

# **Adolescents in Crisis: The Effectiveness of Parenting and Adolescents Life Skills Programming for Adolescents in Humanitarian Crisis**

An Internal Evaluation of the ‘Parenting and Adolescents Life Skills’ Programme of Plan International. First implemented in March 2021.



**Utrecht University**



**Girls first**

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## **Abstract**

### **Nederlands**

Adolescenten die in humanitaire crisis leven, hebben specifieke behoeftes, echter worden deze zelden erkend in humanitaire programma's. In deze behoeftes kan potentieel worden voorzien als programma's gericht zijn op verbeteren van belangrijke levensvaardigheden voor adolescenten in humanitaire crisis en als hun sociale omgeving hierbij betrokken wordt. Echter, kwalitatief hoogstaand onderzoek naar de effectiviteit van interventies die focussen op levensvaardigheden ontbreekt nog. Daarom is in dit onderzoek het 'Parenting and Adolescents Life Skills' (PALS) programma van Plan International geëvalueerd dat zich focust op zowel de levensvaardigheden van adolescenten als de opvoedingsvaardigheden van hun ouders of verzorgers. Eerst is kwantitatieve Monitoring- en Evaluatiedata (M&E) data geanalyseerd om de effectiviteit van het PALS programme te evalueren en om verbeterpunten te identificeren. Deze data was verzameld tijdens de implementatie van het programme van adolescenten en ouders of verzorgers die het programme voltooid hadden. Hierna is kwalitatieve data geanalyseerd van interviews met programma-uitvoerders welke meer inzicht gaven in de verbeteringen voor het PALS programma die de M&E data op zichzelf niet kon geven. Daarnaast is er gevraagd naar aanbevelingen voor de implementatie van deze verbeteringen. De bevindingen van deze evaluatiestudie tonen aan dat programma's die gefocust zijn op het verbeteren van de levensvaardigheden van adolescenten en die hun sociale omgeving hierbij betrekken effectief kunnen zijn in het voorzien van de specifieke behoeftes van adolescenten in humanitaire crisis. Daarnaast zouden voor de ontwikkeling en implementatie van humanitaire programma's, implementatie strategieën in acht genomen moeten worden, net zoals de capaciteit van programma-uitvoerders en de toegevoegde waarde van M&E tools.

## **English**

Adolescents living in humanitarian crisis have specific needs, however, humanitarian programming often fails to recognize these. Programmes that focus on important life skills of adolescents in humanitarian crisis and on their social environment have the potential to address the specific needs adolescents have in humanitarian settings. Though, high quality research on the effectiveness of life skills intervention is still lacking. Therefore, Plan International's 'Parenting and Adolescents Life Skill' (PALS) programme was evaluated in this study, which focuses on both the life skills of adolescents and the parenting skills of their parents or caregivers. First, quantitative Monitoring and Evaluation (M&E) data was analysed to evaluate the effectiveness of the PALS programme and to identify areas of improvement. This data was gathered during the implementation of the programme from the adolescents and parents or caregivers that completed the programme. Second, qualitative data from conducted interviews with programme implementers were analysed that provided a broader view of the improvements for the PALS programme that the M&E data could not provide alone. Furthermore, recommendations were asked for the implementation of these improvements. The findings of this evaluation study showed that life skills interventions for adolescents that include actors from their social environment can be effective to address their specific needs in humanitarian crisis. Additionally, implementation strategies, the capacity of programme implementers, and the additional value of M&E tools should be kept in mind when developing and implementing humanitarian programming.

*Key words:* humanitarian programming – adolescents – life skills intervention – parenting skills intervention – Monitoring and Evaluation (M&E)

## **Adolescents in Crisis: The Effectiveness of Parenting and Adolescents Life Skills**

### **Programming for Adolescents in Humanitarian Crisis**

#### **Introduction**

Adolescents living in humanitarian crisis have specific needs, however, humanitarian programming often fails to recognize these (Jennings et al., 2019; Jones et al., 2021; Schlecht et al., 2017). A humanitarian crisis occurs when an event or a series of events endanger the safety, health, and wellbeing of people, requiring humanitarian assistance (Warren et al., 2015). Potential to address the specific needs adolescents have in humanitarian settings are programmes that address their life skills, holistic needs, and social environment (Bronfenbrenner, 1979; Jones et al., 2021; Yankey & Biswas, 2012). To explore the effectiveness of life skills programming for adolescents in humanitarian crisis that also address their holistic needs and social environment, Plan International's 'Parenting and Adolescents Life Skills' programme will be evaluated in this study.

#### **Adolescents in Humanitarian Crisis**

The concept of 'adolescence' differs per context, but it always marks the transition from childhood into adulthood (Ansell, 2017; Bearinger et al., 2007). For example, in most Western countries, adolescence is seen as a transition into an independent adult, which is marked by leaving the parental home, beginning to work, and starting a new family. Whereas in African countries, full adulthood is marked by becoming more integrated into the family and community, by being married and having children (Ansell, 2017). In this study, adolescents are defined as all young people aged between 10 and 19 years old (World Health Organization, 2018)

In humanitarian crisis, the transition of adolescence into adulthood might be disrupted by the risks they face. Events causing humanitarian crisis are increasing because of the COVID-19 pandemic, climate change, and ongoing conflict. These events can be categorized in natural

disasters (e.g., floods, epidemics), man-made emergencies (e.g., armed conflicts, plane crashes), and complex emergencies (i.e., a combination of natural and man-made elements) (United Nations Office for Disaster Risk Reduction, n.d.). During a humanitarian crisis, as communities and families are disrupted, adolescents are at risk for dropping out of school, to move away and seek for work or to support their families at home. Furthermore, they face risks for sexual exploitation and worst forms of child labour compared to younger children (Jones et al., 2021; Schlecht et al., 2017; Warren et al., 2015). Additionally, adolescent boys face the risk to be recruited into armed groups, and adolescent girls to be trafficked or to be recruited as sex slaves (Jones et al., 2021).

The disruption adolescents experience in humanitarian crisis negatively affects their development. During adolescence, both biological and psychological developments cause changes in adolescents' lives that contribute to a successful transition into adulthood. Some of these changes are the developments of new social behaviours together with the formation of one's own identity, a growing curiosity, and the development of intimate relationships with peers (Bearinger et al., 2007; Viner et al., 2012). For these developments to go successfully, adolescents need encouragement from their social environment as much as avoiding negative experiences, such as the risks they face during humanitarian crisis (Bearinger et al., 2007; Catalano et al., 2002; Schlecht et al., 2017). So, even though adolescents' development into adulthood differs between cultures and contexts, their development is endangered by the risks they face in humanitarian crisis and thus need to be addressed in humanitarian aid.

## **Humanitarian Programming for Adolescents**

Humanitarian programming has the potential to positively address the needs of adolescents in humanitarian crisis when it focuses, amongst others, on the development of their life skills (Yankey & Biswas, 2012). Following the World Health Organization (2018), life skills interventions promote the wellbeing of adolescents by developing positive knowledge, behaviours, attitudes, and values. For adolescents living in humanitarian settings, these developments should focus on reducing and coping with the risks they face in humanitarian crisis. Therefore, life skills interventions for adolescents living in humanitarian settings may cover competencies related to protection, socio-emotional learning, and sexual and reproductive health and rights (SRHR). Furthermore, the interventions can promote self-confidence, assertiveness, and positive gender norms (World Health Organization, 2018; Yankey & Biswas, 2012). Additionally, life skills interventions can be implemented in diverse geographical and cultural settings by a diversity of programmes and agencies (Yankey & Biswas, 2012), which is favourable for programming in the variety of humanitarian settings.

Even though life skills interventions have the potential to positively affect adolescents in a variety of humanitarian settings, existing programming is often not designed specifically for crisis situations or is lacking specific content for adolescents (Jennings et al., 2019; Jones et al., 2021; Schlecht et al., 2017). Therefore, Plan International introduced the ‘Adolescents in Crisis Settings’ initiative in 2018. This initiative was introduced to promote multi-sectoral and evidence-based programming that is suitable and relevant for a variety of humanitarian settings and that is tailored to the needs of at-risk adolescents (Plan International, 2021a). To develop such a programme, consultations were held with the affected people living in humanitarian settings. From these consultations, suggestions came forward that are important to support adolescents, which were used for the development and implementation of a life skills programme for adolescents in humanitarian settings.

The first suggestion to support adolescents in humanitarian programming was to include their parents or other caregivers as participants of the programme (Plan International, 2021a). This is important because individuals do not live in social vacuum but interact with their environment on micro- (e.g., peers), meso- (e.g., school), exo- (e.g., community services), and macrosystem (e.g., culture) (Bronfenbrenner, 1979). Therefore, actors on different social ecological levels, such as family members, service providers, schools, or communities, can together support adolescents in humanitarian crisis (Jones et al., 2021). In the consultations, it was suggested to include parents or other caregivers as participants of humanitarian programming because they face difficulties dealing with stress in times of crisis, causing them to experience challenges regarding supporting their adolescent-aged child(ren) (Plan International, 2021a).

The second suggestions to support adolescents in humanitarian programming was to address their holistic needs (Plan International, 2021a). Addressing adolescents' holistic needs means that there should be looked at the needs they have within the larger context (Kostelny, 2006). In humanitarian contexts, these needs are for example food security, education, or mental health support (Meeting et al., 2020). The third suggestions to support adolescents in humanitarian programming was to contextualise the intervention prior to implementation (Plan International, 2021a). This step of contextualisation is in accordance with the decolonised perspective on humanitarian programming (Patel, 2015; Rabello de Castro, 2020). Within this perspective, a programme designer steps away from the dominant Western worldview of producing knowledge and practices and defines a methodology that puts the participant and its context at the centre (Patel, 2015). In conclusion, it is suggested by the affected people living in humanitarian settings that life skills programming for adolescents should: 1. include their parents or caregivers as participants, 2. address their holistic needs, and 3. be contextualised prior to implementation.

### **Plan International's 'Parenting and Adolescents Life Skills Programme'**

The suggestions that came forward in the 'Adolescents in Crisis Settings' initiative were used for the development and implementation of Plan International's 'Parenting and Adolescents Life Skills' (PALS) programme (Plan International, 2021a, 2021b). Furthermore, the initiative gave insights into the desirable thematic areas that are addressed in the PALS programme: the psychosocial wellbeing, health, safety, and social support of adolescents themselves; and the selfcare, safety, social support, and positive parenting techniques of their parents or caregivers (Plan International, 2021b, 2021a). The PALS programme addresses these themes in a three month duration curriculum with 13 life skills sessions for adolescents and 10 parenting sessions for their parents or other caregivers. There is a 'Laughter and Play' manual included in the programme with suggested games and exercises to relief stress (*Laughter and Play: Games and Creative Exercises for Adolescents in Crisis Settings*, 2020). In the implementation guide, it is recommended to not let the programme be a stand-alone intervention, but to complement it with other interventions addressing, for example, livelihood or protection. Furthermore, the programme should be contextualised prior to implementation by, for example, translating the content into the local language and being aware of sensitive topics in the local community (Plan International, 2021b).

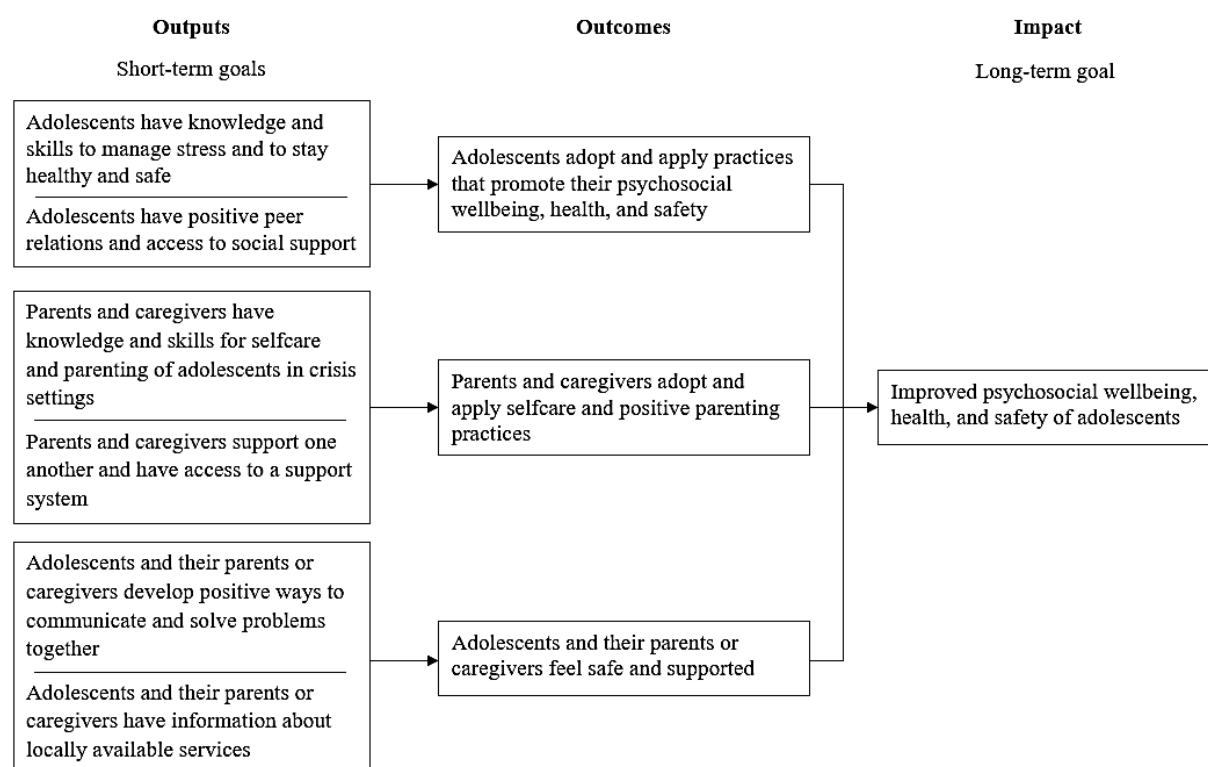
To ensure that changes are made in the desirable thematic areas, a Theory of Change (ToC) was developed by Plan International (See Figure 1) (Plan International, 2021b). The ToC is a method that promotes social change by first defining long-term goals, whereafter short-term changes are identified by mapping the long-term goal backwards. With this method, expected causal relationships between the short-term, medium-term, and long-term goals of an intervention can be presented, which provides a model that shows what activities ensure the intended outcomes of an intervention. Also, it helps the practitioners to strengthen their ability to ascribe the outcomes of the intervention to their theory (Taplin et al., 2013). The outputs of



the PALS programme are the expected short-term changes in knowledge, improved skills, and adapted behaviour of adolescents and their parents or caregivers in the thematic areas mentioned above (see Figure 1). These short-term changes can be used to evaluate if the programme's outcomes are achieved and thus if it is expected that the programme contributes to the long-term goal of improved psychosocial wellbeing, health, and safety of adolescents in humanitarian settings (See Figure 1) (Plan International, 2021b).

**Figure 1**

*The Theory of Change for the PALS Programme*



*Note.* From ‘‘Adolescents Life Skills and Parenting programme’’, by Plan International, 2021b, United Kingdom: Plan International.

## Current Research

In this research, the PALS programme will be evaluated to make strong conclusions about the effectiveness of life skills and parenting interventions for adolescents in humanitarian crisis. This is important because high quality research on life skills programming in humanitarian settings is lacking and existing humanitarian programming is often not designed specifically for crisis situations or has no specific content for adolescents (Jennings et al., 2019; Jones et al., 2021; Koždoňová, 2020; Schlecht et al., 2017). Thus, the results of this study can give more insights into the development and implementation strategies of adolescents' life skills programming in humanitarian settings. Furthermore, it is important to evaluate the effectiveness of the PALS programme because even with the best intentions, there are various ways that a programme does not achieve its goals or even has negative effects (Cosgrave & Buchanan-Smith, 2016; Rossi et al., 2019).

The aim of this study is to gain more insights into the effectiveness of life skills programming for adolescents in humanitarian settings that include actors of different social ecological levels. This will be done by evaluating the effectiveness of the Plan International's PALS programme. Therefore, the following research question will be answered: *To what extent does the 'Parenting and Adolescents Life Skills' programme achieve its outputs and outcomes and what is recommended to improve the effectiveness of the programme?* This research question will be answered with the following sub-questions:

1. To what extent does the PALS programme achieve its outputs and outcomes?
2. What can be improved to increase the effectiveness of the PALS programme?
3. What is recommended to implement the improvements of the PALS programme?

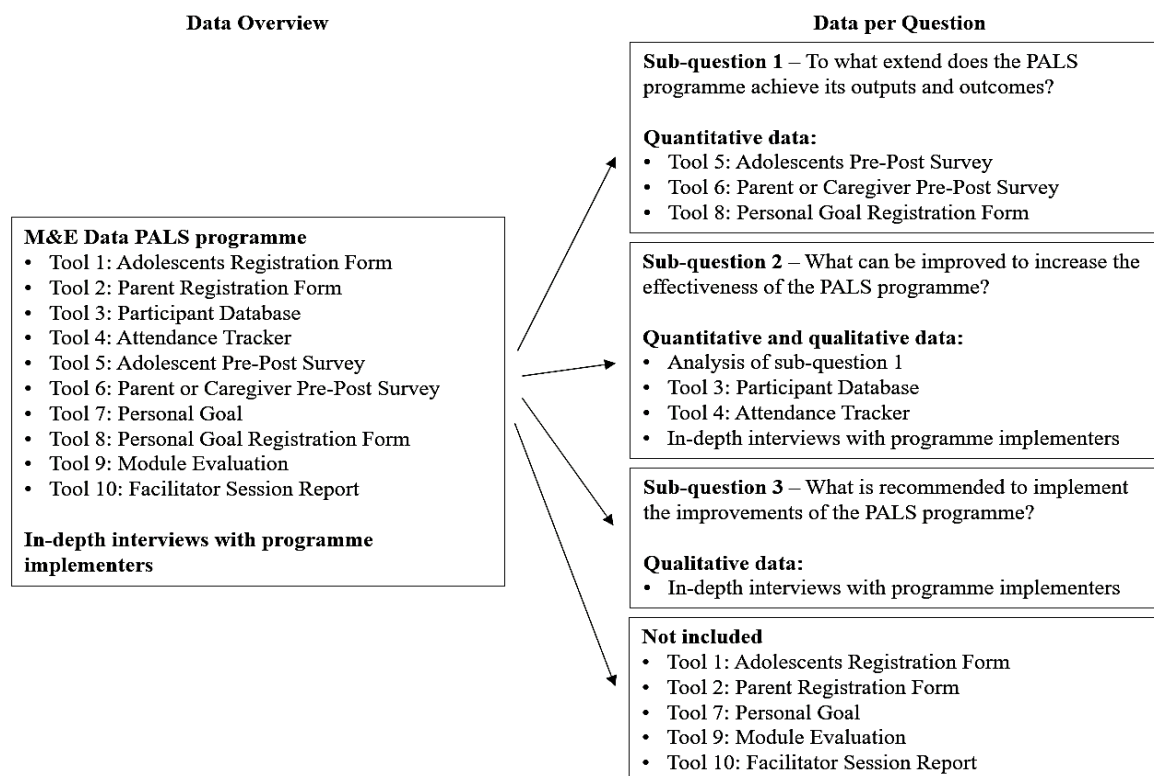
Throughout the paper, first the results for the outputs and outcomes of the PALS programme will be evaluated, whereafter recommendations will be given about the improvements for the programme. In the last chapter, conclusions from the findings will be drawn and discussed.

## **Method**

### **Research Design Overview**

For this study, a mixed method design was used to answer all research questions. This design was chosen because it gave a deeper understanding of the researched topics (Ritchie et al., 2013). Thus, by using both quantitative and qualitative data, a broader view of the achievements of and the recommendations about the PALS programme could be given that the methods alone could not provide. First, quantitative data, gathered by Plan International, was analysed. This data was gathered during the implementation of the PALS programme using monitoring and evaluation (M&E) tools. M&E can provide powerful evidence for the failure or the success of a tested ToC (Taplin et al., 2013). Therefore, a selection of the M&E data was analysed to get more insights into the extent to which the outputs and outcomes of the PALS programme were achieved. Furthermore, to determine how the design and implementation of an initiative can be improved, can be clarified by combining M&E with ToC (Taplin et al., 2013), therefore a selection of the M&E data was analysed to get more insights into how the effectiveness of the PALS programme could be improved.

Second, qualitative data from conducted interviews with programme implementers was analysed. These interviews gave additional insights into how the effectiveness of the PALS programme could be improved and what is recommended to make these improvements. An overview of the data per research question is presented in Figure 2.

**Figure 2***Data Overview per Research Question***Participants***M&E Data*

The participants of the analyzed M&E data were the adolescents, parents, and caregivers that participated in the PALS programme in six different project locations in Nigeria and South Sudan. Even though the PALS programme has been implemented in 11 countries, only data from Nigeria and South Sudan was included because they had implemented the full package of the programme and gathered the M&E data. The participants of the PALS programme were recruited by case managers of the country offices of Plan International in Nigeria and South Sudan. The adolescents were recruited based on how much they were at-risk for the disruption of their transition into adulthood, whereafter their parents or caregivers were recruited. Of all participants recruited for the PALS programme, M&E data was gathered from 373 adolescents and 338 parents or caregivers.

For the analysis of the M&E data, participants were excluded that did not complete the PALS programme. Completion of the programme for the adolescents meant that they attended at least 10 out of 13 sessions and for the parents that they attended at least eight out of 10 sessions. A total of 305 adolescents and 254 parents or caregivers completed the programme. An overview of the demographics of the respondents that were included in the M&E analysis is presented in Table 1. Answers from the respondents on the questions of the pre- and post-survey (Tool 5 and 6) were registered. However, answers on the last question were only registered for the 73 adolescents from Nigeria and 174 parents or caregivers from Nigeria and South Sudan. This question was related to the ability of the respondents to positively deal with stress (see Appendix B). Furthermore, the achievement of the personal goal (Tool 8) was only registered for the participants from Nigeria, which were 73 adolescents and 47 parents or caregivers.

**Table 1**

*Respondent Overview of the Analysed M&E data*

	Adolescents ( <i>n</i> = 305)	Parents/caregivers ( <i>n</i> = 254)
Female	185 (61%)	212 (83%)
Male	120 (39%)	42 (17%)
Average age	14.5	36
From South Sudan	232 (76%)	206 (81%)
From Nigeria	73 (24%)	48 (19%)

### ***Interviews***

After the analysis of the M&E data, interviews were held with 10 employees from Plan International Nigeria and South Sudan. To gather representable responses on the M&E analysis, a minimum of one respondent per project location in Nigeria and South Sudan was recruited. Furthermore, to represent a variety of perspectives on the PALS programme, actors from different levels of programme implementation were recruited. Inclusion criteria for the

respondents of the interviews were that they spoke English fluently and that they had access to a steady internet connection. An overview of the respondents' demographics are presented in Table 2. The respondents acted on different levels of programme implementation because some had a more coordinating role and others were case managers or facilitated the sessions.

**Table 2**

*Respondent Overview of the Interviews*

Respondent	Gender	Project location number	Profession
P01	Male	South Sudan 1	CPiE coordinator
P02	Male	South Sudan 2	CPiE officer
P03	Male	Nigeria 1	Case management officer
P04	Male	Nigeria 1	Facilitator
P05	Female	South Sudan 3	PSS officer
P06	Male	South Sudan 4	Facilitator
P07	Female	South Sudan 4	Facilitator
P08	Male	South Sudan 5	CPiE coordinator
P09	Female	South Sudan 5	CPiE officer
P10	Female	Nigeria 1	CPiE specialist

*Note.* CPiE = Child Protection in Emergencies, PSS = Psychosocial Support.

## Data Collection

### *M&E Data*

The first step of data collection was the collection of the M&E data which was executed by Plan International. A list of all M&E tools is included in Appendix A. The data collected with the pre- and post-surveys (Tool 5 and 6) and the personal goal registration form (Tool 8) was used to answer the question to what extent the outputs and outcomes of the PALS programme were achieved. Furthermore, the data collected with these tools, the participant database (Tool 3) and the attendance tracker (Tool 4) was used to answer the question how the effectiveness of the PALS programme could be improved. The data collection procedures of the abovementioned M&E data is explained further.

The pre- and post-surveys of the adolescents and the parents or caregivers covered topics related to the outputs and outcomes set as a goal for the PALS programme. The survey for the

adolescents consisted of 16 questions, whereas the survey for the parents or caregivers consisted of 13 questions. The questions could be answered on a six-point scale: ‘strongly agree’, ‘agree’, ‘disagree’, ‘strongly disagree’, ‘don’t know’, and ‘no response’. Only the last question of the surveys had a different scale: ‘mostly positive’, ‘positive and negative’, ‘mostly negative’, ‘don’t know’, and ‘no response’. Answers on the questions were asked for and administered by the session facilitator because not all respondents could read. Both surveys are included in appendix B.

The personal goal was set-up by respondents at the start of the programme and the achievement of this goal was evaluated when they finished the programme. The personal goal could be either written out or drawn by the participants since not all participants were literate. The goal was evaluated at the end of the programme by the respondents by indicating if the goal was ‘achieved’, ‘partly achieved’, or ‘not realised at all’. The personal goal registration form is included in Appendix C. In the participant database, demographics about the participants were registered and in the attendance tracker, the percentage of attended sessions per participant was registered. The data collected with the M&E tools was pseudo-anonymized by using participant numbers consistently throughout all tools. Because participant numbers were used consistently, data from the different tools could be merged.

### ***Interviews***

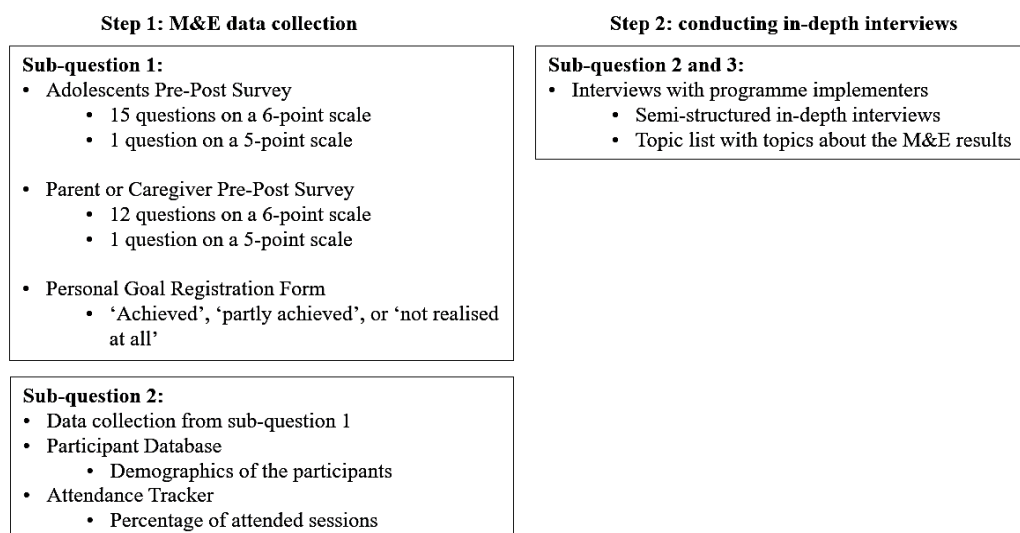
The second step of data collection was conducting interviews with programme implementers. In-depth interviews were conducted to answer the questions how the effectiveness of the PALS programme could be improved and what is recommended to make these improvements. A total of 10 respondents were interviewed in seven interviews, four with one respondent being interviewed and three with two respondents being interviewed. This number of respondents was appropriate for data saturation amongst all questions. The minimum length of the interviews was 40 minutes, when one respondent was interviewed, and the

maximum length was 60 minutes, when two respondents were interviewed. Due to travel restrictions caused by the COVID-19 pandemic, interviews were held online through Microsoft Teams. To sufficiently resemble real life conversation with face-to-face contact, video calls were chosen for the conversations (Ritchie et al., 2013). To analyse the interviews in a later stage, the audio was recorded on an external device.

The interviews were semi-structured which allowed the respondents and the researcher to shape the interview by, for example, changing the order of the topics discussed or by elaborating further on a topic (Ritchie et al., 2013). In the interviews, topics were discussed that came forward from the analysis of the M&E data and some additional topics. These topics included: 1) Background information respondent, 2) General experience with the PALS programme, and 3) Specific recommendations on the: recruitment of participants, attendance of participants, achievement of the personal goal, ability to deal with stress, and other possible recommendations. The topic list is included in Appendix D. Coverage and depth across and within the issues discussed was created by asking open questions that were designed and asked neutrally to not influence the respondent's answer. An overview of the data collection procedure per research question is presented in Figure 3.

### Figure 3

#### *Overview Data Collection Procedure per Research Question*





## **Data Analysis**

### ***M&E Data***

As mentioned above, the M&E data was analysed to answer the first two research questions, which gave an overview of the topics that could be discussed in the interviews to improve the effectiveness of the PALS programme. First, the attendance tracker was analysed to present the percentage of participants who completed the PALS programme and to exclude those participants from analysis who did not complete the programme. Second, the participant database was analysed to present the demographics of the participants. Last, the pre- and post-surveys answers and the achievement of the personal goal were analysed. For these last analyses, indicators were set-up to measure to what extent the knowledge, skills, and behaviours in the output and outcomes areas, set as a goal for the PALS programme, were achieved. The indicators per output and outcome are presented in Appendix E.

The percentage of participants who had the knowledge, skills, and behaviours set as a goal for the programme was analysed per output and outcome. For all questions of the pre- and post-survey, except the last question, having the knowledge, skills, and behaviours set for the programme was measured by the percentage of participants who 'agreed' or 'strongly agreed' with the statement. For the last question this meant that the percentage of participants who mentioned 'mostly positive' ways of dealing with stress was analysed. To calculate the percentages, the 'no response' answers were excluded from the total number of responses, since this response gave no further information about the participant's knowledge, skills, or behaviour. Furthermore, the percentage of adolescents and parents or caregivers that had 'achieved' their goal was analysed.

The extent to which the outputs and outcomes were achieved was indicated by an improvement between the pre- and post-survey results and the percentage of participants who had the knowledge, skills, and behaviours set as a goal for the programme at the end of the

programme. So, whether the improvement between the pre- and post-survey was significant was not further analysed because this would give no further insights into the extent to which the output or outcome was achieved. However, the results at the end of the programme would give further insights. For example, if the ability of participants to positively deal with stress increases significantly between the pre- and post-survey, but only 50% of the participants show this ability in the post-survey, then improvements are still needed. Therefore, outputs and outcomes that did not improve or that had a result beneath 85% at the end of the programme, were included in the list of topics discussed in the interviews.

### *Interviews*

The interviews were analysed to get an overview of how the PALS programme could be improved and what is recommended to make these improvements. First, the interviews were transcribed verbatim, which means that everything the participants said was written down because with this strategy, how something was said was incorporated in the analysis. Hereafter, the interviews were uploaded into the computer software NVivo12 and coded. In the first phase of open coding, transcripts were read thoroughly and labelled with a code to categorize them. These categories were pre-determined because the recommendations given in the interviews were structured through the setup of the topic list. The second phase consisted of axial coding, where connections were made within the pre-determined categories to define dominant recommendations per category. In the last phase of selective coding, patterns were found between the existing categories that only became apparent in the final stages of coding (Boeije, 2009; Ritchie et al., 2013). During the analysis, ambiguity and bias was minimized by the researcher by adopting a neutral and decolonised view (Rabello de Castro, 2020; Ritchie et al., 2013).

## **Ethics**

During data collection and analysis, ethical considerations have been considered to not violate generally accepted rules on ethics in academic research. Firstly, the research method was reviewed and approved by the Faculty Ethics Review Committee. Secondly, consent of all participants and respondents was asked for. The participants of the PALS programme gave their consent to participate in the programme and for the usage of their data for further analysis. Furthermore, the respondents of the interviews were informed about the research and gave their consent to participate and to be recorded (see Appendix F). Thirdly, to ensure confidential handling of the data, data was pseudo-anonymized by using participant numbers and stored on YoDa. Furthermore, after the transcription of the interviews, the recordings were saved on YoDa and deleted from the external device.

## Results

In the following section, the results of the M&E data analysis of the PALS programme and the results of the interviews with programme implementers are presented. In the first part, the results of the M&E data analysis are presented that identified the areas that were discussed in the interviews to improve the effectiveness of the PALS programme. In the second part, insights are presented from the interviews with programme implementers on what areas need to be improved to increase the effectiveness of the PALS programme and what is recommended to make these improvements.

### *M&E Results*

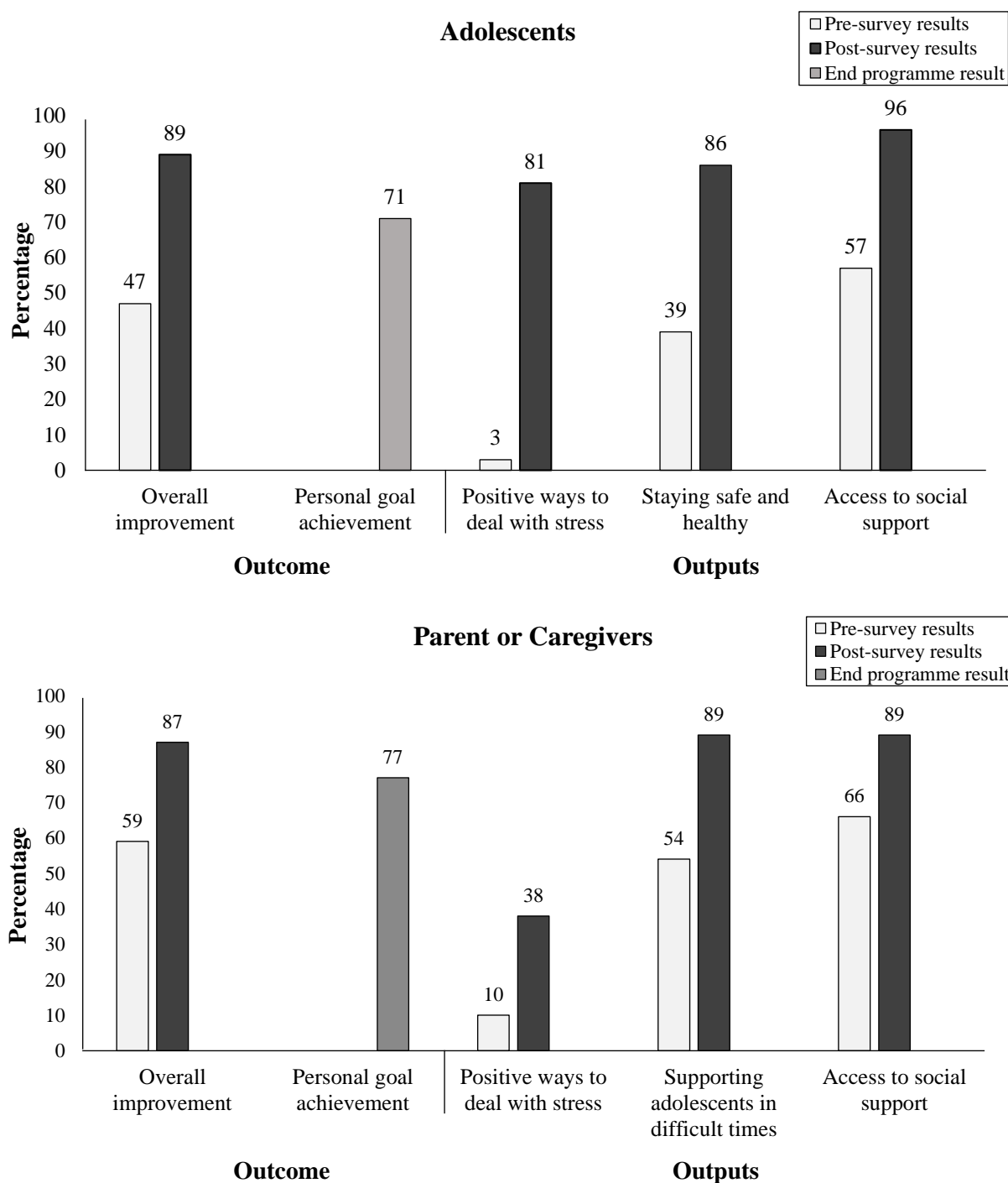
M&E data of the PALS programme was analysed to identify the areas that could be improved to increase the effectiveness of the programme. Firstly, the attendance tracker was analysed, which showed that 81% of the adolescents and 75% of the parents or caregivers completed the programme. Secondly, the participant databases were evaluated and two observations were made. The first observation was that there were more female (185 adolescents & 212 parents/caregivers) than male (120 adolescents & 42 parents/caregivers) respondents that participated in the PALS programme, especially in the parenting groups where only 17% of the respondents were men. The second observation was that not all adolescents had a parent or caregiver attending the programme and that not all parents had an adolescent-aged child attending the programme.

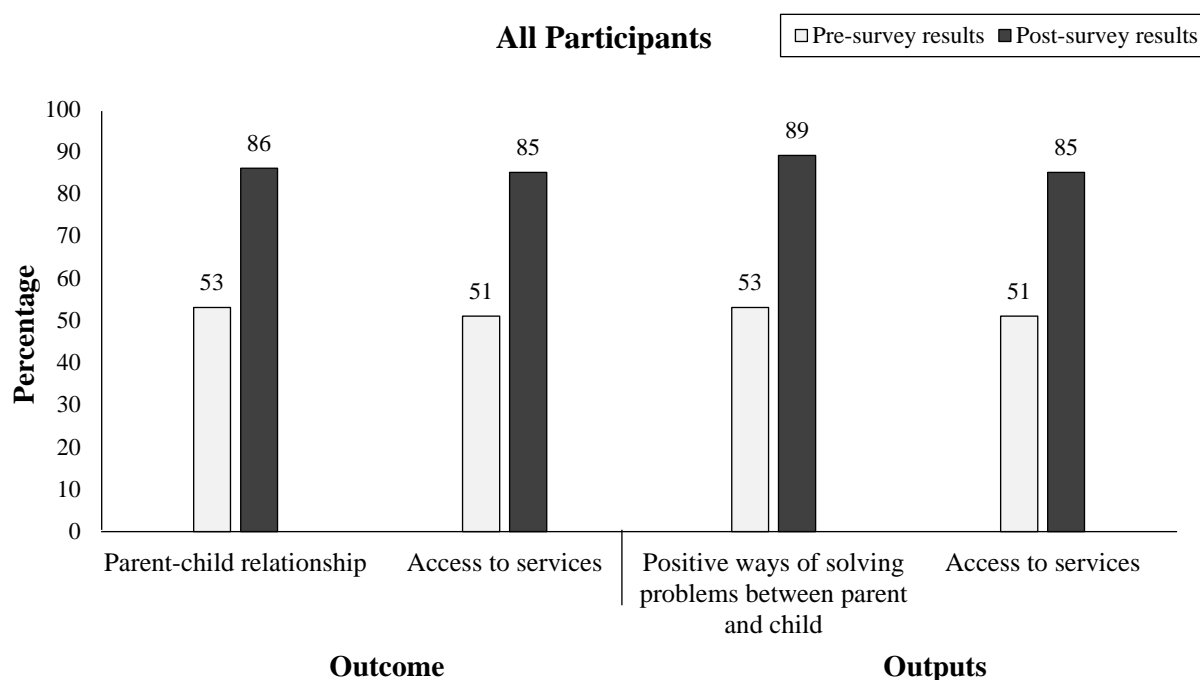
Thirdly, adolescents and parents or caregivers who participated in the PALS programme were expected to have improved knowledge, skills, and behaviours in the set output and outcome areas of the programme. To analyse these expected improvements, the answers from the pre- and post-surveys and the personal goal achievement of the adolescents and parents were analysed. These results are presented in Figure 4. The results between the pre- and post-survey improved for all output and outcome areas. Nevertheless, after participating in the

programme, less than 80% of the adolescents and parents or caregivers achieve their personal goal and no more than 38% of the parents or caregivers show positive ways to deal with stress. These areas scored poorer than the other output and outcome areas.

**Figure 4**

*The Mean Percentages per Outputs and Outcomes of the Pre- and Post-Survey and the End Programme Result of Adolescents and Parents or Caregivers.*





*Note.*  $n = 73$  for the results of positive ways to deal with stress and for the personal goal achievement for adolescents.  $n = 174$  for the results of positive ways to deal with stress and  $n = 47$  for the personal goal achievement for parents or caregivers.

### ***Interview Findings***

Interviews with programme implementers were analysed to identify what areas of the PALS programme could be improved to increase the effectiveness of the programme and what is recommended to make these improvements. The areas of improvement that came forward from the analysis of the interviews were the areas that were asked for as a result of the M&E data analysis and additional areas presented below.

**Participants.** As mentioned above, more female than male respondents participated in the PALS programme, especially in the parenting sessions. The main reason programme implementers gave for this result was that, in the context of Nigeria and South Sudan, women are seen as the caregivers of the children and thus the ones who should participate in the programme. A respondent illustrated this by the following quote: *“The attitude towards child rearing ... [men] particularly think that women are the ones who are close to the children, so*

*[men] have less interest into the programme.*”. Furthermore, six respondents mentioned that men have to earn a livelihood, therefore they do not have the time to attend the programme. Also, two respondents stated that men are reluctant to attend but gave no further explanation for this.

Another observation was that not all adolescents attended with their parent or caregiver and vice versa. The first reason given by respondents why parents or caregivers did not participate was that as a consequence of humanitarian crisis, *“some of the children are not staying with their parents”* and thus lived alone, which summarizes what five interviewees stated. Another reason, according to three respondents, was that parents were not interested in the programme and two interviewees said that the parents did not have the time to participate. According to three interviewees, an explanation why parents participated without an adolescent-aged child in the programme was that the parents needed the parenting sessions to better support their child(ren), although they did not have an adolescent-aged child.

To increase the number of participants in the PALS programme, especially male parents, the interviewees gave a number of recommendations. The first recommendation to attract more adolescents and parents to the programme, which was mentioned by eight respondents, was to raise awareness about the importance of the programme. One participant illustrated this with the following quote: *“If an awareness has to be created properly on the importance of the programme, then we may see that it will attract more adolescents and also their parents may attend.”*. Additionally, seven participants recommended to raise awareness about the fact that both parents are the caregivers of a child to appeal more male parents to the programme. It was highlighted by five respondents that awareness could be raised through the community which was also mentioned by two interviewees as a strategy to raise awareness about that both parents are caregivers. Moreover, two respondents mentioned that peer referrals could raise awareness

in the community and four respondents stated that change takes time and recommended that the programme should be continued to make that change.

The second recommendation to attract more adolescents and parents to the programme was to give the participants a kind of support or reward for their participation. It was recommended by four interviewees to support the participants of the PALS programme with income generating activities, especially the male participants. Furthermore, three respondents recommended to give material support, such as giving soap, and another respondent recommended that giving certificates would attract more participants.

The last recommendation to attract more male parents to the programme was to have flexible group sizes. One participant explained that: *'maybe by the time you reach the 10 [for the group], you see now one person has also dropped.'*, and recommended to start the sessions with smaller group sizes.

**Completion of the Programme.** Completion of the programme is important according to four interviewees because a lower attendance influences the results of the programme. The results showed that 81% of the participating adolescents and 75% of the parents or caregivers completed the programme. Reasons given by respondents why sessions were missed were: parents had to earn livelihood (all respondents), adolescents had to do domestic chores (all respondents), sickness (three respondents), and sessions were during the school times of adolescents (two respondents). One respondent explained with the following quote that adolescents and parents miss sessions because they value their tasks at home more than coming to the sessions:

*Because for the life skill sessions and parenting sessions, we do not give [the participants] much to appreciate their time. That is why they think that their activities at home is more valued than the activities that we facilitate for them as the parents or the children.*



To increase the attendance of participants, the most stated recommendation by four respondents was to raise awareness about the importance of attending. Raising awareness was recommended to be done through the community by involving community stakeholders and by peer referrals, who can explain the importance of the programme to peers. Furthermore, one interviewee mentioned that it takes time to raise awareness, and thus that patience is also needed. Another recommendation was to facilitate the sessions in other places. Two interviewees recommended to integrate the programme in schools and another two mentioned that the sessions for the male participants should be held in safe spaces, such as the Girl Friendly Spaces for the female participants.

The last recommendation was focused on giving the participants some kind of support or reward for their attendance. Three interviewees recommended giving refreshments during the sessions, two recommended giving material support such as sanitary pads, soap, or dignity kits, and another two recommended to have income generating activities to increase the attendance. The following quote is an example that refreshments motivate to attend the sessions:

*And also our project did not have refreshments, the life skills I did in another project, there were enough resources that were allocated. So we had refreshments during each and every session. So, that was a very good motivation for the attendance.*

**Outputs and Outcomes. Challenging Areas.** All interviewees agreed that the PALS programme contributed greatly to the psychosocial wellbeing, safety, and health of adolescents, which was the main goal of the programme. Two participants highlighted that the programme contributed to a better relationship between adolescents and parents, which is illustrated by the following quote: *“[the programme] has brought the parents and the children together, they have understood each other.”*. Though, interviewees mentioned that safety, SRHR, and child marriage were challenging areas to deliver. Two interviewees explained that because of war

and disrupted environments, safety was a challenging area to deliver. Furthermore, eight respondents mentioned that SRHR and child marriage were challenging areas to deliver. The following quote demonstrates that SRHR was difficult to deliver:

*I think when we are looking at especially for the life skills, that session we find very difficult also to deliver like, for example, when we are talking about safer sex and menstruation with the culture that we have here.*

It was mentioned that it was difficult to deliver the sessions related to SRHR and child marriage because these are sensitive topics to talk about, it is a taboo to talk about it, participants are shy to talk about it, and the younger adolescents have little knowledge regarding these topics.

Although SRHR and child marriage were difficult areas to deliver, two respondents highlighted the importance of delivering these topics. It was mentioned by two interviewees that it takes time to change the cultural norms towards SRHR and child marriage, and they recommended to continue the programme to make this change. Moreover, one respondent recommended to raise awareness about the importance of delivering these topics, and another respondent stated that awareness could be raised through community engagement.

***Positive Ways to Deal With Stress.*** As presented earlier, adolescents' ability to positively deal with stress increases to 81% in the post-survey, but this ability of parents or caregivers increased to no more than 38%. Several explanations were given by the respondents about why these results differ. The first explanation that was mentioned by five respondents was that adolescents share their concerns easily with peers or the session facilitator, and three respondents added to this that parents do not share their concerns easily. It was explained that sharing concerns was important because then solutions could be given to deal with it, which is illustrated by the following quote: *'But with adolescents, it is easy for them [to share]. So once they open up to you, you get solutions for them on how to deal with what is disturbing them.'* Moreover, according to two interviewees, the games from the 'Laughter and Play' manual

helped the adolescents to release stress during the sessions. According to four respondents, another reason why parents and caregivers have more difficulties to deal with stress was because the amount of stress they experience overshadows their ability to deal with it. One respondent illustrated this with the following quote:

*Maybe they are able to handle the stress [in general], but [together with dealing] with their husbands, with the lack of money, increased poverty rates, insecurity, [it] can really overshadow them [and let them] feel that they really do not have the capacity to deal with stress.*

To increase the ability of parents and caregivers to deal with stress in a positive way, four interviewees recommended that the parents or caregivers should be encouraged in the sessions to share their concerns with others because ‘one of [the others] might be having a solution to the stress or to the problem that person is facing.’. Also, three respondents recommended ongoing sessions for parents about dealing positively with stress, and four respondents recommended to let parents or caregivers themselves attend counselling sessions. Two interviewees said that ‘Laughter and Play’ games could release stress for the parents and thus recommended to have enjoyable sessions.

***Achievement of the Personal Goal.*** The personal goal was achieved by 71% of the adolescents and 77% of the parents or caregiver, which was a poorer result than for most of the other outcome and output areas. The reason why adolescents or parents or caregivers did not achieve their personal goal was following six respondents because they did not understand what could be achieved in the programme and thus set an unachievable goal. This was illustrated by one participant with the following quote: ‘You may join a programme and you feel, okay my personal goal is to become something which the programme is not able to provide, then you will find that they will not achieve their personal goal.’. The other four interviewees mentioned

that participants did not achieve their personal goal because they missed sessions and two highlighted that the participants did not put an effort to achieve their goal.

There were several recommendations given to improve the achievement of the personal goal. The first and most mentioned recommendation by four interviewees was that participants should be helped with setting up an achievable goal. One interviewee highlighted here that the capacity of the session facilitators should be improved to help the participants to set-up an achievable goal. The second recommendation given by three interviewees was that participants should be encouraged to attend all sessions and another two recommended to redo the sessions that are important for the achievement of the participants' personal goal. The last recommendation that was given by two interviewees was to improve the session delivery, which could be done by improving the facilitation of the sessions and by involving a professional to deliver some difficult topics such as SRHR.

**Other Recommendations.** Additional recommendations for the programme than mentioned above were asked for. One respondent recommended to develop an online database to enter and analyse the M&E data. This was recommended because such a database and analysis tool could decrease the time and capacity that is needed to enter and analyse all data and thus increases the time and capacity available for programme implementation. In Table 3 and 4 overviews are presented about general and additional recommendation given to improve the effectiveness of the PALS programme.

**Table 3***General Recommendations to Improve the Effectiveness of the PALS Programme*

Recommendation	Improves	How
Raising awareness about the fact that both parents are caregivers	The number of (male) participants	Through key community figures
Raising awareness about the importance of delivering SRHR	The delivery of sessions about SRHR and child marriage	Through peer referral
Raising awareness about the importance of attending the sessions	The attendance	Continuation of the PALS programme
	The number of (male) participants	Giving soap, dignity kits or sanitary pads after a session
Support or reward for participation	The attendance	Giving certificates at the end of the programme
		Income generating activities
Encouragement to share concerns	Positive ways to deal with stress	
Encouragement to attend all sessions	The achievement of the personal goal	By session facilitators

**Table 4***Additional Recommendations to Improve the Effectiveness of the PALS Programme*

Recommendation	Improves	How
Flexible group sizes	The number of (male) participants	Starting the sessions with smaller group sizes
Other locations for facilitation	The attendance	PALS programme integration in school  Creating safe spaces for male participants
Attending counselling sessions	Positive ways to deal with stress	
Ongoing sessions about dealing with stress	Positive ways to deal with stress	
More Laughter and Play games	Positive ways to deal with stress	By the session facilitators
Setting up an achievable personal goal	The achievement of the personal goal	Capacity improvement of facilitators  Informing participants about the programme
Redoing sessions	The achievement of the personal goal	
Improving session delivery	The achievement of the personal goal	Improving the capacity of session facilitators  Involving professionals
M&E data analysis tool	Programme implementation	

## **Discussion**

In this research, Plan International's PALS programme for adolescents living in humanitarian crisis was evaluated to gain more insights into the effectiveness of life skills interventions for adolescents living in humanitarian settings that include actors from their social ecological environment. This programme was evaluated because adolescents' development into adulthood is endangered by the risks they face in humanitarian crisis and thus need to be addressed in humanitarian programming. However, existing programming is often not specifically designed for crisis situations or is lacking content for adolescents. Furthermore, life skills interventions have the potential to address adolescents' needs in humanitarian crisis, but high quality research on life skills interventions is still lacking. The PALS programme consisted of 13 life skills sessions for adolescents and 10 parenting sessions for their parents or caregivers that aimed to improve the knowledge, skills, and behaviours set as a goal in output and outcome areas of the programme. First, M&E data gathered during the implementation of the PALS programme was analysed to evaluate to what extent the outputs and outcomes were achieved and to identify areas of improvements. Second, interviews with programme implementers gave further insights into the areas of improvement of the programme and how these improvements could be implemented.

### **The Effectiveness of the PALS Programme**

The evaluation of the M&E data showed that improvements were found for respondents in all thematic areas set as a goal for the programme. More specifically, improvements were found in knowledge, skills, and behaviours regarding the psychosocial wellbeing, health, safety, and social support of adolescents; and the selfcare, safety, social support, and positive parenting techniques of their parents or caregivers. Therefore, with regard to the first research question, it can be concluded that the PALS programme achieves its outputs and outcomes and thus that the PALS programme is an effective programme to address adolescents' needs in humanitarian

crisis by improving their life skills and including their parents as actors from their social environment.

Because this research was a first evaluation of the programme, no strong conclusions can be drawn about the effectiveness of life skills interventions for adolescents in humanitarian crisis in general. However, the findings of this study should be kept in mind by programme developers and researchers as it can contribute to the knowledge regarding effective programming for adolescents in humanitarian settings. Moreover, the data analysed for the evaluation of the programme was gathered in the implementing countries Nigeria and South Sudan. These two countries are located in the region of North/West/Central Africa, which is one of the two regions worldwide that continuously has the most humanitarian needs (United Nations Office for the Coordination of Humanitarian Affairs, 2021). Because the PALS programme is effective in this region, it contributes to addressing the needs of the most vulnerable adolescents in humanitarian settings worldwide.

### **Improvements of the PALS Programme and the Implementation of These**

With regard to the second research question, five areas of improvement of the PALS programme were identified that emerged from the M&E data analysis and the interviews with programme implementers. These areas were: 1. Improving the results of the output and outcome areas of the personal goal achievement and parents' ability to deal with stress. 2. Increasing the knowledge of respondents regarding topics such as SRHR and child marriage, 3. Increasing the number of participants, 4. Increasing the attendance of participants, and 5. Improving M&E capacity of programme implementers. To make the programme overall more effective, the number of participants should be increased and their attendance. Research showed that the more people attending a programme, the more people are affected by it because people share their newly gained knowledge with each other (McMullen & Eaton, 2020). Furthermore,



Koždoňová found that irregular attendance of participants negatively affects the effectiveness of a programme (2020).

With regard to the last research question, the following three recommendations were given by programme implementers to implement the abovementioned improvements: 1. Strengthening the capacity of programme implementers regarding their knowledge, skills, and behaviours about the topics addressed in the PALS programme, 2. Enhancing the implementation of the PALS programme, and 3. Developing an online M&E database and analysis tool. More specifically, capacity strengthening of programme implementers should improve the first two areas of the PALS programme mentioned above. Because these areas were identified using programme evaluation, it is expected that the results for these areas improve after capacity strengthening of the programme implementers (Rossi et al., 2019).

Furthermore, by enhancing the programme implementation, the first four areas of the PALS programme mentioned above should improve by using three strategies. The first strategy is to raise awareness in the community about the importance of the programme and the topics discussed in it. Awareness can be raised through key community figures and by the reference of former participants to other community members, which can be achieved by continuing the programme. Furthermore, the findings about the effectiveness of the programme can be shared with the implementing communities to inform and convince people about the importance of the programme.

Secondly, even though this strategy is mentioned in the implementation guide of the programme (Plan International, 2021b), more emphasis should be placed on the contextualisation of the programme prior to implementation. More emphasis can be placed on this when a decolonised view is applied during the phase of contextualisation (Patel, 2015; Rabello de Castro, 2020). During the phase of contextualisation, information should be gathered about the existing knowledge, skills, and behaviours of the community and session facilitators

regarding the topics addressed in the programme. Additionally, the preferred location and groups sizes for the sessions should be identified. Once this information is gathered, it is possible to respond to the level of knowledge in the community and to attract more respondents to the programme.

Lastly, although it is mentioned in the implementation guide of the programme (Plan International, 2021b), more emphasis should be placed on addressing the holistic needs of adolescents and parents living in humanitarian settings. Because people living in humanitarian have little resources (Jones et al., 2021), knowledge regarding topics such as hygiene is not sufficient to address adolescents needs because they cannot practice what they have learned. Therefore, it is important to give material support in the programme, such as soap. Furthermore, in humanitarian settings, there are limited employment opportunities, causing adolescents and parents to be economically vulnerable (Jones et al., 2021). Hence, respondents of the programme value livelihood over the knowledge they gain in the sessions, causing them not to participate. Research underlines the importance of addressing livelihood opportunities in humanitarian contexts (Jones et al., 2021), therefore, it is recommended to complement the programme with livelihood opportunities. Additionally, according to programme implementers, the programme should also be complemented with mental support services and parenting programme's for parents with children younger than adolescents.

Moreover, developing an online M&E database and analysis tool should improve the M&E capacity of programme implementers because it becomes more easily to enter and analyse the M&E data. Also, during the M&E data analysis, it was observed that not more than six of the 10 M&E tools of the PALS programme were used for the evaluation of the programme. Because people living in humanitarian settings prioritise their own survival over participating in an evaluation (Cosgrave & Buchanan-Smith, 2016), it is recommended to decrease the time needed for the gathering of the M&E data by evaluating the additional value the M&E tools

have for programme evaluation. Setting up a Terms of Reference can help determine which method is feasible to evaluate a humanitarian programme because it represents an overview of the expectations and requirements of an evaluation (Cosgrave & Buchanan-Smith, 2016).

The findings of the second and third research question can be used for the further development of the PALS programme. Furthermore, for the development and implementation of humanitarian programming in general, implementation strategies, the capacity of programme implementers regarding topics delivered in the programme and M&E, and the additional value of M&E tools should be kept in mind.

### **Limitations**

Limitations of this study were found in the gathering and analysis of the data. Firstly, of the 11 implementing countries of the PALS programme, no more than two countries delivered usable M&E data. Reason for this could be that the M&E tools included in the implementation guide of the PALS programme were not easy to use, especially when the M&E capacity of a country office was not sufficient, which was also identified by a programme implementer. Moreover, even though the programme should be implementable in a diversity of contexts, the limited data from two countries makes it difficult to make strong conclusions about the effectiveness of the PALS programme in other contexts. Furthermore, limited data was gathered for the achievement of the personal goal and the ability of parents to deal positively with stress, which could explain why poorer results were found for these output and outcome areas in comparison to other areas. However, it is expected that these findings are a representative image of the programme's results because programme implementers confirmed that these findings were in consistence with their experiences with the programme.

Secondly, concepts used in the interviews with programme implementers could have been interpreted in two or more ways. For example, the word 'participation' could be interpreted as participation in the sessions or participation of the different sessions. This

misinterpretation caused occasionally that no answer was given to the question asked, which resulted that data saturation might not be achieved for some questions.

### **Recommendations Further Research**

Future research should focus on the evaluation of the long-term goals of the PALS programme. This research was a first evaluation of the PALS programme, which only showed the short-term results of the programme. When the long-term results are evaluated of the programme, stronger conclusions can be drawn about the effectiveness of the programme and of life skills interventions for adolescents in humanitarian crisis that include actors from their social environment in general. Another recommendation for future research is to focus on the differences in effectiveness of the PALS programme in different countries. According to Yankey and Biswas (2012), life skills interventions can be implemented in diverse geographical and cultural settings by a diversity of programmes and agencies, which is favourable for programming in the variety of humanitarian settings. However, no strong conclusions can be drawn from this study about the the effectiveness of the PALS programme in a diversity of contexts and thus need to be further investigated to address adolescents' needs in a variety of humanitarian settings.

### **Conclusion**

The evaluation of the PALS programme showed that adolescents' needs in humanitarian crisis can be addressed with life skills interventions that include actors from different social ecological levels. Also, improvements were identified to increase the effectiveness of the programme and humanitarian programme developers should keep implementation strategies, the capacity of programme implementers, and the added value of M&E tools should in mind. In conclusion, the number of people affected by humanitarian crisis increases every day, so it is time to start recognizing the specific needs adolescents have in humanitarian crisis by developing and implementing life skills interventions.

## References

- Clowns Without Borders (2020) *Laughter and Play: Games and creative exercises for adolescents in crisis settings*. (2020). <https://plan-international.org/uploads/2021/12/global-laughter-and-play-manual-highres-io-final-eng-june20.pdf>
- Ansell, N. (2017). *Children, Youth and Development*. Routledge.
- Bearinger, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *Lancet*, 369(9568), 1220–1231. [https://doi.org/10.1016/S0140-6736\(07\)60367-5](https://doi.org/10.1016/S0140-6736(07)60367-5)
- Boeije, H. (2009). *Analysis in Qualitative Research*. Sage.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press. Cambridge, MA.
- Catalano, R. F., Hawkins, J. D., Berglund, M. L., Pollard, J. A., & Arthur, M. W. (2002). Prevention science and positive youth development: Competitive or cooperative frameworks? *Journal of Adolescent Health*, 31(6), 230–239. [https://doi.org/10.1016/S1054-139X\(02\)00496-2](https://doi.org/10.1016/S1054-139X(02)00496-2)
- Cosgrave, J., & Buchanan-Smith, M. (2016). *Evaluation of Humanitarian Action*. <http://www.alnap.org/eha#>
- Jennings, L., George, A. S., Jacobs, T., Blanchet, K., & Singh, N. S. (2019). A forgotten group during humanitarian crises: a systematic review of sexual and reproductive health interventions for young people including adolescents in humanitarian settings. *Conflict and Health*, 13(1), 15–17. <https://doi.org/10.1186/s13031-019-0240-y>
- Jones, N., Pincock, K., & Bassam, H. A. (2021). *Adolescents in Humanitarian Crisis. Displacement, Gender and Social Inequalities*. Routledge.
- Kostelny, K. (2006) *A Culture-Based, Integrative Approach*. Kumarian Press, Inc.

- Koždoňová, A. (2020). *Supporting Adolescents: A Systematic Review of Life Skills Programs Targeting Gender-based Violence, Sexual and Reproductive Health and Rights, and Mental Health and Psychosocial Support in the Countries of the Global South* [Master's Thesis, Utrecht University].
- McMullen, J., & Eaton, P. (2020). The impact of a school-based life skills intervention in Ugandan secondary schools: perspectives of teachers and students. *Pastoral Care in Education*, 1-20
- Meeting, T., Strengthening, O. N., Priority, C. H., & Foryemen, I. (2020). *Child and adolescent Health in Humanitarian settings; Operational Guidance* (Issue February).
- Patel, L. (2015). Decolonizing Educational Research. In *Decolonizing Educational Research*. <https://doi.org/10.4324/9781315658551>
- Plan International. (2021a). *Adolescent Life Skills and Parenting in Crisis Settings: Consultation for Programme Design*. 1–28. [www.plan-international.org](http://www.plan-international.org)
- Plan International. (2021b). *Adolescent Life Skills and Parenting programme*.
- Rabello de Castro, L. (2020). Decolonising child studies: development and globalism as orientalist perspectives. *Third World Quarterly*, 42(0), 1–18. <https://doi.org/10.1080/01436597.2020.1788934>
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (2013). *Qualitative Research Practice: A Guide for Social Science Students and Researchers* (2nd ed.). Sage.
- Rossi, P. H., Lipsey, M. W., & Henry, G. T. (2019). What Is program evaluation and why is it needed? In *Evaluation: A systemic approach* (pp. 1–29). Sage Publications.
- Schlecht, J., Lee, C., Kerner, B., Greeley, M., & Robinson, C. (2017). Prioritizing programming to address the needs and risks of very young adolescents: A summary of findings across three humanitarian settings. In *Conflict and Health* (Vol. 11). <https://doi.org/10.1186/s13031-017-0126-9>

- Taplin, D. H., Clark, H., Collins, E., & Colby, D. C. (2013). Theory of Change: Technical papers: a series of papers to support development of theories of change based on practice in the field. *ActKnowledge, April, 23*. [http://www.theoryofchange.org/wp-content/uploads/toco\\_library/pdf/ToC-Tech-Papers.pdf](http://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/ToC-Tech-Papers.pdf)
- United Nations Office for Disaster Risk Reduction. (n.d.). *N*. Retrieved 17 January 2022, from <https://www.undrr.org/terminology/disaster>
- United Nations Office for the Coordination of Humanitarian Affairs. (2021). *Global Humanitarian Overview 2022*. [https://reliefweb.int/sites/reliefweb.int/files/resources/Global Humanitarian Overview 2022.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Global%20Humanitarian%20Overview%202022.pdf)
- Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet, 379*(9826), 1641–1652. [https://doi.org/10.1016/s0140-6736\(12\)60149-4](https://doi.org/10.1016/s0140-6736(12)60149-4)
- Warren, E., Post, N., Hossain, M., Blanchet, K., & Roberts, B. (2015). Systematic review of the evidence on the effectiveness of sexual and reproductive health interventions in humanitarian crises. *BMJ Open, 5*(12).
- World Health Organization. (2018). *INSPIRE Handbook Action for implementing the seven strategies for ending violence against children*. <https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing%02the-seven-strategies-for-ending-violence-against-children>
- Yankey, T., & Biswas, U. N. (2012). Life skills training as an effective intervention strategy to reduce stress among tibetan refugee adolescents. *Journal of Refugee Studies, 25*(4). <https://doi.org/10.1093/jrs/fer056>

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## **Appendix A**

### **Monitoring and Evaluation Tools of the PALS Programme**

Tool 1. Adolescent Registration Form

Tool 2. Parent Registration Form

Tool 3. Participant Database

Tool 4. Attendance Tracker

Tool 5. Adolescent Questionnaire

Tool 6. Parent Questionnaire

Tool 7. Personal Goal

Tool 8. Personal Goal Registration Form

Tool 9. Module Evaluation

Tool 10. Facilitator Report

## Appendix B

### Pre- and Post-Survey of the PALS Programme for Adolescents

QUESTION	ANSWER	INSTRUCTION	INDICATOR
<b>Consent</b>			
0.	Do you agree to speak with me?	A. Yes B. No	Select one. If “No”, end the interview
<p><b>Say: “I am going to read you some statements. For each statement I want you to think about your own feelings and tell me how much you agree or disagree. You can tell me you agree a lot, agree a little, disagree a lot or disagree a little. Let’s try an example: Green is the most beautiful colour. Do you strongly agree, agree, disagree, or strongly disagree?”</b></p>			
<b>Social support</b>			
1.	I generally feel positive about myself	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	<b>Output indicator 3.2.1</b> % of adolescents who report improved social support
2.	I have friends who I trust and enjoy spending time with	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	
3.	I am comfortable in asking others for help if I need to	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	
4.	If I have a problem, I know another adult (other than parents/caregivers) who I trust and who I can turn to for support	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	
<b>Safety and protection</b>			
5.	I feel safe in my community	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	<b>Output indicator 1.3</b> % of adolescents who know how to stay safe and

QUESTION		ANSWER	INSTRUCTION	INDICATOR
6.	If I experience something that makes me feel unsafe, I know where to go for support	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	healthy
7.	If a friend experiences violence, I would know where and how to report it	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	
<b>Health</b>				
8.	I feel confident to talk to one of my parents if I have questions or concerns about my body or health	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	<b>Output indicator 1.3</b> % of adolescents who know how to stay safe and healthy
9.	I can safely access sanitary pads when I /need them	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	
10.	I know how pregnancy can be prevented or delayed	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	
<b>Parent-child relationship</b>				
11.	My relationship with my parents/caregivers is generally positive	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response		<b>Output indicator 3.1</b> % of adolescents who report positive ways to communicate and solve problems
12.	When I have a disagreement with my parent/caregiver, I usually solve it peacefully	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response		

QUESTION	ANSWER	INSTRUCTION	INDICATOR	
<b>Access to services</b>				
13.	I can confidently participate in recreational activities organised for people of my age in the community	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	<b>Output indicator 3.2.2</b> % of adolescents who know where and how to access local services
14.	I can confidently go to a clinic if I need information about my health or health services	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	
15.	I can confidently go to the local police if I need to report a concern	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	
<b>Say: "Now I am going to ask an open question instead of a statement. You can just answer whatever you think or feel."</b>				
<b>Coping with stress</b>				
16.	Think about how you have felt in the past week. What are things that you do when you feel worried or overwhelmed?	[insert response]	Note down the response (qualitative)	<b>Output indicator 1.2</b> % of adolescents who can describe positive ways to deal with stress
		A. Mentions <b>mostly positive</b> way of coping with stress B. Mentions both <b>positive and negative</b> ways of coping with stress C. Mentions <b>mostly negative</b> ways of coping with stress D. Don't know E. No response	Based on the response, select the answer that applies strongest.	

### Pre- and Post-Survey of the PALS Programme for Parents or Caregivers

QUESTION	ANSWER	INSTRUCTION	INDICATOR
<b>Consent</b>			
0.	Do you agree to speak with me?	A. Yes B. No	Select one. If “No”, end the interview
<p>Say: “I am going to read you some statements. For each statement I want you to think about your own feelings and tell me how much you agree or disagree. You can tell me you agree a lot, agree a little, disagree a lot or disagree a little. Let’s try an example: Green is the most beautiful colour. Do you strongly agree, agree, disagree, or strongly disagree?”</p>			
<b>Social support</b>			
1.	I generally feel positive about myself	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	<b>Output indicator 3.2.1</b> % of parents/ caregivers who report improved social support
2.	I have friends who I trust and enjoy spending time with	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	
3.	I am comfortable in asking others for help if I need to	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	
4.	If I have a problem, I know another adult who I trust and who I can turn to for support	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	
<b>Supporting adolescents</b>			
5.	I regularly talk with my adolescent-aged children and listen to them	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don’t know F. No response	<b>Output indicator 2.3</b> % of parents/ caregivers who can describe positive ways to support
6.	I praise my adolescent-aged	A. Strongly agree	

QUESTION		ANSWER	INSTRUCTION	INDICATOR
	children when they do things well	B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response		adolescents
7.	I regularly spend one-on-one time with my adolescent-aged children	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	
<b>Parent-child relationship</b>				
8.	The relationship with my adolescent-aged child is positive	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response		<b>Output indicator 3.1</b> % of adolescents who report positive ways to communicate and solve problems
9.	When I have a disagreement with my adolescent-aged child, I usually solve it peacefully	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response		
<b>Access to services</b>				
10.	I can access information related to parenting when I need it	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	<b>Output indicator 3.2.2</b> % of adolescents who know where and how to access local services
11.	I can confidently go to a clinic if we need information about health or health services	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	
12.	I can confidently go to the local police if we need to report a concern	A. Strongly agree B. Agree C. Disagree D. Strongly disagree E. Don't know F. No response	Select one answer.	

QUESTION		ANSWER	INSTRUCTION	INDICATOR
Say: "Now I am going to ask an open question instead of a statement. You can just answer whatever you think or feel."				
<b>Coping with stress</b>				
13.	Think about how you have felt in the past week. What are things that you do when you feel worried or overwhelmed?	[insert response]	Note down the response (qualitative)	<b>Output indicator 1.2</b> % of adolescents who can describe positive ways to deal with stress
		A. Mentions <b>mostly positive</b> way of coping with stress B. Mentions both <b>positive and negative</b> ways of coping with stress C. Mentions <b>mostly negative</b> ways of coping with stress D. Don't know E. No response	Based on the response, select the answer that applies strongest.	

## Appendix C

### Personal Goal Registration of the PALS Programme

Name: \_\_\_\_\_

#### Step 1: Personal goal (at the start of the programme)

---

What is your personal goal? Draw or write it here:

#### Step 2: Reflection on personal goal (at the end of the programme)

---

Mark on the form how close you feel to your goal now. Also think about why you feel this way.



I have not yet  
achieved my goal

I have partly  
achieved my goal

I have reached my goal

How did the sessions help you reach your goal?  
What part of your goal did you not (yet) achieve?

Write or draw here:



## Appendix D

### Topic List Interviews

#### Opening interview

- Welcome + explanation of the purpose of the research
- Do you have any questions before we start the interview?
- With your permission, I would like to start the audio recording now.

#### Background information participant

1. Could you shortly introduce yourself/yourselves?
  - What is your role within Plan? What country office do you work for?
  - What is your role within the 'Parenting and Adolescents Life Skills' programme?

#### General experience with the PALS programme

2. Before I show you the preliminary results of the M&E data, do you have the feeling that the Life Skills programme contributed greatly to the psychosocial wellbeing, health, and safety of adolescents?
  - Which area was more challenging in terms of getting good results: psychosocial wellbeing, health or safety? Why do you think this area was more challenging?

#### Recommendations PALS programme

We are now going to look at the preliminary results of the Life Skills programme, whereafter I will present some specific results and ask questions about these results.

3. The participants databases showed that not all adolescents attending had their parents/caregivers participating in the programme and that some adults attending the parenting sessions had no children attending the life skills sessions
  - Why do you think this is?
  - What would you recommend so that both adolescents and their parents/caregivers can be participating in the programme?
    - Or do you think that there is maybe another way how the parents of adolescents can be engaged in the programme?
4. The participant overview shows that there are more female participants than male participants, especially for the parents/caregivers.
  - Why do you think this is?
  - What would you recommend so that more male participants would be attracted to participate in the programme's sessions?
  - What would you recommend so that more (male) parents can be involved in the programme?

#### Specific results of the outcomes and outputs

5. As you can see is the personal goal for both adolescents and parents/caregivers for approximately 75% achieved, which is already a good result
  - What do you think could be a reason that some adolescents or parents did not achieve their goal?
  - What would you recommend to help them achieve their goal?
    - Do you think this differs between male and female participants? Why?
    - Do you think this differs between younger and older adolescents? Why?

6. The attendance of both the adolescents and parents/caregivers is approximately 80% for those who completed the programme, which is already a high percentage
  - What do you think prevents adolescents and parents/caregivers to attend more regularly?
    - Do you think this differs between male and female participants? Why?
    - Do you think this differs between younger and older adolescents? Why?
  - What would you recommend to increase the attendance?
    - Do you think this differs between male and female participants? Why?
    - Do you think this differs between younger and older adolescents? Why?
  - Do you think a lower attendance influences the outcomes of the programme?
    - If yes, why?
    - What would you recommend as a solution?
7. Adolescents improve their ability to deal with stress greatly
  - What do you think is the reason that this improvement is so greatly?
  - Do you think that this strategy would also work for the parents/caretakers?
    - If yes, why?
  - What do you recommend to improve the ability of parents/caregivers to deal with stress?

These were the results that caught our eye for the improvements of the programme, but overall the outcomes and outputs improve after the programme to approximately 85%, which is a good result.

8. Is there another result that is different than your expectations of the programme's results?
  - Is there another recommendation you would like to give about the outcomes and outputs to improve the programme's effectiveness?

### **Closing interview**

These were all the questions from my side. Do you have any further questions? Is there anything that we did not discuss and that you would like to add?

Are you interested in the results of the research? Can I contact you afterwards if I have any further questions? Thank you for your time and participation I will now stop the recording.

## Appendix E

### M&E Data Indicators per Outcome and Output of the PALS Programme

Outputs	Indicator	Analysis	Outcomes	Indicator	Analyses
Adolescents have knowledge and skills to manage stress and to stay healthy and safe	% of adolescents who report positive ways of dealing with stress	% 'mostly positive' Adolescent survey Q16	Adolescents adopt and apply practices that promote their psychosocial wellbeing, health, and safety	% of adolescents who report an improved sense of their wellbeing, health, and safety	% 'agree' or 'strongly agree' Adolescent survey Q1-15
Adolescents have positive peer relations and access to social support	% of adolescents who know how to stay safe and healthy	% 'agree' or 'strongly agree' Adolescent survey Q5-10		% of adolescents who achieved their personal goal	% 'achieved' Adolescent personal goal registration
	% of adolescents who report to have access to social support	% 'agree' or 'strongly agree' Adolescent survey Q1-4			
Parents and caregivers have knowledge and skills for selfcare and parenting of adolescents in crisis settings	% of parents/caregivers who report positive ways of dealing with stress	% 'mostly positive' Parent survey Q13	Parents and caregivers adopt and apply selfcare and positive parenting practices	% of parents/caregivers who report improvement in their selfcare and parenting practices	% 'agree' or 'strongly agree' Parent survey Q1-12
Parents and caregivers support one another and have access to a support system	% of parents/caregivers who report positive ways to support adolescents	% 'agree' or 'strongly agree' Parent survey Q5-7		% of parents/caregivers who achieved their personal goal	% 'achieved' Parent personal goal registration
	% of parents/caregivers who report to have access to social support	% 'agree' or 'strongly agree' Parent survey Q1-4			
Adolescents and their parents or caregivers develop positive ways to communicate and solve problems together	% of participants who report positive ways to solve problems together	% 'agree' or 'strongly agree' Adolescent survey Q12 Parent survey Q9	Adolescents and their parents or caregivers feel safe and supported	% of participants who report an improved parent-child relationship	% 'agree' or 'strongly agree' Adolescent survey Q11-12 Parent survey Q8-9
Adolescents and their parents or caregivers have information about locally available services	% of participants who report increased access to services	% 'agree' or 'strongly agree' Adolescent survey Q13-15 Parent survey Q10-12		% of participants who report increased access to services	% 'agree' or 'strongly agree' Adolescent survey Q13-15 Parent survey Q10-12

## Appendix F

### **Information Letter ‘Internal Evaluation of the ‘Parenting and Adolescents Life Skills’ programme’**

#### **Introduction**

With this letter I am asking you if you are willing to participate in this research. The research will take place online via Microsoft Teams. The research is tested and approved by the Faculty Ethics Review Committee of the Faculty of Social Sciences of Utrecht University and meets all ethical guidelines. Participation is voluntary and you have the right to stop at any time without giving a reason. Before you decide to participate in this research, I would like to inform you about what the research entails and what questions you can expect. Please read this information letter carefully and contact me at the email address below when you have questions.

#### **What is the aim of the study?**

The aim of this internal evaluation study is to get more insights into the effectiveness of the ‘Parenting and Adolescents Life Skills’ programme and what is recommended to improve the programme’s effectiveness.

#### **Who conducts the research?**

I am Carien Welles, I am a master student at Utrecht University and for my master thesis, I am following an internship at the humanitarian team of Plan International Netherlands.

#### **What is implicated in participating in the study?**

When you accept to participate in this study, you will be invited for an online interview via Microsoft Teams. This interview will focus on the outcomes of the ‘Parenting and Adolescents Life Skills’ programme and what your recommendations are to improve the programme’s effectiveness. The interview will take approximately 30 minutes. With your consent, the interview will be audio recorded and in a later stage be transcribed. This way, I do not have to make excessive notes during the interview and can your words be correctly used in the research.

#### **What happens with your information?**

The recording of your interview will be transcribed, which means that everything you say will be written out. Your personal details will be handled confidentially. This implies that the transcripts will be pseudo-anonymised by omitting personal information and replacing names by respondent numbers. Furthermore, quotes that are used in the research will be pseudo-anonymised and your data will not be provided to a third party. The recording of the interview and the transcript will be stored at a safe environment of Utrecht University and Plan International. This data will be deleted permanently once the research is finished.

#### **What happens with the results of the study?**

The results of this study will be used for the internal evaluation of Plan International of the ‘Parenting and Adolescents Life Skills’ programme and for the master thesis of the researcher. It is a possibility to view the results of the study afterwards.

If after reading this information letter you have any questions, please contact me:  
Carien Welles – carien.welles@planinternational.nl – +31634358081

If you have no further questions and are willing to participate in the study, please fill in the informed consent on the next page.

### **Informed Consent**

I have read and understood the information letter. I am informed about the aim of the research. I was allowed to ask questions about the research. I voluntarily participate in the research and I am aware that I can stop at any time without giving a reason. I understand how the data from the interview will be stored and what it will be used for. I also understand that the data collected will be used for students research. I agree to participate in the study as described in the information letter.

- Yes
- No

Name: \_\_\_\_\_

Date: \_\_\_\_\_