

SMALL GRANTS PROGRAMS FOR RAISING AWARENESS OF VICARIOUS TRAUMA

JULY 2023

POLICY BRIEF | GENDER-BASED VIOLENCE PORTFOLIO PERFORMANCE EVALUATION

THE EVALUATION: COLLECTIVE ACTION TO REDUCE GENDER-BASED VIOLENCE

NORC at the University of Chicago (NORC) undertook a portfolio performance evaluation for the United States Agency for International Development Gender Equality and Women’s Empowerment Hub (USAID/GenDev). One group of activities or “cluster” NORC evaluated was the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity, implemented by Development Professionals, Inc.-Making Cents International (DPI-MCI) to support USAID/GenDev in developing guidelines, strategic plans, training, and professional networking for its GBV programming. To support GBV organizations’ capacity-building, CARE-GBV awarded small grants from \$50,000 to \$125,000 between July 2021 and July 2022 to five new, local, and underutilized organizations through an open call. The grantee organizations, data sources for the evaluation, and evaluation questions NORC answered are listed below:

Organization	<ol style="list-style-type: none"> 1. Crisis Center Hope (CCH), North Macedonia 2. Sexual Offenses Awareness and Response Initiative (SOAR), Nigeria 3. Sexual Violence Research Initiative (SVRI), Global 4. Women Against Rape (WAR), Botswana 5. Žene sa Une (ZSU), Bosnia and Herzegovina 	Data Sources	
Questions	1 Is the activity cluster based on context-specific and international evidence?	2 To what extent is the activity cluster achieving the targeted GBV results?	3 To what extent is the activity cluster sustainable?

- Desk review of **81 program documents**
- **16 key informant interviews (KIIs)** with USAID, MCI, and grantee staff
- Web-based survey of **142 grantee staff and program participants**

LESSONS LEARNED

What worked?

- ▲ All five grantees conducted **needs assessments** allowing them to create context-specific interventions.
- ▲ Grantees had flexibility to **adapt** to the COVID-19 pandemic.
- ▲ Grantees **raised awareness** of vicarious trauma.
- ▲ Grantees felt their projects could be **replicated and scaled** with proper funding.

What did not work?

- ▼ The **bureaucratic reporting process** was challenging for grantees receiving USAID funding for the first time.
- ▼ Grantees did not have established mechanisms to monitor activity effectiveness after funding ended.
- ▼ **Asynchronous**, self-paced courses and independent self-care tools were less effective.
- ▼ Grantees may struggle with **knowledge retention** from trainings without refresher courses.

RECOMMENDATIONS



USAID SHOULD CONTINUE FUNDING PROGRAMS THAT ADDRESS VICARIOUS TRAUMA AMONG GBV RESPONDERS, BUT CONSIDER GREATER FUNDING, LONGER PROJECT LENGTHS, OR ALTERNATIVE CONTRACTING MECHANISMS.

Service providers greatly appreciated the training they received on self-care and vicarious trauma. Furthermore, based on data gathered, all five grantees reported their proposed outcomes were realistic and achievable. USAID should consider continuing funding projects that address this need and combine them with other kinds of GBV programming. Financial support should be designed to ensure GBV responders' overall self-care and wellness needs are met in ways that enable them to maintain support for survivors and do not jeopardize their well-being.

"I realized I had burnout and [was] overstretched. So, I now have better understanding of stress, burnout, and vicarious trauma, and recognize the signs in myself and others, especially child protection network members in Lagos State who are my colleagues." [SVRI Survey Respondent].

"[A] major challenge I would say would be regarding funding. We are on the ground, we have the capacity, we have the network, but we require the funding to do what needs to be done." [SOAR KII]

USAID should recognize the limitations of organizations and design funding mechanisms that ensure funding is received in ways that do not force grantees to delay their activities or self-fund project work prior to receiving USAID funds. Smaller grassroots organizations struggled to operate under current funding mechanisms, which tied payment disbursements to deliverables or milestones.

An 18-month or longer contract is likely to give small organizations more time to implement self-care activities and entrench organizational norms, beliefs, and behaviors related to vicarious trauma.



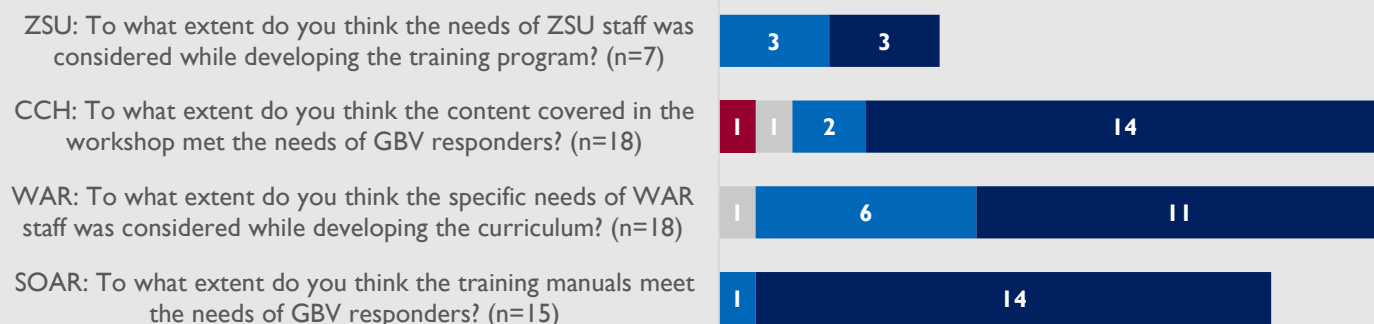
FUTURE GRANTEES SHOULD BE ENCOURAGED TO LEVERAGE THE NEEDS ASSESSMENT PHASE TO IDENTIFY LOCALLY RELEVANT SUPPORT SERVICES.

Needs assessments should be considered a critical first step in program design. By mapping and contacting local services, it might be possible to identify a network of partners to help meet the needs of staff, which may go beyond psychological support.

Grantees may want to consider joining forces with other GBV organizations who are grappling with staff burnout or trying to deliver vicarious trauma interventions. All five grantees conducted a needs assessment that was utilized to inform the project design and ensure the projects met participants' needs. As shown in **Figure I** below, most survey respondents felt that their needs were considered throughout the development of training materials. Grantees consulted staff, GBV organizations, subject-matter experts, and other key stakeholders in the needs assessment process.

Figure I. Grantee Needs Assessments*

■ Not at all ■ Neutral ■ Somewhat ■ To a great extent



2 *SVRI respondents were not asked about how well their needs were integrated into training in the survey



STAKEHOLDER ENGAGEMENT EFFORTS SHOULD BE EXPANDED TO INCLUDE A DIVERSE GROUP OF PARTNERS TO BETTER ADDRESS VICARIOUS TRAUMA WITHIN AN ORGANIZATION AND IN THE GBV FIELD.

Grantees could consider engaging an established network of GBV service providers, local and international subject matter experts, traditional healers and leaders, government agencies, and CSOs/NGOs. While grantees conducted needs assessments, there was little evidence of establishing greater linkages to other sources of community-based continuous support, which may help to scale and amplify the achievement of outcomes.

For example, CCH discussed how the connections they made throughout the project with other CARE-GBV grantees, local GBV organizations, or local government officials was critical and how they are still utilizing those connections to continue their work.

“I can say that the meetings we had with every stakeholder included in this project were very important to us, and we have those connections even after the project ended, and we are still using them in order to prevent our stress and to do everything that is best for the victim.” [CCH KII].



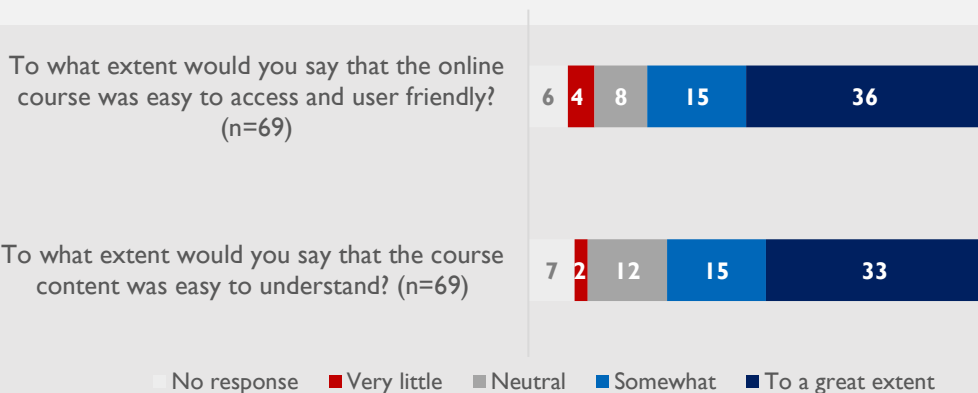
FUTURE PROGRAMS THAT SEEK TO DELIVER TRAININGS TO GBV SERVICE PROVIDERS SHOULD CONSIDER THE PREFERRED LEARNING STYLES OF PARTICIPANTS AND HOW TO BEST DELIVER THE CONTENT, INCLUDING INCORPORATING SYNCHRONOUS LEARNING METHODS.

Self-paced, asynchronous styles may be slightly less suited to adapting course content to participant needs and may be less effective in delivering sensitive content. Service providers found that courses which incorporated a diversity of learning aides such as videos, exercises, and other visual aides were helpful to keep them engaged in the courses. Some struggled with making time in their already busy schedules to complete asynchronous courses.

29 of 69 respondents from SVRI’s Dare to Care course had a positive impression of the learning aides, appreciating the content diversity that they added. Respondents found that they were *“helpful and added variety to the course materials and made it feel more interactive”* [SVRI Survey Respondent]

Based on survey data, the most effective mechanisms were trainings or courses provided on psychosocial support, self-care, and wellness. ZSU survey respondents noted certain behaviors were more likely to be sustainable, including not taking work home, implementing deep breathing in high-stress situations, and paying more attention to themselves in daily life. As shown in **Figure 2**, SVRI respondents found that course content was easy to access, user friendly, and easy to understand while respondents from SOAR struggled with the use of Google Forms.

Figure 2. SVRI Dare to Care Course Accessibility and User Friendliness



11 of 18 respondents from SOAR agreed that using Google Forms at least somewhat posed a hindrance or challenge.



STAFF WELLNESS AND CARE SHOULD BE A CORE COMPONENT OF THESE ORGANIZATIONS.

Grantees can institutionalize practices around staff wellness and care by:

▶ **1. Integrating one or more staff members to promote collective care practices.**

Organizations could explore appointing one or two individuals to promote lessons learned from training programs. These staff might help coordinate trainings that adopt self-care practices into organizational cultures.

16 of 18 respondents from SOAR at least somewhat felt the Human Resource and Wellness Officer role helped promote a culture of self- and collective care.

▶ **2. Considering a “training of trainers” approach to ensure training programs will be delivered to new staff and refresher courses can be given to existing workers.**

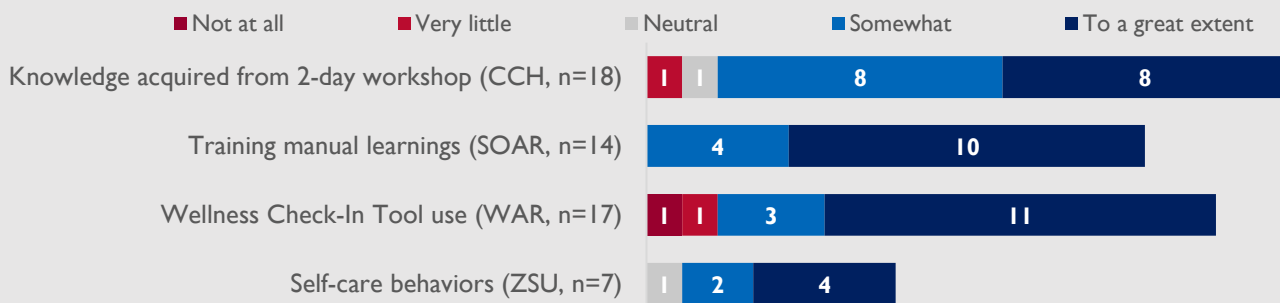
This could also aid in the scalability of programs as other organizations could be trained to deliver similar programs to their workers. Regular reminders and follow-ups are necessary for continued application of self-care practices.

“We must be regularly reminded to practice what we learned, these practices of self-care and wellness to become part of our organizational and personal culture.” [CCH Survey Respondent]

▶ **3. Encouraging grantees to work with their staff to co-determine ways to protect staff well-being and maintain self- and collective care activities.**

While it is often challenging for resource-challenged groups to avoid over-working, especially when responding to urgent needs of GBV clients, it may be useful for organization leaders to work together with staff to determine how work hours and responsibilities can be structured to accommodate staff self-care needs and prevent burnout, while maintaining the essential client services.

Figure 3. Each activity’s mechanisms that will likely be sustained



CONSIDER ADDITIONAL RESEARCH AND PROGRAMMING TO UNDERSTAND HOW SELF-CARE TRAININGS CAN BE CUSTOMIZED TO SUPPORT MALE GBV RESPONDERS.

Organizations should be encouraged to recognize that male responders may require different approaches to self-care than women. GBV subject matter experts, donors, and implementing organizations should explore how the perception of self-care differs by gender and identify different coping techniques to mitigate vicarious trauma.

Issues of vicarious trauma came around due to COVID-19. Staff were reporting this in meetings because we had so few staff working. [COVID-19] cases were astronomical, and we had situations where staff were breaking down. Staff really did not know how to report or handle it. Almost no organizations had self-care practices [in place] to support their staff. So, this information largely determined what we decided to do on the project.” [SOAR KII]

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View the full report: https://pdf.usaid.gov/pdf_docs/PA02141Q.pdf