PUBLIC HEALTH IN ACTION

Discussion Facilitator Notes - Monitoring & evaluation in the real world

Andrew Rasmussen, Ph.D. New York University School of Medicine (See also Bellevue/NYU Program for Survivors of Torture)

ANALYSIS

The case study of the evaluation of IPI’s program (a pseudonym) presents a number of issues related to program evaluation, refugee services and global mental health in general. From the program evaluation angle, ask students/participants to examine and explain the difference between process and outcome evaluation. You may note that although some of what we did “hinted” at outcomes, most of the evaluation work really only described processes. Our attempts to measure outcomes were largely thwarted by (1) our entry a year after the program had been up and running (thus precluding any pre-/post-test design) and (2) the unsophisticated structure of the group counseling intervention. The latter point may be particularly rich for discussion: To what level does a psychosocial intervention need to be developed to make it worth it to put in the time and effort to undertake a comparison group design? Should an evaluator use his or her expertise in a field to make this type of judgment call?

On refugee services and global mental health, ask students/participants about recent trends in global mental health. One shared feature of a number of recent global mental health projects is the use of community health workers for surveillance of mental health problems and for delivery of basic services. General questions for consideration include, in what ways were IPI’s “community mobilizers” and “psychosocial assistants” community health workers? Another common feature is supervision of community health workers by professionals. What were the elements of supervision in theory and practice in IPI’s psychosocial programming?
QUESTIONS DESIGNED FOR USE AT THE END OF EACH SECTION

BACKGROUND
1. What are your ideas for evaluation design at this point?
2. What complications to your ideal design might you foresee at this point?

PSYCHOSOCIAL AID
1. What are possible outcomes of a psychosocial program?
2. How might these be measured in the current context?
3. What are possible predictors (or independent variables)?
4. What might be confounders (i.e., the factors that could muddy the interpretation of the effects of the predictors on the outcomes) to consider in the evaluation of psychosocial programs?

DESCRIPTION OF IPI’S PSYCHOSOCIAL PROGRAMS
1. Draw an organizational chart of IPI’s psychosocial program. Include lines of authority and duties.
2. How would you revise your list of challenges to creating and enacting an ideal design?

PROPOSED INDICATORS AND REDESIGNING THE EVALUATION FRAME
1. Given what you know about IPI’s structure and activities, propose three indicators and operationalize them.
2. What are your ideas for evaluation design at this point? Have they changed from initial proposal?
3. Define process evaluation and contrast it to outcome evaluation. Why would the timing of the evaluation consult be important to the feasibility of undertaking an outcome evaluation?
4. In our evaluation we chose not to evaluate several indicators for practical reasons. Given what you know about IPI’s structure and funding for the project, who are the stakeholders you think we needed to consult before taking this step?

HOME VISITS AND CASE MANAGEMENT

1. What were the main challenges to the reliability of the three sources of information we were able to work with in this section? The validity?

2. Most of the problems addressed in IPI home visits were medical. What does this say about the impact of IPI’s psychosocial mission?

3. How do the results of our survey of those who had received home visits differ from the results of the records review?

4. What recommendations would you make to IPI from the findings of our evaluation?

GROUP COUNSELING

1. We felt that our initial evaluation design was not worth the time and effort given the lack of structure of IPI’s counseling program. What are the arguments for this position? What about arguments against this position?

2. What might be the implications of asking non-Western clients to engage in Western-developed psychological interventions?

3. Click here to go to this section of the article.

CONCLUSIONS & LESSONS LEARNED

1. Do you agree with the general conclusions drawn? Why or why not?

2. Now that you have read the entire evaluation, how might you have evaluated the program differently? What choices would you have made at the various decision points?

3. Discuss the “threats to reliability” the author refers to. Could these have been minimized, and how?