

# Evaluating the psychosocial components of a humanitarian project

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*The author describes the evaluation of the activities of a group of psychosocial workers in Internally Displace Person camps and resettlement areas. These psychosocial activities were offered as an addition to a programme aimed at improving the living conditions of the target group by building shelters and livelihood programmes. The approach of the psychosocial workers was based on intuition and common sense, but not on an explicit view on the objectives of their interventions and the connection between these objectives and the methods they were using. During interviews and a workshop these matters were discussed, and thus an 'intervention logic' could be made explicit, including some verifiable indicators for the effect of each of the psychosocial activities and some combinations of activities. It also became clear which possibilities were available to improve the quality of the psychosocial activities, by training the psychosocial workers in regard to skills and insights they, so far, were not using. This report, therefore, shows what kind of psychosocial activities can be effective when integrated in programmes aimed at improving the physical life environment.*

**Keywords:** evaluation, internally displaced persons camp, intervention logic, resettlement area, verifiable indicators

## **Introduction**

*The need for psychosocial interventions in programmes aimed at improving living conditions*

A situation is classified as an 'emergency' when large numbers of people are in desperate need of basic necessities, such as food, water, shelter and healthcare. Such situations are usually the consequence of massive displacement, large scale violence (related to armed conflict or war), or natural disasters. In such situations, the surviving population inevitably also suffers from multiple losses, of both loved ones and possessions. Both of these losses have strong psychological impacts. Emergencies often result in the population being concentrated in camps, which may erode the social cohesion of local communities. Community structures and mechanisms that provide practical and emotional support often collapse. Procedures for dealing with conflicts and shared activities that promote wellbeing are frequently interrupted.

This means that after emergencies, in order to reduce suffering, more than just material help is required. There is also often an urgent need for interventions aimed at assisting people to cope with the (potentially) severe psychological consequences of armed conflict, or natural disaster. Interventions aimed at recreating community structures and mechanisms that contribute to the wellbeing of the population, are often also indicated because pre-existing pro-social community structures and traditional mechanisms for conflict mediation may be affected by the emergency, thus creating a

greater risk of escalating conflicts in the camps. Conflicts may arise between individuals, families, certain groups (e.g. adolescent males) and/or the camp authorities, and this may lead to additional psychological problems and stress for the residents, which in turn can easily result in increased lethargy, a higher incidence of psychiatric symptoms and psychiatric disorders, an increase in substance abuse and domestic violence, as well as more conflict and inadequate use of aid facilities (IASC, 2007). As a result of all these potential psychological impacts, interventions focused exclusively on relief of basic needs and improving health care will become less effective. This downward spiral can be halted by combining material aid with adequate psychosocial interventions and to promote self-help, coping and resilience among affected people (The Sphere Project, 2011; Williamson & Robertson, 2006).

### **Evaluating psychosocial activities integrated within a relief project: a case history**

*An intervention based on common sense and intuition.* In December 2009, an international nongovernmental organisation (INGO), that provides humanitarian help in emergencies, asked me to evaluate the effects of psychosocial activities that were a part of their relief work. This work had occurred over the past year, within a post conflict zone, in Internally Displaced Persons (IDP) camps and resettlement areas.<sup>1</sup> The psychosocial activities were carried out by 12 psychosocial workers. They were young adults (in their twenties) who belonged to the same ethnic group as the population based in the IDP camps. They did not, per se, have a defined vision of their work. Their activities were based on intense contact with the target group, intuition,

common sense, and some exposure to training in western style, client centred (non-directive) counselling<sup>2</sup>.

### **The intervention logic**

*A participatory approach.* In order to examine the results of psychosocial activities, a formulation of an explicit '*intervention logic*' was developed with psychosocial workers and the assistance of the author. This was done using a participatory approach, involving the staff who implemented the psychosocial interventions used in the evaluation process. The staff members were interviewed about their intervention logic, through a guided discussion on each of their interventions. During these discussions, the objectives, the methods used, and the possible indicators for the intended effect of an intervention were all covered. Additionally, the conceptual framework used by van der Veer (2008) for describing various components of the problems of people affected by armed conflict, and the counselling approaches that may work for each of those components (Box 1), were introduced step-by-step. Also, a workshop on psychosocial work with survivors of armed conflict was conducted. This provided an impression of their skills and knowledge, as well as the challenges they faced in the field.

*The intervention logic: three types of interventions* Over the course of 2009, the psychosocial workers were engaged in three types of interventions: counselling for members of the target group, interventions aimed at key figures within the communities, and interventions aimed at the wider community. All interventions were aimed at four different target groups: residents of two IDP camps and one resettlement area, children living in three orphanages, elderly residents in three homes for the elderly, and

**Box 1: Counselling interventions for personal problems: a conceptual framework**

Counselling interventions can be aimed at groups of members within the target group (e.g. widows), at individuals, or at family units. The evaluation was based on the assumption that counselling is aimed at dealing with complex personal problems that may include the following components:

1. *Practical problems*: such as bad living conditions, or loss of contact with family members.
2. *Dilemmas in which the client has to decide which option is the lesser of two evils*: for example, should a woman stay with her alcoholic and abusive husband, or should she leave him and take the risk of becoming an outcast?
3. *Problems due to a lack of skills*: such as lacking the social skills needed to make new friends after separation from old, trusted friends or the skill to relax in a healthy way after stressful experiences.
4. *Symptoms, complaints and problematic behaviour related to traumatic experiences, or extreme stress*: for example, physical complaints for which a doctor cannot find any specific causes, or symptoms like nightmares, anxiety attacks, or sudden unexpected outbursts of anger. (These complaints and symptoms have usually come into existence after the client has had to endure very painful or fearful experiences.)
5. *Problems due to overwhelming emotions*: for example, the client seems to be paralysed by feelings of sadness, hopelessness or powerlessness.
6. *Problems a person has with him/herself*: such as blaming him/herself for something and cannot find peace of mind, or the client has a one-sided, negative view of him/herself, which creates pessimism. (A problem of this type is often linked to feelings of being overwhelmed.)

Each of these components requires its own particular counselling approach (for details, see van der Veer, 2008).

wounded patients in a government hospital. Table 1 gives an overview of all interventions. *Counselling interventions* were aimed at promoting the wellbeing and healthy development of the members of the target group, and at preventing psychiatric disorders.

*Psycho-educational interventions aimed at key people* directly involved with the target group were carried out because these individuals are instrumental in providing a safe and stimulating environment. To provide such an environment requires empathy; an understanding of the background, problems and feelings of the beneficiaries.

*Interventions aimed at people in the wider community* were aimed at rebuilding some of the social capital that had been destroyed due to violence, displacement and other features of armed conflict, or war (Sliep & Meyer-Weitz, 2003).

**Interventions aimed at IDP camp residents and people in resettlement areas**

*Baseline survey* The psychosocial activities aimed at the target group (consisting of families resident in camps), started with an assessment of the needs of 646 families

**Table 1. Overview of all interventions**

	Counselling interventions	Interventions aimed at key figures	Interventions aimed at the wider community
Target group			
IPD camp residents and people in resettlement area	Baseline survey, family counselling, individual counselling, group counselling	Seminars for teachers and teacher/counsellors, seminars for community volunteers	
Children and youth in orphanages	Group counselling, individual counselling	Seminar for wardens	Support groups for widows, awareness programmes
Residents in homes for the elderly	Group counselling, individual counselling	Seminar for wardens and caretakers	
Wounded patients in a government hospital	Individual counselling		

in the target area. The baseline survey, which gave an overview of the needs of the families, was conducted through family interviews and focus group discussions of representatives who could discuss families' needs in a more general manner. In this way, the psychosocial workers could form an initial picture of the needs within the camp.

*Family counselling (458 families over one year)*

The objectives of family counselling mentioned by the psychosocial workers were: improving cooperation within the family dealing with problems, coping with alcoholism, divorce, conflict between parents and children, and conflicts between young married spouses. This was done by means of the usual methods for family counselling<sup>3</sup>. Verifiable indicators of the effect of family counselling included: a decrease in risky behaviour (i.e. drinking), increased care for the children, fathers giving money to the family and not staying out late, more mutual understanding between partners and family, more mutual respect between partners and less conflict reported by partners.

*Individual counselling (932 clients)* When discussing the objectives of individual counselling, the psychosocial workers did not

include objectives related to the first three, of the six possible, components of personal problems cited above (practical problems, dilemmas and lack of skills). It is highly unlikely that problems of this type are not prevalent in this target group. It is just as unlikely that the workers did not recognise these components, or actively decided not to work on these issues, as these personal problems were mentioned later, during a discussion on group counselling. It is far more likely that, based on a discussion of 'difficult cases' during training sessions with the workers, they underrated their successes in dealing with these components. This appears to be due to a focus on those components where they felt less competent. This also includes aspects of component 4: complaints and symptoms such as intrusive memories, nightmares, loss of control, and anger. When discussing the counselling techniques they used for this particular component, they did not mention techniques aimed at stimulating active coping with these symptoms.

The workers did mention component 5: overwhelming feelings due to multiple losses, which they dealt with by discussing painful

events and stimulating (both by talking and forms of art therapy using drawings and clay) the expression of emotions related to these events. The, in principle, verifiable result of these techniques was that clients said that they felt relieved and became more independent of relatives and neighbours.

Component 6, however, was not mentioned at all and probably was not recognised by some of the psychosocial workers.<sup>4</sup>

*Group counselling (368 youth)* While discussing group counselling with the psychosocial workers, components 1–5 were mentioned. Table 2 shows which techniques were mentioned, and which results were observed.

### **Activities aimed at key figures in the IPD camp**

*Seminars for 257 teachers and teacher/counsellors* (at schools in the villages where children of the camp mix with local children)

The following objectives were mentioned by the psychosocial workers to support (often also traumatised) teachers to deal with traumatised children by promoting active listening skills and empathy through explaining the consequences of trauma, and the developmental stages of children: to promote awareness of their own feelings that may stand in the way of supporting the children; to help the teachers recognise symptoms in children, and report these to the counsellors; and to change their attitude from police-like to parent-like.

The methods used during these seminars included: meditation for relaxation and concentration; reflective story-telling; group exercise for self awareness<sup>5</sup>; role play exercises to increase listening skills; and discussions on how best to support the children. According to the psychosocial workers, the effects of these seminars were that teachers no longer used corporal punishment nor

**Table 2 Group counselling for youth**

Goal: dealing with component number:	Counselling techniques applied	Observable result
1. Difficulty in finding a job	Of 30 youths, girls were guided to follow needle-work classes	25 girls involved in sewing garments
2. Dilemmas related to sexual acting out, poor school attendance and obedience to parents	Reflective story-telling <sup>10</sup> , group discussion	Reduced complaints from parents about their behaviour, less sexual acting out, less truancy
3. Lack of skills to gain employment	Group discussion	The group assisted and supported members to identify and discuss their talents. Individual members feel happy and contented by the group support
4. Lack of concentration, bodily tension	Meditation	Improved relaxation and concentration during group sessions
5. Fear and suspicion, alienation of other age groups in the community	Group discussion	They were inactive, now they are active in community work, and helping children with school work. Relationships with peers have improved since there is less suspicion and fear of each other. Additionally, the Government Agent sees a reduction in undesirable gang behaviour.

scolding as methods of discipline, and that they were able to recognise traumatised children in their class.

*Seminars for 28 community volunteers* The objectives of these seminars were to train volunteers in befriending and peer counselling, so that they were able to identify individuals who needed support by the psychosocial workers. The methods that were used included lectures and role play. The role play covered the following issues: increasing listening skills, how to approach people, and recognising signs and symptoms of mental health problems. As a result, the volunteers regularly refer people who can benefit from counselling, they cooperate in the organisation and facilitation of community awareness programmes, and as advisers they give provide ideas about how life conditions for children could be improved.

### **Activities aimed at the community within the IDP camps**

*Support groups for 80 widows.* The objectives of this activity were: to end the widows' social isolation; to increase assertiveness against men who are harassing them; to offer grief counselling; to stimulate them to support each other; and to cooperate with each other in practical matters. Two main methods were used. One was grief counselling, in the form of writing a letter to their deceased husband, and performing funeral rites. The other was for more general support, such as group discussions about developing their individual talents and those of their children, about the problems they were having with their children and how to get help in raising them, and on difficulties arising in their daily life. The psychosocial workers mentioned the following indicators of the effect of this intervention: 'they cooperate now in income generating activities (making and selling

lunch packets); they report an increase in income from other activities (repairing fishing nets); one individual had success in obtaining money through a charity so that a daughter could study; another individual success was replacing help from a male neighbour (which would result in gossip) with help from the son of another widow; and initiating a revolving credit system.

*Awareness programmes for the community (458 participants)* The objectives were: to help people prevent conflicts between neighbours; to assist them to take responsibility for keeping toilets clean; and to increase their awareness of mental health issues and of the possibility of receiving counselling. The method used was group discussion. Indications for the effect of these programmes, mentioned by the psychosocial workers, included the following statements: '*Children are brought for counselling, alcoholic fathers too, couples come for counselling on their own initiative.*' '*The priest says there is less conflict between neighbours. There are also fewer complaints to the police. Parents dress up now when they come to talk to the school principal. Children are no longer sent to work, but to school. Before, 25 did not go, now it is only one. The toilets are cleaner, they are clearly divided, and the cleaning is organised between the users.*'

*Awareness programme for 368 youth in the community* The objective was to promote pro-social behaviour. The method used was group discussion. Indications for the effect were that the youth stopped hanging around the junction and teasing girls, they organised sport matches, take children to school, have formed clubs and make music together.

### **Interventions aimed at children and youth (age 10–17) in three orphanages**

The psychosocial activities aimed at this target group included: group counselling;

individual counselling; and a seminar intervention aimed at (key figures) the wardens of the orphanages. With this target group, the psychosocial workers were highly aware that tackling component 3 (personal problems and lack of skills), was an important objective. Many orphans appeared to lack social skills essential for positive interaction with their peers, poor concentration, and bodily tension. Methods for training this skill set included collective activities (i.e. finger-painting, knowledge competitions)<sup>6</sup> for exercising pro-social behaviour, such as cooperation and mutual support. For training concentration and relaxation, visualisation and relaxation exercises were offered. The workers also had identified examples of component 4: symptoms such as stuttering, extreme shyness, fear of strangers, shouting during dreams, tension and problematic behaviour (bed wetting, avoidance of school or school phobia). Here, the wardens felt rather helpless, and only used withdrawal of privileges to control problematic behaviour. They psychosocial workers were also aware that many orphans were having overwhelming feelings of sadness, anger and hopelessness (component 5). They dealt with this component through the methods of reflective story telling and serial story telling<sup>7</sup> (for discussing feelings and how they came into existence), and art therapy forms (for expressing feelings). With regard to problem component 6, the psychosocial workers mentioned that many orphans had an *'inferiority complex'* and that they used a method called *'photo-language'*<sup>8</sup> for boosting self confidence.

The individual counselling of orphans was aimed at enabling the shy ones, who in group situations seemed to be overwhelmed by fear (problem component 5), to be more motivated and better able to participate in the group counselling. The methods used

included use of art and play therapy, aimed at expression of emotions. Their feelings of inferiority (component 6) were tackled through use of sentence completion exercises, questionnaires for self-description (aimed at promoting self-reflection) and the empty chair technique<sup>9</sup> (aimed at discussing the internalised views of the parents). Interviews with the psychosocial workers did not provide identifiable, clear indicators for any separate effect of counselling this target group of orphans.

The wardens of the orphanages were approached through a seminar, in which 14 participated. The objectives were: to promote listening skills; to promote empathy by explaining the consequences of trauma and the developmental stages of children; to enable them to recognise symptoms and report these to the counsellors; to change their attitudes from a police-like approach to a more parent-like one: to promote self awareness (of their own feelings that may stand in the way of supporting the orphans); and to increase awareness of the consequences of sexual abuse. The methods that were used included: meditation for relaxation and concentration, reflective storytelling, group exercise for self awareness, role play exercise for listening skills, and a discussion on how best to support children. Indicators of the positive effect of this seminar were that 'the children in the orphanages said that they had fewer problems with wardens: before the seminar 12 of the 13 were described as difficult to approach, after the seminar only 2 out of 13. Wardens also no longer lock children in dark rooms, and no longer threaten them.'

There are also verifiable indicators of the effect of the combined activities (group counselling, individual counselling, plus the seminar for wardens) aimed at the orphans: *'the orphans always (instead of irregularly) attend*

*classes; they dress neatly; they have better marks at school; they participate in common activities, like cleaning; the wardens complain less about unacceptable behaviour; the orphans listen better to one another, and there is less quarrelling; there is less unpleasant competitive behaviour, such as boasting or ridiculing; there is more cooperative behaviour, such as playing together and team sports; the wardens report less stealing?*

### **Support for elders in homes for the elderly**

*Group counselling* The first intervention used was group counselling. Problem components 1 through 4 were not identified by the psychosocial workers involved in work with the elders. Most of the symptoms and behaviour problems they did observe, but did not address (nightmares, eating soap, quarrelsome behaviour, inactivity, lethargy, complaining, accusing and blaming others all the time, worrying) could be understood as an expression of component 4 (symptoms, complaints and problematic behaviour related to traumatic experiences, or extreme stress). The psychosocial workers identified a lot of sadness and anger surrounding personal losses (component 5), which they tackled by means of art therapy forms (for expressing feelings), *'reflective story telling'* and *'serial story telling'* (for discussing feelings and how they came into existence). Signs of component 6 (problems a person has with him/herself) were not identified.

*Individual counselling* There was also individual counselling, during which help was given for practical problems (component 1), for example, help in writing letters for elders who had lost the connection with their family during their displacement. The psychosocial workers also gave assistance aimed at dealing with manifestations of problem component 5 (sadness and anger surrounding personal losses) and 6

(manifested as *'shame for something they did in the past'*) by means of supportive, empathic listening. During interviews with the psychosocial workers, it was not possible to identify clear indicators for a separate effect of either group or individual counselling.

*The activities aimed at key figures* included a seminar for nine wardens and six caretakers. The objectives were: to make them aware of the special problems relating to the elderly missing their children and grandchildren; to teach practical nursing skills; to promote listening skills; to increase empathy by explaining the consequences of trauma; to make the participants better able to recognise symptoms and report these to the counsellors; and to promote self awareness (especially of their own feelings that may stand in the way of supporting the elderly). Methods used were: meditation for relaxation and concentration; reflective storytelling; group exercise for self awareness; role play exercises to increase listening skills; and discussion on how to better support the elderly.

According to the psychosocial workers, at the end of the seminar there were signs that a negative, rejecting, depreciating attitude towards the elderly had changed into a supportive and respectful one. According to the psychosocial workers, there were also some verifiable indicators of the effect of the combined activities aimed at the elderly: *'the elders have more social contact with one another; there is less quarrelling; they help one another more often; they show improved hygiene and cleanliness of clothing and are, in that respect, less dependent on the wardens; they spend their time more actively (singing, writing plays, gardening, helping the elderly in the hospitals, serving food for disabled elders, helping chopping fire-wood, assisting in cooking meals)?'*

## **Activities aimed at wounded patients in a government hospital**

*Individual counselling* was offered to 398 patients. Objectives and techniques used were the same as in individual counselling offered to residents of IDP camps. Interesting indicators of effect mentioned by the psychosocial workers were: *'better compliance with treatment through medicines, when before they refused to take medicine because they did not want to live; eating better (which has a positive effect on recovery); participating more in vocational training (repairing cell phones); some of the patients now are helping in the hospital as volunteers.'*

In addition, there were seminars for hospital staff, in which 58 nurses and attendants participated. The objectives were: to improve their listening skills, their empathy, and their social skills; and to support them in managing their own stress levels.

The methods used included: role play exercises for listening skills; reflective storytelling for improving empathy; and meditation for relaxation as a form of stress management.

Indicators of effect mentioned by the psychosocial workers were that 'patients say that staff has become more friendly, spend less time with their cell-phones, and watch less TV during working hours'.

## **Conclusions and challenges**

The donors who make psychosocial interventions possible need to be convinced that the activities they support are effective and contribute to the wellbeing of the beneficiaries. In other words, they want value for money, and therefore require evaluation reports. Concrete and detailed descriptions of how an evaluation of an ongoing psychosocial project can be done, are hard to come by. This is especially true for people working in the field with limited access to the internet.

The case history above shows that it is possible to evaluate the activities of psychosocial workers, even when they do not have the kind of explicit analysis of their activities that donors these days expect to read within the logical frameworks of project proposals. Moreover, the case also shows that an evaluation, as described in this report, makes it possible to identify opportunities for improving the quality of psychosocial activities by training psychosocial workers, in regard to improving skills and insights they are currently not using.

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<sup>1</sup> The intervention took place in a low income country, during and after a prolonged armed conflict, that resulted in thousands of casualties, multiple displacement and a repressive political climate in which psychosocial work sometimes was seen as supporting terrorist groups and INGOs as instruments of hostile countries. For

this reason, details of the local context have been omitted.

<sup>2</sup> This is a form of talk-psychotherapy developed by psychologist Carl Rogers in the 1940s and 1950s. The goal of this approach is to provide clients with an opportunity to develop a sense of self wherein they can realise how their attitudes, feelings and behaviour are being negatively affected and make an effort to find their true positive potential. In this technique, therapists create a comfortable, non-judgmental environment by demonstrating congruence (genuineness), empathy, and unconditional positive regard toward their clients while using a non-directive approach. This aids clients in finding their own solutions to their problems. See: [http://en.wikipedia.org/wiki/Client\\_centered\\_counselling](http://en.wikipedia.org/wiki/Client_centered_counselling).

<sup>3</sup> Family therapy, also referred to as couple and family therapy, marriage and family therapy, family systems therapy, and family counselling, is a branch of psychotherapy that works with families and couples in intimate relationships to nurture change and development. It tends to view change in terms of the systems of interaction between family members. It emphasises family relationships as an important factor in psychological health.

<sup>4</sup> This means that additional training for the staff could be aimed at: 1) making the psychosocial workers more aware of their successes with components 1, 2 and 3 and making the techniques they use in dealing with these components more explicit; 2) discussing techniques aimed at components 4, and 3; raising their awareness of component 6.

<sup>5</sup> This exercise is also known as 'ladders and snakes', ladders refers to supportive people and snakes to people that harmed you, or stood in the way of your goals and your growth.

<sup>6</sup> During these competitions the more advanced children have advantage in supporting the less advanced with their homework.

<sup>7</sup> Everybody contributes to a story from one's own experience.

<sup>8</sup> A collection of photos is shown. The participants each select a photo they really like, and discuss why they like it.

<sup>9</sup> See <http://www.psychologyconcepts.com/empty-chair-technique/> The empty chair technique is a Gestalt Therapy technique where the client engages in a role played conversation with an imagined person. The patient sits facing an empty chair, and imagines that a family member or some other specific person is sitting there. The patient will talk to the person, either to verbalise things, they for some reason, would rather not say in real life, or to rehearse future encounters with that person. A real person (or even the patient himself) can also play the role of the individual in the chair.

<sup>10</sup> A story is told to the group and the members discuss what has touched them emotionally in the story.

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