SeeD
CENTRE FOR SUSTAINABLE PEACE AND DEMOCRATIC DEVELOPMENT

SeeD HANDBOOK FOR PARTICIPATORY PROGRAM DESIGN (PROD)

A ‘how to’ guide to participatory programme design based on SeeD’s integrated processes, toolkits and case study experiences.

Acknowledgments

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Contributors

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Abbreviations

AMR	Assessment of Multisystemic Resilience
CAN-Cy	Civic Action Now in Cyprus
CO-LIVE	Collaborative Livelihoods Protocols
CRA	Community Risk Assessment
GLA	Group Level Assessment
GMs	Group Members
IDP	Internally Displaced Person
MEL	Monitoring, Evaluation & Learning
MFHS	Multi-Family Healing Spaces
MoU	Memorandum of Understanding
MSCT	Most Significant Change Technique
OH	Outcome Harvesting
PNA	Participatory Needs Assessment
POP-R	Participatory Population Research
PROD	Participatory Program Design
RCT	Randomized Controlled Trial
RLOT	Resilience Oriented Therapy
SCORE	Social Cohesion and Reconciliation (SCORE) Index
STMM	Social Tension Monitoring Mechanism

Brief Description

PROD Handbook: Target audience and content

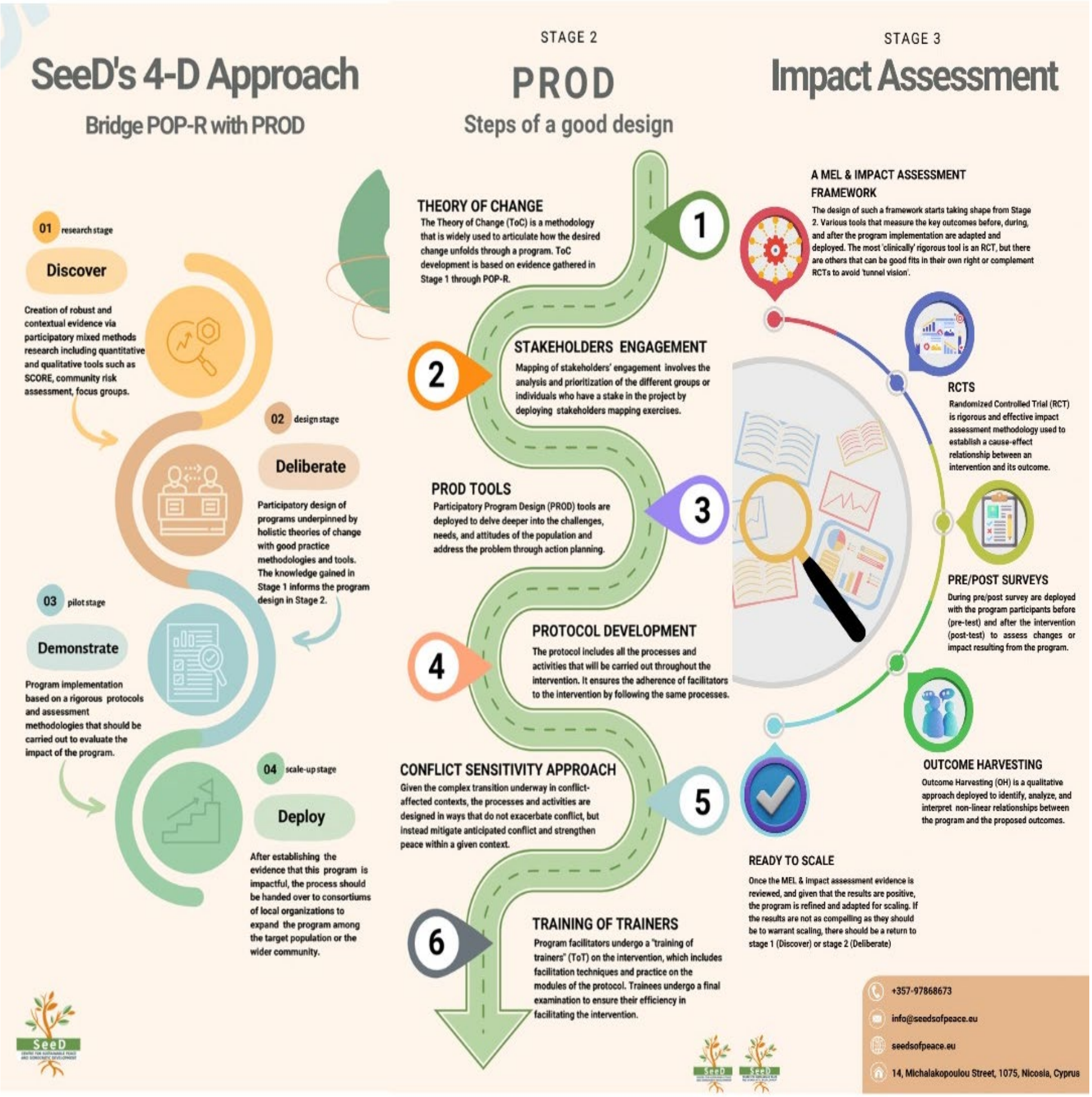
This handbook aims to provide the 'know-how' in Participatory Program Design (PROD) including the step-by-step processes involved in designing, assessing and scaling up a program. It is developed as the main guidance document to help establish and mature a PROD Department at SeeD. As such, it could be used as a manual and a training resource by current and future SeeD team members to familiarize themselves with PROD tools, principles and processes. It can also serve as useful material for SeeD's peace and development partners to get a deeper understanding of what SeeD can offer and how SeeD can add value for more effective, participatory and impactful program design globally.

This handbook is based on SeeD's 4-D approach, which is made up of 4 stages: 1) Discover 2) Deliberate 3) Demonstrate 4) Deploy. This integrated 4-D approach aims to bridge participatory research with participatory program design and advance the field for peace and development architects. Stage 1, Discover, is about Participatory Population Research (POP-R), which is what SeeD has been doing since its birth, and has well established tools, frameworks and processes on how to do it, such as the Social Cohesion and Reconciliation Index (SCORE)[1]. Stage 2, Deliberate, integrates the knowledge needed to design participatory programs in terms of evidence uptake, processes of change and PROD tools. The objective of Stage 3, Demonstrate, is to evaluate the impact of the programs designed in the previous stage. Finally, Stage 4, Deploy, concerns the actions that could be taken to scale a program up [e.g., to national level, or to policy level] after its impact assessment, subsequent adaptation and fine-tuning.

This handbook aims to present the SeeD-recommended tools and processes for stages 2 and 3. These tools and processes are not exhaustive, and there may be others that are appropriate for the implementation of these stages. Just as SCORE is not the only research tool for stage 1, but it is a 'gold standard' for SeeD, the tools and processes recommended in the PROD Handbook are also what SeeD considers as the gold standard, even though they may not be the only gold out there. As PROD is rolled out across different teams and geographies, this library of tools and case studies will grow and mature. Stages 1 and 4 are briefly noted but not elaborated as they fall outside of the scope of this handbook that focuses on the design and impact evaluation stages of a program.

[1] For more information, visit www.scoreforpeace.org

Figure 1. PROD: Bridging the gap between idea and implementation



Introduction

Strategic Retreat of December 2021[2] identified the necessity to establish a program department as part of SeeD's growth strategy, aiming to elevate evidence-uptake and impact creation to a new standard. This initiative was informally referred to as *'beyond SCORE,'* with the goal of moving beyond participatory research and venturing into participatory programming, introducing fresh toolkits distinct from SCORE. Since 2022, SeeD has enriched its programming experience beyond Cyprus by undertaking to support the Rwanda Societal Healing Programme in East Africa, led by Interpeace and Prison Fellowship Rwanda. With this experience now matured, it is now feasible to integrate programming into SeeD's core services.

To this end, SeeD has been developing its approaches and principles for integrated programming. These advancements not only enhance SeeD's capabilities to surpass POP-R but also strengthen the success of the research department. The integration of policy and programmatic impact creation with evidence creation, both methodologically and organizationally, promises a seamless workflow. This integrated approach, known as POP-R to PROD, is poised to support SeeD's mission and vision as an organization composed of peacebuilders from conflict-affected societies. Their objective is to develop innovative solutions for fostering social cohesion, sustaining peace, strengthening mental health, and more broadly promoting multisystemic recovery and resilience.

To successfully establish and sustain the new Participatory Programme Design Department SeeD requires a well-defined operational strategy encompassing the following key components:

1. POP-R to PROD Integrated Approach: A cohesive plan that aligns SeeD's social change efforts, transitioning from POP-R to PROD with a clear roadmap.
2. PROD Stages and Processes for Implementation: Detailed steps and processes outlining how PROD will be incorporated and executed within SeeD's existing framework.
3. PROD Financial, HR, and Time Investment Plan: A comprehensive plan that addresses the financial, human resources, and time requirements for successfully implementing PROD.

By implementing these components effectively, SeeD will be well-equipped to advance its mission and contribute significantly to peacebuilding efforts and social development in conflict-affected regions.

POP-R to PROD: Integrated Approach

Overall, PROD is poised to significantly enhance SeeD's approach to social change by realizing the participatory development of policies, programs, and the implementation and evaluation stages. Until now, SeeD has focused on systematizing manuals, frameworks, methods, and toolkits primarily for the research components of the process cycle (the right-hand side of the diagram, in figure 2 below), which includes activities such as conceptual mapping, measurement metrics, sample design, and analysis. However, the left-hand side of the cycle, involving the participatory development of policies and programs, as well as program implementation and evaluation, has been relatively underdeveloped and disorganized.

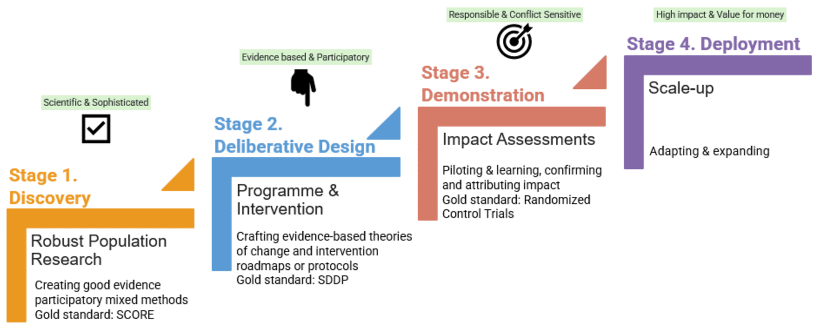
This disparity is mainly a result of SeeD's 10-year investment in developing expertise and quantitative tools for the POP-R department, with a particular focus on the SCORE product, SCORE teams, and portfolios. The

[2] The SeeD Institutional Retreat, which took place in 2021, was a 3-day workshop where SeeD members reflected together on how the organization could further grow by creating a synthesis between research and multi-systemic practice.

demand for this work was significant, driving SeeD's growth in this area. Recognizing the need for diversification beyond SCORE, SeeD made a strategic decision to invest in program design and policy impact, and this is where PROD comes into play. PROD provides the means for SeeD to systematize a more integrated '4-D approach' based on four distinct stages, each of which can have its process cycles, all sharing the same four principles. This approach will allow SeeD to bridge the gap between research and program implementation, creating a more holistic and effective model for its endeavours. By incorporating PROD into its operations, SeeD is well-positioned to establish a well-balanced and comprehensive approach to social change, enabling the organization to have a more significant impact on the communities it serves. Through a combination of participatory development, strategic policy implementation, and evidence-based evaluation, SeeD can now fully realize its mission and vision as a force for positive change in conflict-affected regions.

Figure 2: Integrated POP-R to PROD process

Figure 3: Integrated 4-D Approach



Stage 1. Discover: Creation of robust and contextual evidence via participatory mixed methods research including quantitative and qualitative tools, and developing good practice methodologies and toolkits for that purpose such as SCORE, STMM, and AMR. Such evidence must be multisystemic[3] and

[3] Multisystemic means that it considers the functioning or dysfunction of various systems at the individual, family, community, state, institutional or/and interstate level.

multidimensional[4], while the research process, questions, and tools should be adapted to the needs and challenges of the specific context.

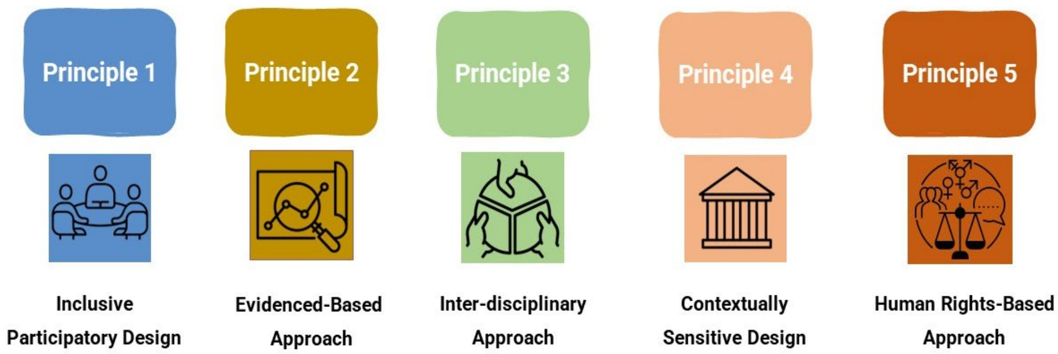
Stage 2. Deliberate: The knowledge gained in Stage 1 regarding the challenges, needs, and/or attitudes of the population being studied informs the program design in Stage 2. Developing participatory programs such as CO-LIVE, MFHS, and CAN-Cy underpinned by holistic theories of change with good practice methodologies and tools such as Structured Democratic Dialogue Process (SDDP), Group Level assessment (GLA), Pusula, Idea Prism and/or other participatory system design tools. Informed deliberation to design impactful policies and programs can only happen if Stage 1 is properly implemented: that is if there is robust evidence as the foundation of that deliberation.

Stage 3. Demonstrate: Program design based on a rigorous methodology includes the processes that should be carried out to evaluate the impact of the program. Pilot testing and assessments that allow for impact evaluation [e.g., Randomized Control Trial (RCT), Outcome Harvesting (OH)] should be planned before the implementation of the program. This stage demonstrates whether, following a test run of the program designed in Stage 2, the impact was as positive as expected.

Stage 4. Deploy: After establishing that the evidence for this intervention or program has confirmed that it indeed is impactful, the process should be handed over to consortiums of local and/or international organizations to expand and proliferate the intervention among the target population or the wider community. Of course, if the evidence shows that it is *not* impactful in the ways expected, then we need to return to stage 2, to deliberate on what went wrong and redesign.

Implementation of the 4D approach is grounded in the principles of inclusive participatory design, use of evidence, inter-disciplinarity, contextual sensitivity and respect for human rights, as summarized in figure 4 below.

Figure 4. Principles of the 4D approach



Principle 1: Inclusive and Participatory Design. Inclusive and participatory design of research processes and programs is vital for building collective wisdom, ownership, impact, cohesion, and sustainability. At all stages, the voices of all affected groups, and particularly excluded or marginalized voices, need to give input centrally into the process.

Principle 2: Evidence-based Approach. Evidence-based and scientific approaches, that are not based solely on expert assumptions, intuition, or habitual practices but that are theoretically informed, methodologically robust, consistent with emerging best practices, and empirically validated, including through fresh collection of information directly from the context under study.

[4] Multidimensional is a synonym of multi-thematic or inter-disciplinary or inter-silo. The themes or disciplines that we feel are vital for our work are mental health and psychosocial support (MHPSS), fostering constructive citizenship, sustainable livelihoods and peacebuilding.

Principle 3: Inter-disciplinary Approach. Cross-sectoral and inter-disciplinary approaches are vital to building a holistic multilevel understanding of how different domains affect each other. Breaking out of the singular and short-sighted emphasis on sectors is the only way to respond to multisystemic challenges.

Principle 4: Contextually Sensitive Design. Contextually sensitive design adopted to ensure that the evidence, program, and policies are conflict-sensitive and relevant. By incorporating context-specific considerations into the design process, researchers can better understand and address the specific needs and constraints of the population and setting they are working with.

Principle 5: Rights-based Approach. The program should set as a priority the interests and needs of those situated in the most vulnerable layer of the hierarchy concerning the problem. The victims of environmental, economic, political and/or social injustice should be actively sought out to provide their own perspectives regarding the root causes of the problem.

PROD Stages and Processes

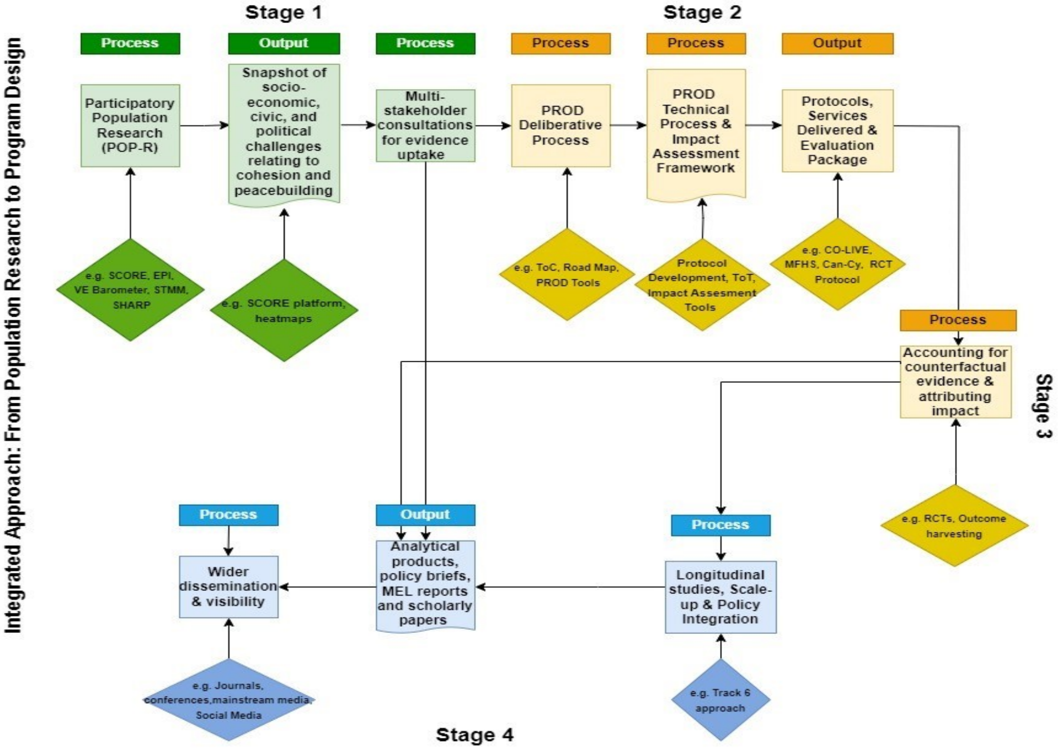
Stage 1: Discover

The POP-R methodology commences from Stage 1 to inform Stage 2. In Stage 1, a participatory approach is adopted to gather data about the needs, attitudes, orientations, and feelings of the population, to the extent that these are relevant to the scope of the program. This approach is rooted in the philosophy of engaging stakeholders and beneficiaries throughout the research process. By involving them, a comprehensive understanding of the problem under study can be gained, leading to the development of contextually relevant and well-tailored research metrics. These metrics, in turn, contribute to effective evidence-based program design and policymaking[5]. In Stage 1, working groups are established, and academics are included due to their expertise in managing all aspects of the research process. Additionally, service providers and beneficiaries play a crucial role by sharing real-world experiences related to the target problem. Their contributions in working groups help enhance the validity of the program's design and implementation.[6]

[5] Lykes, M. B., & Crosby, A. (2015). Participatory action research as a resource for community regeneration in post-conflict contexts. Methodologies in peace psychology: Peace research by peaceful means, 237-254.

[6] Cargo, M., & Mercer, S. L. (2008). The value and challenges of participatory research: strengthening its practice. Annu. Rev. Public Health, 29, 325-350.

Figure 5. The 4-D integrated approach and its stages



To ensure the success of POP-R, the utilized tools must be rigorous and insight-oriented, considering the program's scope and budget constraints. Understanding the real-world experiences of beneficiaries requires the use of methodologically flexible, robust, and empirically validated tools. These tools facilitate genuine interaction among stakeholders, researchers, and beneficiaries. At the same time, it is essential to consider the competency of the research team in analyzing the data generated by these tools. As a result, under the POP-R umbrella, investigators have the freedom to choose from various methods such as quantitative, qualitative or mixed-methods[7]. By integrating a participatory approach with rigorous insight-oriented tools, POP-R provides a comprehensive and effective framework for conducting research, leading to informed and impactful program outcomes.

Figure 6. POP-R Tools

[7] Vaughn, L. M., & Jacquez, F. (2020). Participatory research methods–Choice points in the research process. Journal of Participatory Research Methods, 1(1).

1.1 Quantitative Tools

Population survey

The SCORE index, as implemented by SeeD, utilizes a mixed-method participatory research approach to achieve its objectives. Principal investigators collaborate closely to calibrate and formulate the survey objectives. By developing suitable surveys and questionnaires, they gather data from the population to address research questions and hypotheses[8].

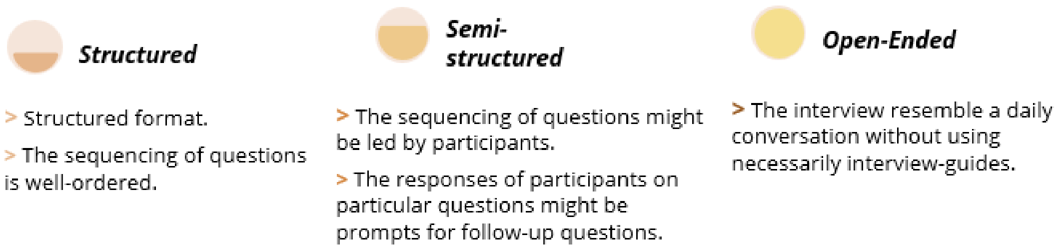
The SCORE Index comprehensively measures various indicators, including social cohesion, intergroup harmony, citizenship and participation, human security, as well as institutions and economic development. For more detailed information about the SCORE Index, please refer to the link provided below.[9]

1.2 Qualitative Tools

Research Interviews[10]

Research interviews can be structured, semi-structured or open-ended, as shown in figure 7 below. Each type of interview has its own benefits and shortcomings. As a rule of thumb, more structured formats are suitable for extracting specifically sought information, using a large number of enumerators and participants, while open-ended interviews are suitable when the topic under investigation is not well-understood, and/or when there is a small number of experienced researchers conducting the interviews, and/or the interviews target a small number of key stakeholders.

Figure 7: Type of Interviews



Focus groups:[11] A qualitative method where group discussions reveal the shared and diverse perspectives of participants on the topic of interest. The ideal size for 90-minute focus groups is five to ten participants. Focus groups can be preferable to interviews when we hope to elicit multiple perspectives on the topic under study, and the expression of one stakeholder's perspective is likely to trigger other stakeholders to express theirs. However, shortcoming of focus groups include that it can be challenging to go in depth into the perspectives of any single stakeholder, while some participants might feel intimidated to speak when placed in a collective setting, depending also on who else is in the room.

For these reasons, critical judgment should be exercised when deciding whether to use interviews or focus groups, how structured or unstructured the format should be, and who should be invited to participate.

[8] Lordos, A. & Ikinci, M. (2016). SCORE: The Social Cohesion and Reconciliation Index as a Tool for Conflict Transformation. Available at https://api.scoreforpeace.org/storage/pdfs/PB_Cyprus13_SCOREPortfolio_20190107.pdf

[9] https://www.scoreforpeace.org/en/about

[10] Roulston, K., & Choi, M. (2018). Qualitative interviews. In Flick. U (Eds.)., *The SAGE handbook of qualitative data collection* (1st ed., 233-249). SAGE Publications.

[11] Morgan, L.D., & Hoffman, K (2018). Focus Groups. In Flick. U (Eds.)., *The SAGE handbook of qualitative data collection* (1st ed., 250-263). SAGE Publications.

1.3 Mixed-Method Research

Mixed method research is widely regarded as a gold standard in the field due to its integration of both quantitative tools such as SCORE and qualitative tools such as focus groups within a single study[12]. This comprehensive approach serves multiple purposes in mixed methods research, including triangulation, complementarity, and development.

Triangulation aims to achieve convergence, corroboration, and correspondence of results obtained from different research methods. By combining data from various sources, researchers can gain a more comprehensive and reliable understanding of the phenomenon under investigation. Complementarity, on the other hand, seeks to provide in-depth elaboration, enhancement, illustration, and clarification of the results obtained from one method with findings from another method. This enriches the overall analysis and offers a more nuanced interpretation of the research outcomes. Furthermore, the development aspect of mixed methods research involves using the results from one method to inform the refinement and improvement of the other method. By iteratively improving each method based on insights from the other, researchers can enhance the overall quality and validity of their study.

In summary, mixed methods research stands as a gold standard due to its ability to blend the strengths of quantitative and qualitative approaches, allowing for a more comprehensive and robust exploration of research questions and phenomena.[13]

Community Risk Assessment (CRA):[14]

Community Risk Assessment (CRA) is a comprehensive evaluation aimed at identifying and prioritizing risks that affect the overall community. This process is followed by the strategic allocation of resources to mitigate their impact. CRA is a participatory approach that utilizes both quantitative tools (surveys) and qualitative tools (interviews, focus groups) to analyze and evaluate risk factors, community capabilities, and characteristics. The ultimate goal is to reach a consensus within the community on necessary actions to manage the risk environment effectively.

CRA involves working closely with vulnerable communities to assess and reduce risk factors. Active involvement of the at-risk communities is essential in identifying the risks they face and participating in the planning, design, implementation, monitoring, and evaluation of risk reduction programs. As the critical first step in a Community Risk Reduction (CRR) process, CRA provides essential data to inform local decision-making in the planning and implementation of CRR programs. A CRR program consists of conducting a CRA, developing a CRR plan, implementing the plan, and evaluating its effectiveness. Recognizing that vulnerability and mitigation strategies vary across communities and groups, CRA ensures the representation and integration of perspectives from various stakeholders, including professionals, community members, local actors, and other relevant groups into the CRR plan.

At the onset of CRA, it is important to clarify the following points:

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[12] Shorten, A., & Smith, J. (2017). Mixed methods research: expanding the evidence base. *Evidence-based nursing*, *20*(3), 74-75.
[13] Schoonenboom, J., & Johnson, R. B. (2017). How to construct a mixed methods research design. *Kolner Zeitschrift fur Soziologie und Sozialpsychologie, 69*(2), 107.
[14] Van Aalst, M. K., Cannon, T., & Burton, I. (2008). *Community level adaptation to climate change: The potential role of participatory community risk assessment. Global environmental change*, *18*(1), 165-179; https://preparecenter.org/topic/community-risk-assessment/; https://www.adaptation-undp.org/sites/default/files/downloads/cra_guidelines_english.pdf

a. Identify the social determinants contributing to the current problem.

b. Explore the resilient factors that reduce community members' vulnerability to the problem.

c. Determine which areas of life the proposed program targets, such as individual, family, community, and political.

Assessment of Multisystemic Resilience (AMR)

Assessment of Multisystemic Resilience (AMR) is a research approach that seeks to identify biopsychosocial and environmental protective factors contributing to increased wellbeing and promoting social change in conflict-affected contexts. This method employs a mixed-methods approach, incorporating both quantitative and qualitative tools[15].

Developing multisystemic programs to foster resilience in conflict-affected countries is of utmost importance due to the unique challenges these regions encounter. Conflicts create a complex web of interconnected problems that impact various societal systems, including healthcare, education, infrastructure, and social cohesion. Addressing only one aspect of the issue proves insufficient, given the interrelated nature of these challenges. Therefore, a comprehensive and holistic approach becomes essential to achieving meaningful and sustainable change.[16]

Assessing both risk factors and resilient factors in a conflict-affected population is crucial as it enables a holistic evaluation of the population's well-being. Relying solely on risk factors can result in an overly negative perspective, while solely focusing on resilience factors might overlook existing challenges and vulnerabilities. By considering both aspects, a comprehensive understanding of the population's situation can be gained, leading to more targeted and effective interventions.

Here are the primary reasons why adopting this multisystemic approach is vital:[17]

- Identification of Vulnerabilities: Recognizing risk factors helps identify vulnerable individuals or groups who may require immediate support and protection. These risk factors may include exposure to violence, loss of livelihood, displacement, or social marginalization. Understanding these factors allows for targeted interventions to address the specific needs of the most vulnerable.
- Enhancing Protective Factors: Identifying resilient factors provides valuable insights into the strengths and coping mechanisms of the population. Strengthening existing resilience factors can foster adaptive capacities, enhance coping skills, and support individuals and communities in dealing with the challenges posed by the conflict.
- Program Effectiveness: Integrating risk and resilience factors into program development ensures a well-balanced and evidence-based approach. By addressing both aspects, interventions can be

[15] Lordos, A. & Hyslop, D. (2021). The Assessment of Multisystemic Resilience in Conflict-Affected Populations. In Ungar, M. (Ed.) Multisystemic Resilience: Adaptation and Transformation in Contexts of Change. USA: Oxford University Press, p. 417-452. Available at: https://doi.org/10.1093/oso/9780190095888.003.0023

[16] Masten, A. S., & Monn, A. R. (2015). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. Annual Review of Psychology, 66, 361-388. doi:10.1146/annurev-psych-010814-015404; Tol, W. A., Patel, V., Tomlinson, M., Baingana, F., & van Ommeren, M. (2012). Research priorities for mental health and psychosocial support in humanitarian settings. PLoS Medicine, 9(1), e1001326. doi:10.1371/journal.pmed.1001326

17 Ungar, M. (2011). The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct. American Journal of Orthopsychiatry, 81(1), 1-17. DOI: 10.1111/j.1939-0025.2010.01067.x; Tol, W. A., Patel, V., Tomlinson, M., Baingana, F., & van Ommeren, M. (2012). Research priorities for mental health and psychosocial support in humanitarian settings. PLoS Medicine, 9(1), e1001326. doi:10.1371/journal.pmed.1001326

designed to mitigate risks while simultaneously enhancing the capacity of individuals and communities to bounce back from adversity.
- Sustainability and Long-Term Impact: Focusing solely on risk factors can lead to short-term interventions that ignore the capacities of people to bring about and sustain change. To promote long-term sustainability, it's important to incorporate resilient factors in program development. This means building on local strengths and capacities to create programs that can withstand challenges and continue to make a positive impact over time.
- Adopting a Strengths-Based Approach: The study of multisystemic resilience emphasizes social transformation, focusing on growth, adaptation, and post-traumatic growth. Incorporating this perspective in assessing the needs of conflict-affected populations promotes a strengths-based approach rather than a deficit-based one.
- Simultaneously addressing social determinants along with factors at the individual level to achieve community transformation: While fields such as peacebuilding tend to focus exclusively on social determinants of conflict, the biomedical and psychological sectors are more strongly focused on modifying factors at the individual level. The multisystemic resilience lens connects these disparate processes into a single unifying framework, acknowledging both the individual and social determinants of personal and community transformation.

In conclusion, throughout Stage 1, different research tools are deployed to provide a snapshot of the sociopolitical scenery of the current context. It is worth noting that whichever research method is selected, a strong literature review of the context, including key reports, strategies, and relevant programmatic documents, should be screened.

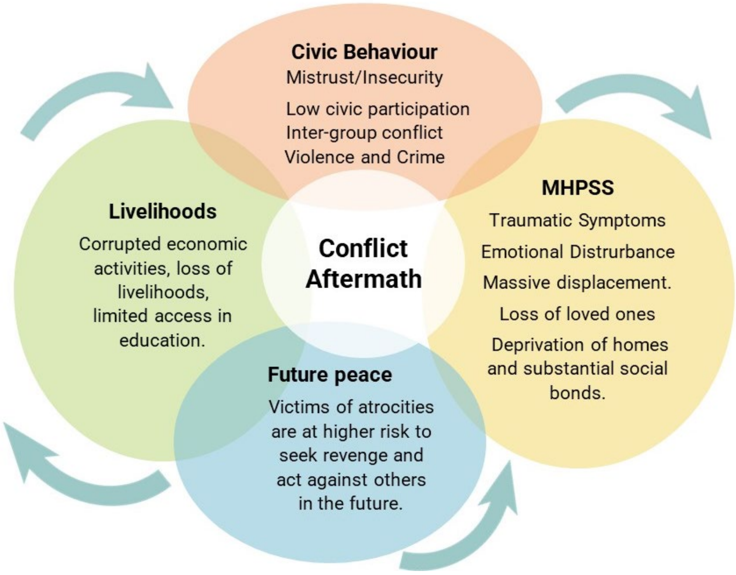
Stage 2. Deliberate

2.1 Integrated programs in conflict-affected contexts

Conflict, atrocities, and violence have far-reaching consequences on various aspects of human life, including mental health, psychosocial well-being, social and intergroup relations, livelihood competencies, and prospects for future peace. In the aftermath of conflicts, individuals are profoundly affected by social and infrastructure problems that impact their daily lives and socio-emotional wellbeing. Moreover, political exclusion, inequality, and socioeconomic insecurity play significant roles in shaping individuals' mental health and ability to care for themselves and others, which in turn shape quality of leadership and the development of the community, fueling complex bidirectional cascades. The lingering presence of unresolved conflicts, ongoing injustice, and grievances intensifies mental distress, which in turn undermines peacebuilding efforts and vice versa (see figure 8 below).
As the interconnectedness between conflict, mental health, social cohesion, and economic growth becomes increasingly evident, it becomes imperative to explore how various fields such as citizenship, Mental Health and Psychosocial Support (MHPSS), livelihood development, good governance, and peacebuilding can be integrated. By creating systemic and sustainable transformations in individuals, families, communities, and institutions, these integrated approaches can lead to more comprehensive and lasting positive outcomes.

Despite the recognition of the importance of such multi-level interventions in conflict-affected countries, their development has been relatively limited. However, both the United Nations and the international community have acknowledged the need for building integrated programs that effectively contribute to sustaining peace[18]. In conclusion, addressing the profound impacts of conflicts on mental health, social cohesion, and economic stability requires a holistic approach that considers the interplay between various sectors. By fostering integration and collaboration among different fields, transformative actions can pave the way towards lasting peace and well-being in conflict-affected regions.

Figure 8. The interconnection among mental health, social cohesion, livelihoods and peace



With the integrated approach and theory of change developed in Rwanda, combined with SeeD's experience in Cyprus, the PROD department aims to design programs that take a multisystemic approach, transforming individual, family, community, and institutional systems. Integrated programs are expected to incorporate various activities aimed at achieving the following objectives:

- Promote constructive citizenship and participatory governance, ensuring inclusivity for youth, women, and minorities.
- Develop MHPSS systems while fostering social integration, with a particular focus on vulnerable groups such as IDPs, prisoners, ex-combatants, and child soldiers.
- Strengthen community resilience by implementing livelihood development initiatives that encourage cohesion and reconciliation.
- Support inclusive peacebuilding and reconciliation processes capable of addressing socio-political and geo-political cleavages, while fostering shared visions and direction for the future.

This approach allows for a comprehensive and interconnected strategy that addresses various aspects of society, aiming to create positive and lasting change in the target regions.

[18] Davis, A., Lordos, A., Suurmond, J., & Hyslop, D. (2023). Mind the Peace: Integrating MHPSS, Peacebuilding and Livelihood Programming: A guidance framework for practitioners. Geneva/Nairobi: Interpeace. Available at https://www.interpeace.org/mind-the-peace/

2.2 PROD Processes

PROD consists of two main processes: The deliberative process and the technical process. The aim of the deliberative process is threefold:

1. To build the Theory of Change Model.
2. To create the road map of stakeholders' engagement.
3. To deploy PROD tools that serve the scope of the program.

2.2.1 Deliberative Process

2.2.1.1 The Theory of Change Model

At the outset of the program, a collaborative effort between program designers, service providers, and beneficiaries is initiated to create the Theory of Change (ToC) model. The Theory of Change (ToC) is a methodology widely used in companies, non-profit organizations, and government agencies to plan activities, mobilize resources, manage implementation, and evaluate programs aimed at promoting social change.

The process of developing a Theory of Change involves making collective assumptions about how the desired change will unfold through the program. This helps funders and program leaders clearly articulate their objectives, discuss important considerations, define decision-making roles, and identify opportunities for meaningful measurement. Consequently, having a well-developed Theory of Change is crucial for any organization seeking to create a significant impact, as it ensures that programs are effective and produce meaningful results.

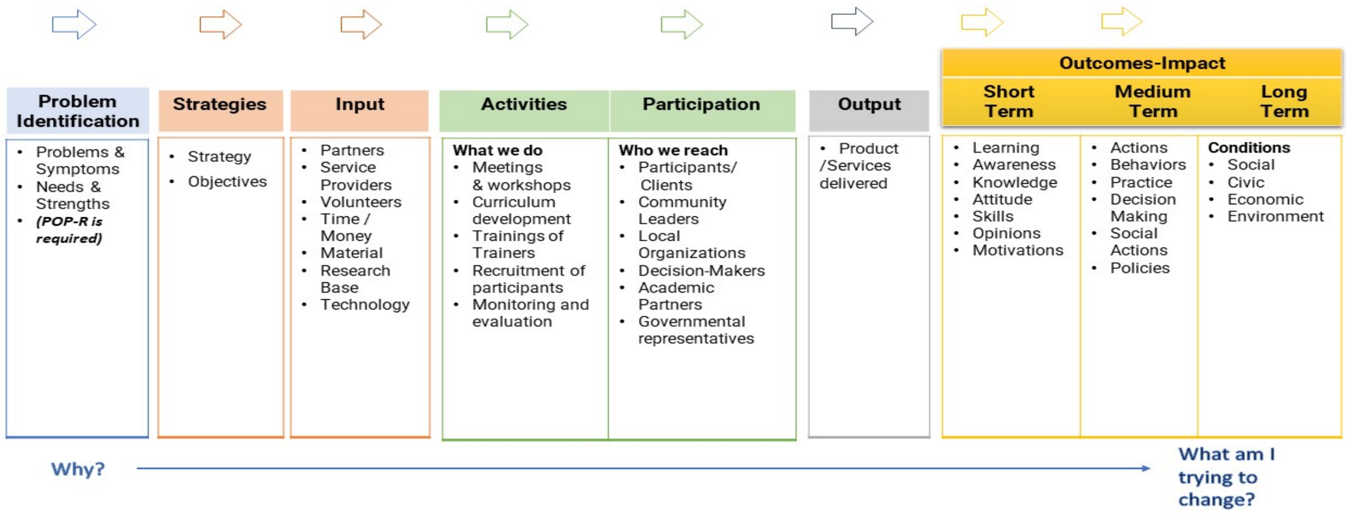
The essential components of a Theory of Change model include:

1. Problem Identification: Clearly and concisely stating the problem that the initiative aims to address.
2. Strategies: Outlining the approach or intervention that will be used to tackle the problem.
    - The intervention should build on existing approaches and the wider ecosystem of services available in the certain region. This is not to imply that we shy away from innovation, but rather that we contextualize innovations so that they address gaps in the current service ecosystem while respecting the important contributions of existing services, policies and programmes.
    - Culturally appropriate and evidence-based approaches should be employed.
3. Inputs: Identifying the necessary resources, such as funding, staff, and materials, required for implementing the strategies.
    - Building new partnerships that provide sustainable services through multiple channels (individual, family, social).
    - Recruiting advisors and key actors who can offer information about the relevance of the intervention based on practical, ethical considerations, and the country's legislations. This is a critically important input in participatory programme design, where the authorship of the intervention should ideally be expanded to include diverse stakeholders. The advisors and key actors should not just be approached in an extractive manner – to "get their perspectives" and then move on to the design process, behind closed doors, but should instead be consulted in all main junctures of the design process.
4. Activities: Specifying the actions that will be undertaken to implement the intervention.
    - Addressing and identifying underlying assumptions and potential risks associated with the program.

5. Participation: Defining the group of people or community that the program aims to benefit.
    - Be specific about inclusion and exclusion criteria for participation in the intervention, and design screening systems to assess whether a specific person or community should participate.
6. Output: Describing the short-term products that will be produced as a result of the program.
7. Outcomes: Identifying the short-term, mid-term, and long-term changes that the program aims to achieve. All aspects of the ToC should revolve around achieving the intended outcomes. A key idea to keep in mind is "architecting from the right". This means that we start from the outcomes we are hoping to achieve – the right side of the ToC diagram - and work our way backwards to required activities and inputs – the left side of the ToC diagram.

It is important to note that the Theory of Change serves as the roadmap for designing an integrated program. However, it remains adaptable as program designers and principal investigators shed light on different aspects of the challenges, resources, and proposed solutions using the POP-R and PROD tools in Stages 1 and 2. This adaptability ensures that the program stays responsive to new insights and emerging needs, increasing its potential for success and positive impact.

Figure 9. The basic components of the ToC Model



Case Examples that illustrate developed ToC models

The following examples provide a brief overview of the ToC models underlying the Multi-Family Healing Spaces (MFHS) and Resilience-Oriented Therapy (RLOT). Both MFHS and RLOT are key interventions integrated into the societal healing program implemented in Rwanda by SeeD in collaboration with Interpeace and Prison Fellowship Rwanda. In Rwanda, a working group comprising stakeholders from Interpeace, academics, and multi-disciplinary specialists was formed to brainstorm ideas and provide input during consecutive meetings, shaping the various components of the ToC models for both interventions. Both MFHS and RLOT are built on the same underlying philosophy.

Case Study 1: The Multi-Family Healing Spaces

The development of MFHS in Rwanda aimed to empower family members to break the intergenerational transmission of trauma and cultivate resilience at the individual, family, and community level. This was achieved through several mechanisms:

1. Improving family communication and collaboration.
2. Integrating life stories to envision a better future.
3. Clarifying values and aligning actions accordingly.
4. Developing flexibility and overcoming unhelpful beliefs.
5. Equipping individuals with skills for better parenting and resilience.
6. Empowering youth to find their voice and develop a strong sense of identity.
7. Generalizing skills and knowledge across different contexts.

Figure 10. Case study 1: ToC developed for MFHS in Rwanda

Situation Analysis	Strategies	Input	Outputs		Output	Outcomes-Impact		
			Activities	Participation		Short Term	Medium Term	Long Term
In Rwanda, the family and social cohesion have been disrupted due to the Genocide where the trauma pass from one generation to another. **(baseline-survey)**	Dealing with traumatic symptoms Breaking the intergenerational transmission of trauma.	**What we invest** Staff Partners Time / Money Clinical Material Research Base	**What we do** Meetings with stakeholders Developing manuals Training of trainers Recruiting family members Screening Pilot testing of the intervention Workshops with stakeholders regarding the data analysis Implementing the intervention RCTs for impact evaluation.	**Who we reach** Local Organizations Communities Families in different districts Governmental representatives Decision-makers	**Multi-Family Healing Spaces** Target individual, family and community needs	Get insight about trauma, symptoms. Learn the benefits of using skills in dealing with emotions, thoughts and building relationships.	Activate and practice skills to deal efficiently with painful memories, emotions and thoughts. Re-author the personal stories by capitalizing on strengths and values.	Improve relationships within family and community that might lead to a peaceful coexistence between survivors and perpetrators.

Case Study 2: The Resilience-Oriented Therapy in Rwanda

RLOT is a skills-based and trauma-informed intervention aimed at providing support to group members (GMs) in acquiring psychosocial competency to effectively deal with trauma, address daily challenges, and adapt to changing conditions. The therapy aims to facilitate personal transformation through the following processes:

1. Taking responsibility for living a life aligned with personal values.
2. Addressing trauma and mental health distress.
3. Emphasizing self-care practices to foster resilience.
4. Acquiring skills for emotion regulation, behavioral management, and identity development.
5. Enhancing the quality of relationships.
6. Generalizing acquired skills and knowledge across different contexts.

These transformative processes draw inspiration from evidence-based treatments that target mental health symptoms while promoting resilience. Additionally, the therapy is thoughtfully tailored to align with the collectivistic context and values of the people in Rwanda.

Figure 11: Case study 2: ToC developed for RLOT in Rwanda

			Outputs			Outcomes-Impact		
Situation Analysis	Strategies	Input	Activities	Participation	Output	Short Term	Medium Term	Long Term
The genocide in Rwanda had a substantial impact on individuals' mental health. A large portion of individuals struggle with internalizing and externalizing problems, as well as identity issues.	Deal with trauma by addressing mental health issues such as depression, anxiety, substance abuse, aggression and identify disturbance.	**What we invest** Staff Partners Time / Money Clinical Material Research Base	**What we do** Meetings with stakeholders Developing manual Training of trainers Recruiting participants Screening Workshops with stakeholders regarding the data analysis Implementing the intervention RCTs for impact evaluation.	**Who we reach** Local Organizations Communities Group members in different districts Governmental representatives Decision-makers	**Resilience Oriented Therapy (RLOT)** Nurture skills for behavioral management, emotion regulation, and identity development.	Reflect on the impact of trauma in their lives, mental health stigma. Learn about the concept of resilience including the clusters of skills that foster resilience.	Engage in practices and exercise skills that increase emotion regulation, behavioral management and facilitate identify-development within and beyond the group.	GM become agents in their lives by building resilience in the personal and interpersonal level. More specifically GM acquire skills to deal with traumatic symptoms and mental health issues and facilitate growth in the family relations, friendships and intimate relations.

2.2.1.2 Roadmap of stakeholders' engagement

Mapping of stakeholders' engagement is the second process in the deliberative stage. It involves the analysis and prioritization of the different groups or individuals who have a stake in the project. During this stage, programme design teams or working groups can deploy four different stakeholder mapping exercices, which can help build better implementation, engagement and communication strategies and improve the likelihood of positive impact of a program:

1. PMESII Matrix
2. 4Is Approach
3. Process Participants Map
4. Impact Assessment Map

The goal is to understand stakeholders' interests, needs, and expectations, and determine how to best engage and communicate with them to achieve project objectives.

Identification and Engagement Strategies

The process of identifying stakeholders requires a common understanding of their key features and roles within the local, national, and eventually, global communities. See below for some examples.

Table 1: Stakeholders' potential characteristics

Stakeholder Type	Characteristics of stakeholder	Examples
Actors	Those in the position to directly conceptualize, frame, influence, change, the target problem by establishing a dialogue with primary investigators.	– Government ministries – Parliamentarians and political parties – Donors and UN organizations – Academic institutions – NGOs – Business leaders
Networks	Organized bodies represent a wide spectrum of constituents, defined as individuals and/or organizations. The representative quality of these networks may be able to influence directly or indirectly the actions and attitudes of actors.	– Political Groups – Chambers of commerce – Trade unions – NGOs – Media
Events, ideas and public mood	The movement of social, political, and economic life, including global events and trends. This is the space where the majority of citizens reside by targeting the beneficiaries of the program. It is also the sector that is least connected to the development of the program but requires the most attention if the program designers want to be responsive and effective.	– Rights-holders (usually citizens) can make legitimate claims of duty bearers in the development and implementation of the program. – Duty-bearers have the power to fulfill rights holders' legitimate claims and can be held accountable for their acts or omissions.

PMESII Matrix

In order to select the potential stakeholders, we utilize the PMESII Matrix (Politics, Military, Economy, Society, Infrastructure, Information). This matrix consists of various categories that enable us to comprehensively analyze the context in question. In this particular case, our focus lies on identifying actors who may have even a remote interest or could be affected by the project. These stakeholders can be visualized based on their area of influence and the extent of their involvement.

Table 2. PMESII Matrix

	International	National	Regional	Local
Politics				
Military				
Economy				
Society				
Infrastructures				
Information				

The actors can be listed in each box, but not all the boxes must be filled. Indeed, according to each specific project, it might also be appropriate not to include some of the categories (e.g., Military or Infrastructures).

This matrix is designed to be applied in a brainstorming activity, in which you can re-model the matrix itself. If you do, remember to keep track of any changes, as they might be useful for future projects.
4Is Approach

For categorizing stakeholders, they are evaluated according to the "4I Approach" (involvement, interest, influence, impact), with values from 1 to 5:

Table 3: 4Is Approach

Intention	Interest	Influence	Impact	Level
High	High	Critical	High	5
Significant	Significant	Essential	Significant	4
Moderate	Moderate	Necessary	Moderate	3
Low	Low	Desirable	Low	2
Very Low	Very Low	Non-Essential	Very Low	1

Definitions:

- Intention: meaning "to have in mind something as a goal". It indicates the intention of each stakeholder in taking part in the program.
- Interest: The degree of the "stake" of each actor in the program outcomes.
- Influence: The capacity of each actor to affect or change the management and the outcomes of the program.
- Impact: The level of impact of each actor on the program.

In case of a high number of stakeholders (15/20+), it might be necessary to exclude some of them, for example, by ignoring those that have low levels of all four criteria. The composite score deriving from the sum, or the average of the numerical values provides the level of relevance of each stakeholder.

Table 4. Identifying the relevance of stakeholders

Stakeholder name	Intention	Interest	Influence	Impact	Composite Score
	N	N	N	N	Highest N
					Lowest N

Process Participants Map

Building the Process Participants Map (PPM), the stakeholders from the previous table are listed from the highest to the lowest composite score. The final aim is to identify three categories of stakeholders. The stakeholders are divided into the three corresponding categories from the PPM given their numerical ranges. Each type of stakeholder and its corresponding role will determine the spectrum of its engagement on the program.

Table 5. Process Participants Map

	Stakeholder name	Stakeholder type	Score	Intention	Interest	Influence	Impact	Engagement strategy
User Participants			highest					
Active Consumers								
Passive Consumers								
			lowest					

Table 6. Definitions and Expected Roles

Participants	Expected Role
User Participant	Actively engages in the program to support program activities and use the results for policy-making.
Active Consumer	Does not participate in the program process but declares an interest in the process and its results. Provides support to the program and intends to actively use the results in support of its work. Importantly, active consumers have the access and desire to influence policy outcomes.
Passive Consumer	Remains distant from the program process but is aware of its existence. Accesses published information but does not act to internalize the information into its business model. Do not have access to influence policy outcomes.

Stakeholders Impact Assessment Map

Figure 12. Impact Assessment Map

The Impact Assessment Map (IAM) is utilized to break down stakeholders' engagement into smaller, manageable tasks that they are expected to perform throughout the program. This approach facilitates tracking the progress of each task and ensures that stakeholders and actors are held accountable for their respective roles. You can find below the IAM outlined as follows:

- The green box on the left represents the current situation. The orange box on the right represents the "ideal" future, with the area and the group of stakeholders positively impact and being impacted by the program.

- The void boxes at the beginning and the end of the black arrows represent each stakeholder's initial and final conditions, before and after its engagement.
- In between, on each line (which has a temporal linearity), the team can include as many boxes as required by the program. These boxes contain small steps that must be carried out by SeeDers, by other actors, or by the stakeholder itself, in order to make sure that all of them are progressively included in the process and "arrive prepared" at the final stages, ultimately facilitating the development and implementation of the program.

2.2.1.3 Participatory Program Design Tools

The PROD Tools outlined below are based on the 4Cs approach: Collect, Choose, Create, and Commit. The "Collect" phase pertains to Discover (Stage 1), where the PROD tools are used to delve deeper into the challenges, needs, and attitudes of the population, building on the knowledge gained in this initial stage. However, the main contribution of the PROD tools lies in how they facilitate the prioritization (Choose) and address all of these challenges through action planning (Create).

In turn, the action plan is used to form a protocol that delineates the intervention, as a way to be adhere to the proposed action plan (Commit). Dialogues and design sessions are conducted between Stages 1 and 2 allowing participants and stakeholders to reflect on the problems and needs identified in Stage 1. This collaborative process involves brainstorming potential solutions and crafting a concrete action plan to effectively address the target challenges in Stage 2.

Structured Dialogic Design Process (SDDP) [19]

The SDDP (Structured Dialogic Design Process) is a highly organized and participatory method rooted in system science. Its primary purpose is to identify the root factors that influence the problem under study and establish a roadmap aimed at resolving the issue. By doing so, it strives to foster common ground among stakeholders and beneficiaries, even if they hold differing perspectives on the appropriate actions to address the problem. In this way, SDDP serves as a catalyst for promoting social change.

Pros and Cons of adopting Structured Dialogic Design Process[20]

Pros

- Participatory Design: One of the key strengths of SDDP is its ability to clearly outline how the desired change will unfold in different domains through specific actions. As a participatory methodology, it actively integrates the various perspectives of stakeholders, skillfully resolving any emerging arguments to arrive at a joint action plan. By involving all stakeholders in the process, SDDP cultivates a shared understanding of the problem and a collective vision to effectively resolve it and progress together.
- Democratic Sensibility: Democratic designers are committed to working with a democratic sensibility, recognizing the variability of democracy in practice. The democratic design framework adopts a proceduralist approach to democracy, achieving outcomes through a fair and transparent process.

[19] Laouris, Y., Erel, A., Michaelides, M., Damdelen, M., Taraszow, T., Dagli, I., ... & Christakis, A. (2009). Exploring options for enhancement of social dialogue between the Turkish and Greek communities in Cyprus using the Structured Dialogic Design Process. Systemic Practice and Action Research, 22(5), 361-381.

[20] Laouris, Y., & Michaelides, M. (2018). Structured democratic dialogue: An application of a mathematical problem structuring method to facilitate reforms with local authorities in Cyprus. *European Journal of Operational Research*, *268*(3), 918-931.

- Balanced Design: SDDP is a tool used to develop and evaluate products, considering five dimensions: function, form, quality, sustainability, and low price. A design is considered democratic when there is a balance between all five aspects.

Cons

- Time-Consuming: SDDP involves multiple stakeholders and can take a significant amount of time to complete.
- Resource-Intensive: SDDP requires a trained facilitator, which can be costly for small organizations.
- Inflexible: While effective for structured democratic dialogue, SDDP may not be suitable for all types of problems.

The value of SDDP Input:

The output of SDDP holds value as it integrates diverse ideas into a meaningful roadmap.

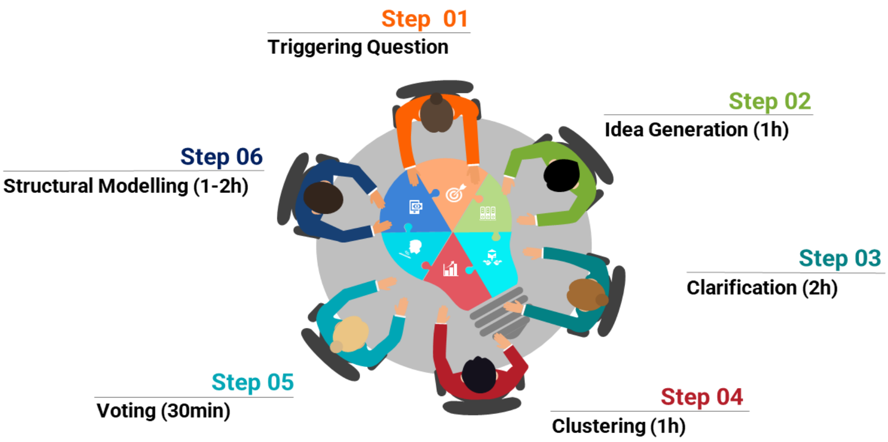
General Information regarding SDDP

The SDDP process should span across three different days. Around 20-25 participants are expected to attend the group, and their recruitment should be based on the variance of their characteristics. It is essential that the participants have diverse characteristics, preferences, and attitudes, including factors like gender, age, socioeconomic status, ethnicity, political position, and conflicting interests. Ensuring a decent level of representation is crucial, the group at the table should be a reflection of the larger population, avoiding an imbalance of high-level individuals dominating the conversation and silencing those with lower influence. Having this variance in characteristics allows researchers to develop a comprehensive understanding of the problem from different perspectives.

- The discussion should be moderated by at least two facilitators.
- Evidence-based data obtained from POP-R can provide significant input to the SDDP.

Basic steps in SDDP

Figure 13. Basic steps in SDDP



Step 1: Triggering Question

To initiate the program, it's crucial to define its scope. This can be achieved by formulating a well-defined and circumscribed triggering question that guides the discussion. For example, in the case of Cyprus, where various communities hold diverse visions for the country's future and disagree on its reunification, a triggering question could be: *"What are the obstacles hindering the reunification of Cyprus?"*

Step 2: Idea generation (1h)

Once the triggering question is posed, all participants should contribute their perspectives by providing 3 to 5 short and concise ideas related to the problem at hand. These ideas should be presented with titles that capture their viewpoints on the issue. Participants are encouraged to share their perspectives, even if they hold opposing views, as the focus should be on generating ideas rather than favoring specific individuals.

Step 3: Clarification (2h)

In this stage, participants are given the opportunity to further clarify their perspectives based on the titles they provided in Step 2. This ensures a better understanding of each idea and promotes constructive discussion.

Step 4: Clustering (1h)

The next step involves clustering the proposed ideas into different domains such as individual, family, social, civic, economic, and institutional aspects. This organization helps to group similar ideas together and identify common themes.

Step 5: Voting (30min)

During this step, participants are instructed to vote on the top 5 ideas that they believe substantially address the problem. However, they are not allowed to vote for their own ideas. The prompt question used for voting could be: *"If you could only address 5 parameters of the problem, which five would you select?"*

Step 6: Identifying influences between Ideas (1-2h)

Participants are encouraged to explore the interconnections between the prioritized ideas. This step involves reflecting on how progress made in achieving one idea might affect progress on another idea. If the majority of participants believe there is a relationship between two ideas, it is recorded using a special software that employs a mathematical algorithm called Interpretive Structural Modelling, thus minimizing queries.

As participants reflect on the relationships among the prioritized ideas, a vision map is formed. This map visually outlines the interconnections among the parameters that influence the problem. The parameters are arranged in a hierarchical structure, with those significantly aggravating the problem to be at the bottom.

The vision map is then shared with the participants, providing them with a sense of completion and understanding of the complexity of the problem. This lays the groundwork for agreeing on a concrete strategy and action planning. The action plan can be developed in subsequent sessions.

Examples of using SDDP at SeeD programs

The Can-Cy project was initiated with the primary goal of fostering the inclusion and meaningful engagement of young people in Cyprus' social, political, and economic spheres. The project's focus revolves around two pivotal ideas: empowering vulnerable groups and bolstering the capacity and sustainability of civil society. In pursuit of these objectives, the project employed the SDDP, enabling youth from all corners of the island to collaborate and express their perspectives on the socio-political and economic barriers that hinder their path to become active citizens. Participants in the project had the opportunity to propose interventions and actions that could effectively overcome these identified obstacles. The project then carefully curated and selected the most promising proposals. The creators of these selected proposals were subsequently invited to a face-to-face event that adhered to the principles of the SDDP approach. During this collaborative event, the young authors worked together to structure their ideas into an influence map. This map served as a powerful visual representation of the interconnected factors influencing the issues faced by young people in Cyprus. Once finalized, the influence map was widely disseminated to raise public awareness about the challenges young individuals encounter and to mobilize youth action across the island.

Group–Level Assessment (GLA) [21]

GLA is a participatory and qualitative research method developed in 1996. This unique approach empowers all members of a group, including stakeholders, service providers, service users, and other actors, to collectively define a problem and prioritize ideas. The emphasis is on fostering a nonhierarchical circle where everyone's input is valued. GLA[22] as a versatile tool, finds application in various fields, including organization development, medicine, education, and public health. While GLA can be a useful PROD method, it is essential to consider its potentials and limitations. Here are some pros and cons to be mindful of when adopting GLA:

Pros

- Convenient: GLA can be swiftly adopted and implemented, allowing for rapid initiation of the process.
- Time-saving: The method reduces time demands in instrument development and evaluation, streamlining the data gathering process.
- Participatory: By bringing together a diverse group of participants and stakeholders, GLA promotes collective data generation and evaluation. Its participatory approach empowers individuals who may have been marginalized or silenced in the past to share their perspectives during data generation, evaluation, and program planning.

Cons

- Laborious: Engaging a large group of people can prove challenging, and additional support may be necessary. Participants with lower levels of education or perceived lower "status," as well as those who are naturally shy, might require extra assistance to grasp the process and feel confident enough to express their ideas.
- Time-consuming: Given the scale of participation, participatory action planning through GLA demands time and effort to ensure that every voice in the community is heard and included.
- Broad Scope: GLA's comprehensive nature may not always align efficiently with the specific goals and objectives of a particular program or institution.

The value of GLA Input[23]

The input gathered through GLA holds immense value due to its ability to provide a comprehensive understanding of the target issue. By offering multiple opportunities for participants to contribute and voice their opinions, GLA ensures a diverse range of perspectives are considered. This inclusive approach is

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[21] Vaughn, L. M., & Lohmueller, M. (1998). Using the group level assessment in a support group setting. Organization Development Journal, 16(1), 99.
[22] Vaughn, L. M., Jacquez, F., Deters, A., & Boards, A. (2020). Group-Level Assessment (GLA) as a methodological tool to facilitate science education. Research in Science Education, 1-13.
[23] Vaughn, L. M., & Lohmueller, M. (2014). Calling all stakeholders: Group-level assessment (GLA)—A qualitative and participatory method for large groups. *Evaluation review*, *38*(4), 336-355.

instrumental in identifying primary issues and needs within a community, which subsequently informs the development of effective action plans and interventions.

General Information about GLA

- GLA typically involves groups of 15 to 60 participants, comprising stakeholders, beneficiaries, and local actors. The active involvement of stakeholders in generating and analyzing data makes them more invested in the outcomes, thereby increasing their willingness to take action for social change. Participants can be recruited through partnerships or snowball sampling, where existing participants recommend others interested in joining the group.
- GLA sessions usually last around 3 hours, though they can be spread across multiple sessions or adjusted given the size of group or time constraints.
- A lead facilitator guides the group process, manages activities, and ensures the smooth flow of the session. Alongside the lead facilitator, a co-facilitator collaborates to support secondary activities and overall workshop management.

Preparation for conducting GLA

Before commencing the GLA session, it is essential to define the specific issue being studied. To facilitate the process, various GLA prompts are prepared on different flip charts, covering open-ended, structured, strengths, weaknesses, positive, negative, specific, broad, silly, and serious aspects related to the topic of interest. While a maximum of 35 prompts can be used, the number can be adjusted based on the context and requirements of the session. By considering these key points and preparing the groundwork, GLA sessions can effectively harness the collective wisdom and insights of participants, leading to impactful outcomes and informed decision-making.

Figure 14. Examples of prompts based on different categories.

Figure 15. Basic Steps in Performing Group-Level Assessment

Open Ended	Structure
• Desires/Hopes • We can do more… • We can do less…	• Most important areas to focus/address (use a Likert-scale from 1 to 5) • To increase our ability to take action, we need to…
Strength	**Weaknesses**
• We are resilient because… • The qualities of our group are…	• We need to improve… • The most challenging issue we need to tackle is…
Positive	**Negative**
• We are proud of… • Our assets are…	• What is concealed or hidden? In our group/community? • We usually argue about..
Specific	**Broad**
• What strategies we can adopt to support people? • Key partners and collaborators	• Related to (group/topic), I want/wish.. • We need to.. • We should stop…
Silly	**Serious**
• If our group was a song/animal/movie…	• In a 5 year-period we need to… • To promote multisystemic resilience in our community we need to..

Basic steps in performing GLA [24]

Step 1: Climate setting (40min)

- Provide a brief overview of the GLA philosophy and agenda to set the context for the participants.
- Clearly explain the expected role of participants within the group to ensure their active involvement.
- Initiate the session with an ice-breaking or warm-up exercise to create a positive and engaging atmosphere.
- After the ice-breaking exercise, gradually uncover each flip chart, clarifying their contents one by one, with the facilitator guiding the process.

Step 2: Generating (45min)

- During this phase, GMs respond to the prompts on the charts using pictures, relevant words, or phrases.
- To maintain anonymity, GMs should use the same color markers, preventing the identification of specific comments with individual respondents.

[24] Vaughn, L. M., & Lohmueller, M. (2014). Calling all stakeholders: Group-level assessment (GLA)—A qualitative and participatory method for large groups. Evaluation review, 38(4), 336-355.

Image 1.[25] Group members responding at Step 2

Step 3: Appreciating (10min)

- GMs are instructed to enter the room and observe the responses as a whole.
- They can make comments or mark responses with stars to indicate their favorable ones.
- During steps 2 and 3, GMs are encouraged to interact with each other while responding to the prompts.

Step 4: Reflecting (5min)

- GMs take a moment to individually reflect on the data, uncovering its overall meaning to them.
- They may be asked to jot down initial observations that arose during the appreciating step.
  - Prompt Question: *What responses were interesting or surprising*?

Step 5: Understanding (50min)

- GMs form smaller groups of 5-8 individuals, with 5-6 flip charts assigned to each group (30min).
- Within their smaller groups, GMs carefully observe and analyze the responses on the charts, identifying common themes.
- For each chart, they aim to find 3 to 5 themes that appear consistently across the charts.
- The larger group reunites, and participants from the smaller groups share the substantial themes they have discovered (20min).
- The co-facilitator records the most recurring and significant themes for further reflection.

Step 6: Selecting (minimum of 30min)

- GMs receive assistance in clarifying the key ideas by further distilling the themes generated in the previous step, either within the large group or in smaller groups.
- If certain themes mentioned in Step 5 were not given much importance in Step 6, the co-facilitator may create a separate list to address these themes later during the meeting (optional).
- A voting process takes place where GMs choose the final themes to prioritize in the program planning. During the voting process, GMs are instructed to mark their priorities with color dots or use a rating response scale to evaluate themes based on their feasibility and importance.
- The level of detail in Step 6 can vary depending on time constraints and plans.

[25] The image obtained by the article: Vaughn, L. M., & Lohmueller, M. (2014). Calling all stakeholders: Group-level assessment (GLA)—A qualitative and participatory method for large groups. *Evaluation review*, *38*(4), 336-355.

Step 7: Action

- This stage involves active involvement from GMs in deciding how the gathered data will inform interventions and bring about social change.
- GMs are divided into smaller groups to develop action plans for each of the proposed prioritized themes.
- Reflection includes identifying various activities that can be incorporated in the program to target different areas of life, such as individual, family, community, and institutional.
- The larger group reconvenes, and each smaller group presents its action plan for the proposed theme.
- The entire group collaborates in reflecting on the action plans while the co-facilitator takes notes, aiming to build a roadmap that integrates all proposed activities leading to sustainable change.
- Given the intensive nature of action planning, Step 7 might be scheduled at a different time to ensure sufficient attention and focus.

Examples of using GLA at SeeD programs:

Currently, there are no examples of GLA being deployed at SeeD programs.

Additional PROD Tools

Pusula[26]

- Civic Participation Platform which was developed to facilitate meaningful interaction among people in Cyprus, enabling them to collectively make decisions that contribute to a better society focused on reconciliation, peace-building, and civic engagement.
- The platform was created through a collaborative effort between Seed and the World Bank, building upon the foundation of an open platform called Consul. Notably, it has already been successfully implemented by more than 160 municipalities for participatory budgeting.
- The platform has been utilized in four campaigns to date, covering essential topics in terms of Better Daily Life, Food Waste Management, Gender Equality, and Social Inclusion Vision. As a mobile application, its primary objective is to engage diverse groups of people in democratic dialogues, fostering an environment where well-informed decisions can be made regarding topics of interest.

Idea Prism[27]

Participants using the platform can freely exchange ideas and collaboratively formulate influence maps, leading to the development of effective action plans. During this process, the ideas undergo review and evaluation based on the following criteria:

- Importance
- Desirability
- Impact
- Probability of happening
- Feasibility

By utilizing these comprehensive criteria, the platform ensures that ideas are thoroughly assessed, enabling participants to prioritize and focus on initiatives that can make a real difference in their communities. This

[26] You can find here additional information about Pusula.
[27] Visit the page of Idea Prism to get a better understanding about its scope.

participatory approach promotes inclusivity and empowers citizens to actively contribute to building a brighter future for Cyprus.

Examples of deploying Pusula and Idea-Prism in SeeD programs:

The Can-Cy program effectively utilized both the Pusula and Idea-Prism platforms. Young participants actively shared their thoughts on socio-political and financial obstacles faced on the island. Through an online campaign on Pusula, they proposed potential actions to address these barriers. The 50 most popular ideas were then transferred to the Idea Prism App, where the authors received extensive support to refine their ideas into S.M.A.R.T.er proposals (Specific, Measurable, Assignable, Relevant, Time-bounded) with the necessary guidance and support.

Traps that PROD tools can fall into

One notable trap that PROD tools can fall into is designing a meaningful and evidence-based plan without ensuring a group of implementing stakeholders who will take responsibility for its execution. To avoid this, SeeD must be cautious and ensure that the PROD process is linked to stakeholders who will actively take charge of stages 2 and 3, guaranteeing the program's successful implementation. To achieve this, the participatory program design process should establish a consortium of allies that includes implementers, donors, experts, beneficiaries, and national/local duty bearers and right holders.

2.2.2 Technical Process

Once the deliberative processes are completed, multidisciplinary specialists collaborate with data analysts and the design team to integrate locally generated evidence with other relevant sources, aiming to design the program protocol and deliver the intervention to the target population. The technical process encompasses the following steps:

1. Developing the program protocol
2. Adopting a conflict sensitive approach
3. Training of Trainers

2.2.2.1 Good Practices in Developing Program Protocols

The protocol development is a crucial part of a rigorous program, ensuring that facilitators deliver the intervention consistently by following the same principles, phases, and processes. This adherence to the protocol upholds the *"do not harm"* principle and allows for isolating the impact of the intervention from other subjective factors linked to facilitators' characteristics and attitudes. The protocol is built based on the Theory of Change (ToC) model, established a priori to articulate the rationale and philosophy of the proposed intervention. The data generated by POP-R and PROD serves as a primary resource in informing the protocol, providing insights into the context, needs, values, and social activities of the population being studied. In addition to the above, the following good practices are outlined to develop and enrich the content of the intervention:

- Utilize audiovisual material, such as documentaries and video recordings.
- Review the literature on evidence-based interventions addressing similar problems, discussing the appropriateness and relevance of alternate approaches that are encountered in the literature with key national stakeholders.
- Adapt educational/clinical techniques and tools, so that they are appropriate to the context and culture. This might, for instance, necessitate use of culturally salient metaphors or proverbs, use of movement and dance, simplification or reformulation of concepts.

- Be mindful of technology limitations that facilitators will be facing. Different activities might or might not be possible if, for instance, it is not possible to make photocopies of activity sheets, or use a projector.
- Maintain a good balance between educational and experiential components in each session. It is better to teach fewer concepts and skills but provide ample opportunity to practice, than to teach so many concepts and skills that the participants become overwhelmed, ultimately retaining very little.
- Furthermore, maintain balance between structured, semi-structured and unstructured components. The general principle is that as participants gain competence in concepts and skills that have been presented, they should be given greater freedom to utilize the concepts and skills to address challenges and issues that are personally important to them, individually and as a group.
- Utilize diverse group formats in each session, to achieve diverse objectives. There is, for instance, a time for individual work, a time to work in pairs, a time to work in small groups, and a time to work in plenary. Each format has its own advantages and disadvantages.
- Be clear about how each session and each activity contributes to the outcomes of the intervention, through activation of specific processes of change.
- Establish working groups with stakeholders and local actors to gain valuable insights that can inform the design of the protocol, while serving as a review panel that will critically assess the cultural and contextual appropriateness of the protocol.

2.2.2.2 Conflict Sensitivity in Program Development

Eight Integrated conflict sensitivity mechanisms

Given the complex transition underway in conflict-affected contexts, local and community development initiatives need to be mindful of the risks of worsening grievances, structural discrimination, and conflict divide at local, regional, and national levels. This is important to protect the "DO NO HARM" principle. As defined by UNDP (2017), being conflict sensitive means understanding the intersections between developing interventions and the local conflict dynamics. Hence, the processes and actions are designed in ways that do not exacerbate conflict, but instead mitigate anticipated conflict and strengthen peace within a given context. In terms of process, global best practices emphasize maximizing community participation and gathering local perspectives.[28] Hence, the developed protocol can integrate the following conflict sensitivity mechanisms:

1. Skills development

Building individual and community capacity for conflict sensitivity is a multidimensional task that takes time. The protocol should be designed to ensure that participants develop the knowledge, attitude, experience, and key skills through culturally sensitive exercises and processes, to allow their smooth and constructive progression throughout the program journey.

2. Collaborative journey

Good practice in terms of conflict-sensitive intervention design processes emphasizes a high degree of participation, ideally with key design decisions being generated from beneficiaries and deep consideration of local context. The journey also highlights the importance of and endeavors to maximize the inclusivity of vulnerable groups such as youth and women. All participants are expected to move in the same direction and serve a common purpose. Establishing a common purpose at the start of the journey improves conflict sensitivity for building convergences, common visions and avoiding rivalries.

[28] https://www.international-alert.org/wp-content/uploads/2021/08/Myanmar_UNDP-Conflict-Sensitivity-Practice-General-EN-2017.pdf

3. Breathing points

Long-term mentoring and support (i.e. weaning off rather than abrupt ending) are essential for conflict sensitivity to develop and be applied. This might take the form of small group check-ins and backstopping. Lead facilitators/trainers with guidance from the implementing partners would organize check-in sessions with the facilitators throughout the intervention. This will ensure addressing divergences before they evolve into bigger disputes and grievances that may cause tension and disrupt group cohesion. It also allows quieter voices and more reserved personalities to voice their concerns within the group.

4. Symbolic and emotive commitment via public pledges

The good practice here is to design activities that allow for deeper collaboration and gradual trust-building and create a stake for continued coexistence and interdependence beyond the program. All participants will make pledges at various stages of the program which represent a symbolic and emotional commitment to uphold the core values of the group and evoke sustainable changes for all. Pledges would remind participants/GMs of the ethos of *"sharing and caring"* for collective benefit, and not rivalries. Public pledges of commitment and promise are used widely and effectively by organizations (e.g. scouts pledges, pledges to quit addictions or for weight loss, pledges to stay true in marriage, pledges to more sustainable environmental practices and principles, etc.) to promote ethics, sense of solidarity and accountability to the collective good and common values.[29]

5. Accountable organizational model

The program is built aiming to provide collective ownership of the program to the group members. The structure and flow of the program can be shaped by the participants' responses on the group. Hence boosting transparency, accountability, and group members participation in decision-making. This will help to build a democratic culture and help group members to trust the process. Furthermore, the protocol could provide mechanisms and templates to support the group members to proactively coordinate, collectively learn, effectively keep and share information across the group and with the wider local community.

6. Redefining identities constructively

The program is designed as a continuation of the reconciliation and existing interventions that took place in a certain context. it's envisioned that the participants will outgrow their "victim" identities and eventually develop new identities through their involvement in the program and broadly through the community vision. In practical terms, for example, instead of defining oneself solely as a "victim", one can also define themselves as a "survivor human being/parent/producer" who is "working towards ending adversities and maltreatment as a productive member of society contributing to the community vision".

7. "Plan B" / "Contingency planning"

Good program design in conflict-affected areas should not be designed in such a way that they can only be successful if everything goes perfectly well. In contexts where there is a potential for instability or disruption of activities, programs should be designed such that they will still have some salvageable value and impact even if they are not completed. There should also be consideration of "plan b" which can be deployed in adverse situations. Robustness, simplicity, interoperability, and flexibility of timelines and activities are good design principles.

[29] https://www.globalclimatepledge.com/why-a-pledge/

8. Local Ownership

Another conflict sensitivity principle that is worth mentioning is "ownership" of the process and intervention. The entire program journey, from incubation to launch, is thoughtfully designed in a way that nourishes the sense of solidarity, local ownership, and collaboration so that conflict sensitivity can be applied holistically and systematically in a sustained manner. Program designers should be giving expertise and facilitating the process, and trying to give as much agency as possible to people who are affected by the challenges/adversities that the program is trying to solve. Hence, the handover of program design, implementation and future-proofing for sustainability should be given to the local actors.

2.2.2.3 Training of Trainers

Program facilitators undergo a "training of trainers" (ToT) on the intervention, which includes facilitation approaches and techniques. The ToT should provide print materials and resources, such as handouts, templates, and flipcharts, to equip facilitators with necessary tools. This approach blends theory with practice, creating an intensive learning environment. To ensure effectiveness, the training is adapted to suit the specific program and context, delivered in the trainees' native language to avoid overwhelming them.

The ToT consists of two phases. The first phase covers basic facilitation principles and techniques, while the second phase focuses on understanding and practicing the modules of the protocol, from incubation to launch. Participants should grasp how these modules build upon each other to ensure a smooth transition between program stages. Additionally, the ToT includes guidelines on managing difficult situations during program implementation, especially in conflict-affected countries where trust-building and expression of feelings, thoughts, and memories might pose challenges. The trainers' team should consist of multidisciplinary specialists or academics who designed the protocol, along with local senior facilitators.

Lasting from 5 to 10 days, the ToT equips facilitators with the knowledge and skills needed to implement the intervention. Following the training, trainees should be given a few weeks to review the protocol thoroughly and undergo a final examination to ensure their efficiency in facilitating the intervention. During the intervention, trainee facilitators should attend monthly supervision meetings to receive support and feedback, enabling close monitoring and evaluation of each stage. This process also helps refine the contextual adaptation of the protocol, making it more suitable for potential scale-up to other regions.

In summary, stage 2 of PROD involves several critical processes that need careful consideration. The provided checklist (see figure 16) outlines the basic steps for a successful PROD.

Figure 16: Steps in performing a successful PROD

PROD
CHECKLIST

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1. SNAPHOT OF SOCIO-POLITICAL CHALLENGES

☐ Get a good understanding about the challenges, needs, attitudes and context of the population being studied by deploying POP-R.

2. PROD TOOLS DEPLOYMENT

☐ Select the PROD tools that lead to a concrete and precise action planning given the scope of the program.

3. ACTION PLANNING

☐ Prioritize the challenges that should be addressed.

☐ Suggest specific strategies to address these challenges.

☐ Adopt an approach based on the 4D principles.

4. FINANCIAL AND HUMAN RESOURCES

☐ Make decisions about the financial and human resources needed to develop and implement the program.

☐ Address any barriers that impede the implementation of the program.

☐ Prompt Questions

- *What is the deadline for developing and implementing the program?*
- *Who has the decision-making authority and who is responsible for developing and implementing the program?*
- *What are the budget limitations?*
- *What are the potential risks/barriers in implementing the program?*

5. RECRUITMENT OF PARTICIPANTS

☐ Brainstorm about the procedures of recruiting participants by answering the following questions:

- *What is the target group? (youth/adults, districts/regions)*
- *Which processes will be undertaken in recruiting participants?*
- *How do we know that participants are eligible for the program?*
    - The screening processes should be clarified in advance.
- *Who are responsible for recruiting participants?*

6. PROTOCOL DEVELOPMENT

7. TRAINING OF TRAINERS

8. IMPACT EVALUATION

Stage 3: Demonstrate

Piloting & Impact Assessment

Implementing a program in a certain context does not guarantee its effectiveness. Researchers often face several challenges when attempting to evaluate an intervention's impact:

- Lack of understanding of the intervention's effect: In some cases, the intervention may be entirely new or implemented in a context different from previous trials, making it difficult to gauge its potential impact accurately.
- Difficulty in isolating the intervention's effect from other social determinants: Assessing whether the intervention is solely responsible for resolving the issue or if other factors in the community also played a role can be complex and challenging.
- Ethical considerations and the need to avoid harm: When the impact of the intervention remains unclear, ethical concerns arise, as we must ensure that the program does not inadvertently cause harm.

To address these challenges and enhance the evaluation process, certain methods can be deployed such as Randomized Control Trial.

3.1 Randomized Controlled Trial [30]

Randomized Controlled Trial (RCT) is a rigorous and effective impact assessment methodology used to establish a cause-effect relationship between an intervention and its outcome. It achieves this by carefully isolating other contextual factors that might influence the intervention's effect. The core principle of RCT lies in its application of counterfactual impact assessment, wherein outcomes are compared between two distinct groups: the "treatment group," which has received the program or intervention, and the "comparison/control group," which is similar to the treatment group in all respects except that it has not been exposed to the program. By employing this counterfactual analysis, evaluators can confidently attribute causality between the interventions and the observed outcomes. This approach is particularly valuable in complex settings like conflict-affected countries, where numerous variables can affect program outcomes.[31]

Pros and Cons of deploying RCT

Pros

RCTs offer several advantages over pre-post assessments, making them a stronger study design for evaluating interventions in conflict-affected countries. The benefits include:

- Randomization: RCTs use random assignment of participants to treatment and control groups, ensuring comparability between the groups and attributing any observed differences in outcomes to the intervention itself, rather than external factors.
- Control group: By including a control group that does not receive the intervention, RCTs enable researchers to isolate and measure the specific effects of the intervention, providing a more accurate assessment of its impact.

[30] Akobeng, A. K. (2005). Understanding randomised controlled trials. Archives of disease in childhood, 90(8), 840-844.
[31] https://joint-research-centre.ec.europa.eu/scientific-activities-z/counterfactual-impact-evaluation_en

- Blindness: Some RCTs incorporate blinding, where participants and possibly researchers are unaware of the treatment assignment. This reduces bias, ensuring fair evaluation of both the treatment and control groups.
- Rigor: RCTs are regarded as the gold standard for evaluating intervention effectiveness due to their rigorous design, which minimizes bias and confounding variables.

Cons

Despite their strengths, RCTs also have some drawbacks, including:

- Costly and time-consuming: RCTs can be resource-intensive, requiring substantial funding, time, and logistical support for proper design, implementation, and monitoring.
- Highly controlled setting: Once an RCT is set up, it becomes challenging to make adjustments, making flexibility limited if initial conditions or assumptions are flawed.
- Technical capacity requirements: Conducting RCTs demands expertise in various fields, which may limit the participation of local organizations in the research and evaluation process.
- Quantitative focus: RCTs may face criticism for not capturing qualitative insights into the social dynamics of complex systems. They may miss unexpected positive impacts that qualitative methods like outcome harvesting could detect. Additionally, all effects of interest must be anticipated and measured in the baseline.

The drawbacks of RCTs are not listed so as to discourage their use. Despite their drawbacks, RCTs remain the gold standard in establishing an intervention's efficacy, and some international organizations or national authorities will refuse to scale up an intervention that has not undergone RCT evaluation. However, being mindful of the limitations of RCTs, we should complement them with additional evaluation methods, such as pre-post assessment surveys and outcome harvesting, which can provide a broader perspective regarding the wider context, and impact evaluation of the intervention.

Steps in performing RCTs

Conducting an RCT is a complex undertaking that involves the collaboration of multiple parties. The key personnel involved in an RCT typically include:

- Project manager: Oversees the entire RCT process by coordinating various aspects and ensuring smooth execution.
- Data analysts: Analyze the collected data to assess the intervention's impact and draw meaningful conclusions.
- Translators: If necessary, provide translation services to ensure effective communication with participants from different language backgrounds.
- Community leaders or representatives: Play a crucial role in engaging with the local community, providing support, and building trust regarding the RCT.
- Enumerators/data collectors: Responsible for gathering data from participants in both groups during the study.
- Service providers/volunteers (facilitators): Deliver the intervention and interact directly with participants.

By understanding the advantages, disadvantages, and the personnel required for conducting an RCT, researchers can better design and execute rigorous evaluation of integrated programs in conflict-affected countries, leading to more evidence-based and impactful interventions.

Step 1: Development of Hypothesis

During the initial phase of planning RCTs, working groups consisting of stakeholders, senior data analysts, and multidisciplinary experts consult to formulate the hypothesis. They carefully consider all the following steps necessary to conduct successful RCTs.

Step 2: Development of evaluation package

In order to rigorously evaluate the effectiveness of the intervention, measurements of key outcomes are taken before, during, and after its implementation. As part of this evaluation package, data analysts collaborate with interdisciplinary specialists to develop the following questionnaires:

- Pre/Baseline and Post/Endline Questionnaires: These questionnaires assess the impact of the intervention on the primary outcome(s). The Endline Questionnaires are administered immediately after the X-week intervention and again X months post-intervention during a follow-up meeting.
- Interim Questionnaires: These questionnaires evaluate the mediating factors that significantly influence the outcome. Mediating factors encompass the processes and skills acquired throughout the intervention. For simpler or brief interventions, interim assessments may not be necessary.
- Fidelity Checks: To ensure the commitment of facilitators to the program and their adherence to the protocol's principles, fidelity checks are administered. These checks involve providing very short questionnaires or surveys to both facilitators and participants, inquiring whether the intervention was administered as originally planned. This helps efficiently address any barriers that may arise during the treatment and identify deviations from the plan, which could jeopardize the intervention and the validity of the data collected during the RCT.

All questionnaires included in the evaluation package are based on existing validated scales known for their user-friendliness and reliability. The evaluation tools are adapted to be culturally grounded and contextually relevant to the studied environment. The selection of questionnaires used for evaluating the program is based on their capacity to reduce errors and enhance the interpretation and generalizability of the results.

Step 3: Translation of Materials and Questionnaires

This is a critical preliminary step, particularly in multicultural settings. To ensure understanding and engagement, it is essential to translate all materials, not only into national official languages but also into the local language of the participants.

- For survey tools and questionnaires, rigorous back-translation is necessary. This involves translating the tools from the original language into the language in which they will be administered, and then back again, by two different translators. The various translations are then compared to verify the validity and accuracy of the content.
- Translations should not be done strictly literally. Instead, they should be culturally grounded to convey both the intended meaning and wording effectively. It is crucial to avoid translating idiomatic expressions word for word, as this may lead to misunderstandings.

Step 4: Training and Deployment of Enumerators

The enumerators or data collectors play a crucial role in gathering data from the participants. To ensure accurate and ethical data collection, they undergo comprehensive training on data collection tools, techniques, and ethical considerations.

Step 5: Deployment and Training of Facilitators

Preparing the facilitators who will directly implement the intervention is a vital step in the process. They need to have a deep understanding of the intervention and be trained in its proper delivery.

Step 6: Small-Scale Pilot (Optional)

Conducting a small-scale pilot with a limited number of participants who will receive the intervention can provide valuable insights. The pilot testing allows investigators and program designers to assess the intervention's accessibility, feasibility in terms of time and assessment, and any technical or methodological issues that may arise during implementation or evaluation. Analyzing the results of the pilot using a pre-post analysis can also help identify areas for improvement and potential challenges in implementation. The pilot represents a final opportunity to make informed modifications to the protocol, before all stakeholders become committed to the version that will be evaluated through the RCT. If a very negative outcome arises, it may prompt reflection, potentially leading to a complete redesign or even the cancellation of the intervention.

Step 7: Sample size calculation

Before commencing RCT, sample size calculation is performed to determine the number of participants required to detect a significant difference between the treatment and control groups. This calculation considers the study design, primary outcome(s), and desired level of statistical power. Allocating an equal number of participants to each group is crucial to minimize bias and ensure the reliability of trial results.

It is essential to recognize that having greater statistical power allows for the detection of smaller effects with greater precision. However, this may not always be necessary or desirable. If an intervention is genuinely effective, it should be detectable even with a less powerful approach. In other words, a bright star should be visible even with a basic telescope, and the need for a super-powered space telescope might indicate that the star is not as significant as initially believed.

Step 8: Screening individuals and communities

In this step, individuals and communities are screened to determine their eligibility to receive the intervention, based on pre-established inclusion and exclusion criteria. The screening process involves gathering information from participants on the target outcome, other prognostic factors, and demographics. By doing so, researchers can reduce selection bias and control for confounding factors that might influence the relationship between the intervention and the outcome measures.

For interventions addressing acute conflict-related issues, such as exposure to violence, radicalization, extreme marginalization, or exclusion, thorough screening is essential to ensure that participants have experienced or are at risk of developing these adversities. This helps avoid delivering interventions to a wider population, where only a small minority truly requires it, ensuring a more impactful outcome.

Step 9: Randomization

RCTs involve forming two groups: the treatment group, where participants receive the intervention, and the control group, where participants either go on a waiting list (receives no treatment) or receive an alternative treatment. The inclusion of a control group allows for a comparison between the two groups' baseline and end-line measurements, providing empirical evidence for the intervention's effectiveness. Random allocation of participants to the treatment and control groups helps to ensure equal distribution of confounding factors, such as gender and age. Additionally, to minimize bias, both researchers and participants should be unaware of their group allocation.

RCT Protocol

Before commencing the RCT, it is crucial to develop a design protocol outlining the methodology, including population sampling, randomization, program implementation, outcome evaluation, and proposed analysis. This protocol serves as a useful tool to maintain methodological rigor throughout the study.

3.1.2 Practical Considerations in Doing RCTs: Time and Financial Resources

- Data Collection Time Points: The number of data collection points can vary. For instance, in Rwanda project, we had Baseline, Interim, Endline1, Endline 2, and Fidelity forms. The quantity and frequency of data collection points are determined by the study design and research questions.
- Duration of RCT: The duration of the RCT is typically determined by the intervention period, followed by a follow-up period usually lasting three to six months (i.e., Endline 2). Factors such as the study population size and desired statistical power can also influence the RCT's duration.
- Cost Considerations: Cost considerations are vital, as RCTs can entail significant expenses, including logistical costs like transportation and accommodation for the research team, tools for data collection and analysis, training sessions, and hours dedicated to data analysis and various steps in the study.

Examples of using RCT at SeeD programs:

In Rwanda, SeeD collaborated with Interpeace to design and implement RCTs aimed at healing individuals, families, and communities affected by the 1994 Genocide against Tutsi. Interpeace staff, along with local NGOs, were trained in this methodology and statistical analysis by SeeD data analyst team. Additional information about the RCTs conducted in Rwanda to evaluate the effectiveness of Multi-Family Healing Spaces and Resilience Oriented Therapy respectively.

3.2 Pre-Post Assessment Surveys[32]

Pre-post assessment surveys, also known as baseline/endline surveys, are toolkits used in program evaluation. In this approach, data is collected from participants before the intervention (pre-test) and again after the intervention (post-test) to assess any changes or impact resulting from the program. This design helps researchers to compare the participants' responses before and after the intervention, allowing them to determine the program's effectiveness.

Using Pre-Post Assessment Surveys in Program Evaluation

Pros

- Capturing Change over Time: Pre-post assessments enable researchers to measure changes over time within the same group of participants. By comparing pre-intervention data with post-intervention data, the survey identifies any shifts or improvements that may be attributed to the program.
- Establishing Program Effectiveness: This design helps determine whether the program has achieved its intended outcomes and whether any observed changes are likely due to the intervention, rather than external factors.

[32] Rossi, P. H., Lipsey, M. W., & Henry, G. T. (2018). *Evaluation: A systematic approach*. Sage publications; Gertler, P. J., Martinez, S., Premand, P., Rawlings, L. B., & Vermeersch, C. M. (2016). *Impact evaluation in practice*. World Bank Publications. Chen, H. T. (2005). *Practical program evaluation: Assessing and improving planning, implementation, and effectiveness*. Sage.

- Identifying Gaps and Improvements: By analyzing the pre-post survey results, researchers can identify areas where the program is successful and areas that require improvement. This feedback is valuable for refining and enhancing program implementation.
- Cost-Effectiveness: Pre-post assessments are relatively straightforward to administer, making them cost-effective for program evaluations, especially in situations where more resource-intensive study designs like RCTs are not feasible.
- Real-World Implementation: Pre-post assessment surveys are particularly useful in real-world settings where researchers might have limited control over randomization or treatment allocation.
- Practical for Longitudinal Studies: When conducting longitudinal studies, pre-post assessments provide valuable data for tracking changes and trends over time within the same group of participants.
- Supports Evidence-Based Decision Making: The data obtained through pre-post assessments can inform evidence-based decision making, policy development, and resource allocation.

Cons

Despite the advantages of pre and post assessment surveys in providing evidence about intervention effectiveness in a less laborious and more cost-effective manner than RCTs, it is essential to be aware of their limitations:

- Susceptible to Confounding Factors: In the absence of a control group, it can be challenging to ascertain whether any observed changes in outcomes are solely attributed to the intervention or influenced by other external factors. The lack of a comparison group may lead to difficulties in drawing definitive conclusions.
- Less Rigorous: Pre-post assessments or non-randomized controlled trials are generally considered less rigorous than RCTs due to their vulnerability to bias and confounding factors. RCTs are designed to minimize these issues, making them the gold standard for evaluating intervention effectiveness.

It is worth noting that when designing integrated programs in conflict-affected countries, it is crucial for researchers and program designers to carefully consider the most appropriate study design, considering the specific context and available resources. While pre-post assessments can offer valuable insights, researchers should also weigh their limitations and explore the possibility of implementing RCTs when feasible to enhance the credibility of their findings. On occasion, a simple pre-post assessment might be preferable to an RCT, when an intervention is still at a relatively early stage of development and stakeholders would like to have more basic data on how it activates processes of change, before committing to a final version that will be tested through RCT.

3.3 Outcome Harvesting[33]

Outcome Harvesting (OH) is a qualitative evaluation approach utilized by evaluators, program managers, grant donors, and staff to identify, analyze, and interpret program outcomes. Interviews or focus groups are commonly employed to conduct OH, where outcomes are defined as observable changes in behavior, relationships, practices, or policies at various levels - individual, group, community, organizational, or institutional. Unlike traditional program evaluation methods, OH does not focus on establishing direct

[33] Wilson-Grau, R., & Britt, H. (2012). *Outcome harvesting*. Cairo: Ford Foundation; Railer, J., Stockley, D., Flynn, L., Hastings-Truelove, A., & Hussain, A. (2020). Using outcome harvesting: assessing the efficacy of CBME implementation. *Journal of evaluation in clinical practice, 26*(4), 1132-1152.

cause-and-effect relationships between the program and the outcome. Instead, it aims to provide evidence of change after it has occurred and seeks to understand the non-linear relationships between the intervention and the proposed outcomes. The OH process involves the following key steps:1) Design the Outcome Harvest 2) Review Documentation 3) Engage with human sources 4) Substantiate with external resources. 5) Analyze and interpret. 6) Support the use of findings.

Pros and Cons of deploying OH

Pros

- Suitable for complex situations:[34] OH is best suited for complex programming contexts where the relationship between cause and effect is not fully understood, or where the nature of activities and the context continually evolve. Its flexibility makes it an ideal choice for assessing programs in dynamic and uncertain environments, such as conflict-affected countries.
- Specific on the outcome: OH, is designed for situations where decision-makers are primarily interested in understanding what outcomes were achieved and how they were attained. It places emphasis on effectiveness rather than efficiency or performance, providing valuable insights into the actual changes brought about by the intervention.
- Monitoring tool: [35] OH can be particularly effective as a monitoring and reflection tool. It encourages a different approach by first facilitating discussions regarding the changes that have taken place, and then assessing to what extent they can be attributed to the intervention. This method is especially valuable in cases where the program has a substantial impact on internal experiences, such as memories, thoughts, and emotions. Allowing participants to express their internal experiences in their own words, rather than relying solely on questionnaires, can provide a more nuanced understanding of the changes that occurred as a result of the program.
- Reflective and Learning Tool: OH, can also serve as a reflective and learning tool. It can be used with staff, partners, and possibly participants to explore initial results, gather additional data to substantiate those results, and identify unintended outcomes.

Cons

OH, is not a one-size-fits-all evaluation method and should only be chosen if it aligns with the scope of the evaluation and the specific program. OH, may be not suitable for all types of programs, including:

- Programs where inputs, activities, outputs, and outcomes are already specific and measurable at the time of planning the intervention. In such cases, other evaluation approaches, such as logic models or traditional impact assessments, may be more suitable for assessing the program's effectiveness and progress.
- Programs where the relationship between cause and effect is already well understood. If the program's theory of change is well-established and there is a clear understanding of how the intervention leads to desired outcomes, OH might not be necessary, and a more structured evaluation method could be employed.[36]
- Programs where the outcomes are predetermined at the time of planning. In situations where outcomes are predefined and fixed, OH might not offer additional insights beyond what is already known, making other evaluation approaches more relevant.

[34] https://www.betterevaluation.org/methods-approaches/approaches/outcome-harvesting
[35] https://reliefweb.int/report/world/outcome-harvesting-best-practices-learning-reflection
[36] https://givingcompass.org/article/outcome-harvesting

- Programs where the context is not complex. OH is particularly useful in capturing the nuances and complexities of interventions in dynamic and intricate settings. If the program's context is relatively straightforward, other evaluation methods might be more appropriate.
- Programs where the focus is on measuring outputs rather than outcomes. OH primarily centers on understanding and assessing outcomes, so if the program's main concern is the measurement of outputs or immediate deliverables, alternative evaluation approaches should be considered.[37]
- OH, requires a degree of independence from the program implementation, which may be difficult to achieve in some contexts. If there is limited independence or objectivity in evaluating the program's outcomes, the validity and reliability of the OH findings could be compromised.

Considering the above list of pros and cons, OH should, as a rule, be utilized as a complementary evaluation method, alongside a quantitative methodology, such as RCT, eventually synthesizing findings from the different methods.

Key Actors in Outcome Harvesting

• Harvesters: The Harvesters are individuals responsible for managing the outcome harvesting process. They can be either internal or external evaluators who conduct data collection, analysis, and interpretation to identify and document the program's outcomes.

• Harvest Users: The Harvest Users are individuals or groups who utilize the findings of the OH to inform decision-making, take specific actions, or shape policies related to the program. These stakeholders play a critical role in implementing the changes identified through the evaluation.

• Change Agents: Change Agents refer to organizations, academics, or principal investigators who played a significant role in influencing the outcomes through their involvement in the program's design, implementation, or support. They contribute to the program's success and effectiveness.

• Social Actors: Social Actors are individuals, groups, organizations, or institutions that have undergone changes or experienced the effects of the intervention. They are the direct beneficiaries or recipients of the program's activities, and their experiences and feedback are essential for understanding the outcomes.

Steps in OH[38]

Step 1: Design the OH

a) Clarify the Scope: Harvest Users should identify the specific focus and scope of the outcome harvesting. Primary questions should guide the harvest method to understand what, when, where, and how the changes occurred due to the intervention's influence. Additional contextual information can provide a deeper understanding of the impact of the changes.

b) Identify Sources: Differentiate between primary sources (human sources) and secondary sources (documentary sources). Reviewing documentary sources precedes engaging with human sources. Documentary sources can include survey findings, reports, field visit data, and multimedia materials related to the program and its impact. Human sources encompass individuals directly involved in the program, including program designers and beneficiaries who can provide valuable insights into the achieved changes.

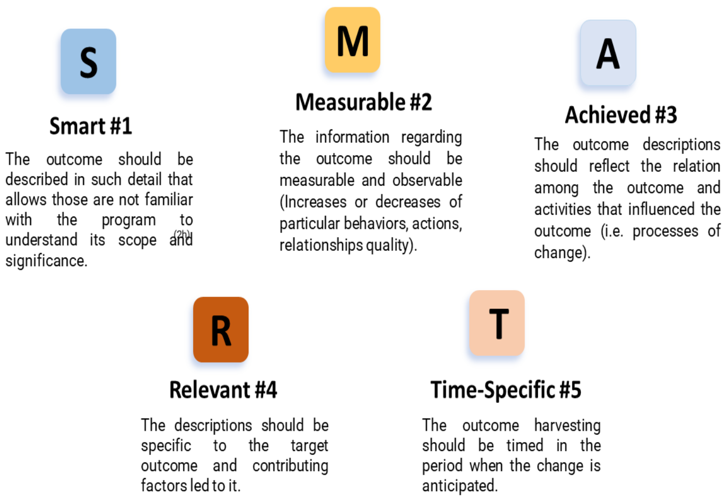
[37] Beardmore, A., Jones, M., & Seal, J. (2023). Outcome harvesting as a methodology for the retrospective evaluation of small-scale community development interventions. *Evaluation and Program Planning*, *97* (2023), 102235.
[38] Wilson-Grau, R. (2018). Outcome harvesting: Principles, steps, and evaluation applications. IAP

c) Resource Estimation: Identify and select the primary and secondary sources in Step 1 to estimate the necessary human, time, and financial resources required for the outcome harvesting.

d) Ensure Confidentiality: Harvesters must prioritize confidentiality and protect the information obtained from human sources. Ethical considerations, such as the "do no harm" principle, should guide the entire outcome harvesting process to ensure the well-being of all involved.

e) Plan Practicalities: Determine the timing of the outcome harvest based on the intended use. Monitoring and developmental evaluations might require specific moments for data collection, while other cases may necessitate real-time assessment. For instance, if it is expected certainly that doing A leading to B, the harvest can be scheduled to take place when the first findings are expected to occur. if it's uncertain what the impact of the intervention will be, the harvest should be timed as soon as possible to determine the actual outcomes achieved in real-time. Arrange practical aspects, considering time and human resources, and involve face-to-face interaction to foster a common understanding and efficient design decisions.

Figure 17. SMART descriptions of the outcome



In Step 1, the efficiency of the design components' common understanding depends not only on the number of harvesters and users but also on their collaboration. Harvesters and users typically require approximately 3 days to make design decisions and 2-3 days to agree on the harvest plan and pilot the harvesting tools. While more users and harvesters may increase the time required, the relationship may not be strictly linear. For instance, 2 harvesters and 2 users may need less than twice the time to agree on the harvest plan. Although preparatory work can be done virtually, face-to-face interaction remains important for effective collaboration.

Step 2: Review Documentation

During this step, the harvesters review secondary sources, such as evaluations, reports, documents, and other materials, to draft descriptions of the program's outcomes. The level of detail in these descriptions depends on what was agreed upon in the Outcome Harvesting (OH) design (Step 1). The outcome descriptions should be SMART (Specific, Measurable, Achievable, Relevant, and Time-bound).

Considerations of Time and Human Resources

The average time required for harvesters or co-harvesters to review, identify, and describe outcomes from the selected material is five to seven pages per hour. However, this timeline can vary depending on the quality of the documents and the evaluators' experience and knowledge with evaluation methodologies.

Step 3: Engage with human sources

In this step, Harvesters gather information from change agents and social actors through one-to-one interviews, focus groups, or field visits to gain insights into the anticipated outcomes of the program. Harvesters should debrief the informants at the beginning of the OH process, ensuring that they are recorded, and their consent is obtained. They should also discuss confidentiality measures to protect any sensitive information gathered. Only descriptions that provide concrete and specific information about the outcomes should be analyzed and presented.

Step 4: Substantiate with external resources.

The aim of Step 4 is to enhance the reliability of the data by collecting information from independent informants. Change agents may provide valuable evidence about the outcomes, but their reports can be biased due to their vested interest in achieving the intended outcomes. Therefore, Harvesters collect testimonies from independent substantiators to ensure data accuracy and gain a deeper understanding of the outcomes and their dimensions.

Finding a Substantiator:

Key individuals who have knowledge of the outcomes and the resulting changes can be recommended by change agents, such as strategic partners, donors, academics, or specialists in the field. The harvesters present the outcome descriptions to these individuals and ask for their opinions. A brief form or questionnaire can be used to indicate the degree of agreement or disagreement with the outcome descriptions, along with any comments or additional insights.

Step 5: Analyze and interpret.

After finalizing the outcome descriptions, harvesters cluster, analyze, and interpret the data to answer the practical questions defined in Step 1. Thematic analysis can be deployed in data analysis, including identifying outcomes, the levels/domains they occur in (individual, family, social, economic), and the processes of change that influenced the outcomes.

The interpretation of findings should align with theoretical foundations and contextual knowledge. The outcomes need to be presented as a coherent story by using supplementary materials like tables and charts. Harvesters, in conjunction with change agents, review the outcome descriptions and may identify new questions to gather additional information to enrich the outcome descriptions.

Traps to Avoid:

- Harvesters and change agents should avoid seeking attribution instead of contribution. The relationship between the intervention and outcome may not be linear, and external factors beyond the program's control may influence outcomes.
- It is important to report both positive and negative outcomes that occurred through program participation to make the findings credible and convincing.
- The rule of thumb is that one question takes 2 days on average per evaluator to answer by using 60 outcome reports as evidence.
- General writing and preparation of the report requires on average additional 2 days for one evaluator.

- It is not uncommon, for the harvesters and users to renegotiate the harvest questions after they have seen the outcomes and the relevant questions are no longer useful.
- Time and human resources should be considered in making such decisions.

Step 6: Support the use of findings.

In this stage, harvesters and harvest users collaborate to make joint decisions and take action based on the findings, highlighting the significance of the outcomes and how they can be deployed effectively.

Considerations of Time and Human Resources:

- Estimating the time required for supporting the use of findings can be more challenging. It typically involves a four-hour workshop to discuss the findings, with an additional 2 hours of preparation for each hour of the workshop.
- If the findings need to be presented in other formats, such as briefing reports or PowerPoint presentations, this time should also be accounted for. Additionally, if presentations to secondary audiences are required, the time needed for writing and designing professional layouts should be calculated.

Financial Resources:

OH primarily requires time and human resources. The financial resources required would depend on the estimates of people involved, their time commitments, and the methods used to perform the six stages of Outcome Harvesting.

Examples of Using OH at SeeD Programs:

There are no examples of using Outcome Harvesting at SeeD programs to date.

3.4 Additional MEL tools

Most Significant Change Technique[39]

The Most Significant Change Technique (MSCT) is a qualitative and participatory tool used for monitoring and evaluating complex interventions in conflict-affected countries. This technique involves generating and analyzing personal accounts of change and determining which of these accounts is the most significant and why.

MSCT is participatory because it involves multiple stakeholders, including beneficiaries and program staff, in deciding the types of changes to be recorded and in analyzing the collected data. By engaging various stakeholders, MSCT provides valuable data on the impact of the program, which is used to assess the program's overall effectiveness.

[39] Davies, R., & Dart, J. (2005). The 'most significant change'(MSC) technique. *A guide to its use.*; Dart, J., & Davies, R. (2003). A dialogical, story-based evaluation tool: The most significant change technique. *American Journal of Evaluation*, *24*(2), 137-155.

The basic steps taken by evaluators in MSCT are as follows:

1. Decide the types of stories to be collected: These stories can cover various aspects, such as changes in practices, health outcomes, or empowerment.
2. Collect and determine the most significant stories: MSCT is not just about gathering and reporting stories; it focuses on learning from these stories. Evaluators carefully analyze the collected stories, identifying common themes, similarities, and differences in what different groups and individuals value.
3. Share stories and discuss with stakeholders: By sharing and discussing the stories with stakeholders, the evaluation process facilitates learning about the values held by the participants.
4. Systematically select the most significant stories: Panels of designated stakeholders are involved in the systematic selection of the most significant change stories originating from the field level.

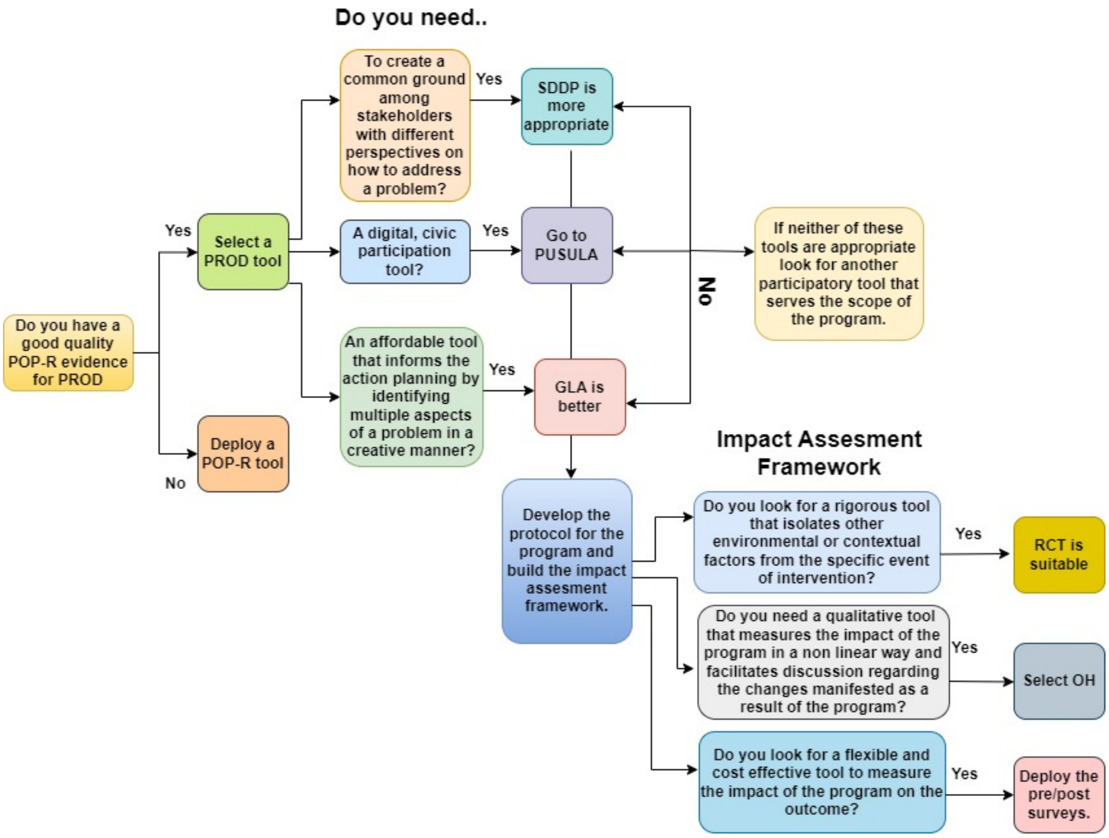
While MSCT does provide some information about the program's impact, its primary objective is to clarify the values held by different beneficiaries and stakeholders. By understanding these values, program designers can better align interventions with the needs and priorities of the communities they serve.

Examples of using MSCT at SeeD programs:

Currently, there are no examples of MSCT being deployed in SeeD programs.

To conclude, by employing a combination of study designs and methodologies, program designers can ensure a comprehensive and robust evaluation of integrated programs in conflict-affected countries. Each evaluation tool, whether it be RCTs, Pre-Post surveys, or OH, offers unique insights into the effectiveness and outcomes of the intervention. RCTs provide rigorous evidence of causality, while Pre-Post surveys offer valuable before-and-after evidence. OH captures personal accounts of change, shedding light on the program's impact from the perspective of beneficiaries and stakeholders. Integrating these diverse approaches not only enhances the validity and reliability of the evaluation but also allows for a more holistic understanding of the program's performance. By equipping ourselves with these powerful assessment techniques, we can pave the way for more informed decision-making, evidence-based policy formulation, and, ultimately, more impactful interventions that positively transform the lives of those living in conflict-affected settings. You can find below a flowchart, illustrating the different PROD pathways you can take given the scope and resources of the program.

Figure 18: Illustration of the PROD journey



Stage 4 Deploy [40]

The PROD Handbook provides a comprehensive guide to designing integrated programs in conflict-affected countries, covering stages 1 to 3. However, the journey doesn't end there, and Stage 4 is a critical component that demands careful consideration. Scaling up the program requires strategic planning and a feedback loop that connects all stages. It is essential to emphasize that Stage 4 should not be treated as an afterthought; rather, it should be informed by the insights gained throughout the previous stages, and should be actively envisioned and planned for from the beginning of the process.

Stage 4, the scaling-up phase, is often the most resource-intensive stage and requires significant investment. Therefore, it is crucial to ensure that the preceding stages are conducted diligently to lay a strong foundation. Throughout the process, collaboration with stakeholders is paramount. Their input and feedback will be invaluable in shaping the scaling-up strategies.

The scope of scaling up can vary significantly depending on the target population and geographical reach. If the scale-up is limited to neighbouring communities, minor refinements and adaptations may suffice. In such cases, feedback from Stage 3 becomes crucial to understand the impact of the pilot testing and identify areas for program refinement. On the other hand, if the program is set to expand nationwide or to a different group, more extensive adaptations may be required. This may necessitate revisiting Stage 2 to deliberate on necessary modifications and reassess the roadmap. Furthermore, if Stage 3 does not provide sufficient evidence of the intervention's impact, it might be necessary to return to Stage 2 for redesign and revision before proceeding to Stage 4. Lastly, given that the context of conflict-affected countries can

[40] Kerner, J., Rimer, B., & Emmons, K. (2005). Introduction to the special section on dissemination: dissemination research and research dissemination: how can we close the gap?. *Health Psychology, 24*(5), 443; Scullion, P. A. (2002). Effective dissemination strategies. *Nurse Researcher 10*(1), 65.

rapidly change, it becomes imperative to periodically recalibrate and fine-tune the program by revisiting Stage 1.

Ultimately, scaling up requires access to significantly more resources that the early phases, but with greater certainty as to the approaches that will be used – since stages 1 to 3 have already provided a measure of certainty as to which interventions will have the most impact for which segments of the population. Required resources for scaling fall into several categories: Financial resources, which might require integrating the intervention in national budgets or other medium-to-long term financial appropriations framework; policy space, which might necessitate legislative reform and/or incorporating interventions into the operational plans of national ministries, local authorities, or state-private collaboration networks; human resources, which might necessitate collaborations with national universities to integrate the new interventions into their education and training systems; and finally, physical infrastructure, which could take the form of a collaboration with major donors, to build the decentralized physical infrastructure (e.g., health centres, dialogue halls, business development hubs) that will be needed to implement the interventions.

In conclusion, successful scaling up of integrated programs requires a continuous feedback loop, thoughtful planning, and collaboration with stakeholders at every step. By carefully navigating through each stage and adapting strategies based on evidence and stakeholder input, program designers and researchers can maximize the impact of the interventions, ultimately leading to positive transformation in conflict-affected settings.