Achieving Our Vision:
The psychosocial approach within the CARE 2020 Program Strategy

The CARE 2020 Program Strategy guides various audiences through the underlying causes of poverty analyses that CARE and partner staff from around the world have been conducting for many years. CARE argues that women and girls are particularly vulnerable to poverty due to longstanding unequal power relations, and that therefore our programming must target women and girls.
CARE’s strategy responds to this analysis with a clear commitment:

- To save lives through humanitarian action,
- To promote lasting change and sustainable development for the most vulnerable, particularly women and girls, through innovative solutions especially in the areas of sexual and reproductive health and gender based violence, food and nutrition security and women’s economic empowerment
- To multiply impacts through documenting successful models to scale up and influence social change through advocacy and lobbying with power holders.

Our core approaches are strengthening gender equality and women’s voice, promoting inclusive governance and accountability, and increasing resilience with a focus on four outcome areas:

- 20 million people affected by humanitarian crises receive quality, life-saving humanitarian assistance
- 50 million poor and vulnerable people increase their food and nutrition security and their resilience to climate change
- 100 million women and girls exercise their rights to sexual, reproductive and maternal health and a life free from violence
- 30 million women have greater access to and control over economic resources

CARE’s outcome areas focus on the measurable and tangible, which is necessary; nevertheless beneath all the facts and figures are issues that are less measurable and less tangible but which also must be addressed. It is difficult or impossible for men, women, boys and girls to take active steps to improve their situation in life when they do not feel well physically or emotionally. While most people can clearly recognize that physical health is crucial for fighting poverty, many development practitioners also are realizing that psychosocial wellbeing is a precondition for development. CARE Austria has integrated what it calls a “psychosocial approach” in its women’s empowerment programming because we have learned that a program is more efficient and sustainable if it addresses people’s emotional and social wellbeing.

CARE’s vision calls for hope, tolerance and dignity – the psychosocial approach enables CARE staff, partner organizations and impact group members to put these three concepts into action. Psychosocial wellbeing is generally defined as “a state in which one is able to master life tasks of love and work, family and community and ascribe meaning to daily life so that one can raise the next generation in an atmosphere of hope. Every culture has its own more specific definition of psychosocial wellbeing and how it should be represented, maintained and acquired.” (Becker and Weyermann, 2006) The CARE program strategy envisions empowering poor and marginalized persons to act on their own behalf; a psychosocial approach helps create the conditions for them to do so.

Psychosocial wellbeing is rarely described by individuals as an absence of suffering; rather, it is defined as the affirmative presence of the capabilities required to live a good life in the present and the future. (Bragin M. et al. 2013) Practitioners as well as researchers on resilience have identified many critical capabilities for psychosocial wellbeing. Some of the commonly agreed upon and most relevant are:
On individual level:

- Sense of self-esteem and self-efficacy
- Ability to connect to other people and to form and maintain caring relationships
- Sense of belonging (to a culture, a group, …)
- Ability to make sense of one’s experiences and to have faith in the meaningfulness of life
- Opportunities to express feelings through creative means
- Conflict resolution skills, ability to find solutions
- Positive outlook
- Ability to access available resources

On family/group level:

- Adults who role model healthy relationships
- Positive child-caregiver relationships
- Healthy caregivers
- Relationships with extended family members and others
- Stable living environment

On community level:

- Access to services
- Provision of education in a positive/supportive way
- Role models (on solidarity, on non violent behavior, …)
- Safe, connected and inclusive communities

CARE is one of the few organizations to conduct research into how adult women define psychosocial wellbeing. In addition to the above generalized elements, CARE’s research has found that women particularly value the following elements:

- Voice in home, community and beyond
- Family harmony
- Friendship and support outside the family
- Education/access to information that could change one’s quality of life

What does it mean to take a “psychosocial approach?”

A psychosocial approach is defined as “a way to engage with and analyse a situation, build an intervention, and provide a response, taking into account both psychological and social elements, as well as their interrelation.” (UNHCR 2013) CARE Austria has found that, as with “mainstreaming” any topic or concern, attempting to mainstream a psychosocial approach can result in it “disappearing.” However, when a program considers adding psychosocial wellbeing into its objective, result areas, outputs, or as part of its theory of change, it becomes easier to integrate psychological and social elements into the design and implementation of the program. CARE staff, partners and researchers have jointly developed a simple methodology to identify context-specific elements important for psychosocial wellbeing. Ideally this methodology is implemented before the design of the program with a representative number of future participants. But it can also be part of the program implementation itself and used as an activity to create awareness on psychosocial wellbeing. The critical elements of psychosocial wellbeing that are identified can then be taken into consideration in future programs or can often be easily integrated into ongoing activities.

CARE’s programming often integrates activities in line with these elements of psychosocial wellbeing – we provide access to resources, not just to economic resources but also to other resources like extension services of various government offices; we support women to form groups and to strengthen friendships outside the family; we strengthen women’s communication skills and network them with the women’s movement so that their voices are heard at home, in the community and beyond; and last but not least CARE programs nearly always provide information on rights and accessing resources.
What is the role of psychosocial wellbeing in enabling men, women, boy and girls to achieve the four outcomes in the CARE 2020 Program Strategy?

Looking at each outcome area of CARE’s 2020 program strategy more concretely, this paper aims to walk the reader through a basic understand of how the psychosocial approach contributes to, and can be integrated into programming contributing towards each of CARE’s 2020 outcome areas.

“20 million people affected by humanitarian crises receive quality, life-saving humanitarian assistance”

Most development practitioners are familiar with the need to address psychosocial wellbeing amongst persons affected by war or natural disaster. Psychology offers many concepts that describe what development practitioners observe and try to address in emergency settings – people who cannot concentrate, who are extremely sad, who are unable to gather energy to care for their dependent children or relatives, or who show aggressive behavior. In emergency settings it is clear that there is a great need for activities that address people’s psychosocial wellbeing. The “how” is still debated and studied, particularly given the diversity of cultural contexts in which modern day humanitarian crises are occurring. Nevertheless the “IASC Guidelines for Mental Health and Psychosocial Support (MHPSS) in emergency settings” (IASC 2007) provide a very good overview on how to use a psychosocial approach in emergency programs of/for all sectors, and they are already well established in CARE’s emergency handbook.

Gender-specific issues can become very pressing in emergency situations and can be very destructive for psychosocial wellbeing, particularly for women and girls; e.g. if rape is used as a weapon of war, if mothers do not have enough food for their children, or if men’s sense of emasculation due to forced migration leads to increased domestic violence. If emergency programming does not take these issues into account, it can easily trigger further destruction.

CARE’s emergency response already takes psychosocial wellbeing into account in many of its activities and can foster this good practice by using a psychosocial approach more systematically:

- Creating safe spaces where women and men who faced various forms of violence can meet and share (in female only or male-only spaces)
- Arranging housing in refugee camps in ways that reflect settlement from persons’ country of flight, such that they for example are still living close to people from their same hometown or neighborhood
- Designing refugee camps to be safe for women and ensuring women’s voices and leadership in these planning processes
- Discouraging refugee camps themselves as forms of settlement given their inability to provide meaningful activity to residents
- Supporting recreational activities and resuming schooling for children
- Supporting recreational activities and solidarity groups for adults so they can feel “part of” something
- Providing refugees a work or purpose
- Providing trained community social workers to do home visits with persons, and linking those persons to other resources in the area
- Enabling religious practices and traditions that support healing
“30 million women have greater access to and control over economic resources”

Access and control over resources is one crucial element of any person’s psychosocial wellbeing. However, the relationship is not a one-way street: Access to and control over economic resources and psychosocial wellbeing influence each other vice versa good overall psychosocial wellbeing is crucial for being able to start or scale up income-generating activities. Women with good self esteem and family and community relationships are generally more active and successful in income.

A few helpful interventions that illustrate how psychosocial wellbeing has been included in economic empowerment programs:

- The formation of VSLAs and cooperatives, by their nature, encourage the members’ social connectedness and solidarity and benefit in this regard.
- VSLAs in which the most excluded members of the community are especially encouraged to join can support all members’ psychosocial wellbeing by making it clear that exclusion and stigma are damaging.
- Activities within VSLAs or other settings where women and men meet separately and together to reflect on the following themes:
  - communication and listening skills
  - non violent conflict resolution, joint decision-making
  - importance of psychosocial wellbeing
  - parenting
  - mobility and psychosocial wellbeing
  - discrimination and exclusion and psychosocial wellbeing
  - positive coping strategies versus alcoholism and violence
  - social inclusion and solidarity
  - how to create a violence free community
- Development of income generation plans that include sessions where female impact group members can develop income generation plans together with their spouses or other family members, or where male family members are sensitized about the needs of joint planning (e.g. Journey of Transformation), to promote family communication, protect against domestic violence but also to ultimately ensure more family support to the income generation plan.

“50 million poor and vulnerable people increase their food and nutrition security and their resilience to climate change”

Just as psychosocial wellbeing in humanitarian crises can affect people’s ability to access economic resources, so too does it affect food and nutrition security. The relationships can be complex and cause-effect direction difficult to define.

For example, when women in a village are invited to a meeting to identify food needs of mothers and small children, woman with low self-esteem as a result of long-term, ongoing domestic violence might not feel able to attend. Her family’s nutrition status might get even worse, which might trigger other negative impacts like children’s malnutrition and increased violence in the home. Equally, in a family whose members cannot communicate openly with each other, it can be difficult to jointly analyze the risks and benefits of changing the usual agricultural practices or exploring different food security strategies.

Looking with a psychosocial lens on communities with chronic food insecurity, we can observe that the long term distress of the situation creates challenges in terms of social cohesion, inclusion and solidarity. Persons who are most vulnerable and do not have the self-esteem and voice to come forward in times of crisis are easily forgotten or sidelined.
Including the concept of psychosocial wellbeing in food and nutrition security programs helps families and communities to support the most vulnerable persons even in times of crisis.

Many CARE food security and climate change programs take psychosocial wellbeing into consideration, though it may be done more or less systematically. Including psychosocial wellbeing in food and nutrition security programs could involve any of the activities proposed under economic empowerment, as well as the following:

- Initiate community reflections on stigmatization, social cohesion, community organization and inclusion
- Strengthen community organization
- Train key stakeholders on communication skills and conflict resolution skills
- Create better access to information on available services, especially for vulnerable persons and groups and their caretakers – e.g. promote social work in rural places
- Ensuring that DRR and CVCA facilitators have training on psychosocial wellbeing
- Active discussions of links between feelings, meaning, and changing previous agricultural or income generation practices
- CARE Ethiopia has adjusted the “Social action and analysis tools” for their Food Security Program; this seems to be a promising tool that also includes key aspects of psychosocial wellbeing

“100 million women and girls exercise their rights to sexual, reproductive and maternal health and a life free from violence”

Sexual, Reproductive and Maternal Health

To integrate psychosocial wellbeing in women’s empowerment programs means to enable women “to form relationships, exercise agency and work together with men to change those structural arrangements that are necessary to achieve power.” (Wurzer, J. and Bragin, M. 2009) Perhaps due to the high level of individual agency needed to be able to take decisions affecting one’s sexual, reproductive and maternal health, CARE has already integrated many psychosocial wellbeing elements into its programs. Most psychosocial assessments on SRMH issues show that women and girls need special psychosocial activities to increase their self esteem and form supportive social relations outside the family.

Essential psychosocial elements of SRMH programs are:

- Reflections on self esteem, psychosocial wellbeing, gender stereotypes
- Comprehensive sexuality education for young women as well as young men
- Assertiveness training, especially for girls and young women
- Communication and negotiation skills for couples
- Young mother’s clubs
- Fatherhood initiatives
- Provision of information on possible psychological changes during pregnancy and after childbirth, on parent-child bonding, on impact of violence
Gender Based Violence

Researchers have extensively documented the psychological and social consequences on women and girls of living with violence; providing psychosocial support to survivors is now considered a standard good practice. Meanwhile, men and women working on GBV prevention as well as those providing services to GBV survivors have found that this work can affect their emotions and social networks, and can lead to male and female activists' re-connecting with their own experiences of victimization or perpetration of violence.

In addition to the clearly demonstrated need to provide psychosocial support for GBV survivors and those working in the field of GBV prevention and response, there is increasing awareness of the need to address the issue of GBV across all CARE programming as part of a “do no harm” approach. Taking a psychosocial approach to, say, food security programming helps to integrate GBV within broader discussions in order to avoid stigmatizing survivors.

Good practices to meet GBV outcomes include:

- Take active steps to integrate women who are affected by violence into ongoing women’s groups (e.g. VSLA groups or others)
- Establish men’s activism groups to fight GBV
- Train community based psychosocial workers/case managers and promote social work in rural places
- Facilitate reflection on various psychosocial themes in women’s groups: e.g. victimization versus empowerment and self-care
- Train health personal and police who attend to survivors of violence in psychological first aid and orient them on psychosocial wellbeing
- Promote and recognize violence free communities
- Train “role model” couples that promote violence free behavior between all family members and encourage them to reach out to other couples
- Train community based psychosocial workers to engage with families in home visits
REFERENCES:


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