ENDLINE EVALUATION

“Empowerment for Afghan Women through Psychosocial Counseling and Capacity Building” and “Community-Based Trauma-Sensitive Support for Afghan Women in Kabul and Mazar-e Sharif” Projects

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Background

medica mondiale (mm) began its work in Afghanistan in April 2002, and in December 2010, medica mondiale Afghanistan registered as the Afghan NGO Medica Afghanistan (MA) and now operates as a self-contained national organization, run by Afghan women for Afghan women with continued support from mm in terms of capacity building, financial support, and project cooperation. MA is a non-profit, non-governmental Afghan women’s organization working towards the elimination of violence against women through the provision of legal aid, psychosocial support, capacity building and advocacy. It seeks to improve the quality of women’s lives through direct psychosocial and legal services, while also raising awareness and building capacity in the fields of health, education, and law.

The first “Empowerment for Afghan Women through Psychosocial Counselling and Capacity Building” project was implemented by MA from January through December 2012, funded by Auswärtiges Amt (AA; German Foreign Office), with funding of 205,120 EUR. Phase two of this same project was implemented from January through December 2013, again with funding from Auswärtiges Amt of 243,387 EUR. The third phase of the program was the “Community-Based Trauma Sensitive Support for Afghan Women in Kabul and Mazar-e Sharif,” which was implemented from July 2014 through December 2015, with total funding covering the two years of 404,841 EUR from Auswärtiges Amt.

The three programs were very closely aligned in terms of goals and objectives, with the first key intervention area being the PSHP and direct provision of counselling services to survivors of sexual and gender-based violence (SGBV) in Kabul, Mazar-e Sharif, and Herat, as well as the establishment of a community-based peer support group approach for psychosocial support. The second key intervention area was the capacity building of MA as an organization, in terms of facilitating services, quality assurance, building the capacity of staff, support for staff, and constructive organizational development.

Evaluation

The evaluation of these three projects was undertaken from November 2015 to January 2016, with the objective of providing decision makers at the Auswärtiges Amt, medica mondiale e.V. and MA with sufficient information to make an informed judgment about the performance of the project, to document lessons learned and to provide practical recommendations for follow-up actions. The evaluation took a mixed-methods approach, utilizing both quantitative and qualitative methods. Data collection included workshops and surveys with program staff at the central and provincial levels, surveys and in-depth interviews with clients, surveys with family members of clients, and key stakeholders including government and civil society actors.

For this evaluation, the Creating Cultures of Trauma-Informed Care (CCTIC) Self-Assessment was conducted with facilitation by Thousand Plateaus in two participatory one-day workshops with MA staff in the Mazar-e Sharif and Kabul offices. Additionally, a knowledge, attitudes and practice (KAP) survey was given to staff, which was self-administered in Dari to 27 MA staff members in Kabul and Mazar-e Sharif.

A quantitative survey was administered verbally by a team of enumerators to a representative sample of the 1,259 clients from 2012 to present in Kabul and Mazar-e Sharif with a 95% confidence level and a 5% margin of error, a total of 296 PSHP clients. In-depth qualitative life story interviews were also conducted with 14 clients. The main purpose of the survey was to gauge overall client well-being, experiences, and impact of receiving psychosocial support through the program. The key sections included: their experience of violence and trauma, assessing clients’ physical and emotional well-being, assessing clients’ sense of social belonging, gender role attitudes, and awareness of their rights; assessing clients’ social beliefs and attitudes towards violence; client experience and satisfaction with support received through the program; and basic demographic information about those who are accessing the services provided through the program.1

1 The client survey included a wide range of tools, including the Impact of Events Scale (IES-R), Hurt, Insult, Threaten, Scream (HITS) scale, Mental Health Inventory (MHI-18), Perceived Stress Scale (PSS), Rosenberg
In the client survey, participants were asked whether they would consent to an interview with a male family member. 62 male family member surveys were conducted in a non-representative sample, designed to provide some basic information to understand what kinds of wider effect the psychosocial support may have in terms of reducing VAW, beliefs regarding violence and gender equality, and aggressive tendencies among men at the household and community levels.

A series of interviews were also conducted with stakeholders identified upon review of program documents and in consultation with MA. Government stakeholders identified included MoPH, MoWA, Mol, and the AIHRC. Civil society bodies included the Afghan Women’s Network (AWN), Humanitarian Assistance for the Women and Children of Afghanistan (HAWCA), Afghan Women’s Skill Development Center (AWSDC), Women for Afghan Women (WAW) and Cooperation Center of Afghanistan (CCA)—all NGOs.

**Summary**

Overall, the evaluation found the activities conducted under the projects to be highly effective, especially the individual and group counselling services and trainings for MA in organizational care. The three projects reviewed were very successful in reaching a large number of women survivors of SGBV and achieving the goal of providing women who have experienced violence with access to better services, reaching 1,357 clients over three years in Kabul, Mazar-e Sharif, and Herat. There is considerable evidence of the effectiveness of the psychosocial support provided, with low levels of clients demonstrating severely poor mental health, depression, or anxiety. Clients who had received PSHP services demonstrated considerable behavioral control and positive affect, and several interviewed noted that participating in MA was a turning point in their life. However, clients also demonstrated very high levels of PTSD. The peer support groups were also found to be very effective, both in terms of expanding the reach of PSHP services and in facilitating peer to peer support networks for women that were found to contribute to strengthen and develop community-based skills and resources. Activities related to the police sector were found to be less effective, which the evaluation concluded are largely related to a misalignment of activities with objectives under this component.

The program’s effectiveness is considerable in consideration of the contextual framework in which the program operates. The evaluation found a number of challenges to the program, including lack of awareness about what mental health and counselling are; family issues are often considered extremely private; concepts such as confidentiality are not necessarily well-understood; absence of rigorous mental health regulations and standards in Afghanistan; lack of qualified professionals in mental health and mental health faculties; stakeholders are often much more comfortable with the legal aid component and do not fully understand psychosocial support; general financial hardship noted among clients; and security.

Overall, the effectiveness of the trainings and capacity building support to MA was evident in the evaluation. Though there is still need for further training and professional development opportunities, the skills and knowledge of PSHP counsellors regarding trauma sensitivity was improved, and the trauma-informedness of services was noted by both staff and clients. The trainings were very effective in facilitating the development of strong organizational care practices within MA and promoting a culture of self-care, which was evident in the low level of burnout among PSHP and MA staff. Overall, the evaluation concluded that while the database developed for monitoring the program is thorough and sufficient, its effectiveness in limited due to capacity gaps in entering and analyzing the data, and its overall utility is limited by limitations in the project logical framework and indicators for the program.

The PSHP program and other MA activities under this program were concluded to have far-reaching impacts on clients, their families, their communities, and in society as a whole. The evaluation found that those who had received PSHP services, despite undergoing considerable ongoing stress and trauma, demonstrated a number of qualities that could contribute to increased coping capacities, including self-esteem, high self-efficacy, and average levels of resilience. This evaluation concludes that the psychosocial services provided to women through this program have contributed to the levels of self-esteem, self-efficacy, and resilience observed among clients of MA’s PSHP services, which is concluded to have contributed to coping capacities. The evaluation also found that the PSHP services have had a considerable impact on clients in terms of developing social support systems and facilitating a sense of social belonging critical to resilience.

This was also concluded to have had a wide range of secondary impacts, including facilitating positive gender role attitudes among both clients and their families, reducing clients’ vulnerability to VAW, and perhaps most notably on the family unit and stemming the life cycle of violence. The evaluation found evidence that the increased coping skills and mental well being were associated with less aggressive attitudes and behaviors among women. Aggression, in this context referring to physical and verbal
aggression which involves hurting or harming others as well as emotional components including anger and cognitive components including hostility and feelings of feelings of ill-will, can contribute to interpersonal conflict and non-constructive means of addressing interpersonal disputes. Less aggressive attitudes and behaviors would likely contribute to more non-violent communication skills, conflict resolution skills and problem solving skills in order to reduce their family conflicts. This was furthermore concluded to be contributing to a more peaceful Afghan society, taken in context of a wide range of research demonstrating relationships between social attitudes towards women and reduced VAW and the peacefulness of the state, both in terms of internal and external conflict.

MA is also making important impacts in civil society, with MA playing a pivotal role in Afghan civil society related to women’s issues, SGBV, and psychosocial support and mental health, which by extension is making contributions to the strengthening of Afghan civil society. Furthermore, the trainings that MA is providing to other CSOs and international organizations contribute to the strengthening of civil society. There is strong coordination at the civil society level, and MA has been critical in strengthening Afghan civil society response and approach to SGBV through being one of the first, only, and most competent organizations providing direct psychosocial support to survivors, which shelters and other organizations working with SGBV survivors in areas such as legal aid and economic empowerment do not necessarily have comparable or adequate skills or resources to provide. Moreover, MA’s role and advocacy work in addition to the trainings they have provided has undoubtedly led to increased awareness raising of the psychosocial needs of GBV survivors among both Afghan civil society and international civil society organizations working in the Afghan context.

This evaluation concluded that the PSHP program and MA services are highly relevant to the context, needs and priorities of clients, as well as other direct and indirect target groups. The evaluation found a clear need among clients for psychosocial support services, with clients having primary or secondary experience of a wide range of traumatic events. Additionally, clients are experience very high levels of ongoing physical and emotional abuse, which relates to the relevance of counselling services and particularly their potential contributions to clients’ resilience and reducing vulnerabilities to VAW. It is important to note that the evaluation found that MA is currently the only civil society organization in Afghanistan currently providing direct psychosocial services to survivors of SGBV. While some psychosocial support services are available through the public health sector and through other means such as Women’s Protection Centers (WPCs), and other organizations also work in the provision of training related to psychosocial counselling, MA is the only service provider through which women can access outpatient counselling services specifically catered to women and SGBV-related trauma. Evidence from interviews suggests that the project activities are very much aligned with priorities of Afghan women who are survivors of SGBV, though improved referral practices are needed to ensure all of clients’ needs and priorities are addressed.

There are a number of factors observed by this evaluation that contribute to the sustainability of MA as an organization, the PSHP program, and the impact of the provision of psychosocial services. The evaluation concludes that the peer support groups have been an important development to ensure the sustainability of the program and its services, extending support to the community level around a model of volunteering. Additionally, the impacts of the PSHP services themselves are concluded to constitute a sustainable factor of the program, building clients’ long-term coping capacities and resilience that can be drawn on through future challenges and difficulties, and through contributing to more peaceful families and communities. The improved training resources and capacities of MA are furthermore concluded to represent a potential funding source that supports MA’s sustainability as an organization, with quality services that can be provided to other organizations and institutions.

The evaluation concluded that the program has reached those who are among the most vulnerable, and a wide range of clients in terms of age, ethnicity, and life situations. Outreach has helped to ensure the program’s coverage, but further awareness raising regarding psychosocial services is needed to further referrals for clients who need support the most. However, there is considerable further need, particularly in terms of the geographic scope of the program.

The evaluation concluded that the PSHP program is well coordinated with other members of civil society and international organizations, and MA is active and engaged in identifying the coordination platforms that are most aligned with their program’s activities and objectives. The program was found to be highly coherent with national priorities and legal frameworks that promote prevention and effective response to VAW, and is filling a critical gap in services provided to survivors of SGBV. The program is well coordinated with service providers and key EVAW sector stakeholders including MoPH, MoWA, AIHRC, and Mol.
The PSHP program was found to be very effective in terms of protection, and the services were overwhelmingly found to be trauma-informed. The physical and emotional safety of clients was concluded to be well-considered, though a full protection of clients’ emotional safety would be better guaranteed through further training and capacity building of counsellors and MA staff in terms of recognizing symptoms, triggers, and coping strategies. The evaluation concluded that trustworthiness is at the center of PSHP programming, both in terms of trust between counsellors and clients and between staff and supervisors. Trustworthiness could be further promoted through policies that formalize confidentiality and clients’ rights and responsibilities. The program is very successful at promoting client and staff choice, as well as collaboration. However, collaboration could be further promoted through formalizing client inputs into programming, service delivery, and monitoring and feedback. The program was furthermore concluded to promote empowerment of clients, as well as staff through training opportunities, though further professional development opportunities are necessary for staff.
MA met and exceeded the target initially set in the indicators under this objective in each year of the program in terms of clients who accessed individual and group counselling services, reaching over 1,300 women in total. Since 2014, 12 peer support groups were established in Kabul and four were established in Mazar-e Sharif. In total, these peer support groups included 16 facilitators and 192 participants.
Clients who had received PSHP services demonstrated a generally average level of psychological well-being.

Participants demonstrated considerable levels of positive affect and behavioral control.

**Clients’ psychological well-being**

- 5% very healthy psychological well-being (75-100)
- 50% average to somewhat healthy psychological well-being (50-75)
- 50% somewhat poor to average psychological well-being (25-50)
- 6% have very poor psychological well-being (less than 25)

- The average score on the Mental Health Inventory among clients was 49.91
- 66% had scores indicating an average to high level of depression, of which 22% were severe
- 54% demonstrated at least an average level of positive affect
- 47% demonstrated at least an average level of positive affect
- 63% had scores indicating an average to high level of anxiety, of which 16% were severe
- 54% demonstrated at least an average level of behavioral control

Though women’s overall psychological health was generally average, less than 6% were experiencing severely poor overall mental health, less than 22% severe depression, and less than 16% severe anxiety.

**Clients’ post-traumatic stress**

- N=282, M=64.95, SD=20.87
- The average score on the Impact of Events Scale among clients was 64.95
- 92% demonstrate symptoms of PTSD at a level high enough to suppress immune system functioning (higher than 42)
- 1% demonstrate symptoms at a level where PTSD is a probable diagnosis (38-42)
- 6% demonstrate symptoms at a level where PTSD is a clinical concern (27-38)
- 2% do not demonstrate symptoms of PTSD (less than 27)

Among participants for whom the score could be calculated, 98% of client respondents demonstrated post-traumatic stress at a level where PTSD would be considered a clinical concern, 94% at the cutoff for a probable PTSD diagnosis, and 92% at a level high enough to suppress immune system functioning.
MA clients demonstrated considerable knowledge of their rights and institutions related to VAW and their legal rights.

Clients’ awareness of rights

- 57% knew that according to Afghan law a woman cannot be imprisoned for running away from home.
- 54% knew that according to Afghan law, it is not true that female family members can only inherit if there is something left over after all male family members have received their share of inheritance.
- 76% knew that in Afghanistan it is illegal for any girl under the age of 15 to get married, even if her parents consent.
- 73% knew that according to Afghan law, it is a crime to shove or slap a woman or girl, even if no injury occurs.

Clients’ awareness of institutions

- 85% knew about the Department of Women’s Affairs.
- 53% knew about Family Response Units.
- 65% knew about the Special EVAW Unit of the Attorney General’s Office.
- 76% knew about Afghanistan Independent Human Rights Commission.
- 76% knew about Women’s Protection Centers.

Higher psychological well-being was found to be strongly inversely related to perceived stress and aggression.

Higher levels of perceived stress were strongly related to lower levels of self-esteem, self-efficacy, resilience, and social well-being, as well as higher levels of aggression.

Correlations with Psychological Well-Being

Correlations with Perceived Stress
Those in peer support groups demonstrated more severe responses to a traumatic event than those who were receiving counselling, but also demonstrated higher levels of self-esteem than women receiving counselling.

MA was able to complete a MoU with MoI in March 2015, signed by the Head of the General Directorate Office. MA works with female police clients at MoWA, which was concluded to be less effective than being based at MoI, but the MoU should be seen as a major achievement of the program, providing MA with an official mandate and representing a growing understanding among police actors.

Results indicate overall mixed capacity of PSHP staff to implement a trauma-sensitive approach, though they also suggest considerable capacity development through the support provided by the project. Though staff recognize some of the causes, forms, and consequences of SGBV in the Afghan context and criteria for applying a trauma-sensitive approach and services are generally perceived to be trauma-sensitive, there are further needs in this area.

The PSHP program has referral practices in the areas of protection, healthcare, legal support, and government services. However, very few women surveyed who had received psychosocial services reported having received referrals to other services. Only 4% of participants reported having ever been referred to another organization or facility for further or different kinds of services by MA. Considering the level of ongoing physical and psychological abuse among clients found in the evaluation, the evaluation concludes that this level of referrals—particularly to health services—is likely insufficient.

PSHP Staff Knowledge on Trauma-Sensitivity

5 of 7 PSHP staff surveyed identified as false that clients should tell every detail of the trauma experienced in order to best inform staff how to help her.

5 of 7 PSHP staff surveyed identified that familiarizing women with post-traumatic responses and the reasons for these reactions can help increase women’s sense of control over their lives.

5 of 7 PSHP staff surveyed identified that before providing further support, it is critical to ensure that clients’ physical safety needs are being addressed.

3 of 7 PSHP staff surveyed identified it as false that it is good to encourage women to talk about their trauma memories as much as possible when screening for a history of trauma.

5 of 7 PSHP staff surveyed felt that women who have experienced trauma tend to be weak.

4 of 7 PSHP staff surveyed believed it is true that they should make decisions on behalf of women who have experienced trauma because they might feel pressure if they decide for themselves.

Referrals

4% of clients had been referred to another service provider for additional or different services than those provided by MA.
The effects of trainings on stress management and organizational care were apparent. MA staff have monthly stress release and self-care sessions, case discussions and debriefs, staff retreats, and staff generally perceived the organization to be supportive, open, and understanding.

MA staff had on average had an average level of compassion satisfaction, low level of burnout, and average level of secondary traumatic stress.

The Gender and Violence training manual is contributing to trainings for a wide range of stakeholders in a diverse range of subjects, ensuring that core concepts of gender mainstreaming and VAW are streamlined throughout MA training activities. It furthermore enables MA to expand the services it provides while still within the mandate and upholding the vision and mission of the organization, which contributes to its sustainability.
Some indicators do not seem aligned with the true goals of the program, and some are unrealistic or overly ambitious, some are not adequately defined, and some are more relevant to the activities and programming of other organizations than the activities undertaken by MA.

A current gap in the monitoring and evaluation framework is a lack of rigorous baseline data.

There is no framework or guidelines in place for eliciting, collating, and incorporating client advice and feedback in terms of services, monitoring, and program planning.

**IMPACT**

On average, clients who had received PSHP services demonstrated a normal level of self-esteem, a high to very high level of self-efficacy, and a generally average level of resilience. This evaluation concludes that the psychosocial services provided to women through this program have contributed to the levels of self-esteem, self-efficacy, and resilience observed among clients of MA’s PSHP services, which is concluded to have contributed to coping capacities.

**Clients’ self-esteem**

- 13% have very high self-esteem (75-100)
- 65% have average to high self-esteem (50-75)
- 22% have low to average self-esteem (25-50)
- 0% have very low self-esteem (less than 25)

The average score on the Self-Esteem Scale among clients was 61.95

**Clients’ self-efficacy**

- 21% have very high self-efficacy (75-100)
- 62% have average to high self-efficacy (50-75)
- 15% have low to average self-efficacy (25-50)
- 2% have very low self-efficacy (less than 25)

The average score on the Self-Efficacy Scale among clients was 65.14

**Clients’ resilience**

- 8% have high resilience (higher than 91)
- 70% have average resilience (62-91)
- 22% have low resilience (less than 61)

The average score on the Resilience Scale among clients was 71.07

**Clients’ self-esteem**

- 13% have very high self-esteem (75-100)
- 65% have average to high self-esteem (50-75)
- 22% have low to average self-esteem (25-50)
- 0% have very low self-esteem (less than 25)

The average score on the Self-Esteem Scale among clients was 61.95

**Clients’ self-efficacy**

- 21% have very high self-efficacy (75-100)
- 62% have average to high self-efficacy (50-75)
- 15% have low to average self-efficacy (25-50)
- 2% have very low self-efficacy (less than 25)

The average score on the Self-Efficacy Scale among clients was 65.14

**Clients’ resilience**

- 8% have high resilience (higher than 91)
- 70% have average resilience (62-91)
- 22% have low resilience (less than 61)
High levels of self-esteem, self-efficacy, and resilience were associated with higher psychological well-being and lower levels of perceived stress. Additionally, higher levels of these qualities were associated higher levels of social well-being.

### Clients’ gender role attitudes

- **7%** have very positive gender role attitudes (higher than 75)
- **56%** have average to positive gender role attitudes (50-75)
- **35%** have negative to average gender role attitudes (25-50)
- **2%** have very negative gender role attitudes (less than 25)

The average score on the Gender Role Attitudes Scale among clients was 56.17

### Clients’ social well-being

- **5%** have very high social well-being (higher than 75)
- **67%** have average to high social well-being (50-75)
- **28%** have low to average social well-being (25-50)
- **0%** have very low social well-being (less than 25)

The average score on the Social Well-Being Construct among clients was 56.28

Client respondents on average had generally average gender role attitudes. The projects support the cultivation of positive gender role attitudes by supporting women’s self-esteem, self-efficacy, and providing peer to peer support options for women.

The average client had an average to moderate level of perceived social well-being. In life story interviews, participants explained how their participation had helped them to develop their social support systems.
91% of respondents thought that the attitude of their family members towards women and VAW has somewhat or very much improved since they started participating in MA services.

80% of the male family members surveyed also felt that the attitude of their family members towards women and VAW had somewhat or very much improved since their family member started participating in services from MA.

The average client demonstrated a generally average level of aggression. Higher levels of aggression were associated with higher levels of perceived stress and more severe impacts of traumatic events, and with higher levels of physical and psychological abuse. Lower levels of aggression were associated with higher psychological well-being, higher self-esteem, and higher social well-being.
MA plays a pivotal role in Afghan civil society, particularly related to women’s issues, GBV, and psychosocial support and mental health, which by extension is making contributions to the strengthening of Afghan civil society, particularly in these areas.

There is strong coordination at the civil society level, and MA has been critical in strengthening Afghan civil society response and approach to GBV and understanding of the psychosocial needs of GBV survivors.

Though MA staff clearly understood and appreciated the importance of engaging with men, this is a weaker aspect of the work at present, particularly challenging in the sociocultural context and nearly all-female staffing within MA.

### RELEVANCE

There was a clear need among clients for psychosocial support services in terms of having experienced traumatic life events. Personally experiencing more traumatic life events was found to be associated with higher levels of perceived stress, more severe impacts of traumatic events, and higher levels of physical and psychological abuse.

### Potentially Traumatic Life Events Experienced by Clients

- 34% had personally experienced a natural disaster
- 20% had personally experienced a fire or explosion
- 17% had personally experienced a serious accident
- 13% had personally experienced exposure to a toxic substance
- 28% had personally experienced a war zone as a civilian
- 6% had personally experienced captivity
- 21% had personally experienced the sudden death of someone close
- 27% had personally experienced physical assault
- 13% had personally been assaulted with a weapon
- 4% had personally experienced sexual assault
- 6% had personally experienced an unwanted sexual experience

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SUMMARY: Endline Evaluation of Medica Afghanistan’s Psychosocial Health Program
The average participant is experiencing physical and/or emotional domestic abuse, which evidences considerable need for psychosocial support and increased coping capacities. 50% of client respondents scored at a level indicating ongoing abuse, and a staggering 18% scored at a level indicating extremely high levels of sustained ongoing physical and psychological abuse.

While some psychosocial support services are available through the public health sector and through other means such as Women’s Protection Centers (WPCs), and other organizations also work in the provision of training related to psychosocial counselling, MA is the only service provider through which women can access outpatient counselling services specifically catered to women and SGBV-related trauma.

Availability of services

90% of clients reported that there is no other organization or institution in their area that also provides the services that MA provide.

Economic empowerment is also a top priority for many clients, which is a gap in current referrals. However, economic empowerment for women, particularly survivors of SGBV, is a current area that stakeholders are struggling to address at all levels through programming in Afghanistan.

On average respondents rated MA at 80.84 in terms of cultural responsiveness and inclusivity, indicating that participants feel the program is respectful of participants’ religious and spiritual beliefs, cultural backgrounds, experiences of conflict and violence, and life situations.

90% of male family members surveyed said that they support their family member’s participation because the services respect Afghanistan’s culture and traditions, and 90% said the same regarding services respecting Islamic values. This finding highlights the relevance of the program in terms of sociocultural context and creating an enabling environment for women to participate in programming within a context where programming perceived as opposing Afghan culture and Islam can often lead to women being prevented from participating in programs by family or community members and can put participants and staff at considerable risk.

Perceived cultural responsiveness and inclusivity

55% felt that services are very culturally responsive and inclusive (higher than 75)

44% felt that services are somewhat to very culturally responsive and inclusive (50-75)

1% felt that services are not somewhat culturally responsive and inclusive (25-50)

0% felt that services are not culturally responsive and inclusive (less than 25)

The average score regarding cultural responsiveness and inclusivity in MA services from clients was 80.84
EFFIENCY

Activities were generally reasonably budgeted, and inputs seem to effectively translate into planned outputs.

The number of clients targeted appears to represent value for money in terms of maximizing efficiency, while also considering appropriate caseload for staff and avoiding burnout.

The number of clients targeted taken in context of the findings of this evaluation demonstrates that MA clearly prioritizes quality over quantity, to the benefit of its clients.

Outputs and objectives appear to have been achieved on time, and delivery of services appears to be done in a timely manner.

SUSTAINABILITY

The establishment of community-based, self-sustaining peer support groups has helped to establish new capacities within communities. Most positively, the peer support groups have been established around a model of volunteering.

The increased coping capacities within individuals will help them to continue to cope with past and ongoing trauma and its physical and psychological effects.

The relationship concluded between the services provided through PSHP, the family unit, and the life cycle of violence could contribute to reducing the amount of conflict in the family, which in the long-term would support the ingrainning of a more peaceful and harmonious dynamic within the family unit.
PSHP services are in line with MoPH standards, and counsellors are certified by MoPH. MA provides critical support to the Afghan government in a number of areas where capacities and/or resources are lacking, particularly in the area of mental health and monitoring the situation of women in prison.

In terms of financial sustainability, the continued development of MA's training capacities represents an area of potential.

A major aspect of the sustainability of the program is the quality of MA services and the satisfaction of the clients, who actually use the service, and referring organizations, who direct the clients to the services provided by MA and will enable MA to continue its work in the future.

**COVERAGE**

The program was successful in covering all of the planned locations in the three provinces.

This evaluation found evidence that MA PSHP programming reaches a wide and diverse range of clients, and that it covers some of the most vulnerable groups.

### Age of Clients

<table>
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<tr>
<th>Age Group</th>
<th>Percentage</th>
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<tr>
<td>Over the age of 50</td>
<td>11%</td>
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<tr>
<td>31 and 50</td>
<td>22%</td>
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<tr>
<td>31 and 40</td>
<td>28%</td>
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<tr>
<td>21 and 30</td>
<td>26%</td>
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<tr>
<td>Under the age of 20</td>
<td>13%</td>
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### Marital Status of Clients

<table>
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<tr>
<th>Status</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Married</td>
<td>56%</td>
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<tr>
<td>Widowed</td>
<td>18%</td>
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<tr>
<td>Unmarried</td>
<td>19%</td>
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<tr>
<td>Separated</td>
<td>5%</td>
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<tr>
<td>Divorced</td>
<td>2%</td>
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### Employment Status of Clients

<table>
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<tr>
<th>Status</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Unemployed</td>
<td>68%</td>
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<tr>
<td>Working at home</td>
<td>15%</td>
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<tr>
<td>Salaried worker</td>
<td>8%</td>
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<tr>
<td>Other</td>
<td>9%</td>
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### Female-Headed Households

<table>
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<tr>
<th>Status</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Live in female-headed</td>
<td>20%</td>
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### Literacy

<table>
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<tr>
<th>Status</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Illiterate</td>
<td>46%</td>
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While funding, organizational capacity, and security are limiting factors for expansion, implementing similar services in other areas would have a major contribution in terms of the impact of psychosocial counselling on the stabilization of the society as a whole, where the coverage of psychosocial services in Afghanistan is at the moment patchy, localized, and largely confined to urban areas.

**How clients heard about PSHP services**

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>From a friend or family member</td>
<td>41%</td>
</tr>
<tr>
<td>Family member heard about it</td>
<td>12%</td>
</tr>
<tr>
<td>Referred by a government official</td>
<td>20%</td>
</tr>
<tr>
<td>N=294</td>
<td></td>
</tr>
<tr>
<td>Other: Through and announcement or outreach</td>
<td>3%</td>
</tr>
<tr>
<td>Referred from another NGO</td>
<td>1%</td>
</tr>
<tr>
<td>Influential community member</td>
<td>7%</td>
</tr>
<tr>
<td>Announcement or outreach</td>
<td>7%</td>
</tr>
<tr>
<td>Government official</td>
<td>10%</td>
</tr>
</tbody>
</table>

This evaluation concluded that to date, the most effective means of reaching women in need of services is through word of mouth. However, it also highlights the low level of referrals.

**COHERENCE AND COMPLEMENTARITY**

MA is active and engaged in identifying the coordination platforms that are most aligned with their program’s activities and objectives.

The MA PSHP program supports the broad goals and objectives in various national laws and policies, including NAPWA, the ANDS, the NPPs, and the AMDGs. The MA PSHP and LAP programs also support the implementation of the EVAW Law.

MA has a unique relationship with the government—having secured a seat at the table with government institutions in terms of actually providing input and driving policy change and improvement of practices related to their programming.

MA maintains a constructive and close relationship with MoPH and MoWA, and coordinates with AIHRC. There appears to be limited engagement yet with Family Response Units (FRUs) of MoI.

**SUMMARY:** Endline Evaluation of Medica Afghanistan’s Psychosocial Health Program
PROTECTION

Clients’ perceived safety

On average respondents rated MA at 84.34 in terms of facilitating physical and emotional safety. 46% of participants strongly agreed and 52% agreed that when they participate in services from MA, they feel emotionally safe.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very safe</td>
<td>63%</td>
<td>Felt very safe (higher than 75)</td>
</tr>
<tr>
<td>Somewhat to very safe</td>
<td>36%</td>
<td>Felt somewhat to very safe (50-75)</td>
</tr>
<tr>
<td>Unsafe to somewhat safe</td>
<td>1%</td>
<td>Felt unsafe to somewhat safe (25-50)</td>
</tr>
<tr>
<td>Very unsafe</td>
<td>0%</td>
<td>Felt very unsafe (less than 25)</td>
</tr>
</tbody>
</table>

Clients’ perceived trust

Overall, this evaluation demonstrated that there is trust between counsellors and clients facilitated through the provision of MA services. 96% of clients agreed or strongly agreed that they can trust MA staff. However, this evaluation found a number of areas where trustworthiness could be further promoted through formalization of policies and procedures related to consent, confidentiality, and client rights and responsibilities.

Clients’ perceived choice and agency

On average respondents rated MA at 83.99 in terms of promoting choice and agency. According to consultations with MA staff, the client has final say over when, where, and by whom the service is provided, as well as how contact is made. The counsellor will explain possible risks and consequences of both what the client wants and what the counsellor suggests. Clients are given options, but ultimately make their own final choice.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High level of choice</td>
<td>75%</td>
<td>Felt they have a high level of choice (higher than 75)</td>
</tr>
<tr>
<td>Adequate to high choice</td>
<td>24%</td>
<td>Felt they have adequate to high choice (50-75)</td>
</tr>
<tr>
<td>Limited to adequate choice</td>
<td>1%</td>
<td>Felt they have limited to adequate choice (25-50)</td>
</tr>
<tr>
<td>No choice</td>
<td>0%</td>
<td>Felt they have no choice (less than 25)</td>
</tr>
</tbody>
</table>
MA counselling was found to promote empowerment. On average respondents rated MA at 82.85 in terms of recognizing and promoting clients’ strengths. Overall, this evaluation demonstrated that there is a focus on empowerment through information sharing through the provision of MA services. On average respondents rated MA at 81.06 in terms of information.

The empowerment of MA PSHP staff is also promoted through many opportunities to further develop their capacities through training, cases conferences, and regular case discussion sessions. Supervision at MA is limited by a lack of trained, qualified counsellors and psychologists in Afghanistan. At present, MA has a structured, effective peer supervision mechanism in place. Though the trainings and professional development that PSHP staff and particularly counsellors have received through the presently evaluated programs have been very effective, they cannot independently compensate for the lack of formal training among PSHP staff.

Clients felt that MA services provide them with opportunities to work collaboratively with counselling staff and with their peers. On average respondents rated MA at 79.66 in terms of connection, and felt that MA provides them opportunities to support other women. A major gap in terms of collaboration at present is the lack of a meaningful role for clients in the planning and evaluation of services. There is no Client Advisory Board, and no formal mechanism in place for clients to evaluate and provide feedback regarding the types, quality, and implementation of the services they receive.
Medica Afghanistan

- **Refine terminology:** Promote an approach to service delivery that views clients as clients of the PSHP services. While the term “beneficiaries” implies dependency and endowment, the term “client” or “participant” implies agency and inclusion and promotes human dignity.

- **Identify and utilize appropriate screening tools:** In order to better tailor the counselling to the needs of the clients, initial screening tools should be used to establish indicators such as the level of violence women experience, the level of stress, the severity of PTSD, and others, which would also require training and support on selecting, translating, pretesting, and utilizing the proposed tools.

- **Expand services:** Look at opportunities for expanding services to other areas of high need, particularly means of providing services to women in remote areas. MA should look at various options for extending coverage, such as telephone hotlines and remote support, mobile counselling centers, and intensive training for health facility staff in remote areas.

- **Incorporate client inputs and feedback:** Establish a Client Advisory Board, and develop a client feedback mechanism. Peer support groups could represent a convenient entry point for establishing such practices. It is important that clients should not only be involved in evaluating services, but also in their planning and delivery.

- **Promote public awareness of mental health services:** Identify potential partnerships and conduct public awareness raising activities. Evaluators recommend the inclusion of the relevant messaging into well-known radio drama broadcasts such as “New Home, New Life”, which have proven effective for raising awareness on many issues, including women’s rights.

- **Raise MA’s media profile:** In general, a higher presence of MA in media in round tables would be also an effective mode for raising awareness on SGBV and psychosocial support, and raising the profile of MA, through a medium that is slowly expanding its reach to vast areas of Afghanistan, including suburban and rural.

- **Build on the relationship between mothers and their children:** Many clients’ hope for the future was tied to their children, due to a myriad of sociocultural contextual factors. Explore different counselling methodologies or complementary activities under the program that can draw on the potential of this source of hope for women.

- **Develop a child protection policy:** It is important to consider how counselling and support affects not only women, but their families, with particular consideration to the vulnerability of children. Additionally, as few counselling centers have space to accommodate children, it is important to formalize how it will be addressed when children have to accompany their mothers to counselling appointments in a manner that prioritizes child protection principles.

- **Expand rights awareness activities:** The evaluation found highly transformative potential of rights awareness. At present it is a component and found to be effective, but could be more formalized in activities to achieve even more impact in this area.

- **Secure resources for exercise space and equipment:** The acquisition of exercise equipment for both staff and clients could help to further support healthy coping strategies among clients as well as staff, which could also contribute to the culture of self-care and prevention of burnout among MA staff.

- **Develop the QA system for trainings:** Formalize the QA system for trainings, particularly in terms of how training materials are developed, training methodologies, and the data entry, analysis, and storage of pre- and post-tests.

- **Hire a male focal point for the PSHP:** A male focal point could conduct outreach and trainings for men related to the program. Having male staff in the PSHP could also further allow for the provision of psychosocial support in working not only with survivors but also with perpetrators of abuse. Considering the high level of ongoing physical and psychological abuse experienced by clients found in the evaluation, the evaluation concludes that exploring means of engaging with perpetrators could be beneficial to contributing not only to increased coping capacities, but also to a potential reduction in traumatic experiences.

- **Develop a thorough, comprehensive system for monitoring peer support services:** The peer support groups represent an area of great potential in terms of expanding access and promoting the sustainability of the PSHP program. However, the
format also requires a much more focused and rigorous supervision system to ensure that the facilitators—who have received less training and support than PSHP counsellors—are facilitating services that are trauma informed and adhere to best practices in the provision of psychosocial and peer support, as well as to ensure that appropriate referrals are made when necessary. Though this component should be scaled up and expanded, it is first critical to ensure that a system is in place to facilitate this level of supervision and support.

- **Employ male focal points:** Consider employing male PSHP counsellors who can work with male family members, particularly addressing trauma and post-traumatic stress, aggression, and similar issues among perpetrators of violence.

- **Integrate counsellor support into LAP mediation:** Look at possibilities for integrating PSHP counsellor support into mediation sessions facilitated through the LAP.

- **Identify and support clients in referral to trauma-sensitive economic empowerment activities:** If clients prioritize economic empowerment, this should be facilitated through referrals but with ongoing PSHP support and ensuring participants fully understand the risks associated with this type of programming. As further initiatives regarding economic empowerment evolve and if best practices emerge, it would be advisable for MA to continually appraise opportunities and risks in this regard.

- **Do not undertake economic empowerment programming within MA:** However, the evaluation strongly recommends that MA not bring economic empowerment as a focus of their programming. MA is providing critically needed services in a very under-focused area of programming in Afghanistan, and its capacities and resources are better utilized in furthering these services rather than venturing into areas that are being widely covered through other development partners, with limited success to date.

- **Refine and focus indicators, and articulate them at each intervention level:** Complex, multifaceted indicators should be refined and focused, which would furthermore serve to clarify the actual focus and intent of the psychosocial services. Indicators should be articulated at the output, objective, and goal levels separately.

- **Realign the goals and objectives of the program to align with the actual impacts of psychosocial support:** This evaluation found that the actual outcomes of psychosocial support for clients in the PSHP program is increased resilience and coping capacities to deal with past and ongoing trauma, as well as developing more constructive means of addressing interpersonal conflict. The evaluation also found very high levels of post-traumatic stress among clients, suggesting that the counselling methodologies being utilized at present are not necessarily suited for facilitating recovery from trauma reactions or psychological problems. In provision of counselling, this can often involve more intensive methods of therapy that require revisiting the traumatic experiences. At present, such approaches are not appropriate for utilization within the PSHP, particularly in consideration of the current scope of PSHP which does not engage in clinical therapy and limited further professional training opportunities for PSHP counsellors. Additionally, approaches such as Cognitive Behavioral Therapy (CBT) for both acute and chronic PTSD require long-term engagement, and in the security and sociocultural context it is possible that women’s ability to engage in counselling could be interrupted and expose them to re-traumatization. There is also currently no service provider to which clients can be referred for counselling that addresses PTSD. As such, the evaluation concludes that it is important to adequately consider the level of post-traumatic stress within the program and to continually assess the potential of alternative counselling methodologies for specifically addressing post-traumatic stress, coupled with identifying and utilizing effective screening tools to identify clients with severe PTSD. However, at present it is recommended that the goals and objectives of the program should be realigned from a focus on recovery, which is beyond the scope of current services, to focus on the resilience and coping capacity building that the PSHP is facilitating in clients and enabling them to more effectively deal with problems and trauma.

- **Use multifaceted quantitative scale measures combined with qualitative approach to measure progress:** Identify and utilize appropriate scale measures and screening tools at the intake phase, and to measure progress and well-being. However, due to the non-linear but rather spiral path that healing often take, qualitative means should also be utilized to contextualize and to measure whether women received what they needed.

- **Identify and systematize qualitative monitoring approaches:** The nature of the PSHP would be particularly well suited for the Most Significant Change (MSC) as a qualitative M&E technique for collecting, discussing, and selecting stories about changes that people experience as a result of a program. It is a qualitative approach involving the regular collection of stories, after which participants and staff determine the stories representing the most significant changes resulting from the project.
- **Further utilize data:** Disaggregate database reports regarding PSHP activities not only by province, but also by the status of the client in terms of how long they have been in the program and clarifying baseline, midterm, and end of counselling data for clients. It would be useful to understand the data according to which type of counselling is being provided—individual, group, or peer support. This would furthermore enhance the monitoring process by enabling MA to understand which aspects of the program are more or less effective. Another potential use of the database would be to look at clients’ improvement by counsellor as a component of supervisors’ individual review with counsellors, which could allow for identifying counsellors’ strengths and weaknesses and identifying areas where further support and training are needed.

- **Ensure referral options are in place for women who discontinue individual counselling:** There should be a referral option into group settings for women who are discontinuing individual counselling to ensure that women are able to continue availing of services and support if they feel there is still a need. MA explained that part of the release process can entail referring women from individual to group counselling, but interviews with clients indicate that this may not always happen for clients.

- **Further professionalize PSHP staff qualifications:** Further professionalize MA services, and to work to develop a staff of professionally trained, degree-educated counsellors, as this is a true deficiency in Afghanistan and it would help to ensure that MA maintains its relevance and position at the head of organizations working in areas related to mental health in Afghanistan.

- **Engage with Family Response Units in addition to female police:** FRUs are a critical component of MoI response to SGBV, and staff are similarly exposed to risk of burnout and vicarious traumatization. Many FRUs are still staffed by men, and these should be focused on in programming with MoI as well.

- **Develop a formal confidentiality statement and provide it to clients:** Develop a formal statement of confidentiality for clients, which incorporates verbal, written, and pictorial formats in consideration of widespread illiteracy.

- **Formally address confidentiality in group settings:** In group counselling, counsellors should address confidentiality at the group’s inception and impress the importance of confidentiality on the clients. Counsellors should explicitly state that clients are not to discuss anything mentioned in group with anyone outside of the group, but should also inform clients that they cannot guarantee confidentiality within the group setting. An additional step can be taken in which the counsellor asks the group members to sign an agreement stating that they will keep information discussed in group confidential.

- **Formally identify triggers and coping strategies:** Include a formal assessment of triggers, unhealthy coping strategies, or a list of who the client feels safe around and can go to for support in the client assessment form. Without identifying these and ensuring that staff and those involved in the clients’ participation at MA, it could expose clients to potential risks to their emotional safety.

- **Ensure the consent process is informed and that there is a formal operating procedure for the consent process:** Ensure the consent process is structured with a formal policy and includes: purpose and goals of counselling; techniques and procedures used, and what counselling sessions will look like; potential risks, including possible re-traumatization; potential benefits; any fees or costs to the client, or how the services will be paid for; how client information will be kept confidential; counsellor’s qualifications and credentials; and allows for partial consent.

- **Develop a formal statement of client rights and responsibilities and provide it to clients:** Develop a formal statement of client rights and responsibilities, which incorporates verbal, written, and pictorial formats in consideration of widespread illiteracy.

- **Ensure peer supervision frequency is adequate:** Supervision should be conducted regularly at an agreed upon time. Different agencies propose different suggestions or requirements for how often supervision should be conducted. In other contexts, it is recommended to have one hour of supervision for every 15-30 hours.

- **Formalize referral guidelines:** Though informal referral procedures are in place, the low level of referrals to outside services evidences the need for a more formal development of standard operating procedures for referral, particularly to health and protection services.

### medica mondiale

- **Refine terminology:** Further ingrain the culture of MA as a service provider, rather than a benefactor, through utilizing language and terminology that promotes these concepts, particularly in support to MA on project and program development, reporting, and training provision.

- **Utilize a formal training needs assessment:** Develop a formal needs assessment process based on knowledge, attitudes and practice and a situational analysis for determining MA training support needs.
Support further training on data management and analysis and trauma-sensitive approaches: Support further training for MA on data management and analysis, utilization of database reports. Further training is also needed on trauma-sensitive approaches and recognizing the causes, forms, and consequences of SGBV in the Afghan context and criteria for applying a trauma-sensitive approach.

Support professional learning opportunities for MA staff: Facilitate advanced learning opportunities for MA counsellors, such as financial support for Masters programs, exposure visits, or online education.

Support coordination with other stakeholders in Afghanistan in the development of programming that fills gaps and avoids duplication: Engage at the development partner/stakeholder level in Afghanistan in terms of supporting MA in developing projects and strategy. Support MA in developing programming, goals and objectives that reflects an awareness of other development actors and programming in Afghanistan.

Develop a client input mechanism: Develop a mechanism for client involvement in communicating needs and priorities between MA and mm. In consideration of the role of mm as a development partner with MA, it is critical that client perspectives are not only incorporated into MA planning and programming, but also communicated to mm in a formal and direct way.

Auswärtiges Amt

Provide long-term political, technical, and financial support for programs providing psychosocial support to survivors of SGBV: Whereas a wide range of actors are active in providing funding and programs addressing the service needs of survivors of SGBV in the areas of protection, health, and legal services, there is a wide service gap in the area of psychosocial support and organizations with the expertise and commitment to build up and provide these services to survivors of SGBV. The support to programming being provided in this area by the German government addresses a key gap and an area of considerable continued need, and should be continued over the long-term.

Support the continued strengthening of Afghan civil society, especially women rights activists and organizations: The capacity of Afghan civil society has developed considerably over the past decade, and Afghan activists and civil society organizations are an important voice in promoting progress and holding the government accountable, and this is especially true of progress regarding women’s rights and combating VAW. It is critical that the role of Afghan women’s rights activists and organizations are further invested in and strengthened, including through financial support for advocacy activities and political back-up from the international community.

Invest in research and building an evidence-base for psychosocial programming, trauma-sensitivity, and conflict: There is a considerable deficit in terms of the evidence base for psychosocial programming in Afghanistan, and its relationship with wider objectives and conflict settings. Prevalence data regarding psychological affictions, and particularly the prevalence and emotional consequences of VAW, are severely limited, and mostly related to evaluations tied to specific programming. There is a considerable need for further understanding of these issues, as well as understanding regarding how these issues relate to wider social problems, instability, and persistent gender inequality. It is very important to invest in and support further research that can serve to develop an effective evidence base upon which to build effective programming.

Invest in civil society support to the government of Afghanistan in enacting gender-sensitive reforms and promoting trauma sensitivity: Civil society organizations have been central in providing key services to survivors of SGBV in Afghanistan—especially in the areas of shelters and women’s protection, psychosocial, and legal aid services. In order to sustainably address SGBV prevention and response, governmental institutions must take ownership and commit to addressing the issue at the policy and structural levels, enacting trauma- and gender-sensitive reforms and services in all sectors. The international community should strongly support this reform processes, provide resources and support for civil society organizations in support the government in this process.

Protect women’s rights defenders: Activists in Afghanistan are exposed to considerable risk in advocating for women’s rights, including threats, harm, and sometimes even targeted killings. Though the Afghan government has the obligation to protect women’s rights defenders, often it can also be the source of obstacles in the way of women’s rights activists and organizations through administrative and legal hurdles. The Afghan government should put all measures necessary in place in order to protect women’s rights defenders and to provide policy space and the leeway they require, and it is critical that the international community back women’s rights activists and organizations in this regard.
Incorporate the expertise and experiences of Afghan women’s rights organizations at the policy level: NGOs provide services to the Afghan population in many areas which are not or not sufficiently covered by the Afghan government, which is especially pronounced regarding the psychosocial services provided by MA. These organizations possess in-depth expertise and knowledge regarding support and service provision to survivors of SGBV. This expertise should be recognized, sought, and incorporated at the policy level.

Recognize, foster, and promote linkages between programs and larger objectives regarding stability and peace in Afghanistan: While the PSHP program has considerable impacts within the scope of the program and its objectives, it also contributes to wider priorities in Afghanistan, not least the stability and peacefulness of the state. Considerable research demonstrates the relationship between reduced VAW and gender equality and the peacefulness of the state. Furthermore, conflict adversely affects people’s psychosocial well-being and high levels of poor mental health and poor social functioning affect the ability of individuals, communities and societies to operate peacefully and effectively during and after conflict, post-conflict reconstruction processes. It is critical to recognize these linkages between PSHP programming and wider objectives, and to place the provision of mental health and psychosocial support structures at the core of the overall agenda of promoting stability and peace in Afghanistan. Support to psychosocial service providers and women’s rights organizations should be prioritized and tied to wider peacebuilding objectives.

Require intervention logic that considers all levels of interventions in project proposals: Require indicators at the goal, objective, and output levels in project proposals to ensure the monitoring frameworks are accurately capturing each level of effectiveness and impact.

Prioritize quality over quantity: Prioritize quality over quantity with reasonable expectations for project outputs and outcomes. The impact that the MA PSHP program was found to have is considerable, and encouraging higher quantities in terms of outputs without also supporting an increase in resources could jeopardize these impacts.

Identify and invest in scale up of successful models: In successful programming such as the MA PSHP, facilitate support that allows for expansion and further impact that supports the stabilization of Afghan society.