Build your Own Buddy

Research Report

October 2022

Help a CHILD

TNO innovation for life

ARQ National Psychotrauma Centre

Fun and play, music and dance are important elements of the BOB programme.

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Summary

Background

Ample research shows the detrimental effects of traumatic experiences and chronic stress on the (neuro)development and well-being of children. Early interventions can help children and their parents to cope with the consequences of adverse experiences and are therefore important for the development of children.

Help a Child, together with TNO and ARQ International, received a grant for two years (2020, 2021), to develop and pilot the so called programme Build your Own Buddy (BOB), a mental health and psychosocial support group-programme (MHPSS) for children aged 5 to 7 years, and their parents. The project was funded by the Dutch Relief Alliance under the DRA Innovation Fund (DIF), funded by the Dutch Ministry of Foreign Affairs.

Method

The development and study of the BOB-programme were conducted by action-research, with three cycles of pilot-implementations, to learn from and optimize the programme. Monitoring and evaluation was done by mixed method through pre- and post-assessments including the Strengths and Difficulties Questionnaire (SDQ). Focus group discussions, observations and evaluations after each session, and field visits were also conducted.

Programme development

Build your own buddy was developed by combination of elements of Cognitive Behavioural Therapy (CBT) and Emotion Focused Therapy (EFT), principles from Storytelling and indirect learning through metaphors and agents. Based on recent scientific insight, the programme offers physical and mental strategies to recognize emotions, recognize and communicate about levels of stress and to actively bring stress levels down. The BOB-programme consists of 12 group-sessions for children and parents separately and parallel. Community counsellors were trained as facilitators of the sessions.

Main Results

- Parents observed an increase in the level of expression of feelings in their child, between the onset of the BOB-programme and after following the sessions. Parents also reported an increase in their sense of self-efficacy (feel that I can influence how my child feels) and seemed to know better what the emotional needs of their child are. Also, parents reported to have more skills to support their child in his or her emotional needs.
- Two third of the children showed significant improvement on the SDQ Total scores, and scores on the subscales, after following the BOB-programme.
- Qualitative findings from focus group discussions, observations and field visits underpin these findings.

Conclusion

Build your own buddy (BOB) proved a feasible, appealing and easy to apply programme for MHPSS of young children and their parents. Both quantitative and qualitative results of monitoring during the three cycles of pilot-implementations of the BOB-programme revealed unequivocal impact on children, their parents, and the community as a whole. According to parents, and based on pre- and post-measurements children's well-being improved significantly after attending the full BOB-programme.

Recommendations

Further implementation and upscaling of the BOB-programme in South Sudan and other Sub-Saharan countries are recommended as well as explore ways to digitalise and/or adapt the programme to other cultures. Finally, conduct further research with experimental design.

A child showing her self-made buddy as part of the BOB programme.

Chapter 1
Introduction

1.1 Problem description

Forced displacement due to war, internal conflict, violence, violation of human rights, natural disasters and climate change, has increased rapidly since 2011. In 2021 worldwide, almost 90 million people were displaced, including 41% children under 18 years [1].

Life is hard for people under these circumstances and many experience the consequences of displacement long after they moved to safer areas. Depression, anxiety, posttraumatic stress and suicide rates are high among these populations and parenting in these conditions is a challenge for most [2]. Besides experiencing the direct consequences of displacement, children may also experience secondary consequences via the stress of their parents [3]. Ample research shows the detrimental effects of traumatic experiences and chronic stress on the (neuro)development and well-being of children. Children growing up with Adverse Childhood Experiences (ACE) or living under violent, war or refugee conditions, stand a high risk of mental and behavioural problems, lower school achievements, and risk behaviour such as substance abuse and delinquency. Parents who are traumatized and suffer the consequences such as PTSD, depression, anxiety or suicide ideation, are less 'available' to their family and less capable of helping their children in their emotional needs. Children with unaddressed psychosocial problems are more likely to become revictimized or perpetrator of violence themselves, later in life. Research shows that early intervention for traumatized children (and their parents) helps, the sooner the better. [4]

Help a Child, working with children and parents in need in several African countries, noted that children, and especially the young ones, are often overlooked in humanitarian aid settings and mental health and psychosocial support programmes (MHPSS). People believe they are 'too young to understand', meanwhile facing challenges such as witnessing and/or experiencing violence, exposure to harsh conditions, unsafety, and sometimes lack of secure attachment, ongoing abuse and neglect and exposure to domestic violence. Children aged 5 to 7 years specifically, were not well reached because they do not attend school (if available) yet. This, however, is a group that has also seen and experienced a lot. They hear the stories from adults and have strong imagination at this age, while not yet comprehending everything that is happening around them.

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[1] UNHCR (2022) https://www.unhcr.org/refugee-statistics/

[2] WHO (2022) World mental health report: transforming mental health for all.

[3] When we speak of 'parents', we also mean their daily caregivers and guardians

[4] Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Impact on health and school engagement and the mitigating role of resilience. Health Affairs, 33, 2106–2115.
Cicchetti, D., & Toth, S. L. (2005). Child maltreatment. Annual Review of Clinical Psychology, 1(1), 409–438.
Van der Kolk, B. (2014) The body keeps the score. Brain, mind, and body in the healing of trauma. New York/London: Viking Press/PenguinRandomHouse.
Van IJzendoorn, M. H., Schuengel, C., & Bakermans–Kranenburg, M. J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. Development and Psychopathology, 11(2), 225–249.
Vink, R. M., Dommelen, P. van, Pal, S.M. van der, Eekhout, I., Pannebakker, F. D., Klein Velderman, M., … Dekker, M. (2019). Self-reported adverse childhood experiences and quality of life among children in the two last grades of Dutch elementary education. Child Abuse & Neglect, 95, 104051.

MHPSS for (young) children, focusing on their social and emotional wellbeing, is an investment for life and adds to the Sustainable Development Goal of good health and well-being (SDG 3).

A high need for such a programme was especially the case in South Sudan with a history of conflicts: first in the fight for independence (materialized in 2011), then since 2013 due to several conflicts between rivaling groups, causing massive displacement. Many became a victim of tribal violence and over 2 million people, (63% of them being children) fled the country to Uganda and Ethiopia 5. Others, including children, fled to protected camps and safer villages within the country. Ongoing violence, migrations, combined with unpredictable rains, food insecurity and severe poverty has caused stress for people.

1.2 Collaboration and funding

Help a Child initiated to develop and pilot an MHPSS programme for young children in South Sudan, focusing on their social and emotional wellbeing. Help a Child has been working in Wau and Jur River County (Agok, Abunybuny, Mapel and Bagari) since 2017 with several activities such as food security and child protection. It was decided to design and pilot a programme for these locations so as to complement the interventions already in place, enhancing the sustainability of the impact of individual programmes by working from a more comprehensive approach. Also, in these locations Help a Child had already built Child Friendly Spaces (CFS), suitable for group-based programmes.

In 2019 the Dutch Relief Alliance opened a call for innovative projects, under the DRA Innovation Fund (DIF), funded by the Dutch Ministry of Foreign Affairs. Help a Child South Sudan and the Netherlands, together with TNO and ARQ International, submitted a proposal and received a grant for two years (2020, 2021) to develop and pilot the so-called programme Build your Own Buddy (BOB), a mental health and psychosocial support group-programme for children aged 5 to 7 years, and their parents.

Help a Child Netherlands and Help a Child South Sudan were the lead organizations and coordinated the project. Help a Child South Sudan was the implementing organization, ensuring timely delivery of the BOB-programme for the children and parents, and responsible for collecting monitoring and evaluation data in the field. Both offices ensured contextualization of the intervention.

TNO developed the BOB-programme, based on research, and guided the action research with monitoring and evaluation (M&E). TNO trained the staff of Help a Child South Sudan to work with the BOB-programme and collect data for research.

ARQ International was responsible to train the staff of Help a Child South Sudan in basic mental health and psychosocial support skills. They also provided coaching for the team on mental health issues.

[5] https://www.unrefugees.org/emergencies/south-sudan/

Children performing ‘Animal wake up’ at the start of a BOB children’s session.

Chapter 2
Programme design and pilots

2.1 Scope

The project, conducted between December 2019 and November 2021 and funded by the Dutch Relief Alliance, included the design of the BOB-programme, the monitoring and evaluation of the programme in three pilot implementation rounds, and subsequent adaptation of the BOB programme set-up and materials.

2.2 Objectives of the BOB programme

The overall impact goal of the project was to **improve the psychosocial well-being of children aged 5-7 years,** through the MHPSS programme Build your Own Buddy (BOB).

2.2.1 Specific objectives for children

- To recognize feelings.
- To communicate about feelings (level of stress or arousal, and quality of a feeling).
- To apply strategies that help to calm down and comfort yourself.

2.2.2 Specific objectives for parents

- To recognize feelings in their child and in themselves.
- To communicate about the child's feelings (level of stress or arousal, and quality of a feeling) with their child.
- To help their child (to apply strategies that help) to calm down and learn skills to comfort their child.

2.3 Chosen methodology

In healing from trauma and psychosocial problems, the first step is to tolerate current feelings. If you cannot tolerate what you are feeling right now, opening up the past may retraumatize further. With the BOB-programme, a first conditional step is taken: only current and daily feelings are addressed, and the actual traumas are not actively opened up. *Build your own Buddy* is not treatment or therapy, but a mental health and psychosocial support (MHPSS) programme.

Build your Own Buddy was developed by combination of elements of Cognitive Behavioural Therapy (CBT) and Emotion Focused Family Therapy (EFFT), principles from Storytelling and

indirect learning through metaphors and agents. Based on recent scientific insight [6], the programme offers physical and mental strategies to recognize emotions, recognize and communicate about levels of stress and to actively bring stress levels down.

2.4 BOB Key elements

Key-elements in the BOB approach are:

- 'Bob the hare' as the protagonist in the adventures.
- A 'buddy', made by children themselves from local materials.
- The metaphor of the volcano.
- Six strategies to calm down and comfort yourself.
- Next to the above, parents also work with the concept of the 'lifeline'.
- Sessions have identical build-up and always start and end with the ritual; Waking up the animals / The animals go to sleep.
- Experiencing through exercises, in body and mind (both children as adults).
- Create a safe environment by predictability, kindness, structure, rules, respect, keeping your word.
- Emphasize success, making 'mistakes' is a part of learning and comes along with trying.
- Be curious and non-judgmentally accepting.
- Play and have fun.

2.4.1 Self-made 'buddy'

In Session 2, the children create their buddy from local scrap materials, and with some help of the facilitators where necessary. This soft and personal buddy is a tool to provide continuity and safety in the programme. Both the recurrence of Bob the hare in the story, as the physical presence provide continuity and thus safety. Besides, in children having inadequate or lack of attachment to their primary caregivers, connecting with anything physical and cuddly might be a first step in creating confidence in relationships. Also, Bob can function as a spokesperson for the child. Children may be afraid to speak out loud for themselves but may confide in Bob, answer Bob's questions or have Bob show others how he/she feels.

2.5 BOB Practicalities

- Facilitators of the BOB-programme are lay community counsellors with no professional background in psychosocial support, they are part of the community, work in pairs (preferably male and female) and are also role-models for participants.
- Two weeks training of facilitators in working with the BOB-programme and with regard to psychosocial support in general.
- The BOB-programme consists of 12 group-sessions of approximately 1½ to 2 hours; for children and parents separately and parallel.

[6] Levine, P.A. (2015) Trauma and Memory. Trauma and Memory. Brain and body in a search for the living past: a practical guide for understanding and working with traumatic memory. Berkeley: North Atlantic Books.
Van der Kolk, B. (2014) The body keeps the score. Brain, mind, and body in the healing of trauma. New York/London: Viking Press/PenguinRandomHouse

- Parents do many exercises similar to those that the children do, but children have two sessions with repetitions; parents discuss more, work with the 'lifeline' and receive some additional psycho-education.
- Children and parents also practice at home (easy assignments).
- Materials: a picture-book (small version, one for each family; large version for in the sessions), a manual for the children's sessions and a manual for the parents sessions, four posters, materials to create the buddies, materials for exercises (ball, rope, etc.).
- A safe environment to conduct the programme (e.g. Child Friendly Space building).

2.6 Training

Two trainings for facilitators were developed:

- On basic mental health and psychosocial support in general (by ARQ International)
- On conducting the BOB-programme for children and parents (by TNO)

Six facilitators and the Help a Child South Sudan programme coordinator in Wau, attended the online trainings in January 2021 and two facilitators of Baggari and the new coordinator were trained in June 2021.

2.6.1 ARQ training

The ARQ training consisted of 6 online half day training days. Topics that were covered during the training were: basics about mental health, basic (group) communication skills, child development and parent-child relationship, understanding and supporting children's regular mental health, and referral options. Between the sessions active homework assignments were made. Participants were motivated and active, although long-distance training challenges were constantly influencing the continuation of the training days. Overall, the training days were satisfactory for both the participants and the trainers, giving the participants a basic level of knowledge to provide the BOB-interventions

2.6.2 TNO training

The TNO online training consisted of 4½ days of practicing all activities and elements of the BOB-programme, both for children as parents, and of execution of monitoring and evaluation such as pre- and post-assessments, in the field. Some low-tech instruction videos were made and sent in case there would be a power- or internet failure and also to watch afterwards. Connectivity and training was very successful in the January group; during the June group however there were many internet and power failures.

2.7 Programme development

The development and optimization of the programme were all executed from the Netherlands and in close online contact with the Dutch and South Sudanese Help a Child programme coordinator, and with the team of facilitators.

Due to the outbreak of the COVID-19 pandemic, the participation of children and parents in the design of the BOB-programme was not possible, because the planned visits of the developers/researchers to South Sudan, in this phase of the project, could not take place. The community counsellors (facilitators) did however participate (online) in this phase.

Chapter 3
Research Design

3.1 Action-Research

The development and research of the BOB-programme were conducted by action-research[7]. In this method members of the target group or users of an innovation, participate in the process of development and research. By ongoing reflection and learning from the experience with the innovation in practice, the innovation evolves (Figure 1.). One of the advantages of action-research is that it enhances the cultural appropriateness, acceptation and implementation of an intervention. In this project three cycles of pilot implementations to learn from and optimize the BOB-programme, were conducted.

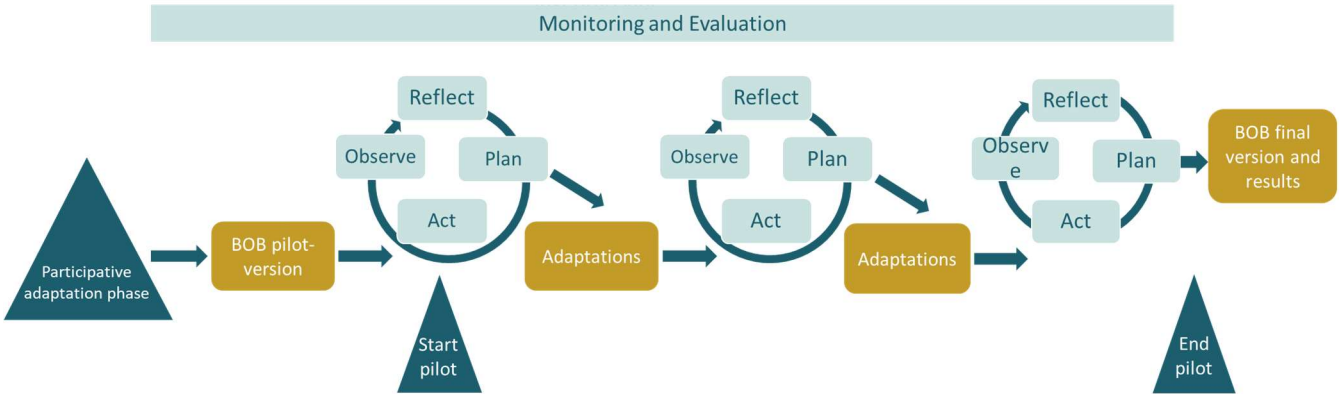


Figure 1. *Action Research Design of the project*

For the initial development of the BOB-programme, desk research and a literature review were conducted, as well as assessment of needs, and implementational and cultural conditions. This was done in multiple iterative sessions within the project group and with the local community counsellors, Help a Child coordinator in Wau and local artist who made the illustrations for the programme.

Monitoring and evaluation during the three pilot cycles was conducted by mixed methods design. The combination of both quantitative and qualitative data gathering and analyses, and retrieval of data from different resources, enhances triangulation of evidence.

[7] Lewin, K. (1946) Action research and minority problems, in G.W. Lewin (Ed.) Resolving Social Conflicts. New York: Harper & Row (1948).

3.2 Assumptions and Research Goals

For the BOB pilot, the following assumptions were defined:

- Conducting the BOB-programme is feasible for the lay people in the four communities, who followed a two-weeks training for community counsellors.
- The BOB-programme, being science-based, has a positive impact on the well-being of children and the parenting skills of their parents.
- Children and parents perceive the BOB-programme as appealing and in line with their needs.

This led to the following research goals:

- To understand the needs of beneficiaries and community counsellors for the purpose of development and optimizing of the programme.
- To assess the viability and feasibility of the programme.
- To assess the impact of the programme on children and their parents.
- To provide key elements for upscaling if results were positive.

3.3 Monitoring and evaluation instruments

The instruments used for data collection are presented in Table 1. In the following pages, we will describe the characteristics of the chosen instruments.

The TNO Ethics Board for research with humans, approved the research protocol with regard to the pre- and post- assessments, observations, and focus groups with parents and children (protocol number 2020-023).

Table 1. *Instruments for data collection*

Instrument	How	Target group	Administered by	When	Objectives
Pre and Post Assessment	Individual face-to-face interviews	Parents (indirectly: children)	Facilitators	Before and after complete BOB-programme	Goal attainment
Observation schedules	Observe and report (scales 1 – 10; number of children; narratives).	Children	Facilitators - by turns	During and after each BOB session.	Goal attainment Learn for optimizing BOB- programme. Data for output Data for outcome Facilitators reflect.
Observation schedules	Observe and report (scales 1 – 10; number of parents; narratives).	Parents (indirectly children)	Facilitators - by turns	During and after each BOB session.	Goal attainment Learn for optimizing BOB- programme. Data for output Facilitators reflect.
Focus group discussions	Topics Record	Parents delegates	Facilitators & local coordinator	After each pilot cycle	Facilitators reflect. Learn what works for whom.
Focus group discussions	Topics Record	Children delegates	Facilitators & local coordinator	After each pilot cycle	Learn for optimizing BOB- programme.

Most Significant Change Stories	Observe Narrative	Children Parents	Facilitators	After each pilot cycle	Learn by reflection & what works for whom.
Focus group discussions	Topics Record	Facilitators	Researchers & local coordinator	After each pilot cycle	Facilitators reflect. Learn for optimizing BOB- programme.
Field visits	Observe Topics Discussions Videos	Children Parents Facilitators	Researchers TNO, and Help a Child NL + SS	During last cycle	Validation, interpretation of results, assess drivers and barriers.

3.3.1 Pre- and post-assessment

Before and after each cycle of conducting the full BOB-programme, parents were assessed about their participating child. For this a questionnaire was used, consisting of:

- General background features of parents and participating child.
- Four single constructed items on knowledge, belief and skills with regard to the emotional needs of their child, with a 3-point Likert scale answering.
- Strengths and Difficulties Questionnaire (SDQ)[8].

The SDQ is an internationally widely used and extensively validated questionnaire on social-emotional behaviour in children aged 3 to 16 years, and is translated in many languages. For our purpose however, the questionnaire needed to be translated to the local languages (Dinka, Luo and Arabic). To check construct consistency, the questionnaire was also translated back to English. The SDQ consists of 25 items that load into a sum-score and into five subscales: Emotional symptoms, Conduct problems, Hyperactivity/Inattention, Peer relationship problems, and Prosocial behaviour. The Total difficulties score ranges from 0 to 40; the sum scores of the subscales range from 0 to 10. A higher score indicates a higher number of 'difficulties', a lower score must therefore be interpreted as a better score. The Total difficulties score does not contain the subscale Pro-social behaviour. A high score on the subscale Prosocial behaviour must be interpreted as a better score..

Because of literacy issues, each parent was interviewed individually and privately by a community counsellor, who read the questions out loud in the respondent's native tongue and wrote down the answers in English, or ticked the appropriate boxes (3-point Likert scale) for them. After participating in the full BOB-programme the same questionnaire was administered. Filled in questionnaires were coded by Help a Child in order to pair individual respondents' pre- and post-assessment questionnaires and be able to compare. Pseudonymized questionnaires were then sent to TNO for analyses. The time between pre- and post-measurement was 7 to 10 weeks. Parents signed an informed consent prior to the assessments and onset of the BOB-programme. This also included consent with evaluations and observations during the sessions and reporting by the facilitators.

[8] Goodman, R. (2003). The Strengths and Difficulties Questionnaire (SDQ). In L. VandeCreek, & T. L. Jackson (Eds.), Innovations in clinical practice: Focus on children & adolescents pp. 109 - 111. Innovations in clinical practice. Professional Resource Press/Professional Resource Exchange, Inc.
See also: www.sdq.info

3.3.2 Observation schedules

During and after each BOB-session the facilitators reported their observations. This was done systematically with pre-printed schedules with relevant topics and questions. This reporting had three purposes: for the facilitators themselves to reflect and learn, for the purpose of further optimizing of the BOB-programme, and for outcome measurements in children and parents. The observation schedules consisted of concrete questions (scale 1 to 10), open text boxes and a smiley scale (1 to 3) for each participating child individually. The smiley scales were answered after session 5 (looking back on the first sessions) and looking back after the last session. These scales were also coded by Help a Child in order to pair the scales at session 5 with those after the last session, and to be able to correlate them with the questionnaire. Smileys were filled in at first after the 5th session (not in the first session) because we expected it otherwise to be filled in too one-sided. Also, after five sessions it gives facilitators more of an average, looking back instead of an impression based on one first session.

3.3.3 Focus group discussions

After each pilot implementation of conducting the full BOB-programme, 4 to 6 parents were asked to share their experience and opinions on the programme in a focus group discussion. Separately, also 3 to 4 children were asked to reflect on the BOB-programme in a focus group discussion. For both focus groups, topics and questions were prepared and the discussions were led by the facilitators.

After each pilot cycle, a focus group discussion was conducted by the researchers with the facilitators and coordinator, mostly to learn for the optimization of the programme, but also to collect observed outcomes in children and parents, and to assess the knowledge and practical needs of the facilitators. Because of the Covid-19 pandemic these discussions were held online.

3.3.4 Most Significant Change Stories (MSC)

After each pilot implementation of conducting the full BOB-programme, facilitators were asked to write a short case story about one child (and in the last cycle also about a parent) that according to them (in consensus), showed the most significant change during the programme, and why. Collecting Most Significant Change stories (Davies & Dart, 2005) adds to outcome measurement and understanding the underlying mechanisms. MSC is also a very feasible technique for lay people and stimulates reflection.

3.3.5 Field visits

Three field visits were planned: at the beginning of the development process in order to assess the needs and conditions for the programme and gather folktales and cultural elements; and two visits to monitor and evaluate, in order to optimize the programme. Due to the COVID-19 pandemic only one visit was possible. At the end of the last cycle, November 2021, a field visit was organized to all four participating communities. One researcher of TNO and two Child-Protection Advisors of Help a Child were able to visit during three days in the field. Purpose of the visit was to observe and validate the results hitherto, to interpret preliminary results, and to assess needs, drivers and barriers for further implementation.

During the project the coordinator of Help a Child in Wau paid many visits to the communities where she observed, spoke with community (lead) members and coached the facilitators of the BOB-programme. This information was shared with Help a Child The Netherlands and TNO and ARQ.

3.4 Data Analysis

Qualitative data from observations, focus group discussions and MSC, were analyzed by clustering topics and coding, using Excel and Atlas.ti software.

Quantitative data were analyzed with SPSS version 27. Descriptive statistics were generated. SDQ items were recoded where appropriate and missing data were dealt with in concurrence with Goodman [9]. For further analysis, two children under 5 years of age were excluded from the sample because the BOB-programme focusses on the age range of 5 to 7 years.
Paired T-tests and Wilcoxon Signed Ranks Test were applied to determine the significance of change over time (between pre- and post-assessments of the groups). Independent T-tests were applied to determine the significance of change over time, for subgroups (boys/girls and age groups). The reliability of the SDQ was determined for total score and sub-scores with Cronbach's Alpha. To correlate the 'smiley's' with the SDQ scores linear regression analyses were applied.

Adults enjoying the parents' session, while practising 'the butterfly hug'.

[9] www.sdq.info

Chapter 4
Results

4.1 Pre and Post Assessments

4.1.1 Sample size and features

Pre- and post-assessment questionnaires were obtained from 381 participating parent–child dyads in total: 60 during the first pilot cycle; and 160 and 161 from the second and third pilot cycles (Table 2.). To let the facilitators get used to their role, after the training by ARQ and TNO, only one group of children (and parents) per community was conducted by each couple of facilitators in the first pilot cycle. In the second and third cycle, two groups at a time were conducted. In the second cycle the fourth community (Baggari) joined in the project.

After excluding the younger children (under 5 years) 379 children remained in the sample, distributed equally among the communities and cycles.

Table 2. *Number of participating children per community*

Community	Number of participating children
Mapel	99
Abunybuny	100
Agok	100
Baggari	80
Total	**379**

Table 3*. Number of participating children per pilot cycle*

Cycle	Number of participating children	%
Cycle 1	59	16%
Cycle 2	159	42%
Cycle 3	161	42%
Total	**379**	**100%**

In the four participating communities (N=379) the ethnic background as stated by parents were: Luo (33%), Balanda (31%), Dinka (26%) and other groups (10%).

Approximately 31% of the parents were IDP's (Internally Displaced Persons) and 69% host community members. There were differences between the communities: in Mapel 26% of participants were IDP's; in Abunybuny 61%; Agok 17% and in Baggari 17%.

The marital status of parents was: 81% married; 6% divorced, 1% is single and 12% widow. The majority (92%) of participating adults were parents; only few were grandparent, aunt/uncle or a (much) older sibling, although it should be noted that in South Sudan adults call themselves 'parent' even if the children they take care of are not their biological children.

Women (mothers) were by far the largest participating group parents (85%). With the children, girls (51%) and boys (49%) were equally represented in the BOB-sessions and the average age was 6 years (equally distributed 5, 6 and 7 year olds).

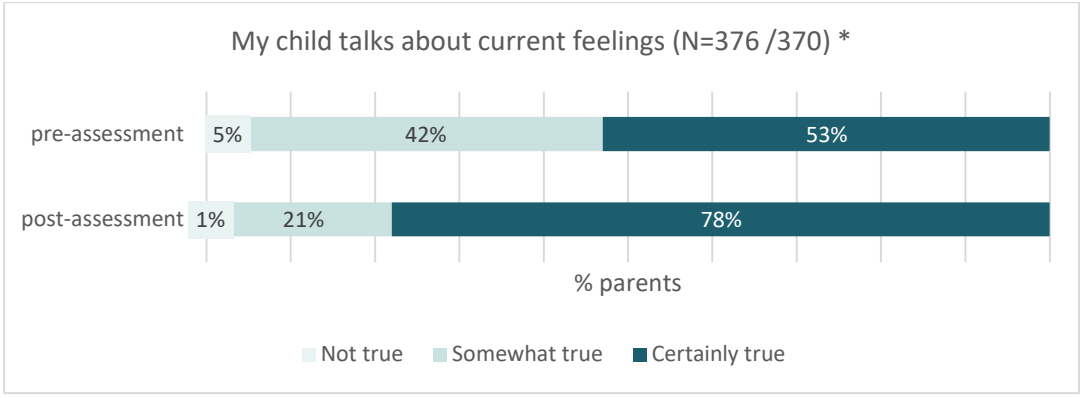
4.1.2. Goal attainment (comparison pre- and post-assessments)

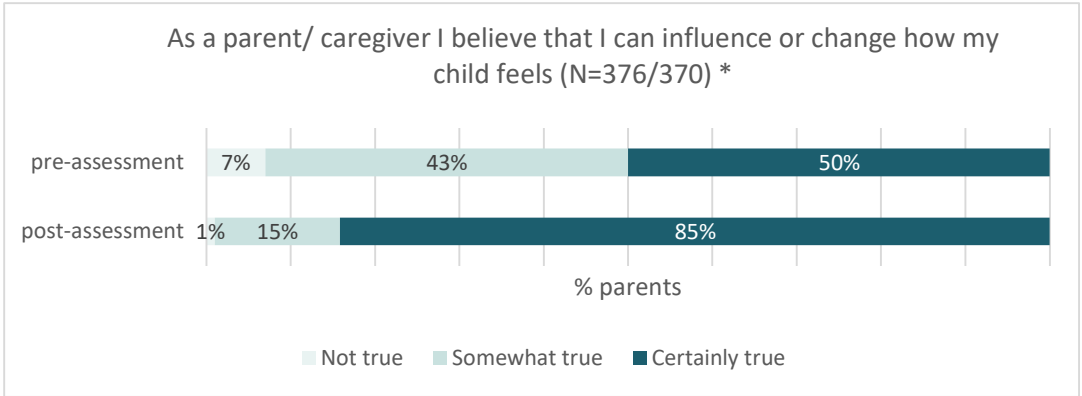
Only three pre-assessments and nine post-assessment forms were missing. A reason for missing data, was for example if a child did not continue in the programme, and another child was appointed for participation. In those cases the post-assessment of the first child and pre-assessment of the replacing child was missing. These were then excluded for analyses where relevant.

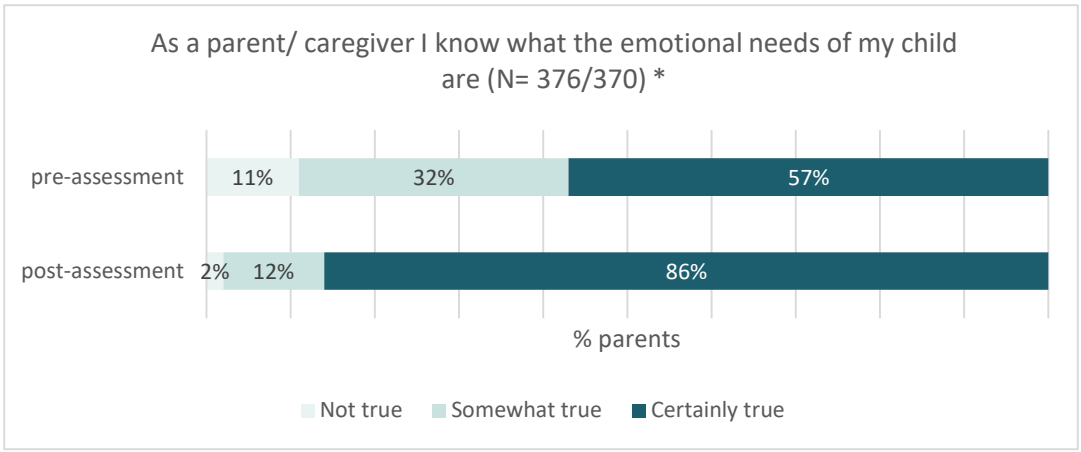
4.1.3. Results

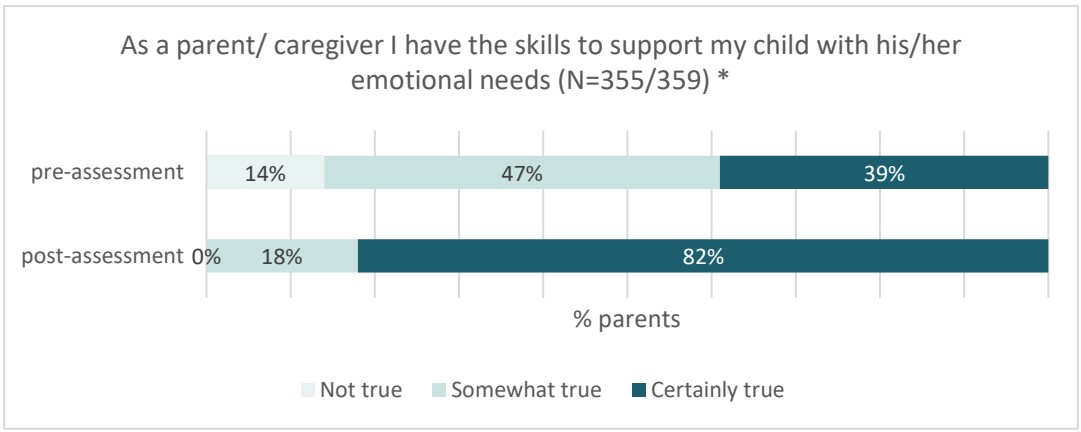
Figure 2. shows that parents observed an increase in the level of expression of feelings (both positive and negative) in their child, between the onset of the BOB-programme and after following the sessions (from 53% to 78% parents). Parents also reported an increase in their sense of self-efficacy (feel that I can influence how my child feels) (from 50% to 85% parents) and seemed to know better about the emotional needs of their child (from 57% to 86% parents). Also, parents reported to have more skills to support their child in his or her emotional needs (39% to 82% parents). All differences observed between pre- and post-measurement were significant ($p<0.001$).

Figure 2. Childrens' feelings, parents' self-efficacy, knowledge and skills according to parents.





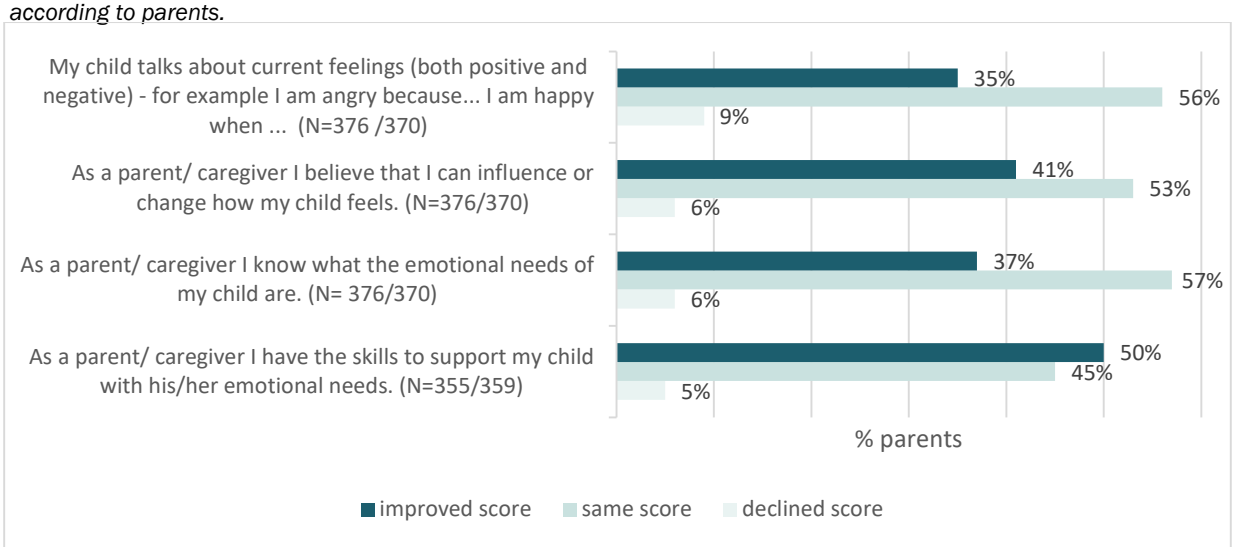




* p-value diff pre-post: p<0.001 (Wilcoxon Signed Ranks Test)

Figure 3. shows that the majority of parents observed improvement in their child or in the interaction with their child, between pre- and post-assessment. The strongest improvement was observed in parents' skills to support their child in its emotional needs (50%). Only few parents did not observe improvements during the BOB-programme, varying from 5% to 9%. Reasons for this are unknown.

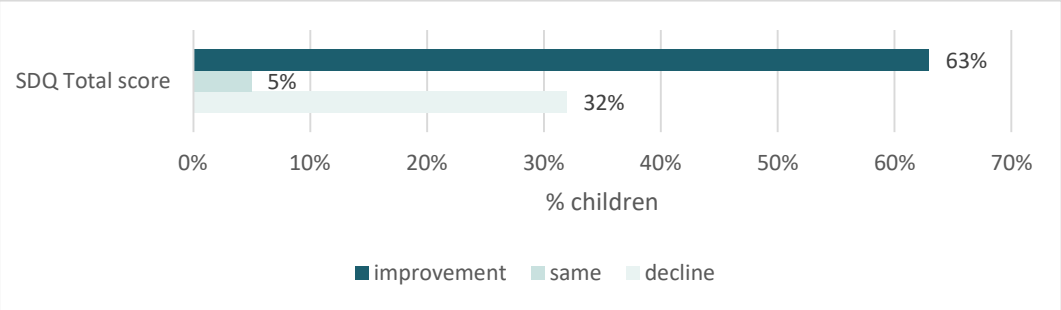
Figure 3*. Percentage improvement (pre- post-measured) in childrens' feelings, parents' self-efficacy, knowledge and skills, according to parents.*



4.1.4 SDQ-scores

Figure 4. shows that, according to parents, nearly two-thirds (63%) of the participating children improved (with ≥1 point) their overall social-emotional well-being during the weeks that they attended the BOB-programme, while 5% showed similar and 32% a decline (of ≥1 point) in their total scores. Reasons for a decline are not clear but maybe due to the fact that parents, while following the BOB-programme, have become more aware of the behaviours and emotional needs of their child.

Figure 4. Percentage improvement (pre- post-measured) in childrens' social-emotional well-being, according to parents



On average the children scored 'normal/close to average' (compared to the general population 4 to 17 years, worldwide [10]) on the SDQ total scores at baseline. Nevertheless, Table 4. shows a significant difference in means between observed pre- and post-measurement SDQ total scores, and scores on the subscales ($p<0.001$). This means that the improvement was significant. Strongest improvement was observed for the subscale 'prosocial behaviour' such as sharing with other children, helping when a child is hurt, being kind to younger children.

***Table 4**. SDQ Subscale and total scores at pre- and post-measure*

Pre-assessment *N*=375 Post-assessment *N*=369	Pre-measure Mean (Std. Dev.)	Post-measure Mean (Std. Dev.)	Difference pre-post * Mean (Std. Dev.)
Emotional symptoms	3.33 (2.16)	2.85 (2.05)	0.521 (2.88)
Conduct problems	1.83 (1.72)	1.37 (1.73)	0.507 (2.26)
Hyperactivity/Inattention	3.26 (1.78)	2.72 (1.77)	0.551 (2.36)
Peer-relationship problems	2.64 (1.66)	2.18 (1.75)	0.496 (2.26)
Prosocial behaviour	7.74 (1.96)	8.60 (1.68)	-0.847 (2.29)
Total SDQ Score	11.05 (5.25)	9.12 (5.35)	2.07 (6.98)

Note: a low score is positive/strength; high score is negative/difficulty; for the subscale Prosocial behaviour this is the reverse: a high score is positive/strength and a low score is negative/difficulty (this also explains the minus mean difference). Total SDQ score (range 0 -40) consists of sum scores of the subscales Emotional Symptoms, Conduct problems, Hyperactivity/Inattention, Peer-relationship problems. Subscales range 0 – 10.

*p<0.001 (Two-tailed T-tests)

[10] Goodman, R. (2003). The Strengths and Difficulties Questionnaire (SDQ). In L. VandeCreek, & T. L. Jackson (Eds.), Innovations in clinical practice: Focus on children & adolescents pp. 109 - 111. Innovations in clinical practice. Professional Resource Press/Professional Resource Exchange, Inc.
See also: www.sdq.info

The reliability of the applied SDQ was good, based on the total score, at both pre- and post-measurement (Cronbach's alpha .70 and .75).

4.1.4.1 SDQ Scores - Girls and boys

No significant differences were observed between girls and boys, regarding the total scores of the SDQ at pre- or post-assessment, nor regarding the difference measured of mean change in total scores between pre- and post-assessment.

4.1.4.2 SDQ Scores - Age

Also, no significant difference was observed between pre- and post-measured SDQ total scores between age groups. This indicates that 5-, 6- and 7-year olds benefitted equally from the BOB-programme.

4.1.4.3 SDQ Scores - Location

Improvements in SDQ total score after following the BOB-programme, were mainly seen in the communities Mapel, Agok (both significant; $p<0.001$) and Baggari (although not statistically significant; $p=0.079$). In Abunybuny no difference in total scores was found ($p=0.837$). Reasons for this are unknown.

Table 5. *Total SDQ score by community*

Location	Pre-measure Mean (Std. Dev.)	Post-measure Mean (Std. Dev.)	Difference pre-post * Mean (Std. Dev.)
Mapel Total SDQ score (N=96)	10.36 (4.85)	7.95 (3.38)	2.41 (4.46)
Abunybuny Total SDQ score (N=99)	9.62 (5.30)	9.46 (6.13)	0.16 (7.29)
Agok Total SDQ score (N=95)	11.67 (5.69)	7.26 (5.40)	4.41 (8.69)
Baggari Total SDQ score (N=75)	13.28 (4.28)	12.07 (4.29)	1.21 (5.90)

4.1.5 Sad, okay or happy

During the BOB-programme, the facilitators registered their overall impression of well-being (looking back over the past sessions) of each child by name, after the fifth session and after the last session, by checking one of three smiley's (sad, okay, happy). The positive difference between the 'smiley's registered after session 5 and after the last session is significant ($p<0.001$), indicating that children felt less sad, and more okay and happy after the BOB-programme. See Table 6.

Table 6. *Overall impression of child feeling, halfway and after the BOB-programme, according to facilitators.*

Half-way BOB-programme (*N*=250)			After BOB-programme (*N*=268)			*p*-value diff pre-post*
 Sad	 Okay	 happy	 sad	 Okay	 happy	
3%	33%	64%	2%	21%	77%	*p*<0.001

* Wilcoxon Signed Ranks Test

Table 7A. shows that the mean SDQ total score at the pre-test was lower (better) when the smiley was happier at session 5; the mean SDQ total score at the post-test was also lower (better) when the smiley was happier at the last session (Table 7B.). However, only the difference in mean SDQ total score at the post-test between the okay smiley versus the happy smiley reached significance (p=0.02).

Table 7*. Comparison overall impression of well-being of children according to facilitators (smileys) versus according to parents (SDQ total score).*

A.

Smiley session 5 (half way programme)	Mean (SD) SDQ total score pre-assessment
 (N=159)	11.1 (5.3)
 (N=82)	11.2 (5.1)
 (N=159)	14.4 (5.2)

B.

Smiley last session	Mean (SD) SDQ total score post-assessment
 (N=207)	8.2 (5.6)
 (N=56)	10.0 (4.8)
 (N=4)	13.0 (4.8)

Note*: a low SDQ total score is positive/strength; high score is negative/difficulty.*

Table 8. shows that the mean SDQ improved (became lower) when the smileys improved, and the mean SDQ became worse (became higher) when the smileys got worse. However, no significant effects were found (p=0.3).

Table 8. *Improvement in overall impression of well-being according to facilitators (smileys) versus according to parents (SDQ total score)*

Difference in Smiley (last session minus session 5)	Difference in mean (SD) SDQ total score (posttest-pretest)
Improved (n=49)	-3.9 (6.4)
Stable (n=177)	-2.7 (7.4)
Worse (n=15)	-0.5 (7.2)

These both results indicate that the overall well-being and the improvement in well-being of the participating children, as observed by facilitators (using smileys) corresponds with that observed by parents (using the SDQ). This increases the validity of the finding that children improved their well-being due to the BOB-programme.

4.2 Focus group discussions with children

The following results are based on 10 focus group discussions with 3 to 4 children a group, conducted by two facilitators at the end of each cycle, after executing a full BOB-programme.

4.2.1 Topic: Impact

To determine what children remembered from the BOB-programme and what seemed to have made most impact, the children were asked to describe what they did during the programme. All children who participated in the focus group discussions came up with the two main elements: the volcano and Bob the hare. Next to that they spoke of: singing, dancing, playing, stories, (other) animals, friends, creating and playing with their buddy.

Children described what they learned as “how Bob goes up and comes down the volcano” and elements of social interaction such as “to say good things to your friend” and that “friends can help”.

In further questioning on how to ‘come down the volcano’ (become calm again) the children mentioned all six strategies. However, the strategy ‘go to a friend’ was mentioned most. Next were: ‘sing a song’ (and dance and play), ‘go to a safe place’, ‘butterfly hug’, ‘think positive’ and ‘stand strong’.

4.2.2 Topic: Feasibility

Questions with regard to feasibility focused on the picture-book, making the buddy and doing homework.

All children stated that the picture-book was easy to ‘read’. Some also mentioned reading it with their siblings.

Making buddies in the second sessions was feasible for most children, with some help, and fun.

Homework tasks seemed to be “easy, fun, and interesting” and was often done together with parent (and siblings). Other motivations for doing their homework, were: “because teacher says so” and “mother encourages”. If the homework was not (always) done, this was “if you are tired”.

“It [homework] is good, not bad .. if it was bad, I would not do it …”

4.2.3 Topic: Satisfaction with the BOB programme

All children participating in the focus group discussions loved to go to the BOB-sessions. Most mentioned reasons for this were: meeting friends and playing, learning (‘nice’) stories about Bob, and ‘feeling happy’. Further questioning via ‘why should other kids go to the BOB-sessions, what would you tell them’ revealed many and various reasons.

- To play together and play games
- It is very interesting
- Bob is our friend
- It is about different emotions and calming down
- To show our buddy
- It is a nice place, we play together
- To learn about Bob and Mimi
- The stories are nice
- Bob is a nice hare
- Bob is a little bit like us
- To get a friend [buddy] at the Bob place
- You will get a book during the Bob session
- That we created buddies
- Bob tells stories that can help is in daily life
- You learn how to come down the volcano

4.3 Focus group discussions with parents

The following results are based on 10 focus group discussions with 4 to 6 parents a group, conducted by two facilitators at the end of each cycle, after each full BOB-programme.

4.3.1 Topic: Impact

Besides mentioning Bob, the volcano and all six strategies they learnt in the BOB-sessions, parents talked about changes in themselves, changes in their child, changes in the interaction with their child, and changes in the community. In the table below, we brought these reactions together.

Table 9. *Type of change, mentioned by parents during the Focus Group Discussions*

Type of change	Change mentioned by parents
Changes in themselves	• I know what to do when I feel stressed and lonely • I am better at controlling my emotions • I know the importance of making friends, or go to a friend • I know that feelings come and go • I used to keep my feelings alone; now I go to a friend • I feel happy and normal again • I apply the strategies

Changes in their child(ren)	• (S)he plays with other children • (S)he is not shy anymore • My child talks to everyone now and does his/her work independently • (S)he talks to me • (S)he fights less fighting with other children • My child is not shy and lonely, can now play freely with friends • My child has built more confidence
Changes in the interaction with the child(ren)	• I know better how to interact with my child • I know better how to comfort my child • Children sometimes need extra attention, now I understand them better • I understand the feelings of my child I convince my child instead of shouting • I know how to calm my child down, coming from the volcano • I used to beat my child seriously; beating is not the solution • With a compliment you can encourage your child • I talk slowly with my child • With the volcano it is easy to ask my child about his/her feelings
Changes in the community	• We respect each other • We stopped beating our children • The importance of knowing your child's feelings • We need this community to be peaceful; it has brought us peace and unity • The volcano is used as a way of communication, it is easy and visible, with the children and with other people

4.3.2 Topic: Feasibility

Most parents "did not find anything difficult" in the sessions; using the concept of the volcano and applying the six strategies was very feasible according to the parents participating in the focus group discussions.

The ritual of waking the animals and letting them go to sleep again, was difficult for parents with disabilities or other physical challenges, or if they were pregnant or relatively old.

The lifeline with 'stone'- and 'flower'-memories (memories that give a feeling of stress or negative overwhelming emotions versus memories that give a good peaceful feeling) was experienced as a very fruitful and important activity, even though some people said they felt the pain while thinking about 'stone-memories'.

Doing the homework and 'reading' the picture-book with their child was not always feasible for parents because of the time that had to be spent on work and farming.

4.3.3 Topic: Satisfaction with the BOB-programme

Parents were very happy with the BOB-programme that they would like to be continued in their community and delivered to more families. It has taught them "a lot of life lessons", it helps "to understand their child and calm down", it has "changed the whole community mindset on child abuse", "we have learnt some of the underlying causes that makes our emotions and that of others go intensely", "the sessions reflect exactly what happens in our daily lives", "the stone and flower memories and the butterfly hug are very special".

Suggestions for changes to the programme mostly concerned the ritual of waking the animals and letting them go to sleep again (see paragraph Feasibility) and leaving out the butterfly hug. This however was not adapted in the programme because the ritual and butterfly hug mainly target the children and doing the movements 'right' is not the main goal for the parents. When this was explained to the facilitators, it went much better and was well accepted as a way to comfort oneself.

Suggestions were put forward to change some illustrations in the picture book, and to add more strategies and more stories to the programme; other suggestions regarded practicalities such as the number of children being able to join, refreshments during the sessions and other needs such as help with literacy and school materials.

4.4 Most Significant Change Stories (MSC)

After each full BOB-programme the facilitators chose one child from the group, that according to them showed the most significant change during the programme. Facilitators then described the nature of this change and why this was significant to them.

Based on 15 MSC-stories, four categories of change were found (Figure 5.):

- Changes in well-being of the child
- Change in social behaviour of the child
- Change in participation of the child
- Other changes

These categories in turn were divided into sub-categories.

Most often change was observed with regard to the social behaviour of the particular child. This was mainly due to (more) interaction with the children in the group; interaction with the self-made buddy and increase of interaction with the facilitators.

Second most observed change concerned the well-being of a child, specifically with regard to 'looking happy' and expressing him-/herself.

The third mentioned change regarded a change in level of participation: more participating and contributing as the programme progressed.

All changes in children, as described by the facilitators were positive: where children were at first not playing with other kids, were quiet or shy, passive, crying or fearful, later they were more open and communicating with each other and with facilitators.

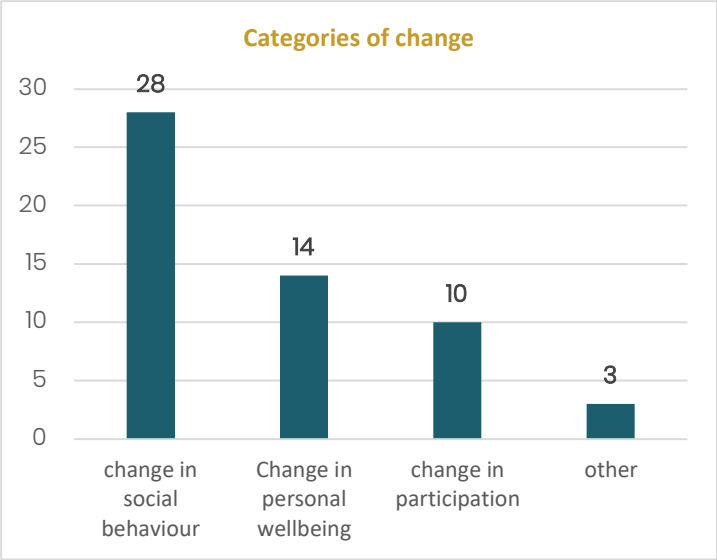


***Figure 5**. Categories of changes*

4.5 Focus group discussions with facilitators

During each cycle there was continuous monitoring via a WhatsApp group; a meeting with the facilitators half each pilot cycle, and through the evaluation schedules filled in after each session. The local Help a Child coordinator coached the facilitators continuously.

After each cycle a focus group session was held with the facilitators. Adaptations to the programme (manuals and other materials) were made after each cycle. The picture-book was adapted only after cycle 2 and implemented in cycle 3. After cycle 3 the programme and all materials were finalized.

Issues reported by the facilitators concerned:

- Practicalities, logistics and implementation
- Underlying issues regarding psychosocial support of parents and children
- Content of the programme

Practicalities were for instance:

- Admitting other age groups to the BOB-sessions (advised not to do so).
- Admitting more children to the BOB-sessions (advised not to do so).
- What to do when parents or kids are absent.
- What to do about parents with disabilities or pregnancy who cannot do the movements properly (this is no problem).
- We need to raise awareness in the community for the next cycle.

Underlying psychosocial issues, for instance:

- What to do when a child keeps crying during a session?
- What to do when parents need treatment and have other or more needs?

Issues regarding the (content of the) BOB-programme:

- How to explain to parents why we chose a hare for Bob.
- Can we add ‘icebreakers’ in between activities?
- Can you add more games for the children, related to the adventures of Bob?

- Siblings also want to make a buddy, otherwise there are fights between the participating child and its siblings.
- Can the boys make something else, like a car? They think a 'doll' is for girls.
- The butterfly-hug is difficult to do like this (in a firm tapping way), is it okay if we do it like a comforting hug?
- How to explain to parents wat the 'emotional needs' of their child are?
- We need more time in the parents sessions to let everyone do the lifeline exercise.
- Picture-book: add more pictures that reflect the storyline of the adventures; add some texts like names and 'hello'.

4.6 Field visit

Due to the Covid-19 pandemic only one visit was possible. At the end of the last cycle, November 2021, a field visit was organized to all four participating communities. One researcher of TNO and two Child-protection Advisors of Help a Child were able to visit during three days in the field.

The purpose of the visit was to observe and validate the results hitherto, to interpret preliminary results, and to assess needs, drivers and barriers for further implementation. The most conspicuous observations are described below.

4.6.1 Conversations

Children, parents and other community members clearly indicated that the programme had been impactful to them. We recorded the following quotes:

"Children can now express their feelings in a more none violent manner compared to before, in fact, my son stopped fighting with other children, he now comes to report if his friends hurt him because he learnt that good children do not fight". (parent)

"You find 5-year-olds engaging in group fights and often get injured, some of these fights would also trigger quarrels and fights among parents trying to defend their children, but from the beginning of the programme a lot has changed: peace now reigns, children's behaviour has greatly improved and even as mothers we have learnt a lot and can be better mothers and wives in our homes." (parent)

"Before the programme I used to chase my son, beat him and force him to do the right things, but now I know how to talk and listen to him, I can sense what he is trying to communicate, even if he does not say a word and I act, and all of us are happy, we can also agree or disagree on somethings and choose not to talk for a while, then soon we talk again. Bringing up a child is now easier as he can express his feelings well and I know how to respond to his needs". (parent)

"*I realised my daughter sleeps better when with me than when left alone with other children so I now decided to spend the nights with her and she sleeps well and wakes up happier and is now more playful*". (parent)

"My son came to me and asked me: 'Why do you no longer beating us when we tell you we are hungry? Are you fearing God?' This is when I realised I was not paying attention to the needs of my children, I thank the BoB Project for helping me to realise that I needed to support my children's psychosocial needs more". (parent)

One of the girls (6 years) mentioned that every time when she gets scared, her mother sings a song for her to chases the bad ghosts far away.

"Children can express themselves and handle their feelings in a much better way including associating better with friends …. and also more mothers are now able to handle their children with more care and love as compared to before". (Community Counsellor)

"The idea of women isolating, idling and taking Jabana (local coffee) all to manage stress had reduced. They are now engaged more meaningfully in sharing experiences and supporting one another to manage stress". She continued to say that "… for example session 4 of the programme which has become one of the most interesting for women, often helps them to pour out their hearts on issues affecting them as they use the rope, stones and flowers [the lifeline] to express both bad and good memories in their lives". (BOB Coordinator in South Sudan).

"Some of the parents were even thinking of suicide, but the programme made them change their mind and use better coping strategies, like talking with a friend." (community member)

Another woman testified she was always fighting with her husband, the children, and neighbours, because of stress. She told us: *"If Bob can be friends with the other animals in the story, she should be able to be friends with her own husband".*

4.6.2 Sessions

Group sessions were held weekly at fixed days and times. The structure was similar every time: welcome & registration, 'waking up the animals', homework, the story of that session, exercises and activities, closing with the 'animals going to sleep again'. Attendance of the sessions was very high: children attended at least 9 of the 11 sessions. Participation of the parents was also high, with all parents attending at least 8 sessions. Involvement of the fathers is still a bit low but it seems to be increasing, according to some of the fathers involved. They mentioned that since only 20 parents were allowed in a group during the pilots, one parent per participating child, they felt the mothers should attend. When more parents are allowed in a group they will come too, they said.

Since the Child Friendly Spaces were in the community, having onlookers could not be avoided. However, it was dealt with by organising activities outside for the other children at the same time.

The community counsellors are lay people, living in the community. This was very valuable and they were able to conduct the BoB-sessions well. They know what is going on in the community, speak the language of the children and the parents and are able to deal with questions and pay home-visits, even outside of the sessions. Coaching is helping them to grow too.

4.6.3 Use of materials

The sessions took place in the Child Friendly Spaces which have a lockable office. The materials were kept in a metal box. It was important that all material would be available locally, to reduce costs, but also to ensure easy repair or replacement. The picture books were printed using strong paper and a hard cover and spiral binder. The first batch was printed in a way that children had to turn their book too often. The second batch was printed in an user friendly way. Materials for the buddies were purchased locally too and were of bright colors. This and the 'design' of the buddies was the choice the coordinator and facilitators, based on feasibility. It was clear that both books and buddies were used frequently, looking at their appearance. A girl child said that her mother told her "to hold her doll tight so that her doll friend can give her sleep".

4.7 Other observations

During our visit, we noticed that people were referring to their feelings by using 'volcano' language. They would say: 'I am almost at the top of the volcano.' Or 'Where on the volcano are you?' This showed how people had internalized the content of the sessions within a few weeks.

Unexpected was the impact that the BOB-programme had on each community as a whole, next to the impact on individual children and parents. People were talking with each other about the BOB-programme and about how they feel in terms of 'where they are on the volcano'. People who could not participate in the project phase asked for continuation of the programme, after the project phase. From some groups the parents continued sharing life experiences and feelings among each other, also after the BOB-programme ended.

Besides the outcomes in children, the BOB-programme also seemed to have impacted the relationships between husbands and wives, mostly in a positive way, by talking with each other. There was however also a case of domestic violence because a woman started participating in the BoB-programme without informing her husband. The BoB-facilitators then went to their home and explained the programme to him. He then allowed her to join the sessions.

Not only the participating children benefitted from the BOB-programme. Already in the first pilot cycle it became clear that siblings needed attention too. We therefore added an optional session for siblings in which they also make their own buddy.

An important unforeseen positive effect of the BOB-programme was that on the facilitators who, as community counsellors, led the sessions. They felt that learning the strategies and the key messages in the BOB-programme was beneficial for themselves as well. Because they live in the communities, they are role models, enhancing the impact of the BOB-programme further in the community.

Participating in the BOB-programme did not lead to referrals or need for more support or individual counselling, even though the parents spoke with each other about their feelings (for instance in the life line -exercise), this did not seem to trigger worrisome distress or 'red flags' in participants.

The relatively small groups (20 children and 20 parents) caused limitations in an area with a high number of children and high needs. Selection of 'the most needy' is hard and not favourable in MHPSS programmes. Besides having only 20 parents, limits the participation of both parents, which means in practice that fathers are not attending. Increasing the number of participants per group however will limit the individual observations and attention to individual needs in the groups.

Chapter 5
Conclusion

In this project we aimed to improve the well-being of children and the parenting skills of their parents, through the design and pilot implementation of a science-based programme Build your Own Buddy (BOB). We wanted the BOB-programme to be appealing, in line with parents' and children's needs, and feasible for trained lay people to conduct in Baggari, Agok, Abunybuny and Mapel in South Sudan.

Monitoring and evaluation proved that the BOB-programme is highly appreciated by children, parents and facilitators, that it's feasible to implement and easy to be conducted by trained lay people. Both quantitative and qualitative results of monitoring during the three cycles of pilot-implementations, revealed unequivocal impact on children and parents, and the community as a whole. According to parents, and based on pre- and post-measurements, children's well-being improved significantly after attending the full BOB-programme. Parents improved their parenting skills and confidence, and even facilitators themselves felt they could deal with their own emotions better.

5.1 Strengths and limitations

Can these effects be attributed to the BOB-programme itself? Not methodologically, because we cannot compare the results in the group of children who attended the programme (experimental group) with a control-group who did not. This is a limitation of our study because the aim of the design (action-research) was to develop the BOB-programme and learn from each cycle of pilots how to improve the programme and its implementation. However, the triangulation of quantitative and qualitative research methods is a strength of this study. With most results pointing in the direction of a positive impact, the effectiveness of the BOB-programme is very credible.

A next step towards an evidence-based programme would be to conduct a study with a randomized controlled trial design.

Another limitation is that respondents may have replied with socially desirable answers. This could be the case in interviews and focus groups. However the quantitative results based on for instance the internationally well researched and validated SDQ, underpin the qualitative results. Also, the information gathered from interviews and observations were so rich and detailed that desirability can hardly be considered applicable.

5.2 Recommendations

5.2.1 Upscale

Based on the positive outcomes, we recommend to upscale the BOB-programme to other communities in South Sudan and to other countries and other NGO's in Sub-Saharan Africa. For application of the programme in countries outside Africa, some cultural and graphic adaptations may be needed.

By upscaling the BOB-programme, it will also be feasible to conduct research with even larger numbers and with control groups, making the evidence base for its effect even more robust.

5.2.2 Implementation

We recommend embedding the BOB-programme in the community in a context where other interventions scaffold the programme next to other community development interventions, such as food security, but also child-protection and mental health services.

It is important to ensure the possibility of follow-up when needed. We recommend that at least one qualified MHPSS staff is involved who can deal with participants with severe psychosocial or mental health problems, especially in case there are no mental health services available.

Communication is crucial during the implementation of the BOB-programme in the communities. A local coordinator who speaks with lead community members, prepares for the sessions, answers questions and uncertainties, and who can raise awareness is important for best results.

Lay community members were able to conduct the BOB-programme. However, it is important to provide enough training in MHPSS, coaching and support for them by a qualified person.

Training in conducting the BOB-programme is also necessary to retain the key elements and science base of the programme to ensure that the programme is delivered as intended (programme fidelity) and to optimize its desired impact on children, parents and communities.

It is possible, especially after the research is done and the facilitators are skilled, to increase the number of children to 25 and the number of parents to forty, allowing both mothers and fathers to attend, knowing that there are also children of single parents.

Mother and daughter at home, performing the butterfly hug.

Colophon

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Leiden, Diemen, Zwolle (The Netherlands) /Wau (South Sudan)
October, 2022

Help a Child is a Christian, international relief and development organization, founded in 1968 in the Netherlands. Help a Child provides a future for children in need, their family and their entire community. Help a Child works in areas with a high incidence of poverty or in places where children and families are extra vulnerable due to disasters or (imminent) conflicts. We work together with international and local partners. Help a Child works across India, Kenya, Malawi, Burundi, Rwanda, DRC, Uganda, Somalia and South Sudan.

TNO is an independent not-for-profit organization for research and innovation, based in the Netherlands. TNO connects people and knowledge to create innovations that boost the competitive strength and the well-being of society in a sustainable way. In this project the units Healthy Living (Child Health & Development) & Safety were involved. Besides working for the Dutch market, TNO also transforms innovations and research into results for developing countries, with a focus on the SDGs (UN Sustainable Development Goals).

ARQ International is specialized in supporting after critical events and psychotrauma. It focuses on the Mental Health and Psychosocial Health of people affected by war and humanitarian disasters in low and middle income countries. They support Humanitarian aid workers, conduct research and share knowledge.