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Reflections on Identifying Objectives and Indicators for Psychosocial Programming

Compiled by the Assessment and Measurement Sub-Committee of the Psychosocial Working Group



This document forms part of a series of Working Papers produced by the Psychosocial Working Group. The papers present a conceptual framework for psychosocial intervention in regions affected by conflict and seek to apply this framework to issues of practice. They are available on the following website: www.forcedmigration.org/psychosocial.

Who are the PWG?

The membership of the Psychosocial Working Group comprises five academic partners (Centre for International Health Studies, Queen Margaret University College, Edinburgh; Columbia University, Program on Forced Migration & Health; Harvard Program on Refugee Trauma, Solomon Asch Centre for the Study of Ethnopolitical Conflict and University of Oxford, Refugee Studies Centre) and five

humanitarian agencies (Christian Children's Fund; International Rescue Committee, Program for Children Affected by Armed Conflict; Medecins sans Frontieres - Holland; Mercy Corps and Save the Children Federation). The work of the group has been supported by a grant from the Andrew Mellon Foundation. Further details at: www.forcedmigration.org/psychosocial and www.qmuc.ac.uk/cihs.

Measuring the success of psychosocial interventions is crucial to developing an understanding of what makes programmes effective. Evaluation of psychosocial programmes often stays at the level of measuring progress and outputs (such as provision of services). What is crucial is to develop measures of outcomes and impacts. This requires specific thinking about what the precise objectives of an intervention are. The indicators here are designed to stimulate thinking in relation to five very general objectives of psychosocial intervention. None of these objectives would be appropriate for all psychosocial intervention. Context and circumstance will heavily influence the choice of program objectives. However these listed provide examples of key areas of programming with emergency/crisis affected populations.

It is essential to consider objectives and relevant indicators at the beginning of any intervention. Consensus on objectives and indicators should be sought among all intervention stakeholders, including beneficiaries.

Objective 1

Improved psychosocial well-being of target group as measured by level of awareness of personal and community issues regarding pro-social behaviour, cognitive/emotional functioning, performance of daily tasks (livelihood), coping and self-esteem, self-efficacy and agency.

Indicator:

- Change in the level of awareness of personal and community issues regarding pro-social behavior, cognitive/emotional functioning, coping and self-esteem, self-efficacy and agency.

Objective 2

Improved psychosocial well-being of target group as measured by level of the following: pro-social behaviour, cognitive/emotional functioning, performance of daily tasks (livelihood), coping and self-esteem, self-efficacy and agency.

Indicators:

- Change in the proportion of target group displaying culturally defined pro-social behaviors
- Change in the proportion of target group able to express fears or concerns and seek care from others during stress
- Change in the proportion of target population who express a locally defined “optimal” level [on a measurement scale, score X or higher] of sense of control in their daily functioning
- Change in the proportion of target population using positive coping strategies during times of stress – as defined by local cultural norms?

Notes on Methods for Measurement:

While various standardized quantitative measurement scales are available, most are not yet validated cross-culturally or within contexts of crisis, emergency, or displacement. However, they can be adapted and utilized, and it is best if such measures are developed locally and validated with complementary qualitative data collection and analysis. Where feasible, and where resources permit, it is best to work with local communities and different beneficiary groups within communities in order to derive locally defined measures of functioning, coping, pro-social behavior, and other measures of psychosocial well-being.

Objective 3

Increased capacity of families/households, community organizations and service providers to support community members to cope with stress/trauma.

Indicators:

- Change in the percentage of families/households, community organizations or services providers using positive coping strategies during times of stress
- Change in the proportion of opportunities for marginalized groups
- Change in the proportion of local service providers with capacity to support target group to cope with stress/trauma in a specific way
- Change in proportion of citizenry engaged in activities that support families and households to cope with stress/trauma
- Change in proportion of community leaders and/or community groups with an adequate [or desirable, or optimal] level of knowledge and understanding regarding psychosocial needs and the elements of appropriate community responses.

Notes on Methods for Measurement:

Capacity can be measured quantitatively, as in the indicators mentioned above, or through qualitative measures. Individuals and the target groups may display a capacity to provide support to others in ways that are measured through variety and depth of creative responses. Such qualitative measures might be gathered through observations as well as open-ended questions and discussions with individuals or groups.

Objective 4

Enhanced awareness among local authorities, NGOs, communities and community leaders of protection principles and rights, risks and appropriate psychosocial responses for children, families and at-risk groups, with a view toward creating a healthier environment for social integration.

Indicators:

- Change in the proportion of local authorities, NGOs, communities and community leaders aware of protection principles, rights and risks faced by target group
- Change in the number of protection, rights and advocacy groups formally registered and active in the community
- Change in the percent knowledge improvement in protection, rights and risks issues among local authorities, NGOs, communities and community leaders
- Change in the number of response mechanisms (i.e., community action plans, interventions, information sharing) to address protection, rights and risk issues initiated by local authorities, NGOs or community groups

Notes on Methods for Measurement:

Change in level of knowledge and the results of having acquired knowledge about protection, rights, and risks can be measured quantitatively through questionnaires and observations. If budget and other resources allow, the important dimension of quality of enhanced awareness should not be overlooked. Qualitative methods, such as open-ended interviews and various mapping/visual/spatial exercises with local authorities, community members, children, etc. can offer a fuller measure of achievement of this objective. Methods might include: asking leaders in a refugee camp to draw a diagram of the protection risks women face while carrying on their daily tasks (e.g., gathering firewood, collecting water, picking up food rations); or encouraging various community members to make an outline using a pie-chart and then analyze the time youth typically spend in the company of adults, peers, or in situations that might put them at increased risk. In the process of carrying out such exercises, we can derive a qualitative measure of the depth of understanding of protection issues.

Objective 5

Identification and reduction of threats to the protection and psychosocial well-being of the target group.

Indicators:

- Change in the number of threats and risks to the psychosocial well-being of the target group identified by the community (this indicator is also appropriate for objective 3)
- Change in the number of community identified response mechanisms to address threats to protection
- Change in the level of knowledge and attitudes regarding conflict resolution and anger management among target group
- Change in the level of knowledge and attitudes regarding sexual- and gender-based violence among youth in target schools
- Change in the number of incidents/reports of gender-based violence
- Change in the number of reported incidents of problems caused by anger (violence)
- Change in the level of perceived safety or security

Notes on Methods for Measurement:

The indicators suggested above are primarily quantitative, with the exception of perceived level of safety or security. However, the development of quantitative questionnaires is not as simple as asking a direct question; most of the quantitative measures mentioned above must be derived from a set of indirect questions and observations. For example, asking someone if they “feel safe” may not result in as valid a measure as a set of questions or ranked responses to perceived danger or risk associated with specific places, activities, times of the day, or in the presence of particular individuals. Various mapping exercises may also prove useful in teasing out, for example, perceived levels of safety and security among children and youth by giving them an opportunity to rank their choices of where to go when and with whom.