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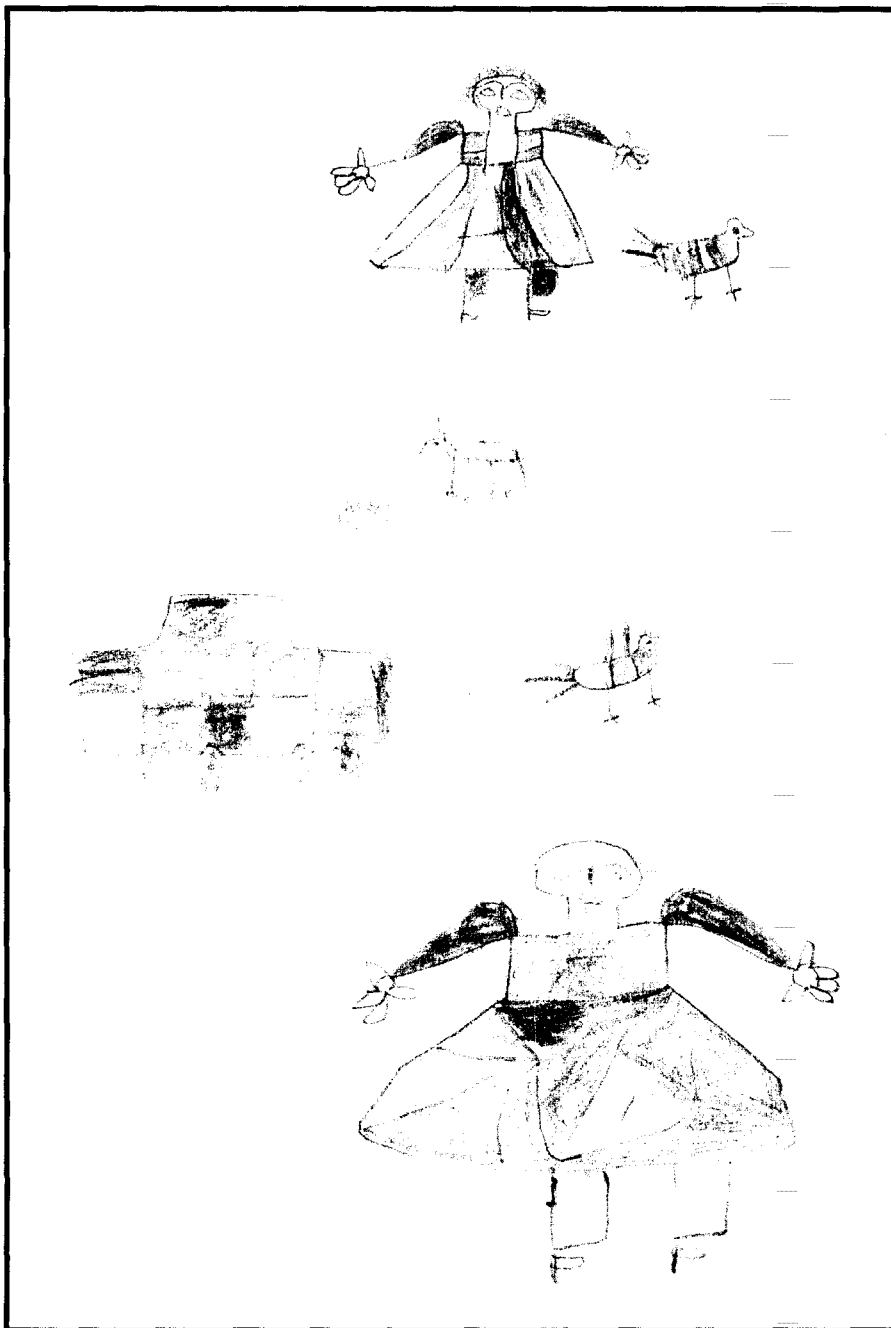
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Review of the Former Soviet Embassy Compound IDP Camp Psychosocial Support Activities Kabul, Afghanistan



Drawing by Rohida, age 10.



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Review of the Former Soviet Embassy Compound IDP Camp Psychosocial Support Activities Kabul, Afghanistan¹

Acknowledgements

This review was a team effort by SC/US Program Office staff based in Kabul and SC/US Field Office staff based in Islamabad, with valuable input from an outside consultant, Shon Campbell. The design of questionnaires, survey data collection, the interview process and translation, and analysis involved the collaboration and input of Field Office and Program Office staff and consultants. Lucienne Maas, Molly Little, Helen Kirby, Sami Hashemi, and Neil Boothby (Director, SC Children in Crisis Unit) contributed significantly to the analysis of data and lessons learned from the program. I am greatly indebted to the skills, experience, patience, and insight of the Kabul Program Office staff (Sami Hashemi, Adela Wardack, and Anahita Abreen in particular), SC/US Pakistan/Afghanistan Area Field Office staff (Lisa Lauman and Andrew Wilder in particular), and the external consultant who contributed to this effort, and to the Afghan women and men who completed the household surveys and focus group discussion interviews under challenging circumstances.

I. Executive Summary

The psychosocial support activities that are the focus of this report were funded by UNICEF and implemented by Save the Children/US (SC/US). This report is a retrospective review of approximately 14 months of psychosocial support activities that began in October 1999 in the Kabul camp for internally-displaced persons (IDPs) in the former Soviet Union embassy compound. In January and February of 2001, household survey and focus group data were collected, transcribed, and translated for this review.

Overall, the psychosocial support program was successful in that it provided opportunities for building resiliency, a sense of self-esteem and competency, and skills among IDP children, youth, mothers/care-givers, and families in the Kabul camp. This review of the psychosocial support program was able to identify, retrospectively, progress toward: building social support networks, especially for mothers and adolescent

¹ The picture on the cover page, drawn by Rohida, was completed as part of a focus group exercise among randomly selected school children. The children were asked to draw three pictures depicting themselves before coming to the IDP camp, as they find life in the camp, and what they imagined for the future. In Rohida's explanation of this drawing to the interviewer, she pointed out the picture of herself [top] and her hen that she had in her village of Farza. She said, "I want to put the hen on the eggs to produce chickens." Also pictured is "a buffalo that we used to plough the fields with [the small yellow animal in the center]. "We used the cow's milk to make butter, curd, and yogurt to keep us strong and healthy." She also drew a "Taliban car, because my uncle is a Taliban," and another picture of herself "playing in our garden" [bottom].

girls; increasing access to health information and services; increasing educational opportunities for primary school-age children; and encouraging a positive outlook toward the future.

Lessons learned from this program can contribute to future psychosocial program interventions for displaced children, youth, and families. In replicating the activities that were implemented in the Kabul IDP camp, and in adjusting the on-going activities to meet newly identified needs as they arise, we can reflect on lessons learned such as the following, which will be elaborated further in Section IV, "Lessons Learned and Recommendations," at the end of this document:

- 1) Identifying potential barriers to and strategies for involving more children and youth in school, organized and unorganized recreation, and youth committee/leadership activities
- 2) Strategies for building the effectiveness of home visits
- 3) More appropriate responses to mother's needs
- 4) Exploring additional psychosocial needs and program responses

Recommendations based on this review should be received in a positive light, for what they offer for building on the existing program and for future programming. Since psychosocial programming is still a relatively new field, much more needs to be learned about the effect of specific program activities. As we accumulate experiences from programs like this, we can continue to improve our responses to the needs of children, youth, mothers/care-givers, and families in complex emergencies. Key recommendations resulting from this review (elaborated further in Section IV) include:

- Involving fathers, brothers, and other male kin in the camp more actively in program activities. This might involve: mobilizing men in the camp for regular garbage clean-up days and upkeep of the latrines; involving men in education promotion by providing them with basic training in early childhood development and peaceful conflict resolution skills; and enlisting their help in the upkeep of the school and recreational/play spaces.
- Organizing additional recreational activities, such as inclusive, large, non-competitive games and expand the youth sports committees to take on other youth recreational activities.
- Coordinating the participatory involvement of health volunteers (home visitors) better with program monitoring tools in order to help identify further training needs and better identification of appropriate health messages.
- Mobilizing mothers/care-givers into groups for preschool and play opportunities for children.

II. Background

The Context

Fighting between two warring factions north of Kabul that began in August of 1999 forced an estimated 80,000 to 100,000 people to flee the Shomali Valley for Panjshir Valley and Kabul City. The Taliban transported some internally displaced persons (IDPs), while others made their way on foot to Kabul. A large group of IDPs was moved around to various locations, including Jalalabad before arriving in Kabul. Most IDPs had no way to protect their homes and land, and arrived in Kabul with few, if any possessions. Only a limited number of the IDP families who arrived more recently were able to flee with some of their livestock. The Kabul authorities housed the IDPs in the former soviet compound, which at the time was in a dangerous condition full of risks for children—many walls, stairs, windows, and balconies were either missing altogether or in danger of collapsing, and there was little or no water, no plumbing, no latrines, and no heating. The international community decided to provide assistance because the winter conditions made it impossible for the IDPs to return to their villages. The authorities had also requested that assistance be provided to the IDPs.

By the end of 2000, approximately 2,400 families were living in 1,377 rooms in the IDP Camp of the former Soviet Embassy Compound in Kabul. The compound is constructed of large, cement dormitory-like structures that were designed with exterior stair access to each of the four levels (a number of structures also include a fifth “floor” which is actually walled-in partitions of the structure on top of the roof designed to provide a buffer between the hot sun and the top floor), and a few adjacent structures. The more than 20 dormitory structures and adjacent buildings have been divided into 24 “blocks.” Two and a half of the compound blocks are occupied exclusively by female-headed households (exact numbers and percentages of female-headed households are not available). The number of children has been estimated at 8,200, and approximately 5,700 of this number are school age. For almost two years, these IDPs were unable to return to their homes in the Shomali Valley. In the aftermath of the recent terrorist attacks, many IDPs have fled Kabul and are returning to Shomali. The Shomali Valley is an area of heavy landmine and unexploded ordnance (UXO) concentration close to the front lines of the internal fighting in Afghanistan.

The majority of IDPs in the camp came from rural Pashto-speaking areas and were in a Dari-speaking urban environment in Kabul. Livelihoods, traditional roles, and family and social networks have been drastically disrupted for these IDPs. Social networks, choices regarding food and livelihood, and places for children and youth to play or otherwise occupy their time, for example were gone or severely diminished. Also, with displacement to the camp, women’s mobility became more limited. Keeping *purdah* in the village meant certain restrictions on mobility, but because women were among relatives and people they knew, they were able to move more easily between home and the market. The majority of male relatives did not accompany families to Kabul, because they were at the frontlines fighting, they risked arrest or feared mistreatment if they arrived in Kabul, or for other reasons. Because the leader of the opposition was from the

Shomali valley, which has a historical position of resistance, men's fear of arrest or mistreatment in Kabul was very real. This has implications not only for economic status but also women's mobility, access to health care, and personal safety. Women must be accompanied by a male relative or husband—a *mahram*—when they travel, and while they may go shopping or visiting friends outside the home, many seem to feel safer with a mahram when going outside the camp to shop. Many IDPs experienced war-related violence and lost relatives in addition to losing their homes, land, and personal possessions. While in the camp, the IDPs did not know when or if they could return home, or if they returned, what they could expect to find. While they remain in the camp, they are susceptible to being used as a political tool and easily targeted for suspicion by the Taliban authorities. They are also easily identifiable for aid by the international aid community and as such, receive more assistance than IDPs who have found shelter elsewhere within Kabul city and who have had only sporadic access to services. At the same time, the response of the international aid community has been inconsistent (due to the ambivalence of providing aid when they wanted to avoid promoting a more permanent settlement) and strained (the authorities keep a tight control on what goes on in the camp, and who has access to the IDPs). Driving concerns of the IDPs were the uncertainty of the future and survival in an environment very different from what they experienced before displacement.

Responding to Needs

Aid agencies in Kabul were initially reluctant to respond to the emergency needs of the displaced population that found its way to the former Soviet Embassy compound because the agencies did not want to nurture dependency on the part of the IDPs, nor did they want to run the risk of complicity in the process of forced displacement. For the duration that the IDPs were effectively denied the chance to return to their homes, however, they remained dependent on the shelter and basic services provided in the camp. In response, various international and local NGOs provided assistance. For example, the World Food Programme subsidized bakeries in the camp, CARE built latrines and had been supplying potable water to the camp, the Ministry of Public Health and the Swedish Committee established health clinics in the camp, and others contributed such things as children's clothing, cooking pots and utensils, and skills and materials for vocational opportunities (e.g., broom-making classes and sewing machines). UNICEF distributed non-food items and funded Save the Children/US (SC/US) in the implementation of a winterization program (including the distribution of cooking/heating stoves), landmine education, transportation of women and children to hospitals and clinics when necessary, and a program of psychosocial support activities. UNOCHA initially coordinated the overall response and a group of NGOs met weekly at the first influx of refugees. Decision-making in the camp was very much influenced by the Taliban authorities who kept a strict control over the camp (access, entrance, departure, and activities). All activities had to be approved by the Ministry of Planning and other appropriate ministries.

The development and continuation of psychosocial support activities that is the focus of this review were expressly aimed at involving the IDP community in improving the sense of security, regularity, and order in the lives of children, youth, mothers/care-givers, and

families housed in the camp, and in this way reinforce the psychosocial well-being of children to mitigate the effects of war and its aftermath. A significant part of this restoration of normality involves re-creating social networks, safe places to play, and the self-competency that comes with valued roles, skills, and choice. It is anticipated that the educational opportunities and structured daily activities provided in the IDP camp promoted a nurturing and stable environment for children and youth and encouraged healthy physical, emotional, social, and cognitive development of children. Due to their displacement, subsequent absence of traditional agricultural activities, and the restrictions and close watch imposed by Taliban authorities, male youth in particular needed something to occupy their free time and build their sense of self-esteem and engagement in the community. Perhaps the most vulnerable population in the camp, when it comes to feeling isolated and hopeless, would be pre-adolescent and adolescent girls because of restrictions to their mobility in addition to the new socio-political environment. The activities initiated in response to these needs included:

- Formal education in language, math, and religion for boys and girls of school age
- Home-based vocational activities for older (pre-adolescent and adolescent) girls
- Home visits aimed at providing knowledge about child health care for women with children under five years of age
- Playgrounds for different age groups
- Sports grounds for older boys
- Facilitation of a youth sports committee

Context for establishing schools in the IDP Camp

Promoting access to equitable, relevant, and high quality education in Afghanistan was challenging even prior to the displacement that resulted in the current program under review. Twenty years of conflict, uncertainty, and increasingly limited resources, both human and material have limited access to education, and many communities retain traditionally conservative attitudes towards secular education, which further limits attendance, especially by girls. The former state-supported education sector is in crisis and positive developments in education have bypassed Afghanistan. In recent years, the situation had been exacerbated by Taliban authorities who control most of the country. Their ban on the employment of women and education for girls beyond the early stages of puberty and their deep suspicions regarding any education outside of religious training severely limits educational options for girls. In urban areas where the presence of Taliban authorities is most keenly felt, these constraints are especially challenging.

Statistical data on enrolment in Afghanistan is unreliable but the UNESCO Education for All (EFA) 2000 report estimated that the Gross Enrollment Rate (ratio of total enrollment to number of children of school age) was between 39% and 58% for boys and between a 3% and 7% for girls. (Different estimates of the total population account for the variation in the estimated GERs.) Teachers have little or no professional assistance and are paid erratically, and very few schools have sufficient learning and teaching resources. Assistance agencies are estimated to have reached approximately 8% of all children of primary school age.

Despite the gloomy statistics, there have been positive achievements over the last decade. For example, in some rural areas, more girls are in school than ever before and there are opportunities to increase quality and access to education. Authorities are not uniformly hostile to secular education and are often absent in rural areas, which enables agencies to better support rural schools.

Even if the authorities were to lift restrictions on women's and girls' participation in education, and if the current fighting and flight were to stop, not all children would be able to access the formal education system. Over the last few years, agencies had begun to look at alternatives such as winter schools in remote areas of Hazarajat province based in mosques and open during times that children are not busy working on the land. Another alternative to formal schooling is home-based schooling, which is often established in response to the ban on women's employment, and to traditional practices of purdah that restrict movement of girls when they reach puberty and therefore limits their access to education, or to the absence of a nearby formal school.

It is within this complex and challenging context that SC/US and UNICEF set up the school for IDP children as an emergency response to the psychosocial needs of IDPs in the camp. Finding ways to work with SC/US principles of gender equity and child-centeredness has been difficult. For example, there was no possibility of employing female teachers in the camp school and, in Kabul, the Ministry of Religious Affairs (MoRA) rather than the Ministry of Education (MoE) was the partner with whom SC/US was required to obtain a Memorandum of Understanding because the MoE does not allow girls in school. The MoRA provides "complementary education" (i.e., religious education) outside normal school hours, and it has been possible to include other subjects (math and language) in the curriculum, although SC/US had not been able to retain girls beyond grade three because of restrictions on girls. The quality of education in Afghanistan is generally extremely poor and most schools use versions of textbooks developed in the 1980s by a University of Nebraska at Omaha project. These materials encourage rote teaching and learning and are often irrelevant to the children and their future. The MoE had approved a version of the textbooks for use in their schools but even these were rejected by the MoRA until two pictures (of animate objects) that they considered offensive were blacked out. SC/US has been firm in its stance that boys and girls follow the same curriculum. The MoRA also controlled the selection of teachers. However, despite being under close scrutiny from authorities, some of the teachers had been able to use a variety of interesting and creative methods to help children learn, and these teachers were encouraged to share their skills with colleagues.

with a psychosocial support program. In order to learn from and build on this experience, SC/US and UNICEF Afghanistan undertook this review of program activities, achievement of anticipated results, and an evaluation of the relationship of program outcome to needs in the Kabul IDP Camp. This will contribute to the establishment of guidelines for future UNICEF and SC/US responses to the needs of displaced children in emergencies.

Methodology

Developing Focus Group Questions and a Household Survey Questionnaire

Along with the implementation of psychosocial support activities came a clarification of program goals. The key goals that provide the focus for this review are:

1. The building and/or re-establishment of social support networks for children and women
2. Increased access to health services, educational opportunities, and information for women and children
3. Encouragement to children, youth, and mothers/care-givers for short-term and long-term planning for the future

With these goals in mind, focus group questions and a household survey questionnaire were designed to evaluate the results of program activities. The first step was to articulate desired outcomes or anticipated results, and then to identify indicators and/or more general kinds of information that would point to achievement of objectives according to type of activity targeting specific age and gender groups. This was done in a participatory evaluation development workshop held in the SC/US field office in Islamabad and attended by five staff from the Kabul Program Office, the Monitoring, Evaluation and Training Specialist with the Children in Crisis Unit of the SC/US Washington, DC office, and an external consultant. Ideally, a program's activities are designed in order to meet identified objectives. Because the evaluation process for this particular program was initiated only after activities had already been in place for six months, workshop participants first identified the specific benefits of each activity, and from there articulated anticipated program outcomes. Participants essentially made *explicit* what had been *implicit* in the initial design and implementation of program activities.

Primary Education

For example, primary education was seen as a way for boys and girls ages 6 to 13 to:

- Build social networks
- Share knowledge and experiences
- Gain math and reading skills
- Have a consistent daily routine
- Share in activities with peers in the same age and gender group
- Provide role models and additional adult support

Behind the initial program intervention planning were assumptions regarding the outcome of particular activities. Although not articulated explicitly until the review process, it was anticipated that the activities and opportunities above would lead to:

- Increased sense of self worth
- Increased sense of usefulness, being needed, belonging
- Increased status and responsibility within the family
- A sense of empowerment
- Increased ability to articulate thoughts and ideas
- Increased initiative
- Increased active participation in a group
- Encouragement to develop goals and aspirations for the future
- Ability to write own name and family's name, for example, on distribution cards (for woodstoves, fuel, and other materials provided by various agencies)
- Increased access to resources
- Allowing more time (three hours a day) for mothers or other care-givers) at ease, while children are in school for three hours a day

Home Visits for Health Promotion

Women were selected from among IDP camp residents for training in basic health promotion messages, and they then met with other women in the camp on a regular basis. The impetus behind this activity was to provide:

- Access to knowledge about preventive care and child care
- Improved access to health care (including referral) for mothers and their children
- Increased recognition of the signs of acute respiratory infection (ARI), appropriate treatment of diarrhea, and infant feeding

Aspects of mothers and care-givers' psychosocial well-being was considered as significant an outcome as the actual health knowledge imparted and retained. The tacitly implied outcome included:

- Creation of social networks for information on health- and child-care and advice
- Regular, consistent contact with women outside the home or room
- Increased access to health care and basic knowledge about health
- Increased sense of self-capacity and self-sufficiency
- Increase sense of capability to care adequately for one's child
- Increased confidence in acting for better health for one's child and oneself
- Increased participation in social groups
- Increased ability to take action and show initiative
- Opportunities to share knowledge
- Increased mobility at least within the camp
- Lessening women's isolation
- Increased role or status and respect within the family
- Gaining a sense of empowerment

Playgrounds

It was anticipated that the playgrounds would provide safe areas for play, since the home environment was so dangerous with its open windows, balconies with no railing, etc., and that playgrounds would give children an opportunity to:

- Meet and interact with peers
- Make new friends
- Have fun playing
- Have an opportunity to get outside and release some of their energy and any pent-up stress
- Share information, ideas, experiences
- Learn how to take turns and share
- Learn how to play together cooperatively
- Learn to resolve conflicts peacefully
- Learn planning and problem solving

It was also anticipated that by accompanying children to the playground, mothers and care-takers could:

- Meet and interact with peers
- Make new friends
- Exchange information

The building of separate playgrounds for young children (3-6 years of age) near the facilities for women to do laundry, and other playgrounds for children 7-12 years old (these include teeter-totters and other equipment) was intended to promote:

- The variety and expansion of social networks for both children and mothers/care-givers, through interaction in a fun, social atmosphere
- The sharing of ideas and experiences
- Greater social interaction across linguistic, ethnic, tribal, and (for the children) gender lines
- The improved capacity for child-care and support networks
- Improved time management for mothers/care-givers
- The sharing of knowledge about the situation (within and outside the camp)
- A sense of hope and ability to think about the future with a positive outlook
- Personal initiative, responsibility, and leadership skills
- Sharing of resources and peaceful resolution to conflict
- A sense of order (social and moral) and ability to speak out and stand up for personal rights

Youth Sports

The building of sports fields and facilitation of the youth sports committee was intended to promote:

- Youth leadership skills
- Teamwork and cooperative participation
- Responsibility
- Support to the community
- Independence and a sense of ownership

- An increased sense of belonging
- Social network building

The anticipated outcomes include:

- Building a sense of self worth
- Building a sense of being needed and valued
- Building leadership, management, and decision-making skills
- Increasing status within the family and community
- Providing a positive impact on youths' daily routines
- Providing a sense of empowerment
- Linking youth with positive role models and additional adult support
- Promoting positive social behavior

In-House Activities for Girls

Activities for girls included embroidery, beadwork, and crochet taught by older women in the camp. The aim of these activities was to:

- Provide greater opportunities to develop social networks
- Provide opportunities for mobility within the camp
- Provide other adult support networks
- Encourage decision-making, creativity, and leadership skills
- Improve status within the family
- Promote the appreciation and transmission of traditional arts

Anticipated outcomes include:

- Creation of social networks
- Regular, consistent contact with women outside the home or room
- Increased sense of self-capacity and self-sufficiency
- Increased participation in social groups
- Increased ability to take action and show initiative
- Opportunities to share knowledge
- Lessening girls' isolation
- Increased role or status and respect within the family
- Gaining a sense of empowerment
- Personality development
- Nurturing resourcefulness
- Sharing a resource (ability to send craftwork to family outside the camp)
- Planning for the future
- Building a dowry
- Reinforcing traditions

Questionnaire Development

Having identified outcomes that would result from the program activities, workshop participants then developed questions to ask in order to elicit information that would provide outcome evaluation indicators or at least general responses with which to

evaluate achievement of anticipated objectives. Because the articulation of program activity outcomes took place after the program had already been implemented, some of the “anticipated” outcomes may reflect observed changes rather than results anticipated during the program planning stage. As a consequence, the questionnaires designed for this retrospective evaluation of program activities reinforce assumptions that the program has achieved what it set out to, rather than providing a more objective assessment of the overall outcome.

Questionnaires for mothers and fathers were developed and then translated into Pashto and Dari in consultation with the Kabul Program Office staff. A number of questions of interest had to be omitted due to security issues and sensitivity to the needs of the IDP camp population, as well as feasibility. Further questions regarding educational activities within the IDP Camp schools were developed by the external consultant who participated in the evaluation development workshop, and in consultation with the Education Advisor with the SC/US Pakistan/Afghanistan Field office.

Focus group discussions were conducted by teams that included a discussion facilitator and a recorder (note-taker). Team recorders took notes on responses, and focus group discussion teams debriefed with SC/US staff and translated the notes and responses after the focus group discussions were completed. All staff members in this process were Afghans except in some of the de-briefings, in which an expatriate staff member was involved. Participation in the focus groups was voluntary, and in the case of the focus groups with fathers, participants were invited from the entire block. Tape recorders were not used because the Taliban officials do not allow tape recorders to come into the camp (music, apart from religious devotional song, is not allowed in Afghanistan) and the use of tape recorders would have put the teams at risk. In all, 20 focus group discussions were conducted:

- 4 with mothers (including one conducted entirely among mothers from female-headed households)
- 1 with community health educators (who made home visits to women in the camp)
- 3 with fathers
- 2 with male youth
- 2 with female youth
- 1 with the youth sports committee (boys)
- 2 with school-age girls (these included a drawing exercise)
- 2 with school-age boys (these included a drawing exercise)
- 1 with school-age girls who no longer attend the camp school
- 1 with school-age boys who no longer attend the camp school
- 1 with IDP camp school teachers

Some focus group discussions were more participative than others. During one discussion, a representative from the ministry of planning was present and took notes during the interview. His presence may have led to the brevity of answers given, since, according to the interview team, the fathers present at the discussion were careful about what they said and did not really engage in a real discussion (only two or three people in

the group did most of the talking, with the block representative taking the lead in providing responses for the group). There were also some misunderstandings about the purpose of the visit. During one of the focus group interviews with fathers, initially all those present expected some kind of distribution and were disappointed that they were only going to be asked some questions. Although not noted by those who conducted focus group discussions with mothers and young girls, it is likely that some of these same misunderstandings were present in the female discussion groups.

Differences in reception of focus group questioning were observed between the women's/girls' focus group discussions and those conducted with men. Age played an important role in this; the male interviewers were very self-conscious about their age and their role as interviewers among "white beards" or older men who hold the upper hand socially, regardless of class or wealth. This meant that the men interviewing fathers were far less likely than the women interviewers to probe for clarification or elaboration of answers, due to traditional and socio-cultural limitations placed on communications between younger and older men. One group of fathers complained that the questionnaire was too long and that they had to repeatedly answer the same questions, particularly during the general interview questions, and even refused to answer some of the questions. The interviewers sensed some irritation on the part of participants in one of the focus groups with fathers and noted that, at the beginning, the participants were willing to talk but became rather miserable during the first few questions that discussed the differences between their life now and their life before coming to the camp (the interviewers felt that the topic depressed the men and made them reluctant to talk in depth throughout the rest of the interview). The constraints placed on female interviewers had more to do with IDP women's own time constraints (they had household chores, work, washing and children to take care of) than any resistance to the SC/US Afghan staff coming in to interview them.

During the focus group discussion with youth involved in the sports committee, there was some initial misunderstanding and disappointment because the participants thought they were going to be receiving something from the interviewer, such as volleyballs or new soccer balls, and were somewhat disappointed to discover it was only a question and discussion session.

Interviewers also reported feeling uncomfortable at times during some of the focus group discussions and hesitated to probe for more information. For example, in one group, fathers were not comfortable talking about the girls or the women and attempted to steer the conversation toward other topics, although the other focus group with fathers was reported to be quite hospitable to the interviewers and open to answering questions without hesitation, including questions about the girls attending school and about women's health. Participants in one of the focus groups with fathers were primarily concerned with and wanted to discuss in further detail issues pertaining to their poor economic situation and the fact that the wood they received was not dry enough (and thus created too much smoke in the rooms) and that the bread was too salty. Some participants also mentioned that SC/US was the first NGO who had come to ask about how things were going in the camp and about what activities had been taking place.

Focus group discussions with school children were conducted in a classroom that was cleared for the purpose of conducting the focus group discussions. Mr. Sami Hashemi, the SC/US Children in Crisis Project Manager, asked the headmaster and one teacher to accompany the SC/US focus group facilitators to each class while they selected students to participate. Children were randomly selected from each class using the attendance sheets; every tenth child on the list was selected. Classrooms were selected through a systematic random sample also. Five children were selected for each focus group. Facilitators noted that the headmaster was very helpful and he and the accompanying teacher did not interfere with the discussion in any way, and even heated up the empty classroom to make the participants more comfortable.

A household survey questionnaire for mothers in the camp was developed in order to discover the receipt or utilization of various psychosocial support activities, as well as knowledge of personal hygiene (specifically, hand-washing) and care-seeking behavior for diarrhea and acute respiratory infections among children. The questionnaire was translated into Pashto and Dari, and the questions were checked for accuracy in translation through independent back-translation. For the purpose of this survey, a "household" unit is defined as a room or unit with a shared heating/cooking stove (called a "bukhari"). Stoves were delivered to the camp as part of a winterization effort by the SC/US Kabul Office and other agencies and as a result, each household unit is numbered for identification. Eighty-seven households were selected using a systematic random sample (this sample size allows for 95% confidence level with 10% maximum tolerable error and a buffer of 12 pre-test interviews plus 10% non-response). The systematic random sample resulted in a proportionate number of female-headed households being selected. Problems faced by interviewers included a few incidences of misidentification of household units due to too many NGOs having numbered the rooms (different NGOs have utilized different numbering systems, so several household numbers appear), and misunderstandings regarding the purpose of household visits.

IV. Psychosocial Support Program Goal and Activities

Goal

The goal of the psychosocial support activities was to reinforce the psychosocial well-being of children and to mitigate the effects of war and its aftermath by establishing a nurturing and stable environment. By providing structured activities and health education and basic education opportunities to the Shomali IDPs at the former Soviet Embassy Compound in Kabul, it was anticipated that this would encourage healthy physical, emotional and cognitive development of children and provide support to their parents and care-givers.

Activities

All activities in the camp required prior approval from the Ministry of Planning. Beginning in September 1999, SC/US staff provided health education classes to women and child-focused health and landmine education for children in the camp. Prior to funding and implementation of the psychosocial support program reviewed here, which began late in October 1999, SC/US health promoters provided oral re-hydration solution (ORS) to children with diarrhea and referred them to a health facility when required, and in December, heating stoves and other winterization provisions began. The psychosocial support program that began in October incorporated some of the earlier activities, such as the health education and transport of sick children and women to nearby hospitals/clinics.

Primary Education Activities

Initially, the Ministry of Education refused to allow the opening of a school in the camp because girls would attend. However, meetings attended by UNICEF, SC/US, UNOCHA (the Regional Coordination Officer), the NGO Children-in-Crisis, and the Ministry of Religious Affairs (MoRA) resulted in a memorandum of understanding that allowed SC/US to start a school with MoRA overseeing the criteria for teacher selection. Following approval of the proposed activities, preparations for primary education activities were begun. In December 1999, a survey of children was carried out, a building was renovated for the school, a school administrative assistant appointed, and 30 teachers selected. A six-month program of teacher training was begun in partnership with an international NGO, "Children in Crisis," and teacher's materials were distributed. By January 2000, the camp schools were in operation, and Norwegian Church Aid began distributing non-food and food items, including BP-5 biscuits for the children in the school. In February, textbooks ordered through UNICEF began to arrive, but the MoRA objected because of pictures they found offensive (pictorial representations of humans or animals are prohibited by the Taliban). By April, the MoRA had agreed to allow the use of the textbooks with the pictures blacked out, and extra learning and teaching resource materials were distributed. In September 2000, the discontinuation of BP-5 biscuit distribution at the school coincided with the establishment of the WFP camp bakeries that sold subsidized bread that had previously been available free from the authorities, and a British NGO's support of a school lunch program at nearby Karte-seh orphanage. This led to a significant drop in school attendance—20% of students dropped out by the end of October. Enrollment increased again when the orphanage school closed for the winter break.

Health Activities

Health activities were incorporated into the existing memorandum of understanding with the Ministry of Public Health, and with the participation of women in the IDP camp. In December 1999, women from the camp assisted in a convenience sample for baseline data of women's health knowledge and care-seeking behavior (information was gathered on health knowledge and behaviors again in July 2000). In January 2000, camp health educators (women) were identified and trained in basic primary health care and hygiene, and in February, with supervision from SC/US health promoters, they started making home visits in the camp. The health workers also received periodic training in diarrheal

disease control, ARI, hygiene, maternal health and nutrition, and the importance of play for child development, as follow-up to their initial training. October brought a National Immunization Day, and the women health educators were able to provide immunizations to children in the IDP camp. SC/US staff supervision of the home visits ceased in July because SC's female staff were no longer allowed into the camp (SC supervision resumed again in January 2001, when female staff were again allowed inside the camp).

SC/US also initiated daytime transport to the hospital and clinic outside the camp for serious needs because, when the IDPs began arriving in the camp, they had no idea where and how to access health services and they were particularly vulnerable, given what they had gone through to arrive at the camp. SC/US supported a car for evening emergencies for a short time, but this proved far more costly than the need justified at the time. In discussions with camp leaders later, it was agreed that people could find their own way to the hospital and in December, the provision of transport for patients to clinics outside the camp stopped.

Playgrounds and Sports Committee

The establishment of playgrounds, sports fields, and regular activities for children and youth were initiated with local IDP camp committees. Discussions with camp representatives about playgrounds for children began in October, and in November, playgrounds were constructed. In April 2000, playgrounds intended specifically for younger children were established and mothers committees formed to look after these playgrounds. A sports committee was established, and balls, nets, and t-shirts were distributed to the youth committees in November 1999. By December, the sports committee had already organized regular sports activities for male youth. The IDP camp football activities were integrated into other SC/US recreational activities in other parts of the city, where SC/US supports about 25 playgrounds and sports committees. In October, a football match in Kabul Stadium was held for all SC/US football teams in Kabul city, including the IDP Camp team.

Girls' Activity Groups

Girls' skills development activities were initiated through home activities with women's groups. Older women with skills in needlework (including crochet, knitting, lace-making, embroidery, and beading) were identified and girls' activity groups formed in December 1999. Women skilled in particular crafts instructed the girls while SC/US provided the raw materials. Craft materials were distributed to the girls' activity groups beginning in January 2000. Because of the tightening of an edict restricting women's employment, which allowed women to only work in health, the monitoring of in-house activities by SC/US staff had to end in July 2000. SC/US female staff supervision of the same girls' activity groups resumed in January 2001, but with a shift in focus from skills building to health education.

V. Program Outcomes

Ideally, a stronger program monitoring strategy would have been in place in order to ascertain progress toward anticipated intermediate program results and not only program input and output such as number of home visits or number of children enrolled in school, for example. As mentioned above, the intermediate results implicit in the rationale and impetus for the design of psychosocial support activities in the camp were not necessarily made explicit until planning for a review of the IDP Camp psychosocial support activities. This is a reflection, in part, of current learning about psychosocial response in emergencies. Too often, program needs assessment and planning focus on the experiences of war-related trauma rather than on community support and empowerment needs, from which we can build community-based responses. With a clearer focus from the beginning on community needs, capacity, resources, and very importantly, the causal links between program activities, intermediate results, and program outcomes, we can develop better strategies to monitor progress toward our program objectives and accommodate appropriate changes in the course of our program intervention. In the absence of ongoing, rigorous monitoring of progress toward clearly articulated objectives, however, a review process such as that which guided this report can attempt to assess the achievement of both intermediate and end results retrospectively.

Primary Education

Because of restrictions on time and access to the classrooms, actual children's learning was not evaluated, and as a result this review must rely on self-reports by parents, teachers, and school children. Beneficiaries are naturally inclined to report back to agencies exactly what agencies have told them will be the benefits of schooling. Without the ability to elicit information on learning through other means, we must rely on what information we have gained and understand the context in which it was given. Focus group discussions with mothers, fathers, school children, and teachers all include positive reports on children's reading and writing abilities as a result of attending the camp school. Parents reported that their children were becoming literate: that they could write their names; they could read and send letters to distant family members; they were now able to read signs and health cards, bus signs (where the bus is going, etc.), city signboards, and signboards in the pharmacy and at the clinic/hospital. One mother mentioned that when she took her child to the doctor and the child was able to read the doctor's signs, she felt very proud of her child. The boys in one of the school focus groups stressed the importance of being able to read books in Arabic, Dari, and Pashto languages, letters from family ("my father used to know how to read and write but now has forgotten so I teach him; we teach our parents because in our absence they should know how to read and write in case someone sends a letter from Iran or sends some money, they should be able to respond"), shop signs, pharmacy signboards, subsidy cards ("like which organization they are for"), bus signboards, and written addresses. In a focus group discussion with school girls, reading for family self-sufficiency was stressed, "we should be able to read letters that our relatives send to us instead of having to ask strangers to read them." School children also pointed out their improvement in math, weights, and measures:

- “we know how to count money now so we can sell and buy things
- “we know the currency”
- “we can do our daily activities better”
- knowing math “helps us buy things”
- “when you have guests in your house someone has to go and count how many are in the room to provide for – this is now possible”
- knowing measurements and weights (such as kilo fractions, etc.) is important, “so that if we have a shop in the future or if we go shopping we won’t be cheated.”

When asked what they liked about the school, school children mentioned the warm classroom and that “the ceiling protects us and the carpet keeps our clothes from getting dirty.” There was also a very positive response from school children and parents regarding the pens and notebooks children have received in the school. This appeared to help motivate them as well as providing students with the materials that make learning easier. An additional aspect that contributed to empowerment and motivation was the fact that almost all the school children had school bags they made themselves.

Children also reported having made many friends through school, including friends who came from diverse parts of northern Afghanistan, such as Karabagh, Farza, Rabat, Khalazai, Ghorband, and from “villages like Baghram, Chaikal, Charikar, Jawar Sang, Kabul and other places.” All the children interviewed at the school reported that they attend class daily. For those who attended school, the anticipated intermediate results of building social networks and sharing in activities with peers of the same age and gender group, and participating in a consistent daily routine were met.

According to the teachers at the camp school, the total number of children in the school as of January 2001 was 2,238 (this figure includes both boys and girls). Of that number, about 400 children are said to have come from outside the camp—from residences in Kabul city. According to other figures,² 2,460 children (including 1,026 girls) were enrolled as of February 2001. In the household survey, 82.8% ($n=64$) of households reported school-age boys in the camp (ages 6 to 12/13) attending the camp school. The actual rate of attendance was probably closer to 50% of all school-age children in the camp. Also, the perception of school attendance by mothers may have been different from actual school attendance by boys. A focus group conducted with school-age boys who had dropped out of the camp school revealed that “most of [the boys] just pretend to go to school but really play somewhere else; they go home again with the school boys so it looks like they were at school, so they receive the family’s appreciation for going to school.” From the household survey, 69% ($n=67$) of households reported school-age girls attending the camp school, although actual rates of attendance of all school-age girls in the camp may have been closer to 36%. Only one girl (1.5% in the household survey) reported having attended school before. Clearly, the camp school provided far greater opportunities than previously for girls aged 6 to 10-11 to attend school and gain literacy skills. Although there is no clearly defined cut-off age for girls to move into their role as women, with restrictions on their movement and interactions in public, most girls stop

² Reported by the Education Advisor with the SC/US Pakistan/Afghanistan Field Office.

attending school and begin observing religious and traditional restrictions when they reach pre- or early puberty at age 11 or 12. These existing religious and traditional restrictions have been reinforced with Taliban edicts. One mother commented that the camp is an unusual place because both boys and girls can attend school. Focus group discussions with mothers and fathers showed an interest in having boys attend school up to the 12th grade, with the opportunity to continue further. The mothers interviewed felt that girls should be able to attend up to the 12th grade also, and even the fathers interviewed felt that girls should be able to attend up to the 10th grade, because education is valuable for both boys and girls: “when girls become literate, their father’s become very happy;” “whether they are boys or girls they should have an education; learning is not a sin.” In reality, however, most girls stop going to school when they reach early puberty, either because their parents feel it is not appropriate for them to continue or the authorities forbid it, or both.

According to school boys, most of whom had attended school before coming to the camp, literacy and math skills were much improved. When the boys said, “we didn’t know anything before we went to school but now we know everything.” When the focus group discussion facilitator asked, “but you said you had been to school before you came to the camp,” the boys said that the previous school was not very good; there were no carpets so children had to sit on very cold cement; there were no notebooks, pens, or paper; some classes had no ceilings but were entirely open; some of the teachers beat the students; children had to leave the school so many times that they say they forgot everything; and schools were destroyed in the fighting. Focus group interviews with the parents highlighted the inconsistencies in schooling opportunities—not all villages had schools, and not all families were able to afford the fees to send their children to school.

Other significant benefits of schooling that were cited repeatedly by parents and school children included: learning discipline and respect, including the proper greetings for elders, parents, and teacher; the “opening” of eyes (related to literacy and knowledge of the world and geography) and allowing children’s minds to “become clear”; and learning health/personal hygiene knowledge (“our teachers advise us to keep ourselves and clothes clean so our body doesn’t get microbes that make us sick--if we get sick we will not be able to attend school and our bodies will have a lot of pain; we learned how to take ablution”). One child mentioned, “if someone comes to school they become clean; they acquire a good character and don’t abuse people.” An observation that came up in a mother’s focus group discussion was that, with education, children “get to know who their friends are and who their enemies are.” One of the fathers mentioned, the main cause of fighting in our country is illiteracy,” which points up the value that learning and knowledge holds for IDPs and their hope for the future. The Islamic educational component is clearly valued by families, and appears to be a source of empowerment for the children and the community, as well as further legitimizing schooling within the context of the IDP camp.

The camp school provided a consistent, daily activity for the children and a safe, clean space for them to engage in activities with their peers. Some of the mothers mentioned that, without the school, there was nothing else to occupy children’s time, and that this

keeps them from spending time picking through the rubbish. Another benefit of the school was that it provided mothers with more time to spend on tasks, while not worrying about where their school-age children were.

Clearly, children and parents saw education and school attendance as a path toward building a better future, and it gave children aspirations for the future. Children in school expressed interest in becoming a doctor, nurse, teacher, engineer, or other. One child mentioned that those who don't want to study will be frustrated in the future; for example, he will say "so an so is a doctor, why am I not a doctor? I should have studied." Another boy said that, by going to school he would "be able to be a big boss and take people out of poverty so they don't have to stay hungry. I would provide them with work opportunities." Another said, "I want to become an engineer so I can build houses for the others." Not only schoolboys but schoolgirls as well showed ambition to become doctors, "to help pregnant women" or "to treat patients who suffer from typhoid and malaria;" and teachers, "to teach others and to receive god's blessing—we need a teacher in our village so I will be one," "to teach others the holy Koran readings, ablution, reading of verses—when they come to know about these things it will be good for their future;" as well as skilled in a craft such as a tailor, "so I can sew clothes for my small brother and sisters and so I can help myself and the others" or embroiderer, "so I can help myself and my neighbors—my sister is a good embroider [and] I want to embroider like her."

Access to education in the IDP Camp not only provided children, their mothers/care-givers and families with hope for the future; some children reported having already taken on greater responsibility in the home as a result of their new skills. In addition to reading and writing letters to family outside of Afghanistan, and reading subsidy cards and signs, children reported teaching their siblings and other family members what they learned in school. One girl said she taught her younger brother mathematics "so he won't get cheated by the shopkeepers when he buys something." Children also advised siblings and parents about hygiene, such as telling younger brothers and sisters not to play where there is garbage, and they shared the religious instruction (reading prayers, reciting verses from the Quran) they learned in school.

The fact that the school was free of charge meant that more families could afford to send their children to school. Even so, there were families who felt that they could not afford to allow their children to attend school because of the family's lost opportunity costs. Focus group discussions with mothers and school-age children included observations that there were children who did not attend school because they had to work to earn money for their families, either in family-owned shops (because "here we get very sick of lentils, so they make money to buy other things"), or with carts from which the boys sell things from outside the camp. Families, especially those with elderly or sick parents, or with only grandparents present relied heavily on their school-age male children to support the family economically and oversee household affairs, and in some cases, day-to-day tasks that an elderly or disabled family member could not accomplish without assistance. Some girls also had to earn money to support their families, such as one girl, mentioned in a focus group with female school children, who did not attend school anymore because

she ironed *burkhas* to earn money for the family. Other girls made brooms at home or did carpet weaving, embroidery, or beading (to sell at the bazaar) to make money to buy food for and support their families.

There were other reasons given for not attending school or dropping out. Teachers pointed out that educational opportunities were not always available in the village, and in addition to this, not all parents realized the value of education because they themselves were illiterate, and immediate economic needs took priority over schooling. One teacher noted that, "inside the camp, poverty and the absence of caretakers are the two main reasons why children don't attend." Focus group discussions with school children, school-age drop-outs, and teachers elicited other reasons for lack of attendance:

- *Discontinuation of incentives*
When school distribution of the BP-5 (high protein) biscuits was discontinued and camp residents had to begin paying for bread in the camp bakeries that had previously been available free of charge, there was a reported 20% drop in school attendance. Children, parents, and teachers noted that when the biscuits were no longer handed out, a lot of students stopped attending school. In addition, "some people from Kabul city came to the camp to receive things from the NGOs, and their children also took admission in the school. After some of those distributions were stopped, they left the camp and went back to their homes."
- *Fear of reprisal from the teachers, whether real or imagined by the children; fears of being beaten*
"I lost my notebook and thought my teacher would beat me so I left." "I had the notebook problem; I lost it and was afraid of getting beaten." "If we are absent for a day our teacher might beat us." "One day I didn't go to school and was too afraid to come back again [for fear of being beaten]." "A boy who was scolded by the teacher for being absent never came back."
- *Dismissal after missing too many days of school*
Children recounted stories about being dismissed from school for absences: "a girl, Latifa, had to do some personal work in the house and was absent for 15 days—when she returned to class the school authority dismissed her." "I went to [Takhar] province to inform my uncle of my elder brother's wedding party. I asked permission to leave and was given oral permission by my teacher. When I arrived back to the camp 4 days later my name was off the attendance list so now I don't go anymore." "I went to my home town, Khalazaie and I remained there for 24 days, so I had to leave school." "My father was in prison and we had to go to visit him - so therefore I left school." Other children reported missing school because of their own or a family member's illness, and as result of their absence, their names were no longer in the attendance book.
- *Disinterest*
There are those who would rather spend their time playing or otherwise occupying their time. Although most of the boys and girls interviewed who had

dropped out of school said that they would like to go back to school, they admitted that there are those who do not see the value of education. One boy mentioned that: "some boys say that until the Taliban occupy the whole country they will not go to school out of protest."

- *Perceived difficulty and lack of self competence*
School children reported that some children thought school was too difficult so they did not go. "Some are scared of being hit by the teacher and are scared of the lessons." Psychological impact of the violence and displacement the IDPs have experienced was also a factor in non-attendance. Parents noted that "children who have lost their mother or father, it is difficult for them to learn or to concentrate." "Maybe some of the children who lost their parents or brothers in the fighting don't want to go to school." One school child noted that "when the teacher gives homework and a student can't do it, sometimes they don't come back – they don't ask their friends for help, or maybe they had no one in their family to help them with the lesson so they stopped going to school."
- *Religious restrictions to girls' school attendance*
Children noted that girls who reach adolescence were no longer allowed to attend school, so they had to drop out before they reach 11 to 12 years of age.
- *Involvement in tasks that take children away from school*
Children shared stories about why they dropped out of school: "I was busy for 15 days because no one was at my house. My father is a doctor in the camp clinic so there was no one to bring bread back from the bakery, so I did it." "My father has a barber shop [outside the camp] and I help him with the shop affairs like sweeping, cleaning windows and supplying water." "My sister was sick and so I stayed with her and cared for her; now she has gotten better." "My mother was sick and I had to do all the housework because there was no one in the house to do them." "My mother and I were both sick and my mother had to have an operation for kidney stones - we both feel well now." "We all know someone whose brother has died and so she therefore does not attend school." "In our block, a girl whose neighbor died was not going to school anymore because it was one of her relatives." Almost all of these children said that they wanted to go back to school. One said, "Now I want to go back to school because my father got better and can hold the house together by himself."
- *Lack of support from the family*
Children reported that some children did not have caretakers to make them go to school. "Some don't have an older brother or father and they don't pay any attention to their mothers who advise to go to school."
- *Lack of warm clothing, shoes, or school books*
A lack of resources kept children away from the Camp school even though it was free of charge. One girl said, "if we received shoes and clothes we would go back to school because others have them and if we go barefoot and with old clothes,

they will laugh at us.” Another said, “I gave my books to my sister and she lost my books and her books both—if you have no books its impossible to study and the school will not give us new ones.”

- *Leaving the camp*

Some families left the camp because of poor conditions or economic opportunities elsewhere. “The subsidy bread was not sufficient for some families, so some families left the block and went to Iran and Pakistan.” “Due to the absence of sufficient places to live in the camp, some families left the compound and rented houses in the city - so their children no longer came to school.” “Due to diseases, about 70 families were compelled to leave the compound. Most of the families left the compound due to the dirtiness; the latrines were never cleaned and they have no door—the covers are totally torn.”

- *Language difficulties*

While the language of instruction was intended to be Pashto, the first language of the school teachers in the Camp was Dari, and there is some indication that several teachers may have used Dari instead of Pashto, which proved a barrier to some, while other school children were happy to be learning Dari.

- *Disability*

A disability was also a disincentive to attend the camp school. Most children who were disabled did not attend school, although one father noted that one child in his block with a disability did attend the camp school. Most parents and children agreed that disabled children should be encouraged to attend school because it gives them hope for the future. Focus group participants suggested that more disabled children might have attended if there had been distributions of food, clothes, and shoes as well as access to wheelchairs, walking sticks, and artificial arms and legs, and if the school were not so distant for those with impaired mobility. One mother mentioned a sister's child with polio, but said that there was no chance for that girl to go to school because the child's grandfather is blind, so the girl had to guide him around. Another mother mentioned that one of her children had a speech impediment. She took her child to the school but the principal said that because the child could not talk right, she could not be admitted. The mother added that, “the principal could help me if he wanted to; it makes no difference that my daughter cannot speak well, she can still learn and think.” An interview with the teachers presented a different viewpoint. Teachers mentioned that disabled children had an opportunity to attend, and that children with artificial limbs who attended the school received particular attention from the teachers. Teachers noted that NGOs should provide assistance to those blind students, and that there should be special attention by relief agencies to the disabled children in the camp. The household survey uncovered 16.7% of households with one disabled child (12 respondents, $n=72$). Only one household (1.4% of households) reported two disabled children living in the unit.

Children's suggestions for improvements to the camp school, and things that could bring drop-outs back to school included:

- More notebooks, "because sometimes we lose them and then get beaten by the teacher"
- BP-5 biscuit distribution "because we go to school in the very early morning and don't eat breakfast, so we remain hungry throughout school. Sometimes when we get home there is no food either so we remain hungry all day."
- "Shoes and clothes so we can stay warm"
- A recess or break during the school hours
- More extended school hours so that children can study more subjects; "if the time is longer we can study with a calm mind"
- More subjects, such as sports, professional/vocational activities (carpet weaving, tailoring, embroidery, carpentry, broom-making, etc.), "ink writing" or calligraphy, and art ("so we can draw anything we want – like eagles, sparrows, ducks, sheep, cows and people")
- For drop-outs, the opportunity to get their names back in the attendance book so that they can be admitted

When asked about weaknesses of the school, or things that they did not like about the school, parents responded with some of the same observations as the school children:

- Unhappy that the BP-5 biscuit distribution stopped.³
- Would have preferred distribution of some necessities, such as warm clothing, shoes, soap
- Dissatisfaction with some of the teachers' teaching methods; "the teachers aren't always giving patient answers to the children;" "sometimes the teachers beat the children—but maybe that's good so they will be more likely to learn;" "the teachers become angry with the children sometimes."

School children contributed additional observations concerning what they did not like about the school, such as:

- Fighting between students (including physical wrestling)
- Some abuse by other students (boys who did not do well in their lessons were singled out as the abusers)
- Unsanitary conditions of the building and vicinity: "the dirt of the animals and people around the building;" "we don't like the dirt around the school – the classroom should always be clean;" "we hate the dirtiness of the classrooms. Sometimes the water is dirty."
- Inadequacy of school materials; "the pencils don't work very well on the new notebooks they gave us."

³ In fact, the BP-5 biscuit distribution had to come to an end because donor monitoring requirements meant that each packet wrapper had to be saved in order to verify that children had ingested the biscuits when they were given them. This resulted in literally millions of wrappers stored at the SC/US office in Kabul, and it also restricted children's choice of consumption or sale of the biscuits.

Home Visits for Health Promotion

Home visitors reported positive outcomes to their health education visits with mothers in the camp. In a focus group interview, home visitors said they saw fewer occurrences of diarrhea since they began educating mothers on boiling the water that children drink, covering water to keep it clean, and general personal hygiene practices. They also taught mothers how to prepare ORS. Mothers also reported seeing less diarrheal disease among children since first arriving in the camp. The home visitors were confident that mothers understood the importance of breastfeeding and childhood vaccinations, and that mothers were familiar with effective home-care remedies but also know when to seek care at the hospital or clinic.

Home visitors' perceptions of mothers' knowledge did not necessarily match mothers' active knowledge or actual behavior change, however. The household survey showed that most mothers interviewed reported the importance of washing hands after using the toilet, before meals, and before food preparation, but when asked about knowledge related to children's diarrhea, the results varied widely and were significantly correlated with the interview team that recorded responses. This was most likely due to a weak questionnaire design to document health knowledge (interviewers were asked to interpret interviewees' responses as reflecting knowledge regarding a given topic). A majority of mothers reported the need to give plenty of liquids to children with diarrhea (60.9% for interview team #1, 95.7% for interview team #3), but other responses related to diarrhea and to care-seeking behavior for acute respiratory infection (ARI)—knowledge and practices promoted by the home visitors—varied widely and were so significantly correlated with the interview team as to place significant doubt on the level of health knowledge mothers gained as a result of the home visits.

In spite of the results from the household survey, it is clear that most anticipated outcomes were in fact realized. Women's isolation was lessened and opportunities to participate in social groups and share knowledge increased through the home visits, which were realized with groups of women from among family and neighbors. Social networks for information on health- and child-care were developed, and a regular, consistent contact with women outside the "home" (unit or room) established ("every day those health workers go around visiting people!"). Mothers in each of the focus group discussions said that they had not known the neighbor women (from the same block or from nearby in the camp) who joined them for the home visits before meeting them during the health educators' visits. The activity expanded social networks among mothers, even if it was a network that was more passive than active; "when we go to get bread, also when we go to collect the wood we meet with each other;" "we see the others when we buy bread—we say hello in passing;" "we see them during the distributions of halwa, sometimes at funerals." Mothers also had increased access to health care and basic knowledge about health and hygiene. Home visitors mentioned that, "our own neighbors and sometimes other block inhabitants take our advice when faced with health problems; pregnant women ask for help about things like hospital addresses, danger signs, how to make ORS and other things."

Through the access to health and hygiene information, mothers most likely increased their sense of self-capacity and competency in caring adequately for their children, and gained a sense of empowerment and increased confidence in acting for better health for one's child and oneself. These are difficult outcomes to measure, and measuring outcome attributable to program implementation is impossible, since the development of anticipated outcomes occurred after the implementation of the activity so that no pre-implementation data were collected, but the mothers' responses generated during focus group interviews pointed to a level of awareness and competency that in all likelihood was greater after the program implementation than when families first arrived in the camp. There was also evidence of an increased ability to take action and show initiative; "the health educator said that we should keep the block clean, so the women take turns cleaning the hallways and shared areas of the block."

Mothers in one of the focus groups admitted that they sometimes forgot what the home visitors told them, but they gained health information that they could use in the camp and when they return home.

- [The home visitors] come regularly and talk about how to keep the children healthy—about the sicknesses of the children; about breastfeeding; they "open our eyes; we didn't know these things before."
- "We didn't know about pneumonia before but they told us what we should do at home, and when we should go to the hospital. If we are doing a wrong treatment, they show us a better one."
- "[The home visitors] show us the way to care for the children at home, how to solve health problems, how to stay clean; they ask us about our difficulties and help us find better ways."
- "The information about ORS—that will be useful [when we return home]."

The women selected as health educators who conducted the home visits clearly gained an increased social network, increased mobility within the camp, a sense of competency and empowerment, and an increased role, status, and respect within the family and the community, in addition to having learned valuable health information that they did not have before in the village:

- "We learned about vaccines, danger signs, the importance of breastfeeding, about diarrhea, pneumonia—and we will implement them even when the NGO is gone in the future."
- "My nephew was sick and my brother asked me for my help. When I checked him I learned that the child was suffering from [an acute respiratory infection]. My brother also had diarrhea. At the same time one other woman was experiencing acute/severe bleeding. We transferred the child to the hospital as soon as we could and I provided ORS for my brother and he started getting better. I also transferred this woman to the Maternity Hospital. I saw the chief doctor and introduced myself to him—I showed him my nephew so he could decide what to do. He was very helpful."

Mothers in the camp called on the home visitors for advice and assistance with health problems. When asked about a specific health problem mothers had addressed, one

responded: "my child got diarrhea and the health worker told me what I should do. At home I prepared the liquids (milk and ORS). He got a little worse so I took him to the doctor and he had typhoid. I spent all my money on him." When asked if she was satisfied with the results, she said, "No. I did everything I was supposed to do and spent all my money and still he got worse. He is still sick right now in the hospital." Another mother responded, "I myself have high blood pressure. I went to the Wakil (leader) of the block and he took me to see the health worker at her house. We then all went to the hospital. In the hospital I met with the doctor and he gave me some medicine." When asked if this was different from what she would have done back in the village, she responded, "Yes, because here I had no men in my family to go with me, so I got the help of the Wakil and the health worker. They went with me to the hospital instead of my relations."

Improved access to health facilities, through advice on when to seek care at clinics or hospitals, and transportation to health services were important interventions in the camp. One mother was able to seek care for her daughter who had a bad cough, "I kept her warm and then took her to the clinic. I went to the block Wakil and he provided a car from me to go to the clinic outside the camp. The hospital and clinic here in Kabul have educated doctors who can treat us and our children, and provide us with medicine." "Access to clinics, where they existed, was difficult because of distance. During the fighting, the clinics were damaged so there was nowhere to go for treatment. There was a clinic in the village, in Karabagh, but it was far away from the people; the coming and going was very difficult." Another mother mentioned that someone in her family had TB; "I called my neighbors and they took me to the clinic. The closest neighbor and an engineer both helped me to the ICRC hospital. In the village it would have taken a long time to get to the hospital. Here there is a car so it is a quick trip."

Significant problems with adequate access to healthcare services continued even with program intervention, however. The camp clinics were overburdened and often did not have any medicines, according to men and women in the focus group interviews. Access to health facilities during nighttime hours was also lacking. Fathers interviewed in focus groups mentioned the need for an ambulance to transport people to the hospital at night. In two of the fathers' focus groups, participants relayed an incident in which a woman became sick during the night; "we tried many times to get her to the hospital but we could not find a vehicle. First we went to the Taliban checkpoint but they didn't have a vehicle and finally at 2:30 am we managed to find a private vehicle for a fee and were able to transfer her to a hospital. She is doing well now." When asked if this was different from how the problem would have been resolved back in the village, the men said, "yes, at least we had home doctors in our village and were able to refer to them. If the patient was in very bad condition and the doctor advised it, the patient would be carried to the sub-province (where the hospital or clinic was) by vehicle, donkey, or horse." Other villages had no clinics, but men reported that, if transportation were necessary, they either had money for transport or were able to find transportation. It should be noted that men's perceptions of health referral needs for women may be different in the camp environment. It could be that, in the camp, where men were not able to engage in customary activities, they were perhaps more aware of incidents or

conditions for which women needed health referral, or it could be that women were better able to be more vocal about their health referral needs within the camp setting.

Health problems in the camp appeared to differ somewhat from the health problems encountered in the village prior to displacement. A more adequate initial health survey within the camp might have highlighted other health messages and health interventions that could have been included in the home visitor activity. Mothers in the camp commented on the lack of sufficient food (also, “the lentils go bad sometimes”) and conditions that aggravate colds and pneumonia, “we are cold; the clothes are not warm.” Mothers in the focus groups also commented on the problems associated with the close proximity and crowding of families in the camp; “because several families are living together, there is insufficient food. In the village the houses were a long ways away from each other, and the dust and smoke were not a problem. In the village the latrines were separate but here they are common. The presence of diseases such as diarrhea and TB are common in the camp, also leishmaniasis, typhoid, malaria, and skin diseases that were not in the villages;” “in the village the homes were separate, but now we are all living together so we catch each other’s sicknesses. Yards were separate; everyone lived separate. Now, when one gets sick, all the others do too. The small ones and the old ones are living together so the children pass their sickness on to others.”

Poor conditions in the camp aggravated ill health. Although some mothers noted that the illnesses were roughly the same as in the village prior to displacement, the frequency of illness in the camp was reported to be far greater than it was back in the village. Mothers complained about not enough food, crowded living quarters, and the cold: “there is pneumonia in the winter because there isn’t enough warmth;” “the blocks are very cold... the clothes are not warm enough.” Poor hygienic conditions also contributed to the ill health experienced in the camp:

- “In the summer there is lots of diarrhea because of the garbage and the dust.”
- In the camp as opposed to the village, “there’s a lot of garbage, no good fruit, and no clean air.”
- “In the village the children eat grapes without washing them and never got sick, but here, even when we wash the food the children still get sick.”
- “There are serious economic problems here; the latrines are common and a lot of people use the sides of the buildings for convenience sake, which attracts flies and mosquitoes, and this transfers diseases.”

Men in the Fathers Focus Groups added:

- “We don’t have any bathing rooms in the camp and very few toilets (latrines).”
- “The garbage around the blocks is getting out of control.”
- “There is too much garbage around the blocks that never gets cleaned up. Although the representative of the blocks has already mentioned to the inhabitants about the need for cleanliness, they never pay attention. Most illnesses are caused from the garbage because we don’t have any equipment to clean it up with.”

Some of the mothers and fathers recognized inadequate nutrition as contributing to health problems:

- “In the village we had green gardens, good water, good food like milk, butter, curd, yogurt, and vegetables”
- “In our village there were more fruits which protected us from the germs but here we become very weak and get sick.”
- “Most of the children get ill because of the wood smoke, the absence of complete food (just dry bread) and the fact that some blocks are not in the sun. In the village everyone was busy working in their fields and gardens and were able to eat complete foods, like all kinds of fruit and milk, curd, butter, cheese, etc.”
- “There is not enough protein/energy in the food so the children get sick. In the village, men and women worked in the fields and had everything they needed to eat and were strong. Here there is just dry bread and there is little movement or exercise.”
- “Our conditions in the camp are very bad. In the village we had milk and cream and were strong but here everyone is tired and weak from hunger.”

When asked about the major health problems they saw for women in the camp, mothers in the focus group interviews listed:

- Body aches (JAndardi)
- Kidney problems (gurdadardi)
- Stomach ache
- Leishmaniasis (sAidana)
- Rheumatism
- TB
- Influenza
- Gynecological problems (NusAi)
- Child birth (seen as a big problem “because it is cold”)
- High blood pressure (“because the food they give us is too full of salt”)

One mother mentioned that, before arriving in the camp, she did not have high blood pressure, but she also noted that in the camp, it was easier to get to a health facility than it was in the village. Another said there was a clinic in her village, and medicine too, but “here we have a clinic but no medicine.” Another mother added that “if we aren't careful, we may die here.”

When asked about women's health problems, the men in the focus groups again referred to the causes of those problems rather than mentioning specific ailments:

- “Garbage around the blocks is also a big problem for the women and children and is a main cause of sickness.” They explained that the women have to carry the water through these dirty areas, and suggested that someone should put water tanks at each block to prevent this.”
- “There is garbage and rubbish everywhere which makes [the women] sick. The wood is not dry enough and smokes so the women and children have respiratory difficulties.”

- “The women, especially the ones in block 14, which is located in the shadow (where it gets no sun), suffer mostly from sicknesses like “eye flu” (pink eye) and colds. This is due to the wood not being completely dry and making lots of smoke.”

Playgrounds

While the playgrounds served the purpose of providing children a place to play in an otherwise dreary setting, and an opportunity to keep busy and have fun playing with their friends, not all the envisioned outcomes were achieved. Perhaps a stronger initial assessment of an appropriate design for the playgrounds (they reflected primarily an American/eurocentric design) and political-social issues within the camp (there were some problems stemming from political/social disagreement between different groups in the camp that resulted in playground being uprooted) could have better identified appropriate designs and anticipated outcomes. There were also differing views as to whether the playgrounds promoted cooperation or conflict among children. Some mothers saw the playgrounds as providing “good entertainment” that kept the children out of fights, while other mothers did not let their children go because “they will fight and get injured.” SC/US program implementers noted that resentment between groups of IDPs from different areas was probably at the root of the vandalization of one of the playgrounds for small children in May 2000. Given these mixed results, we cannot say that the anticipated outcomes of: 1) sharing of resources and peaceful resolution to conflict; 2) establishing a sense of order (social and moral); and 3) ability to speak out and stand up for personal rights were entirely achieved. In walking through the camp, however, one was able to find children’s own play spaces, where lines and squares had been scratched into the dirt for children’s skipping games. It could be that the initiation of playgrounds for young children actually provided children with a sense of empowerment to claim play space for themselves within the camp—something they may not have done without the intervention of organized playground space.

Mothers and fathers agreed that the playgrounds kept children occupied and physically active, and offered children a chance to share and learn about things from other children in a relatively safe environment:

- “The playgrounds keep the children from being useless and bored and keep them from becoming rowdy/naughty.”
- “Recreation is very important for children’s health and keeps them from being useless. Instead of just sitting around the house or playing Tooshla (finger shooting) they are busy playing outside in the playground.”
- “Before, they just sat around the house but now they go outside. They can play and be entertained. That is good.”
- “They won't have accidents with cars; they are not hanging around dirty places like the garbage areas or the toilets.”
- “When they play they take turns and that makes us happy.”

One father also mentioned that, “it is important that when they are playing at the playgrounds, the children are able to stop thinking about their past, about what happened

to them in their villages, about their difficulties in being displaced.” In this sense, the anticipated outcome of building a sense of hope and ability to think about the future with a positive outlook may have been achieved for some of the children. This result was more readily apparent through educational activities than the provision of playgrounds, however.

Girls younger than 11 years may have gained other, unanticipated benefits from the playgrounds because, as was noted, “in the village they collected wood, but now they play and they don't fight;” “they aren't going far away to unsafe places.” Girls' access to the playgrounds also had an unanticipated benefit for the families; “while they play they find out and see which distribution cars are arriving so the family can go receive the goods.” Most mothers and fathers did not have a problem with girls' access to playgrounds. Only one woman commented that, “girls should be working inside the house instead of playing—cooking, sewing, cleaning is the job of girls, not playing. There are only two places for a woman; in the house or in the grave.”

Ideally, the playgrounds should have provided opportunities for the sharing of ideas and experiences; a process that can help build resiliency. It was hoped that children's interaction during play could also build personal initiative, responsibility, and leadership skills, although we were unable to devote the observation time necessary in order to ascertain whether or not this was the case. It was not apparent that the playgrounds provided for greater social interaction across linguistic, ethnic and tribal, or gender lines. Boys and girls were not encouraged to play together, and in fact one father commented that, “there should be different times for girls and boys to play at the playground. Sometimes it gets organized that way.” It may be that a more structured environment and more structured interactions would be required to achieve such objectives.

The results on whether or not the playgrounds improve time management for mothers and care-givers were mixed. Some mothers commented that, while children were outside in the playground, women had time to spend on their other chores, such as washing clothes, preparing meals, sweeping the room, and carrying out other household tasks (e.g., sewing clothes, doing embroidery, making curtains for extra income, meeting with the health worker, or receiving bread). Other mothers pointed out that, having their children go to the playground created more work for them. Children often came home dirty from the playground, “so we then have to clean them, so no its not always useful.” One mother mentioned that, “the children are always coming home dirty and getting into fights. They become impolite when they are on the playground.” Children were not always able to go to the playgrounds. This often depended on the mother's free time to take them; “my children seldom go—when I have free time I take them.” And it may have depend on the weather; “because they get very dirty, we sometimes don't let them play, otherwise they may get diarrhea. We let them out there on sunny days.” The playgrounds may have added an extra burden for mothers, and this must be weighed against the benefits for future programming; “the children get dirty and break their bones, and sometimes get dizzy and vomit on the roundabout.”

It could be that the mixed results reflected the different age groups accessing the playgrounds, which would influence a mother's reaction to the benefits and burdens of the playgrounds. Many mothers saw this as an opportunity to relax in a quiet house:

- "Because for a few minutes our minds can be quiet while they are out playing.
- "If the playgrounds weren't there we would go crazy/explode. It is good for our minds to have a few minutes of rest without the children."
- "It allows us to sit free for a while, doing nothing."
- "It keeps the house quiet; we are able to relax at home while they are gone."
- "Our minds are calm because the children are out of the homes."
- "We might even sleep a little without all the noise."

It was initially anticipated that the playgrounds for small children, located near the areas where women wash clothes, could provide mothers and care-givers the opportunity to expand their own social networks and thus improve their capacity for child-care and support network, and share knowledge about the situation within and outside the camp (a factor contributing to resiliency). Since, for some mothers and care-givers, time spent in the playground translated into more rather than less work for mothers, playground access and utilization was cut, and the benefits it brought to the younger children lost. A failure to have met these expectations does not translate into a lack of success with the playgrounds, but it indicates that the results anticipated from providing playgrounds need to be carefully thought out and weighed against other possible interventions.

Youth Sports

At the time of the evaluation there were approximately 20 football teams active in the camp, according to youth involved in the sports committee. Youth, 8 to 18 years of age, play volleyball and football (soccer) inside the compound on the field SC/US built, and outside the camp in the Allauddin playground (located near to the camp). Some youth mentioned Afghan cricket as another team sport they engage in. When asked how they were introduced to the sports activities, youth said, "Abdullah [the SC/US playground and sports officer, known to the youth as "engineer Abdullah"] came and talked about the school that they were going to build. Three days later he provided us with balls and nets and we were very happy. We talked with the sports committee and they let us play football and volleyball."

The sports teams were intended to be very inclusive and the youth interviewed emphasized that the only criteria to joining a team was to be a male youth between 8 and 18, and that all who wanted to join could do so; "if our team has enough people and there are others who want to play we let them play in the second round." But at the same time, youth noted that they wanted strong players on the team and that, "the weaker boys should not stay in the teams because they will give the team a bad name." Also, "the whole team should be about the same height and we should have good shoes to play in."

When asked what makes a good team, youth responded, "a group of boys who are about the same age and strong," and where there is "no fighting among players, no abusing each other with bad names, good discipline and behavior;" and where players "take fouls

well.” Youth also said that “no one has a higher position than someone else” or says, “I’m superior to you” or “I know more;” however, there are clearly youth leaders among the teams. One youth in particular, Habib, was mentioned repeatedly for his soccer and volleyball abilities and his leadership. Youth said, “Habib encourages all of us; those who are interested can take part in our team. When people don’t join, Habib encourages them to join so they can have good health.”

When questioned about the inclusiveness of the teams, youth mentioned an incident in which “there was one person who wanted to join but couldn’t because he only wanted to play on that one day instead of regularly. So the team would not let him join that day. The committee was not present on that day and if they had been they would have allowed him to join because sports should be open to all.” At this point, interviewers noted that someone who was listening in on the focus group discussion asked the youth in the sports committee focus group discussion, “why are you six people the ones occupying the whole field, controlling who joins?” The youth’s response was that the field was open to all, and then the discussion ended and the observer left. Clearly, intentions of inclusiveness and the reality of competitiveness are not necessarily compatible. During the sports committee focus group discussion, three “senior” sports committee members dominated the discussion. Those who spoke for the others during the discussion included Habib, who is highly regarded by his peers for his athletic skills and leadership, and others near 18 years of age who have completed more education than the others in the group (the others sports committee members present appeared to be 10 to 14 years old). It could be that the interviewers heard no dissenting views except for the one observer who commented on the strong players occupying the field because the dynamics of the interview reflected the dynamics of the playing field.

For those youth who were able to participate on sports teams and not discouraged by their families who may have demanded a different (and in the family’s view, more productive) use of the youth’s time, or who were not discouraged from participation due to lack of skill or coordination, or disability,⁴ they were able to build a sense of self worth and a sense of being needed and valued by the team. Youth noted that some families would go hungry if their sons play sports instead of working to bring in money or food. For those who were discouraged from joining (either outright or due to personal feelings of inadequacy in sports), the sense of self worth and of being needed or valued could actually have been decreased by the introduction of organized sports team activities. For those who did participate, the youth saw many more advantages than disadvantages; “they learn to play football;” “acquire energy/stamina;” “their names become popular when they play in the matches;” “they acquire a good reputation in the camp;” “they won’t become sick;” “they will be able to run faster;” and “they stay away from bad activities and keep from becoming undisciplined.” The youth themselves noted that for those who did not participate, “their bodies can’t stay healthy;” “they get bored with nothing to do” or “all they do is work, which is boring.” The youth who were actively

⁴ There is one boy who has an amputated leg and plays soccer using two crutches, and youth in the focus group discussion noted that he runs faster than most, but he is the only one with a disability on the sports teams. Youth noted that others with disabilities do not show an interest to join.

involved in sports teams said they met every day. Those youth who attended school in the mornings played on teams in the afternoon, and those who attended school in the afternoon played on teams in the morning. In fact, they said, “we play whenever we are free. No one tells us when to play and when not to play.”

Youth reflected on the differences between when they first arrived in the camp and “now” (i.e., when the focus group discussions were conducted). Having a regular activity to engage in was clearly important for the youth:

- “When we first arrived, it was very cold; there was no bread, there were no doors, no windows—the houses (blocks) were a big mess. We passed our days and nights depressed. There was nothing to do, no recreational activities.”
- “Nothing was organized before; we were just trying to find food and bread. We thought we would die of hunger—we weren’t thinking about sports activities.”
- “We were only thinking about getting food and blankets. There were no activities.”
- “We used to play handball in our village but here we couldn’t. Now we play football; because we play football we don’t sit and recollect our past and what happened to us in the village.”

The need to feel valued and to engage in a physical activity with peers is very important to youth of this age group. Playing on a sports team clearly provides a focus and an ability to recreate normalcy or predictability and stability, to those who participate. The sports teams provided a positive impact on youth’s daily activities and also encourage positive social behavior, including teamwork and discipline: “we shouldn’t fight, we should keep good discipline and keep the regulations; not abuse each other; and we should respect the team leader.” The youth who spoke for the sports committee members mentioned that being involved in team leadership makes them fight less and avoid bad activities (like “smoking cigarettes, drugs”); “the committee keeps us from engaging in ‘deviant’ behavior. There’s no time to do other, ‘bad’ activities—the sports committee keeps us busy.” “Once people joined the committee they fought less because they had to supervise.”

Several sports teams participated in matches with teams outside the camp, and were able to defeat some of the other teams. One match was held in the Kabul football stadium. The ability to identify with a team in competition with other teams from outside the camp, even though they lost the match in the Kabul stadium, provided a sense of empowerment and pride. The youth emphasized that the main obstacle to their being able to defeat other teams was that they lack equipment (such as new soccer balls to practice with, proper shoes, and sports uniforms). When asked what could be improved, youth added: “if we had very good team leaders and were trained by them every day, this would be better. If we had better shoes and equipment, the teams would be better. If we had biscuits for energy, we would play better.” The ability to see obstacles not in personal ability but in external factors displays a degree of optimism and confidence. A member of the sports committee mentioned that youth involved in sports show a difference in their outlook, because “they are able to be away from the problems in their rooms/houses for a time.”

While team sports may have offered a temporary respite, young boys were still very conscious of what they and their families had lost, and about their responsibility to help provide food for the family. This also impacted their sense of hope in the future. When asked about their plans for the future, youth mentioned, “to go back to my village,” and “for our village will be free.” But others were not so optimistic: “our future is not clear—we don’t know what will happen to us;” “our future is destroyed—our houses are burnt down and all our trees and gardens are destroyed. There is nothing left.” Others also expressed a lack of hope for the future:

- “Since we’ve been displaced, everything we had has been lost. Our dreams have been lost.”
- “Previously I wanted these things but when I lost everything in my village I lost these plans.”
- “If we have peace it will be the same as a future.”
- “Right now we are only searching for food.”
- “Our minds are scattered—we don’t know what to do and what not to do.”
- “Previously I had everything in my village but here I don’t have anything, so maybe I won’t be able to become what I wanted to become before. So my ideas have changed. I may not be able to become who I wanted to be.”
- “Before we didn’t have to worry about getting food but now we have no food. We had grapes in our village, now we think about how to [find something to] eat all the time.”
- “We don’t know about the future because we can’t predict. Only God knows, not us.”

Other youth, through involvement in the team sports activities and school, were able to again think about their future and feel empowered to engage in activities and in decision-making, planning, and leadership:

- “When we first came [to the camp] we wondered what would happen to us. We didn’t have anything to do. Now we go to school. We play football. We receive bread and other things. And wood. We used to receive kerosene but not any longer.”
- “When we first came, we couldn’t think about football and there were no places to play ‘eye closing’ [a local game the children were all familiar with]. Save the Children built us a playground and gave us balls to play with so we wouldn’t get bored. They also distributed biscuits.”
- “We thought we wouldn’t be able to go to school any longer when we came here. We didn’t think about our future. We only thought about how to find wood or food. Now there is a school, a playground, and we receive notebooks and pens. We feel much happier. We still think about our village.”

Through the sports activities, youth also established positive role models and additional adult support. When asked who they turn to for advice, youth involved in sports teams mentioned Sami Hashemi (SC/US CiC Project Manager) and “engineer” Abdullah (SC/US playground and sports officer). When asked who they most want to be like when they are older, youth again mentioned engineer Abdullah, and they referred to the person

doing the interviewing, “because you have a job and you are able to earn money.” Other youth mentioned, “a doctor so I can help patients,” “a writer,” and “a teacher because people need to learn things.” More than one said he wanted to be a mullah, “then my judgement day will be good and God won’t forget me.” Yet another youth said he wanted to be like Jamaludin e Afghan, a famous historical philosopher and “miracle worker” who lived a few centuries ago and “brought revolution to Afghanistan” (according to one youth). One youth said he would like to be a football champion who plays all over the world—“I want to win.” Two mentioned wanting to be pilots so they could bomb “the Russians” or “our enemies.” One said, “an army commander with 12 body guards” and one youth said, “a villain so everyone will be afraid of me.” Several youth said that their aspirations had always been as they described, although one added, “things have gotten more relaxed in terms of finding food, etc., so now I can hope to be this again.” Other youth tempered their aspirations with fears about what the future holds; “we had a school in our village—this is what I always wanted to be;” “if our village has peace and we can go back, I will still desire to be these things;” “we want to study, work in our village/home.”

In spite of such doubts and concerns, youth showed a degree of initiative in their involvement in team sports. It was apparent from their comments that the organized sports provided them with an important focus and opportunities for initiative:

- “In the beginning it was all our own effort. First, the playground was built but after that we ourselves had to get the games going. We received balls from the team leaders.”
- “Habibulah is our team leader. When he is absent we lead the team ourselves.”
- “Every day we play football to become stronger and to learn the sport better.”
- “On our team the members play on their own as well as during the games in order to get better; we practice on our own because the head of our team is not well trained.”
- “At the beginning, with the advice of the camp elders [including Abdullah from SC/US], teams were organized. But now we, the committee, organize the teams. Now we try to find the children who are active and want to play sports.”

Youth such as Habib clearly acquired an increased status within the community, due to success in sports and involvement in the sports committee; “they see us as a good sports committee. They are pleased that we are involved in the sports activities instead of bad activities like smoking cigarettes, drugs. People are happy for us. They look up to us.” These same youth also recognize a responsibility to their families, but it is difficult to know whether involvement on the sports committee translates into greater status within the family. When asked what responsibilities sports committee members had, the youth responded, among other responsibilities, bringing food to their families. “We know how to do everything for the teams, but hunger and sports don’t go together.” The youth placed a lot of emphasis on finding food for their families. “We spend all our other time finding food for our families.” “We are winning matches, but when we are hungry we lose matches.”

Youth also expanded their social networks across geographical, linguistic, ethnic, and cultural lines:

- “We were all from different villages—we didn’t know each other. Now we are familiar with each other.”
- “We aren’t members of one family group. We come from different places in the north. We met each other here and became friends. We speak different languages and are from different ethnic groups.”
- “When we first got here we didn’t know each other. We used to fight with each other because we were from different places.”
- “There were no recreational activities [when we first arrived]. Now we have many friends because we play games like football with each other.”
- “At the beginning there was a lot of fighting between youth from different areas, but now that we are working together in a team that’s not happening anymore.”
- “We didn’t know anyone when we first came. Now we play football together. We go to school together. We know each other better now. We don’t fight with each other. We used to fight because we didn’t have anything to do.”
- Youth have made lots of friends through the camp activities; “we all come from different places in the North but since playing together in the playgrounds and going to school we know many more boys. We have found lots of friends.”

Youth also mentioned that the youth they play with on teams changes—that it was not always the same players who comprised a team. “Some are from different blocks of the camp.” All the boys in one block usually played together, but other boys from other blocks also joined the teams. “Only a few boys who play on the team are related (cousins or brothers). The rest speak different languages—Pashto and Farsi.”

For the most part, the anticipated outcomes were met, although not all youth were able to participate in sports, and the results that we were able to gather reflect the complexity of the youth’s negotiation of an insecure world in which they have been asked to take on adult responsibilities and burdens with hardly any options for fulfilling their responsibilities to family.

In-House Activities for Girls

According to the household survey, 65.3 percent of households interviewed ($n=70$) reported girls’ involvement in the in-house activities. Overall, an average of 1400 girls participated in the initial activities. The activities for girls past the acceptable age to attend school were able to meet the anticipated outcomes for as long as the program was able to provide materials and support, and there is some evidence that the activities have had a long-lasting, positive effect on girls.

Girls in both focus group discussions reported that groups are still meeting in spite of a disruption in SC/US’s ability to continue material support. “Our teacher moved to another block but she still comes to see us and asks us if we are doing well. She takes an interest in our living situation.” Clearly, not only was a social network created, but an additional source of adult support and ability to share knowledge and experiences. Girls

commented that they “don’t have any specific work—we just gather together, telling stories, sharing our experiences, expressing our thoughts. We tell stories about our life back at our homes, about our houses, about how our lives are now;” “we meet and talk, and “empty our hearts” to each other; we talk with each other about kerosene, bread, our migration.”

The girls met new friends and increased their opportunities to participate in social groups through the in-house activities; “when we came we didn’t know anyone but now we gather together in the girls groups with Fariba [the older woman who acts as a skills trainer].” “We know girls from different floors;” “we didn’t know each other before, just through the activities;” “some of us are relatives but we have also found new friends here.”

The activities lessened girls’ isolation and provided regular, consistent contact with women outside the home or room. In one focus group discussion, girls mentioned that “in our block we have permission to go from one floor to the next and to our [mentor]’s room, but we don’t have permission to go to other blocks. Some people in the camp say it’s not good for young girls to go from one block to another; the families don’t let them go to other blocks. Our block is not so strict [so] it is easier.” Girls mentioned that, while the activities were going on with support of SC, they spent about an hour every day in the group with their mentor or skills teacher, but that “after that we spent the rest of the day doing the work by ourselves, alone. We made lace, which took four or five days to complete.”

The ability to meet together and share feelings and observations not only lessened the girls’ isolation, it nurtured resiliency and resourcefulness among the girls, and boosted a sense of competency and self-worth. From their words, we get a sense of how different the situation was when they first arrived in the camp:

- “[When we first arrive] we saw many difficulties; we were rushing to get relief.”
- “When we first came they just took our names down. We were ‘lost inside a storm’.”
- “We had nothing to do”
- “[Now we] make decorations with beads. I didn’t think of anything else when I was working on the project—I passed my time well. If this opportunity were made available again, all our friends would come together.”
- “[We addressed the] dirtiness/filth.”
- “First the Taliban took all the people out and cleaned the area, but then we ourselves did the cleaning as well.”
- “Cleanliness is a part of being human—it also keeps us from getting sick.”
- “Yes, [we are satisfied with results] because we made the place cleaner.”
- “The main problem is boredom and having no work to do. There are no materials to work with—we should be staying busy. Eventually we will get married and we should have something for our dowries.”

From the focus group discussions, it was apparent that the girls and their families valued the craftwork the girls completed for what it contributed to their dowry. As part of the

dowry, these goods were kept rather than sold or sent to family outside the camp. Girls responded, “we need these things—we will keep it for our dowry.” The materials and guidance provided by the activities teacher or mentor were clearly valued by the girls; “when we came here we didn’t have anything. Now our chaders [veils] have lace. We make ourselves look pretty. We make tea warmers, tea cozies. Each of us makes different things for our dowries.” Girls also mentioned making clothes for their future husband, making necklaces with the beads, making rugs, curtains, cotton articles, hair decorations, cases for kohl eyeliner, etc. The ability to contribute to their dowry even while in the camp provided a sense of self-sufficiency as well as a means to rise out of the low status of a displaced person. “We will bring these things to our husband’s house because otherwise his in-laws will say bad things about us—they will judge us for being displaced persons.”

In addition to reinforcing traditional beading, embroidery, lace-making, and other skills, the girls were also able to teach their new skills to others. “Yes, [we have taught skills] to our younger sisters”; “to our neighbors”; “to our guests”; “we teach it to others because we think it is good to stay busy.” Respect within the family is difficult to assess, but with the ability to do traditional women’s skills well and contribute to their dowries comes the potential for increased respect and admiration. “We knew a little of these skills from our mothers before we arrived, but they hadn’t taught us everything correctly. Some of us learned through the groups for the first time, from teacher. Each girl should know embroidery because she will need the skill in the future.”

When asked if they had dealt with a problem they encountered, the girls talked about the process of beginning their activities group. Reflected in their words were clearly: an increased ability to take action and show initiative; a sense of empowerment; resourcefulness, and a sense of self-capacity and self-sufficiency:

“In the beginning, when the girls groups formed, we didn’t have the permission to go from floor to floor. Our [activities] teacher was on another floor from us so this was a big problem. We talked with our families and we explained that we were going to learn a skill and that all the materials were without charge. Our families—in particular our fathers and brothers—let us go to the others floors to learn the skill. We solved our problem. We became the owners of what we made. We made friends. We satisfied our families –told them participation was good. We have freedom to move from floor to floor. We learned skills. We now have dowry.”

There was also evidence that the activity, in its small way, contributed to rejuvenating the girls’ hope for the future:

- “At first we didn’t have anything—we had to use bricks as pillows. We were angry. We didn’t have anything for our rooms; no clothes—we came with nothing. We lost all our property; we had nothing to do. We passed our first days very badly.”

- Now we have carpets, wood and food; our homes have gotten cleaner; girls are going to school and other girls are doing other things at home like sewing. Some have sewing machines.”
- “About five months ago [SC/US] distributed the materials for sewing and beading, but now it has stopped so we can no longer do these activities. Now we just sit and think about our homes and what we left behind. We are happier than last year, though. Our situation is better.”

When asked what they would like to do in the future and who they would like to emulate, they responded positively to the model set by the focus group discussion facilitator herself, a female SC/US staff with a university education:

- “We want to be like you, because you are literate. You are able to do things. You have the freedom to go places.”
- “We wish we could be like you. You have an education and a job. We want to read and learn to write, but our fathers and brothers won’t allow us. If we could be like you we would ‘throw our hats into the sky’ [meaning we would be very proud].”
- “We have always wanted this. We hoped from childhood for these things. We went to the mosque, to the mullah in our village to learn something, but there is a big difference between learning from a mullah and learning from a teacher. When we saw our brothers going to school we had hope that we could do the same. We hoped we could be girls who would be free to have a job. “
- “[Now] our eyes are opened. Now we know. When we were children there was no one to advise us to be this way [like you, the discussion facilitator].”

VI. Lessons Learned and Recommendations

Overall, the psychosocial support program activities had a positive impact on the psychosocial well-being of children, youth, mothers/care-givers, and families in the Kabul IDP camp. This retrospective review of program results shows progress toward: 1) building social support networks, especially for mothers and adolescent girls; 2) increasing access to health information and services; 3) increasing educational opportunities for primary school-age children; and 4) encouraging children’s and youth’s positive outlook toward the future. Lessons learned from this program can contribute to the improvement of future psychosocial program interventions for displaced children, youth, and families. Valuable lessons include:

- 1) Identifying potential barriers to and strategies for involving more children and youth in school, organized and unorganized recreation, and youth committee/leadership activities
- 2) Strategies for building the effectiveness of home visits
- 3) More appropriate responses to mother’s needs
- 4) Exploring additional psychosocial needs and program responses

Identifying potential barriers to and strategies for involving more children in educational opportunities

The educational opportunities that the camp school provided (and continues to provide) clearly had a very beneficial outcome for school-age children. Children who regularly attended the school and their parents reported increased reading, writing, and numeracy skills, as well as basic hygiene knowledge. The consistent, daily developmental activities that the school offered in its warm, clean, and safe space contributed to children's social development and outlook. The nurturing and "normalcy" school provided was of great psychosocial benefit to children.

Because of the significant benefits provided by the school, it would be ideal to reach all school-age children in a camp. Some of the challenges to achieving this involve aspects that cannot realistically be addressed in a program intervention of this scale, such as socio-cultural and religious aspects and economic constraints. Other aspects, such as decreasing the drop out and non-attendance rates, and finding solutions to making educational opportunities more accessible to all students could be addressed when implementing similar programs in the future. For example, we might consider:

- Additional teacher training in order to: reduce the incidence of or imagined potential for reprisals or beatings by teachers; increase teacher understanding of school rules and absenteeism so that children are not excluded; build more effective incentive-building skills and mediation skills among teachers; increase the range of methods teachers use to help children develop their knowledge, skills, and understanding; and promote the better inclusion of disabled children into the classroom.
- Involving fathers, brothers, and other male kin in education promotion by providing them with some training in early childhood development, peaceful conflict resolution skills, and enlisting their help in the upkeep of the school (that is, ensuring a cleaner and safer environment around the school). By involving fathers, brothers, and other male kin in education promotion, it is assumed that, in their position to make household decisions regarding expenditure of resources and time allocation of household labor, and in their position as role models for their children, men can play a significant role in promoting school attendance and an interest in learning. This would have the added benefit of empowering men in the camp by giving them new roles and opportunities for leadership and guidance.
- Explore alternatives to formal schooling in order to reach school-age children who do not attend or have dropped out of school, and introduce cognitive and social development opportunities for children of various disabilities who cannot be accommodated in the formal classroom. SC/US has made a commitment to gender-equitable access to education, and this means that the same educational opportunities must be offered to girls as to boys. If an alternative for girls who have reached puberty, such as the home-based schools for girls in Pakistan, is not

feasible in Afghanistan due to restrictions on women's (female teachers') employment, we will need to reassess our ability to offer education for boys continuing past the 3rd or 4th grade.

- Developing a feasible strategy to monitor school accessibility and attendance by disabled children, and identifying camp residents who could be effective advocates for them.

Non-attendance that stemmed from children's perceived difficulty with learning and lack of self-competency reflects deeper psychosocial issues. In order to address this on a more specific level, we would need to conduct a more thorough assessment of need, appropriate responses, and points of entry for psychosocial intervention. With a rigorous evaluation design to compare participants and non-participants both pre- and post-intervention, and account for differences that might influence differential outcome of activities to boost self-competency, we would be better informed as to appropriate program responses. In the absence of an opportunity to carry out such evaluation, however, we can look to children's, parents' and teachers' retrospective assessment of improvement in this area and derive some perspective on program outcome. And as this review points out, it appears that the educational component of this psychosocial support program resulted in a very positive outcome for school-age children who attended school regularly.

Identifying potential barriers to and strategies for involving more children and youth in organized and unorganized recreational and youth committee/leadership activities

Because exclusion from participation in sports due to a variety of reasons could actually decrease the very things the psychosocial support program would like to increase (e.g., sense of self-worth, sense of being valued and needed, etc.), it may be advisable to organize additional recreational activities for those youth who may be discouraged from joining in the volleyball and soccer teams. Small- or large-group non-competitive games for boys that emphasize inclusion (such as games in which the group works together as a team to untangle a circle of linked hands that has been purposely tangled, or in which the group works together to keep a ball in the air or a narrative chain from breaking—with encouragement to adapt a team response instead of punishing or belittling those who might drop the ball or break the chain) could be organized by older youth and fathers, for example, and disabled children encouraged to play alongside all the other children. Youth sports committees might also be expanded to take on other youth recreational activities.

Strategies for building the effectiveness of home visits

Home visits proved to be beneficial in a number of ways. What is reflected in this review is that home visits were designed more for the psychosocial support they provided for mothers in the camp—providing the opportunity to visit with other women and receive health advice and contacts for health referral, when necessary—than for the health education message content. Because of this orientation, it is perhaps not entirely fair to

evaluate the retention of health messages among mothers in the camp. Home visitors' observation regarding the usefulness of the home visits for home care ("we give them ginger which is very useful for pneumonia in children") coupled by the low percentages of mothers who were able to recall appropriate care-seeking behavior for children with ARIs should alert the program manager to the need for follow-up training in both the health messages and their delivery. The low level of health knowledge was perhaps masked by the convenience-sample survey conducted by women from the camp. This survey was valuable as a participatory exercise in itself, and should not necessarily be held to standards expected in a true baseline and follow-up survey. While involving the home visitors in the survey and evaluation of health problems and health knowledge is valuable for the psychosocial support it provides, it might have been better coordinated with program monitoring tools in order to help identify further training needs and better identification of appropriate health messages.

Improvements could be made in identifying clearer health messages and communication strategies for behavior change and empowerment of women to make better choices in health prevention and care-seeking behavior for their own and their children's health. This would mean strengthening both the initial and follow-up training of home visitors. A stronger monitoring system to evaluate what messages were being delivered, the retention rate of messages delivered, and intent to act on messages could have alerted the program staff to the need for further training or some changes in the health messages and their delivery. Also, we might consider incorporating messages regarding care-seeking behavior related to common health problems in the camp that were not initially addressed in the health messages of home visits, such as leishmaniasis, rheumatism, gynecological problems, high blood pressure, and other problems, for example. Additional research (including a survey of clinic records, observations, and personal interviews) would be required in order to identify these additional health issues.

Another valuable outcome of the home visits concerned access and utilization of health clinics and services. Although there was not adequate data to indicate what the level of service utilization would have been in the camp without the home visit intervention, we can assume some positive impact based on the comments gathered in the focus group discussions. An unmet demand, although infrequent, is the transport of patients during the nighttime. One idea that might have been worth pursuing would be the establishment of a help line, or a plan of action for emergency cases, in which local taxi service between the camp and hospital could be coordinated during night hours—perhaps a rotating system for taxi drivers on-call, who would be paid for their services.

More appropriate responses to mother's needs

An unanticipated outcome of providing playgrounds for very young children was that additional work for mothers/care-givers was created, instead of providing mothers with opportunities for social networking and better time management. Perhaps a more appropriate response would have been to mobilize mother's groups for preschool and play opportunities. A more thorough initial assessment of mother's time and task allocation needs may or may not have pointed the intervention in a different direction.

More rigorous monitoring, including observations and surveys regarding utilization of the playgrounds might have alerted the program manager sooner to the unanticipated, problematic results.

Exploring additional psychosocial needs and program responses —

Some unanticipated psychosocial needs came out in the review that, without a more in-depth and perhaps periodic needs assessment, were not addressed by the psychosocial support activities. One of these related to the men in the camp. Although men's psychosocial well-being was not a focus of the intervention, more attention to their plight and their potential involvement in the educational and recreational activities for youth, as well as activities in support of family health and well-being in the camp could have contributed to the program objectives. The fact that the psychosocial support activities did not address the potential empowerment of "communities" in this way may reflect the original program orientation, which relied on a focus on trauma for program needs assessment and planning. When we shift our perspective beyond individual experience to community support and empowerment needs, our psychosocial programming is better informed to build community-based responses.

Reflected in the men's responses to focus group discussion questions was a frustration and lack of impetus to fix problems or find solutions. One response to this might have been an attempt to mobilize men in the camp for regular garbage clean-up days, to offer input on the upkeep of the latrines, and perhaps design a strategy for better safety for women and girls who needed to use the latrines at night (fear of walking to the latrines at night was pointed out by SC/US staff as a possible reason that the latrines were not always used and as a result, there was human waste on the ground near the housing). Tasks such as these would have provided a positive alternative to "sitting behind walls without jobs." Comments made in the focus group discussions with fathers included: "Before becoming IDPs we used to work our fields in our villages;" "[Now] we just pass our days and nights here at the camp doing nothing;" "We have gotten lazy—we just wait for NGO help, we just sit and look out to the street to see what car is coming in and wait to see what they will bring us;" "Joblessness is the main cause of sickness and we are all sick due to not having jobs or anything to do."

Another potential intervention to address the problem of idleness among men in the camp, and the depression it breeds (which in turn affects women and children), would have been to establish better communication between potential employers in Kabul city and the camp authorities so that men could have been better informed about food for work programs or various other jobs in the city. This would have had to go hand-in-hand with a strategy to reach out to IDP men living outside the camp as well, so that it would not have been seen as an activity favoring men in the camp over those not in the camp.

An aspect of psychosocial well-being that was not addressed, but that came out in the discussion groups concerned the burial of deceased family members. The significance of burial and bereavement practices to psychosocial well-being should not be overlooked, although there is a limit to what could have been included in the program to address this,

since land restrictions and socio-cultural differences between the IDPs and the people of Kabul city imposed limits to where and when children or adults could be buried, and how the rituals of mourning and burial could be carried out.

Other important measures of psychosocial needs and well-being can be found in the school children's drawing exercise, in which they were asked to draw themselves and their life 1) before coming to the camp, 2) at the camp, and 3) in the future, highlighted additional interests and preoccupations of children in the camp. This exercise could have proved useful as an on-going monitoring tool in order to see what additional psychosocial support needs might exist. In the absence of the opportunity to have carried out such an exercise prior to and during program implementation, we can look to the drawings to get some sense of the children's priorities, values, and interests following program implementation. The drawings offer rich sources of information and the brief review here does not pretend to fully understand the implications of content, form, style, and meaning of the drawings and their accompanying explanations (provided by the children to the interviewers who conducted the exercise). However, certain aspects that demand attention stand out.

One of the features of the children's drawings that jumps out at the viewer is the inclusion of flowers, trees, or gardens in 12 of the 20 children's drawings depicting life before coming to the camp. Only one of the drawings depicting life in the camp includes a flower. The drawings of life in the camp also show a heavy emphasis on the geometric structure of the compound blocks, with four of the drawings depicting nothing else *except* the housing block. The difference in the inclusion of flowers, trees, and gardens, and the fact that children could derive some sense of self competency from growing their own flowers and helping their mothers in the garden (tasks that reflect life at home in the village before being displaced), suggest that an additional psychosocial support activity might be the introduction of container gardens or temporary community gardens. A number of small container gardens can be seen on the balconies, so this may be an activity that simply needs more support and a limited amount of resources to promote. This might be one way to contribute to the sense of self-worth, self-competency, and control over something in the camp environment, where the barren concrete compound blocks can be overwhelmingly imposing to a small child.

There may also be cause for concern over the difference in depictions of self, between life before displacement to the camp and life in the camp. All the drawings of life before displacement include a picture of the child him/herself, and only two of the 20 do not show faces (one of the two is a small figure climbing an apple tree and the other simply has no facial features). The differences in portrayals of self and the dominating geometric structure of the compound blocks might even be interpreted as indicative of a child's sense of lack of self worth or empowerment in the camp settings. The depictions of aspirations for the future, however, are for the most part positive, with nine of the 20 depicting themselves as teachers (one even as school headmaster), four as doctors (including one from a girl, who is shown giving medicine to her female patient), and one tailor. Two of the children who did not identify a future occupation happen to have done the only drawings of "the future" with fighter jets and a "Datsun" (both boys mentioned

that they would own their own Datsun cars—Datsuns are clearly associated with Taliban in the children's shared perceptions), and one of these children, in explaining the things he had drawn said, "This is me; I play inside the Russian embassy compound alone." Without pre- and post-intervention comparisons of children who had and those who had not received psychosocial support from the SC/US program, it is not possible to measure with confidence the impact on psychosocial well-being of children as a direct result of the program intervention. Therefore, we cannot tell if the number of children with positive aspirations for the future and those whose responses that would alert us to an intervention need (such as the child seeing himself playing in the compound block alone in the future) would have been significantly different had the psychosocial support activities not been in place. In the absence of such data, we can at least draw a measure of reassurance that so many of the children see themselves as teachers (7 of 10 girls saw themselves as teachers) and doctors in the future.

Summary of Recommendations

To summarize the discussion above, the educational, recreational, in-house skills, and home visit activities implemented through the psychosocial support program funded by UNICEF offered, for the most part, very positive results. The experience of the Kabul IDP program could benefit other psychosocial program interventions. The activities undertaken here could be adapted to other situations, and to strengthen the results still further, additional aspects could be considered. As detailed above, possible recommendations to consider for future programming include the following:

- Provide additional teacher training in order to reduce the potential for reprisals, build more effective incentive-building skills and mediation skills, increase the range of teaching methods, and promote better inclusion of disabled children into the classroom.
- Involve fathers, brothers, and other male kin in education promotion by providing them with some training in early childhood development, peaceful conflict resolution skills, and enlisting their help in the upkeep of the school.
- Explore alternatives to formal schooling in order to reach school-age children who do not attend or have dropped out of school, and introduce cognitive and social development opportunities for children of various disabilities who cannot be accommodated in the formal classroom.
- Develop a feasible strategy to monitor school accessibility and attendance by disabled children, and identifying camp residents who could be effective advocates for them.
- Organize additional recreational activities, such as inclusive, large, non-competitive games and expand the youth sports committees to take on other youth recreational activities.
- Coordinate the participatory involvement of health volunteers (home visitors) better with program monitoring tools in order to help identify further training needs and better identification of appropriate health messages.
- Identify clearer health messages and communication strategies to strengthen both the initial and follow-up training of home visitors.

- Pursue the establishment of a help line or a plan of action for emergency transportation to hospitals.
- Mobilize mother/care-giver cooperatives for preschool and play opportunities for children.
- Mobilize men in the camp for regular garbage clean-up days, upkeep of the latrines, and perhaps to institute a strategy for better safety for women and girls who need to use the latrines at night.
- Establish better communication between potential employers in Kabul city and camp authorities and other networks to reach IDP men both within the camp and in the surrounding area so that they could be better informed about food for work programs or various other jobs in the city.
- Conduct children's drawing exercises as an on-going assessment tool of the psychosocial well-being of children and their changing needs, priorities, expectations, and perceptions.
- Introduce container gardens or temporary community gardens for women and school children.

This review is only as strong as the retrospective data available. With greater foresight and funding for a stronger program evaluation design, we could assess our impact and improve psychosocial programming even further. Since this is still a relatively new field, much more needs to be learned about the effect of specific psychosocial program activities. As we accumulate experiences from programs like this, and further evaluation research data, where possible, we can continue to improve our responses to the needs of children, youth, mothers/care-givers, and families in complex emergencies.