Demobilization, and Reintegration
DMF	Diana, Princess of Wales Memorial Fund
ECHO	European Commission's Humanitarian Aid Department
Ex-CAAF	Children formerly associated with armed forces
FGM	Female genital mutilation
IGA	Income generation activities
M&E	Monitoring and Evaluation
NGO	Non-governmental organizations
Save UK	Save the Children UK
UN	United Nations
UNICEF	United Nations Children's Fund
UNDPKO	United Nations Department of Peace-Keeping Operations
WFP	World Food Program

III. EXECUTIVE SUMMARY

Based on our mid-term evaluation of Save UK's community reintegration project for girls formerly associated with armed forces, we found both qualitative and quantitative evidence that show positive outcomes among the beneficiaries. Having conducted various analyses of the available quantitative data, and used it to corroborate our findings in the qualitative data, we have discovered that the evidence is mixed across the six categories of indicators, namely health, economic condition, family relationships, community acceptance, psychological competences and sexual life. In general, we found the most encouraging results in the areas of health, sexual life and some psychological competences, and the most concerning results in the areas of family relationships and community acceptance. It is troubling that the project is making least headway on the areas (family relationships and community acceptance) that seem closest to the heart of child reintegration. However, given the challenges of operationalizing international norms and definitions on child reintegration, and of working in Côte d'Ivoire - a socio-politically complex country currently in a state of "no war, yet no peace" - these results are nonetheless encouraging.

With a year of funding remaining in the project, we have made a series of recommendations about **project design** that can be implemented in the short-term to address the project's immediate issues and to improve its sustainability. In addition, this mid-term evaluation provided an opportunity to go beyond the scope of the reintegration project itself and examine Save UK's **monitoring and evaluation mechanism**. We have proposed a set of recommendations to improve this system, in terms of more standardized data collection procedures and more rigorous data utilization.

Finally, this paper looks to the longer term by putting forward recommendations for **future projects**. We hope that these recommendations may be taken into consideration by Save UK when designing and implementing future child reintegration projects in Côte d'Ivoire and elsewhere. In addition, we hope that they will contribute to further consideration of a 'child reintegration model' that is replicable, scalable and capable of being adapted to local contexts. In evaluating the results of implementing such a model in different contexts, Save UK will be able to develop an evidence base from which to draw deeper lessons to inform and improve its program design.

IV. STATEMENT OF PROBLEM

There are formidable challenges in designing and implementing programs that aim to reintegrate children formerly associated with armed forces and groups in post-conflict states. More than that, there are formidable challenges in measuring the effectiveness of such programs.

This is not least because there is very little agreement about what ‘reintegration’ means in practice. There has been significant progress over the last decade in establishing international norms and standards for disarmament, demobilization and reintegration (DDR) of children formerly associated with armed groups. But, it is not clear that any international or non-governmental organization (NGO) has yet succeeded in operationalizing such standards and there are virtually no effective evaluation measures of such programs.

The UK-based NGO, Save the Children UK (Save UK), has been working in this field for many years. In Côte d'Ivoire, in a project funded by the Diana Princess of Wales Memorial Fund (DMF), Save UK has tried both to operationalize these standards and to measure the impact of doing so. This represents Save UK's first systematic attempt to measure the ‘reintegration’ of girls formerly associated with armed groups.

Therefore, our problem is twofold:

- First, to evaluate the success of Save UK's DMF-funded project. We will do this both using Save UK's quantitative indicators, and using other qualitative methods;
- Second, to evaluate the design and implementation of Save UK's monitoring and evaluation system for the DMF-funded project (in terms of data collection, utilization and indicator design).

V. BACKGROUND

V.1. Côte d'Ivoire: history of the conflict

It is important to understand the country context for this project. Côte d'Ivoire gained its independence from France in 1960. It enjoyed relative peace, stability and prosperity under its leader, Houphouët-Boigny, till his death in 1993. His successor's rule lasted only until the attempted military coup of 1999 which put General Guéi in power, destroying Côte d'Ivoire's

decades of stability. Relatively peaceful elections were staged in 2000, which led to Laurent Gbagbo taking over power, but on 19 September 2002 whilst Gbagbo was out of the country there was an armed uprising. Government forces lost control of the north of the country where rebel forces made their strong-hold in the northern city of Bouaké.

Since this uprising, Côte d'Ivoire suffered violence and fighting. Despite the signing of the Linas-Marcoussis Accord in January 2003 and the presence of both French and UN peacekeepers, the violence continued. Government forces hold the largely Christian south, while the predominantly Muslim north is held by various rebel groups who have now strategically allied to form the *Forces Nouvelles*. In April 2005, under the terms of a South Africa-brokered deal, a ceasefire was agreed. A provisional timetable was set for disarmament, elections were planned and a power-sharing government was to be reinstated. A further peace deal between the government and the *Forces Nouvelles* was signed on 4 March 2007, which made Guillaume Soro, leader of the *Forces Nouvelles*, prime minister. However, at the time of our fieldwork in January 2008, disarmament had yet to commence and a date for elections had yet to be set.

At the height of the conflict in Côte d'Ivoire, more than half a million people were displaced from their homes. Nearly half a million people remain displaced, the majority of whom are located in the south of the country, and there are some 74,000 Liberian refugees currently living in the west. Millions of children have directly suffered the consequences of the conflict, including from recruitment into the fighting forces, and millions more are deprived of healthcare and education. Basic services have broken down behind the frontlines and children have been left without protection from extreme human rights abuses.¹

Although it is a challenge to estimate the numbers of children who were associated with armed forces, UNICEF suggested in 2007 that its Prevention, Demobilization and Reintegration Program has already helped over 4,000 children formerly associated with armed forces.² Similarly, the UN Office for the Coordination of Humanitarian Affairs in 2008 noted that the *Forces Nouvelles* had “first come under UN scrutiny in 2006 when it was estimated they had

¹ Save the Children UK website / What we do / Cote d'Ivoire: <http://savethechildren.org.uk/en/991.htm> (accessed March 2008).

² Sacha Westerbeek, “UNICEF and ECHO reintegrate child soldiers in Côte d'Ivoire, and Béoué is ready for success” http://www.unicef.org/infobycountry/cotedivoire_39645.html (accessed March 2008).

absorbed as many as 4,000 children into their ranks since fighting started in 2002”.³ Although Côte d’Ivoire has now been taken off the UN Secretary General, Ban Ki Moon’s, global list of child recruiters according to the 2007 annual UN report on children and armed conflict issued in 2008, Heather Kerr of Save the Children UK has said that “though there is no evidence of children being recruited, ... we have evidence that many are still clearly associated with armed forces”.⁴

V.2. What is ‘reintegration’?

Reintegration is the third phase of Disarmament, Demobilization and Reintegration (DDR), a general strategy employed by UN agencies and other international organizations in armed conflicts as part of larger peace support operations. Disarmament involves the removal of weapons of combat usually in exchange for economic benefits; demobilization refers to the disbanding of armed groups; and reintegration describes the process of integrating former combatants into civil society with the aim of preventing a future resurgence of violence.

The first D (disarmament) and, to a lesser degree, the second D (demobilization), are considered military driven processes, implemented by the Department of Peace-Keeping Operations (DPKO) with the support of ministries of defence. The R (reintegration) is conceived of as the responsibility of civilian actors, such as international and local NGOs. Whilst there is some degree of clarity about the components of the “DD”, what exactly is involved in reintegration is less clear. This is reflected in the various competing acronyms (DDRR, DDRRR) involving some combination of the following R’s: resettlement, repatriation, reinsertion, rehabilitation, reconciliation and / or reintegration.⁵

Despite this confusion, DDR has been applied as a multilateral strategy for armed conflicts in various forms and contexts since the early 1990’s.⁶ While recognizing that each conflict is unique, DPKO developed the DDR Principles and Guidelines in December 1999 that highlight the need for a “comprehensive, integrated, and coordinated approach” in the “natural continuum in the peace process”.⁷ A few years later, a group of European defense and

³ IRIN News Cote d’Ivoire, “Former child soldiers still at risk,” <http://www.irinnews.org/Report.aspx?ReportId=76729> (accessed March 2008).

⁴ Ibid.

⁵ Rufer, Reto, *Disarmament, Demobilization and Reintegration (DDR): Conceptual approaches, specific settings, practical experiences* (Geneva: Geneva Centre for the Democratic Control of Armed Forces, 2005), 9.

⁶ Ibid.

⁷ UNDPKO, *Disarmament, Demobilization and Reintegration of Ex-Combatants in a Peacekeeping Environment: Principles and Guidelines*. (New York: UNDPKO, 1999).

development agencies echoed the importance of DDR program guidelines and produced a report titled *A Practical Field and Classroom Guide* on DDR in 2004. A year later, the European Union published its *Guidelines on Children and Armed Conflict* in 2005.

Thinking about children and their role in DDR adds a further layer of complexity. In the last decade though, major progress has been achieved in the development of policies, legal instruments and standards to protect children and respond to their needs and rights in situations of armed conflict. These are set out at Annex 1. The most important of these standards are the International DDR Standards of 2006 and the Paris Principles of 2007.

The International DDR Standards say that “Reintegration is the process by which ex-combatants acquire civilian status and gain sustainable employment and income. Reintegration is essentially a social and economic process with an open time-frame, primarily taking place in communities at the local level. It is part of the general development of a country and a national responsibility, and often necessitates long-term external assistance”.⁸ And the Paris Principles say that reintegration is “The process by which children transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation. Sustainable reintegration is achieved when the political, legal, economic and social conditions needed for children to maintain life, livelihood and dignity have been secured. This process aims to ensure that children can access their rights, including formal and non-formal education, family unity, dignified livelihoods, and safety from harm”.⁹

Yet, despite the significant progress made in establishing international norms and standards, there remain dilemmas around how to operationalize these standards in order to implement and evaluate child reintegration programs.

V.3. Save the Children UK (Save UK)

Save UK was set up in 1919 to provide relief to children suffering the effects of war. Save UK has continued doing this valuable work for war-affected children across the globe for nearly 90 years. Save UK is a part of the International Save the Children Alliance.

⁸ UN Disarmament, Demobilization and Reintegration Resource Centre, “IDDRS Framework”, <http://www.unddr.org/iddrs/framework.php> (accessed December 2007).

⁹ UN, “Paris Principles”, <http://www.un.org/children/conflict/english/parisprinciples.html> (accessed November 2007).

Save UK has been working in Côte d'Ivoire since 1996, initially focusing on improving the lives of Liberian refugee children in the West of the country. Since Côte d'Ivoire's own conflict began in 2002, Save UK has been working to reunite children with their families; improve their access to food, clean water, basic healthcare and education; reduce the risk of sexual harassment and exploitation resulting from a heavy military presence; and help young people earn a living in order to avoid recruitment into the armed forces.¹⁰

On 1st January 2006, Save UK gained funding from the Diana, Princess of Wales Memorial Foundation (DMF) to implement a three-year project in Western Côte d'Ivoire, specifically the villages in the Moyan Cavally and 18 Montagnes regions. The aims of the project were to prevent girls' recruitment into the armed forces; to secure the release of girls involved with armed groups; and to support the reintegration of vulnerable girls back into their communities.

The project Save UK has implemented runs in four villages: Danané, Blolequin, Zeaglo and Bledi. Danané is in rebel-held territory, north of the UN Zone of Confidence, while Blolequin, Zeaglo and Bledi are in government-controlled territory, south of the UN Zone of Confidence. Save UK worked at all four sites from 2005 implementing a reintegration project funded by ECHO (the European Commission's Humanitarian Aid Department). While there were some differences between the project ECHO funded and the project DMF intended to fund, Save UK continued work in the same four sites with DMF funding from January 2006.

The diagram below summarizes the chronology of the project at the four sites. The red dotted line indicates the time at which the evaluation was conducted, namely at the start of the third year of DMF funding. The names of organizations in parentheses are the implementing partners of the project: Child Protection Committee (CPC) and two local NGOs in the area, PAHO and Ide Afrique.

Figure 1: Project Chronology

	2005	2006	2007	2008	2009
Danané	ECHO	(PAHO)	DMF	(Ide Afrique)	
Blolequin	ECHO	DMF (CPC)			
Zeaglo	ECHO	DMF (CPC)			
Bledi	ECHO	DMF (CPC)			

¹⁰ Save the Children UK, "Cote d'Ivoire", <http://www.savethechildren.org.uk/en/991.htm> (accessed March 2008).

While the quality and scope of the project differs across sites, Save UK now serves around 366 war-affected children across the four sites.

Figure 2: Number of Children Served

Site	Region	# of children served	# of girls	# of children ex-associated
Danané	18 Montagnes	102	102	74
Blolequin	Moyen Cavally	105	92	4
Zeaglo		9	55	1
Bledi		69	57	?
Total		366	306	>79

V.4 Child trauma

Many, if not most, of the children in Save UK's project could be expected to be suffering from some form of child trauma. Compared to other forms of mental illness, this is primarily an environmentally-mediated illness. That said, while the environment is important, each child will come to their traumatic experience with a certain internal constitution.

Elwyn James Anthony first used the analogy of three dolls to describe these various internal constitutions.¹¹ "In attempting to clarify the concepts of risk, vulnerability and resilience, I have used the concept of three dolls made of glass, plastic and steel and exposed to the same risk, the blow of a hammer. The first doll breaks down completely, the second shows a dent that it carries permanently, and the third doll gives out a fine metallic sound".¹² In tackling child trauma it is widely accepted that children in these three categories - glass dolls, plastic dolls and steel dolls - will respond well to different treatment interventions. For the purposes of Save UK's project though, it is interesting that statistically around 80% of children are estimated to fall into the 'plastic doll' category, with 10% each in the glass and steel doll categories.¹³



¹¹ Anthony E. J., "The Syndrome of the Psychologically Invulnerable Child", *The Child in His Family: Vol III, Children at Psychiatric Risk*, ed. Anthony E. J. and Koupornik C. (New York: Wiley, 1987), 529-544.

¹² Anthony E. J. and Cohler, Bertram J, *The Invulnerable Child*, (New York: Guildford Press, 1987), 10.

¹³ Elizabeth Childs (Former Massachusetts Commissioner for Mental Health), in discussion with the authors, March 2008.

‘Steel dolls’ are survivors who manage to use the trauma as a growth experience. Many have the ability to form solid attachments and to empathize, and they often have a precocious capacity for psychological-mindedness enabling them to make sense of their experiences. Ideally the best treatment for such children is therapy and support: often simply through one solid, trusting relationship with someone such as a mentor or teacher who is able to help the child to make sense of their experiences.

‘Plastic dolls’ are survivors, but it is possible still to see the impression of the trauma upon them, often in the form of nightmares, depression, anxiety, self-blame etc. Ideally such children would be treated with medication and supported programs, including in particular use of group therapy and cognitive behavioral therapy.

‘Glass dolls’ fall into two groups. The first is those who look intact but are broken inside, and who exhibit sociopathic tendencies. The second is those who are totally shattered by the traumatic experience and end up as non-functional psychotics. Treatment for both groups is extremely difficult, in the first case often involving attempts to contain them, while in the second including medication and rehabilitation for basic life tasks.

VI. METHODOLOGY

In order to tackle our two research questions we undertook three weeks of fieldwork in the Western part of Côte d’Ivoire, in the four villages of Danané, Bolequin, Zeaglo and Bledi. The Evaluation Plan for the fieldwork can be found at Annex 2 and Save UK’s timetable for the fieldwork can be found at Annex 3. During our fieldwork we used both qualitative and quantitative methods to evaluate the project (a summary of the methods used at each site can be found at Annex 4).

VI.1. Qualitative Data

We used a number of qualitative research techniques in the field. In each of the four project sites, we used primarily focus group discussions, semi-structured interviews and observation. The following table summarizes our qualitative research in the field:

Figure 3: Qualitative Data in the field – Sources and Tools

Venue (Côte d'Ivoire)	Research tools used	With whom
Danané, 18 Montagnes	Observation	Observed girls at lessons, dancing and at play
	Focus Groups	Conducted focus group discussion with two groups of 20 girls each
	Semi-structured interviews	3 girls, 3 teachers, 2 Ide Afrique staff members, Save UK staff from Man office
Blolequin, Moyen Cavally	Observation	Observed children at lessons, at play and doing sketches about sexual exploitation of girls by the military
	Focus Groups	Conducted focus group discussion with 45 children
	Semi-structured interviews	3 girls, 3 teachers, Save UK staff from Guiglo office
Zeaglo, Moyen Cavally	Observation	Observed children at lessons and at play
	Semi-structured interviews	3 girls, 3 teachers, 2 members of Child Protection Committee, Save UK staff from Guiglo office
Bledi, Moyen Cavally	Observation	Observed children at lessons
	Semi-structured interviews	1 teacher, Save UK staff from Guiglo office

A summary of the questions asked of each interviewee group during the semi-structured interviews in the field can be found in Annex 4.

In addition to our field research, we conducted semi-structured interviews with a variety of experts in the areas our work touched upon. The following table summarizes our expert interviews:

Figure 4: Qualitative Data – Expert Interviews

Name of Expert	Organization	Expertise
Professor Jacqueline Bhabha	Jeremiah Smith Jr. Lecturer in Law at Harvard Law School	Child rights, trafficking, and protection
Professor Theresa Betancourt	Assistant Professor of Child Health and Human Rights, Harvard School of Public Health	Psychosocial impact of Complex Humanitarian Emergencies on children and families
Professor Claude Bruderlein	Director, Program on Humanitarian Policy and Conflict Research, Harvard University	Monitoring and Evaluation in post-conflict states
Professor Cheyanne Church	Lecturer in Human Security, The Fletcher School, Tuft's University	Evaluation of Peace-building and Development
Johanna MacVeigh	Child Protection Officer for Fragile States, Save the Children UK	Child Protection Projects in post-conflict states
Sarah Lilley	Learning and Impact Assessment Advisor, Save the Children UK	Monitoring and Evaluation of Child Protection Projects

Rebecca Symington	Project Officer, Children in Armed Conflict, UNICEF New York	Data Collection in post-conflict states
Dr Elizabeth Childs	Former Massachusetts Commissioner for Mental Health	Diagnosis and treatment of child trauma
Dr Andrea Rossi	Director, Measurement and Human Rights Program, Harvard Kennedy School	Child protection, human rights measurement

VI.2. Quantitative Data

In July 2007, Save UK undertook an initial evaluation of all the project's beneficiaries using the *fiche de documentation*. This initial evaluation included charting the girls' progress against 26 indicators, falling under the categories of health, economic condition, relationship with the family, acceptance by the community, psychological and interpersonal competences, and sexual life (an English version of the 26 indicators can be found in Annex 6). Save UK designed this series of indicators to represent a thorough assessment of reintegration.

Save UK intends to monitor the beneficiaries' progress against the 26 indicators every 6 months.¹⁴ Therefore, during our fieldwork in January 2008, we observed the interviewing of the project beneficiaries by the teachers to ascertain their progress against the indicators at the 6-month stage. The table below shows how many follow-up interviews the teachers were able to conduct in each site.

Figure 5: Quantitative Data – number of forms collected by site

	July - October 2007		January 2008	
Danané	Original	72	Follow up	72
			New	18
Zeaglo	Original	24 (1 missing)	Follow up	24
			New	(8 parents)
Bloléquin	Original	17 (2 missing)	Follow up	17
			New	0
Total		113		131 (plus parents)

As noted above, the project currently serves 366 children, however data was only collected on 131 of these in the period of our fieldwork in January 2008. The top priority during the fieldwork period was to collect follow-up data on those girls initially surveyed in July–October 2007, but unfortunately numerous original forms from Zeaglo, Bloléquin and Bledi could not be found in

¹⁴ See section on data collection and utilization below for information on Save UK's original monitoring plan.

January 2008. Thus, follow-up data was collected for all those girls whose original forms were available. While the project's intention is to collect data on all beneficiaries (boys and girls, and all those who have joined since July-October 2007) however this had not happened by the time the fieldwork ended.

In analyzing the data, we did not use a linear scale in which the difference between 'bad' and 'acceptable', and 'acceptable' and 'good' are considered to be equal in magnitude (even though this would have allowed us to take an average of the distribution) because we cannot defend the assumption that these differences are equal in magnitude. Primarily, this is due to the fact that the interpretation guide is not set up in such a way that the differences between 'bad' and 'acceptable', and 'acceptable' and 'good' can be considered of equal magnitude, indeed nothing about the interpretation guide suggests a linear scale (see, for example, interpretations of 1.B. frequency of illness in Annex 6).

Instead, we converted the three-point scale (bad, acceptable, good) to a binary scale in which 'bad' was considered negative and 'acceptable' and 'good' were considered positive. We chose this distinction (rather than negative as 'bad' and 'acceptable' and positive as 'good'), because the teachers appeared to have a clearer idea of what 'bad' looked like and were less clear about the nuance between 'acceptable' and 'good'. Also, in the context of an evaluation, we were keen to unearth those aspects of the project that needed improvement (thus a focus on the negative, rather than the positive).

Having entered the data from these forms into a database, we evaluated the success of the project using the following forms of analysis:

- Cross-sectional analysis: snapshots of the beneficiaries' performance against the indicators at each site in July-October 2007 and in January 2008;
- Longitudinal analysis: charting the progress of each individual girl against the indicators between July 2007 and January 2008 at each site;
- Rank analysis: ranking all 26 indicators by the performance of the girls against them both in July 2007 and January 2008 in order to see how performance has changed over time relative to performance against the other indicators (only carried out for Danané for reasons explained later);
- Regression analysis: investigating hypotheses about correlations between different variables, including the indicators themselves, demographic data, data about the girls'

home life and recruitment history (only carried out for Danané for reasons explained later).

VI.3. Ethics

Since this project works with children (under 18 years of age) at a particularly vulnerable stage of their lives, the work of qualitative and quantitative data collection clearly raises ethical considerations. Alert to these considerations, the research team participated in training on ethical practices in working with research participants and received human subject certification. In addition, the proposed research methodology was submitted to the Committee on the Use of Human Subjects of Harvard University's Institutional Review Board and received approval from the Committee.

Key elements of the research methodology relevant to this human subject approval are outlined below:

- The collection of quantitative and qualitative data about the project will be carried out by the trained staff of Save the Children UK Côte d'Ivoire's implementing organizations rather than by the researchers. These local staff work with the girls daily and are trusted by them; they speak both French and local dialects. While the research team observed the data collection process by Save UK's implementing organizations, they did not collect the data themselves.
- The *Formulaire de Documentation et de suivi des filles vulnérables* was intended to act as a case management tool for the staff of Save the Children UK Côte d'Ivoire. Thus as well as a unique dossier number, it records the girl's first name, surname and place of residence, all of which would be crucial to such a case management process. In using the data collected in the *Formulaire*, the research team referred only to the unique dossier number and detached any other information which might identify the girls.
- The research team conducted interviews and focus groups with the girls, parents and teachers in the field. However, in carrying these out, the research team always operated through an employee of Save UK, who acted as translator.
- No interviews were documented on audiotape or videotape.

VI.4. Limitations

Methodological limitations

There are both obvious and subtle limitations to an evaluation of this nature. Having only spent a total of three weeks in the country, we cannot claim that our understanding of the project is quantitatively rigorous or anthropologically profound. Moreover, as an evaluation solely focused on a Save UK's four project sites which may not be representative of the region, let alone the country, generalization of the lessons learned and recommendations made is inherently questionable. Other more covert limitations and complications of the study include the following: communication challenges as a result of language barriers and multiple interpretations (English-French-local language), our inevitable status of being "outsiders", the presence of members of Save UK and local implementing organizations, and lack of personnel professionally trained in child psychology.

Programmatic limitations

The major programmatic limitation is the lack of a control group. An assessment of change requires a benchmark to compare against, whether a control group or an industry standard, in order to interpret the significance of the change. In the context of this project, there are two possible control groups: 1. ex-CAAFs who have never received NGO assistance; 2. "average" girls who are not formerly associated with armed groups and have never received NGO assistance (e.g. girls who are attending a formal school, engaged in economic activities, raising a family, etc.). The former is the ideal control group to compare the Save UK supported ex-CAAF against, but two factors make this task morally and practically impossible. First, if there was a large number of ex-CAAFs identified before the beginning the project, it would not have been ethically justifiable for Save UK to choose a fraction of that group to be the treatment and the remainder to be the control group. Second, practically speaking, it would be a challenge at this point to identify those ex-CAAFs who were originally not invited to the project and would be willing to share their personal information to serve as the control group.

VII. FINDINGS AND ANALYSES

VII. 1. Evaluating the Program

VII.1.A. Activities and Outputs Overview

While there are many activities that might be considered part of a reintegration project, the Save UK project focused on five key activities. These five activities are as follows:

1) Non-formal education

On Mondays, Tuesdays, Thursdays and Fridays the project at each site conducted non-formal education between 8am and 1pm. The curriculum was based on the formal school curriculum, but accelerated such that two years learning at formal school were condensed into one year's learning at the project. Therefore the project had three different classes, compared to six at local formal schools.

2) Life skills

On Wednesdays the project at each site follows a 'life skills' curriculum, entitled "Assess My Future" between 8am and 1pm. Broadly its focus is on health, in particular sexual and reproductive health, as well as on aspirations for the future (the curriculum outline can be found at Annex 5).

3) Girls' clubs

Girls' clubs meet outside of school hours. They are usually led by the girls themselves and can be forums for discussion, sport, theater and dance among other things.

4) Birth certificates

The majority of the girls in the project at each site are without birth certificates because they did not have time to get a hold of their documents when they fled or were recruited. Thus, the project aims to help the girls gain birth certificates through the mobile birth registration van.

5) Income generation

A variety of income-generation activities have taken place at each project site, including four piggeries, soap-making, baking and crochet.

The table below captures the outputs produced at each project site by January 2008.

Figure 7: Outputs Overview

	Total students (F/M) <i>Ex-associated</i>	Girls' Clubs	Birth Certificates	Formal Schools	Independent IGA
Danané	102 (102/0) 74	3	0 (to be obtained in March 2008)	8	14
Bolequin	105 (92/13) 4	4	26	25	17
Zeaglo	90 (55/35) 1	4	0 (to be obtained in Feb 2008)	40	10
Bledi	69 (57/12) ?	4	0	2	15
TOTAL	366 (306/60) >79	15	26	75	56

VII.1.B. Outcomes and Indicators by Site

VII.1.B.i. Danané

The project at Danané is well-established. It has recently moved to a new site with three separate classrooms, an office and plenty of outdoor space for games. It was the only project that was exclusively for girls, including many child-mothers, and the atmosphere was extremely supportive. The following table shows the demographics of the girls who are served at the Danané site.



Figure 8: Danane 2007 Demographic Characteristics

Age Group	Numbers	Proportion	Total	Level of studies	Numbers	Proportion	Total
10 - 12 years	17	24%	71	Illiterate	34	48%	71
13 - 15 years	23	32%		Primary	37	52%	
16 - 18 years	31	44%		Child Mother			
Nationality				Child Mother	19	26%	72
Ivoirienne	68	94%	72	Not child mother	53	74%	
Guinean	4	6%		Association			
Ethnicity				Ex-associated	46	65%	71
Yacouba	63	89%	71	Non ex-ass	25	35%	
Dioula	4	6%		Combatant (of those associated)			
Brese	1	1%		Carried arms	9	20%	46
Guerre	1	1%		Didn't carry arms	37	80%	
Bete	1	1%		Recruitment (of those associated)			

Toman	1	1%		Recruited by force	13	30%	44
Religion				Voluntary	31	70%	
Muslim	4	6%	64				
Christian	38	59%					
Animist	21	33%					
None	1	2%					

VII.1.B.i.a. Qualitative findings

In Danané we asked four core questions of each of four groups: the girls; the teachers; the local NGO partner (Idé Afrique); and the staff of the Save UK office in Man. In Annex 32 we have tabulated their responses by question. The first question asked what they believed to be the most significant change in the girls since they had started attending the Save UK project; the second question concerned the interviewee's perception of the objective(s) of the Save UK project; the third question concerned the interviewee's view of the success or otherwise of the Save UK project; while the fourth question asked the interviewees what they felt was important in a project aiming to reintegrate ex-associated girls.

At Danané, the girls and the teachers had quite different views about the project. The girls believed its objective was to teach them to read and write and believed learning this was the most significant change in their lives since attending the project. Asked why this was important, one girl said "Now that I can read and write I can write letters to my aunt to ask for clothes" while another said simply "Reading and writing is my future". By contrast the teachers had a range of views on the project's objective (including reintegration and community acceptance of the girls, economic independence, integration into formal school etc), but without exception felt the most significant changes had been in the realm of politeness and cleanliness.



Teachers at Danané

Most Significant Change

Two teachers separately told the story of one 15-year old, ex-associated girl. When she arrived at the project she had a really strong and difficult character, she was extremely rude and wouldn't play with other girls. In a relatively short time attending the project the teachers have seen a huge change in her behavior. Now she's polite and friendly and plays happily with the other girls. Most impressively, she comes early to the project site every day in order to sweep the yard before the other girls and the teachers arrive.

Everyone believed the Danané project had been a success though for many different reasons. Both the girls and the teachers talked of the project as “a family”, “an emotional safety-net”, a base where they can feel secure. One teacher noted that the girls’ economic condition had improved markedly in the last six months, that they were now engaging in petty commerce rather than resorting to prostitution to support themselves: “there have been no new pregnancies in the last six months. . . this shows the success of the project”.

The Danané girls provided a clear picture of the challenges of reintegration, explaining how community members avoided them and were scared of them “believing the rebel ways were in them”. All of them talked of relationships improving slowly over time, but none explicitly related this improvement to the work of the project. One girl wanted to improve her relations with the community in a very specific way:

Amelie, 15

Amelie expressed a keen wish to become a hairdresser. She wanted to be a hairdresser so that she could braid the hair of women in the community. She would do this at a reduced price or for free as a way of improving her relationships with them.

The teachers had a very different sense of what reintegration looked at focusing on reintegration into formal schools, giving the girls a sense that life was worth living, and encouraging family acceptance.

VII.1.B.i.b. Quantitative findings

Cross-sectional Findings

The raw data collected in Danané on each of the 26 indicators can be found in Annex 8 (July 2007) and Annex 9 (January 2008). The figures below summarize this data by the category of indicator and the month in which the data was collected. The six indicator categories are: 1. Health; 2. Economic condition; 3. Family relations; 4. Community acceptance; 5. Psychological and interpersonal competencies; 6. Sexual life. In order to summarize these data, we have assumed equal weight for each indicator within each category, creating in effect ‘indexes’ of indicators under each category heading. Arguably some indicators are more important than others, but in presenting these data we have assumed their importance to be equal.

If we focus on the proportion of girls scoring 'bad' on each category, we see that well-being has improved over 6 months in every indicator category, except for family acceptance (where the proportion of girls scoring 'bad' has increased slightly from 32% to 37%). However if we focus on the proportion of girls scoring 'good' in each category, we see that the picture is not quite so rosy. A larger proportion of girls were scoring 'good' in the categories of health, psychological and interpersonal competences, and sexual life in January 2008 compared to July 2007. However, performance on economic condition, relationship with the family and acceptance by the community had fallen by 2, 11 and 2 percentage points respectively.

By either measure it appears that participation in the project is associated with improvements in the girls' health, psychological competences and sexual lives. The association with their economic condition, relationship with their families and acceptance by the community is less clear. The relationship with the family is particularly worrying since a greater proportion of girls were scoring 'bad' in January 2008 as well as a smaller proportion of girls scoring 'good'.

Figure 9: Danane Summary Statistics - July 2007

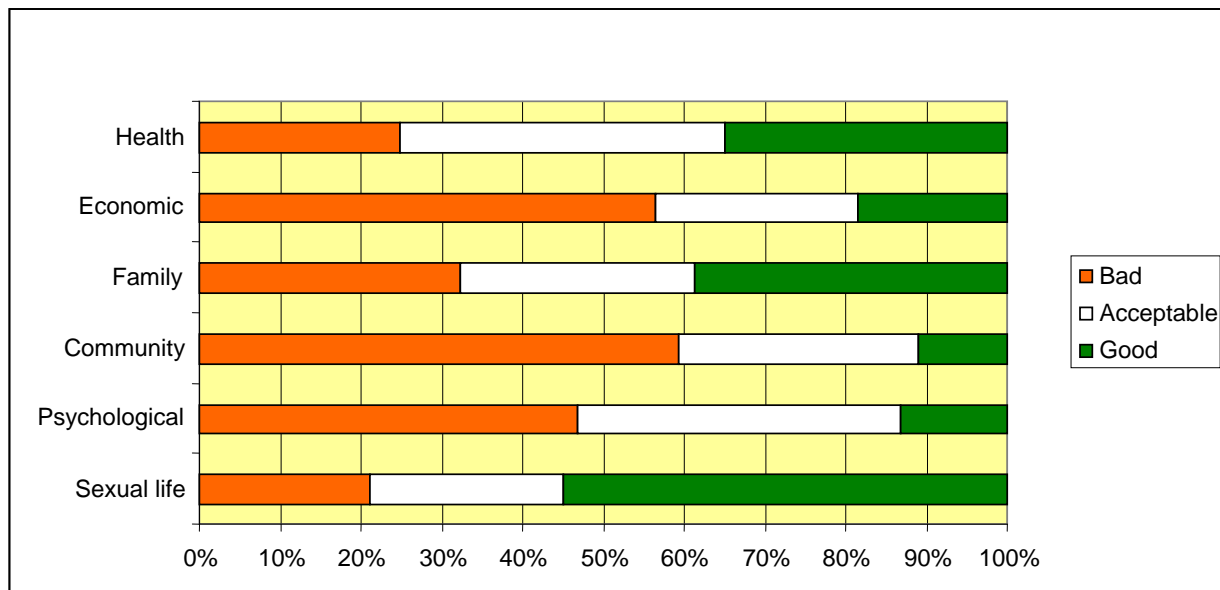
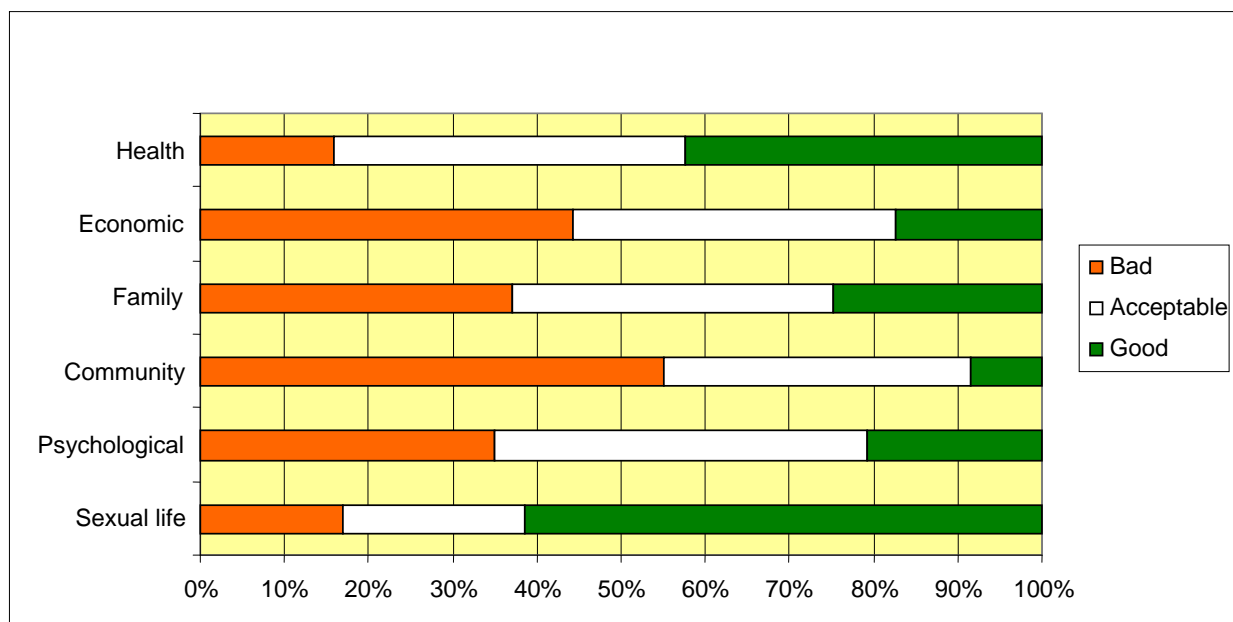


Figure 10: Danane Summary Statistics - January 2008



Longitudinal findings

For 72 girls in Danané, indicator data was collected both in July 2007 and January 2008. This enabled us to conduct a longitudinal analysis with this sample looking at the changes each individual experiences. Given that the data was collected on a three-point scale, there are 9 possible changes an indicator can vary over time (Annex 10). Overall, the distribution of the 9 degrees of changes mimics a normal curve with the highest frequency at no change and both tails diminishing at the extremes of "-2" and "+2" changes. This suggests that there has been little change over time, which comes as no surprise for an interval of six months.

Without conducting an in-depth statistical analysis, a few notable and surprising aspects of the longitudinal findings can be discovered. First, indicator "2a Frequency of meals" has a surprisingly high number of no change particularly among "bad" to "bad". This is also true for "4c Perception of the child" in the community and "4d Listened to by the community". The high frequency of "bad" to "bad" can mean that either the girls are scoring poorly in these indicators or most girls do not score positively in these indicators regardless of background and socioeconomic status. In addition, the last five indicators under the psychological and interpersonal competencies category have an unusually large number of "bad" to "acceptable" changes. While we cannot assign causality to this improvement, this trend is an encouraging piece of evidence especially for such an important indicator category.

Rank analysis

Rank analysis allows us to rank all the 26 indicators to show in which indicators the girls are performing well and less well. To do this we measure the proportion of girls scoring 'bad' against a given indicator compared to the proportion of girls scoring 'acceptable' or 'good' and we then rank the indicators by these proportions. For example, in Annex 12, the number 1 ranked indicator, politeness, had 100% of the girls scoring 'acceptable' or 'good' and therefore 0% assessed 'bad'. By contrast, the 26th ranked indicator had 28.6% of the girls scoring 'acceptable' or 'good' and 71.4% 'bad'. By ranking the indicators in this way both for July 2007 and for January 2008, we can see where performance against a certain indicator or category of indicators has improved over time or got worse.

The picture presented by the rank analysis is not dissimilar to that shown by the cross-sectional analysis. Performance is good and, in almost all cases, it is improving over time on indicators in the health category and the sexual life category (Annexes 13 and 18). The picture is mixed for indicators in the economic condition category and the psychological and interpersonal competences category (Annexes 14 and 17). Interestingly in the psychological category, indicators other than politeness and sharing remained stubbornly in the bottom half of the table. However, largely corroborating the picture painted using distributional analysis, the least positive indicators are in the categories of relationship with the family and community acceptance. Family indicators (Annex 15) begin scattered all over the ranking table, but each indicator fell by between one and three ranks between July 2007 and January 2008. Community indicators (Annex 16) are all in the bottom half of the ranking table in July 2007, but, with the exception of access to leisure activities (which the Save UK Project is providing directly) each indicator fell by between one and seven ranks between July 2007 and January 2008.

Again our findings suggest that the Save UK project is associated with the girls' improved health and sexual lives, has ambiguous correlations with their psychosocial competences and economic condition, and is struggling to have a positive effect on the girls' relationships with their families and acceptance in their communities.

Disaggregation analysis

Disaggregating the cross-sectional data by age group, ex-CAAF vs. non ex-CAAF, child-mother vs. non child-mother, and mode of recruitment offers a nuanced understanding of the girls' well-being. For example, disaggregating by age group (Annexes 19 and 20) indicates that in both 2007 and 2008 older girls tend to perform worse in all the indicator categories except for community acceptance and psychological competencies. In fact, in these two categories, older girls are scoring better than younger girls.

These opposing trends raise an interesting relationship between family and community acceptance. One of the teachers pointed out that family and community acceptance should be correlated because "everything starts with the family; it's where your community identity is formed" (Annex 32). However, disaggregation by age group for both the 2007 and 2008 data shows that, on average, the older the girl becomes, the less she is accepted by her family, and the more she is accepted by her community. While more research is certainly needed to draw any significant conclusions, this finding may suggest that as girls get older, their source of belonging and identity shifts from the familial to the community spheres.

As for the differences between ex-CAAFs and non ex-CAAFs, again there are separate trends for the health, economic, family acceptance, and sexual life categories on the one hand and for the community acceptance and psychological competencies categories on the other (Annexes 21 and 22). In the first set of categories, the ex-CAAF girls perform substantially worse than other vulnerable girls, which is an observation consistent with most hypotheses on child soldiers. In the second set of categories, however, there seems to be negligible difference between the two groups in 2007, while the ex-CAAFs are doing better in community acceptance and psychological status in 2008. This observation runs counter to the widely held beliefs about former child soldiers.

Curiously enough, disaggregating the data by child-mother and non child-mother provides a similar trend between the indicators (Annexes 23 and 24). Once again, the top three indicators (health, economic, and family) and sexual life seem positively correlated with being a child mother, although the case in 2008 is weaker. The fact that child-mothers are performing higher in community acceptance than non child-mothers is counter-intuitive because one would expect babies born in armed forces to be lasting symbols of association and thus poor community reintegration. However, this does not seem to be the case in Danané. Child-mothers' higher

scores in psychological competencies is sensible given that they have to selflessly care for their own children, which arguably in turn has a positive effect on their psychological well-being.

Unlike being an ex-CAAF or child-mother, mode of recruitment (voluntary enlistment vs. recruited by force) is not associated with marked differences in the distribution of indicator scores (Annexes 25 and 26). The only exception to this generalization is the community acceptance category which shows contradictory differences between 2007 and 2008: in 2007 those ex-CAAF recruited by force were doing worse than those ex-CAAF voluntarily joined the armed forces; the reverse is true in 2008. The psychological competencies category also offers ambiguous evidence between 2007 and 2008.

Regression analysis¹⁵

The correlation chart of the independent variables (Annex 28) shows associations between age and being a mother, as well as between age and being an ex-CAAF. Another correlation worth highlighting is the relatively strong positive association between whether or not girls are living with parents and whether or not they were literate before the project.

The correlation charts of dependent variables in 2007 and 2008 (Annex 29) indicate relatively strong positive correlations between the indices health, economic conditions, and family acceptance. An interesting change took place in the psychological index between 2007 and 2008: its correlation with health, economic, and family acceptance changed from negative to positive; the psych-economic correlation increased by more than 0.5 and switched signs.

The regression charts of the Danané girls in 2007 and 2008 of both the entire sample and the ex-CAAF sample (Annexes 30 and 31) are not evidence from which definitive conclusions can be drawn. The fact that the study lacks a control group means that the regressions cannot suggest any causal links between variables. Associations between the independent and dependent variables are even difficult to generalize given that only several of the coefficients are statistically significant at the 95% confidence level.

¹⁵ The regressions that we ran are not exhaustive. We suggest more in-depth regression analysis by adding age group dummy variables to separate the sample into a few age groups, introducing quadratics, logs, and probit/logit specifications, plotting each regression to understand the observations better, including instrumental variables, testing for omitted variable bias, etc. What we hope to do with these regressions is to explain that regression models can be a useful tool to learn about any statistical associations between variables and encourage Save UK staff to continue collecting good, reliable data on the indicators.

While we do not intend to interpret every statistically significant coefficient in the regressions we computed, we do want to highlight a few that show a certain pattern or suggest something unexpected. The first burning question may be “Are the ex-CAAFs doing worse off compared to the other vulnerable girls?” The short answer looking at the *excaaf* coefficient is: no, there is insufficient evidence to state that ex-CAAFs are doing better or worse compared to the other vulnerable girls. However, when we study the interaction terms, being an ex-CAAF does appear to be associated with lower indicators scores in a nuanced way when controlling for the other variables, i.e. the ex-CAAF factor has a negative “effect” on the relationships between the other independent variables and index scores.

Looking at the entire sample in 2007 and 2008, girls living with parents are associated with better scores in health, economic, and family acceptance indices holding other independent variables constant. For instance, in 2007, girls living with parents on average have a 22.1 percentage point higher probability to score “acceptable” or “good” in the (aggregated) health index than those who do not, controlling for the other four independent variables (*excaaf*, *age*, *preveduc*, *childmother*) and four interaction variables (*excaaf* x *age*, *excaaf* x *preveduc*, *excaaf* x *withaprents*, *excaaf* x *childmother*). Similarly, *age* seems strongly correlated with higher assessments in health and psychological indices and also has a negative association with sexual behavior (most likely because older girls are prone to be more sexually active, thereby naturally increasing the likelihood of engaging in unhealthy sexual life). The *excaaf*-*childmother* interaction variable appears statistically significant in both years, which suggests that the association between ex-CAAF and health is different between girls with and without their own children. In particular, those ex-CAAFs who are also mothers have a lower predicted health index scores compared to ex-CAAFs who do not have children, controlling for other variables.

A fascinating observation pertains to the fact that there are no statistically significant coefficients for the community acceptance variable in either year. Mechanically, this explains the low *r*-squared values of these regressions. Given that the cross-sectional and rank analyses provide evidence for low scores in the community acceptance indicators, the weak explanatory power of the *commacc* variable may suggest that everyone is performing poorly in community acceptance regardless of characteristics and demographics.

An analysis of the ex-CAAF sample at Danané in 2007 and 2008 offers contradictory stories. What is striking about these two sets of regressions is that the statistically significant coefficients in the 2007 regressions all become insignificant in 2008 (and those significant in 2008 are not in 2007) when controlling for other variables. This emphasizes the point that while some of the coefficients may be telling an interesting story of associations, many of them are unique to a particular time (perhaps due to sampling error) and thus it is difficult to pin down some features of the beneficiaries that really determine how they do on the 26 indicators. Nevertheless, three coefficients are noteworthy, two of which suggest unexpected correlations:

1. Unexpected: a positive association between use of arms and sexual life in 2007 (i.e. girls who used arms during association on average have higher predicted scores on sexual life indicators)
2. Expected: a negative association between use of arms and family acceptance in 2008 (i.e. girls who used arms during association on average tend to have been assessed “bad” in the family acceptance indicators)
3. Unexpected: a positive association between mode of recruitment and psychological status in 2008 (i.e. girls who were forcibly recruited are expected to score higher on the psychological indicators)

Again, these findings alone do not suggest causality; they should be considered tenuous associations that need further evidence.

VII.1.B.ii. Zeaglo

The Zeaglo project is housed in three huts in the centre of the village (the most secure place in the aftermath of the war). It is run by three teachers, the one male teacher taking the lead, but with regular involvement and support of the dedicated Child Protection Committee (CPC) in the village. It has the highest number of boys of any of the sites (35 boys to 55 girls), though data is routinely not collected on male beneficiaries of the project.



VII.1.B.ii.a. Qualitative findings

At Zeaglo, and each of the other sites, we asked questions in exactly the same format as at Danané (Annex 36). Whilst the Zeaglo girls were a great deal less articulate than those at Danané, we had the benefit of interviewing two members of the Child Protection Committee (CPC) who were actively involved in the life of the project. Both girls and teachers illustrated a range of behavioral changes in the girls since they had started attending the project, the most significant benefit seems to have been “taking the children off the streets”, so that levels of alcohol and drug use had reduced and the incidence of rape had plummeted. Particular achievements of the project had been one girl who had graduated from the project and was now attending *sixième* in Bolequin. Female genital mutilation (FGM) is another issue that seems to have improved substantially:



2 teachers at Zeaglo

Most Significant Change

In Zeaglo, almost all interviewees agreed that the most significant change brought about by the project was the eradication of FGM in the village. Sensitization had been undertaken with the girls in the project to persuade them that FGM was not necessary and they then took the message to the community by performing a sketch about FGM. Within a year, the village has become free of the practice of FGM.

For the objective of the project, the girls were fairly certain that it must be learning to read and write. By contrast, the teachers and CPC members gave a range of objectives including helping girls “who have lost their spirit”, “taking delinquent children off the streets”, “stopping early pregnancies”, “stopping the spread of sexually transmitted diseases”, and “giving children

a chance to be children as they all had to grow up too fast in the war”. Overwhelmingly the project was seen as a success for taking the children off the streets.

Most Significant Change

The teachers saw the impact of the project in taking children off the streets, teaching them to read and write, getting them birth certificates and enrolling them in formal school. By giving the children a worthwhile way to spend their days, the teachers identified that the incidence of rape and early pregnancy had dropped dramatically in the village.

Interestingly, when asked about the sustainability of the project beyond the period of DMF funding, the Chair of the Child Protection Committee was confident that the community and the parents would find the resources necessary to sustain the project and “will not just shut the door on the project and put the key under it”. He expressed genuine pride in the fact that the student / teacher ratio and the quality of teaching are so much better at the project than at the local formal school and saw this as the main reason to sustain the project. We found such confidence in and commitment to self-reliant sustainability to be unique, as interviewees in this kind of setting usually emphasize the need for continued support from donors.

VII.1.B.ii.b. Quantitative findings

Ideally, we would have substantial data from Zeaglo so that we could systematically analyze the data and compare with similar results from Danané and other sites. However, as seen in Figure 3 above, the number of forms collected – the sample size – is 23 in later 2007 and 24 in January 2008. This makes statistical analysis of the data insignificant, because any inference is prone to sampling error. Therefore, we have decided to simply display the data in its pure forms as cross-sectional and longitudinal charts in Annexes 33-35 without discussing or attempting to draw conclusions independent from those drawn in Danané. There is great potential for deeper learning once sufficient data is collected to allow comparisons between the sites. Until that point, we will rely solely on the quantitative data collected at Danané.

VII.1.B.iii. Blolequin

The Blolequin project is housed in a brick building in a poor state of repair off the main road in the town of Blolequin. It is run by three teachers, two female and one male. The male teacher acts as Director of the Blolequin project. He is extremely impressive and committed and spends his Saturdays visiting the families of his



students to discuss their progress.

VII.1.B.iii.a. Qualitative findings

We asked the same questions as at Danané of three girls and two teachers (see Annex 40). There was remarkable congruence at Bolequin between the teachers' and girls' understanding of the objectives of the project. They agreed that the aims were 1) to take them off the streets; 2) to help them read and write; 3) to help them reintegrate and be self-sufficient through income-generation activities. Both teachers and students believed the project was a success but both groups could point to similar areas for improvement (especially around income-generation). Whilst the teachers believed that the children's behavior had made the largest improvement, the girls believed income-generation activities had been the most significant changes in their lives since attending the project along with:



Teachers at Bolequin

Most Significant Change

Several of the girls said that the most significant change in their lives since attending the project had been that they had "learnt their rights". When asked to expand, they explained that they had taken advice from the project about what they should and shouldn't do and they were able to give advice to other children (both those involved in the project and those in the wider community) about their rights.

The answers about reintegration were perhaps the most interesting in Bolequin. The girls, all of whom were ex-associated, unanimously saw their families' and community's fear of them as the biggest immediate barrier to successful reintegration: "my family was all scared of me and what I might do to my siblings". The male teacher, himself formerly associated with a Liberian militia force, believed reintegration necessitated three things: 1) income-generation activities so the girl could find her place in the community and not rely on others for money; 2) referring the girls on to formal schools; 3) recreational activities (sport and dance) to help them relate to their peers in the community.

VII.1.B.iii.b. Quantitative findings

Identical to the Zeaglo case, we would ideally have substantial data from Bolequin so that we could systematically analyze and compare it with similar results from other sites. However, as seen in Figure 3 above, the sample size is 15 in later 2007 and 17 in January 2008 again

making any statistical analysis of the data insignificant. Again, we have displayed the data in its pure form in Annexes 37-39.

VII.1.B.iv Bledi

The Bledi project is the least successful of the four sites under the DMF-funded project. A new hut has recently been completed so that the three classes can operate in separate spaces rather than all under one roof. Two of the three teachers have only just begun work and are being trained on the job by the Director of the Bolequin project.

VII.1.B.iv.a. Qualitative findings

Unfortunately, at Bledi we only had the chance to interview one of the three teachers and none of the girls. Nonetheless, we tried to ask questions in the same format as at the other sites (see Annex 41 for full responses). Most interestingly, given that Bledi was badly affected in the war, the teacher said the aim of the project was to “help those who lost their heads in the war” to get back on track and overcome their pasts. Additionally, in Bledi, we heard the clearest indictment of the problems with the income-generation activities: the (heavily pregnant) teacher said the piggery had been extremely tiring physical work for her and an alternative had to be found. Her overall assessment of the project was “If I could, I would start a whole new project”.

VII.1.B.iv.b. Quantitative findings

Unlike Danané, which has relatively reliable data, and Bolequin and Zeaglo where the sample sizes are too small for any conclusive statistical analyses, there has been no quantitative data collected in Bledi. Save UK staff did not collect information on the students in July 2007, nor were we able to assist or observe the data collection in January 2008. This is unfortunate because Bledi is the site that needs the most attention and support compared to the other sites.

VII.1.C. Program Evaluation: Analysis and Recommendations

Four themes seem to emerge from our analysis of the qualitative and quantitative data from the four project sites. They are a need for focus on the following areas:

- Economic condition and income-generation activities;
- Family and community acceptance;
- Sharing best practices;

- Thinking about the future.

Economic condition and income-generation activities

From an analysis of the quantitative data it is unclear, at best, that the project is having a positive impact on the girls' economic condition. The qualitative data provides isolated examples of success stories from income-generation activities and anecdotes about girls beginning to support themselves through petty commerce rather than having to turn to prostitution. However, a great deal of the qualitative data from the girls themselves points to a frustration with the income-generation activities of the project.

Economic concerns are right at the heart of definitions of reintegration. The International DDR Standards of 2006 state "reintegration is the process by which ex-combatants acquire civilian status and *gain sustainable employment and income*" while the Paris Principles of 2007 say "this process [of reintegration] aims to ensure that children can access their rights, including formal and non-formal education, family unity, *dignified livelihoods*, and safety from harm" (our emphasis). Children are at far greater risk of exploitation or re-recruitment if they fail to gain sustainable livelihoods on their return from association with armed groups.

Members of staff at Save UK have already identified this as a priority area for the final year of the project. There are many lessons to be learnt from the relatively unsuccessful attempts at providing income-generation opportunities for the girls thus far. Not least, that the girls themselves must be involved in the process of deciding what income-generation activities may be feasible (which activities there may be a market for in the locality, what the set-up costs would be, who might teach the girls the relevant skills etc). In addition, a level of commitment should be required from the girls in order to participate in income-generation activities. Involvement might, for example, be a reward for high levels of attendance at the project¹⁶; receiving certain materials (scissors and rugs for would-be hairdressers, for example) might be a reward for attendance at training sessions. Thus we reach our first two recommendations:

- For this project: work to improve attendance rates at project sites by making access to income-generation activities conditional upon high attendance rates.

¹⁶ Due to multiple reasons including the termination of WFP rations, the attendance rates at all the project sites dropped in the beginning of 2008.

- For this project: improve income-generation work in final year, funding only those activities that both meet the needs of the local market and the aspirations of the girls.

Family and community acceptance

On almost all methods of quantitative analysis of the project, performance against indicators in the categories of family and community acceptance fell short of performance achieved in other areas. Qualitative evidence too suggested that both family and community relations had slowly begun to improve over time, but there were few positive stories of acceptance by the family or community. Again, this is worrying as this element of the project is absolutely key to reintegration. Indeed, in the words of one of the teachers “the family is where everything starts, it is where identity is made” (Annex 32). The Paris Principles (Annex 1) too agree that reintegration is “the process by which children transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation”.

There are several ways that this can be tackled within the lifetime of the current project. Primarily, this could be achieved by the project itself reaching out more actively to the parents and the community around the girls. The Blolequin site is modeling best practice in this respect: every Saturday the Director visits the parents of the girls to discuss their children’s progress with them and to observe the relationships within the girls’ families first-hand. In this way he ensures that the parents feel actively involved with the project and recognize the importance of relationships within the family for the girls’ progress. Other means of involving the girls’ families in the work of the project could also be explored: for example, holding ‘family open days’ at the project when families are invited to explore the site, observe lessons, watch dance and theatre performances, buy items of petty commerce etc.

Similarly, there are many ways to involve the community more in the work of the project, several of which are being modeled at different sites. At Danané Save UK staff talked of the girls’ club playing football and handball against teams from the formal school. In Zeaglo the theatre group performed its plays about female genital mutilation (FGM) for the community as part of a drive to eradicate use of FGM in the village. In Zeaglo again the community’s Child Protection Committee was heavily involved in the daily work of the project and members of the community played a role in ensuring that children attended the project rather than walking the streets. Along with other means of involving the community, such as inviting community

members to share a skill or trade with the girls as part of income-generation activities, these methods should be rolled out to all of the sites and focus on them stepped up.

In addition, an untapped resource in smoothing the transition of the girls into their families and communities are the graduates of the project. Now that the project has been running (with various donors) since 2005, there are a couple of years' worth of graduates of the project living in each community. While it is against Save UK's policy to directly work with children over 18 years of age, many of the older girls in the project expressed regret at the idea that they would have to leave the project when they turned 18. A means of retaining their support for the project might be to invite them to act as mentors to one of the younger girls in the project. Thus they could maintain important links to the project and serve as sources of experience and advice to younger girls meeting problems of family or community acceptance.

- For this project: reach out to families more in the work of the project.
- For this project: reach out to the community more in the work of the project.
- For this project: invite graduates of the program to act as mentors to girls in the program, provide training on mentor / mentee relationships.

While these recommendations may go some way to improving the girls' relationships with their families and communities, there remains a deeper challenge, which should not be overlooked. In January 2008, the project's major focus was on non-formal education and the teaching of life skills. Even when the project is successful in all of its planned activities (including income-generation activities, birth certificates and girls' clubs), it can expect to have only indirect influence on the quality of the girls' family and community relationships. For future projects, we would suggest that tackling the girls' traumatic experiences and their psychological well-being may prove helpful in improving their relationships with family and community. As noted in the introduction, around 80% of the girls could be expected to be 'plastic dolls': although they have survived, it is possible still to see the impression of the trauma upon them, often in the form of nightmares, depression, anxiety, self-blame, etc.



As well as being responsive to structured, predictable environments and purposeful activity (which Save UK is already providing), these girls are liable to be particularly responsive to

group therapy. Group therapy must be facilitated by a trained facilitator in order to guard against the possibility of re-traumatization; doing so need not require a clinical psychologist or psychiatrist. Instead, a trained 'para-professional' would be able to take on this task (as was the case in, for example, Betancourt's Northern Uganda depression project / Sierra Leone project¹⁷, and is the case in similar projects in the USA¹⁸). If one para-professional were to be trained to work at the four Save UK project sites, benefit would also be gained from diagnosing those girls with the co-occurring (with trauma) and easily treatable conditions of depression and anxiety. The cultural context is clearly important in the treatment of such conditions, thus it would be ideal to train a local para-professional sensitive to this context. These too could be treated with relatively straightforward treatments that a trained para-professional could administer on a one-to-one basis. By tackling the depression and anxiety of some of the girls, and helping them deal with their traumatic experiences by direct as well as indirect interventions, one would hope that their relationships with their families and communities would become easier to manage.

- For future projects: train para-professional to facilitate meetings of girls clubs as facilitated support groups.
- For future projects: train para-professional to diagnose and treat co-occurring conditions (especially anxiety and depression) on a one-to-one basis.

Sharing best practices

It is obvious from the quantitative data (not least from the number of forms collected at each site) that there are huge variations in quality across the four project sites. This is due to a combination of factors including the teachers' commitment and their training, the attention paid to each site by Save UK staff (Bledi in particular seems to be neglected by Save UK staff), the involvement of the community in the activities of the project etc. As has already been suggested in a previous section, much stands to be gained by sharing best practice amongst the sites. Save UK would be well-advised to facilitate regular meetings of the teachers at the four sites to this end.



¹⁷ Betancourt, Theresa, et al. *Psychosocial Adjustment and Social Reintegration of Child Ex-Soldiers in Sierra Leone: Baseline Analysis*. (Boston: Francois-Xavier Bagnoud Center for Health and Human Rights, 2003).

¹⁸ Elizabeth Childs (Former Massachusetts Commissioner for Mental Health), in discussion with the authors, March 2008

- For this project: set up mechanisms by which teachers can share best practice among the sites and provide support, encouragement and challenge to each other.

Thinking about the future

DMF funding for the project ceases in March 2009. Yet interviews with Save UK staff and teachers at the four project sites suggest a concerning lack of engagement with this reality. However, during our interview, the Director of the Child Protection Committee in Zeaglo suggested that parents and the community would be willing to continue funding the project itself once DMF funding ends. This suggests an impressive level of ownership of the project by the community. This may be a crucial plank of the project's future in Zeaglo, but Save UK must start considering plans for the project's future in all four sites as a matter of some urgency.

- For this project: develop a sustainability plan for project close in March 2009.

VII. 2. Evaluating the Monitoring and Evaluation (M&E) Mechanism

VII.2.A Overview

As with many international NGOs working in the field, especially in emergency and post-conflict settings, Save UK has had difficulties institutionalizing a sound monitoring and evaluation mechanism for its projects. Due to a high staff turnover rate and overall poor management of institutional knowledge, Save UK has minimal documentation on programs implemented prior to 2006. However, this has changed since the present Country Director, Heather Kerr, and the present Child Protection Manager, Mark Canavera, began revamping the M&E system and emphasizing its importance to staff members. Data collection against the set of 26 indicators used for the DMF reintegration project is a good example of the organization's efforts to begin to monitor its programs systematically and regularly.

After an initial data collection attempt in March 2007, in which Save UK staff themselves collected data on the project beneficiaries, it was decided in May 2007 that the educators should be involved in the data collection process. Thus, Mark Canavera drafted the current 26 indicators (Annex 5) based on indicators he had used when working on a similar reintegration project in Northern Uganda for an Italian NGO, AVSI. The indicators and the background

information forms were reviewed and revised collaboratively by Save UK staff and two local members of staff created the interpretation guide, defining what 'good', 'acceptable' and 'bad' would mean in the context of each indicator. In July 2007, Save UK staff provided brief training to the educators on how to collect the data using the forms, as well as the interpretation guide and the first data was collected at three of the project sites (excluding Bledi). The intention was to gather data against the same 26 indicators at 6-monthly intervals. Therefore, in January 2008, we 1) observed the process of data collection by the educators and 2) interviewed the educators and Save UK staff about the indicator design, data collection process and data utilization. This section will consider each of these issues – indicator design, data collection and data utilization - in turn.

VII.2.B Indicator Design

VII.2.B. i. Findings

In interviews, the educators at each project site said they felt the indicators were relevant and important. They believed that there was alignment between what the project activities were trying to achieve and what the indicators were trying to measure. When pressed on how the project had an impact on, for example, indicators about sex life or family acceptance, the educators routinely pointed to the life skills curriculum (Annex 4) as the means by which they hoped to influence such indicators. Without exception, the educators did not feel that any changes to the indicators were necessary. Whilst such degrees of satisfaction with the indicators are heartening, this attitude seemed to reflect a deference to authority and an unwillingness to say anything that might be perceived as a criticism of Save UK staff more than a genuine ownership of the indicator design.

Similarly, the local staff of Save UK did not feel the indicators needed to be amended or improved in any way. They again pointed to the life skills curriculum as the means by which the project had an impact upon all of the indicators.

VII.2.B.ii. Analysis and Recommendations

Since all the implementers of the project agreed that the current set of 26 indicators organized under 6 categories was logically sound and programmatically helpful, we use this positive assessment as a starting point for our analysis. As well, we recognize that at the mid-term stage of a project it is not possible to amend the indicators or their interpretation without

invalidating all the data already collected. Thus, our first recommendation, in the interests of collecting a further 18 months' worth of data against the current set of 26 indicators, is as follows.

- For this project: continue to measure data against the current set of 26 indicators for the remainder of the project in Côte d'Ivoire.

Logical framework (logframe) analysis

Despite the support of the project implementers for the current set of indicators, one of the major shortcomings of the indicators is that they fail to monitor the activities of the project. When we create (retrospectively) a logframe for the project, we find a certain disconnect. The project activities focus overwhelmingly on non-formal education (4 out of 5 days per week is spent in this way), and yet there are no indicators that measure the children's educational progress. By contrast, only a small fraction of the project's time is devoted to the life skills curriculum, yet it is through these activities that the project implementers hope to influence all 26 of the current set of indicators.

Figure 11: Proposed Logframe

Impact Objective: Community reintegration children formerly associated with armed groups			
Activities	Outputs	Outcomes	Outcome Indicators
Conduct community sensitizations on acceptance of ex-associated children	- Ex-associated children reinserted to families and communities - Stigma attached to association reduced	1. Empowerment / Rehabilitation 2. Educational attainment 3. Referral to Formal Schools 4. Economic Independence	1. <i>Current Indicator categories 1-6</i> 2. Educational indicators 3. # of students referred to formal schools 4. Economic indicators
Provide non-formal education opportunities	- Basic literacy and numeracy		
Provide life skills training	- Improved knowledge in life skills		
Facilitate the formation and activities of girls' clubs	- Improved communication and relationship building skills		
Offer exposure to income generation activities	- Improved understanding of income generation activities		
Facilitate registration of birth certificates	- Obtained legal status		

This perspective is compounded when we look at the life skills curriculum, seeing that it addresses matters of health and sexual life, and some topics around the girl's own identity and relationship with her family, but does not directly address issues of economic condition, community acceptance, or most of the measures of psychosocial and interpersonal competences. However, such a formulaic approach may fail to take into account the indirect benefits of the project for the girls.

In interviews with the educators, we frequently heard of girls learning such things from each other's example. In seeing other girls and educators braid their hair regularly or wash their clothes regularly, the girls learn good practice in these areas. In understanding that other girls respond poorly to violence or aggression in games, the girls learn politeness and sharing. More importantly, as Save USA has articulated, there is clearly vast psychosocial benefit to the girls of the "safe space" that the project provides.¹⁹ "Safe Spaces offer support to communities affected by disaster and emergency by providing physical safety, psychosocial activities, and educational assistance to children".²⁰ So this environment is one in which the girls are learning to play, to share, to be polite, to follow others' examples of cleanliness. But, crucially it is a structured and predictable environment, with solid adult role models in the educators, and purposeful activity, which is itself vital to the girls' recovery from their traumatic experiences.

Still, perhaps a better formulation would be to distinguish between those indicators that the project can hope to affect directly (learning to read, learning to write, learning to count, the subject-matter taught in life skills) and behavioral indicators that the project hopes to affect indirectly (community and family acceptance, health, sexual behavior). To put it another way, we have a set of indicators that attempt to measure the impact of the project on the girls' outcomes in terms of six categories of general well-being. However, it seems important to measure outputs as well, especially since the project is as yet (and recognizing that we are reflecting on only six months worth of data) making minimal headway on influencing these outcomes. Therefore, our recommendation is as follows:

- For this project: include indicators to measure outputs on a monthly basis in addition to the six-monthly evaluation of the project against the current 26 indicators. Output indicators should include measures of: attendance; academic progress; involvement in

¹⁹ Save the Children USA, *A Fighting Chance: Guidelines and implications for programmes involving children associated with armed groups and armed forces*. (Save the Children USA, 2004).

²⁰ Save the Children USA, *Safe Spaces Manual*. (Save the Children USA, 2007).

girls' clubs; involvement in income-generation activities; as well as a record of whether or not the girl has a birth certificate.

Multiple informants

In collecting data, we observed that the educators were encouraged by Save UK staff to write down the girls' answers to questions directly, but also to balance this with their own judgment based on observing the girls' behavior over the last 6 months. This leaves us with data that is extremely difficult to interpret: it is neither the girl's self-report, nor is it the educator's observed report. It is hard to know quite what it tells us.

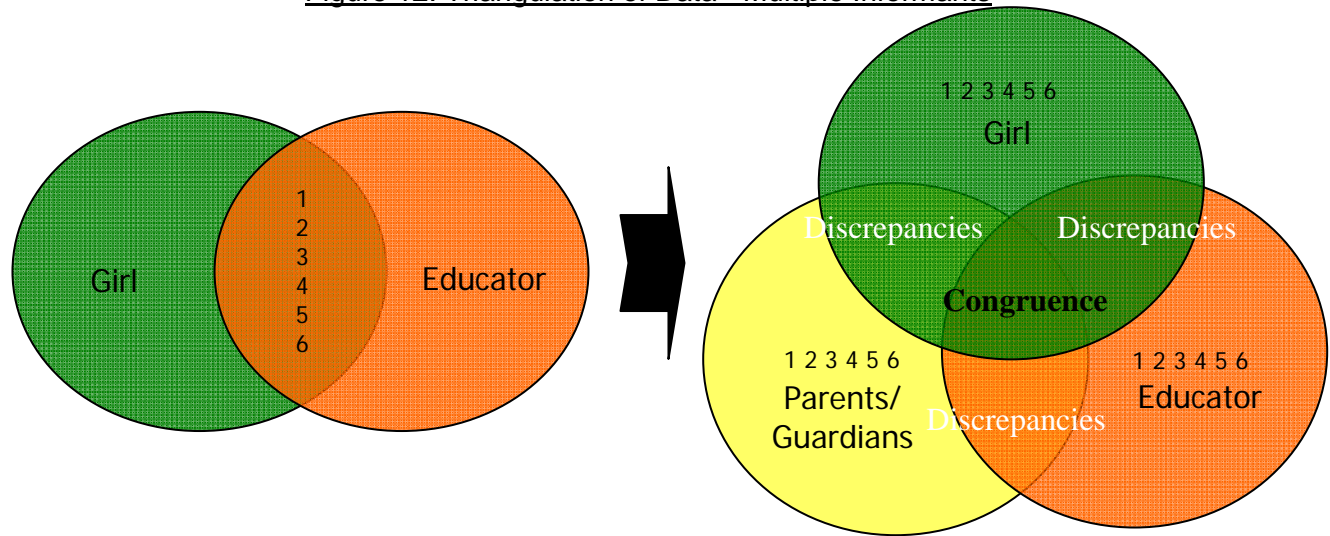
In the USA, assessments of a child's mental health status would collect data from multiple informants, including informants or sources such as parents, teachers, children, clinicians, peers and trained observers.²¹ Contemporary academic research will typically use two or three informants as data sources. An inherent feature of multiple informant data is that it anticipates discordant reports (without discordance, the additional reports provide no new information). This is particularly relevant for the Save UK project where the girl may be a more reliable informant on her internal states, but the educators and the caregivers may be more reliable informants on the girl's external behaviors, especially where these are stigmatized by the family or community. Thus, we recommend:

- For future projects: collect data from multiple informants separately (the girl herself, her educator and her caregiver) and triangulate the data

This will allow triangulation of the data, gaining a clearer picture of the girl's performance on each indicator from three different points of view. It will also allow for the mapping of trends over time.

²¹ Harvard School of Public Health, "Multiple Informant Program", <http://biosun1.harvard.edu/multinform/home> (accessed February 2008).

Figure 12: Triangulation of Data - Multiple Informants



Scale

Quantification of qualitative features is an inherent challenge in program evaluation. We observed the educators having some difficulty deciding which box to check in the 3 point scale - bad, acceptable, and good – but they did not cite the scale as something in need of improvement or clarification and said they found it easy to understand and work with. The 3 point scale has obvious limitations in terms of the nuance of the collected information, but its simplicity for the user trumps its shortcomings.

However, as one objective of the reintegration project is to identify among the beneficiaries the high risk group in need of extra attention and support, adding a “Red flag” box to each of the indicators would be a simple way to achieve this. In addition, we observed several occasions when the educators felt a question was not relevant to a particular girl. In particular, if a girl is not yet sexually active, the questions related to the use of contraception and the ability to refuse partners are not applicable. At present, the interpretation guide tries to lump these girls in with one of the other categories, but much more accurate would be to add a “Not/Applicable” (“N/A”) box that requires a brief explanation. In the case outlined, the “N/A” box would be ticked and supported with a comment like “Not yet sexually active”.

- For future projects: enhance the 3 point scale by adding two more boxes: “Red flag” and “N/A”.

Control group

We have talked in the methodology section about the fact that Save UK had identified no control group for this project. In a controlled experiment, two virtually identical experiments are conducted. In one of them, the treatment, the factor being tested is applied. In the other, the control, the factor being tested is not applied. By comparing the results of the treatment group to those of the control group – the counterfactual, we have a better chance of isolating the variable of the treatment in order to draw conclusions about its effect.

We understand that the Save UK project is not an ‘experiment’ and that terming it as such might raise eyebrows. However, the project is implementing activities hoped to have an impact on ex-associated girls’ reintegration into society. But it is impossible to say with any certainty whether the project is having the desired impact if we cannot compare results for girls involved in the project with results for girls not involved.

We have already discussed several possible control groups – the statistical ideal being a sample of ex-associated girls who have self-reintegrated (though the ethical and practical challenges with this may be insurmountable). In analyzing the quantitative data for Danané, we have also used the ‘other vulnerable girls’ as a comparison group for the ex-associated girls. This does not solve the control group problem, it merely tries to understand whether there is a difference in the two groups’ responses to the treatment. However, to understand whether the ‘treatment’ of the project activities and environment is effective in its aims, it is crucial to identify a control group for future projects.

- For future projects: identify and collect data on a control group throughout the lifetime of the project

Alternative indicators

We hoped to be able to compare the Save UK Côte d'Ivoire indicators with other sets of indicators used in similar contexts and considered to represent good practice. In fact, the task of comparing these indicators is extremely difficult. Each set was drawn up for a different purpose, each set was drawn up to measure a different program, each set contains its own vocabulary and concepts that may find different interpretations outside of the organizational or cultural context in which they are used, each set has its own data collection methodology (some by academic researchers, some international NGO staff, some local staff). We believe

the many limitations of such a comparison do not entirely outweigh the value of it, and therefore the table below represents an attempt to compare the indicators used by six different projects. We have done our best to organize the indicators so that commonalities and divergences can be inferred, and so that it is clear which indicators could be considered sub-sets of others.

Figure 13: Comparison of Indicators

Comparison of qualitative indicators	Save UK (Côte d'Ivoire)	AVSI (Northern Uganda)	Save UK (Democratic Republic of Congo)	Save UK - Child Status Index	Save - Safe Spaces Manual	Oxford Refugee Studies (Sierra Leone & N Uganda)
Health and hygiene	x	x	x			
Sexual life	x					
Health care services				x		
Wellness				x		
Economic condition	x	x				x
Food security				x		x
Shelter				x		x
Family Acceptance	x	x				x
Care				x		
Community acceptance/participation	x	x	x			x
Resiliency and participation					x	
Psychological status	x	x	x	x	x	x
Interpersonal competencies					x	
Self-esteem					x	x
Abuse and exploitation						
Education						
Educational performance				x		x
Educational access				x		x
Knowledge of life saving information					x	

It is worth noting that there are benefits in using tried and tested sets of indicators. For example, the 52-item instrument designed by Oxford University's Refugee Studies Centre (and the two sets of indicators on which it is based) are instruments that have been developed and pilot tested over a long period of time.²²

²² Betancourt, Theresa, et al. *Psychosocial Adjustment and Social Reintegration of Child Ex-Soldiers in Sierra Leone: Baseline Analysis*. (Boston: Francois-Xavier Bagnoud Center for Health and Human Rights, 2003).

If anything can be concluded from this comparison, it is that Save UK Côte d'Ivoire's indicators cover broadly similar areas to other sets of indicators attempting to measure reintegration. One indicator category clearly missing is around educational access and performance, both of which lie at the core of the project's logic. This comparison does suggest though that the DMF indicators are in broad agreement with others about those categories that are important to capture the holistic well-being of a reintegrating child. In this sense, the indicators serve as a strong first step in Save UK's efforts to measure reintegration of children formerly associated with armed forces and groups.

- For future projects: consider alternative sets of indicators, including those explored in this paper, especially those that have been validated and would allow creation of an evidence base by Save the Children UK, London.

Participation

Another crucial, and neglected, element of indicator design remains around participation. As MacMullin and Loughry said in their study of child soldiers in Sierra Leone and Uganda, "The purpose of research about former child soldiers is to construct knowledge that might be used to help these children and their communities. The child soldiers in Sierra Leone and Uganda themselves and the members of their communities are the principal contributors to that knowledge. The challenge facing researchers is to design methods that facilitate the greatest possible participation of children, their families and communities in this work".²³ Due to time constraints, the research team was unable to use participatory methods to explore with the project beneficiaries which indicators they felt were important. However, this approach is much to be recommended at the start of a future project in order to ensure that indicators represent a culturally appropriate measure of child reintegration in these four villages in Western Côte d'Ivoire. The MacMullin and Loughry study suggested that, "The involvement of local children, especially former child soldiers and people who knew them well, provided not only relevant examples of adjustment, but also the idiom that allowed the research participants to see their own experience reflected in the questions asked of them".²⁴

²³ MacMullin, Colin, and Loughry, "Maryanne, Investigating Psychosocial Adjustment of Former Child Soldiers in Sierra Leone and Uganda", *Journal of Refugee Studies* 17, 4 (2004): 471-472.

²⁴ Ibid., 460

- For future projects: use participatory methods to explore with beneficiaries and community members which indicators represent good measures of child reintegration in the local context.

Another benefit of using participatory methods and focus groups with local children (including former child soldiers) and community members would be to understand what ‘acceptable’ performance looks like in the community on each indicator. At present it is not clear that ‘acceptable’ in the Save UK interpretation guide is benchmarked against what is ‘acceptable’ or ‘average’ in the community. The two members of staff who drew up the guide had worked in these communities, but do not live in them and didn’t involve community members in understanding what they would consider ‘acceptable’ on each indicator. Thus, where we find particularly good or bad scores against one indicator this leads us to doubt the definitions in the interpretation guide as well as the performance of the project beneficiaries. For example, there are often poor scores against the indicator “listened to by the community”, with ‘acceptable’ defined as “often listened to by the community”. But without a benchmarking exercise we cannot be sure that any young girls, ex-associated or otherwise, are often listened to by the community. Such an exercise would help us to interpret data on the indicators, knowing what the scores meant by comparison with those expected by the community as a whole.

- For future projects: use community focus groups (including children and ex-associates) to determine what would be deemed ‘acceptable’ performance within the community on each indicator

Save the Children UK published an article called *No Place Like Home* about participatory indicator design in Sierra Leone. This captures best practice on participatory indicator design and the benefits of doing so.²⁵

²⁵ Save the Children UK, *No Place Like Home?: children’s experiences of reintegration in the Kailahun District of Sierra Leone* (Save the Children Fund, 2004).

VII.2.C. Data Collection

VII.2.C.i. Findings

There were two major problems around the collection of data at each of the sites: the first concerned the interpretations of the indicators; and the second concerned the interviews themselves. We will consider these issues in turn.

Interpretation guide

There are problems with the design of the interpretation guide, which have already been referred to above. However, the interpretation guide still represents an important step towards ensuring objectivity in assessing the girls' answers to questions about the indicators. Yet, in observing the data collection process at Danané, Bolequin and Bledi, we did not once see the interpretation guide used. It was not made available to the educators during the data collection process, nor was there any training in its use. Many, but by no means all, of the educators had been present for the July 2007 training, but none of them could have been expected to remember the detailed definitions of the three-point scale for all 26 indicators. Consequently there was frequent confusion about how to classify the girls' responses to questions. When we interviewed the educators about how they had decided which box to check, they gave convincing answers, but rarely did their definitions match each other's or that of the interpretation guide.

Interviews

There were several issues with the interviews themselves, which broadly fall into two categories of consistency and process. In terms of consistency there were broad divergences in style between the educators, with interviews taking between 5 and 25 minutes to complete. Some educators asked very direct questions ("Are you polite?"), others posed very detailed hypothetical questions. Some



educators accepted yes / no answers and failed to probe further (it was unclear which of the three boxes were ticked when capturing simple yes / no answers), others used many follow-up questions until they and the girl had reached a consensus on the answer. Educators had different understandings of certain indicators, and it was clear that they didn't understand what some indicators were getting at (one educator had a particular problem every time she reached

6a) about the ability to say yes or no to a partner). Finally, there were more problems than we would have expected of responses to certain indicators left blank, or two answers ('acceptable' and 'good', for example) checked for the same indicator, all of which serves to make the data less reliable.

So far as process goes, we are conscious that our cultural lens may differ from that of the educators in interpreting the process. That said, we were concerned that no attempt was made to, for example, put the girls at ease, explain to them what was about to happen and why, assure them of the confidentiality of their answers. Equally, there were many interruptions to the interviews and some were conducted simultaneously with others in the same room.



In terms of timing, the baseline data was due to be collected at each of the four sites immediately after the initial training in July 2007. However, the data collection took place in July in Danané, between August and October in Zeaglo, between August and September in Bolequin, and there is no evidence that it has taken place at all in Bledi. Thus, not only were the immediate benefits of the training lost in some

sites, but the interval between collection of baseline data and the data collection we observed in January 2008 was anywhere between three and six months depending both on the site and on the beneficiary.

VII.2.C.ii. Analysis and Recommendations

So far as interview process goes, Save UK already has examples of interview best practice. Its own Child Protection Policy and document for journalists on how to interview children are good starting points. The methodology established by Save UK for data collection among ex-associates in Liberia is also an example of best practice.



Our first recommendation is straightforward. We recommend that the educators are trained every 6 months, immediately before starting each data collection process. The training should involve a reminder about why they are collecting the data and the uses they will put it to (of which, more in the next section), as well as best

practice in interview techniques, a refresher in the interpretations of each indicator set out in the interpretation guide.

- For this project: give educators more thorough training at each site on why data collection is important and best practice on how to collect data.

Our second recommendation is technical and self-explanatory. We recognized the challenge in referring unobtrusively both to the indicator sheet to be completed as well as to the interpretation guide. The Child Status Index gets around this practical challenge by combining the two in one document, and thus ensuring that the interpretations cannot be ignored while completing the indicator sheet. While simple, this recommendation will hopefully improve data quality.

- For this project: incorporate the interpretation guide within the sheet of indicators to encourage reference to it when collecting data.

Our third recommendation concerns regular monitoring of output data in order to keep a closer eye on children's attendance at the project, educational attainment etc. In addition to regular monitoring of these outputs, we would suggest monthly monitoring of any red flags that appeared in the six-monthly evaluations. This should enable the teachers to have a clearer picture of how each child is faring within the project and to raise issues sooner with parents and care-givers.

- For future projects: commence monthly monitoring of output data and red flags on indicators in addition to six-monthly evaluations.

VII.2.D. Data Utilization

VII.2.D.i. Findings

In our interviews with the Save UK project officers in charge of the DMF program in Man and Guiglo, we explored their plans for data utilization. Both suggested an intention to use the forms as a tool for case management, looking at the changes that individual girls experience over time and following up on cases that are particularly concerning to them. Although they could not articulate in detail the way they might approach such longitudinal analysis or what

would constitute a particularly concerning case in their minds, they did emphasize the need to work with the educators at each site and to ensure that interventions were a collaborative process. Such intentions are definitely encouraging, but the lack of any flesh on the bones at this late stage in the project is less so.

Unfortunately these good intentions were not shared by the educators, the front line of any potential case management in the project. At two of the three sites studied in detail there was no sense at all of how the collected data might be used. Indeed the educators made the point that they never even see the data after it has been collected, and so they could not hope to make use of it. Beyond a general sense of “seeing how the project was doing”, there was little clear sense of the purpose of the data collection at all.

However, at Bolequin, best practice was being modeled. As has been mentioned before, the Director of the site visits the families of girls he is concerned about every Saturday. Although this is not grounded in the collected data and what they say about how the girls are doing, this is a brilliant example of hands-on case management. The link to the data would be an easy one to make.



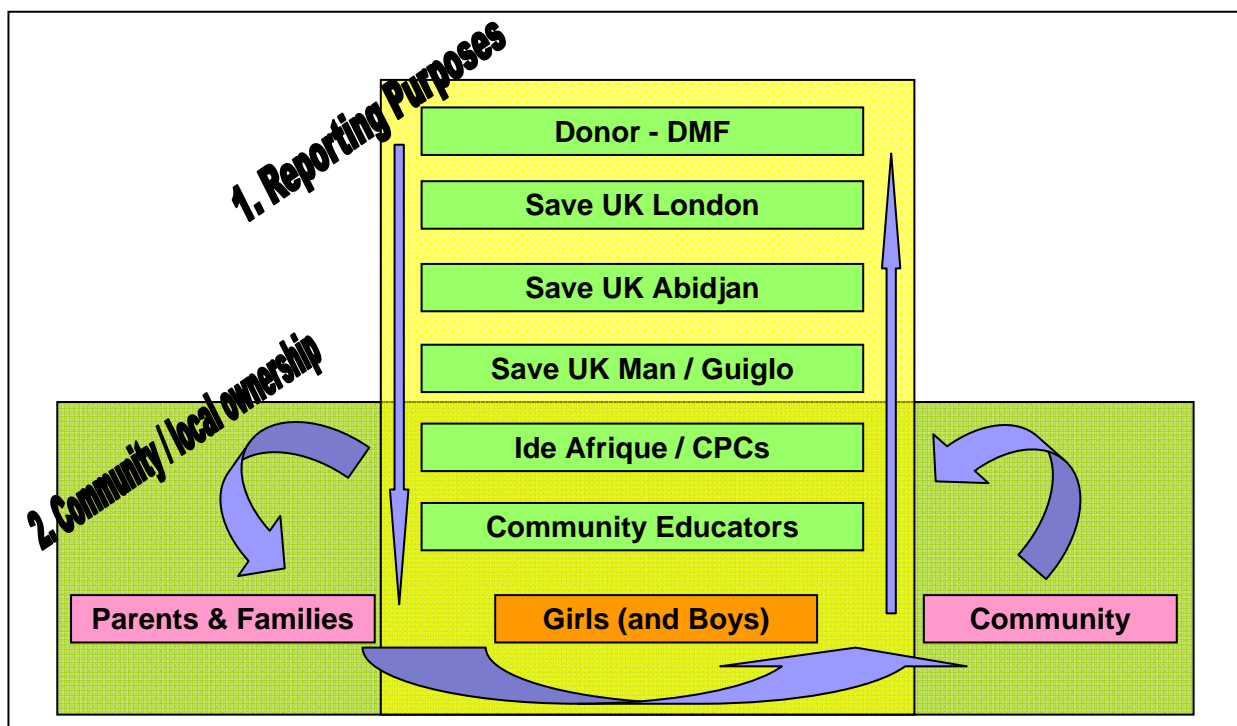
Yet, while the data utilization picture has positive elements, we discovered the issue of data storage to be very problematic. First, when we asked for all the forms collected between July and September 2007 in Zeaglo and Bolequin, there was much confusion about where the hard copies of forms were stored: the staff in the Man office believed they were stored in Guiglo, and vice versa. In the end, the staff of both offices was only able to identify 23 forms from Zeaglo and 17 forms from Bolequin, although apparently many more had been collected. Second, none of the information collected in the forms were entered and saved electronically, making the data prone to complete disappearance. The child protection team mentioned that they were planning to set up an electronic database and hire temporary staff to input the data. Since the research team were pressed for time to collect and analyze the data during our field work in Côte d'Ivoire, we ended up inputting the relevant data to a simple database of our own creation.

The issue of data collection, though seemingly trivial, is of huge importance given the sensitivity of the data. The data identifies girls who have been associated (some as combatants) with both government and rebel forces and, in a country where the peace is still not yet secure, were this data to fall into the wrong hands the consequences could be dire.

VII.2.D.ii. Analysis and Recommendations

The data in this project should be serving two main functions: firstly, a reporting function (to Save UK Abidjan, Save UK London and DMF); secondly, an individual case management function that encourages community and local ownership. The following table describes the two uses of the project's data.

Figure 14: 2 Purposes of Data Utilization



While there are certainly improvements that could be made to the use of the data for reporting purposes, for example by grounding reports to the donor in the data collected against the indicators, we will concentrate on the use of data in encouraging community ownership in our recommendations.

Building on the best practice already in existence within the Save UK project, we propose that the data collected is used to inform the drawing up of an individual treatment plan (or 'reintegration plans') for each child. In each case, this should be a highly collaborative process. Based on the collected data, the educator should sit down with the child and identify those areas that need more work. Together they should discuss the selection of services that could help with that particular area and then craft an action plan. For example, if the problem was with violent behavior (reflected in poor scores on indicators such as 'politeness' and 'sharing'), the gist of the conversation might run as follows:

Educator: "what are you going to do about that?"

Child: "I'm going to try to get in fewer fights."

Educator: "and how are you going to do that?"

Child: "I'm going to go to the girls' club."

- For this project: require teachers to develop a treatment plan for each child in partnership with the child and informed by the 6-monthly evaluation data.

Crucially then we would recommend that the educators then use these treatment plans to inform their interventions with the children's families. Just as the Blolequin Director is doing, other educators should use the data from the evaluations and the treatment plans as the basis for interventions with the child's family and community.

- For this project: require teachers to conduct household visits on the basis of concerns raised by the 6-monthly evaluation data and the treatment plans.

Until the data are used proactively in this way, until treatment plans are drawn up that are informed by the data and acted upon in partnership with the child, the family and the community, the process of collecting data will continue to seem irrelevant to those at the front line of the DMF project and full benefit will not have been gained from the wealth of data collected.

VIII. SUMMARY OF RECOMMENDATIONS

PROGRAM DESIGN

- For this project: work to improve attendance rates at project sites
 - For this project: improve income-generation work, funding activities that meet the needs of the local market and the wishes of the girls.
 - For this project: reach out to families more in the work of the project
 - For this project: reach out to the community more in the work of the project
 - For this project: invite graduates of the program to act as mentors to girls in the program, provide training on mentor / mentee relationships.
 - For this project: set up mechanisms by which teachers can share best practice among the sites and provide support, encouragement and challenge to each other.
 - For this project: develop a sustainability plan for project close in March 2009.
-
- For future projects: train para-professional to facilitate meetings of girls clubs as facilitated support groups.
 - For future projects: train para-professional to diagnose and treat co-occurring conditions (especially anxiety and depression) on a one-to-one basis.

INDICATOR DESIGN

- For this project: continue to measure data against the current set of 26 indicators for the remainder of the project in Côte d'Ivoire.
 - For this project: include indicators to measure outputs on a monthly basis in addition to the six-monthly evaluation of the project against the current 26 indicators. Output indicators should include measures of: attendance; academic progress; involvement in girls' clubs; involvement in income-generation activities; as well as a record of whether or not the girl has a birth certificate.
-
- For future projects: collect data from multiple informants separately (the girl herself, her educator and her caregiver) and triangulate the data
 - For future projects: enhance the 3 point scale by adding two more boxes: "Red flag" and "N/A".
 - For future projects: identify and collect data on a control group throughout the lifetime of the project
 - For future projects: consider alternative sets of indicators, including those explored in this paper, especially those that have been validated and would allow creation of an evidence base by Save the Children UK, London.
 - For future projects: use participatory methods to explore with beneficiaries and community members which indicators represent good measures of child reintegration in the local context
 - For future projects: use community focus groups (including children and ex-associates) to determine what would be deemed 'acceptable' performance within the community on each indicator

DATA COLLECTION

- For this project: give educators more thorough training at each site on why data collection is important and best practice on how to collect data.
- For this project: incorporate the interpretation guide within the sheet of indicators to encourage reference to it when collecting data.
- For this project: commence monthly monitoring of output data and red flags on indicators in addition to 6-monthly evaluations.

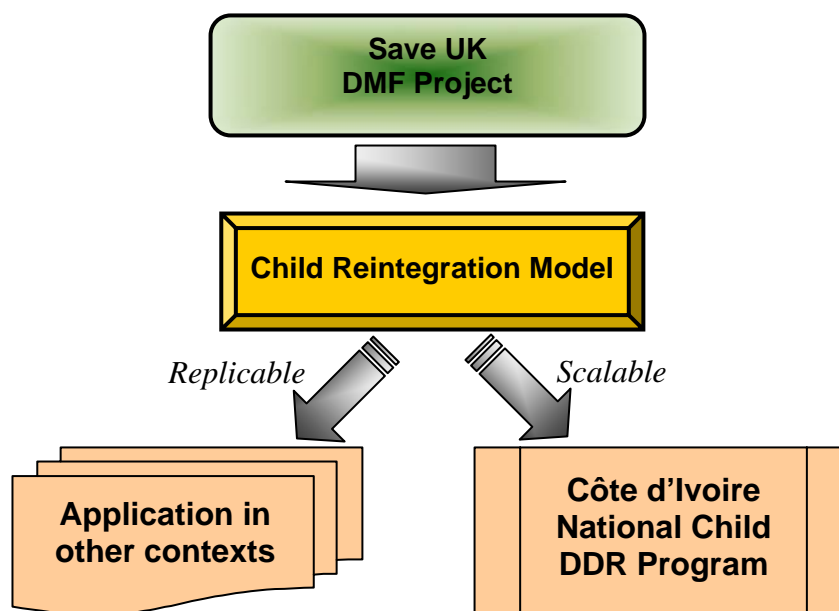
DATA UTILIZATION

- For this project: require teachers to develop a treatment plan for each child in partnership with the child and informed by the 6-monthly evaluation data.
- For this project: require teachers to conduct household visits on the basis of concerns raised by the 6-monthly evaluation data and the treatment plans.

VII. CONCLUSION

In this paper we have put forward recommendations both for the last year of Save UK's DMF-funded project in Western Côte d'Ivoire and for future projects, run by Save UK or others. With further research, these recommendations together could form the basis of a child reintegration model. Such a model would be valuable in at least two respects. Firstly, such a model would be replicable and could then be applied in other program contexts. For example, Save UK might use the model in other countries facing similar challenges of child reintegration (perhaps DRC, Northern Uganda, Angola etc) and by carefully evaluating the results, an evidence base could be built of the impact of the model in various country contexts in order that it could be further refined. Secondly, such a model would be scalable and could be scaled up to enable national implementation. This is particularly pertinent in Côte d'Ivoire as a national child reintegration program has yet to start. Thus, the time is ripe for such a model.

Figure 15: Beyond Evaluation



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Annex 1: International Norms and Standards on Disarmament, Demobilization and Reintegration

Machel Report 1996

A landmark study that initiated a global movement, the Graça Machel report of 1996 critically analyzed particular countries that use children in armed conflict and effectively advocated for a greater call to cater to the needs of those vulnerable and neglected children. The report shed light to issues such as demobilizing children illegally recruited by armed forces and their reintegration into society. Marking the 10th anniversary of its publication, a strategic review of the Machel report (informally referred to as the 'Machel Plus 10') was released in October 2007 to address similar issues for the next 10 years.²⁶

Cape Town Principles and Best Practices 1997

Developed in 1997 by child protection agencies based on their experiences in Africa, the Cape Town Principles and Best Practices consists of three parts: prevention of recruitment, demobilization of child soldiers, and reintegration into community life. A significant achievement of the document lies in its expansion of the definition of “child soldiers” to include cooks, messengers, and girls recruited for sexual purposes who do not necessarily carry arms. At the same time, the document lacks both legal backing and enforcement or accountability mechanisms. Thus, the nature of it allows the standards to be quite high, yet poses the challenge of achieving political buy-in by African governments. Discussions were held to update the Cape Town Principles: the result was the Paris Principles (see below).²⁷

Optional Protocol 2000

According to the recent global progress report produced by UNICEF, a total of 117 countries have ratified the “Optional Protocol to CRC on the involvement of children in armed conflict” to date, which is a tremendous improvement from the 13 countries in January 2002.²⁸ The ratification of the Optional Protocol means widespread support to prevent hostilities against children; however, there are certain points in the Articles 1, 2, and 3 that raise issues regarding the voluntary nature of recruitment and the differences between state parties and armed forces.

UN Security Council Resolution 1612

²⁶ Coomaraswamy, Radhika et al. *Machel Study 10-year Strategic Review: Children and Conflict in a Changing World* (UNICEF 2007).

²⁷ Search for Common Ground, *Updating the Cape Town Principles of 1997: Meeting Notes - October 19th, 2005*, (Search for Common Ground 2005).

²⁸ UNICEF, *Progress for Children: A World Fit for Children, Statistical Review*, (UNICEF 2007).

A series of UN Security Council Resolutions on children and armed conflict from 1999 to 2005²⁹ resulted in the establishment of a monitoring and reporting mechanism on child rights violations during armed conflict. The most recent of the series, Resolution 1612, was adopted unanimously by the United Nations Security Council on 26 July 2005. The Office of the Special Representative of the Secretary-General for Children and Armed Conflict, along with UNICEF and other national and international partners, began implementing in 2006 the monitoring and reporting mechanism in seven pilot countries: Burundi, Côte d'Ivoire, the Democratic Republic of Congo, Nepal, Somalia, Sri Lanka and Sudan.³⁰

Integrated DDR Standards 2006

Although the DPKO and European Union attempted to provide standards in DDR practices as described above, the UN had no “clear and usable policies and guidelines to facilitate coordination and cooperation among UN agencies, departments and Programs”.³¹ In response to this disjointed approach, DDR practitioners at headquarters and country level of the UN system jointly began drafting the Integrated DDR Standards (IDDRS), a result of which is the current 2006 edition. The almost 800-page book, organized by 24 areas, dedicates significant number pages to discussing the issues surrounding children, youth, and gender, which were only covered superficially in the previous three guidelines.³²

Paris Commitments and Paris Principles 2007

The latest addition to the set of international norms on child DDR (and an update of the Cape Town Principles mentioned above) the Paris Commitments and Principles “are the biggest step yet in two decades of international efforts to stop the use of child soldiers”.³³ Given that the objective of the Principles is to prevent unlawful recruitment of children or use by armed forces, adoption of the Principles by many countries demonstrates the political will behind such efforts. However, similar to Resolution 1612 and the IDDRS, the actual implementation of and expected action resulting from the Principles remain a big question mark.

²⁹ Referring to UN Security Council Resolutions 1261 [1999], 1314 [2000], 1379 [2001], 1460 [2003], 1539 [2004], and 1612 [2005].

³⁰ UNICEF, “Security Council reviews progress made in implementing Resolution 1612” 25 July 2006 http://www.unicef.org/protection/index_35071.html (accessed December 2007).

³¹ UNDPKO, *Integrated Disarmament, Demobilization, and Reintegration* (New York: UNDPKO, 2006).

³² UN DDR Resource Center, “IDDRS Framework,” <http://www.unddr.org/iddrs/framework.php> (accessed 23 March 2008)

³³ International Herald Tribune, “Nations renew global commitment to stop the use of child soldiers”, 1 October, 2007, <http://www.ihf.com/articles/ap/2007/10/01/news/UN-GEN-UN-Child-Soldiers.php> (accessed 20 March 2008).

Save UK Evaluation Plan				
Evaluation Objectives	Decisions to Inform	Lines of Inquiry (indicators, standards)	Means of Verification and Data Source	Time (days)
Output and Outcome Identification	To make recommendations for project improvement based upon the findings from the evaluation (ToR)	<u>Outputs</u> - What outputs were produced? - What outputs were not produced? Why not? - Were the outputs of appropriate quality? <u>Indicators</u> - To track changes in a series of 26 indicators in beneficiaries who joined the project in 2007 (ToR) - To compare the indicators to global best practices and make recommendations for improving the indicators (ToR) <u>Outcomes</u> - What intended outcomes occurred? - What unintended positive and negative changes occurred? - What prior smaller changes were required to happen first before the outcome could occur?	<u>Deskwork</u> - Project activities plan for 2007 – intended outputs - Beneficiary database - Monitoring data and reports - Compile global best practices <u>Fieldwork</u> - Observation at project sites - Interviews with community educators and SAVE UK workers (ToR)	-3 days in Danané - 4.5 days in Moyan Cavally - 6 days in Man - Approx. 1 month in Cambridge
Implementation Process Appraisal		<u>Implementation Process</u> - Was the process responsive to the changing context and needs of the stakeholders? - What are the strengths and weaknesses of the implementation process? <u>Monitoring Process</u> - To determine strengths and weaknesses in current system of data collection (ToR) - How is data being compiled and analyzed? - Does staff utilize monitoring mechanisms to inform their process? If so, how?	<u>Deskwork</u> - Monitoring data and reports <u>Fieldwork</u> - Observation at non-formal education center (ToR) - Interviews with community educators and SAVE UK workers (ToR)	
	To make recommendations for improving overall project monitoring and evaluation (ToR)			

Annex 3 Evaluation Schedule

Save the Children UK – Côte d'Ivoire Midterm Evaluation Fieldwork – January 2008						
M	Tu	W	Th	F	Sa	Su
31	1	2	3	4	5	6
				Tomo departs for Boston	Tomo departs for Abidjan	<ul style="list-style-type: none"> ▪ Tomo arrives 18:50 (Air France) ▪ Katherine arrives 20:25 (Brussels Airlines)
7	8	9	10	11	12	13
<ul style="list-style-type: none"> ▪ Arrive Abidjan Office 08:00 ▪ Meet with Country Director, Heather Kerr ▪ Briefing on security, Child Protection Policy and Code of Conduct. 	<ul style="list-style-type: none"> ▪ Travel to Man on WFP (PAM) flight. ▪ Meet Protection Team in Man and receive security and DMF project briefings 	<ul style="list-style-type: none"> ▪ Visit CSER at Danané 	<ul style="list-style-type: none"> ▪ Visit CSER at Danané 	<ul style="list-style-type: none"> ▪ Visit CSER at Danané 	<ul style="list-style-type: none"> ▪ Day in Man 	Day in Man
14	15	16	17	18	19	20
<ul style="list-style-type: none"> ▪ Travel to Guiglo by car. ▪ Visit Moyen Cavally project sites 	<ul style="list-style-type: none"> ▪ Visit Moyen Cavally project sites 	<ul style="list-style-type: none"> ▪ Visit Moyen Cavally project sites 	<ul style="list-style-type: none"> ▪ Visit Moyen Cavally project sites 	<ul style="list-style-type: none"> ▪ Visit Moyen Cavally project sites 	<ul style="list-style-type: none"> ▪ Katherine returns to Abidjan by car ▪ Tomo and Anna return to Man by car 	<ul style="list-style-type: none"> ▪ Katherine departs Abidjan 21:35
21	22	23	24	25	26	27
<ul style="list-style-type: none"> ▪ Man Office 	<ul style="list-style-type: none"> ▪ Man Office 	<ul style="list-style-type: none"> ▪ Man Office 	<ul style="list-style-type: none"> ▪ Man Office ▪ Tomo debriefs Man office of preliminary findings and next steps 	<ul style="list-style-type: none"> ▪ Tomo returns to Abidjan by car 	<ul style="list-style-type: none"> ▪ Tomo departs Abidjan 22:35 ▪ Tomo debriefs Abidjan office of preliminary findings and next steps 	Tomo arrives in Boston

Annex 4: Methods used in the field

Methods used at each project site and types of data generated

	Danané	Zeaglo	Bolequin	Bledi
Reliable and Substantial Qualitative Data	X	X	X	
Reliable and Substantial Quantitative Data	X			

Questions asked to interviewee groups in the field

	Girls	Educators	Local Implementors (Ide Afrique/CPC)	Save UK staff
Most significant change	X	X	X	X
Objective	X	X	X	X
Evaluation	X	X	X	X
Definition of reintegration		X		X
Sustainability			X	X
Indicator design		X		X
Monitoring data collection		X		X

Annex 5: Life Skills Curriculum “Assure My Future”

Table of Subjects

INTRODUCTION

MODULE 1

ME, A GIRL

- | | |
|-----------|---------------------------|
| Session 1 | “I introduce myself” |
| Session 2 | To dream about the future |
| Session 3 | To be a girl |

MODULE 2

GOAL AND PLANS

- | | |
|-----------|---------------------------------|
| Session 1 | Our models: women who we admire |
| Session 2 | To fix a goal |
| Session 3 | To plan to attain my goal |

[MODULES 3 – 6 not included in the project’s curriculum]

MODULE 7

MARRIAGE, PARTNERSHIPS AND LINKS TO PARENTS

- | | |
|-----------|---------------------------------------------|
| Session 1 | My mother, me, my daughter |
| Session 2 | “Wife-baby” |
| Session 3 | The role of husband and wife |
| Session 4 | The problem of domestic abuse |
| Session 5 | The value of a son, the value of a daughter |
| Session 6 | Types and means of family decision-making |
| Session 7 | Bringing up children together |

MODULE 8

PUBERTY AND REPRODUCTION

- | | |
|-----------|--------------------------------------------|
| Session 1 | Women’s bodies and men’s bodies |
| Session 2 | Emotional aspects of puberty and sexuality |
| Session 3 | How babies are made |
| Session 4 | “You cannot fall pregnant if...” |
| Session 5 | To have a baby under the age of 20 |
| Session 6 | To have a baby by choice not by accident |
| Session 7 | How to use a condom |

MODULE 9

HEALTH

- | | |
|-----------|-------------------------------------------------------|
| Session 1 | Traditional practices and health of a young girl |
| Session 2 | Protecting yourself from harassment and violence |
| Session 3 | Good health practices for our selves and our families |
| Session 4 | Averting sexually transmitted diseases |

Annex 6: Indicators (English)

IV. SUIVI DE L'ENFANT (INITIAL EVALUATION)

1 HEALTH

	BAD	ACCEPTABLE	GOOD
A. Hygiene / cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Frequency of illness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Use of contraception.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Responsibility for medical care of child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 ECONOMIC CONDITION

	BAD	ACCEPTABLE	GOOD
A. Frequency of meals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Ability to purchase essentials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ability to budget.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sources of income (who helps you)			

3 RELATIONSHIP WITH THE FAMILY

	BAD	ACCEPTABLE	GOOD
A. Life in the family arena.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Acceptance by the family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Financial support of the child by the family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. School support of the child by the family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Listened to by the family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Punishment methods of the child within the family :			

4. ACCEPTANCE BY THE COMMUNITY

	BAD	ACCEPTABLE	GOOD
A. Access to leisure and recreational activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Participation in community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Perception of the child in the community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Listened to by the community.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 PSYCHOLOGICAL AND INTERPERSONAL COMPETENCES

	BAD	ACCEPTABLE	GOOD
A. Politeness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sense of sharing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Abilities in communication and expression.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ability to motivate others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Ability to plan for the future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Identification with and imitation of models.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Assumption of responsibilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. SEXUAL LIFE

	BAD	ACCEPTABLE	GOOD
A. Choice : ability to say yes / no to a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Changing of partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Protected sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you have anything else to say about your sex life			

Annex 7: Interpretation Guide (English)

	Bad	Acceptable	Good
1 HEALTH			
A. Hygiene and cleanliness	She washes rarely, dirty skin, hair not braided (not every day). Dirty, old clothes.	She is “missi”, but torn clothes (every day – but only once a day)	Hair well-braided, clean (several times a day)
B. Frequency of illness	Twice a month or more	Once every 3 months	Not ill during the school year
C. Use of contraception	Never	Rarely	Abstinence or all the time
D. Responsibility for medication of child	Nobody is responsible in case of illness	Her boyfriend, the teachers	The parents
2 ECONOMIC CONDITION			
A. Frequency of meals	Once per day	Twice	3 times
B. Ability to purchase essential products	No power to buy	Her boyfriend	The parents
C. Ability to budget	none	Average management of the little she receives (uncle, boyfriend...)	Good management
D. Sources of income	None, prostitution, begging	Temp work (waitress, work in the fields)	Petty commerce Donations from parents
3 RELATIONSHIP WITH FAMILY			
A. Life in the family arena	Lives with friends or at her missi	Lives with her boyfriend or with a guardian (adult)	The parents or legal guardian
B. Acceptance in the family	Accepted out of self-interest, rejected by the family, injured by the family. Vit dans la famille mais lai		Good family relations with brothers and sisters
C. Financial support given to the child from the family	None at all	Rarely	Regularly
D. School support given to the child from the family	Never	Sometimes	Regularly jusqu'à ce que j'abandonne
E. Listened to by the family	Doesn't speak in the heart of the family	Listened to by one of the parents	Listened to by both the parents
F. Punishment methods of children within the family	Hit till she bleeds regularly or public humiliation, deprived of food.	Depriving of pocket money, games, watching a Program she likes	Give advice
4 ACCEPTANCE BY THE COMMUNITY			
A. Access to leisure and recreational activities	Never	often	Plays regularly with friends
B. Participation in community activities	Denied right to participate	Often	regularly
C. Perception of the	Stigmatised by the	No major problems	Good vision

child in the community	community		
D. Listened to by the community	Not in the least	often	Regularly
5 PSYCHOLOGICAL AND INTERPERSONAL COMPETENCES			
A. Politeness of the child	Often fights, offends everyone	Responds when she's offended	Respects a great deal
B. Sense of sharing	Never wants to share with the others	Shares when someone asks her to	Shares regularly
C. Abilities in communication and expression	Never talks	Talks little	Talks when it's necessary
D. Ability to motivate others	Never takes the initiative	Often encourages others	Always encourages others
E. Ability to plan for the future	No plan for the future	More or less good plan of action for the future	Good projection of the future
F. Identification with and imitation of models	No good models	Has a performer for a model	Copies the good in adults nearby
G. Assuming responsibility	Never assumes the responsibility	Assumes responsibility often	Always assumes responsibility
6. SEXUAL LIFE			
A. Ability to say yes / no to a partner	Doesn't know how to say no	Arrives often at saying no	Says no when it's no
B. Changing of partners	Often does this	Doesn't change but has a partner	No partner
C. Protected sex	Never	Often	Always

Annex 8: Danané Summary of Data – July 2007

Danané July 2007 (n=72)	Bad	Acc.	Good		Bar Chart
1 Health					
A. Hygiene	5 (7%)	57 (79%)	10 (14%)		
B. Frequency of illness	21 (30%)	39 (56%)	10 (14%)		
C. Use of contraception	36 (30%)	5 (7%)	27 (40%)		
D. Responsibility for child's medicine	7 (10%)	10 (15%)	50 (75%)		
2 Economic condition					
A. Frequency of meals	51(71%)	17 (24%)	4 (6%)		
B. Ability to buy essentials	28 (39%)	15 (21%)	28 (39%)		
C. Ability to budget	40 (59%)	21 (31%)	7 (10%)		
3 Relation with family					
A. Life in the family	7 (10%)	18 (26%)	45 (64%)		
B. Acceptance by the family	9 (13%)	22 (31%)	39 (56%)		
C. Financial support from the family	28 (39%)	21 (30%)	22 (31%)		
D. School support from the family	47 (66%)	13 (18%)	11 (15%)		
E. Listened to by the family	23 (32%)	29 (40%)	20 (28%)		
4 Acceptance by the community					
A. Access to leisure activities	32 (45%)	26 (37%)	13 (18%)		
B. Participation in community activities	33 (46%)	29 (40%)	10 (14%)		
C. Perception of the child in the community	46 (67%)	19 (28%)	4 (6%)		
D. Listened to by the community	57 (80%)	10 (14%)	4 (6%)		
5 Psychological and interpersonal competences					
A. Politeness	1 (1%)	17 (24%)	54 (75%)		
B. Sense of sharing	6 (8%)	64 (89%)	2 (3%)		
C. Ability to communicate and express	46 (64%)	23 (32%)	3 (4%)		
D. Ability to motivate others	48 (67%)	22 (31%)	2 (3%)		
E. Ability to think of her future	48 (67%)	22 (31%)	2 (3%)		
F. Identification and imitation of models	46 (64%)	24 (33%)	2 (3%)		
G. Assuming her responsibilities	41 (57%)	29 (40%)	2 (3%)		
6 Sexual life					
A. Ability to say yes / no to a partner	14 (20%)	28 (40%)	28 (40%)		
B. Changing of partners	7 (10%)	12 (17%)	50 (72%)		
C. Use of contraception	23 (57%)	10 (40%)	37 (3%)		

Annex 9: Danané Summary of Data – Jan 2008

Danané Jan 2008 (n=91)	Bad	Acc.	Good		Bar chart
1 Health					
A. Hygiene	3 (3%)	58 (64%)	29 (32%)		
B. Frequency of illness	18 (20%)	56 (62%)	17 (19%)		
C. Use of contraception	26 (29%)	11 (12%)	53 (59%)		
D. Responsibility for child's medecine	10 (11%)	26 (29%)	54 (60%)		
2 Economic condition					
A. Frequency of meals	58 (64%)	29 (32%)	4 (4%)		
B. Ability to buy essentials	28 (31%)	34 (38%)	28 (31%)		
C. Ability to budget	34 (38%)	41 (46%)	15 (17%)		
3 Relation with family					
A. Life in the family	15 (17%)	35 (39%)	40 (44%)		
B. Acceptance by the family	20 (22%)	40 (45%)	29 (33%)		
C. Financial support from the family	33 (38%)	38 (43%)	17 (19%)		
D. School support from the family	56 (63%)	24 (27%)	9 (10%)		
E. Listened to by the family	42 (46%)	33 (36%)	16 (18%)		
4 Acceptance by the community					
A. Access to leisure activities	27 (30%)	46 (51%)	18 (20%)		
B. Participation in community activities	52 (58%)	31 (34%)	7 (8%)		
C. Perception of the child in the community	56 (62%)	31 (34%)	4 (4%)		
D. Listened to by the community	65 (71%)	24 (26%)	2 (2%)		
5 Psychological and interpersonal competences					
A. Politeness	0 (0%)	51 (58%)	37 (42%)		
B. Sense of sharing	4 (5%)	60 (68%)	24 (27%)		
C. Ability to communicate and express	33 (39%)	34 (40%)	17 (20%)		
D. Ability to motivate others	41 (47%)	33 (38%)	14 (16%)		
E. Ability to think of her future	43 (51%)	28 (33%)	14 (16%)		
F. Identification and imitation of models	44 (51%)	33 (38%)	10 (11%)		
G. Assuming her responsibilities	47 (53%)	31 (35%)	10 (11%)		
6 Sexual life					
A. Ability to say yes / no to a partner	19 (21%)	21 (23%)	51 (56%)		
B. Changing of partners	8 (9%)	26 (29%)	57 (63%)		
C. Use of contraception	19 (21%)	12 (13%)	60 (66%)		

Annex 10: Danané Longitudinal Analysis – Summary of Changes

Danané 07-08	"-2"	"-1"		No change			"+1"		" +2"	Total
	Good to Bad	Acc. to Bad	Good to Acc.	Bad	Acc.	Good	Bad to Acc.	Acc. to Good	Bad to Good	
1 Health										
A	1	7		42			20		1	71
		1	6	0	39	3	4	16		
B	3	13		28			20		4	68
		11	2	3	20	5	2	18		
C	6	2		34			8		17	67
		2	0	14	0	20	5	3		
D	5	15		35			8		3	66
		4	11	0	2	33	4	4		
2 Economic condition										
A	2	10		43			16		1	72
		9	1	35	7	1	15	1		
B	10	12		22			19		8	71
		5	7	7	5	10	14	5		
C	4	7		31			20		6	68
		6	1	18	11	2	16	4		
3 Relation with family										
A	9	18		29			10		3	69
		2	16	2	8	19	2	8		
B	7	23		25			13		1	69
		5	18	4	8	13	4	9		
C	6	17		32			13		4	72
		10	7	14	9	9	11	2		
D	6	10		37			14		3	70
		7	3	31	4	2	13	1		
E	9	19		27			13		4	72
		11	8	12	12	3	7	6		
4 Acceptance by the community										
A	3	9		26			14		7	59
		3	6	11	12	3	7	7		
B	3	20		35			10		3	71
		14	6	22	12	1	8	2		
C	2	11		37			18		1	69
		9	2	30	7	0	15	3		
D	4	3		51			11		2	71
		3	0	44	7	0	11	0		

Danané 07-08	"-2"	"-1"		No change			"+1"		" +2"	Total
	Good to Bad	Acc. to Bad	Good to Acc.	Bad	Acc.	Good	Bad to Acc.	Acc. to Good	Bad to Good	
5 Psychological and interpersonal competences										
A	0	8		36			5		1	50
		5	3	29	6	1	5	0		
B	1	1		48			19		0	69
		1	0	1	46	1	4	15		
C	1	5		33			20		7	66
		5	0	22	9	2	15	5		
D	1	5		39			20		4	69
		5	0	28	10	1	15	5		
E	1	9		34			21		4	69
		9	0	26	7	1	17	4		
F	1	5		39			23		1	69
		5	0	27	11	1	17	6		
G	1	12		33			22		1	69
		11	1	25	8	0	15	7		
6 Sexual life										
A	4	8		31			19		8	70
		2	6	5	8	18	1	18		
B	3	13		43			7		3	69
		1	12	3	5	35	1	6		
C	6	5		36			11		12	70
		1	4	7	2	27	4	7		
TOTAL	99	147	120	420	275	211	232	162	109	1775

Annex 11: Danané Indicator Ranking - July 2007

#	Danané July 2007 (n=72)	Bad	Acceptable	Good	Bad	Acc.+Good
1	5A. Politeness	1	17	54	1.4%	98.6%
2	1A. Hygiene	5	57	10	6.9%	93.1%
3	5B. Sense of sharing	6	64	2	8.3%	91.7%
4	3A. Life in the family	7	18	45	10.0%	90.0%
5	6B. Changing of partners	7	12	50	10.1%	89.9%
6	1D. Responsibility for child's medicine	7	10	50	10.4%	89.6%
7	3B. Acceptance by the family	9	22	39	12.9%	87.1%
8	6A. Ability to say yes / no to a partner	14	28	28	20.0%	80.0%
9	1B. Frequency of illness	21	39	10	30.0%	70.0%
10	3E. Listened to by the family	23	29	20	31.9%	68.1%
11	6C. Use of contraception	23	10	37	32.9%	67.1%
12	2B. Ability to buy essentials	28	15	28	39.4%	60.6%
13	3C. Financial support from the family	28	21	22	39.4%	60.6%
14	4A. Access to leisure activities	32	26	13	45.1%	54.9%
15	4B. Participation in community activities	33	29	10	45.8%	54.2%
16	1C. Use of contraception	36	5	27	52.9%	47.1%
17	5G. Assuming her responsibilities	41	29	2	56.9%	43.1%
18	2C. Ability to budget	40	21	7	58.8%	41.2%
19	5C. Ability to communicate and express	46	23	3	63.9%	36.1%
20	5F. Identification and imitation of models	46	24	2	63.9%	36.1%
21	3D. School support from the family	47	13	11	66.2%	33.8%
22	4C. Perception of the child in the community	46	19	4	66.7%	33.3%
23	5D. Ability to motivate others	48	22	2	66.7%	33.3%
24	5E. Ability to think of her future	48	22	2	66.7%	33.3%
25	2A. Frequency of meals	51	17	4	70.8%	29.2%
26	4D. Listened to by the community	57	10	4	80.3%	19.7%

Annex 12: Danané Indicator Ranking - Jan 2008

#	Danané Jan 2008 (n=91)	Bad	Acceptable	Good	Bad	Acc+good
1	5A. Politeness	0	51	37	0.0%	100.0%
2	1A. Hygiene	3	58	29	3.3%	96.7%
3	5B. Sense of sharing	4	60	24	4.5%	95.5%
4	6B. Changing of partners	8	26	57	8.8%	91.2%
5	1D. Responsibility for child's medicine	10	26	54	11.1%	88.9%
6	3A. Life in the family	15	35	40	16.7%	83.3%
7	1B. Frequency of illness	18	56	17	19.8%	80.2%
8	6A. Ability to say yes / no to a partner	19	21	51	20.9%	79.1%
9	6C. Use of contraception	19	12	60	20.9%	79.1%
10	3B. Acceptance by the family	20	40	29	22.5%	77.5%
11	1C. Use of contraception	26	11	53	28.9%	71.1%
12	4A. Access to leisure activities	27	46	18	29.7%	70.3%
13	2B. Ability to buy essentials	28	34	28	31.1%	68.9%
14	3C. Financial support from the family	33	38	17	37.5%	62.5%
15	2C. Ability to budget	34	41	15	37.8%	62.2%
16	5C. Ability to communicate and express	33	34	17	39.3%	60.7%
17	3E. Listened to by the family	42	33	16	46.2%	53.8%
18	5D. Ability to motivate others	41	33	14	46.6%	53.4%
19	5F. Identification and imitation of models	44	33	10	50.6%	49.4%
20	5E. Ability to think of her future	43	28	14	50.6%	49.4%
21	5G. Assuming her responsibilities	47	31	10	53.4%	46.6%
22	4B. Participation in community activities	52	31	7	57.8%	42.2%
23	4C. Perception of the child in the community	56	31	4	61.5%	38.5%
24	3D. School support from the family	56	24	9	62.9%	37.1%
25	2A. Frequency of meals	58	29	4	63.7%	36.3%
26	4D. Listened to by the community	65	24	2	71.4%	28.6%

Annex 13: Danané Rank Analysis for Health Category - July 2007 & Jan 2008)

#	Danané July 2007 (n=72)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	3A. Life in the family
5	6B. Changing of partners
6	1D. Responsibility for child's medicine
7	3B. Acceptance by the family
8	6A. Ability to say yes / no to a partner
9	1B. Frequency of illness
10	3E. Listened to by the family
11	6C. Use of contraception
12	2B. Ability to buy essentials
13	3C. Financial support from the family
14	4A. Access to leisure activities
15	4B. Participation in community activities
16	1C. Use of contraception
17	5G. Assuming her responsibilities
18	2C. Ability to budget
19	5C. Ability to communicate and express
20	5F. Identification and imitation of models
21	3D. School support from the family
22	4C. Perception of the child in the community
23	5D. Ability to motivate others
24	5E. Ability to think of her future
25	2A. Frequency of meals
26	4D. Listened to by the community

#	Danané Jan 2008 (n=91)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	6B. Changing of partners
5	1D. Responsibility for child's medicine
6	3A. Life in the family
7	1B. Frequency of illness
8	6A. Ability to say yes / no to a partner
9	6C. Use of contraception
10	3B. Acceptance by the family
11	1C. Use of contraception
12	4A. Access to leisure activities
13	2B. Ability to buy essentials
14	3C. Financial support from the family
15	2C. Ability to budget
16	5C. Ability to communicate and express
17	3E. Listened to by the family
18	5D. Ability to motivate others
19	5F. Identification and imitation of models
20	5E. Ability to think of her future
21	5G. Assuming her responsibilities
22	4B. Participation in community activities
23	4C. Perception of the child in the community
24	3D. School support from the family
25	2A. Frequency of meals
26	4D. Listened to by the community

Annex 14: Danané Rank Analysis for Economic Category - July 2007 & Jan 2008

#	Danané July 2007 (n=72)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	3A. Life in the family
5	6B. Changing of partners
6	1D. Responsibility for child's medicine
7	3B. Acceptance by the family
8	6A. Ability to say yes / no to a partner
9	1B. Frequency of illness
10	3E. Listened to by the family
11	6C. Use of contraception
12	2B. Ability to buy essentials
13	3C. Financial support from the family
14	4A. Access to leisure activities
15	4B. Participation in community activities
16	1C. Use of contraception
17	5G. Assuming her responsibilities
18	2C. Ability to budget
19	5C. Ability to communicate and express
20	5F. Identification and imitation of models
21	3D. School support from the family
22	4C. Perception of the child in the community
23	5D. Ability to motivate others
24	5E. Ability to think of her future
25	2A. Frequency of meals
26	4D. Listened to by the community

#	Danané Jan 2008 (n=91)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	6B. Changing of partners
5	1D. Responsibility for child's medicine
6	3A. Life in the family
7	1B. Frequency of illness
8	6A. Ability to say yes / no to a partner
9	6C. Use of contraception
10	3B. Acceptance by the family
11	1C. Use of contraception
12	4A. Access to leisure activities
13	2B. Ability to buy essentials
14	3C. Financial support from the family
15	2C. Ability to budget
16	5C. Ability to communicate and express
17	3E. Listened to by the family
18	5D. Ability to motivate others
19	5F. Identification and imitation of models
20	5E. Ability to think of her future
21	5G. Assuming her responsibilities
22	4B. Participation in community activities
23	4C. Perception of the child in the community
24	3D. School support from the family
25	2A. Frequency of meals
26	4D. Listened to by the community

Annex 15: Danané Rank Analysis for Family Category - July 2007 & Jan 2008

#	Danané July 2007 (n=72)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	3A. Life in the family
5	6B. Changing of partners
6	1D. Responsibility for child's medicine
7	3B. Acceptance by the family
8	6A. Ability to say yes / no to a partner
9	1B. Frequency of illness
10	3E. Listened to by the family
11	6C. Use of contraception
12	2B. Ability to buy essentials
13	3C. Financial support from the family
14	4A. Access to leisure activities
15	4B. Participation in community activities
16	1C. Use of contraception
17	5G. Assuming her responsibilities
18	2C. Ability to budget
19	5C. Ability to communicate and express
20	5F. Identification and imitation of models
21	3D. School support from the family
22	4C. Perception of the child in the community
23	5D. Ability to motivate others
24	5E. Ability to think of her future
25	2A. Frequency of meals
26	4D. Listened to by the community

#	Danané Jan 2008 (n=91)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	6B. Changing of partners
5	1D. Responsibility for child's medicine
6	3A. Life in the family
7	1B. Frequency of illness
8	6A. Ability to say yes / no to a partner
9	6C. Use of contraception
10	3B. Acceptance by the family
11	1C. Use of contraception
12	4A. Access to leisure activities
13	2B. Ability to buy essentials
14	3C. Financial support from the family
15	2C. Ability to budget
16	5C. Ability to communicate and express
17	3E. Listened to by the family
18	5D. Ability to motivate others
19	5F. Identification and imitation of models
20	5E. Ability to think of her future
21	5G. Assuming her responsibilities
22	4B. Participation in community activities
23	4C. Perception of the child in the community
24	3D. School support from the family
25	2A. Frequency of meals
26	4D. Listened to by the community

Annex 16: Danané Rank Analysis for Community Category - July 2007 & Jan 2008

#	Danané July 2007 (n=72)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	3A. Life in the family
5	6B. Changing of partners
6	1D. Responsibility for child's medicine
7	3B. Acceptance by the family
8	6A. Ability to say yes / no to a partner
9	1B. Frequency of illness
10	3E. Listened to by the family
11	6C. Use of contraception
12	2B. Ability to buy essentials
13	3C. Financial support from the family
14	4A. Access to leisure activities
15	4B. Participation in community activities
16	1C. Use of contraception
17	5G. Assuming her responsibilities
18	2C. Ability to budget
19	5C. Ability to communicate and express
20	5F. Identification and imitation of models
21	3D. School support from the family
22	4C. Perception of the child in the community
23	5D. Ability to motivate others
24	5E. Ability to think of her future
25	2A. Frequency of meals
26	4D. Listened to by the community

#	Danané Jan 2008 (n=91)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	6B. Changing of partners
5	1D. Responsibility for child's medicine
6	3A. Life in the family
7	1B. Frequency of illness
8	6A. Ability to say yes / no to a partner
9	6C. Use of contraception
10	3B. Acceptance by the family
11	1C. Use of contraception
12	4A. Access to leisure activities
13	2B. Ability to buy essentials
14	3C. Financial support from the family
15	2C. Ability to budget
16	5C. Ability to communicate and express
17	3E. Listened to by the family
18	5D. Ability to motivate others
19	5F. Identification and imitation of models
20	5E. Ability to think of her future
21	5G. Assuming her responsibilities
22	4B. Participation in community activities
23	4C. Perception of the child in the community
24	3D. School support from the family
25	2A. Frequency of meals
26	4D. Listened to by the community

Annex 17: Danané Rank Analysis for Psychological Category - July 2007 & Jan 2008

#	Danané July 2007 (n=72)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	3A. Life in the family
5	6B. Changing of partners
6	1D. Responsibility for child's medicine
7	3B. Acceptance by the family
8	6A. Ability to say yes / no to a partner
9	1B. Frequency of illness
10	3E. Listened to by the family
11	6C. Use of contraception
12	2B. Ability to buy essentials
13	3C. Financial support from the family
14	4A. Access to leisure activities
15	4B. Participation in community activities
16	1C. Use of contraception
17	5G. Assuming her responsibilities
18	2C. Ability to budget
19	5C. Ability to communicate and express
20	5F. Identification and imitation of models
21	3D. School support from the family
22	4C. Perception of the child in the community
23	5D. Ability to motivate others
24	5E. Ability to think of her future
25	2A. Frequency of meals
26	4D. Listened to by the community

#	Danané Jan 2008 (n=91)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	6B. Changing of partners
5	1D. Responsibility for child's medicine
6	3A. Life in the family
7	1B. Frequency of illness
8	6A. Ability to say yes / no to a partner
9	6C. Use of contraception
10	3B. Acceptance by the family
11	1C. Use of contraception
12	4A. Access to leisure activities
13	2B. Ability to buy essentials
14	3C. Financial support from the family
15	2C. Ability to budget
16	5C. Ability to communicate and express
17	3E. Listened to by the family
18	5D. Ability to motivate others
19	5F. Identification and imitation of models
20	5E. Ability to think of her future
21	5G. Assuming her responsibilities
22	4B. Participation in community activities
23	4C. Perception of the child in the community
24	3D. School support from the family
25	2A. Frequency of meals
26	4D. Listened to by the community

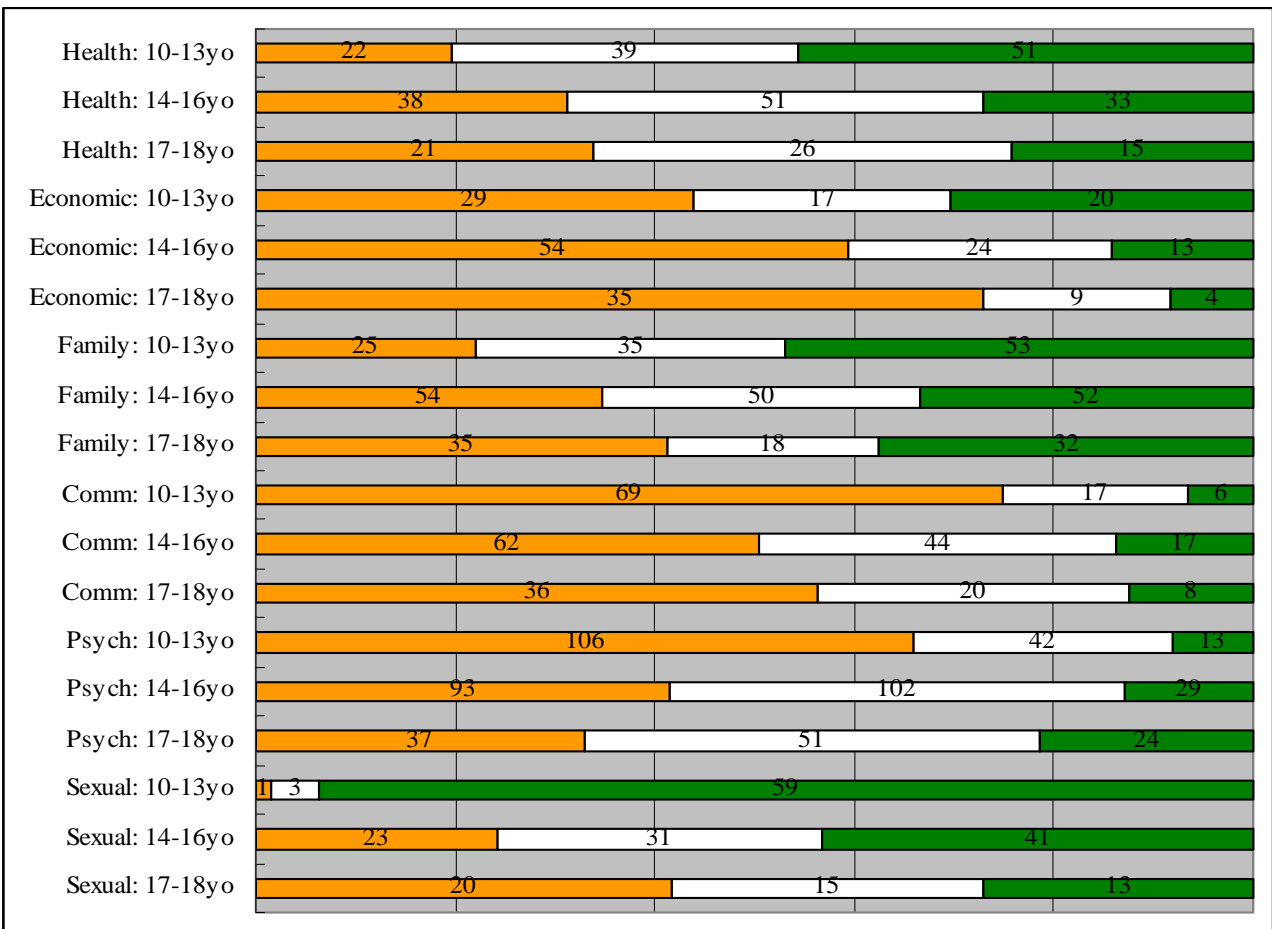
Annex 18: Danané Rank Analysis for Sex Category - July 2007 & Jan 2008

#	Danané July 2007 (n=72)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	3A. Life in the family
5	6B. Changing of partners
6	1D. Responsibility for child's medicine
7	3B. Acceptance by the family
8	6A. Ability to say yes / no to a partner
9	1B. Frequency of illness
10	3E. Listened to by the family
11	6C. Use of contraception
12	2B. Ability to buy essentials
13	3C. Financial support from the family
14	4A. Access to leisure activities
15	4B. Participation in community activities
16	1C. Use of contraception
17	5G. Assuming her responsibilities
18	2C. Ability to budget
19	5C. Ability to communicate and express
20	5F. Identification and imitation of models
21	3D. School support from the family
22	4C. Perception of the child in the community
23	5D. Ability to motivate others
24	5E. Ability to think of her future
25	2A. Frequency of meals
26	4D. Listened to by the community

#	Danané Jan 2008 (n=91)
1	5A. Politeness
2	1A. Hygiene
3	5B. Sense of sharing
4	6B. Changing of partners
5	1D. Responsibility for child's medicine
6	3A. Life in the family
7	1B. Frequency of illness
8	6A. Ability to say yes / no to a partner
9	6C. Use of contraception
10	3B. Acceptance by the family
11	1C. Use of contraception
12	4A. Access to leisure activities
13	2B. Ability to buy essentials
14	3C. Financial support from the family
15	2C. Ability to budget
16	5C. Ability to communicate and express
17	3E. Listened to by the family
18	5D. Ability to motivate others
19	5F. Identification and imitation of models
20	5E. Ability to think of her future
21	5G. Assuming her responsibilities
22	4B. Participation in community activities
23	4C. Perception of the child in the community
24	3D. School support from the family
25	2A. Frequency of meals
26	4D. Listened to by the community

Annex 19: Danané Distribution by Age Group – July 2007

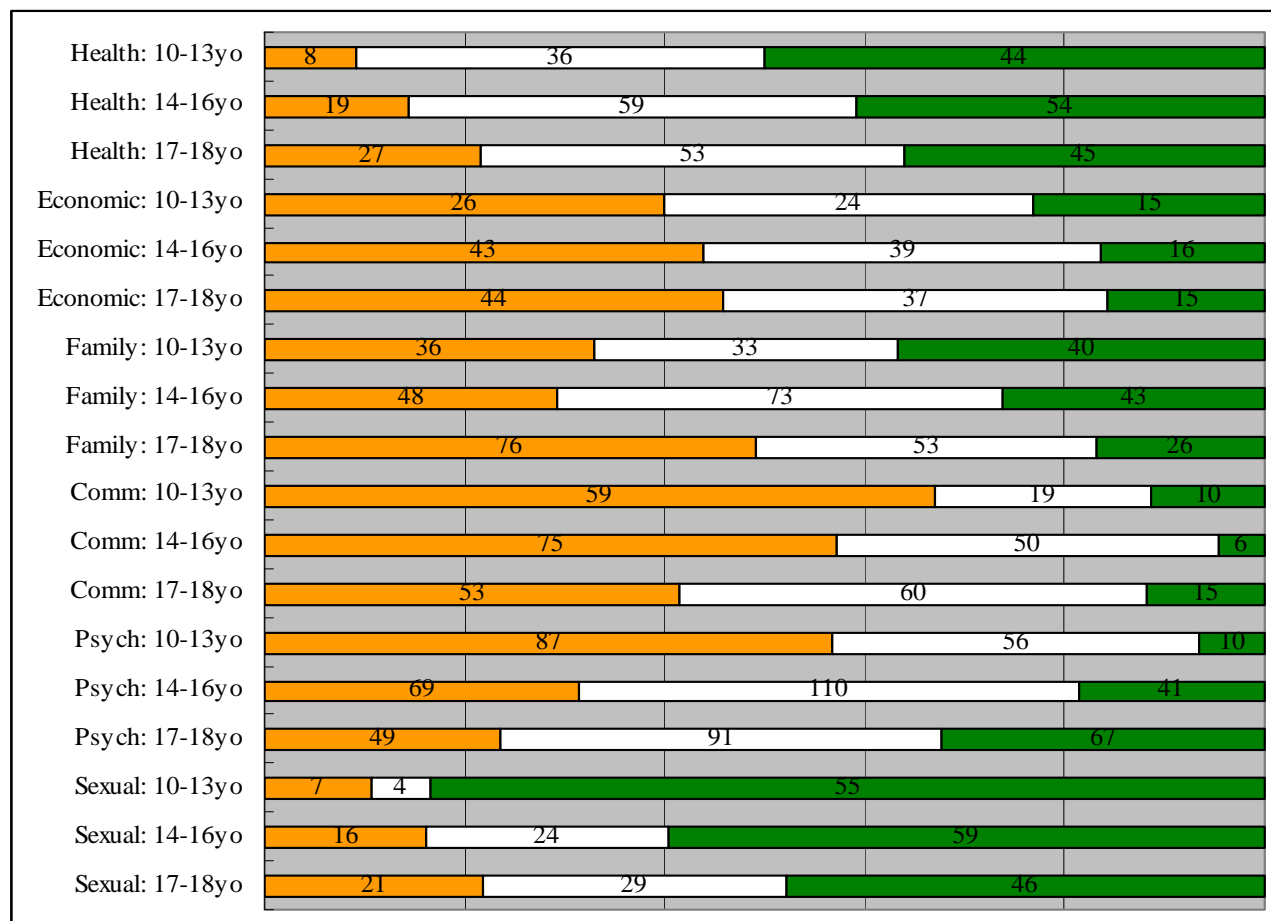
n= 71: 23 girls between 10 and 13; 32 girls between 14 and 16; 16 girls at age 17



The numbers on each bar represent the total number of 'bad' (orange), 'acceptable' (white) and 'good' (green) scores in each indicator category.

Annex 20: Danane Distribution by Age Group – Jan 2008

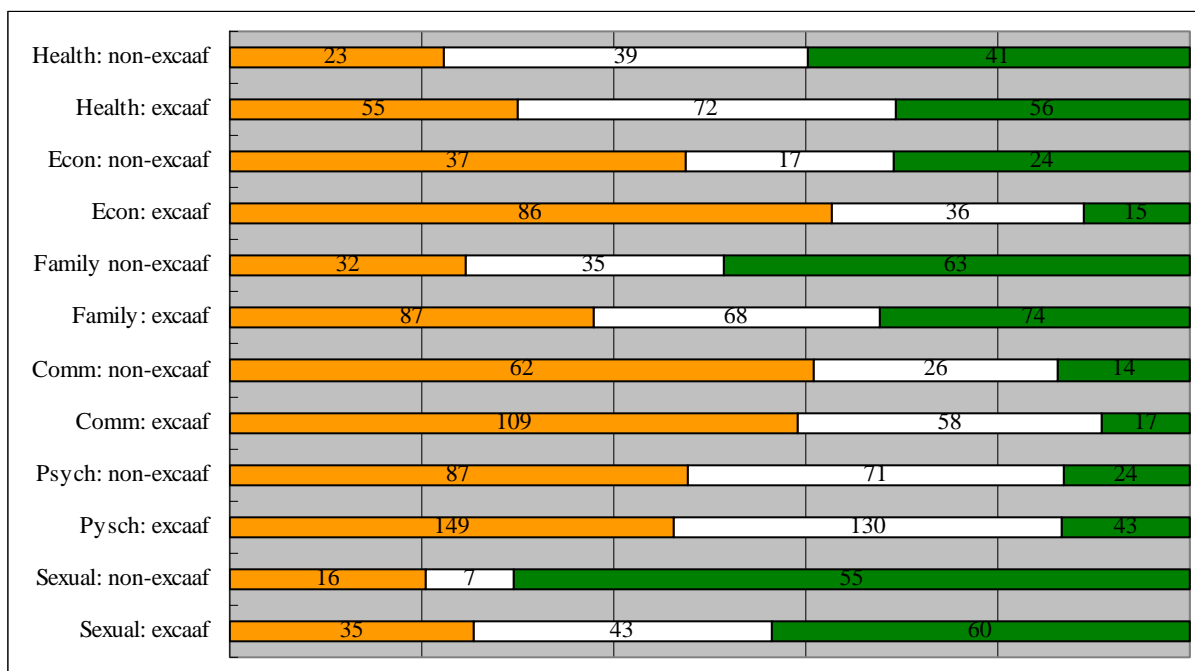
n= 87: 22 between 11 and 13; 33 between 14 and 16; 32 between 17 and 18; 3 blanks



The numbers on each bar represent the total number of 'bad' (orange), 'acceptable' (white) and 'good' (green) scores in each indicator category.

Annex 21: Danané Distribution by non ex-CAAF vs. ex-CAAF – July 2007

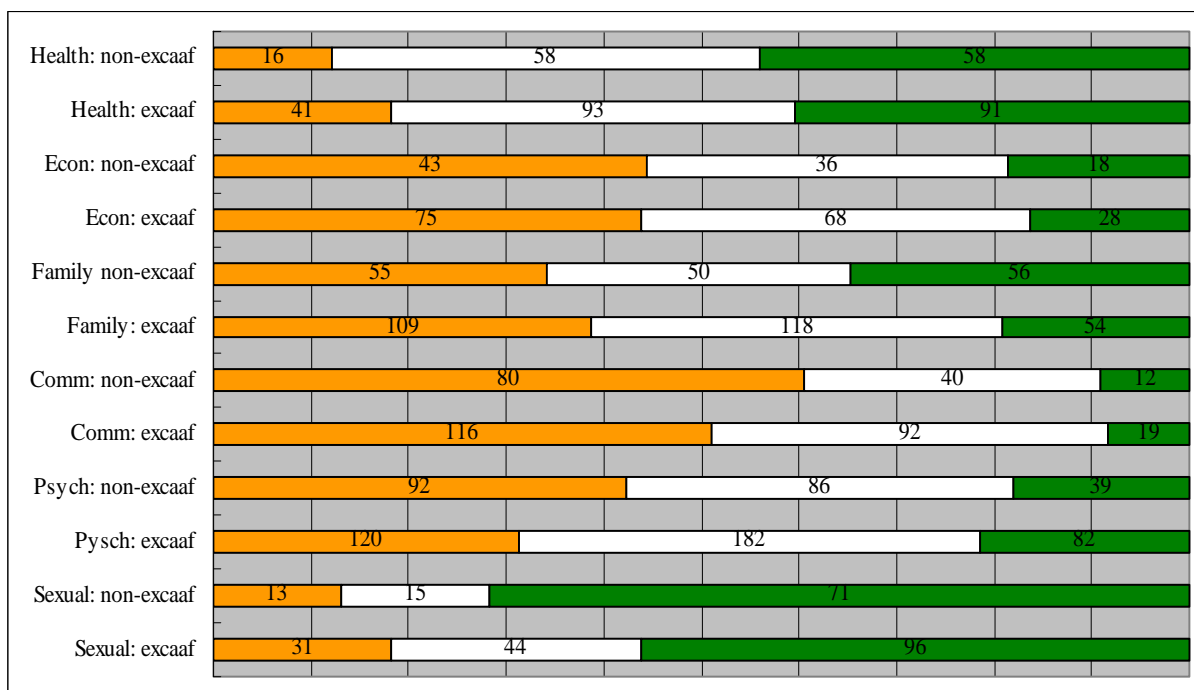
n= 72: 26 non ex-CAAF; 46 ex-CAAF



The numbers on each bar represent the total number of 'bad' (orange), 'acceptable' (white) and 'good' (green) scores in each indicator category.

Annex 22 : Danané Distribution by non ex-CAAF vs. ex-CAAF – Jan 2008

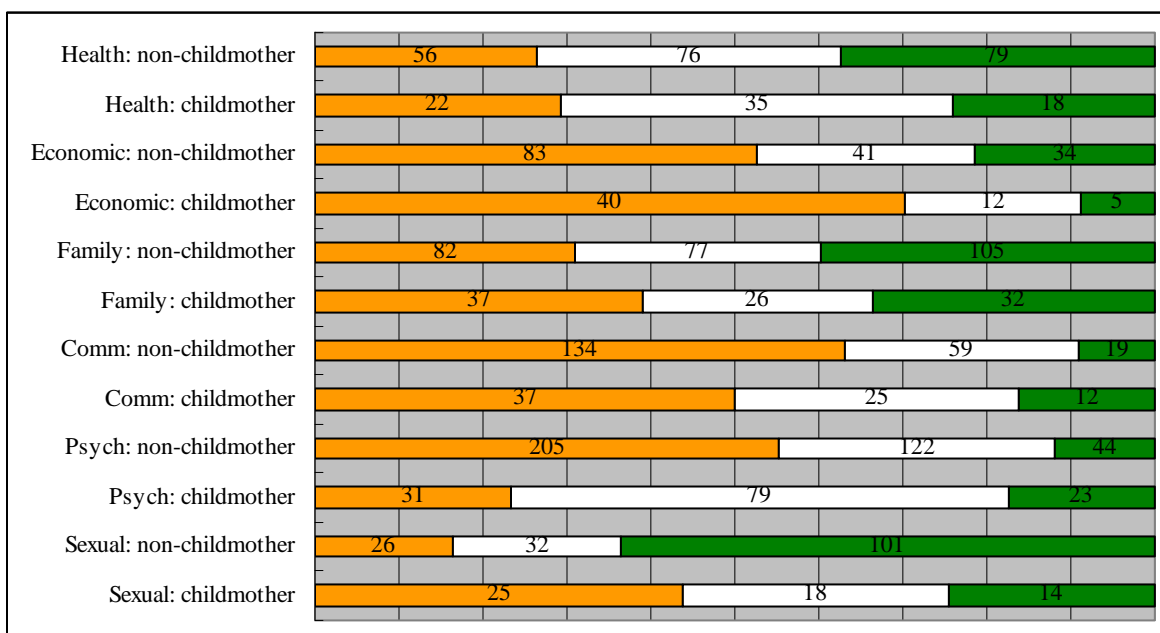
n= 90: 33 non ex-CAAF; 57 ex-CAAF



The numbers on each bar represent the total number of 'bad' (orange), 'acceptable' (white) and 'good' (green) scores in each indicator category.

Annex 23: Danané Distribution by non child-mother vs. child-mother – July 2007

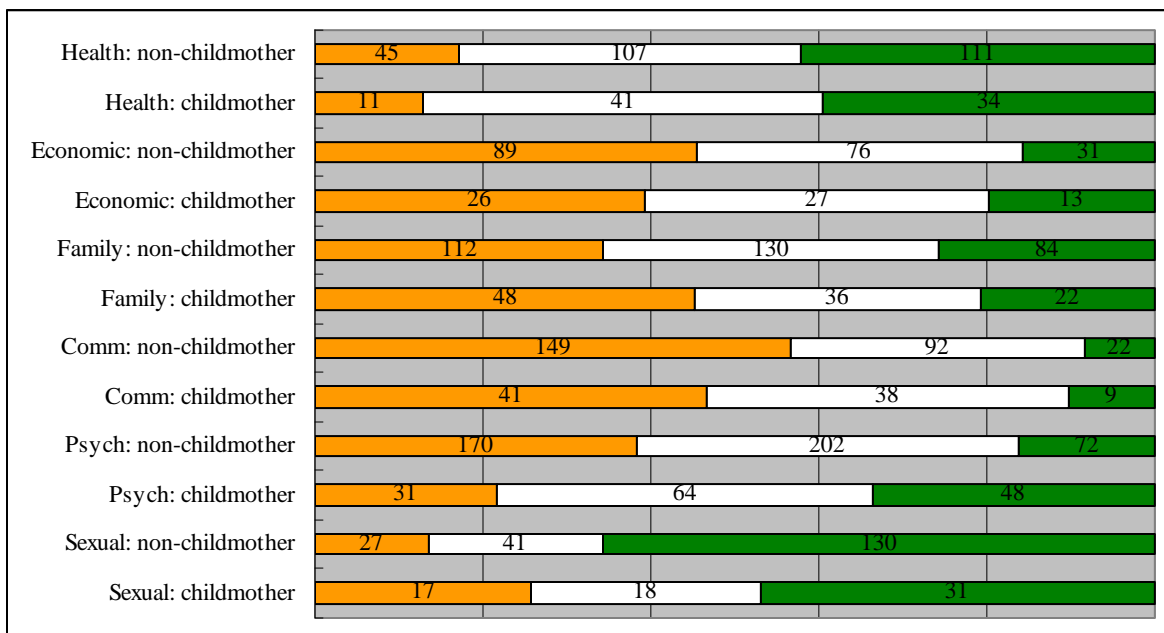
n= 72: 53 non child-mother; 19 child-mother



The numbers on each bar represent the total number of 'bad' (orange), 'acceptable' (white) and 'good' (green) scores in each indicator category.

Annex 24: Danané Distribution by non child-mother vs. child-mother – Jan 2008

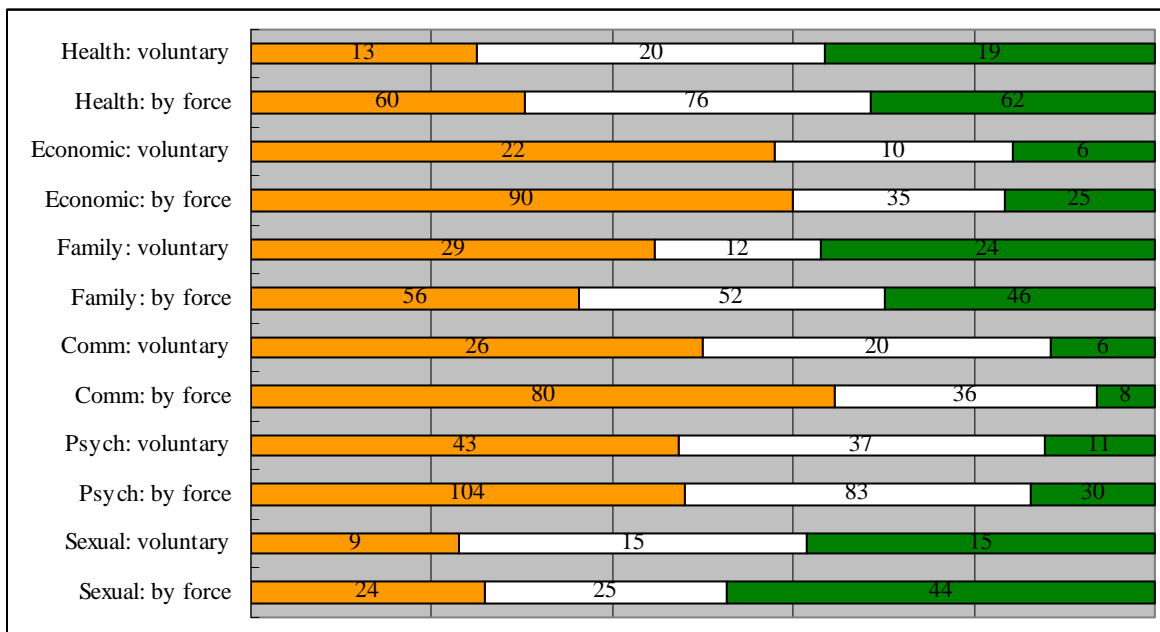
n= 88: 66 non child-mother; 22 child-mother; 2 blanks



The numbers on each bar represent the total number of 'bad' (orange), 'acceptable' (white) and 'good' (green) scores in each indicator category.

Annex 25: Danané Distribution by voluntary enlistment vs. recruited by force – July 2007

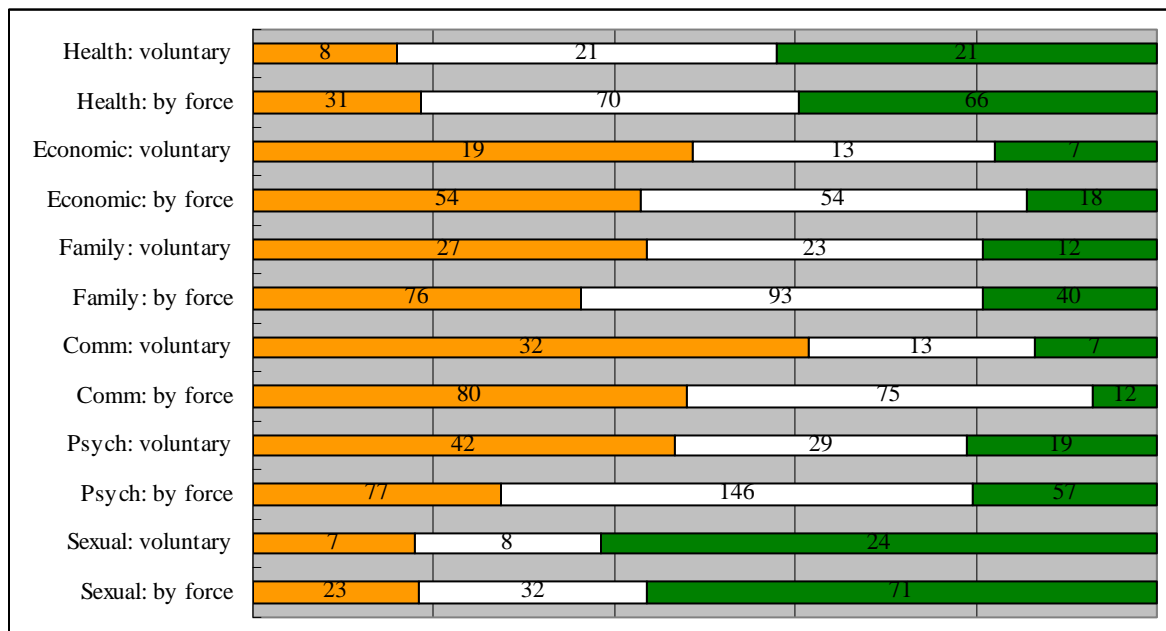
n= 44: 13 voluntary; 31 by force



The numbers on each bar represent the total number of 'bad' (orange), 'acceptable' (white) and 'good' (green) scores in each indicator category.

Annex 26: Danané Distribution by voluntary enlistment vs. recruited by force – Jan 2008

n= 55: 13 voluntary; 42 by force



The numbers on each bar represent the total number of 'bad' (orange), 'acceptable' (white) and 'good' (green) scores in each indicator category.

Annex 27: Regression Analysis - Description of Variables

Variable Name	Description
age	Age in years, range [10,18]
preeduc	= 1 if previously literate; = 0 otherwise
withparent	= 1 if currently living with parent; = 0 otherwise
excaaf	= 1 if formerly associated with armed forces; = 0 otherwise
childmother	= 1 if child is a mother (i.e. has child/children); = 0 otherwise
duration	= 1 if excaaf, duration of association in years
arms	= 1 if excaaf and used arms during association; = 0 otherwise
recruitment	= 1 if excaaf and recruited forcibly; = 0 voluntary association
health	Health index: aggregated 4 indicators giving equal weight
economic	Economic index: 3 indicators
famacc	Family acceptance index: 5 indicators
commacc	Community acceptance index: 4 indicators
psych	Psychological and interpersonal competency index: 7 indicators
sexual	Sexual life index: 3 indicators

Annex 28: Danané Correlation Charts: Independent Variables - Jan 2008³⁴

(n = 84)	age	preveduc	withparent	excaaf	childmother
age	1				
preveduc	-0.1869	1			
withparent	-0.2041	0.2928	1		
excaaf	0.3483	-0.1735	-0.1058	1	
childmother	0.4159	-0.1407	-0.2655	0.2617	1

(n = 55)	duration	arms	recruitment
duration	1		
arms	0.0719	1	
recruitment	0.2478	0.1304	1

³⁴ The correlation between the independent variables are only displayed for 2008, not for 2007, because 1) the independent variables stay more or less constant across time and 2) the sample size in 2008 dataset is larger.

Annex 29: Danané Correlation Charts: Dependent Variables - July 2007 & Jan 2008

Danané Correlation Chart: Dependent variables - July 2007

(n=72)	health	economic	famacc	Commacc	psych	sexual
health	1					
economic	0.3081	1				
famacc	0.2327	0.2443	1			
commacc	-0.0020	-0.0900	0.0949	1		
psych	-0.0229	-0.2318	-0.2061	0.2097	1	
sexual	-0.0175	-0.1401	-0.0502	-0.0260	-0.0521	1

Danané Correlation Chart: Dependent variables - Jan 2008

(n = 84)	health	economic	famacc	commacc	psych	sexual
health	1					
economic	0.3730	1				
famacc	0.1786	0.2423	1			
commacc	0.0471	-0.1329	0.1415	1		
psych	0.2601	0.3276	0.0322	0.3698	1	
sexual	0.0777	0.0972	-0.0820	-0.2086	-0.0944	1

Annex 30: Danané Regression Charts - July 2007

Bold coefficients = statistically significant at 95% confidence level

n=70; entire sample		health	economic	famacc	commacc	Psych	sexual
Independent variables	excaaf	0.375 (0.279)	-0.026 (0.744)	-0.271 (0.482)	0.488 (0.620)	0.557 (0.457)	-0.258 (0.380)
	age	0.027 (0.013)	0.024 (0.043)	0.007 (0.021)	0.038 (0.032)	0.056 (0.025)	-0.074 (0.020)
	preveduc	-0.021 (0.091)	-0.137 (0.119)	0.032 (0.082)	-0.044 (0.114)	0.026 (0.108)	-0.052 (0.093)
	withparent	0.221 (0.096)	0.328 (0.114)	0.045 (0.084)	0.032 (0.154)	-0.004 (0.122)	-0.118 (0.106)
	childmother	0.112 (0.060)	0.106 (0.117)	-0.236 (0.100)	0.131 (0.290)	0.172 (0.096)	-0.090 (0.065)
Interaction variables	excaaf x age	-0.020 (0.019)	0.003 (0.048)	0.006 (0.030)	-0.027 (0.038)	-0.042 (0.029)	0.002 (0.025)
	excaaf x preveduc	0.187 (0.110)	0.180 (0.166)	0.178 (0.112)	0.052 (0.164)	0.057 (0.141)	0.085 (0.132)
	excaaf x withparents	-0.300 (0.115)	-0.261 (0.156)	-0.104 (0.115)	-0.160 (0.195)	-0.025 (0.151)	0.211 (0.141)
	excaaf x childmother	-0.214 (0.084)	-0.289 (0.150)	0.252 (0.132)	-0.053 (0.313)	0.048 (0.122)	0.126 (0.091)
Intercept		0.252 (0.185)	0.030 (0.674)	0.647 (0.320)	-0.188 (0.534)	-0.335 (0.405)	2.016 (0.329)
R-squared		0.240	0.200	0.220	0.069	0.222	0.372

n=42; ex-CAAF sample	health	economic	famacc	commacc	psych	sexual
age	0.034 (0.016)	0.029 (0.025)	0.020 (0.022)	0.016 (0.023)	0.011 (0.016)	-0.076 (0.014)
preveduc	0.166 (0.069)	0.092 (0.121)	0.192 (0.086)	0.051 (0.126)	0.046 (0.099)	0.033 (0.094)
withparent	-0.076 (0.072)	0.040 (0.118)	-0.013 (0.088)	-0.132 (0.120)	0.008 (0.0977)	0.094 (0.095)
childmother	-0.132 (0.064)	-0.195 (0.104)	0.040 (0.099)	0.078 (0.123)	0.203 (0.082)	0.018 (0.069)
duration	0.005 (0.030)	-0.022 (0.048)	-0.035 (0.043)	0.014 (0.057)	-0.024 (0.030)	0.043 (0.030)
arms	0.098 (0.075)	0.152 (0.111)	-0.118 (0.123)	0.080 (0.205)	-0.038 (0.130)	0.198 (0.098)
recruitment	-0.090 (0.072)	-0.069 (0.095)	0.092 (0.093)	-0.141 (0.129)	0.020 (0.078)	-0.032 (0.072)
Intercept	0.729 (0.290)	0.042 (0.387)	0.255 (0.375)	0.267 (0.384)	0.285 (0.248)	1.724 (0.215)
R-squared	0.235	0.023	0.200	0.104	0.212	0.524

Annex 31: Danané Regression Charts - Jan 2008

Bold coefficients = statistically significant at 95% confidence level

n=84; entire sample		health	economic	famacc	commacc	psych	sexual
Independent variables	excaaf	0.471 (0.350)	1.388 (0.614)	0.775 (0.620)	-0.867 (0.697)	-0.214 (0.606)	0.253 (0.433)
	age	0.005 (0.015)	0.044 (0.025)	-0.000 (0.028)	0.025 (0.039)	0.070 (0.034)	-0.004 (0.024)
	preveduc	-0.093 (0.064)	-0.189 (0.105)	-0.087 (0.122)	0.164 (0.150)	-0.168 (0.133)	-0.113 (0.082)
	withparent	-0.041 (0.065)	0.137 (0.119)	0.230 (0.111)	-0.122 (0.137)	-0.086 (0.157)	0.073 (0.072)
	childmother	-0.127 (0.129)	0.079 (0.144)	-0.072 (0.261)	-0.038 (0.201)	-0.240 (0.266)	-0.213 (0.209)
Interaction variables	excaaf x age	-0.049 (0.024)	-0.098 (0.039)	-0.050 (0.042)	0.054 (0.049)	-0.005 (0.040)	-0.019 (0.029)
	excaaf x preveduc	0.149 (0.085)	0.103 (0.139)	-0.025 (0.153)	0.068 (0.180)	0.357 (0.157)	0.064 (0.101)
	excaaf x withparents	0.110 (0.091)	-0.019 (0.149)	-0.006 (0.145)	0.056 (0.172)	0.062 (0.181)	-0.049 (0.095)
	excaaf x childmother	-0.293 (0.145)	0.043 (0.171)	0.083 (0.284)	0.027 (0.229)	0.294 (0.283)	0.150 (0.220)
Intercept		0.923 (0.232)	-0.038 (0.393)	0.562 (0.370)	0.015 (0.520)	-0.240 (0.512)	0.957 (0.333)
R-squared		0.214	0.122	0.158	0.160	0.230	0.092

n=55; ex-CAAF sample	health	economic	famacc	commacc	psych	sexual
age	-0.044 (0.017)	-0.056 (0.030)	-0.038 (0.032)	0.095 (0.029)	0.076 (0.021)	-0.023 (0.018)
preveduc	0.057 (0.059)	-0.081 (0.096)	-0.108 (0.093)	0.203 (0.107)	0.151 (0.090)	-0.052 (0.062)
withparent	0.069 (0.070)	0.158 (0.090)	0.215 (0.088)	-0.066 (0.109)	0.034 (0.092)	0.035 (0.068)
childmother	0.140 (0.071)	0.139 (0.088)	0.006 (0.112)	-0.018 (0.103)	0.057 (0.101)	-0.083 (0.070)
duration	-0.053 (0.033)	-0.049 (0.044)	-0.053 (0.038)	-0.003 (0.051)	-0.062 (0.033)	-0.048 (0.030)
arms	0.044 (0.087)	0.164 (0.114)	-0.235 (0.116)	-0.139 (0.149)	0.057 (0.091)	0.061 (0.097)
recruitment	-0.025 (0.063)	0.057 (0.105)	0.139 (0.106)	0.216 (0.115)	0.282 (0.092)	-0.010 (0.078)
Intercept	1.504 (0.262)	1.362 (0.525)	1.168 (0.557)	-1.216 (0.497)	-0.771 (0.345)	1.304 (0.282)
R-squared	0.275	0.186	0.267	0.233	0.375	0.124

Annex 32: Danané Qualitative Interview Data

Group	Most significant change question
Girls (3)	Learning to read and write seemed like the most significant change to the three girls. When asked why this was important, one of the girls said “because it is my future”. They also articulated other reasons why reading and writing had been important to them such as being able to write letters and being able to teach their children how to read and write. Along with reading and writing, the girls explained how the Save UK project had taken them off the streets and that they no longer walked around “like vagabonds”. Instead they talked about making friends and starting to forget the past.
Teachers (3)	Without exception the teachers felt the most significant changes had been in the realm of politeness, respect and cleanliness. Two of them told the story of the same girl, who had a really strong and difficult character when she arrived, was extremely rude and wouldn’t play with the other girls. She’s now polite and friendly, plays with the other girls, and comes to school early each day to sweep the yard. They talked of girls who had been tearful and delicate growing in strength and happiness, those who were loners making friends and feeling part of the family at Save UK.
Save UK staff	The Save UK project officer felt unable to cite a significant change in the girls at the Idé Afrique project, but believed the girls at the PAHO project had become much more relaxed and integrated in their time with the project. Playing sports with teams from formal schools had been an important part of forging their new characters.

Group	Objective of the project question
Girls (3)	The girls were clear that the objective of the project was for them to learn to read and write. They mentioned income-generation activities obliquely, talking of the skills they would like to learn (hairdressing, sewing), and one girl was clear that she wanted to be able to earn money in order that she never again had to ask a man for financial support. Save UK staff later explained that this was a

	euphemistic reference to resorting to prostitution. One of the girls also suggested that the project was run to get her out of a difficult family situation during the days, saying her aunt mistreats her just as the rebels did.
Teachers (3)	The teachers had quite views of the objectives of the project: one believed it was reintegration, community acceptance and economic independence; one believed it was sustainability and integration into formal school; one believed it was to help the girls think of their futures.
NGO partner (1)	He said that there are many girls in the area who have been directly or indirectly affected by war, and who face marginalization and difficulty being accepted by the community. The project aimed to work with these girls.
Save UK staff	Articulated three objectives for the project: 1) reintegration of the girls; 2) learning to read and write; 3) income-generation.

Group	Evaluation of the project question
Girls (3)	Unanimously the girls believed the project was doing a good job: “thanks to you we know how to read and write, little by little”. They talked of the teachers at the school and Save UK staff being like parents to them, and mentioned growing in courage and confidence to achieve their goals. One girl mentioned that she hadn’t yet received materials for hairdressing, but said that she would if it were the will of God.
Teachers (3)	The teachers believed in the project and felt it was successful: they had different measures of success. One said the project serves as a family for the girls, a base where they can feel secure, an emotional safety-net. Two teachers agreed that the girls’ behavior and level of work had improved, saying that they are more respectful, they play and talk together better, they participate in class more. One said that she’d watched their economic condition improve: they are now engaging in petty commerce rather than asking for money or prostituting themselves (there have been no new pregnancies in the last six months). Interestingly, one teacher said that the girls had forgotten the past and are looking to the future.
NGO partner (1)	He believed the project is a good starting point for acceptance into the community. When the Education Ministry came to monitor the teachers and students, they were very satisfied with the Save UK Project.
Save UK staff	Project officer talked about the successes of ‘reinsertion’ of children back from the rebel camps at the start of the project (before the current phase), about the

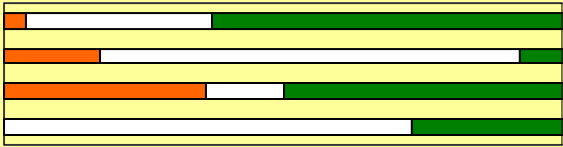
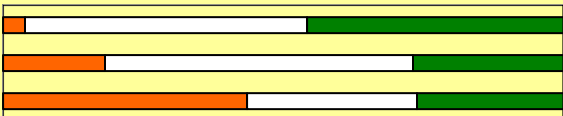
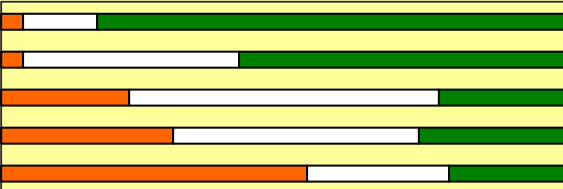

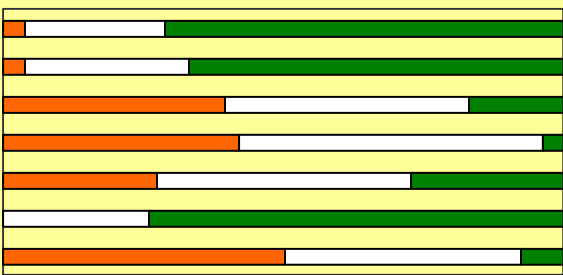

	success of the community sensitization, some successes in reading, writing and income generation.
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Group	Reintegration question
Girls (3)	All three of the girls we spoke to had been associated with the rebels as wives and / or cooks. Each spoke of the challenges of reintegration: family and community members avoiding them, being scared of them and not speaking to them because they “believed the rebel ways were in them”. All of them talked of relationships improving slowly as time passed. One girl talked explicitly about wanting to braid the hair of women in the community at a cheap rate or for free, in order to improve her relationships with them and become friends. Several talked of very difficult family situations, but attributed this to the fact that they lived with their aunts rather than their parents.
Teachers (3)	The teachers had very different senses of what reintegration looked like. One focused on family acceptance, saying everything starts with the family, it’s where your community identity is formed. She went on to explain the work the project does to interact with the girls’ families. One focused on reintegration into formal schools, and ‘improving’ those girls too old for formal school. She said that reintegration was bringing girls who are lost back to reality and giving them a sense that life is worth living. One teacher focused entirely on the government structures of reintegration, not relating the work of the project to the work of reintegration at all.
NGO partner (1)	He was very keen to be able to provide the girls with material support for their livelihood opportunities, so that their income-generation ambitions could be realized.
Save UK staff	Reintegration permits a girl who has been rejected by her family and community to re-take her place in the family and community.

Annex 33: Zeaglo Summary of Data – Aug-Oct 2007

Zeaglo Aug-Oct 2007 (n=23)	Bad	Acc.	Good		Bar Charts
1 Health					
A. Hygiene	4 (17%)	13 (57%)	6 (26%)		
B. Frequency of illness	4 (17%)	16 (70%)	3 (13%)		
C. Use of contraception	3 (20%)	4 (27%)	8 (53%)		
D. Responsibility for child's medicine	2 (9%)	13 (57%)	8 (35%)		
2 Economic condition					
A. Frequency of meals	1 (4%)	13 (57%)	9 (39%)		
B. Ability to buy essentials	6 (26%)	17 (74%)	0 (0%)		
C. Ability to budget	9 (50%)	9 (50%)	0 (0%)		
3 Relation with family					
A. Life in the family	1 (4%)	9 (39%)	13 (57%)		
B. Acceptance by the family	0 (0%)	8 (35%)	15 (65%)		
C. Financial support from the family	3 (13%)	20 (87%)	0 (0%)		
D. School support from the family	6 (40%)	8 (53%)	1 (7%)		
E. Listened to by the family	7 (30%)	14 (61%)	2 (9%)		
4 Acceptance by the community					
A. Access to leisure activities	0 (0%)	10 (45%)	12 (55%)		
B. Participation in community activities	1 (5%)	18 (82%)	3 (14%)		
C. Perception of the child in the community	0 (0%)	17 (74%)	6 (26%)		
D. Listened to by the community	8 (36%)	14 (64%)	0 (0%)		
5 Psychological and interpersonal competences					
A. Politeness	2 (9%)	5 (22%)	16 (70%)		
B. Sense of sharing	0 (0%)	19 (83%)	4 (17%)		
C. Ability to communicate and express	8 (38%)	8 (38%)	5 (24%)		
D. Ability to motivate others	12 (52%)	11 (48%)	0 (0%)		
E. Ability to think of her future	14 (61%)	7 (30%)	2 (9%)		
F. Identification and imitation of models	1 (5%)	6 (29%)	14 (67%)		
G. Assuming her responsibilities	15 (65%)	8 (35%)	0 (0%)		
6 Sexual life					
A. Ability to say yes / no to a partner	5 (28%)	7 (39%)	6 (33%)		
B. Changing of partners	2 (12%)	2 (12%)	13 (76%)		
C. Use of contraception	5 (33%)	3 (20%)	7 (47%)		

Annex 34: Zeaglo Summary of Data – Jan 2008

Zeaglo Jan 2008 (n=24)	Bad	Acc.	Good		Bar Charts
1 Health					
A. Hygiene	1 (4%)	8 (33%)	15 (63%)		
B. Frequency of illness	4 (17%)	18 (75%)	2 (8%)		
C. Use of contraception	5 (36%)	2 (14%)	7 (50%)		
D. Responsibility for child's medecine	0 (0%)	16 (73%)	6 (27%)		
2 Economic condition					
A. Frequency of meals	1 (4%)	12 (50%)	11 (46%)		
B. Ability to buy essentials	4 (18%)	12 (55%)	6 (27%)		
C. Ability to budget	10 (43%)	7 (30%)	6 (26%)		
3 Relation with family					
A. Life in the family	1 (4%)	3 (13%)	20 (83%)		
B. Acceptance by the family	1 (4%)	9 (38%)	14 (58%)		
C. Financial support from the family	5 (23%)	12 (55%)	5 (23%)		
D. School support from the family	7 (30%)	10 (43%)	6 (26%)		
E. Listened to by the family	13 (54%)	6 (25%)	5 (21%)		
4 Acceptance by the community					
A. Access to leisure activities	0 (0%)	4 (17%)	19 (83%)		
B. Participation in community activities	1 (4%)	7 (30%)	15 (65%)		
C. Perception of the child in the community	0 (0%)	6 (26%)	17 (74%)		
D. Listened to by the community	6 (26%)	14 (61%)	3 (13%)		
5 Psychological and interpersonal competences					
A. Politeness	1 (4%)	6 (25%)	17 (71%)		
B. Sense of sharing	1 (4%)	7 (29%)	16 (67%)		
C. Ability to communicate and express	9 (39%)	10 (43%)	4 (17%)		
D. Ability to motivate others	10 (42%)	13 (54%)	1 (4%)		
E. Ability to think of her future	6 (27%)	10 (45%)	6 (27%)		
F. Identification and imitation of models	0 (0%)	6 (26%)	17 (74%)		
G. Assuming her responsibilities	12 (50%)	10 (42%)	2 (8%)		
6 Sexual life					
A. Ability to say yes / no to a partner	14 (67%)	0 (0%)	7 (33%)		
B. Changing of partners	9 (43%)	1 (5%)	11 (52%)		
C. Use of contraception	6 (29%)	4 (19%)	11 (52%)		

Annex 35: Zeaglo Longitudinal Analysis – Summary of Changes

Zeaglo 07-08	"-2"	"-1"		No change			"+1"		" +2"	Total
	Good to Bad	Acc. to Bad	Good to Acc.	Bad	Acc.	Good	Bad to Acc.	Acc. to Good	Bad to Good	
1 Health										
A	0	0		12			9		2	23
		0	0	0	6	6	2	7		
B	0	4		16			3		0	23
		2	2	2	13	1	2	1		
C	1	2		8			1		1	12
		1	0	2	1	5	0	1		
D	0	6		10			4		1	21
		0	6	0	8	2	1	3		
2 Economic condition										
A	0	5		12			5		1	23
		1	4	0	7	5	0	5		
B	0	4		10			7		1	21
		3	0	1	9	0	3	4		
C	0	2		7			7		1	17
		2	0	4	3	0	3	4		
3 Relation with family										
A	1	0		14			7		1	23
		0	0	0	2	12	0	7		
B	1	1		21			0		0	23
		0	1	0	8	13	0	0		
C	0	4		10			7		0	21
		4	0	1	9	0	2	5		
D	0	0		5			8		1	14
		0	0	0	4	1	4	4		
E	0	9		9			3		2	23
		7	2	5	4	0	0	3		
4 Acceptance by the community										
A	0	2		12			8		0	22
		0	2	0	2	10	0	8		
B	0	1		9			11		1	22
		1	0	0	6	3	0	11		
C	0	0		12			10		0	22
		0	0	0	6	6	0	10		
D	0	2		14			6		0	22
		2	0	4	10	0	4	2		

Zeaglo 07-08	"-2"	"-1"		No change			"+1"		" +2"	Total
	Good to Bad	Acc. to Bad	Good to Acc.	Bad	Acc.	Good	Bad to Acc.	Acc. to Good	Bad to Good	
5 Psychological and interpersonal competences										
A	1	3		14			4		1	23
		0	3	0	2	12	1	3		
B	0	3		6			14		0	23
		1	2	0	4	2	0	14		
C	0	6		11			3		0	20
		3	3	5	4	2	2	1		
D	0	1		17			5		0	23
		1	0	8	9	0	4	1		
E	0	1		11			8		2	22
		0	1	6	4	1	5	3		
F	0	4		10			3		1	20
		0	4	0	2	10	0	3		
G	0	3		13			7		0	23
		3	0	9	4	0	6	1		
6 Sexual life										
A	2	7		8			0		0	17
		7	0	5	0	3	0	0		
B	5	3		8			0		0	16
		2	1	2	0	6	0	0		
C	3	3		5			2		2	15
		1	2	2	1	2	1	1		
TOTAL	14	41	33	56	128	102	40	102	18	534

Annex 36: Zeaglo Qualitative Interview Data

Group	Most significant change question
Girls (4)	The girls at Zeaglo were a great deal less articulate than those at Danané on the whole. However, they engaged well with the question, illustrating a range of changes: learning to read and write; no longer walking the streets; taking better care of themselves; gaining confidence (playing ball and going to the market)
Teachers (2)	In general the teachers believed the project had changed the children's behavior – they had learnt to play and to share, and had also stopped smoking drugs and drinking as they walked the streets and the incidence of rape had decreased. The two particular changes highlighted were the girl who now attended 6ième and the abolition of FGM.
Child Protection Committee (2)	Articulated two significant changes: the first, that one of their girls had graduated from the project after one year and now attended 6ième at a Bolequin school; the second, that the girls had been persuaded that FGM was not necessary, by doing sensitization with the girls and encouraging them to do a sketch in the community.

Group	Objective question
Girls (4)	The girls were fairly sure that the objective of the center must be schooling, one suggested it was to help those who'd never attended school and to help their parents who couldn't otherwise afford schooling.
Teachers (2)	One teacher articulated the objectives as taking delinquent children off the streets, teaching them to read and write, getting them birth certificates, then enrolling them in formal school. The other didn't mention schooling but talked about the fact that children were growing up too fast and missing the chance to be children; that they needed the chance to be children in order to grow up into good adults.
Child Protection Committee (2)	Articulated four objectives: 1) to help girls who don't have anything and have lost their spirit; 2) to generate income so the girls have a little money to be able to eat; 3) to stop early pregnancies and the spread of STDs amongst the girls by teaching use of contraception; 4) to get children ready to enrol in formal school.

Group	Evaluation question
Girls (4)	The girls liked the project and enjoyed attending.
Teachers (2)	The teachers felt the project was successful because it succeeded in getting the children off the streets and because there were changes in the children and the community. But they felt there was much room for improvement – materially, they wanted more books and activities for the children, educationally, they wanted more training and sensitization of the children to persuade them not to follow the examples of bad behavior they see around them (smoking and drinking by the rebels, for example).
Child Protection Committee (2)	Felt the project was a success both because it had given children a chance to go to school who wouldn't otherwise have done so and because it took children off the streets. Taking children off the streets had reduced the incidence of rape and young sexual activity significantly.

Group	Reintegration question
Girls (4)	It wasn't possible to frame this question in a way in which the girls understood it.
Teachers (2)	Barely relevant with only 1 ex-associated boy at the project.
Child Protection Committee (2)	When asked about reintegration said "It's finished! They're all integrated!". Perhaps interpreted reintegration more literally as "reinsertion".

Group	Sustainability question
Child Protection Committee (2)	In terms of reintegration the Director of the CPC asked Save UK for more money to sustain the project beyond March 2009. But also said that if funding were to stop, he would ask the villagers what they wanted to do with the school and he felt confident that the parents and the community would come up with the money to continue the school. He believed the project was significantly better than the local formal school, mainly due to the student/teacher ratio. And he admitted to expansion plans for the school saying that the village chief had granted them another piece of land for the purpose.

Annex 37: Bolequin Summary of Data – Aug–Sep 2007

Bolequin Aug-Sept 2007 (n=15)	Bad	Acc.	Good		Bar Charts
1 Health					
A. Hygiene	0 (0%)	8 (53%)	7 (47%)		
B. Frequency of illness	3 (20%)	6 (40%)	6 (40%)		
C. Use of contraception	8 (57%)	2 (14%)	4 (29%)		
D. Responsibility for child's medicine	2 (13%)	5 (33%)	8 (53%)		
2 Economic condition					
A. Frequency of meals	2 (13%)	4 (27%)	9 (60%)		
B. Ability to buy essentials	4 (27%)	7 (47%)	4 (27%)		
C. Ability to budget	9 (60%)	5 (33%)	1 (7%)		
3 Relation with family					
A. Life in the family	2 (13%)	9 (60%)	4 (27%)		
B. Acceptance by the family	1 (7%)	8 (53%)	6 (40%)		
C. Financial support from the family	2 (13%)	10(67%)	3 (20%)		
D. School support from the family	2 (13%)	6 (40%)	7 (47%)		
E. Listened to by the family	1 (7%)	8 (53%)	6 (40%)		
4 Acceptance by the community					
A. Access to leisure activities	2 (13%)	9 (60%)	4 (27%)		
B. Participation in community activities	0 (0%)	9 (60%)	6 (40%)		
C. Perception of the child in the community	3 (20%)	7 (47%)	5 (33%)		
D. Listened to by the community	0 (0%)	7 (47%)	8 (53%)		
5 Psychological and interpersonal competences					
A. Politeness	1 (7%)	11 (73%)	3 (20%)		
B. Sense of sharing	0 (0%)	8 (53%)	7 (47%)		
C. Ability to communicate and express	3 (20%)	5 (33%)	7 (47%)		
D. Ability to motivate others	3 (20%)	6 (40%)	6 (40%)		
E. Ability to think of her future	2 (13%)	9 (60%)	4 (27%)		
F. Identification and imitation of models	4 (27%)	8 (53%)	3 (20%)		
G. Assuming her responsibilities	2 (13%)	9 (60%)	4 (27%)		
6 Sexual life					
A. Ability to say yes / no to a partner	5 (33%)	6 (40%)	4 (27%)		
B. Changing of partners	4 (29%)	5 (36%)	5 (36%)		
C. Use of contraception	9 (69%)	0 (0%)	4 (31%)		

Annex 38: Bolequin Summary of Data – Jan 2008

Bolequin Jan 2008 (n=17)	Bad	Acc.	Good		Bar Charts
1 Health					
A. Hygiene	0 (0%)	9 (53%)	8 (47%)		
B. Frequency of illness	6 (35%)	9 (53%)	2 (12%)		
C. Use of contraception	7 (47%)	6 (40%)	2 (13%)		
D. Responsibility for child's medecine	2 (12%)	8 (47%)	7 (41%)		
2 Economic condition					
A. Frequency of meals	0 (0%)	11 (65%)	6 (35%)		
B. Ability to buy essentials	3 (18%)	9 (53%)	5 (29%)		
C. Ability to budget	6 (35%)	10 (59%)	1 (6%)		
3 Relation with family					
A. Life in the family	0 (0%)	13 (76%)	4 (24%)		
B. Acceptance by the family	0 (0%)	12 (71%)	5 (29%)		
C. Financial support from the family	1 (6%)	11 (65%)	5 (29%)		
D. School support from the family	4 (24%)	8 (47%)	5 (29%)		
E. Listened to by the family	3 (18%)	9 (53%)	5 (29%)		
4 Acceptance by the community					
A. Access to leisure activities	1 (6%)	15 (88%)	1 (6%)		
B. Participation in community activities	0 (0%)	11 (65%)	6 (35%)		
C. Perception of the child in the community	0 (0%)	10 (59%)	7 (41%)		
D. Listened to by the community	0 (0%)	12 (71%)	5 (29%)		
5 Psychological and interpersonal competences					
A. Politeness	3 (18%)	10 (59%)	4 (24%)		
B. Sense of sharing	1 (6%)	11 (65%)	5 (29%)		
C. Ability to communicate and express	8 (50%)	4 (25%)	4 (25%)		
D. Ability to motivate others	6 (35%)	5 (29%)	6 (35%)		
E. Ability to think of her future	0 (0%)	11 (69%)	5 (31%)		
F. Identification and imitation of models	1 (6%)	6 (35%)	10 (59%)		
G. Assuming her responsibilities	1 (6%)	12 (71%)	4 (24%)		
6 Sexual life					
A. Ability to say yes / no to a partner	2 (12%)	6 (35%)	9 (53%)		
B. Changing of partners	1 (7%)	4 (27%)	10 (67%)		
C. Use of contraception	0 (0%)	5 (31%)	11 (69%)		

Annex 39: Bolequin Longitudinal Analysis – Summary of Changes

Bolequin 07-08	"-2"	"-1"		No change			"+1"		" +2"	Total
	Good to Bad	Acc. to Bad	Good to Acc.	Bad	Acc.	Good	Bad to Acc.	Acc. to Good	Bad to Good	
1 Health										
A	0	5		5			5		0	15
		0	5	0	3	2	0	5		
B	2	3		10			0		0	15
		1	2	3	5	2	0	0		
C	1	3		6			3		0	13
		0	3	5	1	0	2	1		
D	0	5		7			2		1	15
		1	4	1	2	4	0	2		
2 Economic condition										
A	0	5		6			4		0	15
		0	5	0	2	4	2	2		
B	0	2		9			4		0	15
		0	2	3	4	2	1	3		
C	0	1		9			5		0	15
		0	1	5	4	0	4	1		
3 Relation with family										
A	0	2		9			4		0	15
		0	2	0	7	2	2	2		
B	0	4		7			4		0	15
		0	4	0	5	2	1	3		
C	0	3		7			4		1	15
		0	3	1	6	0	0	4		
D	1	3		10			1		0	15
		1	2	2	4	4	0	1		
E	1	3		10			1		0	15
		1	2	1	6	3	0	1		
4 Acceptance by the community										
A	0	3		11			1		0	15
		0	3	1	9	1	1	0		
B	0	3		10			2		0	15
		0	3	0	7	3	0	2		
C	0	1		9			4		1	15
		0	1	0	5	4	2	2		
D	0	4		10			1		0	15
		0	4	0	6	4	0	1		

Blolequin 07-08	"-2"	"-1"		No change			"+1"		" +2"	Total
	Good to Bad	Acc. to Bad	Good to Acc.	Bad	Acc.	Good	Bad to Acc.	Acc. to Good	Bad to Good	
5 Psychological and interpersonal competences										
A	1	2		10			2		0	15
		1	1	1	8	1	0	2		
B	0	5		8			2		0	15
		1	4	0	5	3	0	2		
C	2	4		5			3		0	14
		2	2	2	1	2	1	2		
D	1	4		7			2		1	15
		2	2	2	2	3	0	2		
E	0	1		10			4		0	15
		0	1	0	7	3	2	2		
F	0	0		9			3		3	15
		0	0	1	5	3	0	3		
G	0	1		12			2		0	15
		0	1	1	8	3	1	1		
6 Sexual life										
A	0	3		6			3		3	15
		1	2	1	3	2	1	2		
B	0	4		3			2		4	13
		1	3	0	1	2	0	2		
C	0	3		1			2		7	13
		0	3	0	0	1	2	0		
TOTAL	9	12	65	30	116	60	22	48	21	383

Annex 40: Bolequin Qualitative Interview Data

Group	Most significant change question
Girls (3)	The girls mentioned an array of changes, feeling that their lives had changed significantly since coming to the project. Primarily they had “learnt their rights” and taken advice from the project about what they should and shouldn’t do. Each of them mentioned successes with income-generation activities: baking cakes, working in the piggery and sewing. One of them mentioned learning to read and write.
Teachers (2)	The teachers talked of significant changes in the behavior of the children. One talked of an ex-combatant girl who had been extremely violent and aggressive towards others, unable to function in group except as its leader, insulting those who wouldn’t obey her. She is now helping others and sharing in games with them.

Group	Objective question
Girls (3)	The girls each provided a different objectives for the project: to help them to generate income (wanting the project to help her become a dressmaker); to help children to learn to read and write and parents to send their children to school; to protect children, take them off the streets, and stop them from doing bad things.
Teachers (2)	The objectives are threefold: 1) to take in those involved in armed groups, reducing the risk of re-recruitment; 2) to teach them how to read and write to make up for the years of schooling that they missed; 3) to reintegrate them into society, especially through income-generation activities that help them be self-sufficient.

Group	Evaluation question
Girls (3)	The girls had many positive things to say about the project and their teachers. Crucially, one felt income generation activities had prevented her from “having to find a man”, giving her financial and sexual independence. They each suggested possible improvements to the income-generation activities (linking the girls with dressmakers and bakers in the town, letting the girls choose the activities they’re

	involved in etc).
Teachers (2)	The project in Blolequin has been a success: the community is now happy to have the center and to send children there because they see that the children now have better behavior and spirit. The project had succeeded in sending children on to formal school and had had some limited successes in providing livelihoods for those who have graduated from the center.

Group	Reintegration question
Girls (3)	Two of the girls talked about people in their families and communities being scared of them when they returned from the rebel camp. This fear seemed to be the biggest barrier to reintegration.
Teachers (2)	Reintegration meant three things: 1) income-generation activities so that the children have a place in the community and money for themselves; 2) referring the children to formal schools; 3) recreational activities such as sport and dance to help them relate to other children in the community.

Group	Sustainability question
Girls (3)	The girls each had dreams for their futures (moving to Abidjan, becoming a medical doctor, looking after a big family and having a shop), but they wanted the project's support in achieving these.

Annex 41: Bledi Qualitative Interview Data

Group	Most significant change question
Teacher (1)	The most significant change was in the cleanliness of the children.

Group	Objective question
Teacher (1)	The objective is to help those “who lost their heads in the war”. They don’t know where to go so the project helps them get back on track and overcome their pasts.

Group	Evaluation question
Teacher (1)	The teacher focused on the income-generation activities, saying that the piggery had been extremely tiring work and an alternative needed to be found.

Annex 42: Save UK Guiglo Qualitative Interview Data

Group	Reintegration question
Save UK staff	For ex-associated girls, reintegration means family and community acceptance. Involvement in community activities can improve this. Attending school and creating sources of revenue are also crucial to community acceptance, both for ex-associated girls and other vulnerable girls. In general, the definition of reintegration depends on the vulnerability of the girl.
	Evaluation question
	The projects have been successful overall but there is a lot still to do. In particular, income-generation has not been a success. Also, the younger children need to learn more in daily lessons as well as in life skills.

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