

# Evaluating the psychosocial components of a humanitarian project: describing the effect of an intervention in relation to psychosocial problems

**Anonymous**

*One inescapable fact of most psychosocial interventions is the requirements of donor organisations, often in the form of project or programme evaluations. A group of psychosocial workers working with formerly displaced people, who are now relocated in resettlement areas, were asked by the donors to show that their approach is effective in removing psychosocial problems. In this field report, it is shown that, in this particular case the job of the psychosocial workers can indeed be described in terms of removing psychosocial problems. This required formulating a conceptual framework that distinguishes categories of psychosocial problems and links each of them to a verifiable indicator showing that a psychosocial problem has been addressed.*

**Keywords:** conceptual framework, donor requirements, evaluation, indicators, psychosocial problems, resettlement area

## **Background**

### **Demands of donors and the need for a conceptual framework**

In the case illustrated in this field report, an international nongovernmental organisation (INGO) has been providing humanitarian help in emergencies since 2009, offering psychosocial activities as a component within its relief programmes in three resettlement locations. The donors (one for each location) require reports on the impact of these psychosocial activities. In particular, donors want evidence that shows the effect

of the psychosocial interventions as a whole on the existence of psychosocial problems within the community. The thought process behind this requirement defines these psychosocial activities as aimed at dealing with (and preferably removing) psychosocial problems. Therefore, the donors are seeking evidence that illustrates that the amount of people affected by psychosocial problems has decreased.

This demand by donors raises several questions and challenges, some of which will be addressed in this paper. In particular, how to satisfy these demands? To do so requires a categorisation of psychosocial problems, which in turn points to psychosocial workers need for a conceptual framework to explain both similarities and differences between various categories of psychosocial problems. Recent publications on the evaluation of psychosocial interventions (e.g. UNICEF, 2011; Williams et al, 2008) do not offer such a framework. Therefore, when faced with these donor requirements, the author found it essential to develop one. This field report presents the process of developing a framework, and discusses the challenges and limitations.

## **Process and development of a conceptual framework**

### **Some basic assumptions**

Often several, *basic assumptions* are interwoven within the fabric of frameworks

regarding psychosocial interventions. For the author, it was extremely important to be aware of these basic assumptions, which include:

- Psychosocial problems are human problems involving both psychological and social aspects<sup>1</sup>.
- People suffering from psychosocial problems can be helped through psychosocial interventions (i.e. interventions that have both psychological and social aspects).

The term psychosocial refers to ‘*a way of looking*’ at human problems in terms of interactions between individuals, and the people or communities around them. As yet, there is no generally accepted category system for psychosocial aspects of human problems.

The psychosocial aspects of human problems come into existence through the interface of individual, or groups of individuals, and the social environment. These include:

- I. Problems ‘*created*’ by an individual for other people in the social environment, sometimes as a result of mental health problems.
- II. Problems that individuals have to face due to the people around them, which means that they can be seen as ‘*victims*’.
- III. Problems that have developed within the context of the family.
- IV. Problems that occur because the procedures or services of institutions in the community appears to be at odds with the wishes or possibilities of individuals.
- V. Problems that occur between groups of people.

### **A list of psychosocial problems**

Taking the basic assumptions and psychosocial aspects of human problems, listed above, a categorisation was created (see Box 1). This categorisation is based on the results of analysing case histories of people

who were able to overcome problems after being targeted by psychosocial interventions<sup>2</sup> and includes a list of psychosocial problems as well as indicators suggesting that the problem has been overcome.

## **Results and discussion**

### **Verifying psychosocial workers ability to use the list**

In order to verify whether the psychosocial workers could use the list as a monitoring instrument, a meeting was organised. During the meeting they were asked to first discuss ‘*success cases*’ that illustrated how they had been successful in helping some of their beneficiaries. As a second step, they were asked to discuss challenging ‘*difficult cases*’ where they were currently struggling to assist beneficiaries. Then the list of psychosocial problems was introduced. After this, the participants were asked to mention psychosocial problems they thought described at least part of the problems that were discussed when reviewing their ‘*success*’ and ‘*difficult*’ cases. In that process, participants spontaneously came forward with examples from other cases that had not been discussed so far. The reactions of these psychosocial workers clearly illustrated that they could work with the list easily and that it was close enough to their experiential world. In a follow up meeting, 5 months later, this was confirmed.

### **Some challenges to monitoring in terms of psychosocial problems**

The approach described above is aimed at showing progress through statistics. *How* progress is achieved does not become clear with the approach. The approach described in a previous article (Anonymous, 2013) is better fit to describe *how* psychosocial interventions work. As an addition to the quantitative data, a few anonymous case examples might be included in a donor’s report, as some donors use them on their websites.

### **Box 1: Psychosocial problems in resettlement areas**

#### I. The interaction of individual and community: maladjustment of the individual

1. *Social dysfunction.* An individual, often as a result of mental health problems, gets into conflict with people around him/her. This problem has been overcome when the individual and the people around him/her are able to reduce conflict as a result of either improved social skills and insight, or increased understanding and tolerance of the people around him, or both.
2. *Social isolation.* A mentally affected person withdraws from family and /or community life. This isolation has been overcome when the person and his/her family, friends and neighbours are actively involved with each other.
3. *Dependent unproductiveness.* A person does not contribute to maintenance for him/herself and/or the family, thereby creating dependence on others. This problem has been overcome when the person is productive again (or for the first time) and can look after him/herself so standard of living is increased and they are no longer experienced as a burden by the people around them.
4. *Moral deviance.* A person does not adapt to the moral standards of the community. This problem has been overcome when the person has in some way become more adapted to the moral standards in the community – which may mean that these standards have developed.
5. *Hostility.* A person, e.g. as a result of wrath or frustration, is verbally extremely aggressive and as a result does not contribute to improving community life. This problem has been overcome when the person is able to be experienced as friendly and supportive towards others.

#### II. The interaction of individual and community: the individual is victimised

1. *Sexual harassment* of a vulnerable woman, e.g. a widow. This problem has been overcome when the woman feels protected and is able to defend herself.
2. *Sexual molestation or abuse of a child* after which the child is stigmatised and not well protected. This problem has been overcome when the child is not blamed and feels protected by significant adults.
3. *Unprovoked social rejection*, e.g. being teased or bullied or maliciously gossiped about. This problem has been overcome when the teasing, bullying or gossiping stops.

#### III. Individual and family: abuse, conflict and communication problems

1. *Substance abuse.* A person is abusing alcohol or drugs. This problem has been overcome when the person is able to stop abusing alcohol or drugs.
2. *Domestic violence.* A person is violent towards family members. This problem has been overcome when the person stops being violent towards family members.
3. *Marital discord.* A couple has severe communication problems and conflicts. This problem has been overcome when the communication has improved and the couple is more mutually supportive of each other.
4. *Family problem or conflict.* In a family there is a significant conflict. This problem has been overcome when the communication between the family members has improved and they are more mutually supportive.
5. *Child neglect.* A parent is neglecting his/her child/children. This problem has been overcome when the parent behaves as a responsible parent.
6. *Neglect by a family member of an elderly relative.* This problem has been overcome when the family member takes care of the elderly relative.

#### IV. Individual and institutions or services: lack of fine-tuning

1. *Non-compliance.* A patient is not taking medication as prescribed. This problem has been overcome when the patient is now taking medication as prescribed.
2. *Truancy.* A child or adolescent is not attending school. This problem has been overcome when the child or adolescent is now regularly attending school.
3. *Problems with lack of cooperation between psychosocial workers and other services*, e.g. the government office responsible for child protection. These problems have been overcome when cooperation has increased.

#### V. Interactions within the community: conflict and exploitation

1. *Lack of cooperation* between community members and/or community leaders. This problem has been overcome when the people involved no longer complain about a lack of communication and cooperation.
2. *Conflict or tension between groups* within the community, e.g. ethnic groups. This problem has been overcome when the communication and cooperation between the people involved has reached an acceptable level for all.

### Limitations and challenges

One obvious limitation of describing the impact of psychosocial activities in terms of psychosocial problems is the fact that psychosocial workers are confronted and react to more aspects of human problems than just psychosocial ones. When a person withdraws from family and neighbours after the loss of family members during armed conflict, that is a psychosocial problem. However, psychosocial workers may not immediately react to the withdrawal aspects of the person that is grieving. For example, they may start with grief counselling and invest most of their time in that therapeutic activity. The danger, in terms of donor requirements, is that this will not give them points to report as there is no direct link between grief counselling and the problem of social isolation.

A second challenge is the fact that consideration of what is included in the list of psychosocial problems is dependent on local circumstances. In a different region, some problems may not be met frequently, while other problems may need to be added to the list. As a result, the list of psychosocial problems will always remain *'under construction'*.

A third challenge is to collect data on the indicators that show that a particular psychosocial problem had been removed. For some problems (e.g. social isolation), the indicator could be behaviour of the affected person as observed by the psychosocial worker. For other problems (e.g. marital discord), the report of the beneficiaries themselves may be a reasonably reliable indicator. For still other problems (e.g. substance abuse or domestic violence) a report of a significant other may be necessary. Even when a reliable indicator has been identified, some questions will still need to be discussed. For example, when is the problem of substance abuse overcome? The day a person stops drinking? When he has been sober for a month? Or is the mark when he has been sober for a year?

The last challenge is in setting a realistic goal in terms of psychosocial problems. The INGO (mentioned above) asked the author's advice in these matters had, after some deliberation with their donors, set the goal as achieving *'30% of households who reported psychosocial problems during initial household visits now report having found constructive ways of dealing with these'*. This still raises important questions, such as how to define constructive ways? Or, does taking part in the psychosocial activities count as a constructive way?

As an alternative, a second goal was formulated: *'that 30% of people who reported psychosocial problems report having a support network that they can fall back on'*. This raises other questions, such as what is the minimal size of such a network? Support from one relative may make a crucial difference, but can that be called a network?

The INGO in this case also hoped to achieve *'20% of people can report constructive ways of dealing with socially harmful behaviour'*. The questions raised here include: what is socially harmful behaviour? Does withdrawing from family and neighbours count as socially harmful? What are considered constructive ways of dealing with this problem?

In sum, it seems that finding verifiable indicators that a psychosocial problem has been removed or is being dealt with is not just a matter of ticking boxes.

### References

- Anonymous (2013). Evaluating the psychosocial support components of a humanitarian project. *Intervention, 11*(2), 180-189.
- UNICEF (2011). *Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies*. New York: United Nations Children's Fund.
- Williams, R., Mikus Kos, A., Ajdukovic, D., van der Veer, G. & Feldman, M. (2008). Recommendations on evaluating community based psychosocial programmes. *Intervention, 6*(1), 12-21.

---

<sup>1</sup> See for example <http://dictionary.reference.com/browse/psychosocial>.

<sup>2</sup> Cases read by the author in a recent quarterly report of one of the leading psychosocial workers.

*The author is an experienced trainer in psychosocial issues in post conflict settings, whose name is known to the Editor in Chief and can be reached, through her at the address below.  
email: [intervention@wartrauma.nl](mailto:intervention@wartrauma.nl)*