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Reactions to local feedback

Evidence based psychosocial practice in political violence affected settings

Wietse Tol & Mark Jordans

We would like to thank Anica Mikuš Kos for highlighting a number of important issues that hamper ethical and professional ways of evaluating psychosocial interventions for emergency affected communities. Persistent critical scrutiny is essential for good practice, and voices *'from the field'* need to be continually represented and heard. Below, we would like to outline a few points in reaction to her paper, from a combined research/intervention perspective. Firstly, we would like to underline the critique on *'external evaluations'* as they are currently practiced in this field, and add some further critical points to the debate. Secondly, with examples from work in progress within areas of political violence (material available on request), we would like to emphasise the feasibility and necessity of evaluation in our continuing search for best practices. The *'horror stories'* Mikuš Kos describes, though indeed pointing to unprofessional and unethical practices and necessary changes that should occur to those practices, should not obstruct our resolve to move towards a field in which practice is based on as sound evidence as possible.

Let us start by joining Mikuš Kos' in her *'cry from the field'* regarding the role of external evaluators in psychosocial responses to complex emergencies. Though the Inter-Agency Standing Committee (IASC) guidelines (2007) outline a consensus on good practice for assessment, monitoring and evaluation (action sheets 2.1. and 2.2.), these are often violated. In our opinion, outside evaluators that fly in for a short period of time, that do not have detailed knowledge of the needs, resources, and sociocultural context of the target population, and who are unwilling to listen and act upon *'local'* voices in a given emergency situation will find it extremely difficult to adhere to standards set out in the IASC. Evaluations need to be participatory, collaborative, inclusive, action focused, culturally appropriate, and results should be openly shared (IASC, 2007). Moreover, sound ethical practice must be a goal; including proper preparation for interviews, anonymity, informed consent, a back-up care system in place, and putting the information collected to good use (World Health Organization, 2003). Moreover, permission should be obtained from international, as well as local, review boards and stakeholders as Mikuš Kos suggests. Too often, we see a band-aid approach by donors (quick, time bound solutions for problems that are immensely complex), unbalanced power relations (financial and other decisions being

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made in high income settings), ad hoc working styles, and a lack of knowledge on psychosocial issues on behalf of policy makers. All these compromise adherence to these standards. Also, we agree with Mikuš Kos' critique on the current over reliance on quantitative versus qualitative methodology in evaluation. In the course of our work, we have come to believe that for evaluations to be (culturally) valid and reliable, evaluations should cross boundaries erected by academic disciplines.

While acknowledging this critique, we would also like to argue for the need to continue our recently begun search for psychosocial good practice after emergencies in low and middle income contexts; firstly by incorporating monitoring and evaluation systematically in programmes, and secondly, by conducting targeted rigorous research as part of projects. At the moment, as also pointed to by Mikuš Kos, the evidence base for psychosocial practice in emergency situations is simply too weak (Patel, Araya, *et al.* Chatterjee, Chisholm, Cohen, De Silva, 2007). Recent emerging consensus based on expert opinion is a great step forwards, but scientific evidence for recommendations shows large gaps (Morris, 2007). Moreover, while not neglecting the hazards described by Mikuš Kos, we feel that it is very possible to conduct both methodologically rigorous, as well as ethically sound evaluations, in low and middle income, or complex emergency settings, and illustrate that below with some examples.

We have had similar concerns in relation to Mikuš Kos' question whether we can '*measure what is really important?*' An exclusive focus on symptomatology as described in psychiatric classification systems, carries both the risk for culturally questionable findings, as well as overlooking strengths of participants. In response to this problem, we have developed a brief procedure through which locally defined functioning of children can be measured (adaptations of methodology by Bolton & Tang, 2002), as part of a combined intervention/research project for children affected by armed conflict in low and middle income settings. Through brief ethnographic research (participant observation, diaries, focus groups), a short questionnaire was constructed which had good psychometric properties in Burundi, Indonesia and Nepal, and which measures individual, as well as social, aspects of functioning. This method places beneficiaries' views central and can be done using local resources, making it possible to strengthen local capacity for evaluation. For much the same reasons, we have developed and validated a brief, non specific and contextual instrument to screen for child psychosocial distress (Jordans, Komproe, Ventevogel, Tol & de Jong, submitted). Use of locally developed measures and validation against local clinical standards remove some of the concerns raised by Mikuš Kos. Though this is a time consuming process, in our experience this can lead to tools with high clinical utility and good psychometric properties.

Another example concerns Mikuš Kos' cited points of lack of attention for contextually important variables and listening to the voices of beneficiaries. In this case, we have found it very helpful to conduct qualitative studies, including focus groups with children, parents, teachers, semi-structured interviews with affected families and community experts handling psychosocial problems, before conducting quantitative efficacy research. These studies aided in making our quantitative efficacy research more contextually valid, by choosing outcome measures based on locally defined problems, adding items to standardized questionnaires and constructing new

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measures. These studies were also able to point to resources of children affected by political violence, rather than purely focus on deficits, including resources at wider social levels of the family, school, and community (Tol, Jordans, Reis & De Jong, in press).

Thirdly, we are of the opinion that treatment planning and choice should be based on rigorous evaluations, to ensure proper allocation of resources, to avoid doing harm and to continue improving services. For instance in our evaluation of multi-disciplinary treatment for torture survivors in Nepal we found that locally important mental health concerns were not optimally relieved by the provided treatment, in contrast to positive anecdotal information, and wide international implementation of these types of services. Such findings have important implications that can potentially contribute to better services for torture survivors in low income contexts (Tol, Komproe, Jordans, Thapa, Sharma & De Jong, submitted).

Finally, we believe that treatment evaluation and clinical practice can strengthen each other. In the multi-site comprehensive psychosocial care project mentioned above, we have employed a single case methodology to research the treatment mechanisms of psychosocial counselling. This methodology, which entails a series of pre, during and post intervention measurements on multiple outcome indicators, can track individual client changes throughout the treatment process. This provided useful information, both for the treating clinician as well as for intervention development and effectiveness research, and served as a learning tool (e.g. in supervision). Especially when it concerns the largely under researched field of psychosocial care for children in low and middle income settings, clinically useful evaluation techniques avoid the discrepancies that Mikuš Kos raises with regards to the over prioritisation of research interests and the power relationship between service providers and researchers.

Evaluations cannot show only *that* a certain approach is effective, but also *how*. Through multi-level statistical approaches, a combined qualitative and quantitative approach and single case methodology it is possible to identify working mechanisms of an evaluated intervention. Such findings can have clear repercussions for the improvement of treatment.

In conclusion, we underline some of the critique reported by Mikuš Kos, and feel that further changes are necessary to make current evaluation practices participatory, culturally appropriate, clinically useful and ethically sound. We feel that it is necessary to continue reflecting critically on current practice, to move towards a stronger evidence base, and that in these cases mixed methods research can be of use. These methods need to strike a balance between scientific rigor (in order to be as certain as possible of the answers to our questions) and practical and ethical concerns in a given situation, and need to have the field's practical priorities as their core aim. By citing examples from ongoing intervention/research projects we hope to have shown that it is possible to aim for this balance without falling in the pitfalls Mikuš Kos describes.

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A reaction to Mikuš Kos

Donatien de Graaff, Eveline Jansveld & Ans de Jager

In '*The pitfalls of psychosocial evaluations: a critical perspective from a field worker*', Anica Mikuš Kos describes the negative consequences of the pressure to gather evidence on the effects of psychosocial interventions. War Child Holland, an international non governmental organisation (NGO) specialised in programmes supporting the psychosocial well-being of children and young people in conflict affected areas, recognises her concerns. The increased appreciation for the value of psychosocial interventions and the accompanying increased demand for the accountability of NGOs, are in themselves positive developments. However, there is a risk that the energy invested in researching the effects can exceed the energy invested in implementing high quality programmes. One should aim for a balance between striving for programme quality and accountability.

In the past few years, War Child undertook serious efforts to combine learning how to improve the quality of interventions with being accountable towards our contributors. We did this through both evaluation and research. With the emphasis on learning, we were endorsed to conduct programme

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evaluations with internal evaluators, providing opportunities for reflection with beneficiaries, programme staff and other stakeholders. Because evaluators are part of War Child, lessons learned could be followed-up directly and also applied to other programmes. With the growth of the organisation, there is mounting pressure to conduct external evaluations, but we expect that our experiences can help to prepare outside evaluators. While evaluations have provided valuable learning moments, in terms of doing research (effect measurements), War Child is still searching for an appropriate and reliable approach.

Effect measurement of preventative psychosocial interventions

As Mikuš Kos illustrates in her article, it is difficult to measure the effect or impact of psychosocial interventions. Organisations and researchers should be transparent about their survey methods, results and research limitations. In this way, we can prevent making claims beyond what the data reveal (Duncan & Arntson, 2004).

In non-Western cultures, dealing with adversity is more '*community centric*' as opposed to '*ego centric*'. Stressful experiences of war and its aftermath are dealt with on a collective level (Refugee Studies Centre, 2001). As Mikuš Kos explains, many children are eventually able to deal with their war experiences without developing major psychopathological problems. Children's resilience is influenced by the extent to which protective factors are present, or being restored, either naturally, or through professional interventions. In this preventative paradigm, interventions mainly focus on children's strengths, developing their cognitive, social and emotional capacities to empower them against potential future distress. It is difficult to show the effects of these interventions in terms of a decline in problems, because the aim is to prevent future problems developing in children's emotional and social life. In these cases, there is a clear lack of (culturally validated) instruments to measure psychosocial wellbeing.

Search for suitable instruments

War Child has made a considerable effort to find suitable instruments to measure the effects of interventions, with varying results and many lessons learned (Kalksma van Lith, de Graaff, Jansveld & de Jager, 2007).

In Kosovo, War Child conducted a study measuring the impact of creative psychosocial activities in schools (De Graaff, 2006). The study included pre and post testing by means of structured interviews with children, teachers and parents, and control groups. Questionnaires were based on Achenbach's Child Behaviour Checklist (CBCL) and Battle's Culture-Free Self-esteem inventories. The results of this study showed a marginal decline in social behavioural problems and thought problems. Furthermore, after participation in the activities, children showed improved attention skills. However, the Kosovar children in the survey sample displayed few problems in the pre-test, leaving little opportunity for further improvement.

War Child also participated in an impact study in northern Uganda with the University of Boston and World Vision (Bolton, Bass, Betancourt, Speelman, Onyango, Clougherty, Neugebauer, Verdeli & Murray, 2007). This research project was established to develop an ethnographic tool (questionnaire) measuring the psychosocial wellbeing of children in internally displaced people (IDP) camps. Consequently, the effectiveness of two types of programmes; Interpersonal Psychotherapy for groups (IPT-G by World Vision) and Creative Play

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(CP by War Child) were studied with pre- and post tests. Evidence was found for the effectiveness of the IPT-G intervention in the reduction of depression symptoms of Acholi adolescent girls. CP was found not to be effective in reducing depression like problems in this Acholi adolescent population. The ethnographic tool that was developed ultimately measured depression and not psychosocial wellbeing, which made the tool less useful for War Child interventions. Our interventions are not designed to treat psychopathology such as depression, but to improve social skills, self-esteem and healthy coping. Although the study provided many useful insights and stimulated War Child to improve the quality of its activities, it also proved the importance of carefully assessing whether a chosen research direction truly reflects the goals of a project, regardless of the inherent value of the research.

Subsequently, we tried to chart psychosocial wellbeing by measuring protective factors which are considered essential for healthy psychosocial development, and which are reflected in the design of our programmes. In Sierra Leone, a survey with (three) repeated measurements was conducted to assess the effect of the two-year community based psychosocial programme in six communities (De Graaff, 2007). Questionnaires were developed and conducted with children and adults. Results showed that social structures promoting community cooperation and harmony were restored and/or created successfully. Furthermore, evidence of increased awareness of child rights and responsibilities was found, especially regarding the right of expression. Also, adults' awareness of the psychosocial problems of children and the level of adult support increased.

Nevertheless, there are methodological constraints that prohibit attributing the positive results entirely to the War Child intervention. Because of the length of this intervention (two years) and limited resources we could not include a control group in this survey. Non-random sampling methods were used and in addition, it should be acknowledged that conducting the survey itself can create bias. The respondents who took part in the study may have been triggered to become active participants in the community programme, thereby possibly influencing the eventual results.

Considerations for research and evaluation

The studies mentioned above illustrate our efforts to measure the effects of our programmes in a more scientific manner. However, the fact remains that implementing agencies will not be able to take a leading role in research. Instead, the considerations that follow should always be taken into account (Euwema, De Graaff, De Jager & Kalksma Van Lith, 2007).

First, research and evaluations should be well planned, guided and strictly aimed at improving interventions, and not just for the greater good of science. The practical usefulness of the information gathered should always play a leading role in deciding where, how, and with whom research takes place.

Secondly, when conducting research, especially with children in war affected areas, we feel that the convention on the Rights of the Child should be used as a framework on which any kind of research should be based. This implies that children and their parents should actively be involved in evaluation and research. Programme designs should be developed in an interactive way so that participants can learn from the experience and enjoy the exercise itself.

Thirdly, we should not get carried away by the demand for accountability. Instead, we have

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to be transparent about what is measurable and what is not. Children and their caregivers can indicate that they are doing well, we can observe children's behaviour and see improvements in social, emotional and cognitive areas, but we cannot prove scientifically that children are really benefiting from this intervention, now, or in the long run. Still, this does not say anything about the quality of the interventions. This quality can be assessed through evaluation, which should be sufficient for accountability to contributors.

Cooperation and exchange

We should be aware and acknowledge that it is very unlikely that the field of psychology will provide us with a clear-cut and simple instrument for measuring psychosocial programmes and generating clear evidence of their effects. Nevertheless, we feel that organisations and all other relevant stakeholders should cooperate and share their knowledge of methods and tools. Also, we would argue for a continuing scientific search for cross culturally validated and reliable instruments to measure psychosocial wellbeing. In the meantime, we propose peer reviews as a way to increase the objectivity of programme evaluations.

Focus on intervention quality

At the same time, we need to recognise and accept that the effects of psychosocial interventions will remain difficult to measure objectively due to the fact that such interventions deal with human interaction, which in its very nature, is subjective. While actively contributing to the scientific search, the focus of an NGO like War Child should remain on methodology development, which might require a suspension of evaluation and research efforts to allow more time and resources to be channelled into first increasing the quality of interventions.

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Psychosocial programmes and evaluations

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As a reaction to the article by Anica Mikuš Kos, we would like to share our experience in psychosocial programme evaluations.

After the earthquake in Jogjakarta, Indonesia a local non governmental organisation (NGO) provided toys for play activities for children in a tarpaulin tent. When asked why they organised this activity, the NGO staff replied that *'traumatised children need to play because that is helpful for them'*. They overlooked the fact that most children were already playing outside in the grass with sticks and stones on their own. The children avoided the tent because of the heat. Furthermore, the NGO had overlooked the fact that the children lived in their communities, with an existing social network and had their own *'games'* and *'play activities'*. When asked how having a tent equipped with toys would help the *'traumatised'* children, and what they were trying to achieve with this intervention, we received the same answer: *'the trauma of the children will go away if they play'*.

The term *'psychosocial'* is vague in terms of what the interventions actually consist of. This makes it difficult to measure the impact of interventions. External evaluators then have to conduct evaluations in a global manner *'trying to look at everything'*. Many psychosocial programmes are well designed and have clear objectives. Other programmes, however, are designed with *'good intentions'*, but without clear objectives. Often output indicators (X number of people being trained and X number of people receiving services) are used for monitoring, but output indicators do not necessarily reflect the outcome of psychosocial interventions.

Programme design

From our experience, we have come to believe that programme design needs to be informed through a proper *needs assessment.* An open outlook, with explorations about problems in the community gives us information about the problems we want to target. This will help us to develop tools to measure the outcome of the intervention designed to induce that change (Bolton & Tang, 2002). In our programme, through needs assessments, we found that torture survivors and their family members were having *'problems with fear, and problems with too much thinking'*. Further interviews with key informants gave us the symptoms associated with those two problems, which we found very close to an existing instrument, the Hopkins Checklist (HSCL-25). The programme was designed to provide individual and group counselling support to reduce these *'problems of fear and too much thinking'*, and to increase the level of functioning of the participants. We collected data for each participant before and after the intervention, using the HSCL-25 and a checklist on level of functioning designed by us through focus group discussions with

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the beneficiaries. This made it easy for us to evaluate if the programme had any impact on our beneficiaries.

Evaluation

In addition to an internal monitoring system to measure client improvement, we had also designed an external programme evaluation. This pre-design allowed us to negotiate with our donors to have a joint selection of the external evaluator through advertisement. The selected evaluator was a person well experienced in cross cultural work with torture survivors. Furthermore, it was easy for us to negotiate what she would be evaluating in the programme, since the program objective was very clear about what changes the programme wanted to achieve. Needless to say, it was easy for the evaluator to be focused on evaluating the scope of the programme, and to look at other secondary *'untargeted outcomes'*. Seeing the initial success of this intervention, we have now designed a randomised controlled trial (RCT) in partnership with John Hopkins University to measure the outcome of this intervention in comparison with a control group. We wanted to have this comparison, because with the internal monitoring of clients we could not exclude the possibility that the positive results were caused by factors other than our interventions, such as the effect of natural recovery or general contextual changes.

Through interviews in the community we refined the tools to add culturally appropriate symptoms. We conducted a baseline assessment for six villages, and started the intervention in three villages, while the other three were on a waiting list for four months. In this way, we avoided the ethical problems of withholding interventions to research participants.

We do not intend to discuss all the challenges in the implementation of an RCT, but want to stress that in our experience it is possible to design a programme with an evaluation component, and even an RCT.

In planning a psychosocial program, evaluation can and should be built in to understand the impact of the intervention. It is essential to have a clear understanding of what we want to change with an intervention and use or develop appropriate tools to measure this change. Adhering to the principal of *'do no harm'*, we believe that we need to evaluate the outcome of our interventions and not just *'hope'* that it helped our beneficiaries. A pre-envisioned evaluation allows us to get a qualified external evaluator that satisfies both the donor and us, and prevents us from getting external evaluators imposed on us, who may not have the contextual understanding of our beneficiaries situation or appreciation of the programme designed to bring targeted change.

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Practical alternative approaches to gathering evidence on psychosocial work and assessing the effectiveness of psychosocial interventions

Patrick Onyango Mangen

As Anica Mikuš Kos outlines in her article, psychosocial practitioners are increasingly being required to justify the relevance of their programmes. In a development world, where tangible material support is easily quantifiable for the donor and physically appealing to the beneficiaries, psychosocial interventions should be backed up with empirical evidence. Unfortunately, this evidence base cannot be found in evaluation reports, which are often not as thorough, or use methods that do not allow the evaluator to critically analyse findings based on the perceptions of multiple stakeholders. Psychosocial programmes, like any other social development programmes, are complex undertakings to evaluate. Unlike agriculture or education programs, which yield tangible results that can be reproduced again under different conditions and yet still yield the same results (Weiss, 1998) models of psychosocial support on the other hand cannot be automatically replicated.

The question is how to develop an evidence base without losing focus on the humanistic imperative that psychosocial support brings to development work. In my opinion, one cannot expect to find '*the answer*' from an external evaluation, but rather a combination of approaches. These include a systematic and continuous process of assessing and reviewing psychosocial interventions which, as I describe, has several important elements of an evaluation, but is unlike the conventional external evaluation that is often driven by donor needs. These processes can, to a great extent, be directed by the programme management and beneficiaries solely for purposes of improving its programmes.

Furthermore, engaging in periodic reviews and assessments on the efficacy of psychosocial interventions ahead of the evaluation, will minimise the effects of a very critical evaluation report that could potentially lead to funding cuts and frustrations in programme staff. This is because the effectiveness of psychosocial interventions is continuously influenced by other external factors beyond our control and within the same environment in which the individual resides and that can also contribute towards an individual's mental wellbeing. For example, a lot of the clients that we support in our programmes also visit traditional healers and witchdoctors, the most common medium of support in local African communities.

In my view, psychosocial practitioners should commit time to developing models of psychosocial intervention. I refer to these as models, and not a list of activities, because models imply that they can be easily replicated in other contexts with adjustments where

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necessary and can be applied based on need at different levels (i.e. models that target individuals, families and communities). For TPO Uganda, our model of providing psychosocial support to communities in post conflict settings, entails identifying and systematically building the capacity of traditional community support structures as way of strengthening the circle of support around the individual, providing reassurance and security of person.

These models of psychosocial support should be guided by a number of Interagency Guidelines that have been developed in recent years: Education in Emergencies; Child Protection; SGBV; and recently Mental Health and Psychosocial Support. These guidelines provide a basis upon which psychosocial practitioners can begin documenting and developing exemplars of psychosocial work based on a practical evidence base. In my view, this calls for a progressive investment in action research, a systematic process of reviewing, assessing, collecting and documenting information that we can use to help us improve the quality and standard of our psychosocial interventions.

In most cases, psychosocial programmes aim to support an individual to cope better in an abnormal environment. Involving beneficiaries and enlisting their participation in the intervention, will enrich a psychosocial intervention by tapping into local knowledge and expertise, and enable us to consistently monitor any reactions/changes on the part of the beneficiaries. For example in one of the TPO Uganda project sites, a psychosocial intervention that was meant to support children with special needs (orphans, children frequently exposed to domestic violence, children who had been associated with fighting forces, children who had borne the direct effects of the conflict) revealed a need to move from working with the child as an individual to working with the school as a stakeholder in ensuring that a supportive environment existed within the school.

The supportive environment included activities whose outcomes could not be easily measured, for example teachers being exposed to international statutes on children, the need to have separate and adequate facilities for both boys and girls and teachers receiving training on how they can provide emotional support and guidance to children with special needs. When developing indicators we came to realize that the change these activities would bring about in the child were not *'visible,'* but could be collected through qualitative methods that rely on perceptions of beneficiaries.

Together with teachers and pupils, we set out to identify indicators to measure the direct impact of the intervention on the pupils. In separate groups, we asked teachers and pupils what a child friendly school environment would look like, and used their responses to come up with objectively verifiable indicators.

Some of the responses from the teachers are listed below.

- Where children behave responsibly so we don't have to punish them.
- Parents are keenly involved in the affairs of the child at school.
- Children acquire relevant knowledge and skill that can help them to become productive in future.

Responses from children are listed below:

- Where all children are treated equally, without favour.
- Children can have enough time to play and interact with friends.
- Children can be supported to overcome problems faced at home.

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The importance of continually reviewing and assessing psychosocial interventions

We observed from these responses that whereas our program theory had not taken into consideration the role of parents in schools, both teachers and pupils acknowledged that parents had a major role to play in making the school environment more supportive and child friendly. Based on this new information, we redesigned our school based psychosocial intervention to include the role of parents. This process of engaging and involving the main stakeholders in an intervention to validate its theory of change; test the project design and implementation structure in the early stages of a project is what Rossi & Freeman (2004) refers to as some of the benefits of process evaluation. They add that process evaluation is good for new projects as it provides feedback that allows us to take corrective actions in the project design, improving the quality of a project, and can help establish whether programmes are responsive to current needs of target participants.

It can also forestall failure of a project to attain its intended objectives without necessarily awaiting the outcome of programme evaluation. In the same vein, Babbie & Mouton (2006) note that projects that emphasise participation of beneficiaries in social action, create space for incorporation and representation of participants perceptions of their situations, needs and environment, hence producing new insights based on valid data and local knowledge than would be the case if scientific methods were used.

Practitioners and program staff responsible for designing psychosocial programmes should frequently subject their intervention models to internal assessments in the early stages of implementing them, clearly documenting this process until a time when they have been thoroughly tested and can be developed into models of psychosocial support. Unfortunately, due to the ever changing demands in the context of operation, practitioners hardly get time to assess or document all their psychosocial work and develop coherent models of psychosocial support that can be replicated elsewhere. This hinders the packaging of psychosocial support into models of interventions. Therefore, it is not uncommon for psychosocial support to only be viewed in terms of specific competencies such as paraprofessional counselling (listening and empathising) or specific activities such as recreational games. Yet psychosocial practitioners do a lot more work with communities that indirectly contribute to the psychosocial wellbeing of individuals targeted, but because this is either not well packaged or is devoid of an evidence base, it becomes difficult to present such interventions in quantifiable terms.

An example of an intervention that can target the wider community and yet have benefits to the individual is continuous awareness raising and sensitisation workshops on mental health and psychosocial care. These can indirectly contribute to an increased access to services, as communities know where they can access services; increase resilience and coping by strengthening social cohesion and rebuilding traditional systems of support and demystifying some of the traditional beliefs associated with mental illness by providing communities with valuable information on causes and symptoms.

Applying contextually relevant evaluation methodologies

In my experience, psychosocial interventions that target individuals with the hope of '*improving mental wellbeing*' are more difficult

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to measure than those that target entire communities. This is because in the typical African community, individuals tend to rely a lot on the existing social support networks to solve their problems. Psychosocial interventions therefore have to be designed with this notion in mind and not attempt to focus entirely on the individual.

As example in an evaluation of one of our psychosocial projects, the evaluator was given differing views of impact of our intervention on the individual as well as the change in the individual, as perceived by the community. In this case, a child who had been receiving individual psychosocial counselling and later livelihoods' support, noted that he had only begun to cope better with his problems when TPO started providing him with livelihoods' support. Yet, in focus group discussion with families of children being supported by TPO, the guardian of this particular child observed that since the children started receiving psychosocial counselling from TPO, they were more cheerful, related better with family and peers, were no longer as isolated and withdrawn as before and were now more mentally sound to engage in the livelihoods' support activity.

In the first instance, the evaluator could easily have concluded that only livelihoods' support worked for the child, yet the family had noticed improvement in the child from the time of commencing psychosocial counselling. Ethnographic methods, especially observation and interviewing, should preferably be used when evaluating psychosocial programmes. These methods allow the evaluator time to observe and collect perceptions from a broad range of stakeholders and to measure change over time. Evaluators should attempt to reach as many stakeholders as possible that either directly, or indirectly, contribute to the eventual outcome of the project objective.

The evaluation methodology and types of respondents to be involved in the evaluation should all be clearly stipulated in the terms of reference. Most donors are now involving the implementing organisations in preparing the terms of reference, and in some cases in the selection of the consultant to conduct the evaluation. However, where this is not the case, periodic reviews and assessments enable the implementing organisation to have a direct control on programme outcomes.

Towards a pool of psychosocial evaluators

Psychosocial work, being a relatively new field in the social work domain, does not have many people with the relevant expertise, a thorough understanding of how psychosocial projects are designed and implemented, as well as the experience of evaluating psychosocial programmes. This can be a constraint to undertaking a meaningful evaluation, which programme staff can use to improve the quality of psychosocial interventions. Most evaluators are not experts in a particular program field. In the early years of the TPO program, between 1996 and 2000 psychiatrists, management specialists or psychologists who had lots of academic and research grounding, but little experience in community mental health programmes, conducted evaluations of our psychosocial and mental health programme.

However, the growth in the need for psychosocial programmes has seen the emergence of a pool of practitioners capable of evaluating psychosocial programmes. We have therefore been able to identify suitable consultants with relevant expertise in psychosocial work that have produced high quality evaluation reports that we have used to enrich our psychosocial programmes.

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Evaluators should be familiar with the general field, learn a good deal about the specific programme under study as the evaluation moves along and attempt to understand how the programme expects to bring about required change (Weiss, 1998). Psychosocial support is progressively integrated in humanitarian responses, especially in emergency conflict and post conflict situations. We hope that this will lead to networks of practitioners that engage in evidence based action research, documentation of best practices and performing psychosocial evaluations. This wealth of knowledge to be unearthed can be used to improve the quality and standards of psychosocial programmes.

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From being assessed to self assessment. A brief comment from an external evaluator and former field worker

Geertruid Kortmann

With great interest I have read the challenging article by Anica Mikuš Kos on the pitfalls of external evaluations of psychosocial programmes. As a devil's advocate, she forces me to critically reflect on the way I did and do my job as a former fieldworker involved in both service provision and project management for over 10 years and now as a public (mental) health consultant for almost a decade. Many of my assignments concern external evaluations of psychosocial and/or mental health programmes in post conflict countries e.g. Bosnia, Burundi, South Sudan and the Caucasus.

There is a lot to be said about external evaluations and yet there is not one single truth about the art of evaluating programmes. I would like to share some of the lessons I learnt over time that make me believe that an external evaluation can make a difference.

First of all the objectives of the evaluation and key questions to be addressed need to be *clearly* spelled out in the *Terms of Reference (TOR).* Quite often the TOR are either too ambitious or not specific enough about what needs to be studied. I learned to negotiate with the contracting agency about clear and realistic

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terms of reference and expectations. I refused the impossible task of coming back after one or two weeks with scientific evidence regarding the effectiveness of the interventions, unless such evidence is already – at least partially – available in the field as a result of *internal monitoring and evaluation or research*. Evaluating the effectiveness of interventions at the level of those who have been most affected by the conflict in a *scientific* way requires an entirely different approach and far more time than an external evaluation of a *programme*. A study on the (cost)effectiveness of mental health and psychosocial interventions by HealthNet TPO in a number of post conflict countries illustrates the complexity and resource requirements of scientifically sound research. (De Jong, Komproe & O'Connell, 2004) Research differs basically from a programme evaluation.

My *approach* to any evaluation is in the first place *participatory*. I try to involve the programme staff in the evaluation process right from the beginning because they are far better informed and more involved in the programme than I. I attach much value to *jointly reviewing the terms of reference and the intervention logic,* i.e. the specific objectives and strategies, expected results and main activities. Currently, terms of reference of psychosocial programmes often require assessing the (i) relevance, (ii) effectiveness, (iii) efficiency, (iv) management, and (v) sustainability of the program. So the evaluation is expected to have a much broader focus than only on effectiveness. I try to address these key issues in a series of short participatory workshops with the programme staff and through meetings or round tables with beneficiaries at the different levels. This offers the opportunity to the field staff and other main players to get fully involved in the evaluation and become owner of the findings and conclusions of the evaluation. This requires facilitation skills more than mental health expertise. It constitutes a learning process that may be difficult, but generally proves to be much appreciated by both parties. It is an approach that enhances *self-assessment instead of being assessed.*

Donor agencies are indeed reluctant to take the *effectiveness of psychosocial interventions* for granted unless scientific or convincing evidence is available. The domain of psychosocial assistance is a complex one and covers so many different visions and approaches that neither donor agencies nor implementing organisations can consider a psychosocial intervention relevant, meaningful and effective – let alone cost effective – just because it pays attention to people who suffered or still suffer. However, guiding principles for effective public mental health have been well described. (De Jong, 2002) These principles underline the importance of contextual and cultural sensitivity, of building on people's strengths and resilience and on natural support systems. They guide me during the workshops with the field staff and sharpen my observations and listening.

The question about the effectiveness of the programme, is in the first place a question that the field staff needs to ask and answer themselves: '*What did we want to achieve? Are we on the right track now towards reaching our objectives? What change has been achieved over time? How do we know?*' Answering these questions is easiest when an internal monitoring system is in place and time is taken to regularly reflect on the outcome of the programme interventions. If the programme does not regularly monitor progress and outcome, it is difficult, and sometimes impossible, to do it retrospectively during an external evaluation. Quantitative and qualitative information and analysis of the information prove essential for a better understanding of

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the quality, coverage and costs of the programme. As an evaluator, I pose the same questions during the review of the programme logic (or logical framework) and answers are sought together. When necessary I assist in developing simple monitoring tools for psychosocial counsellors and program management staff.

For me it is crucial that the field staff take their own responsibility to monitor, discuss, criticise or praise the progress in the programme, the results – planned or not– or the lack of results in the worst case scenario. That should not be the primary responsibility of an external evaluator. At the level of the assisted populations, I tend to listen to them, ask them to share their concerns about their felt needs and the way the programme addresses their needs. I try to understand how they benefit from the programme and from other programmes in the area. I try to hear from them what they would like the program to do differently, etc. I am aware that their views may not be fully representative, but encounters with the target groups are essential for my own awareness. However, I expect the field staff to be in closer contact with their target groups and therefore I invest a lot in working through the field staff.

At the end of the mission, I present and discuss the preliminary findings to make sure that there is consensus on the main issues.

In her introduction, Mikuš Kos actually summarises rather clearly the potential of a good external evaluation as a *learning and management tool,* a source of *feedback to fieldworkers* and an opportunity for *joint critical reflection* on relevance of the programme with regard to the priority needs of the targeted populations. An external evaluation can be a moment of *seeking evidence* for the effectiveness of the interventions and *transparency and honesty* about bottlenecks and possible negative effects. She explicitly mentions the crucial role of *internal evaluation mechanisms* that require both quantitative and qualitative approaches built in each programme. Let us, as external consultants, base our approaches on this potential and not get trapped in unfair standards of donor agencies, arrogance of knowing best or denying the beneficiaries perceived needs.

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