First-Year Evaluation

In May 2014, i-ACT returned to Darfur refugee camp Goz Amer in eastern Chad to conduct the one year evaluation of Little Ripples and its students. Key indicators that were measured include the students’ physical, mental, and emotional health; their cognitive development; and their family and social environments. The evaluation found that Little Ripples has improved the physical, mental, and emotional health; and cognitive development of children. However, the evaluation also found that the increasing food insecurity in the camps is impacting the health and welfare of Little Ripples students.

LITTLE RIPPLES

Little Ripples is a preschool program tailored to a population exposed to severe trauma. It plants a seed of education, peace, and hope for children and the community. With the input of preschool and early childhood development experts as well as of the refugees themselves, the Little Ripples curriculum encompasses Darfuri culture and values, and also focuses on the foundations of learning, peace-building, and trauma recovery.

Little Ripples strives to enrich children’s potentials, and enable children to develop through play-based learning with their peers in a safe environment. The program aims to increase empathetic behavior, decrease violent behavior, improve cognitive skills, and improve the physical health of students.

In partnership with the refugee community and Jesuit Refugee Service, i-ACT opened the first Little Ripples school in refugee camp Goz Amer in Eastern Chad in the summer of 2013. The school is now serving approximately 400 children. Little Ripples’ goal is to serve all of the approximately 8,000 children 3-5 years old in camps Goz Amer and Djabal, and from there expand the program to serve children in the remaining 10 camps in Eastern Chad.
THE ASSESSMENT

Working with Dr. Nathan Jones at the University of Wisconsin Survey Center and a refugee assessment team, i-ACT conducted quantitative and qualitative surveys with the Little Ripples students and their caregivers. The assessment consisted of a baseline survey conducted at the opening of Little Ripples and again, for follow-up, one year later. Below are the key findings from follow-up interviews with 134 (71%) of the original 188 baseline students and primary caregivers, as well as from an additional 47 new students who joined Little Ripples after the baseline survey was conducted.

In order to build the capacity of the refugee community and to ensure the survey questions were culturally appropriate, the surveys were finalized and conducted by 16 trained refugee interviewers, including a Little Ripples teacher who was recruited and trained to measure the heights and weights of the students.

KEY FINDINGS

Objective: Improve the physical health of children:

Most of the baseline questions were adapted from the UNICEF Multiple Indicator Cluster Survey (MICS). For this assessment, caregivers were asked about health conditions each child experienced recently. In addition to these caregiver-reported conditions, a brief screening for similar conditions was conducted during the anthropometric measurements.

- Fewer caregivers reported that their children had persistent rashes: decreasing from 33% at baseline to 17% at follow-up.
- Fewer caregivers reported injuries serious enough to require adult assistance within the past two months.

Number of reports made by parents of basic hygiene practices among the students, including washing hands after using the latrine and before meals, increased.

- Washing hands always after using the latrine increased from 59% of students at baseline to 84% at follow-up.
- Washing hands always before meals increased from 71% to 97%.

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1 The core MICS instruments can be found at http://www.childinfo.org/mics3_questionnaire.html

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Acute health conditions remain common among Little Ripples students, but proper hygiene practices are having a positive impact.

Caregivers reporting their children experienced diarrhea decreased from 33% at baseline to 27% of students at follow-up.

Caregivers reporting their children vomiting in the past two weeks saw a considerable reduction from 46% to 12%.

Objective: Improve empathy, peace-building, and emotional health:

No single instrument reviewed by the assessment team was appropriate to evaluate these indicators. Due to the sensitive and complex nature of the diagnostic process for the gathering of information from children, the assessment team decided to ask a series of questions to the children’s caregivers about children’s behavior and their interaction with adults and other children.

- Caregivers reported that violence (kicking, biting, or hitting) decreased.
- The proportion of caregivers that said their children never or sometimes were violent with other children increased from 84% from baseline to 95% of students at follow-up.
- The proportion of caregivers that said their children never or sometimes were violent with adults increased from 82% to 97%.

Many caregivers reported improvements in negative social/emotional indicators.

- Being never or sometimes unhappy increased from 75% at baseline to 87% of students at follow-up.
- Being never or sometimes restless increased from 73% to 89%.
Objective: **Build the cognitive and physical abilities of children:**

In order to assess the cognitive and physical developments of children, interviewers administered a short series of questions and exercises for the children. First, the child was asked questions to test basic cognitive milestones (colors, animals, counting, and alphabet), then asked to do some physical tasks to assess gross and fine motor skills.

Little Ripples students made substantial improvement in education milestones from baseline to follow-up, including:

- Number of students who are able to name colors increased from 27% to 51%.
- Number of students who are able to count to 5 or higher increased from 43% to 73%.
- Number of students who are able to identify 4 or more animals from pictures increased from 21% to 63%.
- Number of students who are able to recite at least the first 10 letters of the alphabet with no mistakes increased from 45% to 83%.

**Figure 3: Knew 4+ colors, count to 5, 4+ animals, and first 10 letters of Arabic alphabet**

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Objective: Decrease the amount of time a child is left alone:
The amount of time a child is left alone is important to understanding the needs of Little Ripples students and their daily life. Assessment interviewers asked caregivers to report how many hours they spent with their child/children on a typical day and how many hours their child/children were left in the care of another child less than 10 years old for more than an hour, or left alone.

- About 50% of the parents left their children alone or in the care of other children under 10 years old for 4 or more hours each day.
- Only about 18% of parents said they always know where their children are during the day, but there was a large increase in the proportion of parents who said they sometimes know where their children are and a decrease in the proportion who said they never know.

Figure 4: Percent of mothers who say their children tell them what they do during the day

![Bar chart showing percent of mothers who say their children tell them what they do during the day.](image)

FOOD INSECURITY
Conditions in Darfuri refugee camps in eastern Chad are becoming even more challenging. Services are being drastically cut. Food rations have been cut by more than 50%. Education and health services are also being reduced and integrated into the Chadian system. Although the nutritional observations suggest that Little Ripples students are continuing on a similar growth trajectory to what was measured during baseline, refugee accounts of recent increasing food insecurity is a major concern for the health and welfare of children at these critical growing ages.

An i-ACT assessment team surveyed 117 primary caregivers of children who attend the Little Ripples school in refugee camp Goz Amer. The survey was based on the USAID’s Household Food Insecurity Access Scale (HFAIS), and found that 100% of the 117 families surveyed are severely food insecure. The findings are particularly disturbing because all survey respondents have at least one child in their household between the ages of 3 and 6.
Based on these results, it is not surprising to find that Little Ripples students continue to show signs of malnutrition including **stunting** and **wasting** according to WHO height-for-age and weight-for-age standards (at least 2 standard deviations below the global median), with several students considered **severely malnourished** (3+ standard deviations below the global median).

**NEXT STEPS**

In this environment and based on the results of the Little Ripples one year evaluation, i-ACT will scale up the Little Ripples program, making it available to more children in camp Goz Amer, and expanding to camp Djabal within the next one-year period. In scaling up, Little Ripples will move to a new model of service. Instead of building more schools, i-ACT will create in-home community centers, or "Ponds," that serve a small number of children while maintaining the educational and care standards set for the Little Ripples main campus. Little Ripples will also implement a much-needed meal program as a means to reduce levels of malnourishment. The goal is to launch the first pilot Ponds in Fall 2014.

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