

Sida Support to the Psycho Social Rehabilitation Project in Bosnia and Herzegovina (SweBiH)

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**Department for Central and
Eastern Europe**

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Sida Evaluation 01/25

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Executive summary

Sida has since 1997 supported mental health services and social work in Bosnia and Herzegovina through the Swedish Psychiatric Social and Rehabilitation Project (SweBiH). The main activities have been training of staff by Swedish experts in shorter seminars and longer term courses, as well as support for literature, national conferences and participation in international conferences. In October 2001 Sida commissioned an evaluation of the support.

The conclusions of the evaluation are that the project has been relevant in relation to the problems facing the country and in relation to the initiated reform of these services. These activities have also been relevant in relation to the contributions from other donors in the field of training in mental health.

The project objective of increasing knowledge and changing attitudes has been achieved to a substantial extent, although there is a need to further consolidate the utilisation of the knowledge and ideas gained. The project has also made a substantial contribution to the implementation of the mental health reform, and some contribution to the cooperation and reconciliation between the two entities of the country in the form of joint training activities.

SweBiH has generally been efficient in the selection of Swedish experts for training activities, as well as in their cooperation with authorities and other donor organisations, but less efficient in its coordination, planning and reporting of activities, due mainly to the mechanism of funding through SEEC and to the organisation of the project.

The recommendations of the evaluation are to concentrate future support to undergraduate and postgraduate university training, as well as to regular follow up and supervision of field work in Community Mental Health Centres and Centres for Social Work, in order to consolidate the implementation of new methods introduced during the present phase of support. The future support should be in the form comprehensive projects for each of the areas of mental health and social work.

Lessons learned from the evaluation are the importance of thoroughly considering the implementing and funding mechanism for a project in relation to the context where the project is to be implemented, and that the experiences and lessons learned in handling the post-conflict situation and meeting the needs of the population for such services could also be utilised in supporting other countries in similar situations.

1 Introduction

Since 1997 Sida has supported a program for decentralization of mental health services, psychosocial rehabilitation and social work in the two entities of Bosnia and Herzegovina, the Republika Srpska (in the following referred to as the Republic) and the Federation of Bosnia-Herzegovina (in the following referred to as the Federation).

The support has been channelled through the East Europe Committee of the Swedish Health Care Community (SEEC), and their special expert group named SweBiH (Swedish Psychiatric Social and Rehabilitation Project for Bosnia-Herzegovina). The activities of the program have been the exchange of knowledge between Swedish and Bosnian counterparts in the form of training of nurses, social workers, psychiatrists, psychologists and university students. The present agreement between Sida and SEEC covers the period 1999–2001. From the start in 1997 up to the end of 2001, a total of 32 MSEK have been allocated to SEEC for the implementation of SweBiH activities.

In October 2001, Sida contracted Nils Öström, Stockholm Group for Development Studies, to perform an evaluation of the project with the purpose of studying relevance, impact, effects, sustainability and cost-effectiveness of the support, and to identify lessons learned for similar projects in the future. See Terms of Reference shown in Annex 1.

2 Methodology

In accordance with the Terms of Reference, the evaluation is based on a review of documents made available by Sida, SEEC and by the coordinator of SweBiH. These documents include Sida decisions, agreements, overall project proposals, annual requests and reports, and also examples of applications for funding of activities and travel reports. See further List of documents reviewed in Annex 2.

Interviews have been held in Sweden with all members of SweBiH. The consultant visited Bosnia from 17 to 26 October 2001 and met with local SweBiH coordinators, representatives of health and social welfare authorities, mental health staff, including social workers, and representatives of universities in both entities. The consultant also met with representatives of the Dutch NGO Health Net International, Tempus Phare Program for postgraduate studies and WHO. A list of persons met is shown in Annex 3.

3 The context of the project

3.1 General background

After the war and the Dayton agreement in 1995, the state of Bosnia and Herzegovina was formed by two entities, the Federation of Bosnia and Herzegovina and the Republika Sprska. Each entity has its own ministerial structure. The Federation is divided in 10 cantons, of which 3 have majority population of Croates, 4 have a majority of Bosniaks and 3 have mixed population. Each canton in the

Federation is further divided in 5- 10 municipalities. Each canton has also ministerial structure and its own legislation, for example in relation to health care and social services. Republika Sprska is divided in about 40 municipalities.

Before the war, Bosnia and Herzegovina had a centralised and institution-based mental health care system. Many of the hospitals and part of the social welfare system were destroyed during the war. This situation and the fact that the war created new challenges for mental health care led to the introduction of new models of mental health care and social services. Furthermore the basic and postgraduate education for mental health professionals and social workers had been limited for a long period.

In 1997, Sida decided to complement the efforts of the World Bank and WHO to support the local health authorities in the modernisation and decentralisation of mental health care. These efforts included the establishment of Community Rehabilitation Centres (in the cantons of the Federation), in 1999 redefined as Community Mental Health Centres. The World Bank support financed the construction and equipment for these new centres, WHO provided technical advice regarding the design and organisation of these centres, and the Swedish support focused on the training of staff. A total of 38 Community Mental Health Centres were physically established in the Federation during 1997 and 1998. The majority of these centres (26) have now been in operation for 2–4 years. In the Republic, 5 such centres have been started, out of a planned total of 22.

In 1996–1997, Sida financed the activities for the protection of vulnerable children through UNICEF with the involvement of the Department of Social Work at Stockholm University. As from 1998 this support and other activities for support of social work have been channelled through SweBiH.

3.2 Objectives of SweBiH support

Following the generally accepted Logical Framework terminology, the *development objective* is a long term objective at the level of the society in general, to which the project in question is expected to contribute. However, it would normally be difficult to assess the importance of the contribution of the project to this objective because of the many different factors influencing the achievement.

The *project objective*, on the other hand, should be related to what could possibly and realistically be achieved by the project at the end of its period of implementation. Also the achievement of the project objective would be influenced by external factors, but it should be possible to measure to what extent the project objective had been achieved and how it possibly had been influenced by external factors.

The development and project objectives of the SweBiH support differs in wording, although not in intention, among the project proposals of SweBiH/SEEC (and for this reason also among the Sida decisions). Following the above mentioned general definitions, the objectives for the SweBiH support, at least for the last agreement period, are proposed to be summarised in the following way.

Development objective (to which the SweBiH project is contributing)

- The social and mental health of the Bosnian population has been improved through a strengthened social welfare system and the implementation of a mental health reform with focus on community psychiatry.
- The cooperation and reconciliation between people in both entities in the country has increased.

Project objective (to be achieved at the end of the project period)

- The competence, understanding and cooperation among different categories of staff, decision-makers and users of mental health care and social welfare have increased.

3.3 Main areas of activity of the SweBiH support

The main type of activity of SweBiH is support for shorter or longer term training of staff involved in mental health care and social work. In relation to the training, support is also given to purchase of literature and journals, and to the participation of staff from Bosnia and Herzegovina in international conferences and seminars. The support also includes coordination of the different training activities, both within SweBiH in Sweden and for the implementation in Bosnia and Herzegovina.

In the annual project proposals and budgets, the activities have for the last two years (2000 and 2001) been presented in four main areas with their respective sub-areas as follows:

A. Development of social work at Canton and Municipal level

- A.1. Twinning project (1998–1999) between a Social Centre in Sweden and one in the Republic.
- A.2. Short term seminars (2–3 days) on different subjects.
- A.3. Literature, general support and annual conferences for social workers.

B. Development of community mental health care at Community Mental Health Centres

- B.1. Training courses in mental health care (repeated activities over 2 years) for nurses and for social workers employed at the Centres (20 participants of each category from both entities).
- B.2. Supervision and on the job training by a group of Swedish experts visiting a group of centres (4–5 times a year) to improve monitoring and treatment.
- B.3. Short term seminars (2–3 days) on different subjects for mental health staff.
- B.4. Literature, general support and annual conferences for mental health staff.

C. Postgraduate training in psychiatry and social work

- C.1. Master course (3 day-seminars, 6 times over 1 year, plus writing of thesis) in child and adolescent psychiatry at Sarajevo University in cooperation with Umeå University (30 participants from both entities).
- C.2. Training of leading staff at Social Centres in supervision of social work (repeated activities over 2,5 years for 20 participants from Sarajevo and Tuzla Cantons in the Federation).
- C.3. Training course in family therapy (during 2 years) at Banja Luka Centre for Social work in cooperation with Stockholm County Council and Belgrade University (15 participants from the Republic).
- C.4. Training of Child Ombudsmen (10 participants) at Canton level in the Federation (4 seminars during 2 years).

D. Undergraduate training in psychology and social work

- D.1. Support for undergraduate training in psychology at Sarajevo and Banja Luka Universities in cooperation with Göteborg University (provision and translation of literature, seminars with Swedish experts).
- D.2. Preparation for, and training at, Department of Social Work at Banja Luka University (70 students first year, 2000/2001).

With regard to the two main areas of the SweBiH support, community mental health care and social work, it could be noted that there is a direct connection between the two areas in activity B.1, where social workers employed in Community Mental Health Centres are trained in mental health aspects, and in C.3, where staff from both areas are trained in family therapy, as well as indirectly in some of the short seminars under A.2 and B.3. However, other activities regarding social work does not have direct connection to the area of community mental health. It could also be noted from the above presentation that three programs (presently ongoing) have participants from both entities (B.1 and C.1).

3.4 Organisation of SweBiH and the implementation of activities

Sweden

SweBiH is an expert group formed by SEEC with 6 members (including the Coordinator) mainly from university departments dealing with psychiatry, psychology and social work. The task of the group is to prepare, implement, assess and evaluate training activities regarding mental health care and social work in Bosnia and Herzegovina. It is the role of the SweBiH group to identify possible collaborating institutions and experts in Sweden and to spread information in Sweden on health and social needs in Bosnia and Herzegovina.

SweBiH prepares an annual project proposal to be presented by SEEC to Sida for approval. Sida disburses the funds according to the approved budget to SEEC for the financing of activities. The Swedish partners in the implementation of the different training activities are individuals at universities and other public institutions within the Swedish health and social welfare system, in most cases the SweBiH members themselves, and to a lesser extent other individuals identified by SweBiH. The SweBiH members and the other individuals apply for financial contributions from SEEC within the annual budget agreed upon between Sida and SEEC. These applications (and the following contracts and reporting) are in accordance with SEEC general procedures agreed upon with Sida.

In the period 1998–2001 the annual budget allocated from Sida have been 8 MSEK per year. The average number of applications have been 55 per year (1998–2000), with an average amount per application of 135 000 SEK. The number of individuals presenting the applications varies over the years, (20 in 1998, 15 in 1999, 15 in 2000, 8 so far during 2001). The SweBiH members plus two other active experts (L Cajvert – supervision of social work, and B Hägglöf - child psychiatry) account for 75% of the applications (Coordinator B Lagerkvist for 34%). The average number of applications per individual applicant for these eight persons over the whole period is 17. This means that there are a number of applications related to the same main activity presented above, both in the same year and from one year to the other.

Bosnia and Herzegovina

The counterparts for SweBiH in Bosnia and Herzegovina differ somewhat among the entities due to the different administrative structures. In the Republic the counterparts have been the Ministry of Health and Social Welfare and the University of Banja Luka. The counterparts in the Federation have been the Ministry of Health, the Ministry of Social Affairs, health authorities in the Cantons and the Sarajevo University.

In consultation with the authorities, SweBiH has selected local coordinators to be contact persons between the SweBiH members and the participants in training and other activities in Bosnia and Herzegovina. These local coordinators have been selected among key staff that had been active in the cooperation. There is one main coordinator in the Federation and two in the Republic, and furthermore sub-coordinators in the areas of undergraduate studies in social work in both entities and post-graduate studies in child psychiatry in Sarajevo.

4 Findings

The findings of the evaluation are presented in accordance of the main issues to be covered by the evaluation stated in section 3 of the Terms of Reference (Annex 1).

4.1 Relevance

Community mental health

The support in the area of mental health started as a complement to the World Bank's War Victims Rehabilitation project (1996–98), also supported by WHO and ECHO. Initially this project was planned to establish Community Rehabilitation Centres for rehabilitation of war victims. Partly influenced by the cooperation with SweBiH, the local authorities broadened the focus of these centres to general community mental health. The Swedish support was directed to training of staff for local centres constructed with financing from the World Bank. Through this process, the Community Mental Health Centres became both a response to the needs of providing services in mental health care to people with traumatic disorders because of the war, and also the starting point of a reform to modernise the mental health care in general from a institution based and medically oriented care towards a community based multidisciplinary psycho-social form of services.

The fact that several of the mental health hospitals (all in the Federation) were destroyed during the war provided an opportunity for a quicker restructuring of mental health care than would otherwise have been possible. This reform is being pursued by the authorities in both entities, although the Republic is lagging behind in the establishment of Community Mental Health Centers (at present only 5 are operational). This is partly due to the fact the Republic, for political reasons, was not receiving support for construction of centres from the World Bank in the first period after the war.

As noted above, a majority of applications for SweBiH support has come from the members of Swe-BiH themselves, and the rest from a limited number of other individuals identified by SweBiH. During the first years of cooperation (1997–1998), SweBiH seems to have used broad criterias for approval of applications. As from 1999, the main criteria for supporting activity applications has been that they should be relevant for the reform process of mental health services.

From the documentation and interviews with the Swedish actors, it seems that the contents of the training in the first years were generally more in form of proposals from the Swedish side. Gradually with closer contacts and mutual experience of the cooperation, the contents and type of training had been a result of joint discussions and of proposals initiated by the local partners.

All actors met during the evaluation confirm that the content of the SweBiH support has been relevant for the situation and the needs in the county. Furthermore they confirm a close cooperation and complementarity in activities between SweBiH and the other main donor in the field of training in mental health, which is the Dutch-based international NGO Health Net International.

Social work

In the area of social work the Swedish support started as an emergency support channelled through UNICEF, with the involvement of the Department of Social Work at Stockholm University. The focus of this support was on protection of vulnerable children and families after the war. From 1998, the support for social work was included in SweBiH. As from 1999 this support has been focused mainly on undergraduate training for new social workers and the postgraduate training of experienced social workers in supervision techniques. These activities have been in response to the neglect of basic under-

graduate training of social workers, both before and during the war period, as well as to the lack of exposure to modern ideas and techniques regarding social work in general.

With regard to undergraduate training the support has been instrumental in establishing and starting of the Department of Social Work at the University in Banja Luka, with a four-year modern training of social workers, mixing theory and practise from the first year (70 students started training in 2000/2001). In Sarajevo University a Department of Social Work exists since the 1950-ties, which so far, however, seems to have been less active in modernising its curriculum.

Conclusion

In view of the above, it could be concluded that the objectives of the SweBiH support have been relevant in relation to the problems facing the country and in relation to the reform processes started. It is difficult to assess the relevance of every individual activity of the support, especially during the first years of cooperation. However, during the last three years there is an increased focus on a limited number of specific areas of training as indicated under 3.3 above, which have been regarded as most relevant for the reform process by all the actors interviewed. The activities also seem to have been relevant in relation to the contributions from other donors in the field of training in mental health.

4.2 Achievement of objectives

Community mental health

Staff at Community Mental Health Centres and other actors met during the evaluation confirm that the training, literature and contacts provided by SweBiH have increased their understanding and knowledge. It has also promoted a change of attitudes towards the population seeking or needing mental health services and introduced new methods, including teamwork between different categories of staff, interactive training methods and communication with patients.

From the information gathered and comments made it is at the same time evident that the implementation of the new knowledge and methods varies from centre to centre. The reasons for this situation is the relatively short time of exposure to the training and new ideas (2–3 years), the time of operation of the centre (2–4 years) and the ability and willingness of the leading staff (psychiatrists) to accept the new ideas and methods. In some centres visited, the staff gave clear evidence of having adapted a new way of working and acting as a team in relation to the population serviced. They were also supporting the establishment of user organisations and developing contacts with the municipality and local organisations, such as the Red Cross. In other centres, on the other hand, the staff said that they were not able to implement all the methods and knowledge received in the training and that the adaptation would take time. Other actors gave evidence of hierachial relations still prevailing among staff in the centres.

With regard to the contribution of the SweBiH advisory support to legislation, a new law on mental health in line with the reform was approved in the Federation in August 2001. A similar modernised law is under preparation in the Republic.

An important, and also unforeseen achievement of the mental health reform, and thus indirectly, of the SweBiH support, is the preparation of a proposal from Bosnia and Herzegovina for a regional project regarding strengthening of community mental health services in the South East European region. The project aims at policy formulation, establishment of models for community mental health services and region-wide training curriculum for mental health staff, primary health staff and social workers. The project had been endorsed by the other countries in the region, which shows that Bosnia and Herzegovina is considered to be a suitable leader for this regional initiative, due to the relative

advancement of its mental health reform. After being finally approved at a regional conference (Stability Pact) at the end of October, the project will seek funding from the European Commission and bilateral and non governmental sources.

Social work

The achievements in the area of social work are clear when it comes to the establishment and starting of the new Department for Social Work at the University of Banja Luka and also with regard to the training of leading social workers in supervision techniques. It is yet too early to expect any clear effects of the training on the way of working among social workers in general. It is also too early to verify the integration of social workers as members of the team in the Community Mental Health Centres. The training of the social workers employed in these centres is still ongoing, and as mentioned above, teamwork is not yet applied in practise in many centres.

Conclusion

From the above it could be concluded that the immediate objective of the project - “competence, understanding and cooperation among different categories of staff, decision-makers and users of mental health care and social welfare have increased” – had been achieved to a substantial extent, although there is still a long way to go to consolidate and use the new knowledge, attitudes and ideas of modern mental health services and social work.

It could also be concluded that the project has made a substantial contribution to the implementation of the mental health reform, and that it had made some contribution to the cooperation and reconciliation between the two entities of the country in the form of joint training activities.

4.3 Sustainability

There is a clear local ownership of the reform process in general and a wish among authorities in both entities and most of the staff to continue the efforts of modernisation and decentralisation, among other things evidenced by the approval or preparation of new legislation. However, it seems that the process is still in a too early stage to be considered sustainable without external support. The universities are still not able to provide fully qualified teachers for undergraduate and postgraduate training. Financially, the continuation and consolidation of the reform is also dependent on at least some gradual improvement of the general economic development in the country, in order to generate resources to guarantee minimum salaries and recurrent costs for the mental health and social services.

The new law in the Federation and the one under preparation in the Republic, give a basis for institutional sustainability. However, the complicated administrative structure, especially in the Federation, could together with the above mentioned economic conditions, be an obstacle limiting the institutional and managerial sustainability of the process.

Conclusion

Considering the situation and basic conditions in the country and the relatively short time of support (4 years), the SweBiH support could only be expected to make a partial contribution towards sustainable results. A number of relatively scattered and fragmented activities in the first years of the SweBiH support have possibly had only ad hoc and short term effects and contributed little to long term sustainability of the services. The gradual focus on a limited number of longer term training activities increase the sustainability of the knowledge and experiences gained by the participants in the training, and thereby their contribution to the reform process and its longer term sustainability.

A continued support could contribute to sustainability by a further focus on supporting basic and specialist training, as well as training of trainers. It could also promote sustainability by supporting

some regular follow up and supervision of field work in Community Mental Health Centres and Centres for Social Work, in order to promote and consolidate the implementation of new attitudes, methods and teamwork.

4.4 Efficiency

All actors met in Bosnia and Herzegovina during the evaluation confirm the professional competence and pedagogical skills of the Swedish experts involved in the training activities. In this connection, it could be noted that SweBiH members themselves mentioned that there had been some problems in finding relevant Swedish experts wanting to go to Bosnia, partly due to the insecure post-conflict situation. All actors in Bosnia also give evidence of the good cooperation and complementarity between SweBiH and the other major donor organisation in mental health training, Health Net International. Furthermore, representatives for health and social sector ministries, as well as representatives of universities appreciate and value the form of cooperation with SweBiH.

However, with regard to the structure of SweBiH in relation to SEEC and Sida/Swedish Embassy, as well as with regard to coordination, planning and reporting of activities some critical comments could be made.

SweBiH as part of SEEC

The SweBiH project was started as an expert group under SEEC with responsibility of identifying Swedish institutions and experts that could implement activities in Bosnia and Herzegovina. The mechanism of SEEC in channelling funds from Sida (described under 3.4 above) was established mainly for the cooperation with the Baltic countries and Russia. These countries are relatively more stable and with better economic conditions than Bosnia and Herzegovina. Furthermore, the Swedish support to these countries is of relatively less importance for the country, at least at a structural level. For this reason, there is relatively little involvement in the cooperation from the Swedish Embassies in these countries.

In comparison with similar cooperation regarding mental health in the Baltic countries and Russia, the SweBiH project is bigger in volume of funds. It also includes activities in the social sector, normally not funded by SEEC (being an organisation set up by the Swedish health care community). The post-war political situation and administrative structure of Bosnia and Herzegovina is also more complex than the situation in other countries with support through SEEC.

According to the agreement on the SweBiH support between Sida and SEEC, the role of SEEC in the cooperation is to define priorities and develop the cooperation, within the objectives and guidelines (annexed to the agreement). This implies that SEEC approves applications for activities presented by SweBiH, signs contract with the applicants, receives reports and follows up on the use of funds and the result of the activities. It also includes to keep the Swedish Embassy in Sarajevo informed about ongoing and planned activities and to present consolidated annual plans and reports to Sida.

An important aspect of the role of SEEC as a channelling mechanism for the support is the definition of what is an *activity*. With an activity defined as an application for funding from SEEC, there is a substantial amount of activities (as noted in section 3.4 above). However, several applications regard continuous funding of the same training course etc (main area of activity), not only from one year to the other, but also during the same year. A reason for this, presented by SweBiH, is the limitation for the amount per application that could be approved by SEEC without consultations with Sida. This limit, as given by SEEC, was SEK 300.000 up to the year 2000 (from 2001 raised to SEK 800.000). Another reason mentioned is that funds could only be approved for one year at a time.

The general administrative procedures of SEEC regarding applications, disbursement of funds and reporting have recently been reviewed by Sida and are presently being revised and improved.

SweBiH planning and coordination

The environment in Bosnia and Herzegovina and funding mechanism of the SweBiH project outlined above put a substantial demand on the coordination and follow-up of the individual activities and applications. According to the Guidelines from Sida (annexed to the agreement with SEEC), SweBiH should either have staff placed in Bosnia and Herzegovina or work closely with local coordinators through frequent visits by a coordinator from Sweden.

The organisation chosen by SweBiH is to have one overall project coordinator based in Sweden (also member and rapporteur of SweBiH) and local coordinators from counterpart institutions working part time for the project in each of the entities, as well as for different main activity areas (such as undergraduate studies in social work). The roles and responsibilities of the local coordinators have, however, not been clearly presented in the annual proposals, as agreed upon in the Guidelines for the support. The planning of individual activities approved by SEEC basically takes place between the SweBiH member applying for funds (and in some cases other applicants) and the respective local coordinator. The formal reporting to SEEC on the use of funds and immediate results of the activity is the responsibility of the applicant.

Due to the political situation and structure of the country, the cooperation and coordination between the local coordinators seems to have been limited to practical issues related to the three joint training activities (see under 3.3 above). There are no regular joint meetings between the local coordinators, with or without the presence of the coordinator from Sweden. The local coordinator for mental health in the Federation had an indicative annual planning sheet showing dates, places and involvement from Sweden for different types of training, but similar overviews did not seem to exist for other parts of the project, or in a consolidated way for the whole project.

Swedish actors have also evidenced that there is scope for some better coordination and cooperation between the Swedish experts implementing different types of training. An example of this is the Swedish supervision teams for Community Mental Health Centres (B.2 under section 3.3 above). These teams include psychiatrists and psychologists, but not nurses and social workers. By including these other two categories of experts, the Swedish supervision team could show in practice what is taught in the training about teamwork.

The major partner as donor organisation, Health Net International, appreciate in general the cooperation with SweBiH, but complained about too short term planning horizons for joint activities during the year. They would welcome a more comprehensive planning on an annual basis.

SweBiH and Sida/Swedish Embassy

Due to the complex political and administrative situation in Bosnia and Herzegovina, the Swedish Embassy in Sarajevo is responsible for keeping a regular contact with the projects supported in the country. The aim of this regular contact is to be able to give advice, support and push for important decisions and activities of the project in relation to the higher authorities of the entities. In order to fulfil this aim the Embassy needs to have a general overview of ongoing activities and their progress. According to the Guidelines, mentioned above, SEEC/SweBiH should therefore keep the Embassy informed on ongoing and planned activities.

For its annual approval of the budget allocation to the project, Sida has been requesting comprehensive annual plans and reports on the activities and expected results of the project in relation to its objectives. The ambiguity in how to define an activity referred to above (either an individual application – or a main area of activity including several applications) could have created confusion in how to structure the annual proposals and reports to Sida. SweBiH has apparently not succeeded in presenting suffi-

ciently coherent and comprehensive overviews of planned activities and their results to Sida and Swedish Embassy in Sarajevo.

At the same time it could be noted that the Guidelines from Sida does not clearly define at what level the reporting should be made (activity/application – or main areas of activities). It seems also that Sida and the Embassy have not been able to clearly communicate and explain the reasons for their requests for information from the project.

Conclusion

SweBiH has generally been efficient and appreciated in the selection of Swedish experts for training activities, as well as in their cooperation with authorities and other donor organisations.

SweBiH has been less efficient in its coordination, planning and reporting of activities. This seems to be related mainly to the mechanism of funding through SEEC and to the project organisation and coordination. In retrospect it seems that an independent project office in Sarajevo with one main Swedish or local project coordinator would have facilitated coordination and contacts with both the different local actors and the Embassy. An alternative to the channelling of the support through SEEC could possibly have been an established project organisation under the auspices of one, or a group of, the involved Swedish university institutions. If interest for such an alternative had existed at the time when the cooperation started, planning and coordination could probably have been strengthened.

Independently of the mechanism of funding and the project organisation, the annual proposals and reports to Sida would have benefitted from a more coherent structure, summarising and linking the individual applications more clearly to the main areas of activities (partly, but not fully, achieved in the proposals and reports from 2000 and 2001).

4.5 Effect of the project on men and women

As in most other countries, a majority of the staff involved in mental health care and social work in Bosnia and Herzegovina are women, whereas leading university professors and decision makers in ministries and other authorities in most cases are men. By providing training at different levels from nurses and social workers at Community Mental Health Centres to postgraduate studies for psychiatrists, psychologists and experienced social workers, the project possibly has an effect on raising the competence of many women and thereby indirectly the status women in general.

With regard to gender aspects as part of the contents of different training activities (for example regarding possible differences in treatment or communication with men and women patients/clients), the evaluation could not verify this from the information received, although it may have formed part of some of the training activities.

4.6 Cost-effectiveness

An overview of the costs of SweBiH cooperation for the years 1998–2001, based on the annual reports from SEEC to Sida and the lists of applications for each year, shows the following:

a) General support (including literature and short seminars of different kinds)	28 %
b) Longer training and supervision programs (over 1–2 years)	42 %
c) Other activities (conferenses, etc)	11 %
d) Coordinator in Sweden	8 %
e) Local coordinators (approximation of 125.000/year and in two areas)	4 %
f) SEEC administration	7 %
	100 %

The content of the project, as defined in the agreement between Sida and SEEC, is training activities by Swedish experts visiting Bosnia and Herzegovina on a regular basis. On the basis of this, the main variable to discuss in order to answer the question if the same results could have been achieved with less cost, seems to be the effects of different types of activities performed in relation to the achievements of the results.

As mentioned above, the number of ad hoc and short term training activities (included in a) and c) in the table above) were greater in the first years of the cooperation, whereas the support in recent years have been more concentrated to longer term training programs. Furthermore, the results of the early short term activities are more difficult to relate to the overall results achieved than the longer term training activities (as discussed in sections 4.2 and 4.3 above).

Referring to the conclusion under section 4.4 above, it would perhaps have been possible to focus the project activities earlier on the longer term training programs, if the support had been channelled in the form of a comprehensive project and not in form of the SEEC funding mechanism of small activity applications. This earlier focus on longer term activities, could in turn have led to the same results with somewhat lower costs (fewer short term activities), or some further consolidation of results and effects with same amount of costs.

5 Summary of conclusions

This section is summarising the conclusions presented in the section 4 above.

The objectives of the SweBiH support have been relevant in relation to the problems facing the country and in relation to the reform processes started. It is difficult to assess the relevance of every individual activity of the support. However, the longer term training activities are regarded as most relevant for the reform process. These activities have also been relevant in relation to the contributions from other donors in the field of training in mental health.

The project objective has been achieved to a substantial extent, although there is still a long way to go to consolidate and use the newly introduced knowledge, attitudes and ideas of modern mental health services and social work. The project also has made a substantial contribution to the development objective of implementing the mental health reform, and some contribution to the cooperation and reconciliation between the two entities of the country in the form of joint training activities. The project has also had a possible indirect effect on rising status of women, through providing training opportunities for staff categories where women are a majority.

Considering the situation and basic conditions in the country and the relatively short time of support, the SweBiH support could only be expected to make a partial contribution towards sustainable results. The gradual focus on a limited number of longer term training activities increases the sustainability of the knowledge and experiences gained by the participants in the training, and thereby their contribution to the reform process and its longer term sustainability.

SweBiH has generally been efficient in the selection of Swedish experts for training activities, as well as in their cooperation with authorities and other donor organisations. SweBiH has been less efficient in its coordination, planning and reporting of activities, due mainly to the mechanism of funding through SEEC and to the organisation of project coordination. The project planning and coordination would possibly have been strengthened by channelling the funds directly from Sida to an established project

organisation under the auspices of one, or a group of, the involved Swedish university institutions, and with a stronger coordinator function in the country. Such an organisation of project could possibly also have increased cost-effectiveness.

6 Recommendations regarding future support

The focus of SweBiH project has gradually shifted from short term training activities towards longer term training of trainer programs, as well as basic undergraduate and specialist training. For the future, it therefore seems logical to concentrate the support even more in this direction. As indicated above (under 4.3) sustainability of training activities could be pursued by a further strengthening of the capacities at university level, both for basic undergraduate training and for specialist postgraduate training.

The postgraduate training could also include further training of trainers for continuous training of staff categories, such as nurses and social workers, that traditionally have had limited possibilities to improve their competence. In relation to the training of trainers, there could also be some regular follow up and supervision of field work in Community Mental Health Centres, as well as Centres for Social Work, in order to promote and consolidate the implementation of new attitudes, methods and teamwork introduced during the present phase of support.

There seems to be two possible focal points for such a continued support and cooperation at the university level. One is the proposed Regional Training Centre for Community Mental Health in Sarajevo, forming part of the regional Stability Pact project mentioned under 4.2 above. The establishment of this centre could have a positive influence on the further strengthening of the training competence of universities in Bosnia and Herzegovina. In addition, the expertise and experiences gained in Bosnia and Herzegovina could in the future possibly be used in other countries where similar post-conflict situations occur.

A similar focal point for training in social work, seems to be the newly established Department of Social Work at the university of Banja Luka. This department is very active and seems to have a potential for introducing new methods, and also of establishing relations with other universities in the region.

A future support from Sweden should preferably be based on a cooperation between universities in Sweden and in Bosnia and Herzegovina in the form a comprehensive project, with a clear objective, a limited number of expected results and well defined activities. The project should also have an organisation with clear functions and division of responsibilities. Furthermore, it seems logical to establish one project for each of the two main areas, mental health services and social work. The reasons for this is that the direct contacts and cooperation within SweBiH between the areas of mental health and social work so far has been limited, and that the focal point for each area would be different.

7 Lessons learned

A clear lesson learned from this evaluation is that it is important to thoroughly consider the implementing and funding mechanism for a project in relation to the situation and conditions in the country and context where the project is to be implemented. In this case, the funding and implementing mechanism used by Sida and SEEC for cooperation in mental health in the Baltic countries and Russia, was less suitable in Bosnia and Herzegovina because of the complex political situation and the administrative structure there. Such a complex situation also put demands on the way the project is organised and managed and how it relates to Sida and the respective Swedish Embassy, which had to be considered during the preparation and assessment of the support.

A further lesson of this evaluation could be that a severe conflict, like the one in Bosnia and Herzegovina, could paradoxically facilitate the process of reform and modernisation of a public service (in this case mental health care). The experiences and lessons learned in handling the post-conflict situation and meeting the needs of the population for such services could also very well be utilised in supporting other countries in their follow-up and reform work after similar conflicts.

Annex 1

Terms of Reference

Evaluation of the psycho social rehabilitation project in Bosnia and Herzegovina

1 Background

In May 1997, the East Europe Committee of the Swedish Health Care Community (SEEC) got the commission from Sida to support a program on decentralization of mental health services, psychosocial rehabilitation and social work in Republika Srpska and the Federation of Bosnia-Herzegovina. SEEC organised a special expert group named *SweBiH* (Swedish Psychiatric Social and Rehabilitation Project for Bosnia-Herzegovina) to be operational in Bosnia.

In total, 32,3 MSEK have been channelled by Sida to SEEC for the implementation of the activities up to Dec 2001.

The development goal of the project is to enhance the social and mental health of the Bosnian population.

The overall goal of the project is:

- a) an improved social welfare system
- b) a mental health reform with focus on community psychiatry

The base for the implementation has been the exchange of knowledge between Bosnian and Swedish counterparts and units and training of nurses, social workers, doctors, psychologists university students. SweBiH has been cooperating with WHO, Health Net International (Dutch NGO) and UNICEF. Local partners have been the Ministry of Health and Social Welfare and the University of Banja Luka in Republika Srpska; in the Federation Ministry of Health kantonal authorities, Federal Ministry of Social Affairs, Department of Social Work at Sarajevo University, and the national Psychiatry Expert Group. Swedish counterparts have been a variety of institutions/persons within the Swedish Health and Social System, who have applied to SEEC for funds to carry out an activity.

The project was initially a complement to the World Bank's War Victims Rehabilitation project, also supported by ECHO, UNDP and WHO. The World Bank later withdrew, and the focus of the project was shifted to a reform within the mental health system, including increased support to social work.

The components of the project have in recent years been grouped in four main areas, outlined by SweBiH:

1. Support of the development of social work at non university level
2. Support of the development of community psychiatry in general, as part of the ongoing mental health reform
3. Support of post graduate university courses in psychiatry, etc
4. Support of undergraduate university courses in psychology.

About 50 activities per year have been decided by SEEC and implemented by SweBiH and its counterparts.

Sida's three-year-agreement with SEEC on this co-operation expires on December 31, 2001. A new agreement on support to a phasing out period for one or two years with a substantially reduced budget is foreseen.

2 Purpose and scope of the evaluation

The purpose of this end-of-phase evaluation is to acquire knowledge about *relevance, impact, effects, sustainability and cost-effectiveness* of the Swedish support so far, and to point at lessons to be learned for similar future projects.

The continuation of the support to SEEC for a phasing out period will not directly be dependent on the result of the evaluation.

The evaluation shall cover the assignments carried out by SEEC/SweBiH 1999–2001, i.e. Sida financed activities as per

Decision Sida-Öst No 89/1999

Decision Sida-Öst No 48/2000

Decision Sida-Öst No 185/01

3 The Assignment (issues to be covered in the evaluation)

A. Relevance. Assess the relevance of the project objectives and the goals and outputs of the different activities in relation to the needs of the recipients. Discuss to some extent alternative approaches and solutions to the problem.

How has SweBiH identified activities/components – pro-actively or re-actively? What criteria have been used when judging applications? Has some kind of LFA been used? Has SweBiH followed any strategy when planning resp approving the different activities or applications?

To what extent have rules, strategies and methods agreed upon between Sida and SEEC been carried forward and used in SEEC's/SweBiH's cooperation (as a donor) with implementing organisations? How has SweBiH succeeded to make its input complementary to that of others?

B. Achievements of objectives/Impact.

Analyse the result of the project according to overall goals. Reflect on what impact the project's results have had (or can be expected to have in the future) on the development of a mental health reform and an improved social welfare system. Have there been unforeseen results and unforeseen beneficiaries?

C. Sustainability. Analyse whether the sustainability of the project results achieved have been adequately addressed by SweBiH during the planning and the implementation of the projects, specially with regards to legal framework and institutional, managerial and financial capacity. Have the local partners felt they are the owner of the project and its different activities? Will Bosnia be able to maintain project results also after Sida's support has been withdrawn?

D. Efficiency Discuss the efficiency of the project implementation, and the fulfilment of roles and responsibilities of the parties involved. Has SweBiH had the right competence and structure for its task (in Sweden and in Bosnia)? How has SweBiH reacted on oral and written comments from Sida resulting from meetings and scrutiny of reports? How has SweBiH followed up the different activities? Has the vast variety of small inputs been efficient? Has SweBiH been generally accepted and looked upon as a co-operation partner by ministries, universities, health staff, other donors and other stakeholders?

E. Assess the effect of the project on both men and women.

F. Assess the **cost effectiveness**: could the same results have been achieved with fewer resources?

4. Methodology and time schedule

The Consultant is encouraged to make amendments to the methodology or to propose an alternative approach:

Dokumentation Study:

The Consultant shall review relevant project documentation available at SEEC/SweBiH, that is SEEC's yearly applications and guidelines, its internal evaluation reports, articles, decision PM, interim reports from activities by implementors, travel reports, annual reports from SEEC and Sida's decision with PM.

Interviews with relevant actors in Sweden and in Bosnia:

The Consultant shall make a field *visit to Bosnia* in order to interview a selection of relevant stakeholders: decision makers at the different Ministries and local authorities, hospitals and high school/universities, professionals trained under the project, CBR staff and patients, SweBiH local coordinators and Sida-Embassy staff, major collaborators such as Health Net International. *In Sweden* the Consultant shall interview members of SEEC and SweBiH, other Swedish implementers who have got project funds from SEEC, and Sida staff.

The Consultant shall be responsible for practical arrangements in conjunction with the trip to Bosnia but with the support of the Embassy in Sarajevo and of SweBiH, Sweden and its local coordinators.

Time schedule

The evaluation shall be made during 15 days in October 2001.

1. Preparations and interviews with the SEEC and SweBiH and Swedish implementors, 4 days during October 4–16.
2. Interviews and meetings in Bosnia, 8 days in October
3. Analysis and reporting 3 days October–November 2001

The consultant should have a strong background in public health or international health, be well experienced in project preparation, monitoring and evaluation. The assignment shall be carried out by one person, if necessary assisted for some of the tasks.

5 Reporting

The evaluation report shall be written in English and should not exceed 20 (?) pages, excluding annexes. Format and outline of the report shall follow the guidelines in Sida Evaluation Report – a Standardized Format (Annex 1). The draft report shall be submitted to Sida electronically and in 5 hardcopies no later than November 5, 2001. Sida and the Consultant shall meet to discuss the draft report. Within 2 weeks after receiving Sida's comments on the draft report, a final version shall be submitted to Sida, again electronically and in 5 hardcopies. (The evaluation report must be presented in a way that enables publication without further editing.

The following enclosures shall be attached to the final report:

- Terms of Reference
- List of persons interviewed
- List of documentation

The evaluation assignment includes the completion of Sida Evaluations Data Work Sheet (Annex 2) including an Evaluation Abstract) Final section, G) as defined and required by DAC. The completed Data worksheet shall be submitted to Sida along with the final version of the report. Failing a completed Data Worksheet., the report cannot be processed.

Annex 2

List of documents

ÖEK

- Verksamhetsberättelse för ÖEK 1998
- Anslagsframställning för BiH verksamhet 1999, ÖEK, november 1998
- Verksamhetsberättelse för ÖEK 1999, mars 2000
- Extended Report on SweBiH activities 1999, September 2000
- Verksamhetsberättelse för ÖEK 2000
- Årsrapport SweBiH 2000, ÖEK, april 2001
- Anslagsframställningar ÖEK 2000, inkl Project Application SweBiH, ÖEK, ...
- Anslagsframställning för insatser BiH 2001, ÖEK, november 2000
- Förteckning över beviljade anslag SweBiH 2001, ÖEK, oktober 2001

Sida

- Beslutspromemoria SweBiH 1999, jan 1999
- Avtal Sida – ÖEK för SweBiH 1999–2001, mars 1999
- Beslutspromemoria SweBiH 2000, jan 2000
- Underavtal Sida – ÖEK för SweBiH 2000, feb 2000
- Beslutspromemoria SweBiH 2001, jan 2001
- Underavtal Sida – ÖEK för SweBiH 2001, maj 2001

Other

- Memo of Understanding between Health Net International and SweBiH, August 2000
- Assessment of Community Mental Health care in the Federation of BiH, Bengt Lagerkvist et al, October 2000
- Rapport rörande Handledarutbildning för socialarbetare, Lilja Cajvert, oktober 2001
- Intensifying social cohesion by strengthening community mental health services, Project Proposal in relation to Stability Pact for South East Europe, Ministry of Health of the Federation of Bosnia and Herzegovina/Ministry of Health of the Republika Srpska, October 2001

Annex 3

Persons met

Sweden

Stig Nyberg	SEEC Administrator
Gunnar Wennström	former SEEC Administrator
Lars Jacobsson	Professor Department of Psychiatry, Umeå University Chairman of SweBiH
Bengt Lagerkvist	Member and Coordinator of SweBiH
Sven Hessel	Professor Department of Social Work, Stockholm University Member of SweBiH
Bodil Eriksson	Department of Social Work, Stockholm University Member and Coordinator for Social Work within SweBiH
Britt Marie Gullbrand	Stockholm County Council, Member of SweBiH
Ljiliana Kaleb	Västra Götaland Regional Council, Member of SweBiH

Republica Sprska

Milan Latinovic	Deputy Minister, Ministry of Health and Social Welfare
Ljuban Krnjajic	Assistant Minister for Social Work, Ministry of Health and Social Welfare
Nadezda Savjak	SweBiH local coordinator in the Republic
Milomir Djeric	SweBiH local coordinator in the Republic
Expert Group on Mental Health	(10 members including the SweBiH local coordinators appointed on 17 October 2001, psychiatrists and psychologists and one social worker, 5 men and 5 women)
Mental Health Center, Banja Luka	Director and staff of the center (psychiatrist, psychologist, social worker, nurses)
Mental Health Center, Doboj	Director and staff of the center, representatives of health care authorities and of local Red Cross
Drago Brankovic	Dean, Faculty of Philosophy, University of Banja Luka
Zeljko Mirjanic	Head, Dept of Social Work, University of Banja Luka
Olja Grbic	SweBiH local coordinator at Dept of Social Work, University of Banja Luka

Federation of Bosnia and Herzegovina

Goran Cerkez	Assistant Minister, International Cooperation, Ministry of Health
Zlatko Cardaklija	Minister of Health, Canton Sarajevo
Nermana Mehic	SweBiH local coordinator in the Federation
Mental Health Center, Vogosca	Director and staff of the center
Mental Health Center, Zenica	Director and staff of the center, representative of User Association
Expert Group on Mental Health	Professors Loga, Ceric and Sinanovic

Milanka Mikovic	Professor, Dept of Social Work, Sarajevo University with staff and representatives of students
Eluj Cebic	Professor, Dept of Psychology, Sarajevo University
Emina Music	SweBiH local coordinator for master course in child and adolescent psychiatry, Sarajevo University
Esmina Avidibegovic	Psychiatrist, Psychiatric Clinic, Tuzla
Lilja Cajvert	Psychoterapist, Dept of Social Work, Göterborg University
Dubraka Vokic	Program Manager, Health Net International
Vesna Puratic	Project Coordinator, Health Net International
Rea Maglajlic	Project Manager, Tempus Phare Project, Postgraduate studies in Community Mental Health, Sarajevo and Banja Luka
Neza Ruzdic	WHO liason officer in Bosnia and Herzegovina

Recent Sida Evaluations

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Avdelningen för Samverkan med Enskilda Organisationer och Humanitärt Bistånd
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Birgitta Berggren, Patrik Jotun.
Department for central and Eastern Europe
- 01/12 Sida's Support to the University of Asmara, Eritrea; College of Science and Faculty of Engineering.** Eva Selin Lindgren.
Department for Research Cooperation
- 01/13 Strengthening Local Democracy in North West Russia 1995–2000.**
Ilari Karppi, Kaisa Lähteenmäki-Smith.
Department for Central and Eastern Europe
- 01/14 Approach and Organisation of Sida Support to Private Sector Development.** Sunil Sinha,
Julia Hawkins, Anja Beijer och Åsa Teglund
Department for Evaluation and Internal Audit
- 01/15 Follow-up to Social Sector Support to Moldova.** Nils Öström.
Department for Central and Eastern Europe
- 01/16 Human Rights Training in Vietnam.** Carl-Johan Groth, Simia Ahmadi-Thosten, Clifford Wang,
Tran van Nam
Department for Democracy and Social Development
- 01/17 Swedish-Danish Fund for the Promotion of Gender Equality in Vietnam.** Shashi R. Pandey,
Darunee Tantiwiranmanond, Ngo Thi Tuan Dung
Asia Department
- 01/18 Flood Relief Assistance to the Water and Wastewater Services in Raciborz, Nysa and Klodzko, Southern Poland.** Olle Colling
Department for Central and Eastern Europe
- 01/19 Sewer Pipe Network Renovation Project in Sopot, Poland.** Olle Colling
Department for Central and Eastern Europe
- 01/20 Sida Supported Municipal Twinning Cooperation with Central and Eastern Europe, 1996–2001.**
Gunnar Olesen, Peter Rekve, Henrik Permin
Department for Central and Eastern Europe
- 01/21 Swedish Support to the Power Sector in Mozambique.** Arne Disch, Trond Westeren, Anders
Ellegård, Alexandra Silfverstolpe
Department for Infrastructure and Economic Cooperation
- 01/22 Expanded Support to the International Sciences Programme (ISP) in Uppsala University.**
David Wield
Department for Research Cooperation
- 01/23 Sida Support County Twinning Programme in the Baltic Countries 1996–2001.** Gunnar Olesen,
Peter Rekve, Henrik Permin
Department for Central and Eastern Europe
- 01/24 Formative Evaluation of Uganda Land Management Project.** Jan Erikson, James Reinier Scheele,
Sebina Nalwanda
Department for Natural Resources and the Environment

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