Lessons Learned from Needs Assessment Phase

Therapeutic Virtual Reality (VR) for GBV Survivors in Iraq

1. **Training on assessment methodology and tools takes time.** Though NCA managed to achieve the project objectives, a one-day training on the methodology and tools was insufficient. Participants suggested the training be 2-3 days, particularly to practice using each of tools, asking the right kinds of follow-up questions, and learning proper ways to take notes. More time for training would have also allowed the team to get to know the project and understand the objective of the needs assessment. Also, ensure staff are informed why they are attending the training—and their role—before their arrival.

2. **Contextualize assessment questions as a group.** During the training, the assessment team went through each question one by one, discussing its meaning and purpose, and how to best ask this in Arabic and Kurdish both from a cultural and linguistic perspective so that the tools in both languages could be amended as necessary. The session was also a useful opportunity to contextualize the questions and agree on how to practically facilitate the discussions with participants with varying literacy levels.

3. **Have a consistent, all-female assessment team throughout entire period.** Due to scheduling issues and other work demands, some assessment team members were not available during the entire assessment period, meaning NCA had to train other staff on data collection, which took time. Also, one male staff was sent to participate in the assessment; however, given the sensitive nature of the assessment and target demographic, an all-female team is preferrable.

4. **Scheduling focus group discussions (FGDs) requires advanced planning. Limit to 2 FGDs per day.** The assessment team managed to conduct four FGDs per day, but there were challenges in terms of finding a convenient time for the beneficiaries and having sufficient private space and staff available; for example, the health center closed at 1:00pm, and staff also needed the use of the only room for other program activities. Consider conducting a maximum of two FGDs per day when staff and space are limited.

5. **Allot 1-2 months in total for data collection.** Due to security, access issues, staff availability and other constraints, the needs assessment took much longer than initially anticipated. Allot more time for each data collection method (FGD, KII, VR try-out). For the VR portion of the assessment, each participant could have benefited from more time in the VR sample. Additionally, having more participants experience VR would have provided richer information to share with potential suppliers.

6. **Participatory Ranking Methodology[1] is an effective way to engage large number of people within the target population in identifying and prioritizing their needs.** The assessment reached 142 women and adolescent girls in FGDs using this method. This ensured the project was user-centered by having the target group—not NCA—chose the problem they wanted the intervention to address. Key informant interviews (KIIs) with individuals then provided deeper understanding of the problems the groups raised. Consultation with local and regional specialists helps clarify culturally specific psychosocial problems.

[1] The assessment tools were based off those used by: Ager, A., Stark, L., & Potts, A. (2010). Participative Ranking Methodology: A Brief Guide VERSION 1.1. Columbia University, New York. http://www.cpcnetwork.org/resource/prm-a-brief-guide/ and Bragin, M. (2015). The SEE-PET: A Participatory Method for Developing and Measuring the Effectiveness of Psychosocial Programs. 10.13140/RG.2.2.26765.05609. https://www.researchgate.net/publication/349945852_The_SEE-PET_A_Participatory_Method_for_Developing_and_Measuring_the_Effectiveness_of_Psychosocial_Programs

7. **Use pictorial and other methods to accommodate the needs of beneficiaries who are illiterate. Plan for extra time.** The Participatory Ranking exercise was successful for adolescent girls FGD because the girls were literate. The FGDs with adult women included a mix of literacy levels, so the exercise took longer as NCA staff has to read list of psychosocial issues several times. Though using pictures/symbols was considered, the assessment team decided to give participants sticky notes (representing their vote) to allocate to the relevant psychosocial issue after staff wrote each issue on a piece of flip chart paper and stuck it on the wall. To save time and better accommodate needs, consider preparing pictures/symbols in advance for anticipated, common responses. Ensure all tools are adapted to mixed literacy groups.

8. **Participants tend toward groupthink. Clearly explain exercises and encourage divergent viewpoints.** During the participatory ranking exercise, participants tended to answer and rank the issue collectively, which resulted in all participants voting for the same issue. The team explained the ranking exercise again and offered to place each person's sticky note (representing their vote) on each of the issues, which were individually written on a piece of paper and stuck on the wall throughout the room (some chose to do this themselves or gave it to another participant to stick for them).

9. **Be prepared for disclosures of GBV within focus groups and KIIs.** NCA anticipated that survivors may disclose personal experiences of GBV during the assessment, which could risk stigmatizing the survivor amongst her peers. As such, the informed consent process for assessment participants emphasized participants' choice in responding to questions and that personal stories and experiences do not need to be shared. NCA also encouraged participants to keep the discussion confidential to those outside the FGD. Questions were phrased to ask generally about problems faced by women and adolescent girls in their community, not about the participants' specific experiences. Despite this, some survivors chose to disclose GBV. Caseworkers/facilitators were prepared to empathetically redirect the discussion, as well as offer the survivors an opportunity to discuss further afterward.

10. **Give orientation to users before they try VR for first time.** VR was new to most of the participants of the needs assessment. Thus, proper explanation is needed on what VR is ("Like watching TV in your mind," as one participant described it) and what to expect when they put on the headset. Staff should also prepare participants that they may experience dizziness or disorientation when during or immediately after use. This is in line with a consent-based and trauma-informed approach.

11. **Have clear guidance on notetaking. Consider audio recording**. To make participants feel more comfortable, NCA did not record audio or video, which would have made notetaking easier. Notetaking style was inconsistent among staff, making it more difficult to aggregate and requiring more back-and-forth with the notetaker and data compiler. Additional clarity and practice on taking notes would have streamlined the process, including guidance on which notes are important to take, and writing exact and specific words/phrases used by participants to describe their psychosocial problems, instead of the notetakers interpretation or rephrasing.

12. **Present needs assessment findings back to the community to validate findings, ensure accountability, and promote project buy-in.** NCA organized several presentations at its Family Support Centers to present the findings from the assessment to women and girls, many of whom participated in the FGDs or KIIs. Women and girls reported their needs were accurately reflected in our data and analysis and reported they felt their voices were heard by NCA. During the presentations, women and girls were also offered the opportunity to try the VR headset, which promoted buy-in and excitement for the intervention.

13. **Use findings from needs assessment to inform broader program planning and activities.** The findings highlighted areas of focus for other psychosocial interventions, as well as highlighted main drivers of psychosocial problems, including difficult economic conditions. Program staff can use these findings to support other activities, including community GBV prevention efforts, awareness raising, advocacy and more. For example, the findings showed that talking to a close, trusted person is a widely preferred way of coping with psychosocial problems; however, women and girls were clear that this option is largely unavailable to them in their personal lives, so they instead chose to keep their problems private and suffer alone. This validates NCA's existing efforts to help women and girls build their social networks (e.g., adolescent girls groups), and it uncovers an opportunity to address mental health stigma in the community, harmful social norms, and more supportive communication skills amongst women, girls and families.

14. **Make the needs assessment report available to a wider humanitarian audience.** Per #13 above, the needs assessment results may offer findings to support other activities. Other agencies or organizations may be able to make decisions or bolster their existing and relevant programming based on report findings.

15. **Allow assessment participants to try out potential (technology) solutions that are related to the proposed innovation.** For NCA's needs assessment, some participants were presented with the opportunity to try out a brief VR meditation experience. Doing so allowed NCA to collect their initial impressions and concerns with VR. When possible, receiving feedback from potential end users about the technology or general solution type proposed will be helpful for suppliers in designing the innovation.