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Scientific Evaluation of Psychosocial Support Programs in Low-Resource Humanitarian Settings

Stage 1

Catherine Lee, Emily Haroz,
Yasmina Aules, Wietse Tol, Paul Bolton

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

Project background

2016 – **OFDA** (USAID) and the **Applied Mental Health Research Group** (AMHR) at Johns Hopkins University:

- What is currently known about the effectiveness of Psychosocial Support (PSS) programs
- Develop further evidence for humanitarian settings



Project background

Multiyear project. OFDA funded Stage 1 (18 months):

1. Systematic literature review
2. Discussions and meetings with stakeholders
3. Webinars
4. Two regional meetings

**“Prioritize PSS programs that are promising,
but lack strong evidence base”**



Project background

Project Goals:

- 1) Evaluate strength of evidence of existing PSS programs; categorization as *known effective*, *promising*, *ineffective* or *unknown effectiveness*;
- 2) Gain insight on high priority PSS interventions that currently have unproven effectiveness;
- 3) Stipulate the programmatic goals of high priority PSS interventions; and
- 4) Agree on appropriate methodology to assess the impact of these programs during humanitarian response.



Stage 1 - Literature Review

- **Initial scoping review:**
 - Previous reviews focused on:
 - specialized services
 - failed to search grey literature
 - limited to RCTs and/or quantitative data
 - Growing evidence base for more specialized services (including 32 Randomized controlled trials for CBT approaches), but major gaps in PSS programming



Stage 1 - Literature Review

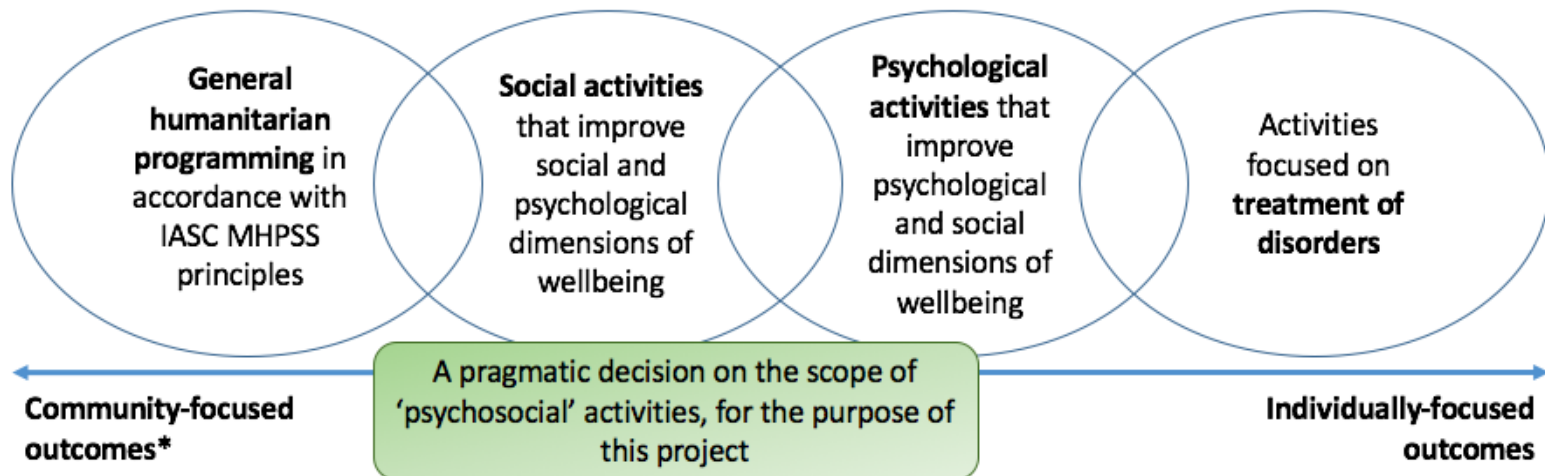
- **To address these gaps we sought to:**
 - **Include:**
 - Both qualitative and quantitative evaluations
 - Programs delivered in LMIC and HIC
 - **Exclude:**
 - Specialized mental health services such as manualized psychotherapies, or pharmacological treatments
 - Programs with no psychosocial target/outcome specified a priori



Stage 1 – Literature Review

Narrowing our scope:

The MHPSS Continuum



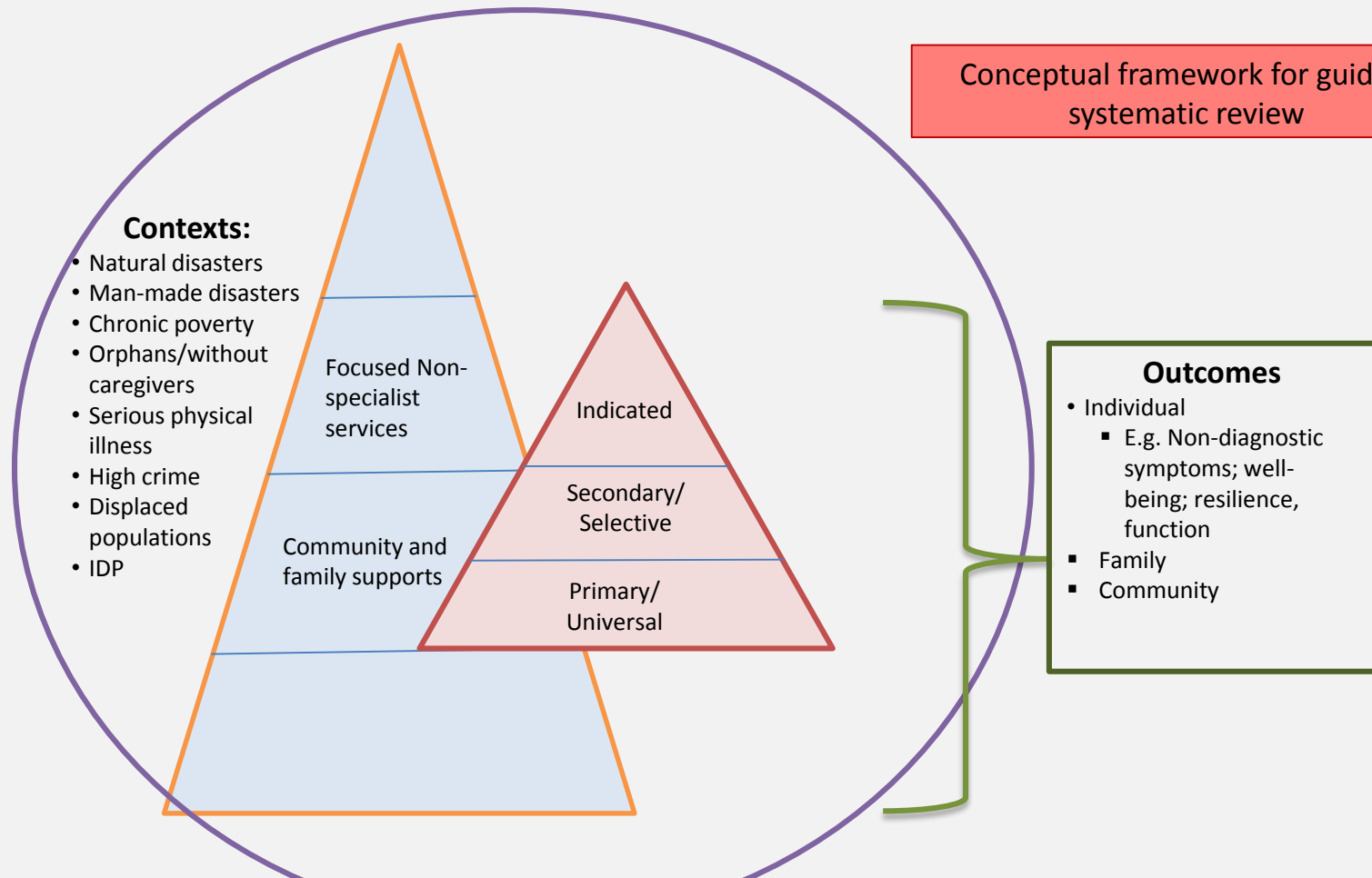
Examples			
Providing nutritional support with respect to dignity	Women's empowerment to prevent GBV and improve wellbeing	Training of individual skills to strengthen social support and coping	Psychotherapeutic treatment of posttraumatic stress disorder
Ensuring participation by affected members in humanitarian response	Community action to restore damaged social fabric	Reducing psychological distress to improve educational outcomes	Pharmacological treatment of major depressive disorder

* Terms from the IASC (forthcoming in 2017) common framework for M&E of MHPSS activities



Stage 1 – Literature Review

Conceptual framework for guiding systematic review



Stage 1 - Literature Review

- **“Technical Assistance”**

- Search Strategy & Terms:

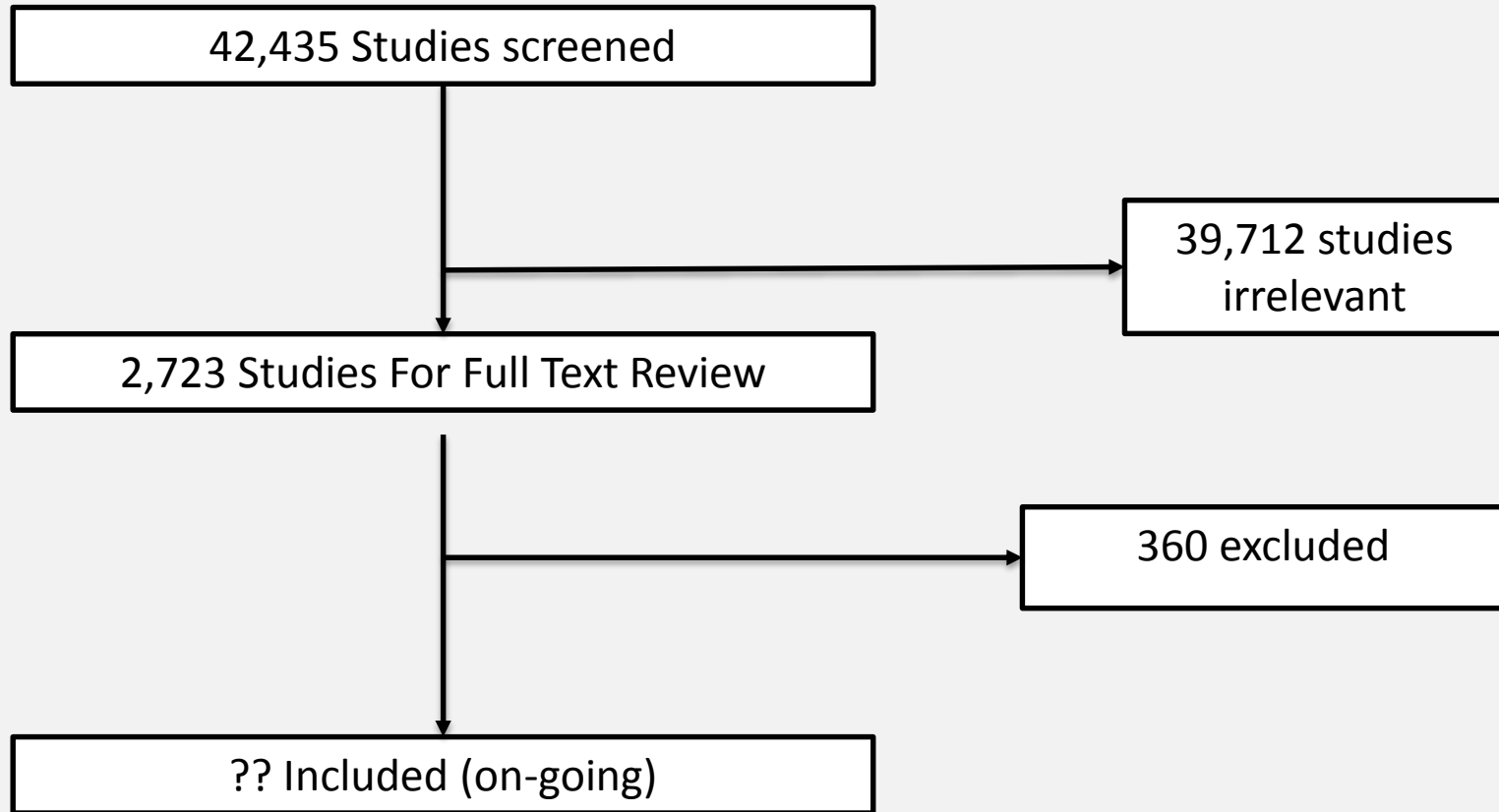
- Reviewed by a steering committee
- Emerged from conversations with stakeholders

- Data Extraction:

- Elements to extract from articles driven by the project’s mandate, as well as, feedback from stakeholders
 - Coordination efforts
 - Barriers to research
- Data extraction tool reviewed by steering committee



Stage 1 - Literature Review



Stage 1 - Literature Review

Data extraction will include variables related to the following categories:

1. Demographics of the population
2. Context in which program is implemented
3. Type of study design/type of data collected
4. Information about the Intervention
 - Name
 - Theory of change
 - Level/Sector/IASC pyramid level
 - Length/frequency
5. Types of outcomes and how they are measured
6. Coordination efforts and barriers and facilitators to research



Stakeholder Meetings

- Set up **Steering Committee** (6 members) and **Advisory Board** (15 members)
- Web-conferences with **69 stakeholders** from 25 organizations/agencies



Steering Committee

Nancy Baron, Psychosocial Services and Training Institute in Cairo

Carmel Gaillard, Africa Psychosocial Support Institute

Ananda Galappatti, MHPSS.net

Sarah Harrison, IFRC Psychosocial Centre

Mark Jordans, Healthnet TPO

Patrick Onyango Mungen, TPO Uganda



Advisory Board

Lauren Bienkowski, UNICEF

Martha Bragin, CARE Austria

Maria Bray, Terre de Hommes

Julian Eaton, CBM International

Shahla Eltayeb, Ahfad University North Sudan

Rebecca Horn, Queen Margaret University

Ashley Nemiro, International Rescue Committee

Miryam Rivera-Holguin, Psychologist

Alison Schafer, World Vision International

Guglielmo Schinina, International Organization for Migration

Leslie Snider, Consultant

Pieter Ventevogel, UNHCR

Maria Waade, Church of Sweden and ACT Alliance

Inka Weissbecker, International Medical Corps

Mike Wessels, Columbia University



Findings from Stakeholder Meetings

Current challenges in measuring effectiveness:

- Lack of local staff capacity and M&E skills

“M&E skills are lacking in most organizations in general terms for practitioners – not everyone can do it. Still building capacity to do own impact evaluations, but for now it is done by external groups”

- Lack of funding

“It is difficult to get funding to measure impact because of the nature of PSS... in general donors are not willing to invest in something where the results are very hard to look at and very hard to define”.



Findings from Stakeholder Meetings

- PSS lacks clear definition in humanitarian work

“Many people with different backgrounds working on it, which is likely why finding a definition is difficult”; “In the field they need to have a real definition because working with actors and players on the ground”

- Not a set coordinated approach among different sectors to in PSS

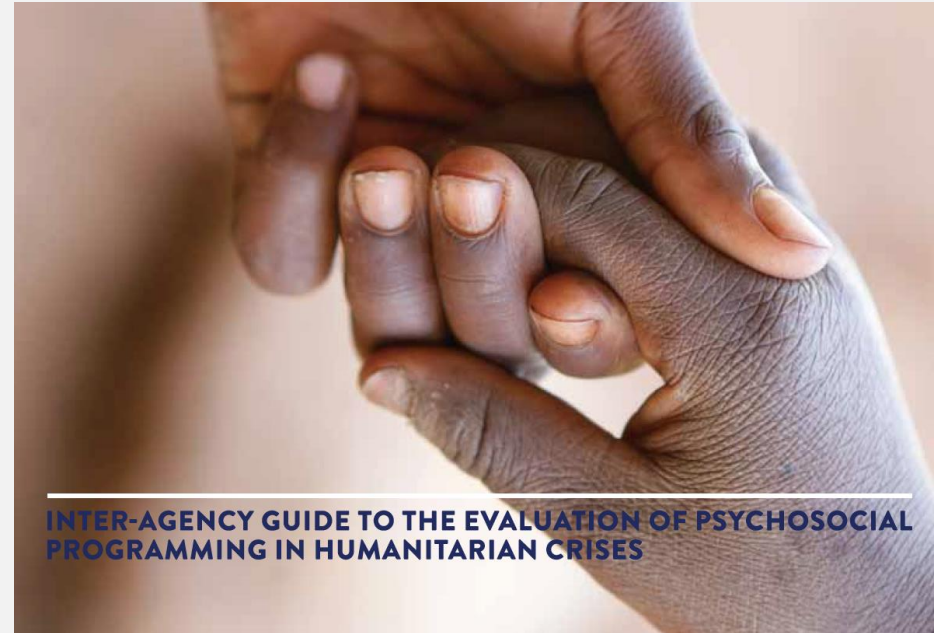
“A common global problem is that MHPSS fall between health and protection. Most of the PSS programs fall under protection and most MH components fall under health clusters. Cluster system has also reinforced this”



Findings from Stakeholder Meetings

Definition and measurement outcomes

- Missing common methodology and validated measurement tools
- Lack of indicators
- Not well defined intervention outcomes



Findings from Stakeholder Meetings

- Time constraints

“In humanitarian sector you work with 6 months or 1-year response... and within the emergency situation, when people are so stressed they are not so concerned about measuring things they just want to deliver services”

- Responding to rapid onset emergencies

“In post emergency there are different set ups and less time to think about measurement or evaluations because in the midst of providing support and services”



Findings from Stakeholder Meetings

- Lack of integration of the community in the PSS programs

“Use tools that are more participatory and that have more involvement from the community. Need to start looking at community perceptions of wellbeing, then devise programs around supporting that wellbeing”

- Lack of capacity at the organization level

“Some organizations do not have enough capacity or resources; the level of investment to really measure the change and set up things like control groups is not enough... Don't focus on research so it's difficult to do more scientific measurement”



Findings from Stakeholder Meetings

- Gap between the academic side and the field work

“Very academic research is not operational and also there is a general lack of research expertise from people in PSS. Interventions might be evidence-informed, but not necessarily evidence-based”.



Findings from Stakeholder Meetings

Reasons for not attempting measurement of effectiveness:

- Lack of funding

“Usually funding is really limited and is not used for monitoring effectiveness, the monitoring part is left aside because of the rush to respond”

- Lack of time and human resources

“The level of emergency and crisis is so big...there is no time to have a look at the quality of PSS materials and interventions...not enough staff, no resources, no time to think about measuring or evaluating programs”.



Findings from Stakeholder Meetings

- Lack of coordination with governments and Ministries of Health

“Most of the methodologies [for measuring effectiveness] are related to providers, teachers, and others, but they do not include national agencies or the government in the preparation of programs and this is one of the main reasons why there is no evaluation



Findings from Stakeholder Meetings

Priorities for programs and research in the area of PSS:

- Community based programs
- Child Friendly Spaces
- Multi-sectorial programs
- Psychological First Aid
- Early Childhood Development programs



Findings from Stakeholder Meetings

General feedback:

- Not enough evidence for PSS programs
- Continue to use IASC guidelines as a reference
- Important to have a clear definition of PSS
 - Programs should have a deliberate psychosocial outcome
- Project is in line with current priorities in the field



Summary

- Overall there is a massive number of articles representing a vast diversity in psychosocial programming
- Given barriers to rigorous evaluations (e.g. RCTs), important lessons can be learned from a variety of settings and different types of evaluations.
- Generating evidence for PSS programming has been challenging, but field is coming together over outcome definitions and **priority programs for future research** (focus of this grant).



Next steps

- **Two Regional meetings:**
 - Bangkok (Thailand), December 2017
 - Kampala (Uganda), February 2018
 - 20-30 stakeholders, LMIC and humanitarian settings
- **Webinars**
 - 10-15 attendees arranged by region/time zone
 - Final summary webinar for all to contribute
- **Continuing review of literature**



Webinars

Region	Focus Countries
Middle East/North Africa	Jordan, Turkey, Lebanon, Libya, Sudan, etc.
Latin America	Mexico, Columbia, Peru, Puerto Rico, etc.
Southeast Asia/Pacific	Myanmar, Thailand, Indonesia, Vietnam, Papua New Guinea, etc.
South Asia	India, Nepal, China, Korea, Bangladesh, etc.
Eastern Europe/Central Asia	Ukraine, Georgia, Chechnya, etc.
Sub-Saharan Africa	Liberia, Sierra Leone, CAR, Uganda, etc.
Global (unspecified location)	



Regional Meetings and Webinars

The meetings aim to:

- Develop a consensus **definition of “PSS”**, different than “mental health support”
- Decide on **goals of PSS programming**
- Select which **PSS** programs/activities should be **prioritized to be investigated**.
- Agree on a research strategy to identify PSS services that are **feasible, acceptable, and effective**.
- Develop a **plan for advocating** to policy makers and major funders of PSS interventions.



Discussion and Feedback

- Linkages between IASC RG priorities and this project
- Priority programs for research in PSS
- How to research these programs; what types of evaluations are feasible according your experience?
- Suggestions and comments about our approach
- Suggestions / interest for involvement as a stakeholder



Thank you!

Co-PI's:

Catherine Lee (clee147@jhu.edu)

Emily Haroz (eharoz1@jhu.edu)

Big thank you to all who have contributed their expertise and knowledge so far!

Questions? Comments? Suggestions?

