2012:1 Sida Decentralised Evaluation

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Interim Evaluation of Support to the Church of Sweden's Community Based Psychosocial Support in Humanitarian Assistance 2006–2011

Final Report

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Abbreviations and Acronyms

AA	ACT Appeals
ACT	Action by Churches Together
CAID	Christian Aid
CoS	Church of Sweden
CBPS	Community Based Psychosocial Support
CWS	Church World Service
DCA	Danish Church Aid
DRR	Disaster Risk Reduction
EiE	Education in Emergencies
ELDS	Evangelical Lutheran Development Service
FCA	Finnish Church Aid
FGD	Focus Group Discussion
GBV	Gender Based Violence
HAP	Humanitarian Accountability Partnership
IASC	Inter-Agency Standing Committee
ICCO	Interchurch Organisation for development Cooperation
IOM	International Organisation for Migration
LCC	Lutheran Council of Churches
LCL	Lutheran Church in Liberia
LDS	Lutheran Development Service
LWF/WS	Lutheran World Federation World Service
MHPSS	Mental health and psychosocial support
MHPSS RG	Mental health and psychosocial support Reference Group
NCA	Norwegian Church Aid
NRC	Norwegian Refugee Council
OECD/DAC	Organisation for Economic Co-operation and Development/ Development Assistance Committee
PSAG	Psychosocial Advisory Group
PRA	Participatory Rural Appraisal
PS	Psychosocial
PTSD	Post traumatic stress disorder
RBA	Rights based approach
REPSSI	Regional Psychosocial Support Initiative
RG	Reference Group
RHRAP	Rural Human Rights Activists Programme
RRT	Rapid Response Team
RST	Rapid Support Team
SC UK	Save the Children United Kingdom
Sida	Swedish International Development Cooperation Agency
TA	Technical Assistance
THRP	Trauma healing and reconciliation programme
TOPT	Training of Psychosocial Trainers
TOR	Terms of Reference
TOT	Training of trainers
WASH	Water, sanitation and hygiene
WATSAN	Water and Sanitation
YMCA	Young Men's Christian Association

Executive Summary

Denna rapport sammanfattar en oberoende summerande utvärdering av Svenska kyrkans (här kallad Church of Sweden eller CoS) Community Based Psychosocial (CBPS) program. Utvärderingen gäller perioden 2010-2012 med Sida finansiering om 8,1 miljoner kronor och sker på Sidas begäran. Syftet i enlighet med uppdragsbeskrivning och accepterad inledande rapport är:

i) att avgöra om programmet effektivt uppnår resultat och effekter på kort och medellång sikt,
ii) att avgöra hur relevant programmet är,
iii) att baserat på utvärderingsresultat från ovan nämnda kriterier avgöra programmets potential att skapa bestående förändring för berörda målgrupper.

Programmets övergripande mål är att främja ett CBPS förhållningssätt som en integrerad del i Actions of Churches Together (ACT) Alliance medlemmars humanitära respons, och genom det lindra lidande, stärka återhämtningsförmåga och återställa hopp. Programmet har fyra målområden som beskriver effekter på kort och medellång sikt:

1. Förbättrad kapacitet hos CoS att stödja och vägleda i ett CBPS förhållningssätt.
2. ACT Alliance medlemmars kapacitet och kompetens i CBPS har förstärkts (inkluderar integrering av CBPS).
3. Hemsidans material har bidragit till förståelse av CBPS.
4. Förståelsen för betydelsen av psykosocialt stöd i krissituationer är mer utbredd (kommunikation).

Utvärderingen försöker att mäta de kapacitetsstärkande resultat som levererats och vilka effekter på medellång sikt dessa fått för enskilda mottagare av utbildning, deras organisationer och de humanitära program som dessa implementerar. Utvärderingen har vägletts av en utvärderingsmatris, presenterad i en inledande rapport, där programmets målområden kopplas till förklarande frågor i relation till frågeställningarna om effektivitet och relevans. En blandning av metoder har använts för att samla data och möjliggöra analys – dokumentgenomgång, semi strukturerade intervjuer, fokusgruppsdiskussioner, enkät, observation samt begränsad interaktion med mottagare i lokalsamhällen för validering och triangulering. Begränsningar att ta i beaktande är framförallt det fåtal av fall utvärderingen kunnat bedöma, i relation till det utspridda arbete som CBPS programmet omfattar. Utvärderingen har innefattat två fallstudier baserat på besök i Malawi och Liberia. Insatser i Haiti har granskats genom dokument kompletterat med ett flertal Skype intervjuer. Samarbetspartners i samtliga tre länder har haft långa relationer till CoS/LWF och erbjudits en hög grad av stöd. De kan därför antas vara ”goda” exempel. De flesta informanter har varit intressenter och kan antas ha egenintresse i utvärderingen. Utvärderingen har sökt andra perspektiv och dessa har varit framträdande i Liberia och Genève. Antalet dagar och resurser till utvärderingens förfogande i relation till uppdragets art utgör ytterligare begränsningar.

Huvudresultat

Relevans: CBPS programmet är relevant för humanitära kontexter. Integrering av CBPS förhållningssättet har endast delvis uppnåtts hos vissa ACT Alliance medlemmar. Kopplingen som görs mellan lokalsamhällets involvering i tidiga bedömningar och förekomsten av CBPS perspektiv i upprop (ACT appeals) skapar förutsättningar för att relevanta samhällsbehov tillvaratas. Hur angeläget CoS program är för målgrupp och mottagare verkar bero på kontexten – i samhällen i akut kris anses CBPS mer relevant och programmet verkar förstås lättare. Avseende anpassning till målgruppens kontext så brister programmet i katastrofberedskap och anpassning till utvecklingsfaser. Programmet överensstämmer i stort med relevanta svenska policys och uppfyller grundläggande kriterier för InterAgency Standing Committee (IASC) Mental Health and Psychosocial support (MHPS) riktlinjer på en miniminivå.

Effektivitet: Generellt har samtliga aktiviteter och outputs genomförts i enlighet med planering. Rapportering av effekter speglar inte tydliga rapporteringskedjor, och kvaliteten samt punktligheten hos samarbetspartners rapportering påverkar hur mycket CoS känner till de effekter som deras arbete har.

1). *Förbättrad kapacitet hos CoS att stödja och vägleda i ett CBPS förhållningssätt*

CoS egen kapacitet har ökat genom en förstärkning av CBPS i organisationen och resursförstärkning i form av personal. CoS anknyter till stödjande mekanismer och lärande forum, såsom IASC MHPSS Reference Group där CoS bidragit med betydande administrativt stöd genom sin vice- ordförandepost. En hemsida samlar information om CBPS och CoS erbjuder utbildning, handledning samt resursförstärkning i form av korta sekonderingar från en förstärkt psykosocial resurspool till ACT medlemmar. Utbildningens och handledningens kvalitet har inte bedömts. Utplacering av personer från CoS CBPS resurspool har föregåtts av begäran från fält, och vid medverkan av resurspersoner i behovsbedömningar och ansökningar hos samarbetspartners har dessa fått en tydligare CBPS profil. Resurspoolens praktiska erfarenheter tas till ACT Alliance Psychosocial Working Group för att öka lärandet. Det är otydligt hur integrering av CBPS kommuniceras och förstås mellan de centrala aktörer programmet berör. CoS vägledning kring hur integreringen kan ske har inte varit framträdande. Bristande uppföljning är återkommande i kapacitetsstärkande insatser.

2). *ACT Alliance medlemmars kapacitet och kompetens i CBPS stöd har ökat*

Olika kapacitetsstärkande insatser har bidragit till ökad förståelse och i vissa fall ökad kompetens i planering och genomförande av CBPS insatser hos ACT medlemmar. Genom de tre fallstudierna fann utvärderingen att urval till utbildningen har varit mycket brett, med stor personalomsättning och lång tid mellan utbildningen och påföljande ACT upprop.

Relevanta CBPS koncept har inkluderats i organisationens vägledningsdokument och detta är ett steg mot ökad ansvarskyldighet. Uppföljning av ACT:s vägledning sker på basis av självbedömning, och omsättningen i effektivare programimplementering kvarstår att bedömas då uppföljningen av insatser och effekter hos lokalsamhällen är bristfällig. Rapporteringen från ACT upprop påvisar inte hur aktiviteter leder till psykosocialt välbefinnande eller ökad hanterbarhet för lokalsamhällen. Känd positiv förändring på lång sikt hämtas från slututvärderingar utförda av externa utvärderare.

3). *Hemsidans material har bidragit till förståelse av CBPS*

Hemsidan har ökat det existerande utbudet av CBPS information på nätet och är sökbar på Google. Det finns flera utmaningar här, bl.a. gällande design då det inte finns någon mekanism för att följa användare och få kännedom om geografisk hemvist eller antalet unika användare. Det finns inte heller någon tydlig målgruppsstrategi.

4). *Förståelsen för betydelsen av psykosocialt stöd i krissituationer är mer utbredd*

CoS har via en resurspool av skribenter nyttjat olika former av media för att rapportera om humanitärt arbete generellt och ibland med psykosociala förtecken från fält. Kommunikationskomponenten verkar vara avsedd för den svenska allmänheten och saknar tydlig strategi. Arbetet har inte systematiskt dokumenterats eller mätts.

I relation till utvärderingen 2007-2009 återstår mycket för att få en effektiv omsättning av det interna lärandet. Flera rekommendationer återstår att genomföra, eller fullfölja, framförallt gäller det insatslogiken, lättförståelig vägledning för fältarbetare samt sektorintegrering av CBPS.

Sammanfattande slutsatser

Den förväntade långsiktiga effekten är att CBPS ska vara en integrerad del av ACT Alliance humanitära respons. Utvärderingen har funnit att ACT Alliance är i ett tidigt stadium av att institutionalisera CBPS. CoS har lyckats med sin interna kapacitetsstärkning och har i viss utsträckning bidragit till att öka ACT medlemmars förståelse för CBPS. Sekondering genom resurspoolen har bidragit till ökad förekomst av CBPS i upprop. Programmet har medfört en ökad betoning på lokalsamhällens deltagande hos ACT medlemmar och sekretariat, något som potentiellt kan säkerställa effektivare respons. Den information som CoS försett sina partners med har inte varit tydlig och vägledning för integrering av CBPS behöver förstärkas. De kapacitetsstärkande insatserna gällande utbildning, handledning och stöd har haft låg grad av påvisbarhet samt ett litet antal mottagare. CBPS stödet har generellt varit likformigt, vilket ställer höga krav på mottagare att anpassa teori till sammanhanget.

Rekommendationer

1. För att CoS lyckosamt ska befrämja ett CBPS förhållningssätt inom humanitärt arbete, bör de tydligt uttrycka en förändringshypotes. CoS bör mer strategiskt rikta sig till de nivåer där de kan förväntas åstadkomma förändring. För institutionaliserat lärande och effektiv ledarskapsdriven implementering, krävs att utbildningsinsatser riktar sig till både ledning och fältpersonal.

2. Framtida förändringsteori och *logframe* bör vara rigorös, med relevanta indikatorer utvecklade för antingen förfäkta kapacitetsstärkande eller förändrad programmering och dess långsiktiga effekt. Tydliga mekanismer att samla kvalitativ data gällande långsiktiga effekter samt kvantitativ information från ACT samarbetspartners, måste vara tydliga från start för att samla bevis för CBPS mervärde.

3. CoS bör ta ansvar för uppföljning av effekter på medellång och lång sikt, genom att utveckla kvalitativa och kvantitativa indikatorer, som över tid kan ge implemente-

rande samarbetspartners en tydlig förståelse för i vilken mån antagandet av ett CBPS-förhållningssätt gör skillnad för stödets effektivitet. Det vill säga, påverkar lokalsamhällens förmåga att hantera och svara mot återkommande utmaningar eller kriser.

4. CoS bör tillsammans med ACT Alliance eftersträva att implementera ett uppföljnings- och rapporteringssystem med samtliga samarbetspartners, så att de kan mäta hur utbildningar och andra investeringar levererar påtagliga långsiktiga resultat för mottagare.

5. Rapporteringen från CoS framstår som genusblind. Då kriser har genusrelaterade dimensioner och konsekvenser, kräver adekvat humanitär respons en genusmedvetenhet och tillgång till uppdelad information. CoS bör stärka sårbarhetsbedömningen i kris och göra genus tydligt med betoning på skillnader inom och mellan grupper.

6. CoS bör integrera CBPS i högre grad internt för att etablera effektiva kopplingar mellan humanitärt och utvecklingsarbete i fas med katastrofens övergående förlopp.

7. Grundläggande principer för CBPS bör förenklas så att förhållningssättets kärna framträder tydligare. Det skulle också förtydliga bedömningen av huruvida integrering av CBPS i aktiviteter skett på första nivån i IASCs insatspyramid. Ett förslag från utvärderarna är följande:
   - Inledande bedömningar måste ta hänsyn till krisens psykosociala effekter på lång sikt.
   - Lokalsamhällen måste vara delaktiga i alla insatsens faser.
   - Skydd och särskilda insatser med fokus på behoven hos de mest utsatta (katastrofer påverkar människor på olika sätt).
   - Insatser och stöd måste byggas på kommunala och kollektiva strukturer.
   - Lokalsamhällen har resurser och strategier för att hantera svårigheter – insatser ska tillvarata dessa kommunala, kulturella och andliga strategier för hanterbarhet.

8. CoS bör försäkra sig om att deras samarbetspartners och ACT medlemmar har god tillgång till resursmaterial, vilket innefattar att förse fältpersonal med fysiska kopior för enkel referens då inte alla har tillgång till internetbaserat material. Material bör vara attraktiva och ge tydliga referenser (PFA Guide for Field Workers är ett gott exempel).

9. CoS material hänvisar till *IASC Guidelines and Minimum Standards*, som utgör policyinramningen för humanitära aktörers verksamhet. Mer detaljerade programexempel bör ges kring hur psykosociala aspekter integreras i olika sektorers verksamhet. CBPS är fortsatt öppet för flera tolkningar. Kortfattat och greppbart lärande bör därför tillvaratas och delas med implementerande samarbetspartners och deras personal.

10. Om framtida utbildning genomförs bör CoS medfölja färre och strategiskt utvalda aktörer med mer kvalificerat stöd, för att utveckla ’centres of excellence’ dit andra kan bli hänvisade för ökad egen förståelse.

11. Det finns fortsatt plats för sekondering genom resurspoolen, via CoS eller andra (ACT Secretariat, NCA m.fl.). Uppdrag bör generellt vara längre för att möjliggöra att CBPS förhållningssättet kan konsolideras. Vissa samarbetspartners från syd uttrycker en önskan om att oftare få tekniskt stöd av andra från syd med erfarenhet av liknande kontexter.

12. Om den allmänna kommunikationssatsningen kring CBPS ska fortsätta, bör CoS utveckla en tydligare kommunikationsstrategi som beskriver målgruppen, huvudbudskap, och önskade attityd-/beteendeförändring. Det skulle kunna klargöra betydelsen av detta målområde i programmet och huruvida det finns tecken på att effekter uppnås. Målområdets relevans för detta specifika program bör granskas och värdet av att kommunicera med den svenska allmänheten i jämförelse med att kommunicera lärande till en internationell målgrupp skulle kunna förtydligas.

13. Sida bör omvärdera rapporteringens tidslinjer för att åtgärda problemen med försenad rapportering från CoS. Rapportering sker för närvarande mer än ett år efter programmets slut, vilket även vid snabb återkoppling resulterar i ett helt verksamhetsår av förlorade förändringsmöjligheter.

14. Om Sida önskar lära mer från samarbetet med CoS kan de öka satsningen på dialog mellan organisationer, fältstudiebesök, och jämförelse med andra Sidafinansierade samarbetspartners förhållningssätt inom den humanitära sektorn. Psykosocialt arbete bör förstås i egenskap av ett nytt fält, och är som sådant i behov av mer forskning. Sida kan bidra till att stödja samarbete mellan forskare och utövare för att förstärka evidensbaserade MHPSS insatser.

1 Community Based Psychosocial Programme

1.1 BACKGROUND TO THE PROGRAMME

1.1.1 Community Based Psychosocial Approach

For over a decade[1] humanitarian actors have recognised the psychological and social impact of an emergency or crisis. Traumatic events witnessed or experienced can cause mental distress and the disruption of the social fabric (through deaths, displacement and separation) aggravates this and any pre-existing mental health problems. The term psychosocial denotes the inter-connection between psychological and social processes and the continual interaction between the two with the one influencing the other. This term encompasses a range of understandings with at one end individual psychological pathology - acute mental illness, and at the other a holistic psychosocial analysis of household and community members, framed around the concept of wellbeing and its opposite - distress.

Among humanitarian actors there is increasing awareness of the importance of involving beneficiary communities; seeking out the views/needs of more vulnerable subgroups; and delivering support in a manner that respects and builds upon local capacities. Psychosocial specialists consider the wellbeing of the community to be an important factor in protecting community resilience and therefore promote a Community Based Psychosocial (CBPS) approach which recognises that social supports are essential to protect and support mental health and psychosocial well-being. It becomes important that the manner in which aid is delivered does not aggravate any individual distress but rather strengthens community structures, coping capacity and the community's ability to recover from crisis and rebuild lives. This is enshrined in the humanitarian principle Do No Harm[2].

The term mental health and psychosocial support (MHPSS) is used to describe any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Several aspects of human well-being interact in situations of crisis, demanding responses that cater for both social needs as well as psychological needs at individual, family and community levels.

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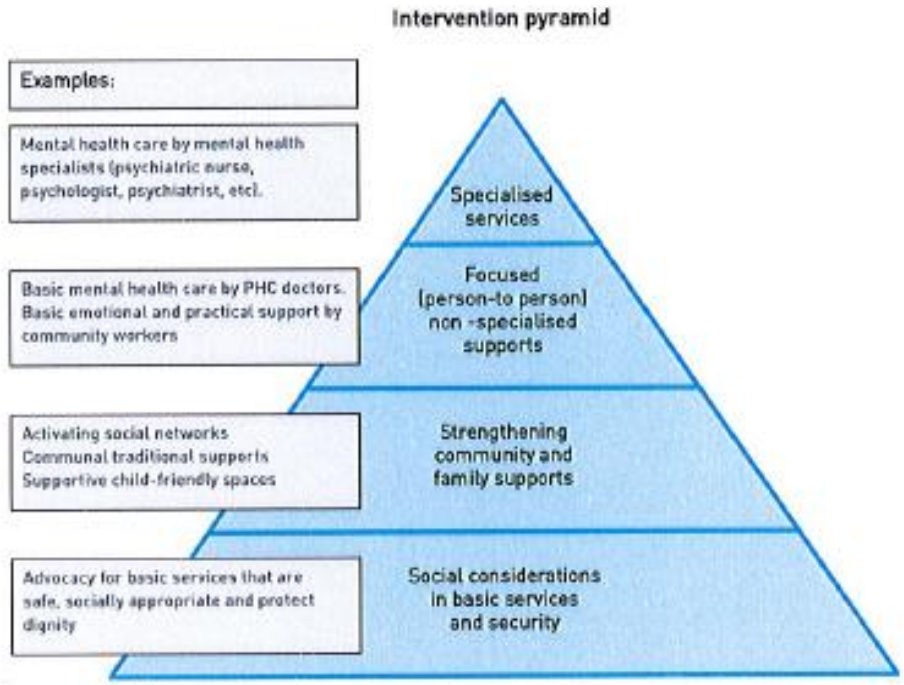
[1] The incorporation of trauma and psychological programmess as a priority 'first aid' programme in humanitarian intervention commenced in the 1990s with the Balkan crisis. In contexts affected by conflict these interventions placed trauma at the centre of humanitarian emergency aid.

[2] For example in first Sphere Principle dealing with Protection

This range of interventions is represented in the diagram below along with some examples of the type of intervention promoted by actors in the health sector. Similar types of intervention at the two lowest levels are required of actors in other key sectors (education, livelihoods, security and management of camps) so that community capacity is recognised and strengthened. This contributes to restoring hope and rebuilding resilience while at the same time alleviating suffering.

Figure 1: Intervention pyramid for mental health and psychosocial support in emergencies[3]



1.1.2 Church of Sweden CBPS Programme

The Core Programme reviewed here is the comprehensive programme entitled Community Based Psychosocial Support in Humanitarian Assistance, delivered by the Humanitarian Support Unit of the Church of Sweden (CoS). The overall aim of the programme is to promote a CBPS approach as an integral part of humanitarian responses delivered by members of the ACT Alliance, so as to alleviate suffering, rebuild resilience and restore hope. This is the most recent element in a series of projects that were funded since 2006 and earlier reviewed;[4] representing three further years of funding to a value of 8.1M SEK. The Core Application and Logframe for this programme (2010-12) provide statements of expected outputs and outcomes (Annex1).

[3] IASC MHPSS in Humanitarian Emergencies 2010
[4] Evaluation of CoS Psychosocial Support Capacity Building Efforts July 2009 Indevelop

Outcomes are framed in this Logframe as Objectives; these strategies were a means to an end, and that end can be expressed as enhanced capacity to deliver CBPS support in partner organisations within ACT. Reporting since 2009 has been about Objectives as these are framed in the Logframe; and the strategic CoS document Strategies for the Psychosocial Work (2010-12) also follows the same logic of sequencing.

For the purpose of this evaluation, key terms were defined by Sida/CoS as follows:

Target Group	Personnel working at CoS's partner organisations within the ACT alliance
Beneficiaries	Community Members (persons) that CoS's ACT partner organisations work with and assist (members of Communities in Crisis, affected populations, IDPs, refugees in camps, communities and urban centres)
Intermediary Outcome	Outcome occurring at the level of the *target group* meaning out comes connected to the potential improvement of these organisations skills and capacity and, thus, subsequently their working approach /methods and systems.
Outcome	Outcome occurring at the level of the *beneficiaries* meaning outcomes connected to what was delivered by the *target group* to the *beneficiaries*.
Impact	Change in how beneficiaries' cope and in terms of the speed by which they get back on their feet when disaster strikes

It was noted at inception report stage that Sida and CoS use some different terms as synonyms. For consistency this report uses vocabulary according to the results chain theory of change, which is endorsed and promoted by Sida.

Figure 2: Comparison of Terminologies for Results/Logical Frameworks
Source Document

CoS Logframe	Activities	Expected Results	Project Objective	Goal
TOR Terms	Planned Activities	Intermediary Outcomes	Outcomes	Goal
Results Chain Theory of Change	Activity	Output	Outcomes	Impact

This evaluation therefore reviews the capacity building outputs delivered and the outcome of these for recipients of training, the ACT members they work for and the humanitarian programmes they implement. ACT Appeals describe the short term humanitarian programmes which are funded,[5] and jointly implemented by ACT members post crisis. Several of these were reviewed, on paper and in the field to assess firstly, how CBPS elements feature in design and more importantly how these are delivered and what impact they appear to be likely to have.

[5] In part by Sida

1.2 HOW THE PROGRAMME IS DELIVERED

1.2.1 Theory of Change

The theory of change through which CoS seeks to deliver programme impact was found by the evaluation team to be as follows. This logic and expected outcomes are indeed confirmed by CoS

- CoS develops its own capacity and expertise in the CBPS Approach.
- In countries where ACT members are present and request capacity development in this approach, CoS creates a pool of personnel trained in CBPS approach and a bank of trainers trained in Training of Psychosocial Trainers (TOPT). These are staff of ACT member organisations and members of the other relevant agencies in country.
- CoS also creates a roster of technical specialists (both staff members from Southern partner organisations[6] and technical specialists in the North) able to be deployed at short notice into emergency response situations to strengthen and deliver aspects of a CBPS approach.
- CoS has lobbied to include psychosocial support as standard in deployments of the ACT Rapid Support Team; at the same time raising awareness among ACT staff of the relevance of a CBPS approach and supporting screening for this in appeals.
- CoS/ACT offers these persons tools for support and application of the Approach (Facilitators Guide (2003, revised 2005); TA from the roster of technical support staff (from 2003); CBPS Training Manual (2010); website based technical information (from mid 2010). [7]
- CoS humanitarian unit staff advise ACT Alliance on CBPS support within appeals on a call down basis.
- To some extent a 'community of practice' is created amongst and between roster members with capacity for mutual support; some of this learning is shared within international groupings (ACT PS Working Group provides a channel for learning and synergies between ACT Alliance members). Experience is fed back down towards field practitioners via a variety of guidance, principles and codes of operation.
- CoS takes an active part in the IASC MHPSS Reference Group[8] as a means to input learning and influence programme guidance.

CoS has engaged staff to deliver a cascade training programme, to develop awareness of CBPS Approach and to deliver technical assistance in the forms of roster deployments, mentoring, support and mainstreaming as well as a website to provide technical guidance to country programmes implementing CBPS activities.

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[6] A minority of these specialists are from developing countries (currently 4/22) and have commonly been trainees from TOPT training

[7] CoS work is in line with IASC Guidelines on Mental Health and Psychosocial Support (2007) however these are not perceived as an outcome of CoS policy work (UN staff Geneva)

[8] Co-chairing this group since Jan 2011 with a 2 year mandate.

If CBPS training is closely followed by an emergency, appeal funds directed towards this provide a means to apply the learning gained through training. Otherwise CoS funding is not necessarily directed to ACT members it has trained and these must rely on their other funded partnerships to be able to apply learning as relevant. CoS has, since 2010, made available funding for replication of CBPS workshops for other ACT members in country – this provides for amplification of training and awareness although not application of learning into programming.

1.2.2 Expected outcomes

It is the evaluation team's interpretation that through the change process above:

- Participants in training will develop awareness of CBPS support and adapt their approach accordingly.
- TA delivered via Roster staff will present the opportunity to embed learning in a partner organisation building upon initial awareness and adapting programming.
- Ownership of the CBPS approach amongst partners will be evidenced by some mainstreaming of the CBPS approach into the work (and funding appeals and proposals) of ACT partners.
- CBPS elements are included in design, monitored and reported against during implementation and demonstrate a clear understanding of CBPS by partners (in this area results are extremely variable).

It is assumed that these CBPS trainees[9] will to some extent be able to:

- Change humanitarian practice (planning and implementation) to reflect a CBPS approach.
- Influence changes to policy and practice within their employing organisations such that a CBPS approach is mainstreamed in some of the other work of that agency.
- Influence the drafting of appeals (applications for emergency funds) so as to reflect a CBPS element. This is one criterion against which appeals are subsequently screened.

The extent to which these outcomes can be achieved through a training and capacity building process is influenced by many factors. These were reviewed in detail by the earlier evaluation[10] and include such factors as ability to conceptualise a CBPS approach, relevance to role and selection of trainees, quality and clarity of training delivered. Post training, internal organisational factors such as whether trained staff remain in the home organisation, whether their superiors and leaders endorse and support a CBPS approach and whether they have peer support, will all influence impact.

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[9] Both the technical specialists and Roster members from the North; and participants in CBPS trainings in the South

[10] Review of impact of workshops on programme and projects implemented by trained organisations Indevelop June 2009

1.2.3 Influence of External Context

Programming guidance[11] explains that in organising CBPS humanitarian interventions one key contextual factor that should influence design is the Phase of Disaster Response. Figure Three below presents a variety of psychosocial approaches and activities. The activities that are appropriate will vary with each situation. Thus any of the activities in the blocks below each heading, may be appropriate to that phase of a disaster response. One would expect key elements of a humanitarian response which reflects CBPS support to vary according to the Phase of Disaster Response: Pre-disaster Preparation; Acute Emergency Phase; Non-Acute Emergency Phase; Development Phase. This evaluation attempts to track how successfully CoS promotes varied programming that is tailored to the context of the crisis.

Figure 3: Examples of Psychosocial Support during the Four Phases of Disaster Response

<table>
<tr><th colspan="2">Pre-Disaster Preparation for International Organisations and Local Communities</th></tr>
<tr><td>Training and education of staff.</td><td>Development of a staff care program, education, support and post-disaster care.</td></tr>
<tr><td>Development of a psychosocial back-up and support organisation.</td><td>Integration of psychosocial awareness into other disaster-related sectors (health, site development, water/sanitation).</td></tr>
<tr><th colspan="2">Acute Emergency Phase of Disaster:</th></tr>
<tr><td>Assure basic needs: water, food, shelter.</td><td rowspan="3">Maintain gender balance when identifying local staff, in order to recognize needs and strengths of all target groups. Take special care for elderly, children, psychologically and medically vulnerable. See to it that there are safe spaces for women and children to prevent abuse.</td></tr>
<tr><td>Prioritize psychological and medical needs.</td></tr>
<tr><td>Keep families together and reunite families that have been separated.</td></tr>
<tr><td>Treat every person with dignity; respect human rights.</td><td>Provide support on-site if possible.</td></tr>
<tr><td>Limit length of support to 3 months in harsh situations. Enforce compulsory short-term leaves.</td><td>Practice conflict-prevention, peace-building and reconciliation.</td></tr>
<tr><th colspan="2">Non-Acute Emergency phase</th></tr>
<tr><td>Prioritize the establishment of schools for children. This is an important psychosocial tool.</td><td>Create possibilities for recreation, playgrounds for children, organised sports, and social activities for elderly.</td></tr>
<tr><td>Provide venues for meeting in safe circumstances where sharing and processing experiences can take place. This is of special importance for people whose voices are often not heard, such as women and children.</td><td>Identify agents for peace and reconciliation. Include capacity-building of informal community leaders, women leaders and local staff in the programs.</td></tr>
</table>

[11] Produced by CoS; CBPS Training Manual

Provide information about the overall situation, especially on stress and normal reactions.	**Create possibilities to practice spiritual life** and worship.
Include local participation in camp organisation and building.	**Help with legal issues** such as rights of asylum and land-tenure.
Implement staff care: Defusing and/or debriefing if needed.	
Development Phase	
Assess psychological needs. Create and offer the possibility of participating in groups for sharing and processing experiences and develop coping skills. Debrief in groups and individually. Special care of referrals to therapy of those with developed psychiatric syndromes and chronically psychiatrically ill. Create networks for psychological support.	**Build supporting systems in cooperation** and participation with local people, using traditional cultural ways of coping and dealing with difficulties and distress.
	Encourage reconciliation work; identify agents for peace, create venues for opposing sides to meet.
Support community development: foster capacity building towards self-governance and collective decision making skills.	**Offer education and training programs**: Practical skills towards economic independence (data and IT, sewing, agriculture, language etc.)
Increase the awareness in different areas that are found to be a problem: i.e. mines, HIV & AIDS.	**Ensure education** and awareness of the international humanitarian law including human rights.
Psychosocial support benefits from a multiprofessional approach and thinking. Develop systems and networks at every level.	

1.3 BACKGROUND TO THE COS

The CoS International Department has a humanitarian support unit, a development and a policy unit as well as a unit for church relations. As the largest church in Sweden, CoS receives a significant proportion of income from its congregations made up of the general public. These funds are used in the national as well as in the international work of CoS. The general public hence is a donor to CoS and the CBPS programme communications strategy targeted this audience.

CoS, as a Church, does not directly implement programmes nor does it have in-country presence but works through local partnerships. Usually these are managed through the intermediary of Lutheran World Federation World Service (LWF/WS), being the development service of this ACT member and the main implementing partner for CoS in this programme. Within the context of debate about relative capacities amongst ACT member partners, CoS has chosen to invest in the relationship with LWF as one means of strengthening this[12]. CoS is thus often in receipt of programme reporting from LWF channels. It does also receive reports from other ACT Alliance members such as appeal

[12] Interview with Director of International Affairs – CoS

reports and annual reports, since some other partnerships are directly managed by Programme Officers in the Humanitarian Support Unit. Post emergency these partnerships may be continued on, with the funding and management roles passed to CoS Development Cooperation staff.[13]

CoS has been a member of ACT Alliance since this was created via a merger in January 2010 and was previously a member of ACT International. CoS is a funding partner within the ACT alliance and is also named, by LWF, as a related agency; meaning an agency that it has been tasked to develop its competency within a specific area. This strategy has been applied to encourage other (Northern) ACT member agencies working in humanitarian contexts to develop areas of specialisation which are relevant to programmes. As a result Norwegian Church Aid (NCA) has developed a profile and competency in water, sanitation and hygiene (WASH); Dan Church Aid (DCA) in de-mining and food security; Fin Church Aid (FCA) in Education in Emergencies (EiE) and CoS in a CBPS approach. CoS will gain Humanitarian Accountability Partnership (HAP) certification[14] in November 2012.

1.4 DEFINITION & INTERPRETATIONS OF CBPS

Psychosocial support is now clearly and rationally described in the updated Sphere Standards[15]. *"Some of the greatest sources of vulnerability and suffering in disasters arise from complex emotional, social, physical and spiritual effects of disasters. Many of these reactions are normal and can be overcome with time. It is essential to organise locally appropriate mental health and psychosocial supports that promote self-help, coping and resilience among affected people.*

Humanitarian action is strengthened, if at the earliest appropriate moment, affected people are engaged in guiding and implementing the disaster response. In each humanitarian sector the manner in which aid is administered has a psychosocial impact that may either support or cause harm to affected people.

Aid should be delivered in a compassionate manner that promotes dignity, enables self-efficacy (sic)[16] through meaningful participation, respects the importance of religious and cultural practices and strengthens the ability of affected people to support holistic well-being."

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[13] Although outside the remit of this evaluation this aspect of sustainability seems highly relevant and was implemented via DRR programme strategies in areas recovering from crisis (e.g., Haiti).

[14] HAP certification process is designed to promote continual improvement and is promoted by the Humanitarian Accountability Partnership as an effective way to help agencies achieve quality management and accountability

[15] Third edition 2011 : from Second edition 2004

[16] Self-representation

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings[17] explain Mental Health and Psychosocial support as "*a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder".* For many aid workers these closely related terms reflect different yet complementary approaches. Agencies outside the health sector tend to speak of supporting psychosocial well-being. People working in the health sector tend to speak of mental health and historically have used the term psychosocial treatment for non-biological[18] interventions for people with mental disorders.

The intervention pyramid for mental health and psychosocial support in emergencies (See Figure One) represents the relationship between activities targeted at the psychology and mental health of the individual (upper segments) and activities targeting the psychosocial well being of family and communities (lower segments). A variety of responses may be appropriate and relevant at any level across this continuum. CoS is aware of the need for attention to services in the upper layers of this intervention pyramid (ie. counselling by trained staff with referrals to psychiatric care where necessary) but has chosen to focus on the two base layers in the intervention triangle and emphasises the phrase **community based** psychosocial support as opposed to the broader terms psychosocial support (PS) or MHPSS. Yet we found that very many practitioners, including CoS staff and partners, use the phrase PS as both a shorthand for CBPS ***or*** to denote activities within the upper two layers of the same intervention triangle; this leads to a lack of clarity and a situation where personal interpretation and understanding of CBPS support are quite varied.

CBPS support is explained by CoS[19] as follows: "*A community provides a physical environment and foundation for safety, living, work, education and health-service but it also furnishes a social and psychological foundation for individuals and families. This function of the community becomes obvious in emergency situations. Psychosocial support adds mental and social dimension to the traditional concept of humanitarian aid. Psychosocial support is community based; it is not individual psychotherapy. It is about helping communities to regain their connections, voice, wisdom and resources so that they can decide about their future."*

[17] Available in English, French, Spanish, Arabic, Tamil, Nepalese, Sinhala, Russian, Japanese, Chinese (and more).
[18] IASC Guidelines. This term relates to the distinction between biological and non-biological reasons for mental illness.
[19] ACT/CoS CBPS service in Humanitarian Assistance – Facilitators Guide May 2005

Elsewhere[20] a clearer statement showing a similar view to the Sphere outline is expressed : *Psychosocial well-being depends on many aspects of a person's life. Material and biological needs must be met – food, water, shelter, sanitation, economic stability, physical and mental health. Most people affected by a disaster are able to deal with and process the emotions and feelings associated with a traumatic event. However, many displaced people complain that the greatest sources of distress for them after an emergency are the subsequent impacts of a traumatic event on their well-being. The core humanitarian response areas – food; water, sanitation and hygiene (WASH); shelter; camp management; information dissemination; protection; healthcare etc. – all have psychosocial components that play an important role in helping people heal after a traumatic event. The manner in which relief is distributed, how camps are organised and located and the provision of services to an affected population all play a role in a person's ability to heal from the disaster."*

Their donor role gives CoS the potential to positively screen applications for aspects of design which reflect a CBPS approach and to fund work that aims to mainstream CBPS support within other areas of humanitarian work – notably Food Security, Shelter and WATSAN. CoS has contributed to joint appeals, for one year Humanitarian funding (Rapid Response Facility) from ACT members, usually working jointly in any given emergency. This funded work provided some site specific examples of application of learning and changed partner approaches to CBPS support. The details of these are included in each country case study

[20] on the ACT/CoS website Page: Humanitarian relief through a psychosocial lens

2 Introduction

2.1 EVALUATION PURPOSE

The scope and focus of this evaluation is set out in the TOR (Assessment Areas). The evaluation is designed as an independent and summative evaluation, serving as a tool of accountability. Although elements contributing to this programme have been funded since 2006, this evaluation is summative and takes findings contained within the Evaluation Report produced July 2009 as the start point from which to review subsequent implementation and progress. Sida/HUM is the primary and CoS the secondary user of findings.

The overall purpose of the evaluation is to

- *determine the programme's effectiveness regarding achieving results at intermediary outcome and outcome levels*
- *determine the programme's relevance*
- *and on the basis of findings from these two areas to determine the programme's potential for impact on affected communities*

It was recognised that it would not be possible within the scope of this assignment to assess impact per se; in terms of change in how beneficiaries cope and the speed at which they get back on their feet after when disaster strikes. The evaluation was focused on assessing outputs and outcomes.[21] Analysis of effectiveness and relevance contributes to bring clarity to the programme's potential for impact on the affected communities.

2.2 TEAM COMPOSITION

The evaluation was conducted by a two person team with specific expertise in evaluation of multi-country, multi-agency programmes; and psychosocial specialisation with work in post conflict contexts. The Indevelop Project Director provided oversight and quality assurance. The evaluation was achieved within 60 worked days spread over an 11 week period Jan – Mar 2012.

[21] Or Intermediary outcomes and outcomes

2.3 METHODOLOGY

At inception, evaluation questions were refined and an Evaluation Matrix (Annex 2) developed setting out how the questions posed by the TOR were to be addressed and providing the 'route map' for the evaluation. Each expected result from the programme is related to key questions of effectiveness and relevance. Outputs and Outcomes from the CoS CBPS programme were assessed in relation to how they were expressed within the programme logframe, principally from internal reporting and any outputs from agency M&E system complemented by interviews with key staff. A number of country case studies selected from amongst programmes that received appeal funds were investigated in order to assess to what extent training and other capacity inputs were translated into programming which reflected CBPS components. Planned programme interventions (within Appeals documentation) were compared to activities delivered and any demonstrable impact (from within Appeal reporting and enquiry and observations in field visits) to detect what impact could be attributed to CoS capacity building.

In the Data Collection phase three countries were selected for deeper investigation (Malawi; Haiti; Liberia) these were selected in consultation with CoS choosing countries where all of Training, Roster support, and Appeals Funding has been delivered; and covering a range of partners LWF/non LWF; from both Africa and outside Africa, operating in emergency contexts that were varied.

Field Visits by the team sought to understand in more detail the outputs delivered by CoS to their partners (ACT members) and the outcomes for staff of these organisations (target of the CBPS programme). A combination of tools was used to gather information: Documentary review - mined for results data; Follow up key informant interviews (semi-structured); Focus group discussions with partner agency staff (trainees and peer colleagues) in country visits; Skype calls to additional key informants; and some limited interactions with community beneficiaries during field visits.

The team was anxious that these should be regular community forums (as far as was possible) rather than 'special evaluation events' and ultimately, as expected work at this level was limited. However, this report also draws from more in depth assessment of community perceptions where these have been captured[22]. A questionnaire was used to gather data from roster staff that had provided technical input to CBPS programming about the objectives and impact of their missions. Annex 3 provides a full list of those interviewed.

[22] For example during the Haiti ACT Appeal Evaluation a wide range of beneficiaries were surveyed using the People First Impact Method, whose rigorous methodology this evaluation could not hope to repeat.

In Section Five of this report (Analysis of Findings by OECD Criteria) this evaluation considers the findings under Effectiveness and Relevance. Analysis considers to what extent there are signs that the CBPS approach is becoming an integrated part of humanitarian responses and what impact for beneficiary communities the programme has potential to deliver. Ownership of the approach and capacities to implement it are critical indicators of change at ACT partner level.

2.4 LIMITATIONS OF THE EVALUATION

The design of the evaluation was summative and expected to draw some conclusions on programme effectiveness and relevance. It was to comment on the potential for impact upon affected communities. The scope of the evaluation was broad, considering 6 years of implementation across all Asia, Africa, South America and Eastern Europe. In the last 2 years alone 19 appeals with a CBPS approach were supported; prior to this the total number of appeals supported was not disaggregated against this success criteria (evidence of CBPS components). Considering the limitations of the evaluation budget and therefore time available, it was only ever going to be possible to visit a small number of field sites. The team chose to split so that 3 sites rather than 2 could be reviewed in some depth. Interactions with beneficiaries were limited and so potential for impact is based upon assessment of ownership and capacity of CoS partners to enhance and advance CBPS.

Initial assessment of outcomes was based on a review of reporting and other M&E outputs and was therefore limited by any weakness within these. Reporting is up to one calendar year behind implementation[23] so the evaluation has not considered any summative reporting from CoS on project progress throughout 2011. Overall, CoS reporting tends to be activity and output focused and does not sufficiently describe intended outcomes and impacts. The organisation explains that this is because they are not directly implementing the work and thus depend on partner reporting. This is true but it is not clear whether partners are being asked to report at this level; being guided in how to do so; and that clear logframe indicators at Programme level drive the collection of outcome and impact level data. Thus where initial analysis is paper based, the focus of reporting may not always reflect actual impact and this is a limitation to drawing conclusions in this evaluation.

For example, in elements of the Haiti evaluation that were desk based; ACT Appeal reports and CoS CBPS Programme Report tend to be activity focused with little or no analysis of likely outcomes and impact. For example, training of teachers to work on psychosocial issues with school children is mentioned, and quantified. There is no expla-

[23] For both 2009 and 2010 Annual Reports

nation of what happened as a result (number of after school clubs; activities held in safe spaces etc.) or of what impact was found (children became able to enter buildings; less aggressive; sleep patterns returned, etc.). This detail was then found by this evaluation through staff (Skype) interviews and community level evaluation (well explained within ACT Final Evaluation reporting by Channel Research).

The Country Case studies were finally selected after thorough discussions with CoS resulting in three countries that are likely to be 'best case' studies as they have all of training, roster support and additional appeal funds for implementation of a CBPS approach in humanitarian programmes. This may lend some bias to findings[24]. The evaluation team only visited one field location (Malawi), Liberia was limited to meetings with staff and trained partners in Monrovia; Haiti was desk based work complemented by skype interviews and secondary evaluation data

In the field numerous staff changes made it difficult to trace the persons involved in capacity building initiatives over the years so as to understand if and then how, this had influenced their professional outlook. It is also a limitation that relatively few external actors (not linked to ACT Appeals or CBPS programme) could be interviewed – information was forthcoming in Liberia and from other UN actors.

[24] Here we mean that since all capacity building inputs have been applied in the case countries chosen, there is the best potential for positive impact in terms of CBPS programming and impact at beneficiary level; a positive bias.

3 Key Findings by Outputs & Outcome

This section considers evidence of the extent to which outputs (expected results) have been delivered and are contributing to programme outcomes. A detailed timeline is included as Annex 4 summarising key activities contributing to outputs . Expected Outcomes were

- improved technical support from CoS;
- stronger capacity and competence amongst ACT Alliance and its members;
- a psychosocial approach integrated into all ACT Alliance humanitarian responses;
- updated information being provided to ACT Alliance members through website;
- communications in Swedish and international media profiling the importance of psychosocial support in emergencies.

Subsequent analysis is informed further by findings in the chosen country programmes. In Section 5.1 this evaluation assesses the Effectiveness of the programme in relation to how well these outcomes were achieved. This view is illustrated by examples from programming in Country Case Studies.

3.1 TECHNICAL SUPPORT CAPACITY

3.1.1 Humanitarian Desk & Psychosocial Advisors

CoS' own capacity to support PS work has evolved over the period under review. Core specialist staff was increased from one to two (from 2010). This leads to more potential for participation in upwards policy influencing and working groups / communities of practice with the aim of sharing learning and experiences. Also there has been more coaching and mentoring of roster members. It appears from internal reporting that support is given in assisting with national level workshops, run by those trained in the TOPT workshops[25] to further cascade the approach. Programme officers within the Humanitarian Unit have received CBPS training and review appeals, monitor for inclusion of CBPS aspects and develop TOR for PS support aspects such as roster deployments.

It is their responsibility to monitor programme work including PS aspects; this is reviewed against three key indicators (community participation in project; protection of the most vulnerable; psychosocial support) that were developed around the time of a

[25] Kenya September 2009a, Bangladesh Oct 2010, Härnösand, May 2011

baseline exercise.[26] It is against this benchmark that about 80% of appeals that receive funding from CoS are now reported to contain a psychosocial component (logframe indicator).

Staff confirm that, although this checklist is used, judgement is to some extent subjective, that is open to interpretation. If they have made a field visit and so understand context and partner capacity better, it is then always easier to recognise on paper, work that may not be described as such but which relates to a CBPS approach. In particular the psychosocial support indicator is broad and somewhat unclear. This system also seems biased towards selecting the best examples for funding, a not unreasonable strategy.

Internal reorganisation has strengthened the profile of the humanitarian support unit, creating internal linkages and the potential for added value through cooperation. From within the organisation, there is perceived learning from psychosocial work to inform health programming; between policy and humanitarian units; and some cross fertilisation on logframe based planning. Short term partnerships supported via emergency operations are sometimes, not always, handed on to the Development Unit and the relationship sustained.

3.1.2 Capacity Building of ACT members

ACT alliance members are viewed as key targets for advocacy and awareness raising in the expectation that overall competency and capacity of members in CBPS support will improve (and with that programming will come to reflect CBPS elements). This is a clear strategy which has been applied as widely as possible across the globe and in a responsive fashion, such that there has been wide scale awareness raising of general CBPS issues for ACT members and some others in the sector.

The cascading system of training continues and TOT amongst ACT members in selected countries [27] has begun. This is described by CoS as a next step from training selected individuals (although in reality still deals with the training of individuals selected from ACT forum members). This is intended to build capacity within national structures and to compensate for staff movements within agencies and the sector. CoS provides seed funding to allow *at least* one national workshop[28] to be run by countries whose delegates participated in the TOPT training. This TOPT training has been held twice so far in the South[29].

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[26] 2010
[27] 2010: Malawi: 2011: Zimbabwe; Uganda; Sudan; Kyrgyzstan 2012 planned: Ethiopia, Armenia/Serbia
[28] e.g., Uganda held 4 subsequent trainings, Zimbabwe/Malawi held 2 trainings, Darfur & Kenya 4 trainings, Kyrgyzstan 2 trainings and Sierra Leone (War Child) 3 trainings.
[29] Kenya 2009; Bangladesh 2010 and once in Sweden 2011

More materials have been produced by CoS; mainly the CBPS Training Manual, the ACT CBPS Guiding Principles and Website (see below)[30]. The evaluation also found other materials, not tailored to the ACT specific audience but rather produced by and for wider practitioners in CBPS work. Several of these were striking in their simplicity and clarity and appeared to be perhaps more user friendly: for example Psychological First Aid: Guide for Field Workers,[31] some of the IOM PS Needs Assessment tools[32] and Framework for gathering data on Consequences and Implications of the crisis. Through membership of the IASC MHPSS Reference Group, Church of Sweden has also contributed to the creation of non-ACT specific guidance, such as integrating MHPSS into the 2011 Sphere Handbook revision, the IASC MHPSS Assessment Tool, and in the development of the MHPSS and camp management booklet – an IASC RG product co-led by Church of Sweden.

3.1.3 Psychosocial Staff Roster

A strengthened and active PS roster responding to a higher number of requests was an indicator for this technical capacity outcome. The roster was overhauled (in 2010) with members asked to reapply against clearer criteria. At the time of the evaluation there were 22 active roster members (5 recruited during 2011) all with psychosocial expertise; 4 are from the South and 3 are at the same time full time employees of CoS. In the case of Haiti additional deployments were made by 6 persons not part of the roster, especially for specialisation in staff care. Training for roster members is organised for the entire group via one or two meetings annually as well as coaching based on individual needs. This has helped to bring some common understanding amongst roster members of CBPS. LWF also runs an emergency staff roster but has removed the PS specialisation from this preferring to rely upon CoS to provide such staff.

Analysis of the range of assignments undertaken[33] shows:

- Deployments were short from 1 – 16 weeks, with mode 2 weeks.
- Main responsibilities in order of frequency: Training in CBPS; Assessments for CBPS; Setting up or supporting CBPS activities and mainstreaming; Applications and funding; Staff care (Haiti only).
- In self assessment more than half of the respondents felt that they had a good knowledge of CBPS before joining CoS roster and developed this further after becoming roster members or being deployed. Others came with little or no previous experience

[30] Website content could be regarded as one component of the strategy to build and support capacity in the South – not as a distinct outcome.
[31] 2011 WHO
[32] In particular Qualitative Questionnaire for Households section, Psychosocial Conditions and Needs Assessment sections
[33] Survey sent to 28 people who are roster members or have been deployed by CoS within CBPS Programme (since 2009). 18 respondents completed the survey, 10 women and 8 men. All respondents are roster members, and 14 have actually been deployed

and training in CBPS approach prior to making themselves available to CoS but have gained exposure and remain on the register.

- Though most (60%) stated that the primary impact was with local partner organisation at community level many respondents found it difficult to comment on changes to programming as a result of their inputs since they have not been involved in any follow-up; this was especially true for those involved in shorter inputs (1-2 weeks). Some felt that the Appeal left little room for making changes (inferring they were not deployed early on in the emergency).
- Whilst there was overall appreciation for the CBPS approach, there was constructive comment about the very short time period of the deployments; trainings conducted by roster members need to be followed-up more systematically, and support of senior management being vital when introducing CBPS if the approach is to be adopted and institutionalised. Challenges with translating theory into practice were also mentioned and staff turnover which results in loss of knowledge from the host organisation.

At the same time the ACT Alliance in Geneva runs a roster conceived in 2009 and making its first deployments in January 2010. This Rapid Response Team is designed to deliver early input of Finance, Planning/Co-ordination, and Psychosocial skills to formulate and plan the Appeal, thus including PS aspects from the start. It is expected that roster staff will be deployed at the early onset of a crisis to assist ACT members in the field in assessment and in developing appeal proposals which also reflect a CBPS approach. In practice the deployment of PS skills has followed not long after other skills have been deployed. In some cases this has left a clear imprint upon the content of the appeal.[34]

Apparently this is a duplication of function although ACT still draws heavily upon the CoS roster for PS skills. The LWF decision to remove PS specialisation from their roster leaves a clear niche for CoS to continue to occupy this.

The service is relevant: in all case country studies requests for roster support clearly originated from the field, although it would not be surprising to find that some others might be encouraged from the ACT Secretariat;[35] since psychosocial wellbeing is highly likely to be affected by crisis and there is still growing awareness/understanding of the relevance of CBPS approach to humanitarian interventions and the design of these.

[34] Such as in Liberia where the CBPS assessment identified needs (and distress) within both host and refugee communities and activities were adapted accordingly

[35] Although this takes being responsive and its coordination functions seriously

3.2 MAINSTREAMING

3.2.1 What is recognised as Mainstreaming

The Psychosocial Intervention Pyramid (See Figure 1 Section 1.1) illustrates the multiple layers of support that are key to organising mental health services and psychosocial support. CoS aims to emphasise activities that strengthen basic services and security and build community and family support (the two base layers). This strategy is realised through encouraging all humanitarian actors to consider psychosocial aspects of their sector work (be this in water, sanitation, education or livelihoods). Contributions are also made to sector learning via the ACT Alliance Psychosocial Working Group (PSWG) and the IASC Mental Health and Psychosocial Support Reference Group; both structures provide learning platforms. The outcome expected from this is for a PS approach to form an integrated part of the ACT Alliance with all sectors working with a community based approach; that draws upon community resources and secures their rights.[36]

The indicator for this outcome is that ACT appeals and reports refer to ACT/CoS psychosocial strategy documents. This is a confusing indicator, which in any event is not tracked as such. Programme officers within the Humanitarian Unit screen for CBPS aspects within appeals and use community participation as one criteria to score against. In many of the appeals funded, the psychosocial aspects delivered deal with the second and third layers of the pyramid. Screening of appeals documentation, and in country case studies, activities described as psychosocial dealt with community counselling, activity to rebuild local leadership and community networks, youth focused activities, creation of safe spaces for children, basic emotional and practical support by community workers/staff for survivors of gender based violence (GBV) and support for the most vulnerable (disabled people, families affected by HIV). The elements of protection and mental health/distress are evident.

These are the same types of activity that are flagged by other analysis (eg by the Joint Monitoring mission and Final ACT Appeal evaluation for Haiti) as having delivered specific attention to psychosocial aspects of the crisis. Thus, it appears that it is easier to recognise PS activities per se, than it is to describe, for example, a water or education programme that is done differently because of adopting a mainstreaming approach. The broad interpretation of work as being psychosocial in its nature, leads to this difficulty. For one person interviewed,[37] the CBPS approach is all about "Reconnecting the community"; for another[38] the emotional, psychological and spiritual facets distinguish a CBPS approach from protection and rights; for a third[39] the psychosocial work that project staff speak about is represented by the goat she has received.

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[36] Logframe Project Objective 2 (Outcome level indicator)
[37] Sida Technical staff
[38] ACT Secretariat staff
[39] Community member Mandela village, Nsanje district, Malawi

3.2.2 Guidance on Mainstreaming

By reviewing some of the range of CBPS guidance that is available and investigating the sources of technical support used by practitioners, the evaluation attempts to assess the relative contribution of CoS/ACT material.

IASC Guidelines on Mental Health and Psychosocial Support[40] in emergency settings provide some guidance on mainstreaming via the action sheets. These are a clear, jointly agreed set of minimum parameters. They distinguish between protection based (CBPS) interventions and more specialised medical interventions that include individual counselling, and give short clear guidance on assessing psychosocial factors in education, nutrition, rights, shelter and site planning. They suggest key practical actions to address these psychosocial factors and provide some guidance for programming. Nevertheless this text is said to be unwieldy and is being further broken down for example booklets for Humanitarian Health Actors (2010), Protection Actors (2010), Camp Managers (forthcoming 2012), etc.

All ACT members are bound by a mandatory Code of Conduct which makes clear their responsibilities to uphold the high standards within (among other frameworks) the Sphere Standards and all other ACT Alliance policies and guidelines. Sphere Standards are central to all ACT humanitarian action and place protection high on the agenda. It is one of four key principles to "Protect people from physical and psychological harm arising from violence and coercion." The guidance within these Sphere Standards to which ACT members aspire, places Psychosocial Support as a cross cutting theme "of concern in disaster response;" and places Mental Health within Essential Health Service delivery with clear reference made to the same intervention pyramid and attention paid to basic rights, services and security.

There is now (since December 2011) guidance focused towards ACT members in a Guiding Principles on CBPS document where Principle 2 enshrines mainstreaming[41]. The ACT/CoS website (see below) is an important contribution to detailed information provision. There is a specific subject on the CBPS website: 'Humanitarian relief through a psychosocial lens' which focuses on mainstreaming and integrating CBPS across relief sectors. This provides ideas about key actions in specific fields (Education, Health, Food and Nutrition programmes and others) that would address the psychosocial aspects of each field (ways of providing protection, routines and safe spaces which will build beneficiary wellbeing and strengthen their coping abilities). This guidance would

[40] Available since 2007
[41] Include social and psychosocial considerations in all ACT sectors (eg water and sanitation, livelihoods, shelter, health and security)

clearly be relevant to field staff already working in these sectors; it could be more clearly signposted.[42]

A wide range of guidance and support was mentioned in relation to accessing technical information on CBPS support from the field. IASC guidelines were most often mentioned,[43] ACT website was less often mentioned without prompting, and REPSSI was mentioned by several in Southern Africa. There are other tools also available.[44] LWF has its own extensive internal guidance on Emergency Response strategy and procedures that focus on a combination of material aid with psychosocial assistance; other organisations (IOM; UNICEF) offer training in the sector and produce materials to support this though none of these were reviewed specifically for mainstreaming content.

3.3 WEBSITE BASED SUPPORT MATERIALS

CoS has produced a number of publications to support the TOT approach to raising awareness of CBPS approach and these are shared, in hard copy and electronically, with trainees. CoS has also worked with ACT Alliance to provide on-line access to website based materials. These are accessed via the ACT Alliance website, though content is managed within CoS. Delivery of this output has been protracted and annual reporting continuously records deferred deadlines.

Website information went live from June 2010; receiving 750 visits in the six months compared with 13,375 visits during 2011. The indicator for this outcome is the number of *visitors* and number of contributions made to the website. This cannot be tracked since data on visitor numbers (as distinct from visits): provenance of visitors (variety of country/partner) was not available. The website does not offer an interactive site for exchange of learning so contributions are not being made. Very recently another complementary website MHPSS Network (www.mhpss.net) has gone live and offers online forums and group discussion of technical issues initiated by users and stewarded by practitioners from the MHPSS field.[45] Therefore, it has been decided to limit the ACT CBPS site to technical guidance. Although the site does not yet have this guidance on line in other languages, a summary has been produced and is undergoing translation into French, Spanish & Arabic. It has become clear that it is not possible to maintain the full website in languages other than English (because of cost & website software restrictions) although it will be possible to signpost users to material in other languages via links.

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[42] The routing via a search on mainstreaming delivers information on mainstreaming of gender and HIV; search on mainstreaming in education/health etc does the same.
[43] With exception of Liberia where they were hardly known
[44] Such as ICRC Community-based Psychosocial Support: A Training Kit from 2009; Psychosocial Needs Assessment in Emergency Displacement, Early Recovery, and Return, IOM tools, 2010;
[45] Four of the six stewards are from Southern organisations

Several field practitioners did mention this site as one source of technical guidance. Some users perceived a high degree of overlap with content of IASC guidelines and preferred the ease of access to these (as they are in booklet form as well as CD Rom and also available in 4 languages). Another described the ACT Alliance CBPS website as being "the meat upon the bones of the IASC guidelines" and middle managers did refer to using this site for resources. In some programme areas quality of uninterrupted internet access or cost for internet access tend to discourage use of this resource and staff referred to other colleagues or agencies for ideas and support. [46]

3.4 COMMUNICATING THE IMPORTANCE OF PSYCHOSOCIAL SUPPORT IN EMERGENCIES

CoS wishes to use Swedish and international media to communicate the importance of psychosocial support in emergencies and to showcase work that is done by ACT Alliance. Case studies and news reporting frequently deal with trauma, stress and behaviours symptomatic of distress; activities deal with safe spaces, group discussions and advice; training of teachers and community workers; targeting of the most vulnerable in assistance programmes.

Communicating the importance of psychosocial support in emergencies and the work of the ACT Alliance falls within the responsibility of the Press Secretary for International Work. Target Swedish audiences are the church going public and volunteers who form a large volume of donors to the work of CoS. A Communications roster of 8 writers/photographers is managed[47] and deployed, directly or at the request of ACT Alliance, to report on psychosocial and other work of Swedish humanitarian actors on the ground. General news media and recently some web blogs are used; coverage is routinely shared with ACT Alliance members.

The number of articles placed is not systematically recorded and no attempt to track their impact has been made; we recognise this would indeed be challenging. However there is potential for impact of the Communications work undertaken as part of this CBPS programme, in providing general public information on the work of the ACT Alliance. New media are being discussed and apparently considered but no reasoned analysis

[46] Eg. Haiti Psychosocial Officer for support with mainstreaming PS across standard sectors; Malawi field staff rely on peers and notes from training

[47] These skills are not managed within the CBPS Roster, however their deployment is sometimes listed amongst CBPS programme deployments (eg. Communication Officer in Haiti) and other CBPS roster personnel have provided written case study material for communications purposes during their deployment.

has yet been undertaken to consider to what extent to broaden communications via new media; or what is the added value from blogging over newspaper articles.

Communications Unit staff resources were sometimes used to develop other readable/accessible communication and training outputs of the programme; for example they had been involved in production of the CBPS Training Manual. They have not been involved in either production or publicising the latest key document (CBSP Guiding Principles for ACT Alliance programmes) since this is viewed as an ACT publication.

To summarise the findings related to Expected outcomes:

- Technical support from CoS was improved; more staff gained an understanding of CBPS support; CoS participated actively in support mechanisms and learning platforms. Information is provided to ACT Alliance members through a website. Other technical guidance is provided to support application of learning; the quality of this training and mentoring was not assessed.
- There are some signs of stronger capacity and competence amongst some ACT Alliance members; programming psychosocial interventions is becoming more commonplace – monitoring the outcomes from these and community impact remains weak.
- A psychosocial approach is not yet integrated into all ACT Alliance humanitarian responses;
- There have been communications in Swedish and international media profiling the importance of psychosocial support in emergencies. The purpose of these is not very clear.

4 Country Case Studies

Three countries were selected for more in depth investigation of the investments made by CoS into CBPS training and other support; including the impact of this upon staff in ACT member organisations, and how this translated into programme activities delivered through recent ACT Appeals. The findings in relation to investments made and outcomes noted are described in full in Annex Five. This annex provides a more detailed description of the variations of understanding and impact at programme level, albeit from a rather restricted sample. Below we summarise the common issues that became evident.

4.1 KEY COMMON ISSUES ARISING FROM CASE STUDIES

Investments by CoS into work were comprehensive (training was complemented by roster staff deployments and appeal funding). Long term partnerships have been in existence in all three countries (involving ELDS in Malawi and THRP in Liberia in direct partnership with CoS; in Haiti the key strategic partner for the CBPS programme LWF). For these reasons one could expect to find the best case scenario for integration of CBPS support into subsequent humanitarian work.

Training was offered to a wide group of ACT members. Time elapsed between the delivery of CBPS training and subsequent emergency appeals with the shortest interval in Malawi the longest in Liberia. Staff movements diminish the learning acquired and retained by organisations; not all ACT members trained were involved in delivery of subsequent appeals. All these factors lead to dilution of potential impact. However other actors are also promoting CBPS approach, and some ACT members are exposed to this via channels other than CoS. There is a clear and growing awareness of a CBPS approach to programmes and CoS is by no means a lone voice in promoting this.

In all cases, the prior engagement of the key partner on similar or related issues was helpful to their understanding the relevance of CBPS approach and terminology. ELDS previously applied a Rights Based Approach; THRP had a strong background in peacebuilding and psychosocial support; LWF work is Rights Based and strongly rooted at community level. All of this could be expected to lead to strong resonance for CBPS support elements as these are introduced into humanitarian programmes.

In each country trainees commented that training materials and content seemed most relevant to acute emergency phase where the target beneficiary community is obviously in distress. This type of context makes the need for psychosocial support to address recent disturbing events clear for staff. Where there is a protracted emergency such as HIV, punctuated by cycles of drought or floods it was clear that trainers and trainees struggled more to grasp and adapt the concepts to their situation. The same challenge was found with material on the CBPS website and is reported to be the case with IASC Guiding Principles.

Roster deployments were all requested from the field and longer term deployments were most useful in reinforcing CBPS training and supporting good programming (as in Haiti). Where programme office or HQ staff have not had exposure to CBPS training or have moved on, it was less likely that the approach had become embedded in the organisation's overall strategy. A clear consensus is not yet evident amongst ACT Forum members as to the importance of CBPS work and how best to set about it; there is wide interpretation of the concept.

Preliminary appeals did not clearly articulate a CBPS approach but after deployment of roster specialists to assist with need assessments and/or appeals drafting, this aspect becomes more explicit. This suggests that approaching humanitarian crises with a psychosocial lens is not yet automatic; a view that is reinforced by partner requests for further training and guidance. Needs assessments and targeting of the most vulnerable are a common outcome of applying a CBPS approach; the quality of the responses to the basic needs of these vulnerable communities is variable (Malawi livelihoods programme was evaluated as having performed poorly; in the Haiti emergency evaluation access to basic services and the quality of services provided was appreciated by beneficiaries as a highly positive impact).

For all case studies the type of interventions described addressing psychosocial needs deal with activities that address the distress: ranging from focus on stress relief, group conversations and role play; through to focus on particular groups that may be more vulnerable (youth especially girls; school pupils). We do find that some relevant psychosocial interventions at higher levels have been executed and bring some relief to relatively modest numbers of beneficiaries.

Planning for and reporting on integrating a psychosocial dimension to mainstream activities such as shelter, water, and education is less distinct. This evaluation was not able to establish that the basic concepts of community ownership, participation, information sharing and accountability which relate to the manner in which aid is delivered are routinely well implemented, monitored and reported against in the context of a CBPS approach. This would go some way to illustrating progress at the base level of the CBPS intervention pyramid.

5 Analysis of Findings by OECD/DAC Criteria

5.1 EFFECTIVENESS

Analysis of this criterion summarises to what extent programme objectives at outcome level have been achieved. The results observed in Section 3 Key Findings by Output & Outcome inform this analysis, as does the evidence from limited number of in depth country studies where all possible investments had been delivered by CoS. The core question is, have the outputs produced by CoS, contributed towards expected outcomes; and do these show that suffering is alleviated because ACT Alliance members adopt a CBPS approach that is integral to their humanitarian response?

5.1.1 Outcome One: CoS capacity to support and mentor CBPS approach is improved

There has been some improvement in CoS capacity to support and mentor a CBPS approach, although the second specialist recruited through this Programme is currently being replaced having decided to move on. As the level of understanding amongst other staff and working relationships has been strengthened, a greater level of overall capacity will remain. Cascading of training globally has contributed to raised awareness and in some cases greater competency in planning and delivering appropriate CBPS interventions. Although CoS has shifted its approach towards creating capacity in country to train in CBPS approach, several of the challenges identified in the earlier evaluation of impact of the training workshops remain; notably that interpretation of CBPS is broad and organisations apply the approach to varied extent.

The greatest weakness in achieving CBPS as an integrated component as a result of this CBPS programme lies in the lack of structured follow up and mentoring for CBPS trainees, plus the absence of systems for outcome and impact monitoring; thus linkages in the theory of change are weakened.

Although CoS provides seed funding to allow at least one national workshop for those that have taken part in the training of psychosocial trainers (TOPT) this can lead to some dilution of content (Malawi workshop report) as trainers appear to struggle with key concepts. Other agencies also offer training in PS approaches and a variation in understanding, grasp and implementation of the PS concepts exists. In CoS trainings, Action Plans are developed but no follow up is provided for implementation – either in terms of funds or technical mentoring. Only if another crisis follows the training is there then an oppor-

tunity for appeals to include CBPS aspects and for technical staff to be called down to support implementation. So while training contributes to increased awareness, this seems insufficient and there is still call for external specialists to drive/support a CBPS element within emergency response planning. For this reason staff frequently requested further training and resources.[48]

Overall CoS has improved its own capacity to support and give advice and some ACT members have begun to implement psychosocial support activities on a modest scale.

5.1.2 Outcome 2 Mainstreaming: A psychosocial approach is not yet an integrated part of the humanitarian response of ACT Alliance

CoS intends that the CBPS approach becomes an integrated part of the humanitarian response of the ACT Alliance (expressed both by Outcome 2, Programme Goal and in the Theory of Change). This has not yet been attained if an integrated CBPS component is taken to mean that all projects necessarily and automatically demonstrate attention to a CBPS approach, although there has been some progress in this direction. Early appeal documents still do not always reflect a CBPS approach; and it is after the deployment of roster support that this more commonly appears.

CoS screens appeals for this (the 80% indicator was to reflect success in a level of consistency in appeal quality on this point). Since they report that about 80% of appeals *that receive CoS funding* contain a psychosocial component[49] this can be interpreted either 80% of appeals contain this component and are subsequently funded or that CoS 'cherry picks' appeals where this element is recognised and selected for support in the belief that these will be programmes will be more effective. The indicator is thus ambiguous. Although CoS screens for this criteria at the outset the organisation does not specifically track delivery and outcomes from this. Monitoring of uptake by ACT members is done via standard monitoring of appeal process and outcomes and interpretation of these by CoS

Although mainstreaming guidance in IASC Action Sheets is relatively clear and accessible[50] many practitioners struggle to describe what specific actions are taken. Demonstrating what is expected through clear programming examples within both CoS materials and on ACT website still appears very necessary.

[48] For example, Malawi and Liberia
[49] See 3.1.1 technical support capacity
[50] These Action Sheets describe for example what should be done in food security and nutrition to recognise interaction between psychosocial wellbeing and food security

Some LWF programmes report on PS components as a separate and additional area of work (this does not suggest integration in the sense of mainstreaming the approach) but does illustrate a focus on relevant issues. LWF programme guidance provides clear guidance to staff that this is important to consider (along with Rights Based; Gender sensitive and other approaches. Thus, it is unclear to what extent which concepts are mandatory or desirable, and which might be ranked higher in importance over another or indeed whether they seek the same end through similar strategies).

Training provided by CoS to staff at the ACT and LWF Secretariats is appreciated as contributing to capacity and understanding. How this improved knowledge is translated into more effective programming is not yet evident; there are some early signs that concepts have been included within organisational guidance and this is a key first step.

ACT Alliance provides policy guidance and implementation advice expecting member agencies to meet certain international and internal standards. The ACT Secretariat hesitates to monitor the performance of its alliance members; adherence is on the basis of self assessment and experience in one of three areas: humanitarian responses, development or advocacy. This compounds the already weak systems within CoS for monitoring outcomes; ACT Secretariat is also not able to demonstrate which of its members are becoming more competent. This position is rooted in a 'co-ordination of the membership' position that is tacitly accepted by CoS. The ACT Code of Practice requires all members to adhere to the standards of internal guidance and codes, but again, this relies on self monitoring. However as ACT Alliance publicly states[51] that it expects members to adhere to certain core standards, it would seem entirely reasonable to then monitor how well they are doing so. Guidance from ACT Secretariat on CBPS has now been agreed at board level and could bring weight in terms of accountability. Unless CoS institutes mechanisms with ACT partners for reporting back on uptake of learning, implementation of CBPS activities and impact from these it will remain unable to demonstrate the scale of impact from this CBPS Programme (2006-2012).

Several other ACT members are also developing a profile for PS elements within emergencies: Education (FCA); Mine Clearance and Food Security (DCA); Gender and WASH (NCA) and more general knowledge about CBPS approach (CoS). This is an indication that the issues are relevant to those working in emergency crises. Greater attention appears to have been given to community participation and generally evidence points towards ACT partners still being at an early stage in building their capacity to programme for a CBPS approach.

Overall the psychosocial approach has not been mainstreamed in all sectors of ACT Alliance members work (although this was an ambitious aim). Some progress was identi-

[51] ACT website; Resources – Policies and Guidelines; also Quality and Accountability

fied in specific partners within country case studies but this is not routinely well captured in internal ACT Appeal and CoS direct partner reporting.

5.1.3 Outcome Three: Website based materials have contributed to understanding of CBPS support

The website provides an additional set of information to complement the range of technical guidance already available in the CBPS sector and a Google search delivers this page as the most visited, which is valuable. There are sometimes constraints on field staff using this web based information yet they seem to be the primary consumers intended. The site is very comprehensive but still lacks some information on mainstreaming and non-urgent protracted crises. Materials are in English only. Since the information is housed on the ACT Alliance website, this has helped to build the profile of ACT Alliance in this domain (PS profile was noted by UNICEF Libya for example). There is a clear upward trend in visits but it is too early to say that they have made a contribution to a deeper understanding.

5.1.4 Outcome Four: Importance of PS support in emergencies is more widely understood

The focus for this particular communications work was more generally the Swedish public and more information was provided. It was not possible to know whether this has produced any attitude or behaviour change as a consequence.

Among humanitarian actors there seems to be a growing awareness of the importance of PS support in crisis: there is discussion within the UN cluster system, in national coordination mechanisms and within implementing organisations though, this cannot be attributed to CoS Communications contributions. In situations of acute crisis there is much consensus about the need for PS support; in non-acute emergency phase the activities to recommend are less clear and not so well understood.

> In summary; although CoS has delivered towards all Outputs and most outcomes have been achieved this has not yet lead to the psychosocial approach becoming an integrated (automatic, instinctive and well framed) part of the humanitarian response of the ACT Alliance. Some islands of progress have been identified and these may well be more widespread than CoS reporting currently shows. On this basis the programme is considered to be partially effective.

5.2 EFFECTIVENESS OF INTERNAL LEARNING

In considering how CoS learning is applied to subsequent work, Sida asked to what extent recommendations from previous evaluations and comments on annual report/proposals were acted upon. Evaluation of the impact of training on programmes implemented[52] predates the current programme (2010-12) and makes a total of 26 recommendations. Many of these which concern the organisation of workshops, the development of materials to support learning, and embedding learning within the host organisation and the national sector have been addressed in some way. The strategy is still to offer training as widely as possible in response to interest and the CBPS website provides a central reference point with some tools and ideas of how to incorporate CBPS aspects in key areas of humanitarian work.

To some extent the pendulum has swung towards training trainers and away from delivery of core CBPS content – there is no core curriculum for training, trainees are expected to interpret and apply concepts to their own context and this remains challenging for some. It still seems appropriate to emphasise and give further programming guidance on CBPS approach as a cross cutting (mainstreamed) issue since psychosocial interventions at the lowest level of the intervention pyramid are less clear in implementation than those found more often, at higher levels. In the rest of the sector, actors are moving towards simplified guides that are easier for practitioners in the field to apply. It is not certain that further material is needed; other tools already produced perhaps just need wider distribution

Progress against some other rather key recommendations has been weak and the responsibilities for attention to this level seem to lie with managers of the Programme. It was a key recommendation to clarify the Project intervention logic (that is strengthen the logic, defining a clear time frame for activities). Timing of several activities has been delayed and this is attributed to delays arising from other partners; it is true that collaboration takes time but should not lead to loss of efficiency. A theory of change was not clearly articulated in the programme proposal.

Since 2009 it has been clear that both CoS and Sida agree that capacity building of partner organisations is not the ultimate goal set for CBPS interventions. Rather the ultimate goal is more rapid rehabilitation of and reduced suffering among individuals within affected communities. Capacity building should be *a means* to this end - a *means* that ensures that the humanitarian interventions become more sustainable. Sida has consistently asked for information about the outcome/impact of the implemented capacity building interventions, in terms of numbers and profiles of beneficiaries among affected

[52] June 2009

populations who were reached by those capacity assisted partner organisations. This element of a programme narrative is still missing.

This evaluation finds that the programme has delivered some of the change as we have attempted to describe in Theory of Change (1.2.1) and this is positive. However, the log-frame that was developed lacks internal logic (linkage between all outputs; outcome and impact) even if CoS delivers training and other support this has not yet translated into consistently improved capacity across ACT membership. There is some improvement and new activity among some partners. Furthermore, there is no attempt (no indicator) to track how improved capacity leads to improved impact at beneficiary level (numbers of beneficiaries affected and illustrations of positive impact). To state rather boldly, the logframe remains weak in defining how monitoring and evaluation (by CoS, by ACT Alliance or by ACT members) will show whether improved outcomes are leading towards impact. It was accepted for funding as it stands, although a very key point in the basis for the Sida decision to support the CBPS proposal (2010-12) was that CoS give more emphasis to measuring the impact of CoS support.

This evaluation has found that this area remains weak. There are no specific systems for monitoring and evaluation of the CBPS programme, the programme relies upon existing initiatives for all CoS humanitarian work (ie internal partner reporting and ACT appeal reports) More recently a very comprehensive set of indicators[53] has been developed to gather quantitative information across all sectors. These speak of creating the right conditions for psychosocial wellbeing within the main humanitarian sectors and as such are very helpful. It is not yet clear how these are being applied in subsequent appeals, how they will be monitored and how qualitative data would be captured to show whether such favourable conditions contribute to impact in the lives of target communities.

5.3 RELEVANCE

This criterion seeks to understand ***to what extent the programme matches needs and priorities of the target group and beneficiaries; how urgent the programme seems to the target group and beneficiaries. In assessing relevance, we also consider if the programme is well adapted to the humanitarian context within which the target group (ACT member organisation staff) and beneficiaries (community members) are present.***[54] Overall findings are that the programme is very relevant to situations of acute crisis and is best understood in this context. The approach is only weakly understood and applied in other contexts such as a Development phase of an emergency or in terms of disaster preparedness.

[53] MHPSS Indicators across Humanitarian Sectors October 2011
[54] Text in ***bold italics*** within this section are specific questions of the evaluation (1.1 & 1.2) see Evaluation Matrix

5.3.1 Relevance and content of training

The CBPS resources used by CoS in training seem, to trainees, better adapted to sudden on-set crisis and in programming, most activities relate to those suggested for Acute Emergency Phase. This appears to be similar for the IASC MHPSS Guidelines and the PFA Guide so the finding seems to relate to understanding the immediate relevance of the concept rather than the materials per se. However in our view existing CoS training manuals are quite complex, requiring interpretation and application to local circumstances. Some partners and trainers have not found it always easy to apply them suggesting that there is need for greater clarity and some good practice examples, particularly when it comes to expectations about the manner in which basic service delivery is to be achieved. For example minimum criteria in terms of community participation, accountability, ownership and protection aspects of shelter, education, water, healthcare and livelihoods could be agreed between CoS/ACT and implementing partners should then be routinely monitored against these.

The most common consequence of CBPS training has been a community needs assessment (in Somali programme leading to a focus on community leaders playing leadership role in refugee affairs; in Malawi community prioritisation of the most needy members; in Haiti diagnosis of symptoms of fear/uncertainty in displaced communities and community conversations as a response; in Liberia involving both host and refugee population in all activities). The extent to which these are truly defined by communities in the early stages of an emergency is unclear. Some roster missions have been used to develop community assessment tools and to work with partners in applying them. The link is made between community involvement in early assessments and the appearance of CBPS dimensions in appeal documentation. It seems likely, therefore, that at some level funded appeal programmes are relevant to community needs.

The Malawi CBPS Pilot programme was established to contribute to reducing vulnerability in rural communities so that coping capacity is increased through an integrated psychosocial approach.[55] The project activities incorporated elements of livelihoods (focused on most vulnerable households) and training of community volunteers. While there was clear vulnerability focus it was difficult to say that the CBPS approach had been well adapted to the context: there was ongoing work on livelihoods and community support mechanisms and this was having low level of impact (see detailed case study).

There appears a concern that in some instances a focus on PS issues might obscure the need for basic services[56]. Partners in Haiti were emphatic that PS support was a 'soft' intangible aid which community members did not at first understand or appreciate but that where it was provided *at the same time* as other practical assistance; it could indeed

[55] Evaluation and follow up of Integrated CBPS Project Malawi; March 2008
[56] Evaluation Question 1.3 – see Evaluation Matrix

help relieve distress. This clarity is important and is emphasised by CoS – *agencies addressing psychosocial needs without first attending to immediate practical needs for security, food and shelter are likely to have little positive impact*. The two elements should go hand in hand and this is being achieved in some cases, via partnerships with other NGOs.[57]

Comparison of the different country contexts suggests that in acute crisis, conflict and post-conflict contexts where the social implications of the crisis are apparent to the community and the social fabric is torn, the CBPS approach is perceived as more relevant. *"It was not until we destroyed one another and we sat in the ashes of our country and wept that we started to pay any attention to psychosocial needs and long for the responses as much as dry land needs rain[58]."*

The programme approach does not seem to have been well adapted to disaster preparedness contexts. Adopting a CBPS approach in this context would encourage recognising the capacities of vulnerable people and involving them as more than just passive recipients of assistance post disaster. It would also lead to training and education of staff and community to deal with psychosocial back up and integrate this in other disaster related sectors. This was not evident in the Malawi programme although there was some element of vulnerable people being targeted for support.

5.3.2 Policy and organisational relevance

Guidance on the MHPSS approach is being directed at humanitarian actors from a number of sources and adopted to a varied extent. Most widely referenced were IASC Guidelines. ACT/CoS has focused upon CBPS support though written guidance coming from the ACT Secretariat[59] . It has, until recently, not been very strong and the secretariat itself has few or no control mechanisms to monitor and endorse policy application.
CoS also provides guidance directly to ACT partners and in so doing there is some chance that learning and understanding is not being consolidated within ACT Secretariat by consistently routing the guidance via this co-ordination body.

Is the Programme implementation consistent with IASC Guidelines on MHPSS?[60]

CoS delivers this programme in ways that meet some elements of a minimum response. Minimum standards assessed are of Coordination, Assessment and Monitoring and Evaluation; Community mobilisation, Human rights, and Human resources.

CoS programme incorporates *coordination* in both programme documentation as well as in design of outputs such as trainings and the website. The CoS's policy work is in line

[57] Liberia CoS partner THRP is when possible partnering with other NGOs that provide tangible support
[58] Interview with Programme officer, a survivor of the Liberian civil war. 22.3.2012
[59] Guiding Principles, Training manuals and Website information
[60] Text in ***bold italics*** within this section are specific questions of the evaluation (1.4 & 1.5)

with existing initiatives such as the MPHSS RG and Cluster working groups including the Sphere working group. CoS implements via organisations that themselves are steadily improving their own coordination, such as ACT Alliance and LWF /DWS. Further down, at country level, national partners of CoS are also part of coordination efforts within ACT national forum structures and with local administration and other NGOs at district level. These coordination attempts are limited in number frequency apparently due to lack of funding and time. This actually indicates that coordination is not a high priority to which funding is allocated.

In regards to *Assessment and Monitoring and Evaluation,* an *Emergency Assessment,* there is a prerequisite on psychosocial support for any action according to CoS CBPS programme. A focus on assessment is apparent in the capacity building initiated by CoS, and it seems to have trickled down and been put into practice by national partners. The evaluation in some cases doubts the usefulness and applicability of the assessment in the intended context by the intended target. The website also emphasises assessments as a starting point for any sound CBPS work. In line with MHPSS guidelines it can be mentioned that children as a target group are provided with specific considerations for assessment and fact finding.

There is consistency with the guidelines on *community mobilisation* as described in programme documentation; also strategies seem to be coherent with the field practice. The guidance in capacity building and strategic documents provided emphasise that ownership is keenly sought, community self-support is to be strengthened, and a blend of communal, spiritual and religious healing practices is encouraged. The preventative dimension that is captured in the participatory and community mobilising elements of the CoS CBPS is at the heart of the IASC guidelines for a multi-layered support.[61] Community mobilisation permeates all programme activities of CoS's CBPS approach.

Document reviews and field interviews confirm inclusion of *Human rights* and protection standards in programming. Terminology concerning a Rights Based Approach is used by CoS and some partners although the evaluation found only one case where there was evidence that they are applying it[62].

CoS engages constructively to improve *human resource development*, ranging from staff wellbeing, to staff capacity building, to work with local capacities. CoS has a strong emphasis on adherence to codes of conduct and ethical guidelines for staff. Staff care, "the care of the carer" as an area of priority has grown after the Haiti crisis but was already present in the training guide from 2003. Examples of capacity building for staff are the training of CoS own staff members, as well as international and national partners in

[61] See intervention pyramid Section 1.1 of this report
[62] CARD in Malawi has a good grasp of applying rights based approach to the protection of vulnerable people and connects their vulnerability to psychosocial distress.

CBPS. In regards to the CoS CBPSs roster and its make-up, emphasis on contextual understanding including culture and language, exists and the member base has been widened. Still, the roster has an overwhelming majority from the global north, especially nationals from Sweden. The decision to include non-Swedish/EU nationals onto the CoS roster is only a recent one and there are some challenges around contractual conditions arising from Swedish contract law.

The fourth component of the CBPS, the communication function, mainly commissioning articles from sudden onset crisis, is aligned with the MHPSS guidelines. This was demonstrated in the articles from both Haiti and Bangladesh, which emphasise resources of people in crisis, need for coordination and assessments, respect for human rights and community mobilisation.

Is the Programme aligned with relevant Swedish policies?

Coordination is relevant for Swedish policies and it has already been covered in the section on MHPSS above. In this section attention will be given to other important aspects to the policies that frame the CoS CBPS programme.

The *Policy for Swedish Humanitarian Assistance 2010-2016* underscores the key words of flexibility, rapid and effective response. The review of documents, and interviews with CoS partners points to a challenge in effectively addressing both rapid onset crisis or/and protracted crisis.

The link to development emphasised in the policy, resonates well with CoS internal structure that promotes humanitarian projects to be integrated over time in CoS development cooperation. The social dimension that the CBPS support brings to "traditional humanitarian aid" provides another link to good development practice and can be seen in regards to community facilities such as schools and health centres. It seems to be embedded in the objective to "restore sense of normality" often cited in CoS documents.

The *Policy for Sweden's Support to Civil Society in Developing Countries within Swedish Development Cooperation,* provides direction on how to engage with civil society. CoS main target group for the CBPS programme is ACT Alliance. The document reviews clearly show that CoS frequently cooperates with other INGOs such as LWF WS, NCA, FCA, and also engages directly with national partners; although there are some parts of the world where CoS works only with LNGOs (that are local ACT partners)[63]Consequently CoS primarily builds capacity of other INGOs. This set up requires a certain level of influence and control on how the international partners in turn implement their work and engage with national partners.

[63] For example Indonesia, China, Malawi, Philippines, India & Bangladesh

The policy emphasises capacity development and local ownership, something that the CoS CBPS approach embodies in theory as it starts from participation and ownership of the local community at the very heart of the CBPS approach. Although the core documents all emphasise community participation, no definition of community is provided in these documents. The CBPS approach describes capacity development as the "*strengthening and building on local existing support systems and structures will enable locally owned, sustainable and culturally appropriate responses …//… to facilitate psychosocial support that build the capacities of locally available resources.*"[64] This approach is coherent in all CoS core documents, but it does not go on to include core support or programme funding of partners from within the Humanitarian Unit and so is only fully achieved where the partner migrates or returns to a partnership from the Development Unit.

The policy also put emphasis on local forms of organisation and cooperation. CoS partners are primarily other INGOs, that in turn cooperate with local/national partners. The evaluation has only indications on how this cooperation is shaped. Furthermore, the Sida policy specifically points to the early warning role that can be played by civil society in conflict, post-conflict and humanitarian situations. Experiences show that local and national actors, such as Churches have a potential role for early detection /early warning, but it is not clear how partnerships with these organisations are sought or how these links work. What is clear is that CoS has not given attention from within the Humanitarian Unit to early warning systems in their strategies or their capacity building. CoS commented that this is because responsibility for DRR and early warning systems lie with the long-term development unit; nevertheless we did not find illustration from the field of this[65].

The *Policy for Gender Equality and the Rights and Role of Women in Sweden's International Development Cooperation*, and its focus are not specifically covered in the CoS CBPS programme. There is a surprising lack of gender sensitive language in the programme proposals and reports. Some minor examples of gender consideration can be seen in practice via draft checklist for ACT appeals and gender balance amongst roster members. The strongest link is found on the CBPS website that has a specific section on gender, with relevant material on gender mainstreaming, and programme planning. Case studies did not illustrate wide use of this website. In addition, without organization wide understanding and support, mainstreaming as a method may lead to unclear roles and responsibilities, which in turn may result in implementation shortcomings.

[64] CoS Strategies for psychosocial work 2010-2012 p.2
[65] A flood prone region in Malawi had specific strategy for early warning system that was unimplemented for lack of funds

6 Potential for Impact

This analysis considers ***to what extent the findings under Effectiveness and Relevance are likely to contribute to improved beneficiary coping ability and the community capacity for rehabilitation and regeneration***. In summary, the CoS CBPS programme is relevant but has only been partially effective in achieving integration of a CBPS component in the humanitarian work of some ACT members. It is another step to suggest that rehabilitation and regeneration will follow, although this may be the case there is little evidence either way to support this.

ACT appeal reporting does not capture well or illustrate how much such activities lead to psychosocial wellbeing and improve community coping ability. Most evidence of positive social impact has come from end of appeal evaluations conducted by external evaluators. ACT secretariat is in the important first stages of institutionalising CBPS as a result of CoS work. The ACT Manual describes procedures for launching an appeal but it is recognised by the Secretariat that the focus for CBPS support within this could be stronger. They expect that as a lengthy process to revise the ACT Appeal Mechanism concludes and this is rolled out, the inclusion of PS elements will become stronger / more evident, and present from an early stage of the emergency. Among members, LWF secretariat has done more to institutionalise PS support, within a range of priorities for all emergency contexts and are able to implement this policy where they are operational and active on the ground.

Training was offered widely and was generic with CoS offering training across the globe from the start of the programme. This scale of approach appears scattered and not strategic in relation to selection of countries most prone to repeated crisis and contributes to reduced impact. However, training is not offered in a vacuum, CoS inputs are most likely to have an impact for trainees where the organisation has prior exposure to rights based approaches and CBPS approach is understood and endorsed by the leadership.

The expected impact of this work at programme level was that a CBPS approach would be an integrated part of all humanitarian responses of the ACT Alliance, using the resources of the affected population and securing their rights to alleviate suffering, restore hope and rebuild resilience. In some organisations, trainees have embraced the concepts, had the opportunity to apply learning (because of subsequent crisis) and been supported by CoS roster staff (or through other partnerships) to programme elements of CBPS support. The existence (planning and implementation) of a range of activities relevant to PS support appear in subsequent appeals.

There has been increased emphasis on community participation from assessment to design and implementation and this is a positive change. This has *potential* to ensure that responses are more effective and likely to bring some benefit to the individuals and families concerned. It is likely that there has been some immediate relief to the target community through activities conducted, though this evaluation was not able to gather primary evidence for this. Because Appeals are often short term, it is not realistic to project that community resilience and capacity to respond more quickly to future crises is necessarily improved. If partnerships are continued on into development phase of a disaster response this would more likely to happen but this evaluation did not seek evidence for this. Within CoS the goal of the CBPS Programme[66] is now taken as the strategic objective of CoS Strategies for psychosocial work, [67] so impact achieved is likely to be sustained.

[66] See Logframe Annex 1
[67] 2010 - 2012

7 Conclusions and Recommendations

7.1 CONCLUSIONS

CoS has delivered programme outputs as expected

CoS has championed, along with others, a CBPS approach to be applied at all levels of humanitarian intervention. CoS guidance on this fits well within broader frameworks such as Sphere standards; IASC Guidance and newly adopted ACT Alliance Guidelines. It also reflects elements such as civil participation, coordination, protection and gender/vulnerability assessments that are found within current Sida Humanitarian Policy guidance. CoS may have been an early promoter of this approach, and is now one voice among others including both UN agencies and other ACT members offering guidance and support. As a non implementing partner, CoS has less direct experience of programming a CBPS approach than within some of these other agencies; nevertheless CoS aims to recover and publicise learning from all projects. CoS actively participates within ACT Working Groups and the IASC MHPSS Working Group as one means of promoting its approach and experience gained.

The training given to launch a CBPS approach has been systematically delivered across the globe. This gives wide potential for uptake of learning and there are some strong examples of changed programmes as a consequence. There is also ample evidence of dispersed effort (wide scatter), lack of systematic follow up after training and in situations where a humanitarian emergency arises long after the initial training rather weak linkages between inputs and outcomes. Other actors are also providing training and there has clearly been 'increased volume' in the debate amongst humanitarian actors of the approach to be used in delivery of aid.

Some change at outcome level is found with partners addressing elements of CBPS programming though this is not yet a fully integrated approach applied by all ACT members.

There are tangible examples of CBPS programming that address distress and seek to restore community structures and confidence. Participation of beneficiaries in defining needs is accepted as essential; and where vulnerability is assessed and interventions prioritised accordingly this is in line with protection principles. However understanding and interpretation of CBPS support is extremely broad; at one end of the spectrum many principles are also included within other good practice principles (community participation, need assessment, beneficiary involvement etc). Activities undertaken and reported to contribute to psychosocial wellbeing are appropriate to the approach but tend towards the upper portions of the intervention pyramid. Concrete examples of how a humanitarian approach is modified, at the lower end of this pyramid are less common and there is obviously some lack of clarity amongst practitioners.

The programme is highly relevant.
It is relevant to apply a CBPS approach within humanitarian contexts as this should improve beneficiary well being. When basic needs are being adequately addressed the addition of a CBPS dimension brings a greater understanding of their situation and hope to beneficiaries (as in Haiti in contrast to DRC). Also other principles promote the approach (Sphere, IASC guidelines, Sida Policy); and there is high level interest from within the UN system in improving the efficiency of aid delivery by strengthening the capacity of communities to anticipate and cope with disasters.

The effectiveness of the programme is hard to judge and appears only partially effective.
The time scale of appeals is short; relevant objectives deal with small pockets of communities; the focus of effort may shift quite strongly between one appeal and another phase of work. Empirical evidence for scale of impact is lacking; reporting is dominated at activity and output level. Even at this level in CoS reports there is little quantitative data demonstrating the scale of partner activity and almost no qualitative data describing the scope of outcomes. There is sometimes slightly more of both, in ACT appeal reports; and more still in external evaluations but the scale of any impact remains elusive (unclear) and relatively modest.

Some of these constraints in reporting are attributed to the implementation of programme activities via partner organisations yet even where CoS directly managed this relationship the design and outcome of the programme was not always strong. Some direct partners achieved greater outcomes as in Liberia and CoS has clearly contributed to this, though it is also reasonable to assume that the contribution may be most useful where the organisation already has strong grounding in issues that concern a person's well being (as in a peace building organisation or a right's based organisation).

Learning platforms exist and ACT members can participate and benefit from these
Shared learning and wider dissemination of good practice is helped by CoS participation in some key forums. Within the IASC CoS has represented ACT Alliance and delivered considerable administrative support via the function of co-chair. Their contribution to fixing minimum parameters has been supportive but this is unlinked to any presence in field based reference groups or presence on the ground in emergencies. CoS gains some field level knowledge & experience from roster deployments and views it as equally important to facilitate the mutual learning and sharing of experiences in the PSWG since CoS are not the only experts within ACT Alliance. Within the ACT PSWG CoS is perceived to be providing technical leadership and some impetus to the wider uptake of CBPS by ACT members and this is positive. The skills available via the CoS PS roster are also valued by field partners striving to include psychosocial components within their humanitarian responses.

7.2 RECOMMENDATIONS

This evaluation team suggest the following practical steps be taken to improve the programme should Sida choose to continue to support a programme of CBPS work through CoS.

1. If CoS is to continue to champion a CBPS approach, within the delivery of humanitarian aid it should clearly articulate a Theory of Change; CoS should be strategic about the levels at which it can reasonably expect to have impact. This includes being strategic about targeting both management and field staff for trainings if learning is to be institutionalised and implementation driven by effective leadership.
2. The internal logic of any future Logframe should be rigorous; with relevant indicators developed relating either to capacity building ***or*** changed programming and its impact. Clear mechanisms to collect qualitative impact data and quantitative information from ACT partners must be evident from the outset and should gather evidence of some 'added value' from a CBPS approach.
3. CoS should take responsibility for monitoring at outcome and impact level.; develop a mixture of qualitative and quantitative indicators against which implementing partners can, over time, develop a clear sense as to whether indeed adopting a CBPS approach makes any difference to the efficient delivery of aid; and ultimately the communities' capacity to cope with and respond to subsequent challenges or emergencies. (Learning at Impact level)
4. CoS with ACT Alliance, should implement a monitoring and reporting system with all partners so that it can know whether training and other investments are delivering tangible impact for beneficiaries. (Learning at outcome level)
5. Currently the CoS reporting is gender blind. Acknowledging the gendered dimensions and consequences of disasters, adequate humanitarian responses require a gender sensitive approach and disaggregated information. CoS should further strengthen the assessment of vulnerabilities in disaster and make gender explicit, with emphasis on the differences within groups as well as between groups.
6. Within CoS itself CBPS work should be better integrated so that there are efficient linkages between humanitarian and development programming as the phase of disaster passes.
7. The basic tenets of CBPS could be simplified to outline what is at the core of the approach. This would also provide clarity in assessing whether CBPS has been integrated or mainstreamed into activities at level one of the intervention pyramid. One suggestion by consultants is:
   - ✓ Initial assessments must include consideration of the PS impact of the crisis
   - ✓ Communities must be involved at every stage
   - ✓ Protection and specific interventions direct attention at needs of the most vulnerable (disasters affect people in different ways)
   - ✓ Interventions and support should build on communal and collective structures

- ✓ All communities have resources and strategies for dealing with difficulties: interventions should make use of these communal, cultural and spiritual strategies for coping[68]

8. CoS should ensure that its partners and ACT members have wide access to standard resources, including field reference guides in hard format since not all field staff can easily access web based material and other portable guides could be more widely distributed. Material should be attractive and easily referenced (the PFA Guide for Field Workers is a good example).
9. CoS materials are cross referenced to IASC Guidelines and Minimum Standards which provide the policy framework to which humanitarian actors are working. More detail and programming examples should be provided by CoS on including psychosocial aspects into mainstream sector work. CBPS is still open to wide interpretation. Succinct and tangible learning should be captured and shared with implementing partners and their staff.
10. Any future training programme should also accompany fewer, strategically chosen actors with more quality support, to develop centres of excellence where understanding can be referenced by others.
11. There is a continued place for roster support deployed, by CoS or by others (ACT Secretariat, NCA etc). Generally missions should be longer if understanding of applying a CBPS approach is to be effectively consolidated. Some partners in the South, desire that technical assistance can be more often provided by others from the South with experience of similar contexts.
12. If general communications about CBPS work are to continue, CoS should develop a clearer Communication Strategy describing target audiences; key messages; desirable attitude/behaviour change; in order to understand the importance of this outcome to the programme and whether there are signs that it is being achieved. Indeed it is sensible to review the relevance of this outcome to this particular programme; the value from the current emphasis on communicating the approach to the general public in Sweden over communicating learning to international audiences could be made clearer.
13. Sida should reassess the reporting timelines to address the problems of delayed reporting from CoS. Currently reporting on the programme comes more than one year after the end of a programme year thus even if feedback is swiftly given an entire operational year in which changes could be made is lost.

[68] Such as making it possible to respect rituals, practice their faith, and other practices that help keep communities together

14. If Sida wishes to learn more from the relationship with CoS it could invest further in inter agency dialogue, field study visits, and comparison with the approaches of Sida's other funded partners in the humanitarian sector. Psychosocial support is a new field and merits further understanding and research; Sida may also wish to support, through investments, cooperation between researchers and practitioners to enhance evidence based MHPSS interventions.

Annex 1 - CBPS Programme Logical Framework

	Measurable Indicators	Sources of Verification	Risks and Important Assumptions
Goal:	Alleviate suffering, rebuild resilience and restore hope by securing that the community based psychosocial approach is an integrated part of the humanitarian response of the ACT Alliance aiming at utilising the resources and securing the rights of the affected population.		
Project Objective:			
Project Objective 1: **Technical support:** Through technical support from CoS, the competence and capacity in community based psychosocial support of ACT Alliance and its members have been strengthened. CoS´ own capacity to support and give advice on how to include psychosocial aspects in project design and to act as mentor to implementing partners has also been strengthened.	• 80% of ACT appeals, supported by CoS include psychosocial components • A strengthened and active psychosocial roster responding to a higher number of requests	• ACT appeals • CoS own records, such as monitoring reports, evaluations etc.	
Project Objective 2: **Mainstreaming:** When the psychosocial approach is an integrated part of the humanitarian response of the ACT Alliance, all sectors will work with a community based approach to ensure the full participation of the affected communities; • Utilising the resources of the affected population. • Securing the rights of the affected population.	• Referrals are made in ACT appeals and reports to ACT/CoS psychosocial strategy documents	• ACT appeals and reports	

Project Objective 3: **Psychosocial Website:** Through the website on Community Based Psychosocial Support in Humanitarian Assistance, a dynamic source of information has been made accessible to all members of the ACT Alliance and to others. The website has contributed to a deeper understanding of the concept of community based psychosocial support.	• Number of visitors and number of contributions to the website, representing all continents and a variety of countries/partners	• Records from the maintenance of the website	
Project Objective 4: **Communications:** The importance of psychosocial support in emergencies and the work that is done by the ACT Alliance is communicated in Swedish and international media.	• Number of articles giving a deeper understanding of the community based psychosocial approach	• CoS own quality check of published articles	
Expected Results			
Expected Result 1: • By 2012 all ACT appeals, supported by CoS, has a psychosocial component. • CoS has responded to a number of requests from ACT Alliance partners on psychosocial technical support. • A CoS psychosocial roster of qualified members is in place and fully functioning. • CoS has responded to a number of requests from ACT Alliance partners on support from the psychosocial roster. • By 2012 there are at least 40 qualified trainers in all continents, who have attended the psychosocial Training of Trainers workshops • At least 20 local workshops have been carried out by psychosocial trainers.	• 80% of ACT appeals, supported by CoS has a psychosocial component. • At least 15 requests from ACT Alliance partners on psychosocial technical support. • At least 15 qualified psychosocial roster members. • At least 8 requests from ACT Alliance partners on support by CoS psychosocial roster. • 40 psychosocial trainers within the ACT Alliance • 20 workshops carried out by psychosocial trainers	• ACT appeals • CoS internal records • CoS internal records on the psychosocial roster • CoS internal records • CoS records of ToT trainings • Reports from partners	A: CoS will have enough funding to cover the costs of the different activities R: High turn-over of staff within the CoS Humanitarian Desk R: Absence of back-up for the psychosocial advisor A: Sufficient number of highly skilled roster members available on short notice

Expected Result 2: • The ACT Psychosocial Advisory Group has been established and is active. • ACT Alliance tools and policies have been mainstreamed from a psychosocial perspective • ACT Alliance has adopted a policy document on Community Based Psychosocial Support.	• At least 4 face-to-face meetings and VOIP communications with ACT Psychosocial Advisory Group • At least 2 ACT tools and policies per year encompassing the psychosocial approach • The adoption of the psychosocial policy	• Minutes from meetings • ACT documents published on the website • The adopted ACT policy document itself	R: Lack of commitment from/change of priorities for NCA and/or PDA A: The ACT Alliance considers mainstreaming to be an important development R: The ACT Psychosocial Advisory Group is not functional
Expected Result 3: • A fully functioning and accessible website on community based psychosocial support is in use. • The website is being accessed and used by ACT member staff and other users, who are contributing by sharing of lessons-learned, best practices and tools.	• A psychosocial web-based guide accessible through the ACT Alliance website • At least 250 website visitors and 25 contributions by visitors, by the year 2012, to the continued development of the psychosocial website through comments, articles or announcements of ongoing psychosocial activities.	• The website in itself • Records from the maintenance of the website	R: Lack of capacity to maintain the website (content and technical) R: Insufficient Internet capacity among users R. Lack of commitment from/change of priorities for NCA and/or PDA
Expected Result 4: • At least 5 missions to cover psychosocial interventions in emergencies have been completed • The emergency response of ACT Alliance has been highlighted in Swedish and international media and websites, such as Alertnet, Reliefweb etc.	• 3 completed missions per year to cover psychosocial interventions in emergencies • 3 articles published in Swedish and international media and on the internet	• CoS internal records • Meltwater and Infopack media agent	A: Sufficient number of highly skilled communication officers available on short

Activities			
1.1 All ACT appeals that are considered for support are checked from this perspective. 1.2 Provide ACT Alliance members with supportive supervision and mentoring support to strengthen the psychosocial component in humanitarian response. 1.3 Develop psychosocial training tools. 1.4 Arrange and chair ACT Psychosocial Advisory Group meeting once a year and regular teleconferences to be held at least 4 times a year. 1.5 Network with different global organisations, institutions and networks in relation to psychosocial issues (e.g. representing ACT in the IASC reference group on MHPSS). 1.6 Take part in the revision of Sphere Minimum standards through the IASC reference group on MHPSS. 1.7 Continuously recruit qualified people to CoS psychosocial roster according to CoS staff roster policy. Train staff/individuals to serve as psychosocial resource persons within the ACT Alliance. 1.8 Equip roster members in preparation for assignments. 1.9 Deploy of roster members to support ACT emergency operations. 1.10 Conduct one training of psychosocial trainers (ToPT) per year with at least 16 staff/individuals per year to serve as psychosocial trainers within the ACT. 1.11 Support trainers to conduct psychosocial workshops in their own contexts. 2.1 Establish ACT Alliance Psychosocial Advisory Group (ACT PSAG) to strengthen the capacity of psychosocial support of ACT Alliance and its members with a view to mai streaming this approach into the humanitarian response. ACT Psychosocial Advisory Group will meet in face-to-face meetings annually and keep regular contact through VOIP communications and via mail. 2.2 Ensure the community based psychosocial approach to be an integrated part of ACT Manual guidelines, policies and tools on humanitarian response by developing strategies collaboration with relevant partners for mainstreaming psychosocial approach in humanitarian assistance. 2.3 Write a separate document on community based psychosocial support to be part of the ACT Manual. 3.1 Launch and introduce he psychosocial website within ACT Alliance. 3.2 Regularly update the psychosocial website with new material developed and integrated into the website. 4.1 Recruit qualified communications officers to the roster. 4.2 Deploy communications officers in emergencies to raise awareness and concretize psychosocial interventions.			

Annex 2 - Evaluation Matrix

OECD-DAC/ Evaluation criteria/ Programme TOR	**Detailed Programme evaluation questions**	**Sources of verification to be used**	**Methodology**	**Process/tools/Frameworks**
Relevance: *to Country Context & particular Community in Crisis* *Extent to which objectives are consistent with beneficiaries' requirement/needs/rights. Country needs/context;*	1.1 To what extent does the programme match the needs and priorities of the target group and the beneficiaries? 1.2 Is the programme well adapted to the humanitarian contexts within which the target group and the beneficiaries are present? 1.3 How urgent is the *programme* from the point of view of the target group and the beneficiaries?	Programme document; Baseline data; Logical framework , M&E system, reporting outputs <u>Key information providers</u>: CoS Programme team, ACT Alliance partners Implementing Agency staff in Field Study countries	-Consultants' Desk studies-literature reviews; - meetings, working session , - Interviews with ACT partners & field agency staff - Semi-structured interviews with Programme teams *Appropriate* opportunities for interaction with programme partners and beneficiaries; - Visit/direct observation in beneficiaries communities & households (where possible)	1.Develop and use Framework of analysis of documents including : i)Programme objectives alignment to national policies and Priorities; ii) effective response to issues, problems , rights of beneficiary communities iii) addressing a niche and adding value to current existing responses; iv) effective methodology, structures and implementation modalities to respond to the issues 2. Develop and use a general guide questionnaire for each key informant group 3. Consultants brainstorming and synthesis on findings
Relevance to International & National Policy guidance	1.4 Assess whether the *programme* implementation is consistent with IASC Guidelines on Mental Health and Psychosocial Support? 1.5 Is the *programme* in tune with relevant Swedish policies?	*IASC Guidelines* *Policy for Swedish Humanitarian Assistance, the Policy for Gender Equality and the Rights and Role of Women in Sweden's International Development Co-operation*, and *the Policy for*	Documentary reviews Key interviews with IASC Reference Group members Key staff interview SIDA/HUM and those previously involved in programme monitoring	Tools for monitoring application of IASC Guidelines

		Sweden's Support to Civil Society in Developing Countries within Swedish Development Cooperation		
Relevance going forward	Does the *programme* integrate the two perspectives (Disaster Prevention & Recovery) of the *Strategy for Humanitarian Assistance* Is the programme relevant vis-à-vis Goals 6 & 7 of the *Strategy for Humanitarian Assistance*	Goal 6: Strengthened national & local capacity to meet humanitarian needs Goal 7: Increase participation of the affected population	Consultant assessment of results delivered Analysis of 'one size fits all' approach or design to reflect varied perspectives of Disaster Prevention or Recovery Phases	Comparison of elements of programme design Judgement as to whether these are designed to encourage strengthened capacity; ownership & participation SWOT Analysis of organisational strengths
2**. Effectiveness**: *Extent to which the Project Objectives 1-4 were achieved* To what extent have objectives at intermediary outcome and outcome levels have been achieved; as a result of planned activities	**Objective 1:** CoS capacity to support & mentor CBPS approach strengthened ACT alliance member capacity and competency in CBPS support improved	CoS organigram ACT Alliance organigram Baseline partner capacity assessments Training programme deliverables and outputs Uptake and use by ACT member agencies Outcomes of roster deployments	Consultants visits to HQ partner organisations; Self-analysis by partners' trained staff : this builds upon learning at evaluation 2009; Where possible within one field study country via in facilitated workshop (?) and via survey monkey questionnaire for other ex- trainees at distance	Analysis of partner capacity will also inform understanding of scale and scope of achievement reported Focused mini-surveys target different sub groups: such as those delivering support *or* in receipt of CB support For eg. Roster members may fit a dual role they are both recipients of the ToT and responsible for delivering subsequent capacity building inputs
Analysis of these findings will consider: i) Reasons for the achievement or non-achievement of objectives at intermediary outcome and outcome levels ii) Whether CoS effectively followed up on the	**Objective 2:** PS Approach is mainstreamed within humanitarian responses of ACT Alliance members; All sectors (Food Security; Shelter; WATSAN) ensure full community participation	- monitoring against Programme logical framework indicators; baseline data; annual reports, mid- term review; Outputs from Screening of Applications for CBPSS elements	A. Literature review; B. Interview, meetings with field staff ACT partners	1.Organise with Programme/M&E teams in ACT partners, focused discussion on achievement /progress ; based on logical framework, baseline data and partner reporting 2. subcomponent of consultant brainstorming and synthesis

recommendations from previous evaluation. In particular the recommendation concerning the need to clarify the intervention logic, so as to enable an assessment of the programme's effectiveness.				
	Objective 3: Website based material has contributed to deeper understanding of CBPS support	Website content & evisions/additions Uptake-hits Info on users Training or application delivered by ACT partners	C. Review of data to find evidence of potential impact D. Field investigation : significant change stories to illustrate change process	
	Objective 4: Importance of PS support in emergencies more widely understood Among HUM actors? Amongst general public?	Review of publicity, press and communications function and outputs within CoS	E. Review of archives CoS and ACT Alliance Press office	
3. **Impact** – to what extent are findings under Effectiveness and Relevance likely to contribute to improved Beneficiary coping ability and capacity for rehabilitation and regeneration	Evidence based transformational changes for humanitarian actors (ACT member organisations) and the communities in crisis within which these actors work	New practices favourable to beneficiaries /members of partner organisations New national institutions and regulatory mechanisms Increased resources (Government & other actors) Scalability (new actors) Sustainable structures and local organizations	Literature review; interviews with strategic partners ; Programme team focused group discussion; partners focused discussion; visit, field observation; consultant observation, analysis	Output to Purpose exercise

Annex 3 - Key Contacts and Documents Referenced

Sweden

Swedish International Development Agency (Sida)
Claire Smellie, Programme Manager Unit for Humanitarian Assistance
Lisa Mossberg, Programme Officer
François Landich, Programme Coordinator OCHA and Humanitarian Coordinator

Church of Sweden (CoS)
Maria Lundberg, Head of Section Humanitarian Response
Else Berglund, Psychosocial Specialist
Sarah Harrison, Psychosocial Specialist
Erik Lysen, Head of International Department, Church of Sweden
Katarina Inkinen, Programme officer Latin America and the Caribbean
Programme Officers Humanitarian Assistance: Berhanu Yismaw, Katarina Ottosson
Finance & Project Officers, Humanitarian Response Ann Jonsson, Hanna Jäder
Stefan Håkansson, Communications officer
Åsa Hakim, Sida Coordinator

Geneva

Lutheran World Federation Department for World Service (LWF-WS)
Rudelmar Bueno de Faria, Programme Coordinator,
Group of 7 programme staff including Sophia Gebreyes , Programme Officer for Latin America and the Caribbean

ACT Alliance Secretariat
Marian Casey, Policy Coordinator
Gorden Simango, Programme Officer for Southern Africa

International Organisation for Migration (IOM)
Guglielmo Schinina, Lead Mental Health Psychosocial Response and Intercultural Communication Section Member of the IASC MHPSS Reference Group

World Health Organisation (WHO)
Mark van Ommeren, Department of Mental Health and Substance Abuse
Member of the IASC MHPSS Reference Group

Members of the ACT PSWG responding to Questions via E-mail:
Irene Wenaas Holte, Advisor Emergency Preparedness, Department of International Programmes, Norwegian Church Aid
Hepi Rahmawati, Yakkum Emergency Unit (YEU)

Malawi Country Study

ELDS Staff Lilongwe:
Dickens Mtonga, Projects coordinator, previously M&E officer
Aleck Kaonda, deputy coordinator
Joseph Njeula, M&E officer, previously field officer
Simon Ngegwe, Microfinance Officer

ELDS Chichwawa Project Office
Charles Nsowoya, Senior Field Officer
Fred Micho, Water Technician
Peter Zimba, Field Officer

Five representatives Mandela village Psychosocial Back Up Committee
Ms Namakwa, (Secretary); Ms Lindi Sneke, (Treasurer) Ms Linde and Mr Amos, (Members)
Mr Mafula, Section Committee member
Mr Toire, District Social welfare officer
Group of 14 women from the community

Two Community representatives from the 42 member support group Ndandika Village

Churches Action in Relief and Development (CARD), Blantyre
Weston Seyama, Programme Manager

Blantyre Synod
George Laluwa, PME Officer
Leooni Nzana, Director
Rev Glenn Ingless, former Director
Arnold Limbani, Community Development Facilitator
Kumanju Konj, Livelihood Coordinator

Haiti Country Study
LWF Emergency Coordinator Jean Denis Hilaire
LWF Psychosocial Officer Ruth Esther
LWF Communications Officer Paula Strecker

Psychosocial Coordinator for ACT : Nov 2010-June 2011 Mikael Wiking
Aaron Tate, Haiti Earthquake Response Coordinator,Church World Service
David Korpela FCA Haiti Country Representative until January 2012

Liberia Country study
Trauma Healing and Reconciliation Programme (THRP) Lutheran Church of Liberia (LCL)
Aloysious Nyanti, Coordinator
David Mulbak, Regional Officer for Western region
Vaiba Flomo,Women and Youth Desk Officer

Ester Harris, Regional Officer for Monrovia

Korboi Daniels, Trauma Counsellor, central office
Abel Learulelike, Reporting officer, central office
Ester Musah, ACT Project Officer, Nimba Country, Central region
Lazrus Flomo, Training officer, central office
Eric Nyema, Office assistant
John Flomo, Driver

LCL, custodians of the THRP programme
James Gayflor, General secretary
George Kpartih, Treasurer

THRP Nimba County project staff
Winifred Weedor, Social worker
Harper Karmun, Psychosocial counsellor (previous THRP staff)
Johnson Kleah, Social worker
Elijah Sieh Nyemah, Social worker
Tarseh Karto, Community mobiliser
Mario Gaye, Child officer
Amadou Kamara, Social worker
Ester Musah, ACT Project Officer (also 21/3)

ACT Forum members (involved in the Act Appeal project together with THRP)
Vandi Kallon, Programme officer and Focal point Act project, LDS
Lomar Boysah, Executive Director, RHRAP
Joseph Binda, Executive Director LDS
Anja Pajanen, Humanitarian coordinator, FCA

THRP Animators (persons trained in the 1 month training, acting as "good-will ambassadors" for THRP in various locations of country)
Raliet Zayzay, CWPI CBO
Etty Weah, CWPI CBO
Allen Weedar, community member New Georgia
Dixion Ware, community member New Georgia
Zeleh Zelous Loubah,NEPI, former affiliated with armed groups

Members of the THRP supported national initiative National Security Network for Peacebuilding (NSNP)
Sekar Fakar, Police Commissioner & Chairman of NSNP
Santos Saiweah, Chief of Personal National Security Agency (NSA)
Jartu Golafale, Chief of personnel, NSA

Others:
NEPI a LNGO started by THRP trained youth, previously affiliated to armed groups who then formed an initiative to address their situation
Morlee Guyu Zawoo, Executive Director
Thompson Borh, Chief Trainer

Papa Doe, Director, Christian Health Association of Liberia (CHAL)
Pastor Aaron Wright, Coordinator, CHAL

Edward Mulba, Board Chair, West African Network for Peacebuilding (WANEP) Liberia
Four Participants from CBPS regional training 2007: Vivien Beh, YMCA, Youngor Monibah, LDS, Abraham Powell, previously LWF –WS, Adama Tombekai, LCC

Documents Referenced for Country Case Studies

Haiti Country Study
Communications Case studies
Preliminary; Revised Dec 2010 and Final ACT appeals
Joint Monitoring Team report June 2010
Interim Haiti Appeal report December 2010
Final Channel Research team Evaluation of ACT Appeal Jan 2012

Malawi Country Study
ACT Appeal Reporting 2005
April 2008 Evaluation of integrated CBPS Project
Dec 2010 Report of PS Training ACT members
2007/8 Report of Roster support for decentralised CBPS training

Liberia Country Study
List of participants CBPS Workshop 2007
Timeline draft for Liberia Feb 2012
Draft preliminary Appeal Emergency Assistance to Ivorian Refugees LBR111 Jan 2011
ACT Appeal Emergency Assistance to Ivorian Refugees in Liberia LBR111 March 2011
Act Alliance Liberia Forum Joint Monitoring Report for Act Appeal LBR111 July 2011
Travel report from Church of Sweden, Follow-up on LBR111 Nov 2011
6 Weekly reports from deployed roster member Bongiwe Mavuwa, during 2011
Psychosocial Assessment Report, Liberia, DRAFT Jan 2011

Report ACT Forum Joint Monitoring visit November 2011
Liberia, Final project proposal to CoS February 2012
THRP course outline for community based training 2006
Course Content for Psychosocial Training of Security personnel 2008
TOT- Course outline 2006

Annex 4 - Elements of a Timeline

2003
CBPS Facilitators Guide First Version

2004
PS Task Force created

2005

- LWF using 'rights based' approach
- CBPS Facilitators' Guide revised and Translation to French
- Capacity building Psychosocial workshop at AZEECON regional meeting in Bangladesh July (for management level)
- Emergency Roster trainings
    - Roster meeting, focus on Psychosocial care, Gender,
- Emergency Roster deployments to Liberia, Guinea, Sudan, Sri Lanka, Indonesia and India

2006

- ACT makes informal request to CoS to hold responsibility for capacity building of its members
- CBPS Facilitators' Guide revision again under discussion
- Capacity Building Three 5 day workshops held for Francophone African countries (May) Eastern Africa (September) Southern Africa (December
- Six Emergency Roster deployments: Sudan, El Salvador, Uganda, Pakistan, Lebanon, Sri Lanka
- Emergency Roster trainings
    - Roster meeting, focus on Security, Community based approach

2007

- IASC created – driven by WHO
- CBPS Training Manual Facilitators' Guide under development
- Website development agreed and consultant employed to work on texts
- Capacity Building Workshops held for Haiti (January), Western Africa (March), Balkans and Middle East (September), Asia (December)
- Evaluation contracted with IPM/Indevelop to evaluate the CBPS Regional Capacity building project
- Six Emergency Roster deployments: Solomon Islands, Peru, Chad, Bangladesh, Malawi, Pakistan
- Emergency Roster trainings
    - Roster meeting, focus on Sphere handbook

2008

- Capacity Building Workshops for ACT Secretariat Staff on Psychosocial component in Appeals; Lusophone Africa (March), Southeast Asia (June) Latin America (date)
- This concludes all planned workshops as part of regional training programme
- Emergency Roster deployments to Malawi to deliver decentralised capacity building workshops
- Evaluation of 18 month CBPS project

2009

TOPT Manual (TOT Manual) developed in English
Sept 2009 First TOT using TOPT training programme (Kenya)
ACT Alliance Rapid Support Team launched
Nine countries receive Emergency Roster deployments: Darfur, DRC, Chad, South Sudan, Gaza, Cuba, Kenya, Ethiopia, Malawi

2010

ACT/CoS Website goes live in English (June)
Internal checklist developed for use to screen appeals for PS component
Second TOT using TOPT training programme (Bangladesh October)
Six countries receive Emergency Roster deployments: Haiti, Chad, Kyrgysztan, Gaza, Chile, Sudan

Policies & Technical Guidance Timeline (publication dates)

IASC Guidelines on MHPSS in Emergency Setting : With Action Sheets 2007
IASC Guidelines on MHPSS in Emergency Settings: Checklist for Field Use 2008
IASC Guidelines MHPSS in Humanitarian Emergencies: What Health Actors Need to Know 2010 and What Protection Actors Need to Know (2010)– these are targeted at the protection & health global level clusters.
Psychological First Aid Guide, published in English (2011), French (2012), Spanish (2012), Arabic (translation underway –expected 2013).
Website released in 2009 (www.psychosocialnetwork.net); and changed in 2011 towww.mhpss.net with CoS/ACT alliancethat should duplicate
Sida Civil Society Policy 2009
Sida Gender Policy 2010
Sida Humanitarian Assistance 2011
Sphere Revised Guidelines 2011

Annex 5 - Country Case Studies

1. MALAWI CASE STUDY

Note: This country was chosen because of the long partnership and engagement between CoS (Psychosocial Specialist) and ELDS (Emergencies, Livelihoods and DRR coordinator[69]), the range of inputs deployed and challenging context of a protracted emergency (HIV) and climate change impact causing repeated droughts and floods. This study is informed by Timeline of the inputs provided by CoS Programme[70] CoS reporting; internal staff evaluation report; semi structured interviews with key actors ELDS (and other ACT partners) reporting from CoS roster Staff. Some beneficiary testimony was collected at two neighbouring sites in Chikhwawa District, Mandela Village. The country visit was conducted by both evaluators.

1. Findings related to Inputs

Cascading of Training

2006	CBPS regional workshop; 7 Malawian participants attend
June; Oct 2007 & 2008	Series of 3 capacity building workshops in Malawi, each 1 week, delivered to <25 persons: no record of content of these was seen
2009	CoS initiated Regional Training of Psychosocial Trainers held Nairobi 2 Malawi participants (ELDS & CCAP Synod of Livingstonia attend
Dec 2010	ACT member 3 day training in country 14 staff from 6 organisations attend
May 2010	ELDS represents ACT Malawi on ACT PSWG from inception

CoS has supported ELDS directly as a founding partner. ELDS targets 4 strategic areas of work and includes CBPS within DRR and emergency preparedness work. Following training inputs, a Pilot Integrated CBPS project was established for 12 months and delivered over 18 months. Some ACT Appeal funds were directed at cycles of drought/floods: though data is incomplete. It is evident that other actors in Malawi apply a PS approach to their work: Oxfam, NPA and UNICEF were all mentioned.

[69] Continuously in post since 2005
[70] Extracted from reporting and completed by CoS

2. Findings related to Outputs

Relevance of the programme to target group (ACT member staff)

The Rights based approach (RBA) was an existing ELDS strategy from the start, and the two approaches complement one another well in principle. After the regional CBPS training, ELDS requested further input and the series of workshops was delivered to build ELDS capacity and understanding of CBPS from the top management through to the field. To some extent these trainings facilitated in Malawi proved to be something of a pilot and were used to apply and improve the cascading of training to national staff, a process that has resulted in the new CoS CBPS training manual and the current emphasis on pedagogy of training. During the pilot trainings facilitators struggled to apply some materials[71]. An assessment tool was field tested; according to ELDS staff the previous version was largely focused on conflict and a new tool was developed from their contextualized feed-back. However it is important to note that this assessment tool was not made available to the evaluation team despite being frequently referred to. This begs the question how much it is really understood, used and owned by ELDS or their CBPS specialist

ELDS staff stated that the CBPS approach provides added value and was mainstreamed in their work. There were however other pressing issues – gender, advocacy and rights – that are also mainstreamed and aspects of CBPS related programming in the project visited were not very tangible. The design of the CBPS pilot project (which appeared to be a livelihood project with goats provided as a resource that could be multiplied and shared on basis of need) came apparently as a result of the participatory programming and communities own suggestions. Emphasis is placed on a support system for the most vulnerable, with the community involved in identifying who these are and taking part in the project to support them.

The main change in approach described as a result of CBPS was a shift from projects initiated and driven by ELDS staff, to one where the capacities of communities are identified and seen as a primary asset for successful programming. This process has required attitudinal change amongst ELDS staff that is attributed by them to the CBPS trainings. New methods used involve the community from the very start via assessment, to planning and implementation of projects, so to enhance ownership. These assessments are in order to identify levels of vulnerabilities and lead to data segregated on basis of agreed categories.[72] Another change described was the increased coordination and cooperation with other service providers, such as government and other INGOs. This encourages coordination and sharing of workload to reflect awareness of the community's own capacity.

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[71] Roster staff member report
[72] Oprhans and vulnerable childen, older people, widows and people living with HIV/AIDS

Although staff at both head office and field levels were able to convey a main message of the vulnerability assessment, they were not able to provide any supportive documentation, such as a check-lists or other tool that structured the assessment process or helped them in training community structures to make their own assessments. The evaluation noted that not all ELDS staff members were aware of or working in accordance with CBPS approach. A challenge remains in the inevitable turnover of trained individuals[73] where capable individual community members disperse, move for work or disengage for various reasons.

The website is not well used for reference; sporadic usage exists at head office, whilst at field office level, with the largest need for guidance, internet access and power are often interrupted. Resources utilized by field staff are more commonly peer advice, advice from CBPS coordinator and hand-outs from the 2007 training. Other organizations commented that this has a bias towards humanitarian crises and does not deal sufficiently with PS issues that can be dealt with in 'normal' situations in a longer term approach.

There is no evidence that attempts to build capacity within the ACT forum have been successful. Training was delivered by only 1 of the 2 persons trained by CoS; the workshop report is thin on content and does not serve well as a guide to CBPS approach or aide memoire of key issues. In this case study CBPS seems to be very open to interpretation. The lack of clear guidance from the conceptualization of CBPS approach to the use of tools leaves considerable responsibility on implementing partners. As each partner is left to interpret CBPS, this holds opportunities/risks as they modify and link so as to fit with their existing initiatives and approaches already on-going in their work. There is not yet a common understanding of a CBPS approach amongst ACT members interviewed, although most focus on the more vulnerable via community assessments. Organizations with strong grasp of rights were more easily able to recognize the psychosocial impact of abuse of rights, vulnerability and crisis.

It is not clear that the capacity building efforts of recent years have built organisational capacity beyond the investment in skills of key individuals. Participation of a representative from ACT Malawi within the PSWG presents an opportunity to learn from others' experiences and to relay learning from this context, but it was not evident how this increased exposure had been translated to increased understanding, organizational awareness in ELDS, nor how this was benefiting the ACT forum.

How urgent is the programme from the point of the target group and the beneficiaries?

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[73] There has been turnover amongst trained staff and leadership noted within ELDS, ACT Forum and among community leaders

The CBPS project was evaluated as having performed poorly[74]; the project had not met goals on time but had nevertheless stimulated some level of community activity. The current evaluation found traces of this in voluntary village Back-Up Committees, some distributions of livestock progeny and drought resistant crop production campaigns which were apparently ongoing on a small scale[75] ; although we were also informed this was 'not an active project'. The scale of activity appeared a) limited (in Mandela village 46 extremely poor households had received 31 goat kids over 5 years and b) indistinct from activities of other programmes and earlier projects for crop diversification and livelihoods in the same districts. The only distinctive outcome of adopting a CBPS approach had been more focused targeting of the most vulnerable households. Although this is in line with social protection targeting overall this project does not have a strong link to psycho-social issues.

3. Findings related to Outcomes

Is the programme well adapted to the humanitarian context within which the target group and beneficiaries are present?

The Malawi context is influenced by a slow protracted environmental crisis in several regions, with both droughts and floods that threaten food security, further fuelled by the HIV/AIDS pandemic and its impact on land tenure and labour. The country is in severe financial crisis, with lack of hard currency hampering import of necessities such as fuel. In this context there is a lack of preparedness and a focus on responses to crises.

The CBPS resources used by CoS in training seem to trainees better adapted to sudden on-set crisis[76]. here are clearly challenges encountered by CoS putting CBPS into practice in Malawi in a protracted crisis that slowly erodes social capital. Efforts have been made to adapt the approach to protracted crisis but the only change this seems to have resulted in is the assessment process and exactly what differs is unclear. ELDS has a proposal for an indigenous early warning system related to the flooding, which could be part of a much needed system of preparedness, but this remains unimplemented as it is not funded. ELDS states they are in the process of incorporating CBPS in their development work as community participation links well with long term sustainable development initiatives.

[74] Internal evaluation March 2008
[75] 10 villages; Written presentation on CBPS Service, ELDS Project Office
[76] Since this appears to be similar for the IASC MHPSS Guidelines and the PFA Guide the finding relates to understanding the immediate relevance of the concept rather than the materials per se.

2. LIBERIA CASE STUDY

This case study is informed by secondary data in the form of Timeline of inputs from CoS Programme: ACT appeals, CoS and ACT monitoring reports; as well as primary data via semi structured interviews and focus group discussions with key actors on site in Monrovia, Liberia (LCL-THRP, FCA, LDS, YMCA; LCC). No field implementation sites were visited due to time constraints as they are placed in other parts of the country (Nimba County).

1. Findings related to Inputs

Cascading of Training

March 2007 CBPS regional workshop for West Africa in Liberia. 20 people from 5 organisations (4 Liberian and 1 regional) trained; all but one (FPH) were ACT International members.
1 staff trained: LCC, THRP
2 staff trained: YMCA, LDS, LCL
10 staff trained: LWF/DWS[77]

CoS contributed 2.3MSEK to the ACT appeal (2MSEK Sida funds; balance own funds). Roster deployments were all provided by the same CoS psychosocial staff member as follows:

- Jan 2011Specialist to assist with the psychosocial assessment
- June 2011 Follow-up to strengthen partners: general CBPS training for some of the implementing partners, 23 participants mainly composed of field staff (LDS, Equip, RHRAP, LCL-THRP) and some staff from Government agencies on the ground
- November 2011 CBPS training[78] for 14 people specifically focused on children. A third training input planned for 2011 has not yet taken place.

ACT Appeal

In early January 2011, as the Ivorian crisis heightened, a rapid needs assessment was conducted by the ACT Forum members, FCA and EQUIP. The focus of the preliminary ACT appeal was a multi-sectoral humanitarian response with priority on basic road repair (access), food, shelter, emergency education and emergency health.[79] Two weeks later, LCL and LDS, supported by their international partner CoS, conducted a joint psychosocial assessment to complement the findings of the rapid assessment. This was a thorough assessment of conditions amongst arriving refugees and host communities and the challenges faced by communities in registration (rights); basic services, shelter, health, education, psychosocial wellbeing and security. Understanding of pressures upon host and refugee communities is evident, and their contributions to community tension.

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[77] No longer operational in-country
[78] Specific request from concerned staff
[79] Draft preliminary appeal Jan 2011 . At the time LCL and LDS were not part of Liberian ACT Forum, as they had been members of the Act International but not re-applied.

Implementing partners in the final appeal were LDS; LCL-THRP, FCA, EQUIP, RHRAP and PNO (only LCL and LDS had been previously trained in CBPS regional training by CoS). LCL-THRP was assigned to psychosocial support and peacebuilding EQUIP was responsible for protection with emphasis on GBV and children, and FCA emergency education, a division of labour based on partners' existing expertise. All implementing partners with the exception of FCA, were national organisations. LCL-THRP and EQUIP also had previous presence in the target areas.

2. Findings related to Outputs

Regional Training 2007

There was a long interval between initial delivery of training 2007, the ACT Appeal of 2011 and the evaluation visit in 2012. Some four trainees, despite not being amongst those organisations subsequently involved in the Nimba district ACT Appeal, had still made good use of training. These trainees had found the participatory training methods empowering, the topic and content resonated very well with their own personal and family needs and they had made the conceptual link to using community structures and resources when doing psychosocial work, not only via counsellors. YMCA developed a PS manual and continues to use this in their work with vulnerable children and youth.

ACT Appeal

Changes in language of the final appeal demonstrated a higher level of awareness and understanding of CBPS support following the assessment of conditions. A concrete result attributed to CBPS according to the ACT partners was the change in design to address not only the refugee but also the host population. An example of this is the LDS supported communal gardens that targeted both refugees and host communities in joint initiatives to enhance food security. THRP had a range of relevant activities for CBPS support, including Peace clubs, spaces for restoring normality for children and youth to better deal with stress and animosity in the community. Trainings with communities in CBPS and conflict resolution took place (no data on coverage was available). Existing networks and relationships were mobilised during the Nimba crisis such as the National security network for peace building, trained by LCL-THRP and initiated to promote the relationship between the civil population and the law enforcement organs. Care for care givers was prioritised by THRP that organised a counsellor to regularly support the project staff. THRP was requested by the camp coordinator, NRC, to share psychosocial skills with other service providers via training (July 2011).

The Joint Monitoring Mission Report Nov 2011 stated that the psychosocial problems in the Bahn refugee camp managed by the THRP counsellors were addressed in ways that included the refugees themselves, which ensured ownership and constituted a good exit strategy.

The THRP staff understanding of CBPS approach centres on community and the need to heal the wounds of the conflict. They use terminology of trauma and counsellors

though this often means peer support or coaches/ barefoot counsellors. This is not a concern since THRP understand very well their mandate and limits, and link in a professional way to others for referrals. Referral systems are in fact in existence in the country but of course are weaker and more strained than is ideal. Other partners in the ACT appeal were trauma focused and their head offices frequent usage of clinical terminology such as PTDS and "de-traumatise" did not seem to match their organisations capacity to assess the same and so is more of a concern.

3. Analysis of Outputs to Outcomes

Is the programme well adapted to the humanitarian context within which the target group and beneficiaries are present?

Regional Training 2007

It is was remarkable that the majority of the participants jobs are not related to programme implementation but rather support staff such as cashier, data processor, administrative assistants. Based on the limited availability of participants (4 of 20) from the regional training that were identified and took part in the FGD, they testified that the training contributed profoundly to their personal lives and to the way they worked. The programme staff emphasised that they already had skills in psychosocial support, but the added value brought by the training was on the importance of linking that support to the community.

ACT Appeal

The national partners in the ACT project had various levels of pre-existing experiences of psychosocial work and community mobilisation. THRP stands out as the partner that has both a long experience of successful psychosocial interventions in Liberia as a result of responding to the armed conflict, as well as a community involvement and ownership in design. There were also other ACT partners that came across as strong in community involvement. However it is important to mention that none of the partners linked up to global policies, and only had slight knowledge of Sphere and IASC MHPSS guidelines. Do No Harm was introduced in training by the second deployed roster member in June 2011. LCL-THRP is currently part of CoS HAP certification process, and has since undergone specific attention.

Interviews with THRP and other ACT Forum members found that project staff within the ACT Appeal benefitted from the roster deployment mentoring and training. However as most of these are not permanent staff members of the various organisations but specifically contracted for the project, the challenge of embedding CBPS approach within an organisation remains. Because Programme and Management staff at the head offices have not benefitted from exposure to CBPS approaches, there is a risk of loss of continuity and a lost opportunity to institutionalise the approach.

Conclusion

At individual level the CBPS training has contributed to awareness raised and to some extent also change in behaviour of these individuals, primarily due to personal motivation. Among the ACT members involved in the Nimba project, THRP comes across as the most well established actor with respected expertise and competency in psychosocial support and peacebuilding[80]. This high level of capacity in the organisation is due to their field of work and experience. CoS has contributed in various ways since the inception of THRP with financial and technical support, essential for the survival of the organisation though it has not been possible to demonstrate that CoS's CBPS programme has added significantly to this institutional knowledge within THR. It was evident that THRP coordinate and cooperate with other NGOs and government actors to further improve their work and to refer cases they themselves do not have capacity or mandate to handle. This makes them multipliers, with a good potential to build capacity in other organisations. Other ACT partners, (LDS and RHRAP) trained and supported by CoS have put CBPS into practice and show some ownership of the concept. Increased awareness, and skills taken into implementation are with field (Nimba) staff and this is similar to the situation in THRP.

3. HAITI CASE STUDY

The country visit was cancelled following earthquakes, this is a desktop study complemented by 6 Skype interviews[81]. This study is informed by Timeline of inputs from CoS Programme: CoS reporting; Joint external evaluation reports; semi structured interviews with key actors Haiti (LWF, CWS, FCA; CoS roster Staff); beneficiary views on social change since the earthquake is extracted from secondary data (ACT Appeal evaluation)

1. Findings related to Inputs

Cascading of Training

Jan 2007 CBPS regional workshop: CoS trains 32 people from 14 organisations; all bar one (FPH) are ACT members

1 staff trained: Bonbon Grand d'Anse, CAID, UMCOR
2 staff trained: CODAB, CRAD/EPER, FLM, GARR, POZ/ICCO
3 staff trained: FNGA, FONJAFE, FPH, RNDDH, SCH
4 staff trained: DIAKONIE

[80] Evidenced in interviews with other Liberian NGOs and government representatives

[81] A field visit to Haiti was originally planned, but due to earthquakes registered with the US Geological Survey in Dominican Republic and Haiti the week prior to the scheduled field visit, the team assessed that the risk was avoidable in relation to the added value of the information expected from the scheduled interviews. Three of the five earthquakes were >4 on the Richter scale that of Wed Mar 7th (4.6) was 24 miles from Port au Prince and felt by residents in the Haiti region.

Apart from this investment, there is no further mention of specific work in Haiti in global reporting (2007-2009 inclusive), although small amounts of funds were committed in 2004; 2007 & 2008 (Total 3.54 MSEK). CoS has also been contributing to long-term development programming in Haiti since 1997.[82].

ACT Appeal

After the Jan 2010 earthquake ACT members based in Haiti immediately started assessment of damage and needs. Members cooperated in organizing a collective assessment for the response[83]. A Rapid Support Team was deployed with a Coordinator, a Communicator, a Finance Officer and a Security officer to prepare the preliminary appeal. The RST was led by the Lutheran World Federation as chair of the ACT Haiti Forum.

This Preliminary ACT Appeal shows an early focus on agricultural production and access to water, possibly also on reforestation; only CAID and DIAKONIE from those trained by CoS in CBPS approach, are listed amongst implementing partners. On request of other ACT Forum members, NCA was tasked to provide technical WASH and psychosocial assistance.[84]

CoS contributed a greater volume of funds to the ACT appeal 2010 (Total 13.7MSEK) and deployed 10 individuals (over the period Jan 2010 – June 2011) as roster support:

- Two helped at an early stage with assessments and appeal writing; another, one year later, with collection of communication material for Swedish public audience
- Two of these acted as Psychosocial Officer (Mar-June 2010) and as Psychosocial Coordinator for ACT (Nov 2010-June 2011)
- A series of five Staff Care Officers were also deployed in continuous succession from Feb –June 2010 to work on staff care issues (with LWF, and others ACT members)

It was clear that other agencies were also promoting aspects of a CB/PS approach to the emergency response in Haiti and standard protocols encouraged this. IASC guidelines and Sphere Standards were frequently mentioned as providing guidance on CBPS approaches and the Interchurch Organisation for development Cooperation (ICCO) was tasked with monitoring compliance with the Sphere standards. Psychosocial training was provided to several ACT members by LWF; SC UK provided training to teachers in Danabe in CBPS approaches. CWS scaled up support to a key local partner focusing particularly on the psychosocial needs of people with disabilities, provided in the main through individual counselling and group celebrations "to restore hope." IOM conducted

[82] The evaluation did not investigate the extent to which the same partners were involved since this information was provided only at draft report stage
[83] Prelim Appeal Jan 2010
[84] Idem

an in-depth study[85] of social conditions and distress indicators in displacement camps across Haiti. This provides detailed understanding of the wellbeing of neighbourhoods (and by association community resilience) as reflected by family and group social and emotional conditions as distinct from individual pathologies.

Involvement of ACT members in Haiti prior to the 2010 earthquake had been varied: LWF had long term involvement with established partners, yet new activities and some new partnerships in zones of intervention (where displaced people now found themselves) were developed in response to earthquake. FCA intervened specifically around education; and NCA in water, sanitation and public health in response to the earthquake.

2. Findings related to Outputs: Evidence of improved programming reflecting PS needs and Improved Organisational Capacity

June 2010 Joint Monitoring Mission finds:
Psychosocial support elements were not very apparent and needed to be more generally prioritised in the next appeal. The approach taken by CAID (clear community based programmes including psychosocial support as well as disaster preparedness) was commended by the mission. The other trained partner, DIAKONIE (DKH), delivers discrete services and PS aspects were not evident within their approach.

Those partners identified with clear PS aspects to their activities: CAID; CWRC; LWF (youth focus); NCA (within WATSAN) have with exception of CAID, not participated in CoS CBPS Training. In addition CWS; DKH & CAID are all mentioned by the mission for good practice regarding assessment of beneficiary needs with partners.

September 2010 ACT Appeal monitoring records:
6 staff were trained to work in communities on psychosocial support in IDP camps. Where LWF held a camp management function, CBPS aspects were mainstreamed in this role. This meant dealing with families that were traumatised and fearful of returning home, or to clear the debris of their homes for rebuilding. Group sessions were facilitated to allow people to express their fears.
"This helped people understand what has happened to them, and to retrieve hope"[86]

December 2010 Update Reporting[87] describes:
LWF was working in seven distinct areas, with Psychosocial being one: (Shelter, Education, Livelihoods, Camp management, Primary Health Promotion and DRR are others). This suggests that the organisation tends to see CBPS approach as delivering a series of

[85] Assessment of the Psychosocial Needs of Haitian affected by the January 2010 Earthquake IOM (Sept 2010)
[86] Interview with LWF Staff member
[87] Dec 2010 Update

distinct activities. Although there is some reference to mainstreaming CBPS into other sectors, the tools to achieve this are not entirely straightforward.

ACT Appeal Evaluation Jan 2012
The findings of this evaluation note as positive the holistic response by ACT members which builds upon pre-existing relationships, considers community needs and is responsive. The ACT response is described as generally "better in terms of being more 'people centred' than other evaluations of the international response in Haiti" although a lack of preparedness contributed to scale of disaster.

CBPS activities had a focus on target groups; specific activities were directed at:
- ✓ Staff care programme – ACT members and partners who were also victims
- ✓ Youth groups – referred to by one respondent as 'distraction activities'[88]
- ✓ Increased community resilience

612 teachers were trained to be able to give some post trauma assistance to children; Training of ACT forum members was conducted; CAID supported 572 individuals with psychosocial support (undefined); several partners were creating spaces for people to talk about what happened and some work with traditional religious leaders and on construction around community structures. Some further details drawn from case studies provided illustrate application of a PS approach (Annex 5).

CoS Annual Reporting 2010 CBPS Programme records the training and roster support inputs delivered. It mentions one output in the form of training of teachers in 19 schools- but does not seem to use information from other ACT reporting cited above or to described outcomes. This report appears to defer to the evaluation of ACT Haiti Appeal that is expected (and cited above) for analysis and any information on outcomes.

3. Analysis of Outputs to Outcomes

ACT Appeal Evaluation Jan 2012 finds that long term PS support of varied forms is said to be critical to the response and long term recovery. Focus on protection becomes important; as does capacity to deal with immediate disaster and develop some level of preparedness. Haiti remains at risk from cyclones, earthquakes, floods and poor governance.

The evaluation notes[89] (with apparent surprise, in that this finding was not expected) continuing challenges arising from
- Lack of hope
- Fractured families

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[88] This was assumed to refer to the need for displaced youth to have some meaningful activity, to moderate community tensions and low level crime.
[89] P31:

- Increasing Adolescent independence

This and other evidence leads to a conclusion of the ACT Appeal evaluation that the PS work is visible, relevant and should be extended. As the ACT Appeal has come to an end, funds for future work are changing. Programming now reflects a transition to DRR and preparedness in this transition from recovery to development phase.

The extent to which a community based psychosocial approach has been mainstreamed within other sectors remains a work in progress. Some agencies refer to this (see FCA case study within Annex 6). The evaluation finds that 'preparedness work' contributed to community capacity to respond quickly to the earthquake, to identify survivors and organise the community. It is therefore judged a desirable way to contribute to future community response and resilience. This logic rightly underpins current DRR approaches.

Attempts by CoS to build national capacity are apparent at individual levels. The current location of ex CoS trainees was not known – some had left Haiti; others made job changes thus the impact of the training invested was not immediately traceable – a challenge already noted[90]. However at the time of this evaluation there were current partnerships between LWF and FLM; FONJAFE, FNGA and RNDDH, so it is possible that some learning from this training was retained within the organisation, and would be consolidated in partnership with LWF (for example during work with RNDDH within Model Village Community where a rights based approach is adopted).

It proved impossible to trace any staff in post in Haiti since Jan 2010 and thus to be able to comment on the relative contribution of the ACT RST and the CoS Roster staff. Amongst these various staff roster inputs their presence has clearly contributed to the profile of a CBPS approach to work with communities in response to the earthquake of 2010. For example, high profile Haitian Government officials have publicly recognised the psychosocial impacts of the crisis; CBPS capacity (among staff, teachers, community mobilisers) is strengthened; and this has translated in some communities to awareness of PS issues with behaviours changed as a result: children are able to attend and focus at school, communities have become less violent/aggressive.

It is less clear whether there has been any contribution to community resilience, internal organisation, and ability to face subsequent crises; although some might be inferred from the positive people centred approach that is noted by the ACT Appeal Evaluation.

The added value of CoS contributions is however not always distinct, coming as they do within a range of PS interests and sources of technical guidance that were referenced by interviewees. Although the ACT Alliance/CoS CBPS in Emergencies Training Man-

[90] Indevelop Evaluation June 2009

ual is available in French, this was not mentioned. Access to technical guidance and back up materials came via:

- ✓ Guidance from LWF Geneva
- ✓ IASC Guidelines
- ✓ ACT Alliance Secretariat - Website access (attributable to CoS)
- ✓ Training and technical staff inputs from CoS roster staff
- ✓ Other trainings (provided by LWF, SC UK)

Differences in understanding of PS / CBPS

LWF staff interviewed explained that CBPS was a way of approaching humanitarian interventions such that peoples' need for basic necessities and security were approached with consideration for "all the other things people need." This is a good example of the extremely broad interpretation even trained CBPS specialists still give to the term; thus it escapes tight definition and it becomes difficult to assess when psychosocial aspects are or are not included.

In the Haitian context wellbeing was described as the state where someone had all they need to survive – basic needs, security & safety, the chance to learn, community services (water, sanitation, healthcare, work) and in addition to these tangibles, having a social life with the space to express one's sadness and to grieve. In this context, interpretation of PS support ranges from focus on stress relief, group conversations and role play; through to focus on particular groups that may be more vulnerable (youth especially girls; school pupils) and integrating a PS dimension to mainstream activities such as shelter, water, and education.

There were tangible examples of issues that were discussed and dealt with in communities:

- Peoples' fear of returning to live inside buildings; to return home or clear debris of homes for rebuilding
- Violence in school settings and safe spaces for children
- Community spaces providing a primary level of community based 'counselling' – making sense of what has happened; children supporting parents
- Facts about cholera (and it not being another act of God)

Several staff expressed a clearer idea of why to adopt a community based psychosocial approach during emergency/crisis phase. Once they were no longer considering an emergency response, some staff appeared to find it harder to distinguish between CBPS language/concepts and other mainstream development values or principles such as participation; community needs assessment (PRA, etc.) and a rights-based approach. Thus, whilst the need to adopt a psychosocial approach during an emergency response seemed fairly clear, this became less distinct in the development phase of a Disaster Response.

This conceptual difficulty reflects a key point made at the time of the first Joint Monitoring Mission and repeated again within the ACT Appeal Evaluation findings. These ask "Should those ACT members undertaking psychosocial activities have joint definition and common understanding of what psychosocial support is actually comprised of" and

make a Key Recommendation to clarify terms, understanding and meaning: to recognise where partners use different terminology for broadly similar concepts.

This evaluation similarly struggles to name what is distinct and different with a CBPS approach (over and above the PS type of activities described in the additional case studies[91]) that is not also encompassed within other paradigms: gender and violence; protection and targeting vulnerability; community participation; accountability, governance and rights.

[91] Annex 5

Annex 6 - Additional Case Study material from Haiti

A Finish Church Aid EiE programme implemented with LWF installed 60 temporary school tents (120 classrooms) and constructed 340 semi-permanent classrooms (concrete floor, wooden frame, plywood walls and tin roof) serving a total of approx. 20 000 children. The reconstruction programme targeted the construction of 4 permanent schools within the ACT appeal timeframe. Another 7 schools are currently under construction outside the ACT Appeal as the process is quite lengthy.

In the initial needs assessments and first phases of implementation of the EiE project (installation of school tents and distribution of school materials) the psychosocial traumas the earthquake left on children were very evident. In meetings with parents before the project started, they expressed concerns over their children not being able to sleep and having nightmares, being afraid to go into any building (including tents), many were exhibiting strange behavior that the parents did not understand, etc.

The simple act of being able to express these concerns to someone else and being told that these are normal reactions to a traumatic event was in itself a step forward for these communities. Staff from Church of Sweden coached our local staff on how to answer these questions and organized short seminars for teachers to help deal with the psychosocial traumas of children and were a huge help in this process. These were the first trainings held in the Leogane area.

This psychosocial work is credited with the impact of building up the courage of parents to send their children back to school (even into tent classrooms) and for children to feel comfortable at school. Initially, the children had trouble concentrating and the training of teachers in how to deal with psychosocial trauma helped them to understand the children and deal with 'abnormal' behavior instead of getting angry or punishing the child as many who do not understand this have done before. Community meetings (with parents and teachers) have been a vital component in this.

Stories from the Psychosocial Team LWF Haiti - **Spring 2011**[92]
These stories about work being done by the Lutheran World Federation Haiti psychosocial team were encouraged by their technical advisor, Mikael Wiking, during his work

[92] Communication messages publicized during the ACT Haiti Appeal to illustrate aspects of Psychosocial work

with us in Haiti. The stories have been rewritten in English so that you get a glimpse of what LWF Haiti is doing and why. The identities have been altered to protect those involved.

Zaché and stigmatization
Jean-Daniel and Robinson, psychosocial team April 2011

Zaché is a 10 year old student who attends school at Petit-Goâve. He's a level three student who attends regularly. His intelligence and outgoing demeanor make him the best performing and most congenial student in the class. His teacher thinks highly of him for the way he consistently assists in classroom.

During the first week in February, Zaché began to draw back into himself; he wasn't finishing his homework, he didn't play during recess the way he usually did, and he stayed to himself, alone. He started falling asleep in class and while he complained about everything, he had nothing to say to the teachers and no longer answered when called on. One morning, Zaché told his friend Daniel that his mother, whom he loved very much, had been sick with cholera for the past 10 days and was being cared for in a CTC (cholera treatment center). Immediately, Daniel told another friend all that Zaché had entrusted to him, who in turn wasted no time informing the entire class. At that point, all fingers were pointing at Zaché and he was shunned by his friends, and even the teacher, for fear of catching cholera.

A psychosocial session was held at a nearby school, led by the LWF team on the theme of "Reducing the stress and the risk of stigmatization due to cholera." It was for all the teachers in the Petit-Goâve area and Zaché's teacher was one who attended. With this training, his teacher became informed about the disease and the preventive measures one can take to limit the risk of infection. He became aware of the situation his student, Zaché, was facing, and returned with a plan to address the stigmatization.

Now, Zaché is back to his normal self: he is working in class again, using his talents and interacting with his friends. The impact of the teacher's training is such that the entire class has heard the advice about cholera and about the risk of stigmatization and they are sharing this knowledge with friends and family in the community.

Mr. Toussaint is Stressed
By Jean-Daniel and Robinson, psychosocial team, April 2011

Mr. Toussaint is a level four teacher in a school in Grand Goâve. He has been teaching for nearly 14 years and he loves being a teacher. He comes to work on time so he can wait at the gate for the students to arrive, exchanging greetings, asking the news of their parents, etc. Toussaint is a teacher who works hard for the success of his students. He carefully prepares lessons for class, sends homework assignments, and he tries to affirm those who achieve high marks.by writing notes or by handing out candy.

One day, Mr. Toussaint received really bad news. His wife had been shot in the head by a stray bullet from a demonstrator on the main street of Grand Goâve. He collapsed,

falling onto the floor of the classroom,. The director of the school walked him home. Their five children, the four girls and one boy, were grief-stricken by this tragic event. Six days later, they held the funeral for his wife. Despite the support of his teaching colleagues, Mr. Toussaint was not doing well

Two weeks after the burial of his wife, the teacher made a gallant attempt to get back to teaching, courageously pretending to be fine without fooling anyone. His pain was written on his face; visible in the tears of grief. With each passing day he became more aggressive toward the students. At times he cried out loud enough to frighten all the students in the class.

Then Mr. Toussaint attended a workshop on post-traumatic stress offered by the LWF psychosocial Team in Grand Goâve. He understood why his heart was so troubled and learned new coping mechanisms that made him more resilient to face life's difficult moments. Life would go on. When the follow up team asked how he was doing, he said, "Now I know how to fight this stress, thanks to the training done by LWF."

Boniface the Bully
By Edwige Gedeon and ISIDOR Guy-Willer

We want to tell you the story of a child named Boniface, whose reprehensible behavior were transformed through the psychosocial activities he experienced in the Child-Friendly Space at Camp Nerette 1.

Boniface was about 10 years old and violent to the point that a day didn't go by that we didn't find him in the middle of some scene of destruction. Right off the bat, he gave the psychosocial team a lot of problems; he attacked any child, he scratched his playmates across the face right in front of us, he fought in the classroom and in the street, and he was arrogant. All the other children considered him to be the classroom bully, he was so mean. To remedy this situation, we researched strategies for modifying this behavior. As one piece of the solution, we instituted some new principles into the program, like: violence reduction, becoming a good citizen, respecting one another, and others of that nature.

Every day, after check-in and the group activity, we would present one of these principles. And to test the children's ability to master these lessons, we organized related contests. The winners received prizes. As a result, Boniface started to be more regular in the activities and sometimes he, too, would win prizes for having responded to the questions. After two months, this child started to change. He stopped using obscene language. He continues to come with the children who return to the space whenever we are in the area. He is presently taking part in class exercises and in the educational games. In short, there's no more bullying in the Nerette Child Friendly Space.
Translation and editing by Paula Stecker

Annex 7 - Terms of Reference

Terms of Reference
– Call Off for a Review Interim Evaluation of "Support to the Church of Sweden's (CoS) Community-based Psychosocial Support in Humanitarian Assistance, 2006-present 27 OCT 2011

Background
Sida has a history of funding Church of Sweden's (CoS's) interventions of humanitarian assistance through various types of agreements and various difference support mechanisms (projects, programmes, personnel/technical assistance). CoS has the ambition to ensure that community based psychosocial support is mainstreamed within and strengthened by its different interventions.

Specific Community Based Psychosocial Support Capacity Building Efforts
In 2005, Church of Sweden (CoS) was asked by the Lutheran World Federation / Department for World Service (LWF/DWS) to contribute to a common understanding of the concept of community based psychosocial support (CBPS), as well as to build regional capacity and understanding of the concept within the ACT (Action by Churches Together International) network. Since that point, CoS is ACT's psychosocial lead agency.

In 2006 CoS initiated a project aiming to strengthen the competency within the ACT alliance to include a psychosocial approach within the humanitarian interventions. During its first year of implementation, CoS submitted to Sida a supplementary addition to the 2006/2007 application for minor humanitarian interventions, which included this project (regional workshops, psychosocial coordinator, facilitators guide to CBPS and website). Additionally within that supplementary application and following the submission of a concept note, CoS also applied for funding for a personnel pool of psychosocial experts. Based on this supplementary application, Sida decided to fund the project during the two last years of the project (2007 & 2008). In 2007 and 2008, CoS received 1 050 000 SEK and 1 385 000 SEK respectively. In 2008, Sida/HUM also funded the *Support to the psychosocial personnel pool* with 1 130 000 SEK.

In CoS application to Sida/HUM for 2009 the initial psychosocial capacity building project and the personnel pool were part of the same project *Community-based Psychosocial Support in Humanitarian Assistance, Resource Development 2009*. Sida funded it with 2,85 MSEK.

For its psychosocial work during 2010-2012, CoS again submitted an all-encompassing application, but this time packaged as a "programme" *Community based Psychosocial Support in Humanitarian Assistance*. Sida funds the programme with 8,1 MSEK. The programme includes same aspects as CoS's previously supported psychosocial interventions, namely, technical support and capacity building, website, mainstreaming, but also

includes an aspect relating to communicating the importance of psychosocial support. Sida has subsequently at the end of 2011 funded five years of specific CBPS work.

The overall objective of the project (later 'programme'), since its inception, has been "*to improve the capacity of ACT-member organisations to provide psychosocial support to people in need which will lead to that affected communities will have an improved ability to cope when disaster strikes and to help people get back on their feet quicker and in a more sustainable way than what they might have otherwise*". The project inputs and outputs have changed over time as a result of certain needs to revise strategies and means of action, as identified by CoS itself, but also as a result of the findings of an internal evaluation (completed in 2009[93], see "Previous Evaluation of CoS's Psychosocial Support Capacity Building Efforts") and of certain questions posed by Sida as the main donor to this project.

Psychosocial Mainstreaming Efforts

Due to CoS ambition in terms of mainstreaming CBPS in all humanitarian work, psychosocial support is also included within other humanitarian interventions implemented by CoS. CoS was granted a Sida contribution to its minor humanitarian interventions the first time 92/93. The contribution, thereafter, steadily increased; for the years 2004/2005 CoS received in total 12,1 MSEK and for the years 2006/2007 CoS received 14,7 MSEK. The Rapid Response Mechanism (RRM) replaced the concept of minor humanitarian interventions in 2008. The same year, Sida accorded CoS the possibility to apply for RRM funding and, based on their application, CoS was granted 10 MSEK for 2009. The current RRM contribution, which covers the period 2010-2011, amounts to 27,5 MSEK. Within CoS RRM application for 2010-2011, the added value of CoS as an implementer of rapid humanitarian interventions was clearly linked to being ACT's psychosocial lead agency.

Apart from the RRM interventions, CoS has also received funds to separate programmes where the CBPS played/plays an important role. In the *Eastern DRC Conflict and Displacement Programme Nov 2008 - Nov 2009*, psychosocial support and trauma healing was provided to IDPs and returnees affected by the ongoing armed conflict. Capacity building of local partners in providing psychosocial support was furthermore a part of the programme. Similarly, within the *Somali Refugee Programme*, funded by Sida/HUM since 2008, the promotion of the refugees' psychosocial well-being is at the centre of many activities. Additionally, CoS's ambition is that all support is provided through the application of the community based psychosocial support approach. Subsequently, numerous activities concern the provision of training in psychosocial support in an effort to

[93] An Evaluation of the Church of Sweden's "Community Based Psychosocial Approach in Humanitarian Assistance" Project, carried out by Indevelop. Final Report June 2009.

build capacity in the application of the approach and ensure the psychosocial well-being of the beneficiaries.

Previous Evaluation of CoS's Psychosocial Support Capacity Building Efforts
At the end of 2007, CoS assigned Indevelop-IPM International Consultants to evaluate the *Community-based Psychosocial Support in Humanitarian Assistance.* During a year and a half the consultants worked on the evaluation. As part of the assignment, the consultants also acted as project advisors to CoS. This internal evaluation was completed in 2009 and identified some limitations in terms of the likelihood of the project to achieve real impact. A series of recommendations as to how to increase the probability of impact of the project were moreover provided.

The evaluation focused on *the means to achieve* impact rather on whether the project actually achieved impact. Possible impact on final beneficiaries was consequently left out and impact/outcome was rather evaluated at the three levels of; the individuals that had received training at workshops, the organisations for which these participants worked; and the projects/programmes implemented by these organisations. The internal evaluation of the project mainly served as a tool for learning – providing CoS with recommendations how *the means to achieve impact* could be improved – rather than as a tool for accountability. The evaluation was furthermore limited to CoS's implementation of regional workshops (technical assistance through personnel assignments /secondments were for example not included neither mainstreaming efforts in other humanitarian assistance interventions carried out by CoS).

Current Planned Evaluation of CoS's Psychosocial Support Capacity Building Efforts
Sida/HUM outlined within its assessment memorandum for the ongoing three-year funding period[94] that it expects to see a reoriented three year period, necessary adjustments of identified limitations and an effective impact on assisted communities since Sida/HUM sees this as tightly tied to the relevance of the project.

Within the same assessment memorandum, Sida/HUM stated that an external evaluation would be conducted "to measure the relevance and the outcomes of CoS' capacity building programme for psychosocial support and its effective impact on assisted communities". Additionally, in Sida/HUMs follow-up letter to CoS's final report of the support to the psychosocial personnel pool in 2008[95], Sida/HUM reiterated the need for the external evaluation to look into "the relevance and the impact of Sida-supported psychosocial projects" implemented by CoS.

[94] Assessment Memo 22 Jan 2010 (E-doc 2009-002071).
[95] Follow Up of Church of Sweden's Project "Support to the psychosocial personnel pool 2008", 6 July 2009.

Sida/HUM initially planned to carry out an independent external evaluation of the programme during 2010. Further funding for 2011 and 2012 would be conditioned on Sida/HUM's approval of CoS's management response to such an evaluation. Nevertheless, the evaluation was not undertaken in 2010 due to limited human resources at Sida's Unit for Humanitarian Assistance. Considering the delay of the commencement of this evaluation, it is Sida/HUM's intention to use this evaluation as a basis for its decision concerning possible continued support after 2012 – regardless of whether it would be a part of a potential multiyear strategic partnership agreement with Sida/HUM or whether it would remain a stand-alone project with separate funding. As a consequence, it shall be an independent and summative evaluation, serving more as a tool for accountability than as a tool for learning, although there is also a learning aspect included.

This evaluation has, hence, been initiated by Sida in an effort to evaluate interventions in progress and examine their relevance to the broader humanitarian concern as specified by CoS in their overall objective of the project (see above).

1. Purpose

The purpose of the evaluation is to determine *the programme's* effectiveness regarding achieving results at intermediary outcome and outcome levels as well as to determine the *programme's* relevance and on that basis to determine the programme's potential for impact on affected communities

2. Interpretation of Key Concepts

For the purpose of this evaluation key concepts will be interpreted as follows:

Programme	CoS's overall efforts to build capacity in and mainstream community based psychosocial support. Not limited to the early capacity building "project" that eventually became a "programme", hence, including components ranging from technical support to the ACT Alliance and its members (including staff roster, supervision and mentoring, training tools, trainings and networking), as well as the mainstreaming efforts of the CBPS approach into ACT's humanitarian response to appeals and into their members humanitarian programmes (e.g. the Somali Refugee Programme), to the psychosocial website and communications efforts concerning the importance of CBPS).
Target Group	The personnel working at CoS's partner organisations within the ACT alliance.
Beneficiaries	The persons that CoS's partner organisations within the ACT alliance work with and assist.
Intermediary Outcome (including improved processes)	Outcome occurring at the level of the *target group* meaning outcomes connected to the potential improvement of these organisations skills and capacity and, thus, subsequently their working approach/methods and systems.
Outcome	Outcome occurring at the level of the *beneficiaries* meaning outcomes connected to what was delivered by the *target group* to the *beneficiaries*.

Impact	Change in how beneficiaries' cope and in terms of the speed by which they get back on their feet when disaster strikes.

3. Assignment

The consultant will be expected to gather and to analyse information through desk studies, interviews, and field visits in order to produce an evaluation report.

2.1 Assessment Areas

As specified in the overall purpose of the assignment, the evaluation shall look at the effectiveness and the relevance of the *programme*. Although Sida/HUM previously specified that this evaluation would look at the impact on assisted communities[96], this evaluation will not attempt to assess the *programme's* impact in terms of change in how beneficiaries' cope and in terms of the speed by which they get back on their feet when disaster strikes. The underlying reason is the inherent difficulty to follow up what CoS's support and funds specifically meant for any potentially visible change in the mental health and psychosocial lives of the beneficiaries. Results at the intermediary outcome and outcome levels should nevertheless be possible for CoS (and the *target group)* to control and, therefore, to measure. This evaluation will address impact by assessing the relevance of the programme (see "i" under Impact/User-Oriented Part below).

The assessment areas are stipulated in more detail through the series of questions below. All assessment areas and questions must be analysed and reported on as part of the assignment.

Effectiveness / Goal-Oriented Part:

iii) Determine the extent to which objectives at intermediary outcome and outcome levels have been achieved as a result of planned activities.

iv) To what extent have the identified changes at intermediary outcome and outcome levels been caused by the *programme*? Furthermore, how as well as to what extent has the achievement of *intermediary outcomes*, e.g. changed institutional working methods of CoS and the target groups, contributed to the achievement of the *outcomes*?

v) What are the reasons for the achievement or non-achievement of objectives at intermediary outcome and outcome levels?

vi) Assess whether CoS effectively followed up on the recommendations from previous evaluation. In particular for this point, the recommendation concerning the need to clarify the intervention logic, so as to enable an assessment of the *programme's* effectiveness.

[96] Assessment Memo 22 Jan 2010 (E-doc 2009-002071).

vii) Assess the extent to which CoS's follow-up of the previous evaluation has rendered the p*rogramme* more effective i.e. increasing the extent to which the objectives at intermediary outcome and outcome levels have been achieved as a result of the implemented activities?

Relevance Part:

i) How urgent is the *programme* from the point of view of the target group and the beneficiaries?
ii) To what extent does the *programme* match the needs and priorities of the target group and the beneficiaries?
iii) Is the *programme* well adapted to the humanitarian contexts within which the target group and the beneficiaries are present?
iv) Is the *programme* in tune with relevant Swedish policies, in particular, *the Policy for Swedish Humanitarian Assistance, the Policy for Gender Equality and the Rights and Role of Women in Sweden's International Development Cooperation*, and *the Policy for Sweden's Support to Civil Society in Developing Countries within Swedish Development Cooperation*?
v) Assess whether the *programme* implementation is consistent with IASC Guidelines on Mental Health and Psychosocial Support?
vi) Is the programme relevant vis-à-vis Goal 6 of the *Strategy for Humanitarian Assistance provided through the Swedish International Development Cooperation Agency (Sida) 2011–2014*? What are the reasons for that the programme is found relevant or irrelevant? Identify whether ownership is extended to the target group and the beneficiaries. To what extent does the *programme* enhance the capacity of the target group and the beneficiaries to demand accountability from CoS and the ACT alliance in the case of the target group and from local and national authorities and institutions, as well as from humanitarian organisations in the case of the beneficiaries? To what extent does the *programme* involve the target group and the beneficiaries in the design, implementation and evaluation of the support they receive?
vii) Is the *programme* relevant vis-à-vis Goal 7 of the *Strategy for Humanitarian Assistance provided through the Swedish International Development Cooperation Agency (Sida) 2011–2014*? To what extent is national and local capacity to meet humanitarian needs strengthened? Identify at what level local capacity building occurs and discuss the relevance of this in terms of ensuring that humanitarian efforts have a longer-term impact, and contribute to laying the foundations for longer-term development.
viii) To what extent does the *programme* integrate the two perspectives of the *Strategy for Humanitarian Assistance provided through the Swedish International Development Cooperation Agency (Sida) 2011–2014*?

Impact/ User-Oriented Part:

i) Considering the findings under Effectiveness and Relevance, what potential is there for the programme to improve the beneficiaries' ability to cope when a disaster

strikes and to get back on their feet quicker and in a more sustainable way than they would have otherwise?

2.2 Assessment Phases
The assignment will consist of these phases:

Phase 1: Inception Report
During Phase 1 the consultant is expected to elaborate and finalise the assessment methodology. The final methodology must be presented in an inception report. Its possible limitations shall also be discussed therein. The inception report shall also be produced and finalised during Phase 1. The inception report shall in addition to outlining the proposed methodology, include a detailed implementation plan with clear timeframes. Moreover, a stakeholder analysis shall be made with a plan for stakeholders' involvement (see *Stakeholder Involvement* below). The inception report must be submitted to Sida a maximum of 10 days after the signing of the contract. The inception report must, thereafter, be approved by Sida.

Phase 2: Collection of Data
As a minimum for the empirical foundation of the assessments, the consultant is expected;

- to gather and to analyse documentation concerning the *programme*. The documentation should principally be provided by the assessed organization or by Sida.
- to conduct interviews with relevant persons at Sida, at Church of Sweden, at implementing partners of the *programme*, as well as the affected communities that constitute the main group of focus for this evaluation.
- to visit selected implementing partners and project sites in the field where activities have been/are implemented as part of the *programme*.

The plan for field visits shall be determined in consultation with Sida/HUM so as to ensure a sufficient empirical foundation while ensuring field visits are conducted in an as cost-efficient manner as possible. CoS will be able to indicate geographical areas where more substantial CBPS work has been undertaken.

Phase 3: Collation, Analysis and Presentation of Data
The consultant is expected to analyse all gathered data using the agreed methodology (see Phase 1).

Findings shall, thereafter, be presented in a draft report. The primary intended user of the report is Sida/HUM considering that this evaluation constitutes an accountability tool. Continued Sida funding of CoS's efforts to build capacity in and mainstream community based psychosocial support, beyond 2012, will depend on the findings of this evaluation. The consultant will, nevertheless, be expected to share the draft findings with CoS for feed-back on factual errors. The draft report must clearly distinguish and present *findings* vs. *analysis* vs. *conclusions* vs. *recommendations*.

The evaluation shall be carried out in accordance with DAC's Evaluation Quality Standards. Sida's Evaluation Manual, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and other subject matter specific evaluation guides such as UNICEF's Guide to the Evaluation of Psychosocial Programming in Emergencies may also serve as additional quality tools.

Phase 4: Production of Final Report

The consultant shall produce a final report. The primary user is again Sida/HUM. The final report shall not exceed 30 pages (excluding annexes). The final report shall be approved by Sida/HUM.

3. Stakeholder Involvement

The evaluation is commissioned by Sida to constitute part of the basis for Sida/HUM's decision concerning further funding to CoS's efforts to build capacity in and mainstream community based psychosocial support, beyond 2012. The consultant shall plan and carry out the assignment in close consultation with Sida/HUM. The person responsible for Sida/HUM's cooperation with CoS will be the focal point at Sida for the assignment. The focal point will make herself available to meet the consultant, answer questions and provide direction to the consultant concerning the implementation of the assignment. The focal point may also assist the consultant with identifying relevant documents concerning Sida's cooperation with CoS.

For other documents, the consultant will be expected to contact CoS. CoS will be expected to provide the consultant with necessary documentation concerning its efforts to build capacity in and mainstream community based psychosocial support with Sida funding. The consultant may also find it useful to interview and/or consult with other Sida staff members with previous experience in handling this particular programme or other programmes that may appear as relevant throughout the assignment.

The involvement of CoS during Phase 2 shall be broad and include stakeholders as deemed necessary in order to achieve the evaluation purpose (i.e. headquarter, field offices, implementing partners at first and subsequent levels, beneficiaries). Important stakeholders include the ACT Alliance secretariat, global and local partners (e.g. LWF) at first and subsequent levels, the IASC reference group on Mental Health and Psychosocial Support (MHPSS), as well as the beneficiaries within affected communities. A stakeholder analysis and a plan as to how stakeholders will be involved to ensure adequate data collection shall constitute a part of the assessment methodology and. Subsequently, be included in the inception report for Sida's approval. CoS will be expected to ensure that their subsequent stakeholders make themselves available for interviews and provide the required documentation for the consultant's analysis.

The following contacts shall, at a minimum, take place with Sida:

- During Phase 1 and as a point of departure for the assignment, Sida shall organise a meeting between the consultant and Sida/HUM to discuss the methodology and

time-frame for the assignment as presented in the proposal, whereupon the consultant shall present an inception report within 10 days for Sida's approval.

- Early during Phase 2 and once the consultant has come up with a proposal for field visits, the consultant will arrange a meeting with Sida to correlate this plan with Sida's suggestions.
- Moreover, during Phase 2, and as part of the required Data Collection, meetings with relevant Sida staff will take place.
- During Phase 3 and once the draft report is produced the consultant shall organise a meeting with relevant Sida to present tentative findings and conclusions and also to discuss eventual problems when carrying out the assignment. The consultants shall also organise a meeting with the CoS in order to provide an opportunity to address potential errors of fact.
- During Phase 4 and once the final report has been submitted, the consultant should make himself/herself available to present the final report to Sida/HUM.

4. Assessment Questions and Recommendations

CoS has expressed their interest in being assessed during 2013 against the *Criteria for Civil Society to Qualify as a Strategic Partner Organisation within the Appropriation Humanitarian Assistance and Conflict-related Activities*. The consultant's evaluation of the programme will support Sida/HUM in its upcoming decision as to whether to continue to fund this programme as part of such a multi-year agreement if CoS qualifies. The assessment shall answer the questions specified within Assignment Areas (see above). The consultant will also be expected to make recommendations stemming from the undertaken analysis and drawn conclusions. Recommendations that provide Sida/HUM with guidance concerning continued funding should be included. Such recommendations should be a logical consequence of the undertaken analysis and conclusions. If the analysis and conclusions address shortcomings in relation to the programme's effectiveness, relevance, and potential for impact on the beneficiaries, recommendations in terms of how such shortcomings can be addressed and rectified should be included to the benefit of CoS because although this evaluation is mainly a tool of accountability, Sida/HUM sees it as important that any learning stemming from an evaluation does not go missing. Consequently, any undertaken analysis and drawn conclusions that can be formulated into clear recommendations that may assist CoS in improving its efforts to build capacity in and mainstream community based psychosocial support should be included.

5. Time Schedule and Report Format

The assessment shall start no later than the 2011-11-14. The final report should be submitted to Sida no later than 2012-03-31. The proposed timeframes shall be included in the inception report (see Phase 1). The final report shall not exceed 30 pages excluding Annexes and be submitted electronically. Approval of the Final Report will be based on its adherence to the OECD/DAC Evaluation Quality Standards.

The reports shall be written in English with an executive summary in Swedish. The final report must be presented in a way that enables publication without further editing, which includes having been professionally proof read. The format and outline of the report shall

therefore follow, to the greatest extent possible, the guidelines in Sida Evaluation Manual – a Standardised Format. The report shall be written in programme Word 6.0.

6. Consultant's Qualifications

The assignment shall be carried out by at team of maximum two persons. One person should be responsible for initiating and supervising the process (Category I). The members are expected to take shared responsibility for data collection and analysis.
The consultant(s) shall submit CVs that include the information below.

Required Qualifications:

Specific for Category I consultant:

- *General experience:* Advanced academic degree in a relevant field of social science e.g. psychology, political science, sociology.
- A minimum of 10 years of relevant professional working experience from development cooperation *and* humanitarian assistance. Fluency in written and spoken English (at least equivalent to Level 2 of Sida's Language/es Level Definition). Fluency in other UN languages will be viewed as preferential.
- Working experience from geographically different regions.
- Work experience within humanitarian assistance shall include experience from both sudden onset crises and from protracted crises (this might include evaluation work, providing technical support, or working with implementation).

Specific experience and qualifications:

- A minimum of 3 years of work experience in evaluating projects/programmes within international development and/or humanitarian assistance.
- Documented experience from working with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and the IASC Psychosocial Intervention Pyramid (this might include evaluation work, providing technical support, working with implementation or other). Preferably previous experience in evaluating mental health and psychosocial support projects/programmes with the IASC tools as a basis.

Specific for Category II consultant:

General experience:

- Advanced academic degree in a relevant field of social science e.g. psychology, political science, sociology.
- A minimum of 5 years of relevant professional working experience from development cooperation *and* humanitarian assistance.
- Fluency in written and spoken English (at least equivalent to Level 2 of Sida's Language/es Level Definition). Fluency in other UN languages will be viewed as preferential.
- Working experience from geographically different regions.
- Work experience within humanitarian assistance can include experience from sudden onset crises or from protracted crises (this might include evaluation work, providing technical support, or working with implementation).

Specific experience and qualifications:

- A minimum of 3 years of work experience in evaluating projects/programmes within international development and/or humanitarian assistance.
- Familiarity with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and the IASC Psychosocial Intervention Pyramid.

For the team as a whole:

- Previous documented experience of evaluating mental health and psychosocial support projects/programmes in the South (a minimum of three evaluations that can be comparable to this assignment).
- A minimum of 2 years of work experience in project/programme management.
- A minimum of 2 years of work experience in providing psychosocial support in the South.
- Work experience in the areas of social welfare, psychosocial issues, local capacity building (in particular community/institutional/organisational), results based management, gender equality, and beneficiary involvement (this might include evaluation work, providing technical support, or working with implementation).

Annex 8 – Inception Report

1. Executive Summary

This inception report illustrates how the expectations of the two partners (Sida/HUM and CoS) in terms of evaluation purpose, will be addressed in detail within the constraints of the timeframe established. It sets out a path that will lead towards answers for the questions posed by the TOR for this evaluation, with clear signposts as to the information to be gathered and assessed.

The evaluation is designed as an independent and summative evaluation, serving as a tool of accountability. The overall purpose of the evaluation is to

- *determine the programme's effectiveness regarding achieving results at intermediary outcome and outcome levels*
- *determine the programme's relevance*
- *and on the basis of findings from these two areas to determine the programme's potential for impact on affected communities*

This evaluation will not attempt to assess the programme's impact in terms of change in how beneficiaries' cope and in terms of the speed at which a level of community stability is restored post disaster.

The inception report defines the scope of the programme and clarifies terminology used around expected outcomes. It describes the team's understanding of the Theory of Change and notes the varied definitions and expectations of a CBPS approach. It should be noted that programme outcomes are clearly presented in logframe as objectives; reporting since 2009 has been in relation to these Objectives; and the strategic document CoS Strategies for the Psychosocial Work (2010-12) also follows the same logic of sequencing. The evaluation will follow the same path when organising and analysing results information.

Evaluation questions are refined and the **Evaluation Matrix (Annex 1)** sets out how the questions posed by the TOR will be addressed and provides the 'route map' for the evaluation. Each expected result is related to the key questions of effectiveness and relevance. This also lists relevant information sources and main methodologies to be used and should be read as an integral part of this inception report.

Broadly, a combination of tools will be used to gather information for this review:

- ✓ Documentary review; mining for results data
- ✓ Follow up key informant interviews (semi-structured)
- ✓ Focus group discussions with Partner agency staff (trainees and peer colleagues) in country visits
- ✓ Skype calls to additional key informants

- ✓ Appropriate interactions with any community beneficiaries during field visits, that might be sensitively organised

In the next phase Data Collection and Field Visits the team will seek to understand in more detail the outputs delivered by CoS to their partners (ACT members) and the outcomes for staff of these organisations. In subsequent analysis the evaluation will address impact by considering these findings under Effectiveness and Relevance: analysis will consider to what extent there are signs that the CBPS approach is becoming an integrated part of humanitarian responses. Ownership of the approach and capacities to implement it, will be critical indicators of sustainable change at ACT partner level.

A Draft report of findings from this evaluation will be presented for discussion with CoS and Sida by End of March 2012.

2. Assessment of scope of the evaluation

2.1 Activities during Inception Phase

The inception phase of this interim evaluation began as scheduled with a start up meeting with the Sida Programme Manager in the Unit for Humanitarian Assistance, and a first meeting with Church of Sweden staff. In advance of these meetings and subsequently, a volume of documents relating to the Psychosocial Support Programme was shared with the Evaluation Team. Key points and some issues arising from a first scan of these (280+ documents) are now included within this inception report. The evaluation team has met three times (twice virtually and once face-to-face) to discuss and agree upon the approach proposed. Indevelop's Project Director has made comments and input to the inception report and provided quality assurance.

We believe that the approach proposed in this inception report, will address in detail the expectations of the two partners (Sida/HUM and CoS) in terms of evaluation purpose, within the constraints of the timeframe established. It sets out a path that will lead towards answers for the questions posed by the TOR for this evaluation, with clear signposts as to the information to be gathered and assessed.

The team would of course be happy to consider variations within this proposed route, provided they lead us collectively to the same end – that is to have formed a view as to the relevance to the challenges of humanitarian contexts of the Community based Psychosocial Support Approach, as delivered by CoS and partners; and to have assessed how effective CoS and their partners have been in delivering the outcomes[97] expected from the programme.

2.2 Purpose of the Evaluation

The scope and focus of this evaluation is clearly delineated in the TOR (Assessment Areas). The evaluation is designed as an independent and summative evaluation, serving as a tool of accountability. Although elements contributing to this programme have been funded since 2006, this evaluation is summative and will take the findings contained within Evaluation Report produced July 2009 as the start point from which to review subsequent implementation and progress. Sida/HUM shall be the primary and CoS the secondary user of findings.

The overall purpose of the evaluation is to

- *determine the programme's effectiveness regarding achieving results at intermediary outcome and outcome levels*
- *determine the programme's relevance*

[97] Expected results and objectives achieved (see 2.4)

- *and on the basis of findings from these two areas to determine the programme's potential for impact on affected communities*

This evaluation will not attempt to assess the programme's impact in terms of change in how beneficiaries' cope and in terms of the speed by which they get back on their feet when disaster strikes. Although Sida/HUM previously specified that this evaluation would look at the impact on assisted communities[98], this was later revised. Effectiveness and relevance will contribute to bring clarity to the programme's potential for impact on the affected communities. It will not be possible within the scope of this assignment to assess impact per se; the evaluation will focus on assessing outputs and outcomes.[99]

Sida have also expressed the need for an informed view as to the relevance of CoS's CBPS as an Approach to the challenges of humanitarian contexts and whether an added value lies there within; this should be able to be demonstrated empirically.

2.3 Scope of the Programme

The Core Programme to be reviewed is the comprehensive programme entitled Community Based Psychosocial Support in Humanitarian Assistance, representing 3 further years of funding to a value of 8.1M SEK. This is the most recent element in a series of projects that were earlier reviewed.[100]
The Core Application and Logframe for this programme (2010-12) provide statements of expected outputs and outcomes. The evaluation team suggests one explanation of the inherent theory of change through which CoS seeks to deliver programme impact (see Early Findings below).

In addition to this core funding to deliver this Capacity Building programme, CoS functions as a funding partner within the ACT Alliance. The sources of these additional funds are not always clear at this stage; some come from Sida via humanitarian funding mechanisms. In this capacity CoS has directly funded programmes in humanitarian contexts, over several years. Whilst it is not within the capacity or remit of the evaluation to evaluate these specific programmes, some will be used as case study sites, to assess whether training has indeed delivered aspects of the CBPS approach in humanitarian responses.
The evaluation will consider what can be said about activities that are intended to relate to psychosocial support to affected communities in these other wider programmes/RRM interventions.

This donor role also gives CoS the potential to positively screen for aspects of design which reflect a CBPS approach within applications and to fund work that aims to mainstream CBPS support within other areas of humanitarian work – notably Food Security, Shelter and WATSAN. CoS has contributed to joint appeals, for one year

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[98] Assessment Memo 22 Jan 2010 (E-doc 2009-002071).
[99] Or Intermediary outcomes and outcomes (See 2.4)
[100] Evaluation of CoS Psychosocial Support Capacity Building Efforts July 2009 Indevelop

Humanitarian funding (Rapid Response facility) from ACT members, usually working jointly in any given emergency. This funded work will also provide some site specific examples of application of learning and changed partner approaches to CBPS support.

Each of these projects/programmes/appeals has their own programme application document, logframes and set of outputs/outcomes that are reported against. These serve to illustrate the CBPS elements of these programmes and will be used to assess outcomes from each specific case selected for study.

2.4 Clarification of terminology used around expected outcomes

The TOR specify that it should be possible for CoS (and the *target group*[101]*)* to exert a significant degree of control over results at the intermediary outcome and outcome levels and therefore to measure these. In particular the team notes that a key recommendation of the evaluation process concluded in June 2009, was for CoS to give consideration to improving the future M&E of CBPS approach including clarifying the project intervention logic within the programme logframe. It will be important to make full use of internal reporting, monitoring criteria and mechanisms that have been developed in response to this recommendation.

It is important to note at this stage that the two main parties, Sida and CoS, use some different terms as synonyms; giving potential for a lack of clarity. The divergence in terms used to describe the development results expected from this programme is compared in the following table:

Source Document				
CoS Logframe	Activities	Expected Results	Project Objective	Goal
TOR Terms	Planned Activities	Intermediary Outcomes	Outcomes	Goal
Results Chain Theory of Change	Activity	Output	Outcomes	Impact

For the purpose of this evaluation key terms were defined by Sida/CoS within the TOR as follows:

Target Group	Personnel working at CoS's partner organisations within the ACT alliance
Beneficiaries	Community Members (persons) that CoS's partner organisations within the ACT alliance work with and assist (members of Communities in Crisis, some though not all in camps)

[101] Personnel working at CoS partner organisations within the ACT alliance – as defined within TOR

Intermediary Outcome	Outcome occurring at the level of the *target group* meaning outcomes connected to the potential improvement of these organisations skills and capacity and, thus, subsequently their working approach/methods and systems.
Outcome	Outcome occurring at the level of the *beneficiaries* meaning outcomes connected to what was delivered by the *target group* to the *beneficiaries*.
Impact	Change in how beneficiaries' cope and in terms of the speed by which they get back on their feet when disaster strikes (The team suggests this could be phrased as Community Attains a level of Stability post disaster)
Evaluators Note:	Outcomes are framed in Logframe as Objectives; we understand that these strategies were a means to an end, and that end can be expressed as " Enhanced capacity for service delivery in partner organisations within ACT". Reporting since 2009 has been about Objectives as these are framed in the Logframe; and the strategic CoS document Strategies for the Psychosocial Work 2010-12 also follows the same logic of sequencing. We will follow the same path when organising and analysing results information.

The **Evaluation Matrix (Annex 1)** sets out how the questions posed by the TOR will be evaluated. Each expected result is related to the key questions of effectiveness and relevance. The programme logframe (2010-12) sets out expected results (intermediary outcomes) and project objectives (outcomes) and desired impact (as a Goal Statement). Clear linkages between expected outcomes planned for, and actual results from information gathered during the second phase of this evaluation will be collected and organised as described within this Evaluation Matrix.

This also lists all relevant information sources and suggests main methodologies to be used. This Annex should be read as an integral part of this inception report and provides the 'route map' for the evaluation enabling the team to correlate information pertaining to different evaluation areas and questions, from each unique information source.
This will mean that gathering information is systematic and efficient, making best use of face-to-face interview time.

In subsequent analysis to be made by the evaluation team members with input and oversight from the Indevelop Project Director, this evaluation will address impact by considering the findings under Effectiveness and Relevance. Analysis will consider to what extent there are signs that the CBPS approach is an integrated part of humanitarian responses. Ownership of the approach and capacities to implement it will be critical indicators of change at ACT partner level.

2.4.1 Early Findings

A Proposed Theory of Change – our early understanding of what CoS planned to do and why

- CoS develops its own capacity and expertise in CBPS Approach

- CoS creates a bank of trainers and a pool of personnel trained in this approach; these are both staff members from Southern partner organisations and technical specialists in the North
- CoS also creates a roster of technical specialists in the North able to be deployed at short notice into emergency response situations to strengthen and deliver aspects of a CBPS Approach
- And CoS/ACT offers these persons tools for support and application of the Approach (Facilitators Guide (2003); TA from the roster of technical support staff (from 2005); Training Manual (2007); website based technical information (mid 2010)
- To some extent there is created a 'community of practice' amongst and between roster members with capacity for mutual support
- TA is delivered via Roster staff, this is an opportunity to embed learning in a partner organisation
- Ownership of the CBPS approach amongst partners is evidenced by mainstreaming of the CBPS approach into the work (and funding appeals and applications) of the ACT partner. CBPS elements are included in design, monitored and reported against during implementation and demonstrate a clear understanding of CBPS by partners.

It is assumed that these CBPSS trainees will be able to

a) Change humanitarian practice (planning of and implementation of) to reflect a CBPS approach
b) Influence changes to policy and practice within their host organisations such that a CBPS approach is mainstreamed in some of the other work of that agency
c) Influence the drafting of appeals (applications for emergency funds) so as to reflect a CBPS element and therefore attract funding for implementation

The team also notes that a key contextual factor that should influence design s the Phase of Disaster Response (as defined P41 of CBPSS Training Manual). This explains the key elements of a humanitarian response which reflects CBPS support and is modified according to the Phase of Disaster Response (Pre-disaster Preparation; Acute Emergency Phase; Non-Acute Emergency Phase; Development Phase). Sida has expressed a clear and particular interest in understanding what CoS has done to promote a CBPS approach in Disaster Preparedness work.
Ultimately the impact from this work is expected to be greater resilience, coping capacity and improved pace of rehabilitation of the community in crisis. The limitations to assessing such impacts are already discussed in 1.1 Evaluation Purpose, and beyond the scope of this evaluation.

Complementary Definitions and Amplifications of what is meant by CBPS Support

Early analysis of the documents provided to date yields a number of definitions of what is meant by a CBPS Approach:

- ✓ ACT Website, Section of CBPSA
- ✓ IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- ✓ CoS 3A's : Awareness: Approach: Activities - with the specific recognition that a CBPS Approach may need to address Pre-existing Problems;
  Emergency related problems; and
  Problems related to the ways in which Humanitarian Aid is delivered

As well as much guidance as to how a CBPS approach may be implemented.

It seems clear from these and other materials not yet screened in detail that:

- The CBPS support paradigm or model is a relatively new model and may be still evolving

- It is interpreted in varying and complementary ways; it can in some circumstances be quite simple with focus on rights participation and contextual consideration;
- or rather more multi-faceted and complex when applied to the changing phases of any one emergency or across the entire spectrum of intervention sectors.

3. Relevance and evaluability of evaluation questions

3.1 Questions posed by the TOR and how these will be addressed

The team appreciates that the Psychosocial Support Programme promotes a differentiated approach to a complex set of issues across the varied contexts of phased disaster responses. This section relates to whether the questions posed by the evaluation TOR can be answered; what information sources exist and how will these be 'mined' to extract information; how analysis will be made to draw conclusions to questions that are often about "a question of degree".

Challenges have apparently been encountered in the past to set reasonable indicators against which to track progress of a 'process' project and to measure or appreciate qualitative impact. The evaluation team is guided by the indicators established in the final programme logframe[102]; and notes that there was discussion of potential to revise or reset these as the programme developed. At this stage we are not aware that there have been any further revisions to the programme logframe or reporting indicators.

This evaluation is not focused on the activities delivered (audit reporting) but rather upon development results achieved. A critical tool for this will be the internal M&E and reporting systems of CoS which we expect to conform to certain norms (Clear partnership objectives; with related reporting outputs). The evaluation team will judge the quality and level of critical reflection illustrated in documents (reports, data collection, change stories, other M&E outputs, studies, evaluations, etc.) and use these to contribute to the team's own independent conclusions.

Key Evaluation Questions to be Addressed: *These are set by the TOR and have been slightly refined here for clarity and logical flow.*

Effectiveness / Goal-Oriented Part:

viii) To what extent have objectives at intermediary outcome and outcome levels been achieved; as a result of planned activities (Data Collection & Analysis)?

ix) To what extent the identified changes at intermediary outcome and outcome levels be attributed to the programme? Furthermore, how as well as to what extent has the

[102] And project level applications and logframes (see 2.3 final paragraph)

achievement of intermediary outcomes, e.g. changed institutional working methods of CoS and the target groups, contributed to the achievement of the outcomes? (Analysis & attribution of outcomes)?

Implementation and impact from this

x) What are the reasons for the achievement or non-achievement of objectives at intermediary outcome and outcome levels?

xi) Did CoS effectively follow up on the recommendations from the previous evaluation, in particular recommendation concerning the need to clarify intervention logic? (so as to enable an assessment of the programme's effectiveness)

Relevance

Relevance to Country Context & the particular Community in Crisis

ix) To what extent has the programme enabled partners to adapt their activities to best match the needs and priorities of the target group and the beneficiaries?

x) Is the programme well adapted to the humanitarian contexts within which the target group and the beneficiaries are present? (including how the approach is adapted according to Phase of Disaster Response)

xi) How urgent/relevant is the programme from the point of view of the target group and the beneficiaries? (this question arises from a single context (DRC) where concern was expressed that the CBPS approach appeared to direct focus away from addressing most immediate material needs)

Relevance to International & National Policy guidance

xii) *Is* programme implementation consistent with IASC Guidelines on Mental Health and Psychosocial Support?

xiii) Is the programme in tune with relevant Swedish policies, in particular, *the Policy for Swedish Humanitarian Assistance*, *the Policy for Gender Equality and the Rights and Role of Women in Sweden's International Development Cooperation*, and *the Policy for Sweden's Support to Civil Society in Developing Countries within Swedish Development Cooperation*?

Relevance going forward

xiv) To what extent does the programme integrate the two perspectives (Disaster Prevention and Recovery) of the *Strategy for Humanitarian Assistance* provided through the Swedish International Development Cooperation Agency (Sida) 2011–2014?

xv) Is the programme relevant vis-à-vis Goal 6 of the *Strategy for Humanitarian Assistance* provided through the Swedish International Development Cooperation Agency (Sida) 2011–2014? What are the reasons that the programme is found relevant or irrelevant? Identify whether ownership is extended to the target group and the beneficiaries. To what extent does the programme enhance the capacity of the target group and the beneficiaries to demand accountability from CoS and the ACT alliance in the case of the target group and from local and national authorities and institutions, as well as from humanitarian organisations in the case of the beneficiaries? To what extent does the *programme* involve the target group and the beneficiaries in the design, implementation and evaluation of the support they receive?

xvi) Is the programme relevant vis-à-vis Goal 7 of the *Strategy for Humanitarian Assistance* provided through the Swedish International Development Cooperation Agency (Sida) 2011–2014? To what extent is national and local capacity to meet humanitarian needs strengthened? Identify at what level local capacity building occurs and discuss the relevance of this in terms of ensuring that humanitarian efforts have a longer-term impact, and contribute to laying the foundations for longer-term development.

Broadly the time between training delivered and this evaluation is short, and in the intervening period it is unclear how tightly the application of learning may have been supported/mentored. Although some training started in 2006, analysis shows key content and expected outcomes have changed; additional back up in the form of web-based learning materials have only been available since 2010. It is highly likely that we would only be able to make very broad value judgements about the 'style' of an implementing partner and whether or not this truly reflects a significant change in participation and national capacity. The evaluation will therefore attempt to judge whether the programme has been designed so as to encourage ownership and participation of the affected population and to strengthen national and local capacity to meet humanitarian needs.

3.2 Recommendations regarding evaluation questions

It should be clear that the evaluation will aim to assess impact by addressing the question: Is the community based psychosocial approach an integrated part of the humanitarian responses of the ACT Alliance (paraphrase of Goal Statement Programme Logframe) and with this any attribution of impact to CoS actions (or lack of). It is beyond the scope of this evaluation to assess impact at community beneficiary level but any positive findings will clearly indicate a direction of travel and these will be noted where they are observed.

4. Proposed approach and methodology

4.1 Information Sources: Proposed Methodology & Tools

Broadly a combination of tools will be used to provide information for this review:

- ✓ Documentary review; mining for results data
- ✓ Follow up key informant interviews (semi-structured)
- ✓ Focus group discussions with Partner agency staff (trainees and peer colleagues) in country visits
- ✓ Skype calls to additional key informants
- ✓ Appropriate interactions with any community beneficiaries during field visits, that might be sensitively organised, with minimum disruption or raised beneficiary expectations

4.1.1 Documents

Documentary evidence (reports, appeals, partner reports, evaluations and policy on international standards and reporting on these) is provided by Sida/HUM and CoS. In the next Data Collection phase of the evaluation this will be analysed more methodically, to find information relating to the questions framed with the first two columns of the Evaluation Matrix (Annex 1).

Bearing in mind that the 2009 evaluation noted organisational challenges that may hamper the application of the CBPS approach by trainees; it will be important to note what was done by CoS to try to overcome these in subsequent years of programme implementation.

Documents will illustrate, what was done and when in relation to time plan, and allow us to build a clear Timeline of key outputs delivered; Numbers of staff on Personnel Roster, deployment and assessment of impact of these; evidence of ACT member capacity in CBPS approach (elements of programme design and mainstreaming).

4.1.2 Stakeholders and Users Analysis:

CoS has provided a matrix of partners involved in the comprehensive CBPSS programme; that is partners sending staff to all country trainings by date of training; partners receiving technical assistance (TA) from roster members, by country; and appeals reflecting a CBPS approach supported by country, with implementing partners. The team has used this long listing of more than 30 partners and several other network partners, to make suggestions for site visits. A proposed shortlist of those who could be sampled is mapped in Annex 2: Stakeholders and Users Analysis.

In the next phase, Data Collection and Field Visits, the team will seek to understand in more detail the inputs and activities delivered by CoS to their partners (ACT members) and the outcomes for staff of these organisations (as per an agreed theory of change to be verified during the next meeting with CoS staff).

This Stakeholder Analysis does not illustrate the whole range of stakeholders. Practicalities and time will determine how many respondents can be involved in this review. While the team is experienced in use of questionnaire based surveys to gather basic quantitative and qualitative information from larger groups, we recognise the risk that these tools are sometimes overused and that eliciting timely responses can be problematic. However the appropriateness of gathering information from wider peer groups (such as staff on the Personnel Roster based in Field visit Country) in this way will be agreed at an early meeting with CoS. Other ways of increasing sample size will be explored if realistically achievable (for example in Country X it may only be feasible to visit in depth some of the ACT partner agencies where these are numerous).

The team has attempted to cluster this full array of potential partners to visit according to range and frequency of inputs (assuming that where most input has been provided there is a greater chance of finding evidence of outcomes). Thus we have listed countries that have only technical support through training; or by roster personnel; or via both means. This may allow some comparison of outcomes and added value.
We have also listed countries and partners whose applications reflect a CBPS approach (evidence of mainstreaming) and note when this can be attributed to training and when it occurs even in the absence of this. This may allow comparison of integration of CBPS in ACT partner organisation and factors that promote this.

We wish to present this as such, and to finalise criteria for choice with reference to partner availability to receive the evaluation team; local security and practicalities of travel; and an agreed clear rationale for the involvement of each particular partner.

4.1.3 Site Visits & Sampling Issues

The preliminary Selection of partners is done via a stratified Sampling that guides partner selection, where these are grouped in relation the form of support provided to them by CoS's CBPS team. Those also marked with * have subsequently had appeals that include a CBPS approach supported, one indicator of mainstreaming CBPS support.

1. Partners that have received **ToT training** only (see LWF Uganda; LWF Somalia program; ELDS Malawi; CARE, LWF & CVTIC Nepal; YTBI & YEU Indonesia*)
2. Partners that have received **Roster deployment** only (see LWF Southern Sudan*; THRP Liberia* COC-BLESS & CEOSS Egypt)
3. Partners that have received a **Combination ToT and Roster Deployment** (see ELDS, Zimbabwe; NECC Occupied Palestinian Territories)

Our first suggestion would be to arrange 3 country Visits
Entire team: Zimbabwe (both inputs received and team can refine tools and joint analysis). Also relevant to assess disaster preparedness phase application of CBPSS given the impact of Climate Change upon Southern Africa OR Kakuma site; Somali programme
Country A: Team Leader to visit either Uganda, Nepal or Indonesia (1 above)
Country B: Psychosocial Specialist to either South Sudan or Egypt (2 above)

d) At this stage we are interested to learn about mechanisms for regular community consultation that are in place. And would happily use these to receive beneficiary views. We are cautious about organising specific one off events given the weakness of sample size and delicacy of such 'vox pop' consultation.

5. Other issues and recommendations

- ✓ Criteria for Partner and Programme site visits should be discussed as soon as practical with CoS to agree Country/partner focus for these
- ✓ Geneva based partners should be alerted to the existence of the evaluation with a view to arranging visits for Week commencing 13 February

INTERIM EVALUATION OF SUPPORT TO THE CHURCH OF SWEDEN'S COMMUNITY BASED PSYCHOSOCIAL SUPPORT IN HUMANITARIAN ASSISTANCE 2006–2011

This is an Interim review of a comprehensive community based psychosocial (CBPS) programme implemented on a global scale, financed by Sweden. The evaluation reviews the most recent phase, 2010–2012, in a series of projects funded since 2006, initiated by the Church of Sweden (CoS) in response to an Act Alliance request. The programme aims at promoting a CBPS approach as an integral part of humanitarian responses delivered by the members of the Act Alliance so as to alleviate suffering, rebuild resilience and restore hope. The evaluation reports that the programme is relevant. In regards to effectiveness all activities have taken place as planned, however, are lacking in quality monitoring and reporting. The evaluation suggests a number of practical steps be taken to improve the programme should Sida choose to continue to support CBPS work through CoS. The most important steps are to improve internal programme intervention logic and integration of CBPS into humanitarian sectors.

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