



MARKETLINKS

# BEYOND THE BASICS: INTEGRATING PSYCHOSOCIAL SUPPORT INTO ENTERPRISE AND EMPLOYMENT PROGRAMMING

PRESENTATION TRANSCRIPT

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## PRESENTERS

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*Lori Reid:*

Welcome, everyone, to this Marketlinks webinar. This webinar is entitled Beyond the Basics: Integrating Psychosocial Support into Enterprise and Employment Programming.

Before we begin our event, I would like to remind everyone you're muted by default. There will be an audience Q&A toward the end of the event, but if you have any questions at any point during the presentation, feel free to enter those into Q and A box, which you can find on the menu at the bottom of your screen. You can also type them in the chat. Although, it might be a little bit more difficult for us to capture those. We will be monitoring the chat for the speakers to address during the Q and A portion.

Without further ado, I will turn it over to Laura Meissner, economic advisor at USAID.

*Laura Meissner:*

Welcome, everyone. I'm excited about this panel. My name is Laura Meissner. I work with USAID's Board of humanitarian assistance. I'm a market advisor there. Today we're going to be talking about how to integrate psychosocial support into enterprise and employment programming in crisis affected context. USAID's Office of U.S. Foreign Disaster Assistance, which is now part of VHA, last year, in fiscal year '20 provided almost \$36 million to economic recovery and market systems programming. We also funded protection sector activities to over 35 countries. Many of those included psychosocial support.

Investing in people's livelihoods and supporting critical market systems can both help support people's ability to provide for themselves, support the critical markets that supply the goods and services that people need, and well designed psychosocial programming can help prevent further deterioration and health status, help prevent the dissolution of social fabric, support households with lost income owners, and prevent other consequences. These are critical points of recovering from crisis.

However, as we've all found out from personal experience this year, if not before, it's really hard to give your all at work when things around you are in upheaval. We've dealt with anxiety, sadness, loneliness, grief, and more living through the COVID pandemic.

People who live through armed conflict, displacement, major natural disasters, and more may also be struggling mentally and emotionally.

Loss of livelihood, or job, is another significant stressor on families, and it's critical to address in humanitarian programming. Discussion groups, group

information sessions, and individual counseling are all activities that can be incorporated into livelihood programs to improve social outcomes.

It's important to understand the context of the situation, not just the people's needs and gaps but also understand the skills of people in the community. There are pros and cons to intervention that we should take into account to make sure our interventions can de stress.

It's also important to make sure our staff is trained on the benefits of psychosocial so they can identify those in need of more structured support and refer them to those services. We've been offering a range of interventions from community support groups to trainings on life skills and healthy coping mechanisms to more structured kind of support and counseling right alongside those more traditional economic advancements, job training, placement, and other economic interventions.

This is not easy. How can we make sure each component is delivered by the right staff with the right skills? Can we prove that this package is worth it in terms of improved outcomes? And what does this look like and in what context?

Today we're bringing you a wealth of experience. The IRC will discuss their work in South Sudan with women groups and response to gender based violence and more. Catholic Relief Services will share their work in central America with youth at high risk of violence and data on cost effectiveness. We have an amazing group of speakers who I will briefly introduce everybody, and then we'll go into the presentation.

Brian Ssebunya is the IRC's development and employment hub advisor. He's based in Nairobi and has experience with private sector development in both emergency recovery and development context throughout Africa and the Middle East.

Benson Adoko is the IRC technical coordinator for South Sudan. He's also on the emergency team and a co chair of the agricultural tech coworking group.

We have Lara Colace. She has 20 years of Middle East experience including field work in Palestine, Egypt, Lebanon, Jordan, among others.

And we have Alexandre Leszelter who is in charge of mental health, care practices, gender and protection for the Middle East region. He's a clinical psychologist who has over 25 years' experience in France and Canada, particularly focused on individuals with mental health disorders, families, marginalized youth, people struggling with addiction, and company employees. He's been with ACF since 2010.

With Catholic Relief Services, we have Kay Andrade Eekhoff. She's the youth advisor currently based in El Salvador. She has over 30 years' experience focused in South America. She's involved in leadership with youth, cognitive behavioral interventions, migration, and peace building.

Juan Carlos Duran Bonilla is the advisor for monitoring accountability and learning. He's been leading these components for different youth livelihood programs in El Salvador and Honduras for several years.

As you can see, we have an incredible amount of expertise for you. I would like to turn it over to Brian and Benson to talk about the IRC's work in South Sudan.

*Brian Ssebunya:*

Hello to you all. Good morning, good afternoon, good evening. My name is Brian Ssebunya. I'm a senior technical advisor in economic recovery and (indiscernible) at the IRC. I thank the Marketlinks team for this discussion. I will be talking about the experiences of integrated livelihoods and the gender based violence response in South Sudan. I'm joined by my colleague, Benson Adoko, from the program. I will let him introduce himself in the presentation. In this presentation, we should briefly talk about the South Sudan context, specifically focus on livelihoods and then have a specific deep dive into the integrated livelihoods and GBV program where we upload the EA\$E approach. I will explain that later. And then close with some lessons and some results and lessons learned from this experience.

About the context in South Sudan. Since 2011, as they gained independence as the youngest country in Africa, it's gone through crisis. There's about 2 million refugees. Over the years, the country has faced inflation, natural shocks leading to displacement, disruption of market system, and loss of livelihoods and assets.

As a result, over 6 million are on the brink of famine. There's limited skills and training opportunities and limited access to financial services and aid.

Specifically looking at GBV, 49% of the households identify GBV as a high risk. The same number of affected women and girls have no access to GBV services, and only 12% of the community have awareness on the availability of GBV services. 29% of GBV survivors in need of a safe house does not obtain the services because the services are not there.

Physical assault is the most prevalent GBV according to 6,295 cases. There's rape and forced marriage and others. Conflict like this exacerbates violence against women and girls, combined with the culture of (indiscernible) limited opportunities.

The IRC's Economic and Social Empowerment, EAŞE, is designed to support women in such context. It involves the services to have access to loans and fund for emergencies. This is a discussion group as a tool for social norm change between members and their spouses on shared decision making.

It's a nine part discussion series. It's not a training. People are invited to share experiences based on a given set of open ended questions, and these sessions are by a trained facilitator.

The business skills training is another component. They're helping women acquire business skills or knowledge to expand their business activities.

Here, we use the information based on enterprises curriculum to ensure learning, which is important. Other curriculum can also be used.

Normally, we'll start filtering the other two components based on the context and how the groups are being organized. In terms of the EAŞE theory of change, the high level goal is to ensure women exercise decision making power and control over economic resources, and women experience less violence from their intimate partners. To achieve that, women should feel supported by their peers, and women should have access to (indiscernible) both supported by the intervention.

The broad outcome, women need a diversified income. The business skill training is specifically contributing to this. And, lastly, women need to voice their priorities and participate in decisions that affect them. That's how the group discussion series comes in.

With this introduction, allow me now to invite my colleague, Benson, to tell us about the recent project in South Sudan where this model has been applied. Thank you. Benson, over to you.

*Benson Adoko:*

Thank you very much, Brian, for the introduction. Thank you, colleagues. Before I go into the slides, I want to say that we have been there since 1989. Our programs cover well being (indiscernible) where we'll be sharing our experience today. In terms of the funded GBV (indiscernible) South Sudan. I will look at the elements between livelihoods and GBV responses.

The project and components, one is strengthening the market systems which involve facilitating cash for activities focused on rehabilitation of market roads, flood control channels, and also construction of market shades for women dealing in fresh foods within the markets.

The other component is EAŞE, which Brian already mentioned, and through the EAŞE program, we were able to support women led groups with VSL trainings

and groups and facilitate discussion between women and their spouses and conducted business skills training, and this component was integrated with some of the psychosocial support activities that we'll be looking at.

The third component is the complementary skills and training and grants for youth GBV survivors. The focus was also on ensuring that they have a safe place where they can go engage in skills building activities as part of their psychosocial healing. And so skills, that's supported.

So, in order to (indiscernible) women's access to psychosocial support and GBV response needs, the project integrated GBV response services for women and girls. This particularly included capacity building for GBV caseworkers on GBV case management, a total of 157 caseworkers were trained across the state.

The other complementary activity is the case management of GBV survivors. We provide psychosocial support and links to the health component of this program where clinical care for GBV survivors as well.

The other is on the psychosocial support for GBV survivors to ensure trauma healing processes. As I say, this was linked to the skills building activities as an element of empowerment for women but also to ensure they recover and are able to reintegrate within their community.

So about 210 survivors were supported, and 32 of these minor children were able to receive these services.

Material supports, especially for vulnerable women, GBV survivors was also provided in form of (indiscernible) that the vulnerable women and survivors would use.

The last is the behavioral change messaging which took place in terms of community dialogues, messaging, and also engaging women and men to discuss issues around GBV, early and forced marriages, et cetera. Thank you.

So in this slide we're basically looking at the results, you know, based on our end line project performance evaluation. A number of results were noted. One is the improved access and safety around the local marketplaces.

Women, particularly through, you know, their focus group discussions, indicated that they felt that the marketplaces were safer, and so they could easily access the market.

The other is the attainment of business skills and ability to start income generated activities. From the women's skills building activities and also their participation in VSL, the women were able to borrow savings from the groups

and able to start their businesses. 73% of those who started businesses reported to have increased within the year. The other is also the ability to increase savings, especially for women involved in VSLA.

About 30% of women in VSLA also participated in activities, and they were able to receive temporary incomes which boosted their savings and also met other basic needs, such as food and other items.

There was also a notable increase in the percentage of women who reported to be feeling safe psychologically in their homes. About 64% of the women reported this. This they attributed to their involvement in livelihood activities. I will leave this to Brian to take over.

*Brian Ssebunya:*

In conclusion, I would like to share some top takeaways that we gathered from these experiences. Number one, from the women's safe and friendly spaces, these are good places for activities, especially the support women get from the members. It helps them with confidence and the freedom to express themselves, both which are important to entrepreneurship. Secondly, the economic response we provide in order to improve women. Women need to be assured of their continued access to GBV services as and when they need them. This was challenged, but through a number of training with caseworkers and community engagements and local leaders and (indiscernible) to other ongoing activities, we tried to ensure that this could be achieved. Thirdly, economic empowerment of women is difficult without addressing their spouses. This is very important in a highly patriarchal society. It's hard to get males interested, but encouraging other men and other members to (indiscernible) their spouses. Different things can be used, but spouses are very critical in supporting their women to economic empowerment. Lastly, but not least, yeah, we emphasize the issue of holistic livelihood approaches. In situations like this where people have gone through traumatizing events, issues need to be addressed in order to be successful.

We generally wrap up with intention. Especially in South Sudan where people have gone through many events in their lives, it's not enough to provide skills, but we need to provide psychosocial support for mental health recovery, preparing for enterprise development. This is especially when we target women, and I think we should do that. Thank you for listening to our presentation. Over to you, Laura.

*Laura Meissner:*

Thank you, Brian and Benson. I would like to turn it to Lara and Alexandre to talk about Action Against Hunger's work in Iraq.

*Lara Colace:*

Good morning. My name is Lara Colace. I'm with Action Against Hunger in France. Thank you for the invitation. Alex?

*Alexandre Letzelter:* Good morning, everybody. I am Alexandre Leszelter, the mental health technical advisor for Action Against Hunger in the Middle East.

Lara and I will talk today about an integrated approach combining livelihoods, mental health, and psychosocial support. I will mention MHPSS in the presentation. It's an approach that Action Against Hunger has developed particularly in Iraq and created job opportunities and improved well being of crisis affected population, including host communities, refugees, and displaced persons.

Why the approach? There's growing evidence that mental health and poverty interact in a negative cycle in low and middle income countries. Poverty is a risk factor for MHPSS issues. So there are two causal pathways, one related to social causes where conditions of poverty exacerbate, existing psychosocial vulnerabilities. For example, increased risk of stress, trauma, social exclusion, malnutrition, violence, and substance abuse, as well as limited access to social services. There is a social drift, meaning that people with psychosocial vulnerabilities are at increased risk of drifting into or remaining in poverty through decreased daily functional abilities, increased health expenditure, reduced productive, stigma, loss of employment and earnings. So without that, interventions are needed to break this circle. A lot of our projects showed already that strengthening mental resilience can improve economic statuses. This creates an empowering environment.

And over to you, Lara.

*Lara Colace:* What kind of activities do we do? We usually start with an assessment phase, including stakeholders mapping, MHPSS, we assess the labor market from supply and demand decide. We look at availability criteria. Our beneficiaries attend a live social and emotional skills training followed by psychosocial workers. Then there's two different pathways. The first one is according to employment pathways and apprenticeship. They acquire entrepreneurship skills and will be placed in company which are preidentified with a memorandum of understanding signed. We co share the cost of the salary.

The other pathway for the other beneficiaries goes through the entrepreneurship and business pathway so beneficiaries receive business skills training. They develop a business plan, and they are provided with financial grants generally provided in two functions.

Beneficiaries of the two pathways are followed up along the duration of the program and their working integration by psychosocial support workers and the livelihoods technicians.

Then the capitalization process ends up with lessons learned, generally. After five months from the end of the project, we carried out performance post project survey.

*Alexandre Letzelter:* As Lara mentioned, life social emotional skills training is attended. We use WHO definition of life skills, referring to the acquisition of the 10 psychosocial competencies like life, social, emotional skills, life skills accompaniment, and we also monitor the improvement of the participant to the life, social, emotional skills training through specific scales like the life skills assessment and some mental health and communication assessment.

Then the participants are invited to attend a specific session on life, social, and emotional skills in order to accompany their business plan or entrepreneurship plan. Through this component, we screen the beneficiaries with high vulnerabilities or at risk for protection or mental health issues. They're proposed to join our clinical sessions.

The clinical session is related to what is mental health to identification of science of stress to where to seek for referral, also including some self help grounding techniques.

The most vulnerable is invited to join six sessions MHPSS group, which are done by psychologists or psychosocial workers, and based on the cognitive and behavioral therapy protocol, we also monitor improvements through mental health and resilience scales.

For the very most vulnerable of them, they can benefit from psychological individual follow up.

There is a second option that we can propose in some programs as well, instead of the clinical approach. We can also propose a problem solving approach, using mainly the WHO project management plus, which is a scalable intervention of five or six sessions in order to solve emotional and practical problems, including, as well, some mental health and daily functioning skills. And, of course, all along the project, the referral system is operational for inviting people to address their needs with partners and governmental services.

*Lara Colace:* A few words to contextualize our experience in Iraq. We had refugee influx from Syria, occupations of Islamic States, creation of the IDP problem, and the last one, crisis, of course, the COVID 19 crisis, a pandemic affecting the overall economic situation.

The people in Iraq are 4 million between IDP, refugees, and returnees, which accounts for the 4.7 million. People needing any assistance, as livelihoods are

2.3 million and 3.8 million and are in need of physical and mental well being. So our strategy in Iraq is to try to create opportunity, of course, and rehabilitate, working on the livelihoods, the market rehabilitation. As said before by Alexandre, targeting house communities, returnees, and refugees, and mainly young women and young men.

So far, we have targeted mainly urban areas in the northern part of Iraq, both in (indiscernible) and federal Iraq. We carried out different projects and built on each of the project one after the other. We targeted cities as Zakho, KRI, Akre, and then in federal Iraq, Mosul, Sinjar, and Qayyara.

To take an example from one of the biggest products we had in Mosul, as you can see the number of targeted beneficiaries in the two different pathways are more or less similar. The difference that we can consider is that generally women are much more interested to the apprenticeship pathways, so to the employment components, more than the pathways in business or entrepreneurship creation. All of them, in any case, receive both social, life, and emotional skills. Up to Alexandre to complement. I have more comment on the support part, but just to mention that we have a similar ratio between apprenticeship and business pathway for the MHPSS support, which is also consistent with our regular projects where between 40 to 50% of people are in need of MHPSS after awareness sessions.

As I said, after five months of the project, now we assess most of our project. We really see and evaluate that the business pathways has a bigger performance, meaning that after five months after the end of the project, almost 70, 80% of the beneficiaries still are running a business.

Less exceptional, less big is the rate for apprenticeship pathway, which is a bit more complicated and affected by different other factors. Up to Alexandre to complement, please.

*Alexandre Letzelter:* Thank you, Lara. Just to mention, both life skills component and the clinical skills component, we have up to 70% improvement regarding well being or reduction of depression and anxiety symptomologies. We have between 75 and 85%. So based on mental health and resilience case.

*Lara Colace:* In terms of best practices and lessons learned that we can consider after so many years, we do have something regarding women inclusion in our programs. We are ready to develop much more specific and tailored solutions to include women in the different pathways, in the different components.

For example, providing more flexible hours, providing a different type of contract. Of course not full time but part time. Then we have to focus and we focus much more on networking in order for them to carry out their activities both in searching job and in continuing their business activity.

In terms of local partnership, this is something that we partially developed, but we need to develop a little bit more both partnering with public entities and private entities.

One example is to liaison between the area of intervention where we can replace, for example, the grants distribution with access to credits. We are focusing much more on less educated beneficiaries who have, of course, less opportunities to access the job market, and we are targeting much more returnees in the place of origin. Over to Alexandre.

We are working on the better sectorial integration that could be interesting, favoring solving problem approach versus clinical approach.

Integrating the Action Against Hunger for pregnant and lactating women and children too, day care for older children could give more flexibility to women as well as to integrate more and more gender protection consideration.

There's really an added value to have two sectors together for mutual benefits and beneficiary benefits. It's time now to focus on optimizing operational integration and scaling up.

Thank you very much for your attention.

*Laura Meissner:*

Thank you so much, Alexandre and Lara. We've move from Iraq to Central America. I will turn it over to Carlos and Kay.

*Juan Carlos Duran:*

Good evening to everyone. My name is Juan Carlos Duran Bonilla. We thank you for the opportunity to share our experience implementing youth programs in the northern triangle of Central America. We hope this is be relevant for your program as well.

We're the last presentation, so to keep you engaged we're going to ask questions and you need to respond in the chat. So please be prepared.

Intervention and participants, there's several chances to develop potential. The program targets youth that live in conditions that undermine their ability to have access to economic opportunities. Some of the conditions or obstacles include urban neighborhoods with gang or high crime prevalence. Exposure to violence is normal for them.

They dropped out of school and don't complete high school. They have family members incarcerated and some report facing issues with law enforcement. There's limited access to employment.

Thanks, Kay, for your reply. Thanks, Caroline. Thanks, Rosa. Next slide, please.

We have noticed this affects youth's access to economic opportunities as well as their mental health and development.

So CRS has been implementing the model that's a holistic approach. Among the key aspect of the programs are vocational training and job skills training, leadership and services, employment and self employment supporting services. The program has duration between six months of training plus six months of placement services.

I want to highlight this. This program has a strong focus on building a culture of resiliences and a sense of belonging among the participants.

What about the employment and education outcomes? The results have been positive. A cohort study we carried out over a four year period shows an increase in percentage of youth placed in a job, self employment, or returning to school after completing the program.

As we can see in the bar chart to your left, seven out of 10 participants were not employed or in school at the start of the program. You can see that in the darker part of the bar at your left.

This percentage falls to less than three out of 10 after one year of program completion, and the rate remains stable.

At the right, you will see a graph that depicts an increase in reported income of almost 50% of the value of the 50% of the baseline to 18 months after program completion.

There's an increase for both young men and young woman. Although, a gap remains for income for young women.

Although those positive results, labor markets are fragile in particular for youth. Youth move in and out of employment. It's something we have seen. Youth need to be prepared for this setbacks that they will face in these conditions.

This chart shows that among all participants you can see it in the bar, it suggests right in the middle, more than half reported to be unemployed or out of school at least one time during the tracking period. So with we're seeing the

labor market is fragile. Sometimes you're in the labor market, and sometimes you're out.

So we have also found that regardless of their employment status, participants rank the soft skills as the most useful of the skills of training they got. This perception remains in time. That's a powerful insight we found in our programming.

With this chart, we want to show how the keys to the program relate to the experience the participants have. In each vortex of the triangle, you have three different competents. In vortex A, you have life skills, in B you have technical training, and C is post graduation support.

Check in the chat if your program has a component of A, B, or C. Put that in the chat box, please. Many of you have at least one or two components.

In this chart, the components were asked to allocate a dot in the area in which they think is the most relevant component. You can see the larger dot is right in the middle but kind of lines towards vortex A which relates to the previous slide where the participants were ranking the life skills training.

I went to hand things over to my colleague, Kay Andrade Eekhoff, who is going to share how we do this. Kay, with you, please.

*Kay Andrade-Eekhoff:* Good morning. Good afternoon. We developed a curriculum called I Am Ready. It's for use in this program. It's an evidence based trauma informed cognitive behavioral curriculum. We're not doing therapy, but it's based on cognitive behavioral therapy. It includes both the components of what we teach and also instructional strategies specifically designed to work with vulnerable young people, especially those that may have faced trauma. So it defines both the what as well as the how.

Please type 16 in your chat box. That 16 represents the 16 units. The 16 units are intentionally designed because we know that it takes about 16 weeks to develop behavioral change, if you're deliberately practicing. So this program is 16 weeks long including awareness and a transformational lab.

The first part focuses on intrapersonal skills and the second half on interpersonal skills with week 16 being a celebration of looking back at the skills the young people have gained over the life of the program.

And, like I mentioned, with it are embedded the instructional strategies that are particularly important to use with young people, particularly with vulnerable young people that have been exposed to trauma, as many of our young people have in Central America.

Please type in your chat box a dollar sign with a question mark. So that represents is this effective? And how much does this cost? As all of us are describing, these are integral approaches that require a more substantial investment. We carried out a cost study to try to understand the cost benefit.

So we did this because there are more and more programs and actors that are competing for resources and competing for jobs and sometimes competing for the same young people to participate in our programs, and we needed to understand the effectiveness, the cost of the program, the cost effectiveness, the benefits as well as how long it takes to generate a return on investment.

So we compared three versions across four countries of South America and 10 implementing partners. We used two years of performance and financial data, and the research team was able to analyze the cost per youth enrolled for youth graduated and placed in a job or self employment or returning to school.

If you want more information about this particular study, the Marketlinks team has placed links to our policy papers on their website or reach out to us, and we'll be free to send them to you.

So the benefit analysis took into account benefits from increases in salary to youth, based on whether or not they got a job, started a business, or returned to school. It also took into account indirect benefits by calculating the savings, by avoiding incarceration with can youth with a criminal justice record. A \$1 investment represented \$2.43 in investment.

Please type a four in your chat box. So this represents the four key elements in order to succeed. So we know that this program is cost effective, and you can achieve a return on investment after three years. It's important to focus on these four elements.

So I'm going to go through those real quickly. The first slide, your investment is lost if your young people drop out of the program. So for more vulnerable young people, this means guaranteeing that they can be successful. That means providing the critical life skills and social and emotional support, but it also means increasing, probably, your investment for young mothers that need child care or stipends for some of the poorest young people.

Number two, training is not the only obstacle young people in central America face when trying to start a job or start their own business or return to school. Placement is critical. It's actually the only way you can guarantee you're going to retain a return on your investment. Three is working with vulnerable young people, particularly in conflict with the law.

It's going to require a higher investment and continued support and real focus on the psychosocial support. This is the last one. Type four in the chat box for me. Four again, yes. Finally, relationships are critical. Those relationships between the staff and the young people, between the staff and the private sector, and even among the implementing team. I think that's something that's often overlooked. The information among the team for success.

Final takeaway is that investing in these holistic, the psychosocial and employability training and support for vulnerable people not only produces the results we need to see, but it's also worth it.

Thank you very much. Back to Laura.

*Laura Meissner:*

Thank you so much, everybody. We are now going to invite your panelists to be on video. Hopefully this will not crash our system, but if you, like me, have to share your Wi Fi with others, feel free to hop off video and just be on audio, if that's easier.

So thank you to all of our presenters. Thank you, also, to the folks who have been posting questions. If you haven't done so and you have a question, please feel free to do it now.

Lara or Tatyana, can you exit the presentation so we can have people's faces up? Thank you. Wonderful.

So we will now start to take some questions. We have about half an hour. As I said, if You haven't had a chance to post yet, please feel free to do so now. So one of our first questions, a couple of folks wanted to ask about how our male partners and family members included in the process, particularly for IRCs, but I can see where this might be relevant to ACF and Iraq as well. Do you work with men either alone or in mixed gender groups to discuss things? Anything you want to share about that?

*Brian Ssebunya:*

If I may go first, from IRC's approach, primarily, we're looking at integrated groups because, as we know from the (indiscernible) self selected and there's a (indiscernible) of women but there are always some men, a few of them, and the idea is actually for the women that are in those groups also to invite their spouses, primarily (indiscernible) in the discussions, but also it's to encourage men or get the females to cascade the message to other members of their household. We really target both, and we encourage the interaction. I saw another question whether we also address GBV on the other side. It could be a discussion. Thank you.

*Laura Meissner:* Thank you so much. Lara, did you have something you wanted to add?

*Lara Colace:* I can tell you about some of the experience very quickly. When at which time we intervene with a male partner or with male member of family, in Iraq, both in (indiscernible) and Federal Iraq, after it was refused to let the girl go outside and go to the training or the company where she was hired, we had to intervene at the family level via the livelihoods technicians and is psychosocial worker in order to convince and gain agree with the family to let her go. So this was done in different phases during different visits, but at the end of the day, the takeaway of engaging more and more with families and with male members of the family.

*Alexandre Letzelter:* Just to complete what Lara said, what I haven't mentioned is for the MHPSS part, we're also providing at a community level; sometimes in mixed groups and sometimes in separate groups. This is also the occasion to sensitize men and women on different aspects of mental health and protection before joining the project.

*Laura Meissner:* Great. Thank you. We will move on to another set of questions, including from Paul Cook, which is talking about scale and how do we reach a critical mass of people in the affected communities to cause a change in the environment that is creating these mental health and psychosocial challenges?

Maybe I will invite Alexandre and Lara to talk about it and then Brian and Benson, if there's more to add.

*Alexandre Letzelter:* I don't know if this will answer completely your question, but in Iraq, we also have the strategy to strengthen the mental health system in collaboration with the MOH, trying to address causes and consequences of MHPSS and protection issues and to be able to absorb the shocks like the refugee influx, IDPs, and Ministry of Education and Ministry of Labor are also involved. We conduct emergency based projects decide this integrated approach.

So there are a lot of coordinate nations and partnerships established with partners and community based organizations, and we expect this approach to allow some stability for stabilization for MHPSS access.

*Laura Meissner:* Thank you. Kay, do you want add anything? Lara?

*Lara Colace:* We can move on.

*Kay Andrade-Eekhoff:* Just to add, CRS works through national partners, and so we've really worked at building the skill sets of the staff that are employed by the national partners so they can continue to use those skills moving forward, even when the project ends.

The other strategy that we've also had has been working in alliance with government institutions.

So in El Salvador, we've been working in the prison system with the general directorate for prisons and the staff to build up skills for replication as well as we have an agreement with the National Vocational Training Institute that oversees training throughout the country, and they implement their programs through partners. So we have been working with those partner institutions to incorporate better skill sets among the staff again through that network.

So that's allowing us to reach a much larger scale and then also look at building sustainable practices through the staff that are involved in those programs.

*Laura Meissner:* Thank you, Kay. That ties in well to a question from Claire (indiscernible) which is about how these efforts may be sustained by local stakeholders. If (indiscernible) or IRC want to add anything on that?

*Benson Adoko:* Thank you very much. I think in regards to the sustainability, we do coordinate with GBV subcluster as part of this role, we're building capacity of local authorities on GPP issues and also resolution of cases that are related to GBV survivors but also ensuring there's coordinate nation within project locations so there's an integrated approach to tackle GBV issues.

So by having states and county structures and community caseworkers that are helping and reporting cases, you know, groups of men who are champions to their communities on GBV awareness, this means there would be structures that continue to function beyond the project.

*Laura Meissner:* Great. Thank you so much. Changing tactics a little bit, there was a question in terms of how do we define "acceptable work," particularly for those of you working on job placement.

*Juan Carlos Duran:* Thanks, Laura. I already answered the questions in the chat, but I can share.

We were using the definition as having access to the minimum legal wage and having access, as well, with the health insurance or social public services, having a contract that ensures the minimum number of hours and it doesn't exceed as well. Also, in our country, a legal requirement is having access to a retirement fund that varies quite different. We work in Honduras and El Salvador. But it's having access to two or three of those categories that we were using for measuring acceptable work.

*Laura Meissner:* Thank you. Going to another question which is specifically for ACF after their business grants and why they are done in two?

*Lara Colace:*

I answered, of course, on the chat, but it's simple. It's simple. When we agree with the receiver about the grants, we sign an agreement. The agreement is forcing (indiscernible) in order to monitor the expenses and track the expenses to be sure that the receiver is also accountable to certain guidelines and the agreements. It's part of the same training and the same coaching, by the way.

And so after the control, the justification, if financial justification, we provide the second. It's a way for the company to coach towards accountability, basically. This is the only reason behind.

*Laura Meissner:*

Thank you, Lara. I would like to bring up another question now from Sarah Ward (phonetic), which was to CRS but also to ACF and perhaps IRC, if you have employment placement. It's talking about the importance of those post graduation services and accompaniment after placement in a job or apprenticeship. This points out that this is often a missing link and how to make that happen in a sustainable way.

*Kay Andrade-Eekhoff:*

Sorry. I think in youth development programs, everybody measures success by the number of people that graduate. If we don't start to move towards looking at success based on placement afterwards and the longevity and the quality of that placement, we're just going to continue to see success based on something maybe, actually, just a really good way of using your free time. I don't think we can continue to afford to look at things that way.

It helps our programs be much more honest in how well they're actually doing and connecting to the labor market by looking at placement rate.

In our case, it's a little bit different. Our graduation ceremony is carried out at the we do the job placement within the companies, and we continue to follow up, during the four months, the delivery and the finalization of the contract. The only things that we do generally after five months, so after the end of the project, is this performance rate. Generally, we do have up to 17, 16% of people still engaged in the same company or in another company.

So we do have only this kind of way of monitoring. Of course, it's more complex where there's not really a market environment, a company environment able to absorb those people inside. This is already, in the context of Iraq, enough of success in our opinion. I hope I answered.

*Laura Meissner:*

Thank you. To go to a slightly different question, which is from Carla (indiscernible) asking about how each of the programs measures improvement in psychosocial well being. I wonder if we might ask the IRC first.

*Benson Adoko:* Thank you very much. Basically, in our project, we do both baseline and midline surveys. During these surveys we're engaging, we have focus groups. We have groups as well in youths. So the measure of how one feels that their well being has been improved really depends on the responses during those assessments. We can be able to determine to what proportion is attributed to that.

Of course, a deep dive is often done in terms of what part of the project contributed to their well being.

*Brian Ssebunya:* Just to add a little bit, I've also pasted a report in the chat which can give a little bit more detail about how we approach that question. Thank you.

*Laura Meissner:* And Juan Carlos or Kay, do you have anything you would like to add to that?

*Juan Carlos Duran:* Sure. I think the concept of well being is kind of broad. We have been more focused on particularly soft skills or life skills that we have been trained to measure as well as it has been challenging as well. We have been using some standardized tests like some scales related to depression, also scales to solve problems, and also scales that are related to resilience.

What has been very interesting for us I didn't show any results related to that, but we have seen that the higher scores, the higher improvement, we have seen those participants who were at the bottom at the basement values.

So we're seeing better improvement in the participants who were most affected, I would say, at the beginning of the program.

So this is kind of the approach that we have been using. As well, also, we've been trying to document as much as possible some qualitative information that the participants are sharing after completing the program. They are highlighting the resilience of building a relationship among them and their trainers after the program came to completion.

*Kay Andrade-Eekhoff:* Laura, just to add to that real quick, in the project that Juan Carlos has been working on, it's including the resilience scales, depression scales, and strength and weaknesses scales. In the prison work we have, the evaluation that's gone on there has incorporated nine different psychosocial scales to try and evaluate the impact of the I Am Ready cognitive curriculum available there. So there's respect for authority. I can't remember all of them off my hand right now.

One of them is emotional regulation. I think it's just the challenge of trying to figure out how to evaluate this quantitatively with populations that are very mobile is also that's a whole other basket of worms.

*Laura Meissner:* Absolutely. Alexandre, did you have something you wanted to add?

*Alexandre Letzelter:* Yes, about the measurement of impact in ACF, AAH. We developed manuals of indicators, and we are contributing at the international level as well with clusters at WHO to establish what are the most relevant, validated academic scales.

As an example, we are using the HDS (phonetic), we're using the WHO 5 (phonetic), the SRK20 (phonetic), scales adapted to the public for children and adolescents. So we tailor all of our monitoring according to validated tools and referring particularly to mental health.

*Laura Meissner:* Thank you. We also had a question pointing out the fact that in a lot of countries, there's the lack of trained psychologists of social workers and so on and asking about how do each of your organizations train your staff to provide psychosocial support. What do we do with referrals when there are not enough services to refer them or maybe innovated solutions such as telehealth or mobile therapy or support groups. I will open this up for whoever would like to talk first. Alexandre, sure.

*Alexandre Letzelter:* Sorry to talk again. This is a real issue, of course. The budget for mental health in many countries is very low. In AAH, we're addressing the four levels of the pyramid. So where it's appropriate, we're recruiting national psychologist. Otherwise, when it's psychosocial workers, meaning educated people willing to help with relational skills, and we train them deeply. We supervise them weekly on case studies and so on. We are working sometimes with universities as well to try to improve their curriculum or to see where you don't have a psychological department, where and how you can create some mental health courses.

I think that partnering with community based organization is a key always because you can invest in structures. Once you start to train them, they are available and able to provide community support as well and regarding our training, we always train our psychologists and psychosocial workers not only on basic helping skills for psychosocial support but also on the specialized psychological intervention.

*Laura Meissner:* Brian or Benson or Kay or Juan Carlos, do you want to add?

*Kay Andrade-Eekhoff:* Sure. The training staff goes through a process that includes recommendations around psychological first aid. A lot of the staff that are delivering the training programs, they're not psychologists. Some of them are, but our programs are designed in such a way that, you know, we work with the pool of national staff that's available and then developing kind of support groups among those staff.

I think one of the best experiences over this last year has been actually what we've seen going on in some of the prisons. Prisons have been closed down, so we haven't been able to participate there. Because we had been doing a training program with inmates, they were able to continue replicating some of the content and training program that we had been doing.

So I think just really empowering participants as well to be able to replicate, be those young people, women in self help groups, and others so that they can continue to provide that kind of first line support.

*Brian Ssebunya:* Very briefly from our side, psychosocial support is heavily embedded. We have a team, especially women's protection, that supports our livelihood workers. Myself and Benson and we work closely with the operation team and, of course, the capacity building is a big opponent from the caseworkers up to the responders across the board. We have to train and strengthen systems. We host the GBV cluster, so that's part of why we are in that position.

*Laura Meissner:* Thank you so much. There was a little bit related to that, a question from Julie Coaler (phonetic) about how the crisis is here. Kay, I thought it was an excellent example about how you talk about folks in prisons are still continuing to replicate it. ACF or IRC, if you want to share any of your program adaptations because, of course, addressing psychosocial needs is even more difficult if you can't congregate in groups.

*Lara Colace:* For the livelihoods activities, actually, in Iraq, we went through a period that was shut down so we couldn't, for a period, carry out activities.

Now, with the OFDA and other programs we're again on track. So the adaptation went through the physical distancing, adapting the training at places and venues and regular type of adaption.

While maybe for psychosocial support, we are had an intervention and Alexandre, from a psychosocial point of view, can tell you something.

*Alexandre Letzelter:* The point is can we share these guidelines? We're still editing them. At a certain point, yes, we can share, but we still need to improve a little bit according to lessons learned.

*Laura Meissner:* Thank you. IRC, do you want to share any of your program adaptations due COVID?

*Brian Ssebunya:* Yes, if I may go. When we look at the components, by the time COVID hit, we had reached the (indiscernible) groups, so they were running. We had started some of the models. We started polling smaller numbers, and that was a little bit tricky, especially getting the women and men together so initially if you were

targeting 10 members, now you have 20 already. So that was a bit of a challenge, but that's how we managed to go through the models that we had by reducing all the numbers and, of course, enforcing the (indiscernible) and the like.

For us, the program was actually ending, which was really the peak of the pandemic, so we had to really find a way of passing on the message and ensuring that with smaller numbers we can still pass on the message and connect them to engage.

Of course, for South Sudan, not much of the digital outlining could be applied because of access, but we managed in smaller groups to continue with that training. Thank you.

*Laura Meissner:*

Thank you. And, unfortunately, we're at time. There were a number in of other excellent questions from the listeners. So thank you, everybody, who participated. An incredible thank you to all of our panelists, to Brian and Benson, Lara, Alexandre, and Kay.

*Lori Reid:*

I hope you found this important to your work. We'll be posting a link to the webinar in a few days. In the meantime, you can find sources related to the webinar on the Marketlinks website. Thank you again, everyone. Have a great day.