

The Ember take on impact



Overview

Community-based initiatives play a key role in mental health care provision, particularly in the Global South. However, their impact is often difficult to measure.

Mainstream tools for measuring impact have mostly been developed by researchers in the Global North and are often incompatible with the work these initiatives do.

Ember approaches this challenge by understanding the contexts and needs of community-based initiatives.

Impact measurement is also a resource-heavy task. It requires human resource, expertise and tools, all of which can be costly for an organisation.

We collaborate with organisations to find ways to measure and communicate their impact – without imposing methods or strategies that do not work for them.

We listen to the needs of organisations, embracing the complexity of mental health and striking a balance between qualitative and quantitative methods of impact measurement.



Community-based initiatives

What role do they play?

Community-based initiatives occupy a unique and important space in the global mental health ecosystem.

Their grassroots approach makes them available, responsive and relevant to the communities they serve.

In many low- and middle-income countries, where mental health systems are under-resourced and cannot fulfil the mental health needs of their populations, community-based initiatives provide crucial mental health care that would otherwise not be available.

Communities value these initiatives for their transformative and far-reaching support.

Community-based initiatives

What challenges do they face when measuring impact?

Incompatibility

Most tools for measuring impact are incompatible with the work of global community-based initiatives. Often, these tools have been developed by organisations or researchers in the Global North.

Many of these methods measure mental wellbeing and assess improvement through scores generated by questionnaires. This quantification can be perceived as artificial and even irrelevant in contexts where people are not used to valuing their own experiences on a scale of 1 to 10, or where time is not understood and measured through clocks or calendars.

Quantitative measures can sometimes corrode the relationships between service providers and users. Many community-based mental health initiatives have organic relationships with their service users and are therefore sceptical of introducing measurement tools that might be considered intrusive or reductive.

As funders, we must recognise and value different forms of measuring impact, not just quantitative methods.

A strain on limited resources

Of course, traditional methods of measuring impact can be adapted to a particular context and developed using a participatory approach. However, these often still place a demand on resources that many community-based mental health organisations simply do not have.

Often, impact measurement requires:

- Skills in building Monitoring and Evaluation (M&E) frameworks
- Systems that can collect, analyse and report high-quality data
- Human resources, particularly if a lot of data is needed or required by funders or partners
- Time to collect, store, analyse and report information
- Technological capacity, including internet and equipment needed to collect data

Community-based mental health organisations working in contexts of high demand tend to allocate their limited resources to the implementation of their activities, as opposed to costly and complex impact measurement.

As funders and partners, it is important to recognise the resources needed to measure impact to ensure that we are providing enough support to enable this work.

Our approach

Listening to the needs of organisations

Our starting point is always seeking to understand the needs and contexts of an initiative. We gather information about their priorities and values, the resources they have available, how they implement their activities and how they currently understand and measure their impact.

We then co-design strategies to measure and/or communicate their impact. This can mean reviewing or building M&E systems; designing studies to evaluate programmes through research; working on their dissemination strategies to communicate the impact they have recorded to date; or connecting them with other partners or researchers to conduct more extensive work.

Embracing the complexity of mental health

We strive to work under a broad definition of mental health. This means acknowledging impacts at different levels, including the individual, their family, and wider society.

We aim to recognise and document the ways mental health interacts with social, political and economic factors, as well as physical health.

Many of our partner initiatives understand and work with this complexity. Documenting the impact of these different dimensions is a difficult but necessary task to adequately report the deep and far-reaching work of many community-based initiatives.

Striking the balance between qualitative and quantitative

Given the complexity of mental health and its impacts, we value both qualitative and quantitative methods.

Quantitative methods allow us to document impact in concrete detail. While this approach is important, without qualitative information we cannot understand the depth and complexity of data points.

Initiatives might consider that one approach captures the essence of their work better than the other. Therefore, methods should be selected and developed by communities, not imposed upon them by the interests of international partners or funders.

We acknowledge all methods have limitations and promote full transparency of the shortcomings of an approach when disseminating information.

Being flexible is essential to designing appropriate strategies that keep impact work feasible and ensure it does not place an unnecessary burden on teams and participants.

Our principles

Our approach to measuring impact can be summarised in the following 6 principles:

1

People-centred

Impact measurement should be focused on understanding the effect of the service on its users, not only on generating evidence for the sake of it. We prioritise evaluation tools that reflect this.

2

Tailored

Every intervention is different. Therefore, our methods of understanding an organisation's impact are tailored, varied and creative.

3

Evidence-based

We encourage the collection of quantitative data on an ongoing basis to generate cross-cultural, recognised indicators of the impact of the intervention. We monitor these indicators to ensure the quality of programs.

4

Transferable

We always try to impart systems that can be sustained after we leave, and skills that ensure that high standards remain within the team.

5

Feasible

Impact activities are resource intensive, so we aim to build systems that are aligned with a team's experience and capacity and can work alongside implementation.

6

Ethical

Our impact activities are grounded in principles of ethics, including data protection and confidentiality.



Case Studies

Sometimes, numbers and tick-boxes are not the way forward, so organisations need to find alternative ways of measuring their success

Child, Adolescent and Family Services (CAFS), Sri Lanka

CAFS provides psychosocial services to families and young people who experience mental distress in Sri Lanka. They offer clinical services in non-clinical settings – homely environments where young people feel welcome and secure.

Ember supported CAFS in the development of a M&E framework to evaluate their services, including setting clear and specific objectives and indicators.

The safety and comfort of their clients is central to their therapeutic approach. Therefore, when deciding how to assess their impact, they wanted to avoid questionnaire-based approaches. CAFS's team felt that repeatedly asking their clients to answer questions about their mental health and experiences with services would come across as mechanical and intrusive.

We worked with the team to develop a creative method that fit with their work but could still provide useful, systematic insights on their impact. They wanted to understand how people felt about the services, staff and the space.

To do this, the CAFS team set up a place in their reception area where service users could give spontaneous feedback using post-It notes.

We worked together to find a way to analyse this information, so that the process could be repeated. In this way, feedback could be reviewed regularly, and the team could identify strengths and areas of improvement.



Case Studies

Other times, numbers are the answer – but the time and money just aren't there

PHOLA, South Africa

PHOLA provides mental health support to people from marginalised communities in South Africa, including people living with HIV and survivors of domestic violence. Since 2016, PHOLA's interventions have supported thousands of people.

However, they lack the time and resources to conduct research projects, meaning they have struggled to document the impact of their work for many years.

Ember facilitated a collaboration between PHOLA and Rochelle Burgess, a researcher at University College London (UCL) with an interest in community-based approaches to improving health. Ncazelo, who is the founder of PHOLA, Rochelle and members of Ember secured funds to undertake a pilot and evaluation of the effectiveness of COURRAGE-PLUS, PHOLA's landmark intervention. The findings showed that the intervention had a significant impact on symptom reduction and were [published in a high-profile journal](#).

This collaboration demonstrated the success of PHOLA's interventions and brought attention to their work.



Case Studies

Organisations sometimes already have all the data they need – they just need a different way to show it

Taala Foundation, Uganda

The Taala Foundation advocates for the inclusion, dignity and holistic wellbeing of marginalised groups in Uganda. Since 2017, they have provided mental health support to people experiencing discrimination, exclusion and trauma.

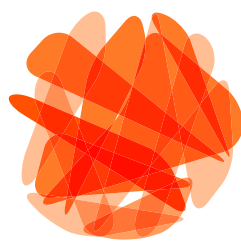
Before working with Ember, Taala conducted a mixed-methods study on the impact of police abuse on the mental health of a group of marginalised young people. Their findings shed light on the high levels of distress and trauma experienced by this group.

Although a report was published online, the Taala team wanted to broadcast their results in a more accessible format to help them advance their campaign.

We worked with Taala to find a format that would showcase their important quantitative findings, while putting the victims of police violence and the people they support front and centre.

We helped them design a policy brief illustrated with a [comic strip](#).





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