



Icelandic CSO Evaluation: Icelandic Red Cross Support in Belarus

Final Report

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Abbreviations and acronyms

BRCS	Belarus Red Cross Society
CSO	Civil society organisation
ICA	Icelandic Church Aid
IceCross	Icelandic Red Cross Society
IFRC	International Federation of Red Cross and Red Crescent Societies
ISK	Icelandic Kronor
MFA	Ministry for Foreign Affairs
MISK	Million Icelandic Kronor
OCAAT	Organisational Capacity Analysis Tool
RC	Red Cross
SWOT	Strengths, Weaknesses, Opportunities and Threats

Executive Summary

IceCross has supported the Project for Mental Health in Minsk that is implemented by the Belarusian Red Cross Society (BRCS) since 2013. BRCS has 1,297,085 members, (13.6 percent of Belarussians) and around 20 000 volunteers organised in 77 volunteer councils. In total, IceCross has contributed EUR 785 130 (ISK 95 795 882) to the project (via IFRC) since its inception, which is approximately EUR 160 000 per year (around three percent of BRCS annual budget).

The overall objective of the project is to assist people with mental illness in leading more productive and autonomous lifestyles; and promote mental health and reduce stigma through service, advocacy, and awareness-raising. The specific objective is to promote participation and social inclusion of people with mental illness in Minsk by strengthening capacity of and co-operation between Belarus Red Cross and relevant state and non-state actors.

The expected results are:

- 1) Improved wellbeing of people (adults) with mental illnesses with increased access to psycho-social support, rehabilitation, and education, enabling their social inclusion.
- 2) Improved advocacy for social inclusion of people with mental illnesses.
- 3) Improved exchange and cooperation between the Red Cross, civil society and authorities to promote participation of people with mental illnesses in the community.

The project sprung from IceCross's inquiry regarding interest in learning from its mental health self-help centres in Iceland among other national Red Cross societies. The main activities of the project have been the setting up and running of a centre; offering services to persons with mental illness; and supporting them to regain social and professional abilities and relationships. In total, 91 persons have been guests at the centre since the start in 2013, of which just over one-third were women.

The centre has employed a manager and a psychologist, who have received technical back-stopping from a similar centre run by IceCross in Iceland. Mutual study visits have been organised. The manager has also worked to influence psychiatrists in Minsk clinics and in the Ministry of Health to recognise the work of the centre and to refer patients. Furthermore, the centre has engaged in media and awareness-raising campaigns to inform about mental illness and reduce stigma in society.

Each guest at the centre has a personalised rehabilitation plan, aiming at independence, social inclusion, and work (when possible). The centre relies on the voluntary work of selected guests who have come far in their rehabilitation process. The work is based on a self-help group methodology.

The IceCross support to the "Open Home" project has contributed to some impressive results. It contributed to improvements in the psychological and social well-being of 89 percent of the guests who had been registered at the centre. Twenty-five percent managed to return to work

or studies and many others improved their social skills and only need the services of the centre occasionally. The technical support from IceCross has been a key component to the successful development of the model, along with a deeply committed manager for the centre.

The project is highly relevant to the context in Belarus, where institutionalisation is common and almost no community based services are available. The project has been able to influence some doctors' practices in Minsk clinics and place the issue of mental health on the media agenda. Indeed, many guests found the Open Home centre through the media coverage.

The project has focussed on development and delivery of quality rehabilitation services, while the efforts to address systemic problems in the area of mental health and psychiatry have been limited, despite having excellent contacts within the Ministry of Health.¹ The cooperation with other CSOs working on similar issues, such as deinstitutionalisation, independent living, community based rehabilitation and self-help groups, has also been limited.

The relevance and effectiveness of the project were hampered by the project constituting an isolated pilot initiative at the national BRCS level. Only in the very last year, was the project integrated as part of the operations of the Minsk RC branch, which led to some steps towards sustainability and local ownership. The Minsk city government provided premises (for discounted rent) and will pay for the services to some of the guests through the social welfare budgets. However, the issue of mental health is not yet recognised as an important focus area of BRCS and its branches. Furthermore, a substantial part of the project budget has been used for management and administration of the project at various levels, making efficiency low.

It is recommended that:

1. IceCross continue to provide technical support to BRCS in its efforts to take ownership of the project and make it a sustainable part of regular BRCS operations in Minsk and other selected branches.
2. IceCross engage in dialogue with other national RC societies supporting BRCS in order to harmonise its support to the organisational development of BRCS.
3. MFA should grant a no-cost extension to allow IceCross and BRCS to find a reasonable phase out strategy that can ensure sustainability.

¹ The former chairperson of BRCS is the Minister of Health and the Deputy Health Minister was the Secretary general 2007-2017. The current Secretary General is a member of Parliament.

1. Introduction

1.1 DEVELOPMENT ASSISTANCE THROUGH ICELANDIC CIVIL SOCIETY

Icelandic Civil Society Organisations (CSOs) constitute a channel for Icelandic development cooperation and humanitarian assistance. Icelandic development cooperation via CSOs is guided by *Iceland's Strategy for Development Cooperation* (2013) as well as the *CSO Guidelines for Cooperation with Civil Society* (2015, hereinafter referred to as the *CSO Guidelines*).

According to the *CSO Guidelines*, the intent of channeling support via Icelandic CSOs is:

“to utilise the expert knowledge of the organisations, their willingness, ability and social networks to successfully reach Iceland’s developmental objectives. The operations of civil society organisations are suitable to strengthen the grassroots and support democracy in the receiving states, as well as being the grassroots at home and gathering support for their cause and increasing interest among the public in Iceland.”

The principal objective of the civil society support is to contribute to an independent, strong and diverse civil society in low income countries that fights against poverty and safeguards democracy and human rights of poor and marginalised populations.

1.2 ICELANDIC CSO EVALUATION

Iceland’s Ministry for Foreign Affairs (MFA) has commissioned an evaluation of the support to Iceland’s two most internationally active CSOs that also have the largest development cooperation projects – namely, Icelandic Church Aid (ICA) and the Icelandic Red Cross (IceCross). The evaluation has the following purposes:

- Assessment of the performance and results on the ground achieved by four projects in four countries;
- Provide general lessons for MFA’s support to other CSO; and
- Raise the monitoring and evaluation capacity of MFA and the two CSOs by including representatives on the evaluation team and conducting a participatory process.

The four projects selected for evaluation by MFA and the CSOs represent two projects focusing on a few specifically targeted persons/households (Belarus and Uganda) and two community development projects (Malawi and Ethiopia). The projects have all been finalised, and most of them have fed into the design of new initiatives or new phases.

The evaluation is presented in five separate reports, one per project/country and one overall assessment. This evaluation report covers the IceCross support to the Belarus Red Cross Society (BRCS) and its Open Home Centre for mental health rehabilitation services in Minsk.

1.3 ICELANDIC RED CROSS

Icelandic Red Cross, founded in 1924, is the largest CSO in Iceland and an important partner in carrying out both development cooperation and humanitarian assistance. The national society has little under 20 000 members, over 3000 trained and active volunteers, and around 100 staff, of whom five work in international development cooperation and humanitarian assistance. In 2016, the national society spent little over 470 MISK on international programmes, thereof around 50 MISK for development cooperation. The national society aims at partaking in international development cooperation and humanitarian assistance where (1) the need is greatest; (2) few others provide assistance; and (3) the strengths of the Icelandic Red Cross can be put to good use.

1.4 EVALUATION PROCESS AND METHODOLOGY

To ensure that i) the evaluation gave high utility for all key stakeholders – Icelandic CSOs, MFA’s CSO desk officers, MFA evaluation unit; and ii) that it served as a hands-on learning process for all key stakeholders to build monitoring and evaluation capacity; the evaluation process has been as participatory as possible.

The evaluation team started with a short electronic questionnaire to gauge the expectations, needs and knowledge of the Icelandic stakeholders. This served as input for a workshop with all the stakeholders in Iceland that covered monitoring and evaluation concepts and results based management. At the workshop, the evaluators facilitated the discussion among the stakeholders to enable them to come to similar understanding of the evaluation’s purpose and identify each stakeholder’s expectations and priorities.

The workshop was followed by a full day of collaborative working within two teams – an ICA team and a Red Cross team, each including a staff member from MFA and an evaluator. These teams, with the facilitation of the evaluators, identified and formulated the evaluation questions. Over the course of the following weeks, the teams jointly developed the evaluation frameworks for the project evaluations. This is included in Annex 1.

In Belarus, the Red Cross team was joined by a Belarusian consultant with extensive insights in the Belarusian disability and civil society context. He worked with the IFRC representative in Belarus to identify key respondents and set up a field visit programme. As it was a learning exercise, many of the field visit meetings also involved the participation from IFRC in Belarus, BRCS national and Minsk offices, and the manager of the Open Home centre.

The methods used to collect data were:

- Document review and internet search, e.g. the mid-term evaluation of the project, annual reports, financial reports, mental health and disability context reports developed by other organisations and media reports;
- Interviews with key informants in government and civil society;
- Focus group discussions with target group representatives and partner staff;

- Self-assessment (SWOT and OCAT tools) filled in by project staff.

The findings and conclusions have been discussed among team members and the report has been jointly developed, although the independent evaluator has had the final say in cases of differences of opinion. The final report has been edited by the evaluator.

1.5 LIMITATIONS

The evaluation was deliberately designed as a learning exercise with participation of the involved stakeholders. This may have affected the openness of some of the respondents, who felt uncomfortable to present criticism. The team therefore supplemented some of the interviews with individual level meetings to ensure that all views were heard.

Another limitation was the availability of a few key informants, who could not be reached during the time of the mission. It was deemed, however, that those interviewed provided a sufficient basis for making conclusions.

2. The project

2.1 THE BELARUS RED CROSS SOCIETY

In 2016, BRCS had 1 297 085 members which is 13.6 percent of the Belarus' entire population. The number of senior volunteers was 3 775 people and the number of younger volunteers was 16 739 people. These are organised in 77 volunteer councils. There are 30 cooperation agreements with other national Red Cross societies, ICRC and IFRC, including 13 agreements concluded by regional branches and 17 at the headquarter level. In 2016, with the support of international donors, 26 projects were implemented: nine projects aimed at strengthening of the organisational capacity of BRCS, while 17 focused on providing direct assistance to the citizens.

The main challenges reported by BRCS in its most recent annual report were:

- Inflation in the country makes collecting membership fees and donations more difficult.
- Lack of transparency in how membership fees are collected compromise the Belarusian population's trust in BRCS²
- There is an absence of a unified monitoring and reporting system of volunteer activities in BRCS.

According to the financial report, BRCS Unified Fund had 5.3 million EUR by the end of 2016, which was an increase of 29 percent compared to 2015. The income was generated from foreign donations (66.2%) and from Belarusian residents (33.8%). The total expenditures of BRCS in 2016 amounted to 4.84 million EUR. The largest part of the budget was used to provide humanitarian aid to vulnerable people (37%). Humanitarian aid, both in money and in kind, was provided to the most vulnerable social groups of Belarus and to forced migrants from Lugansk and Donetsk regions of Ukraine. Healthcare and nursing composed 29 percent of the budget, salary and salary taxes makes up ten percent, while organisational capacity development amounts to seven percent. The Open Home falls under the budget for humanitarian aid to vulnerable people.

In total, IceCross has contributed EUR 785 130 (ISK 95 795 882) to the project (via IFRC) since its inception, which is approximately EUR 160 000 per year (around 3 percent of BRCS

² The media and respondents met during the mission, reported forced BRCS membership fee collection from state employees.

annual budget).

2.2 THE CONTEXT OF MENTAL HEALTH IN BELARUS

More than 506 700 people with disabilities reside in Belarus. Approximately 100 000 have mental illnesses/disorders, including 22 000 people with schizophrenia. Around five per cent of the population of 10 million is also believed to suffer from depression. Suicide levels are high in Belarus and few have access to community based services³.

Around 12 000 Belarusians with mental illness or intellectual disabilities live in 47 psycho-neurological state driven nursing homes, in which often their legal guardianship has been transferred to the director of the institution. Those who lack close relatives often lose their assets (including their flats) to the state institution. These 47 institutions host between 150 to 600 residents each and they are closed for visits by independent CSOs. Presently, it is almost impossible for a person to regain legal capacity and leave the institution, although one organisation (World without Borders) is working on this with support from Sweden (Erikshjälpen). Furthermore, having a record in mental healthcare makes it impossible to get a driver's licence. Many professional options also remain closed if you have been classified as a person with a disability.

Most persons with mental illness or neuropsychiatric conditions depend on their families, while still requiring social and psychological rehabilitation and support. Presently, the bulk of care takes place in a hospital setting with very limited rehabilitation available, for example, very little social rehabilitation or occupational therapy. Medication (generic types produced in Belarus) is the main treatment method.

Policymakers at the Ministry of Labour and Social Welfare have recognised that changes are needed in the care and treatment for persons with mental health problems in connection with the process of ratification of the Convention on the Rights of Persons with Disabilities. Some measures are now included in the implementation plan adopted by the government in 2017. The new implementation plan includes measures to address issues of legal capacity (making the loss temporary), and promotes development of models for supported living and personal assistance for families. The Ministry of Health (MoH) also has a policy on mental health that stipulates more outpatient services.

³ WHO report and [Office for the Rights of People with Disabilities](#), Siarhei Drazdouski.

The implementation plan has not yet translated into any practical changes on the ground. Still, community care facilities and services have not been developed and the large, closed institutions remain the main option for many. After patients get medical treatment, it has been difficult for them to continue social rehabilitation and recovery because of misinformation on mental disabilities (mentally ill are considered dangerous and unpredictable), stigma (including their own internal stigma), and lack of resources in general. In this regard, rehabilitation of people with mental illnesses has increasingly become the centre of attention of CSOs and other stakeholders. There are, however, a number of challenges:

- There are very few resources within governmental to work in this direction;
- There are few CSOs working in this field;
- The work of CSGOs is not systematic nor in cooperation with others; and
- There is lack of advocacy activities to change practices of the government and transform the role of institutions.

In addition to the Red Cross Open Home Centre in Minsk, this evaluation identified the following civil society organisations that work within the mental health field. All are members of the Coalition for Deinstitutionalisation.:

- The Open Soul Club House <http://opensoul.by/> has four centres in Belarus (one in Minsk), with 15-25 guests daily at each centre. It operates with funding from Germany, under the model created by Clubhouse International <http://www.iccd.org/whatis.html>, and is part of the Clubhouse Europe Association <http://clubhouse-europe.org/>. The Club House has a lawyer, a help line and a Facebook page.
- World without Borders, which receives support from Sweden (Erikshjälpen), works to prevent institutionalisation and to assist young people to leave institutions and move to supported independent living in communities. Already a group of 36 young persons have been assisted to leave an institution and move into flats with supported living.
- The Association of Consumers of Psychiatric Services consists of parents and family members of mentally ill persons. Its main aim is to fight against institutionalisation and to develop support mechanisms to enable persons with mental health problems to live in the community, have a meaningful job and a flat to live in, especially after their parents have passed away.
- The Association of Support to the Mentally Ill consists of relatives and professionals who established a therapy centre in the premises of the national mental health hospital in Minsk. It once had 13 employees and had many users. It was, however, closed by the hospital when a new head was appointed who did not appreciate the work of the centre.
- The Office for the Rights of Persons with Disabilities is a research and advocacy CSO that supports the implementation of the Convention on the Rights of Persons with Disabilities. It has published reports on institutionalisation in Belarus and initiated the Coalition for Deinstitutionalisation. <http://www.disright.org/en/news/office-rights-persons-disabilities-starts-new-stage-deinstitutionalization-campaign>. It has provided legal aid to

individuals and established cooperation with government bodies.

- BelAPDiMI organises almost 3000 parents of children and youth with intellectual disabilities in 50 branches around Belarus. Some members also have children with mental illness. The organisation has established a number of social enterprises to provide employment to youth in a protected environment. It also engages in advocacy for government support to personal assistance and independent living.

2.3 THE PROJECT

The overall objective of the project (Open Home) is to assist people with mental illness in leading more productive and autonomous lifestyles, to promote mental health and reduce stigma through service, advocacy and education. The specific objective was to promote participation and social inclusion of people with mental illness in Minsk by strengthening capacity of and cooperation between Belarus Red Cross and relevant state and non-state actors.

The expected results are:

- 4) Improved wellbeing of people (adults) with mental illnesses with increased access to psycho-social support, rehabilitation, and education, enabling their social inclusion.
- 5) Improved advocacy for social inclusion of people with mental illnesses.
- 6) Improved exchange and cooperation between the Red Cross, civil society and authorities to promote participation of people with mental illnesses in the community.

The main activities of the project have been the setting up and running of a centre, offering services to persons with mental illness, and supporting them to regain social and professional abilities and relationships. The centre has employed a manager and a psychologist, who have been supported technically by a similarly centre run by IceCross in Iceland. Mutual study visits have been organised. The manager has also worked to influence psychiatrists in Minsk clinics and in the Ministry of Health to recognise the work of the centre and to refer patients. Furthermore, the centre has engaged in media and awareness-raising campaigns to inform about mental illness and reduce stigma in society.

Each guest at the centre has a personalised rehabilitation plan, that aims to make the guest independent, become socially included, and obtain work (when possible). The centre relies on the voluntary work of selected guests who have come far in their rehabilitation process. The approach applied is based on a self-help group methodology.

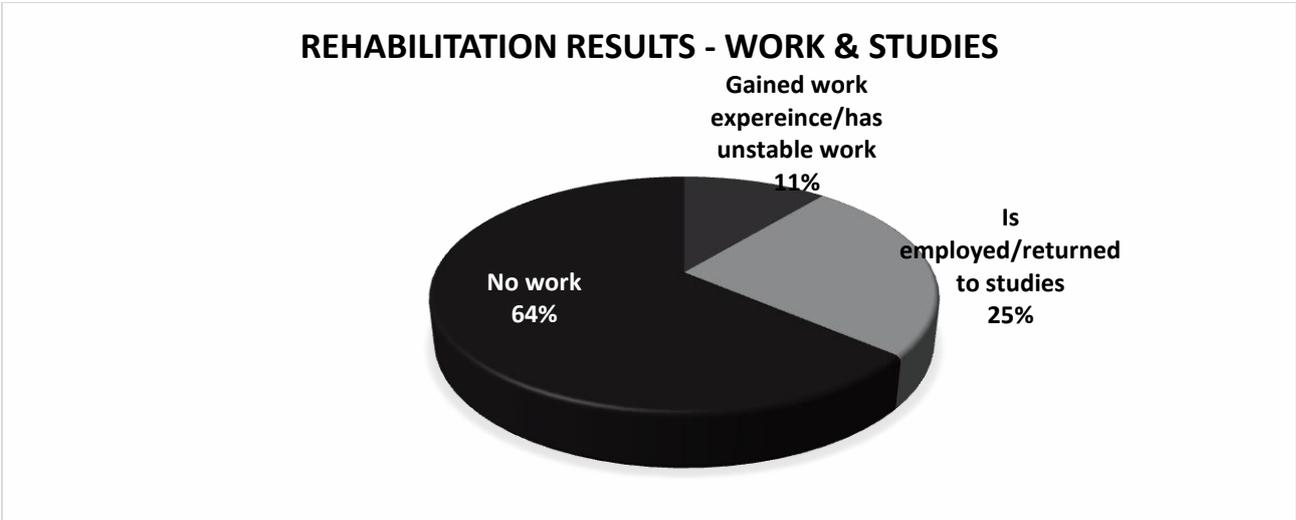
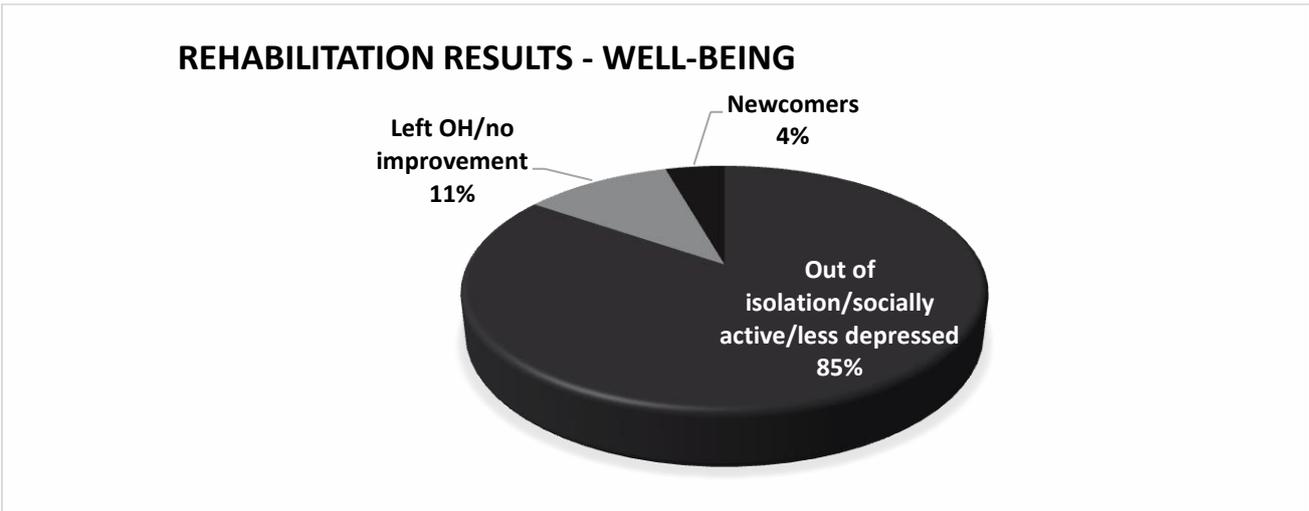
3. Outcomes and impact

What intended, unintended, positive and negative effects has the support had on people, communities and partners?

3.1 WELL-BEING OF GUESTS

In total 91 persons with mental illness have been reached by the project “Open Home” since 2013, of which 36 percent were female and 64 percent were male. Presently there are 32 guests receiving services.

An analysis of the results demonstrates a great success rate in terms of improved well-being of the guests. So far 85 percent of the guests have improved their well-being (become socially active, increased self-esteem and broken their isolation) while around 11 percent of the guests have left the centre without being helped, either due to their severe illness (panic attacks etc.) or due to other difficulties that hindered them in attending the activities of the centre. Out of the 91 guests, 25 percent have even been able to get employment or return to their studies.



The most significant changes are the breaking of social isolation, improved coping mechanisms of guests and families, increased self-esteem/self-worth and preventing (or postponing) institutionalisation.

The family members of guests have also been reached by counselling and group activities provided by the Open Home Centre. This has led to restoration of family relationships, increased self-esteem, and reduced isolation among family members (mainly mothers).

The individualised rehabilitation plans designed for each guest/family has been a key success factor, along with the peer support method. The back-up of the psychologist has also been appreciated.

3.2 AWARENESS, POLICIES AND PRACTICES

The Open Home Centre is well-known and respected and enjoys a good reputation among the mental health/social services sector in Minsk. Nevertheless, only a few doctors make referrals to the centre. Despite a number of media and awareness raising campaigns, the centre is still not yet widely known among potential guests and the number of applications has been rather modest.

Word of mouth is the most common manner to find the Open Home. When analysing the various ways that the 91 guests and their families were informed about the Centre, the following pattern emerged:

Referred by «Open Soul Club House»	4
Found information in the media	33
Was invited by an Open Home guest	23
Referred by a doctor/physician	29
Other	2

This demonstrates that the Open Home media efforts had some effects and many guests specifically stated that hearing guests of the centre speaking about battling mental illness openly on radio/TV helped them battle their own stigma. This also demonstrates that the guests are happy with the support they get from Open Home, recommending services to others. The level of appreciation is high, both from guests, family members, and external observers in the sector.

Although doctors recognise the work of Open Home Centre as useful, they are still reluctant to make referrals and are overly careful about making recommendations. Physicians still find it hard to take risks and try new ways of treatment and care. The preferred response to mental illness is geared towards medication and isolation from society.

The persistent and hard work of convincing doctors has taken a lot of effort by the Open Home Centre manager (with support of guests demonstrating progress) and yielded some positive results as confirmed by some interviews. Still, when new doctors take on positions the awareness raising has to start all over again. Attitudes towards persons with mental illness

among many doctors are still negative, including comments that “the Red Cross has more important things to do”.

The evaluation got the impression that the Open Home Centre manager fought a rather lonely battle, with insufficient backing from BRCS leadership in awareness-raising efforts and expansion of the model (except to enhance its image of “doing good”). None of the leaders interviewed had a vision for the future engagement of BRCS in the area of mental health. Nor had the leadership made use of their excellent political connections to influence policies and practice in the health system. The facts that i) the former chairperson of BRCS is now the Minister of Health; and ii) the former Deputy Minister of Health was BRCS’s Secretary General between 2007 and 2016 and Deputy Secretary General until October 2017; could have provided many opportunities to discuss and address the systemic problems. Mental health issues are not explicitly mentioned as a focus area of BRCS in any strategies, plans, or reports. Activities in this area are hidden under “vulnerable groups”.

3.3 ORGANISATIONAL CAPACITY OF BRCS

The Icelandic support has not explicitly aimed at strengthening the capacity of BRCS to develop and run community mental health centres on its own⁴. It was assumed that BRCS were willing and able to apply IceCross’s methodology to the Belarusian context and to manage mental health centres in some of its branches. Technical support was provided mainly to the Open Home centre focussing on rehabilitation methodology.

The organisational development outcomes of the project are therefore limited, while they were indeed needed, as shown in the efficiency and sustainability chapters. Likewise, the self-assessments undertaken by staff indicates that there are capacity and image issues to be addressed (box overleaf).

⁴ IceCross has however supported an IFRC initiative, *Bridging the Digital Divide*, aimed at increasing BRCS’s ability to provide assistance to its beneficiaries through more effective use of modern information and communications technology (ICT) tools, but this has been completely separated from the Open Home project.

Box 1: A SWOT analysis (annexed) and an OCAT self-assessment (annexed) show that the major strengths of BRCS are considered to be:

- BRCS is a well-known, respected organisation.
- It has a wide range of services for vulnerable people and a cadre of active volunteers.
- It is professional and has integrity.
- It is sustainable and has a well-organised structure from national to local level.
- It has good relationships with the government.

The major weaknesses are considered to be:

- A Soviet past and unpopular collection methods for membership fees.
- Too many fields of work and different types of beneficiaries resulting in a lack of strategic focus.
- Dependent on project funding for short-term projects, making long-term strategic work difficult.
- Unstable financing.
- Lack of support from the government to the volunteer movement. Absence of the Voluntary Law. Difficulty in attracting volunteers.
- Weak support from the national level to branches and members
- Lack of public relations efforts and insufficient media coverage of Red Cross work.
- Limited cooperation with other CSOs.

4. Effectiveness

How can the effectiveness of the program be improved? Incl. but not limited to reaching more people, quality of service, retention rate? What are the constraints?

The Open Home Centre has an effective rehabilitation method, which works well for the target group. The technical support from Iceland has been an important part of the success, along with the mutual study visits and the individual rehabilitation plans, adapted to each guest. Doctors interviewed express respect (and surprise) over the high level of success.

However, the Centre reaches very few individuals compared to the vast need and there are both internal and external obstacles to its effectiveness.

The evaluation team also noted that the assessment made by an IceCross consultant before the Open Home project started did not include a comprehensive stakeholder analysis nor an assessment of BRCS and its branches' ability to host, develop and sustain such a project, which affected the implementation approach negatively.

The external constraining factors relate to the non-conducive context. Despite the ratification of the Convention on the Rights of Persons with Disabilities and the adoption of an implementation plan, systemic changes are yet to be implemented. The continued institutionalisation of persons with mental illness in large nursing homes, the confiscation of their property, the loss of their legal capacity and the legal limitations for them to get it back and to regain permission to work are big obstacles that have not been addressed by the project (or even mentioned as obstacles). Even within BRCS stigma against people with disabilities exists and there is fear of tainting the image of the organisation by being associated with mental illness⁵.

The internal constraining factors are related to the lack of vision and strategy of BRCS to address the mental health problems holistically as part of their mandate, make use of its branches to reach more people, cooperate with other CSOs to enhance impact and to influence government policies.

Also, awareness-raising by BRCS has mainly focussed on self-help and self-empowerment of individuals to improve their lives, rather than on approaching government to achieve changes in policies and practices. BRCS has indeed participated in (and organised) round tables and meetings to raise awareness about mental health and the Open Home model. BRCS has also

⁵ There was, for instance, an incident of discrimination within BRCS in connection with a public event.

made submissions and participated in governmental policy level meetings on the Convention on the Rights of Persons with Disabilities and its implementation plan. However, BRCS has not taken part in the concerted civil society advocacy efforts for systemic changes. BRCS prefers to distance itself from joint advocacy activities that may be seen as aggressively challenging existing systems. Other CSOs would have liked BRCS to use its good relationships with the government to open doors to dialogue on reform and deinstitutionalisation. Being so close to the government could potentially provide BRCS with opportunity to more quietly influence processes.

A respected and influential organisation like BRCS, with branches and volunteers all over Belarus and close links to the ministry of health, could have and should have achieved more. Areas for improvement include being more proactive in:

- Inspiring its volunteers and branches to engage in establishment of mental health self-help groups, based on the Open Home model. Each mental health clinic could potentially benefit from such a group.
- Finding suitable jobs, for example by establishing social enterprises and addressing the limitations imposed by some government regulations that hinder persons with a disability certificate to work.
- Preventing institutionalisation by participating in civil society efforts to establish models for independent/supported living for those without family support.

5. Sustainability

Are the outcomes in terms of well-being of participants sustainable?

To what extent and how has local ownership been promoted?

To what extent is the project financially sustainable? To what extent and in what ways has the project been supported by government authorities?

5.1.1 Well-being

Mental health problems can be due to temporary stress and other circumstances or be a chronic disease, which may require intermittent, life-long support. A large group manage to achieve sustainable improvements in well-being with community-based support, such as through the Open Home model, combined with medication.

The model is based on the assumption that most guests, after an initial rehabilitation period, can continue their lives independently or with support of self-help groups that need minimal backstopping from the Red Cross. Some will however remain dependent on support. This means that the number of groups need to increase gradually as one centre can only accommodate 30-40 guests (and their relatives) on a full-time schedule.

Most of the guests at Open Home have managed to achieve sustainable improvements in their well-being, but many still keep in contact with the Centre on a weekly or monthly basis to maintain friendships and have back-up support if needed. Some guests continue to need regular, daily contacts for years to stay well.

5.1.2 Local ownership and financial sustainability

The project started as an initiative from IceCross, investigating if there was interest to learn from the Icelandic model. IceCross is a leader within the Red Cross movement in terms of experience of running community based self-help groups for persons with mental illness. The project functioned as an isolated island of excellence that could only survive with financial and technical support from Iceland. It clearly lacked local ownership and it was not promoted as a focus area of BRCS branches. Mental health issues are not mentioned in any policy documents, plans, annual reports or general BRCS activities. Support to persons with mental illness is not integrated in the home visits programmes undertaken by nurses and volunteers and the model of an Open Home Centre has not been replicated in other branches.⁶

⁶ There is, however, some activity on disability issues in the Grodno Red Cross branch. These are disconnected from the Minsk Open Home project.

When the MFA announced that funding would not continue after 2018, an exit strategy was drafted, aimed at building BRCS's capacity to finance the Centre. During BRCS's latest exchange visit to Reykjavik (in 2017), three of IceCross's centres were visited as well as the city's Department of Welfare. The focus of these meetings was to demonstrate how IceCross branches work with the relevant municipalities towards being collectively funded by them. As a result, the Open Home Centre was moved to the Minsk city branch in 2017 and the director of the Minsk district branch is seeking local funding support. It is now included as a project in the ordinary structure of BRCS. The location of the Centre was also moved to a more strategic and convenient venue near a mental health clinic in Minsk. This move has increased possibilities of sustainability through support from the city authorities and use of Red Cross staff and volunteers in the branch. Already, the efforts made by the Minsk branch to get support from the city of Minsk have started to yield results. The city has offered premises near a mental health clinic for the branch to rent and a process of procurement of the rehabilitation services provided by the Open Home is on the way. So far, four out of nine districts of Minsk have promised to consider procurement of services from the Centre. This is at least a start. However, the identified need is higher than the budget available at the government social services departments. One district mentioned that they had 16 persons in need of services but a budget for only eight.

With limited local ownership within BRCS, the project has until recently remained a national level pilot, without being anchored at branch level where it was supposed to be implemented and without being a true priority of the leadership. There has never been a vision within BRCS of replicating the Open Home model in other branches or making mental health community services a core thematic service area. The exit strategy has a very limited scope and has not included opportunities such as promoting procurement of services by the local authorities, obtaining subsidised premises from the authorities or income generation by work undertaken by guests (social enterprises) etc.

The request from BRCS for a no-cost extension of the project implies that there could be financial sustainability if the project was given time to adjust its budget and working methods, so that it is included in the ordinary branch activities, supported by a technical arrangement with IceCross's centres. This could even enable more branches to take on such a project. Presently, the project has a very heavy administrative set up (see more below under efficiency), as administration is carried out at three levels (IFRC, BRCS and Minsk Branch).

6. Efficiency and organisational effectiveness

What have been the strengths/ weaknesses of communication and cooperation between a) IceCross and the MFA on one hand and b) BRCS/IFRC and IceCross?

What factors in the project management and admin have promoted or hindered efficiency?

6.1 COMMUNICATION AND MANAGEMENT

The project was initiated when IceCross sought to apply its experience and knowledge from its domestic work to support national societies in Eastern Europe. After talks with IFRC, Moldova and Belarus were considered a good fit. The willingness of BRCS combined with recommendations from IFRC led to the partnership being established. At the time, MFA showed a lot of interest and funding was granted.

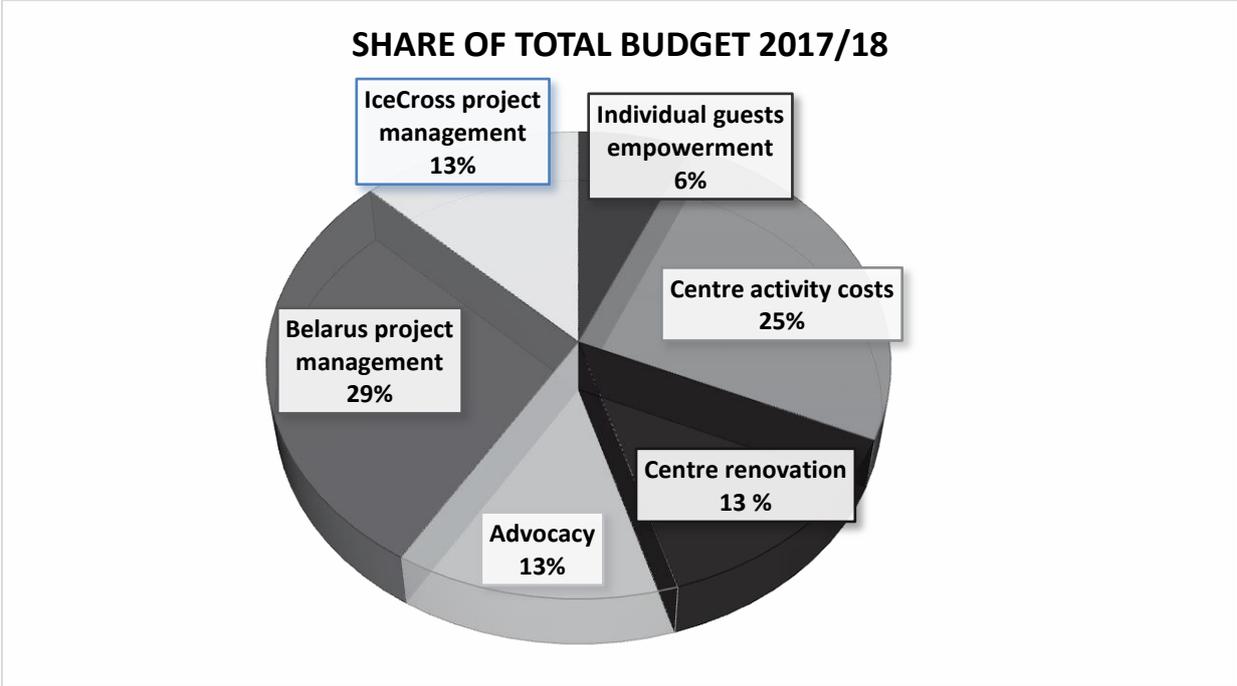
Since the start in 2013, there both MFA and in IceCross have experienced staff turnover. Thus, communication regarding the project was hampered and no clear guidelines were provided from either party. In 2016, it became clear that the project does not align with the *CSO Guidelines* since Belarus is classified as a middle-income country. MFA funding will therefore be phased out at the end of 2018.

There has been frequent communication between IceCross and IFRC representative in Belarus (who used to be the project manager in BRCS before taking up the position as IFRC staff). The IFRC representative has been responsible for monitoring and reporting on the project and for organising logistics in connection with visits from IceCross. The contacts between IceCross and IFRC have been almost weekly, via e-mail, Facebook, and Skype. The collaboration between the Open Home and one of the Red Cross centres in Iceland has also involved frequent contacts, both between staff and guests. The technical support from Iceland and the mutual study visits have been essential for the successful development of the Centre as a model. Over time, IceCross has used seven percent of the total budget for administration and six percent of the budget for project backstopping and monitoring (13% in total).

6.2 HOW FUNDING WAS USED

Presently, the project management and administration undertaken by IFRC makes up five percent of the budget. Fifteen percent of the budget is allocated for BRCS's (national level) project management and administrative costs, including a part-time accountant, a part-time translator and a part-time project manager, while the administration of the Minsk branch makes up nine percent of the budget, which includes a part-time project manager and a part-time accountant. The Minsk branch contribution has so far focussed on obtaining suitable premises and identifying available government funding through procurement from social services.

In total the project management and administrative share of the budget amounts to 42 percent (see figure below). The contribution from IceCross has been 30 percent of total budget and MFA has contributed 70 percent of the total project budget.



This means that the project has spent an average of around EUR 9400 per guest. The evaluation team was unable to establish if this is a reasonable amount in the context.

The internal communication and decision-making in BRCS is hierarchic and has limited transparency. The manager of the Open Home Centre has limited influence. Direct communication between her and BRCS headquarters is lacking, resulting in ineffective decision-making. Staff contracts at the Centre are short-term and salaries have not been paid regularly in 2017, despite the contract extension with IceCross being known ahead of 2017.

The engagement of a psychologist is considered by both guests and external observers to be a clear asset to the rehabilitation model. It adds value to the self-help group model as it provides backstopping and advice in difficult situations. If there were more centres like Open Home in Minsk, the psychologist could potentially serve a larger group of centres. This would require that the Red Cross branch volunteers and guests of the Open Home Centre were given a larger role in organising and running activities.

The team concludes that the project efficiency can be substantially improved, and the administrative costs reduced considerably by reducing the inputs for reporting, decision making and financial control at the various levels. Presently there are managers and financial controllers with substantial time budgets in IceCross, IFRC, BRCS head office, BRCS Minsk Branch and Open Home Centre. This would also positively affect sustainability.

7. Relevance of the project

To what extent is the support relevant to the context in Belarus and to the needs and priorities of the target group?

To what extent is the support relevant to the objectives and priorities outlined in Iceland's strategic guidelines for CSO support?

To what extent is the support relevant to the objectives and priorities outlined in the Red cross policy and to the priorities and domestic strengths?

7.1 RELEVANCE TO CONTEXT

The project is highly relevant to the context. There is a lack of community-based support for persons with mental health problems in Belarus. Such people furthermore face stigma, discrimination, human rights abuses, and over-institutionalisation.

The rehabilitation methods used are relevant to the needs of the guests of the Centre. They are based on individual plans according to the needs of each individual. Support to independent living is, however, lacking in the model, as well as home based support for those who are not yet strong enough to visit the centre. The majority of guests have depended on a strong relative (mother) accompanying them when they came to the Centre for the first time.

Although the Centre itself and its guests serve as an important advocacy tool for change, BRCS is not yet working to address the systemic obstacles that hamper the well-being of the target group. These include regulations on legal capacity; forced treatments and placements; the right to take drivers licence; and the right to work.

7.2 RELEVANCE TO ICELANDIC CSO GUIDELINES

The principal objective of development support through Icelandic civil society organisations is to contribute to an independent, **strong and diverse civil society** in low income countries that **fight against poverty** in its various forms. The support furthermore aims to support civil society in safeguarding democracy and the human rights of impoverished and marginalised populations. The Icelandic *CSO Guidelines* highlight income generation, provision of basic services, capacity building, and advocacy as means to reduce poverty and realise human rights. In addition, the *CSO Guidelines* confirm the importance of promoting **gender equality** and **environmental sustainability** – key priorities areas in the Icelandic development cooperation strategy; draws attention to the **human rights principles** – non-discrimination, participation, accountability and transparency; and raise the importance of **local ownership**.

As discussed in section 6.1, the project does not meet an important criterion in the *CSO Guidelines* in that Belarus is a middle-income country. The extent to which the project is relevant to the other criteria in *CSO Guidelines* is discussed below.

Strengthening civil society: The support to the Open Home Centre in Belarus has not really contributed towards poverty reduction or strengthening of civil society. Due to its historical role, BRCS is not considered to be an independent civil society organisation. It is governed by a special legislation and often prefers to act in its own name and not in collaboration with other CSOs to ensure a non-confrontational dialogue with the government.

Gender equality: The project has mainly reached men (64 percent). No deliberate measures have been taken to find out the reason for this, to reach out to women or adapt services to women's needs. The self-assessment (OCAT) made by staff see the area of gender equality and inclusion is as an area of improvement.

Environmental sustainability: This has not been considered as a focus area of the project.

Local ownership: The project started as a donor-driven idea by IceCross and was initially implemented as a special pilot project at national level of BRCS. As mentioned in the sustainability chapter, local ownership has been limited. The project has only recently managed to build some local ownership in the Minsk branch. The branch has taken on the task of securing premises and is searching for available funding from the city administration.

Human rights: The project focussed on service provision to fulfil some of the human rights of the guests at the Open Home Centre (the right to live in the community, the right to non-discrimination and inclusion in society) but not on advocacy for systemic changes. The project has focused on service provision to enhance well-being and self-reliance of some 91 guests at the Centre. Advocacy has mainly been undertaken by providing examples of good practice and convincing doctors of the value of referrals. With regard to the four principles of a human rights based approach, the following was noted:

- **Participation:** Guests at the Open Home Centre participate in planning of activities and running of the centre. They are also increasingly participating in awareness-raising to reduce stigma and discrimination in society. One of the aims of the project is that former guests take over responsibility and form their own peer support groups.
- **Non-discrimination:** The project focusses specifically on non-discrimination and participation of persons with mental illness in society. The project has started to yield some results in terms of more openness to the issue of mental health in media and referrals to the Centre. Since information about the project is mainly spread through word of mouth and media exposure rather than referrals, it seems that guests from more resourceful families may be over represented at the centre. Mental illness is still highly stigmatised in Belarusian society and to some extent also within BRCS. BRCS is very sensitive about its image and therefore does not always practice what it preaches in terms of inclusion of persons with mental illness. On one occasion, a guest was excluded from the Centre in connection with an activity and there is reluctance to trust the guests with responsibilities. There is need for internal awareness raising to develop acceptance and tolerance within BRCS.

- **Accountability and transparency:** The project mainly focusses on provision of basic rehabilitation services, while advocacy for sustainable change is limited. BRCS has been careful in using its good relationships with the government to discuss such policy issues. This was probably due to stigma and fear of damaging the good name of BRCS. BRCS is hierarchic. Open Home staff and guests have limited insight in regarding decision-making processes, strategic planning, and donor arrangements. The staff and guests of the Centre were not informed about the extension of the agreement with IceCross and they had not been able to receive information on budgets and salaries, despite that decisions were taken a long time back. BRCS is led by high level government politicians. This gives reason to be concerned about BRCS's autonomy.

8. Relevance and added value of support through Icelandic Red Cross

To what extent does the Red Cross add value as a modality for the Icelandic Development Cooperation?

To what extent is the support relevant to dialogue on and awareness-raising/public education of Iceland development assistance efforts? To what extent does IceCross awareness-raising in Iceland add value to Iceland's development cooperation effort?

Iceland's *CSO Guidelines* emphasises the importance of utilising “the expert knowledge of the (Icelandic CSOs), their willingness, ability and social networks to successfully reach Iceland's developmental objectives.” It highlights the links that can be made between the grassroots in Iceland with the grassroots in developing countries, through this type of support. To be eligible for support, the Icelandic CSOs must “be able to show that their participation will increase the value of the development cooperation”, not least by contributing towards an Icelandic public that is well-informed through dissemination of information and educational activities about developing countries and development cooperation. The CSOs should also support Iceland's development cooperation through engagement in the country's aid programmes by providing expertise and insights in the country's development discourse.

IceCross is adding value to Iceland's civil society support in the following ways:

Additional funding: Effectively, the MFA funds and IceCross' own funds are able to leverage each other to have greater effect. The Icelandic contributions to the project have been 70 percent from the MFA and 30 percent from IceCross' own funds. MFA allows IceCross to use 10 percent of its funding for IceCross administrative and project management costs. All other headquarter costs associated with its development cooperation work come from Ice Cross own funds that are external to the joint MFA-IceCross contribution to the projects.

Monitoring and administration of the support. IceCross monitors the projects and reports back to the MFA regularly. The CSO desk at the MFA is a small unit which does not have the capacity to ensure monitoring and administration of the support in a way that IceCross does.

Reduced financial risk: With the addition of IceCross funds and the monitoring support it supplies, MFA reduces the financial risk involved in supporting civil society organisations in developing countries. If MFA were to support CSOs directly in developing countries, it is likely it would have to support more established organisations with strong capacity – especially in countries where it does not have an embassy.

Information dissemination and awareness-raising in Iceland: The Icelandic Red Cross actively promotes its work in the area of mental health, both domestically and internationally. IceCross produces several yearly publications describing its projects and the main events of the year with its biggest publication being the annual report, which is published both online and in paper form. The Open Home centre in Minsk has been covered by special reviews in each issue since 2013, including photos from the centre, with mention of the support from

MFA. IceCross also commemorates World Mental Health Day (10 October) annually, with a story about the Centre in Belarus. IceCross's staff makes around 15 annual presentations to students (primary, secondary and university), introducing its international programmes, Open Home being one of them. IceCross is active on social media with over 23.000 followers on Facebook. It also uses its webpage (www.redcross.is), Instagram, and Twitter and on occasion Snapchat to reach out.

In the spring of 2017 Gallup undertook a survey on public awareness of Icelandic CSOs that sampled over 1400 individuals. The results were very positive for the Icelandic Red Cross. It scored the best out of the five CSOs taking part in the survey⁷. Over 74 percent stated they had *full, very much* or *rather much* trust in the Icelandic Red Cross; over 72 percent stated they were positive towards financially supporting Icelandic Red Cross activities; and little less than 67 percent stated they had already donated funds to the Icelandic Red Cross.

Active in the development cooperation community in Iceland: IceCross has participated in different development fora:

- It is a member of the Association of Icelandic NGOs that work in development cooperation and humanitarian assistance – SÍMAH.
- It is one of the seven CSOs representing SÍMAH in the MFA's Development Cooperation Committee.
- It used to participate in the annual week-long public awareness campaign on development issues – *Þróunarsamvinna ber ávöxt* – with former ICEIDA and other Icelandic CSOs, which ended the merger with the MFA in 2016.

Engaged in international solidarity and international networks: IceCross is a member of the International Federation of Red Cross Societies (IFRC), which is the world's largest humanitarian organisations, comprising of 190 member Red Cross and Red Crescent National Societies and more than 60 delegations supporting activities around the world. Through its sister societies, IceCross can also potentially tap into the 14 million active Red Cross volunteers worldwide.

⁷ Other CSOs in question were SOS Children's Villages, Icelandic Church Aid, Save the Children and UN Women.

Within the International Federation of Red Cross and Red Crescent Societies, Iceland has become a leading actor in the area of developing services for persons with mental illness to enhance their independence, well-being, and human rights. The technical support in this area has been an important added value for the work in Belarus. The inspiration and technical support from IceCross has been (and is still) essential for the project. The specific contributions of IceCross are:

- Advisory support by Icelandic experts to the staff of the centre, through exchange visits and Skype support;
- Advisory services by guests of the Icelandic centres (especially one of them) through regular Skype discussions;
- Mutual study visits exchanges.

Hogni Egilsson, the lead singer of the Icelandic band Gus Gus, visited the Open Home Centre prior to the band's concert in Minsk, in November 2014. The singer spoke of his experience of living with bi-polar disorder and encouraged the guests not to feel ashamed about their illness. The visit garnered media attention and played a small but important part in battling the stigma against people with mental disorders.

Red Cross as a development partner to MFA: The national Red Cross societies are different from other CSOs. They are often guided by separate legislation, are mandated to monitor international humanitarian law and often have close ties to the government. The strengths and potential benefits of the Red Cross societies are:

- Although some RC societies in countries like Belarus may be hierarchical in structure, they are controlled and run by domestic human resources and have a grassroots anchorage through its branches and volunteers. Therefore, programmes have the potential to reach outside the capital and mobilise at grassroots level. This can provide a good basis for sustainability and local ownership of programmes.
- Although working under the principle of impartiality, Red Cross societies usually have close links to the government since each National Society has a unique, long-established and legally-defined auxiliary partnership in emergencies with its government.⁸ This means that they have great potential to influence policy and practice, if desired. It also provides the organisation with a special status and privileges that ensures its sustainability.

⁸ <http://www.ifrc.org/en/what-we-do/development/>

- They often have systems in place to organise resource mobilisation and volunteerism and to coordinate service provision in the health and social sectors. They have administrative procedures in place for financial control, although depending on the country, these are not always efficient.

Although IFRC and national societies work with recovery and development projects, the strength and the historical role of the Red Cross Movement consists of providing protection and assistance to people affected by disasters and conflicts.⁹ Thus the scope of the development work of many national societies is relatively narrow and focused on service provision – typically relating to health, water, sanitation, food security, disaster preparedness, and service delivery.¹⁰ They also undertake advocacy work based on the humanitarian principles (humanitarian diplomacy), but do not champion human rights as such,¹¹ and usually do not work expressly towards change of societal systems and structures. There are, however, great differences among the national societies, and their respective relationships with the government authorities can either stifle their ability to promote change or allow them to influence behind the scenes.

⁹ <http://www.ifrc.org/en/who-we-are/the-movement/>

¹⁰ <http://www.ifrc.org/en/what-we-do/>

¹¹ <http://www.ifrc.org/en/what-we-do/principles-and-values/>

9. Conclusions and Recommendations

9.1 CONCLUSIONS

The Project for Mental Health in Minsk is relevant to the context and has achieved good results for those people it has served. It could have been more effective and efficient. Measures are now needed to secure the investment and ensure that it becomes an integrated and sustainable part of BRCS work in selected branches.

IceCross has used its strengths in the area of mental health to provide technical support to the project, which has added value and contributed to the success of the project. IceCross did not, however, sufficiently inform itself of or keep itself abreast with the context. It did not engage with other stakeholders active in mental health in Belarus and was not well aware of the national dynamics (strengths and weaknesses) within BRCS. It has therefore potentially missed opportunities to engage in dialogue with BRCS on possible improvements of the project in terms of management, sustainability, local ownership, expansion, and cooperation with other CSOs.

IceCross has relied heavily on the IFRC representative, who has facilitated the administration and reporting considerably. At the same time, the use of IFRC as an intermediary has made it difficult for IceCross to get first-hand information on the management set-up of the project and the organisational capacity of BRCS. IceCross is one of many national RC/RC societies supporting BRCS, but there has been insufficient harmonisation of this organisational capacity support.

9.2 LESSONS LEARNT

Projects aiming at behavioural change and changes in systems and structure often need a long-term engagement of up to ten years or more. This should be considered by IceCross and MFA in the planning of the support, while still considering a clear phase-out strategy. Having shorter-term project agreements makes it more difficult for local partners to work strategically, to learn and adapt and to recruit and keep qualified staff. Furthermore, it negatively affects the ability of partners to develop and pursue their own strategic direction.

Organisational capacity and competent management of volunteers is the basis for the efficiency and sustainability of any RC development project and must be an explicit part of the support provided (with targets and indicators).

Donor harmonisation and core support towards a strategic plan are helpful to partners' organisational development and their sustainability. It requires that the partner organisation has reached a level of maturity and accountability, has a realistic strategic plan, and a sufficiently reliable monitoring system.

Donors need to join efforts to support such longer-term capacity development, rather than support projects that cannot be sustained after the project period has ended.

9.3 RECOMMENDATIONS

9.3.1 For MFA

1. MFA should provide the project in Belarus with a one-year no cost extension until end of 2019 to enable BRCS to significantly downsize the administrative overheads and find a sustainable local funding model. After that, the MFA could exit the project as planned.

9.3.2 For IceCross

1. IceCross should promote increased cooperation/joint ventures with other national Red Cross societies (harmonisation) and focus more on organisational development support that enables national Red Cross societies in partner countries to engage in resilience and disaster preparedness through its volunteer networks.
2. To ensure that its support is strategically contributes to a strengthened civil society, IceCross should address the following key questions: How can IceCross contribute towards the strengthening of a few selected national societies in terms of resilience capacity, communication capacity, gender equality, and non-discrimination? What added value can IceCross bring?
3. IceCross should explore how its specific competencies in Iceland could be more systematically used in its international development work, mental health being one of these key areas.

With regard to the IceCross engagement in the Belarus project, IceCross should:

1. Continue to offer technical support and experience exchange through arrangement between its mental health centres and the centres in Belarus, at least until the end of 2019.
2. Take initiative to cooperate with other RC partners supporting BRCS's organisational development to agree on a coherent and harmonised approach, responding to the gaps and needs of BRCS in a holistic manner and substantially reduce the small short-term projects.

9.3.3 For the project in Belarus

While many of the detailed recommendations of the mid-term review of the Open Home project have been addressed, the overall recommendations from the review are still not implemented: *There is need to consolidate and invest in increased advocacy, sustainability, and building partnerships (with other CSOs and relevant government institutions in the sector).*

This evaluation concludes that the project would be more relevant and effective if it were to:

1. Develop home visits and family support activities for those not yet ready to come to centres (in cooperation with the two existing organisations already active in this sphere).

2. Develop independent living options, with support from Red Cross volunteers (e.g. in cooperation with the organisation World Without Borders and the Association of Consumers of Psychiatric Services).
3. Expand the model to other BRCS branches, linking up with all three mental health clinics in Minsk and similar clinics in some bigger cities. These centres could be run as self-help groups with one employed manager and volunteers as supporters. One psychologist should serve all three Minsk centres. BRCS should work with the respective municipalities, in an official capacity, towards collaboration on running these centres including possible use of municipal premises and public procurement of services.
4. Adopt an explicit objective to prevent institutionalisation and work through its networks to: i) promote a change of the laws and practices that hinder inclusion in society (legal capacity referral practices); ii) cooperate with the government to open up institutions and develop exist strategies for those admitted, gradually changing the role of institutions to become resource centres that support community-based care models (in cooperation with the organisation World Without Borders already active in this sphere).

Annex 1 –

Evaluation Matrix

Evaluation Question	Areas of inquiry/indicators	Methods	Potential sources
Relevance			
To what extent is the support relevant to the objectives and priorities outlined in Iceland's strategic guidelines for CSO support?	<ol style="list-style-type: none"> 1. The extent to which the support is contributing to an independent, strong and diverse civil society in low income countries that fights against poverty. 2. The extent to which the support is contributing to civil society's capacity to safeguard democracy and human rights of marginalised people. 3. The extent to which the support is taking into account the specific needs of girls, boys, men and women and marginalised groups. 4. The extent the support promotes local ownership 5. The extent the support promotes human rights principles – <ul style="list-style-type: none"> • Transparency • Participation • Accountability • Non-discrimination 6. The extent the support addresses the prioritised activities of: Basic services, creation of income, building local capacities, advocacy for sustainable change 	<p>Review documents</p> <p>Interviews</p> <p>Workshop for local partners (OCAT tool, SWOT analysis)</p>	<p>MFA Strategy, MFA and Red Cross staff</p> <p>Local partners: Belarus Red Cross and Minsk Red Cross (taking into consideration that they have recently taken over the Open Home Centre)</p>
To what extent is the support relevant to the objectives and priorities outlined in the Red cross policy and to the priorities and domestic strengths?	The extent to which the support is in line with stated objectives and making use of domestic strengths	<p>Interviews</p> <p>Review documents</p>	Icelandic RC
To what extent is the support relevant to the context in Belarus and to the needs and priorities of the target	1. Are the community services provided by the project relevant to the context in Minsk, considering other government or CSO initiatives in the same field?	<p>Interviews</p> <p>Group discussions</p>	External stakeholders, such as mental health hospital (Scientific and Practical Centre for Mental Health in Navinki; Psycho Neurological Dispensary in Minsk),

group?	2. Are the methods used by the project relevant to the needs of participants?		other CSOs (Open Soul Centre and Belarusian Association of Social Workers; Office for the Rights of People With Disabilities; Association of Consumers of Psychiatric Services; Association for Help to People with Mental Illness; BelAPDiMI, Charity 'World Without Borders') and relevant authorities/ministries (Ministry of Public Health, Ministry of Labour and Social Protection, social services centres). EU Delegation, Embassies of the US and Netherlands Target groups (participants as well as people for whom the program did not work). – BRCS Open Home staff.
To what extent does the Red Cross add value as a modality for the Icelandic Development Cooperation?	1. What are likely consequences on the program if the MFA would transfer the funds directly to IFRC/BRCS? Incl. but not limited to cost effectiveness, quality of monitoring, quality of the program. 2. What are the specific contribution of the Icelandic Red Cross to the program apart from funding?	Interviews	BRCS, IFRC, Project staff, Icelandic Red Cross and the MFA. Results of the evaluation of the effectiveness of the program.
To what extent is the support relevant to dialogue on and awareness-raising/public education of Iceland development assistance efforts? To what extent does IceCross' awareness-raising in Iceland add value to Iceland's development cooperation effort?	1. What types of efforts are made? 2. What constituencies are reached? 3. What is the cost of these activities? 4. To what extent is the public well informed? 5. To what extent is the Red Cross contributing to development fora domestically (CSO networks, MFA meetings, seminars, fares, etc).	Interviews Review documents	Red Cross information material, media clippings, Records of meetings and seminars. MFA and Red Cross staff Survey? (Gunnar Salvarsson) Red Cross Communication Officer Fjolmidlavaktin (Annual reports 2013-2015)
Outcome /impacts			
What intended, unintended, positive and negative effects has the support had on people, communities and partners?	1. To what extent has the project improved the well-being of participants? How many guests (out of the total number of guests) have improved their lives as a result of the project? In what way has the project improved well-being? What specifically has helped them improve their well-being? 2. Has the project increased awareness about mental health in society? Do other stakeholders know about the program "Open Home". How do they assess their awareness raising results?	Document review Group discussions Interviews Photo analysis OCAT self-assessment workshop	Final report from the project Participants (guests and relatives of guests) Photos and stories from participants Other stakeholders in the sector in Minsk BRCS and Open Home staff

	<ol style="list-style-type: none"> 3. Has the project influenced policies and/or practice on mental health at national government level, Minsk municipality, hospitals & doctors' referrals? 4. Has the Belarusian Red Cross increased its capacities? <i>(note overlap with relevance question related to CSO strategy)</i> 		
Effectiveness			
<p>How can the effectiveness of the program be improved? Incl. but not limited to reaching more people, quality of service, retention rate?</p> <p>What are the constraints?</p>	<ol style="list-style-type: none"> 1. What are the methods used to improve graduation rate and the methods used to expand the "client base" (Help Line)? What have been the reasons for people exiting the program (drop out, regression and graduate)? How does the method of referrals (from doctors) benefit the program? How is access to the program managed? 2. How does the project seek opportunities for cooperation and networking with others in the sector? 	<p>Interviews</p> <p>Document review</p>	<p>BRCS staff, volunteers and participants.</p> <p>External informants in the sector.</p>
<p>What is the level of awareness and appreciation of the project in the Mental Health sector?</p>	<ol style="list-style-type: none"> 1. How is the project perceived compared to others in the sector? Strengths and weaknesses? 	<p>Interviews</p>	<p>Ministry of Public Health, Mental Hospitals, City of Minsk, relevant departments and other stakeholders in the sector (Belarusian Association of Social Workers; Office for the Rights of People with Disabilities; Association of Consumers of Psychiatric Services; Association for Help to People with Mental Illness; BelAPDiMI, Charity 'World Without Borders').</p> <p>EU Delegation, Embassies of the US and Netherlands</p>
Sustainability			
<p>To what extent and how has local ownership been promoted? <i>(note overlap with relevance question related to CSO strategy)</i></p>	<ol style="list-style-type: none"> 1. Evidence of efforts to get government recognition, premises and financial support to the project? 2. Why was Open home moved from BRCS to Minsk RC? Why is the new Open Home in the Minsk RC building? 		
<p>To what extent and in what ways has the project been supported by government authorities?</p>	<ol style="list-style-type: none"> 1. What is the level of financial support by the government? Is the project part of the Minsk mental health plans and policies? 2. Has the adoption of the Convention on Persons with disabilities been used as an opportunity to 	<p>Interviews</p>	<p>BRCS/IFRC, Minsk Red Cross, Ministry of Public Health, Ministry of Labour and Social Protection, Minsk city administration</p>

	raise awareness and improve the sustainability of the program?		
Are the outcomes in terms of well-being of participants sustainable?	<ol style="list-style-type: none"> 1. Do the participants gain sustainable improvement after their Open Home graduation? 2. percent-age that are re-institutionalised after graduation, percent-age that are drop outs? 	Interviews Document review	BRCS Open Home Staff, participants, mental health hospital Records
To what extent is the project financially sustainable?	<ol style="list-style-type: none"> 1. Is the Open Home able to continue running without support from the donor community? 2. Has BRCS been successful in mobilising financial support for the Open Home in Belarus? 	Interviews Document review	BRCS/IFRC, Minsk Red Cross Financial statements
Efficiency			
What have been the strengths/ weaknesses of communication and cooperation between a) IceCross and the MFA on one hand and b) BRCS/IFRC and IceCross?	<ol style="list-style-type: none"> 1. Frequency, type and quality of exchange 2. Responsiveness and feedback to communication 3. Level of openness, trust and respect 	Document review Interviews	Icelandic Red Cross, BRCS/IFRC, Minsk Red Cross, MFA
What factors in the project management and admin have promoted or hindered efficiency?	<ol style="list-style-type: none"> 1. Is the current staff composition at the Open Home cost efficient? 2. What is the added value of a psychologist as a staff member? 3. How does the annual budget compare with similar projects? 4. What are the specific contributions of IFRC? At what cost? 5. What are the specific contributions of BRCS? At what cost? 6. What are the specific contributions of the Minsk RC branch? At what cost? 7. Could Icelandic Red Cross do it more effectively at the same/lower cost? 	Interviews	Icelandic Red Cross, BRCS/IFRC, Minsk Red Cross, Other similar service providers in Minsk, e.g. the Open Soul Centre run by the Association of social workers

Annex 2 – List of persons/organisations met

Red Cross

Ina Lemiasheuskaya, First Deputy SG, BRCS

Eugeny Odinets, Head of International Cooperation Department, BRCS

Siarhei Baltrushevich, Danish RC delegate in Belarus (former Head of IFRC Office)

Ekaterina Leleka, Programme Coordinator, IFRC Office in Belarus

Sviatlana Tukach, Specialist, International Cooperation Department, BRCS

Alena Fadzeeva, Head of the Minsk City Branch, BRCS

Iryna Mialik, Director of Open Home, BRCS

Volunteers; guests of Open Home and their parents

Ministry of Labour and Social Protection

Viktoryja Hrachykha, Unit for Veterans and People with Disabilities of the Department of State Social Support to Population

Zhanna Shchamialiova, Unit for Organisation of Work of the Public Employment Service and Alternative Service of the Employment Policy Department

Zhanna Kocik, Directorate for Social Services and Social Aid

Minsk City Centre of Social Services for Families and Children

Malcava Kaciaryna, Head

Shcherba Tacciana, Head of Unit

Fralova Liudmila, Psychologist

National Research and Practical Center for Mental Health

Aliaksandr Starcau, Head Physician

Minsk City Clinical Psychiatric Dispensary

Iryna Kananovich, Head Physician

Minsk Savietski District Centre for Social Services to Population

Sviatlana Pryvalava, Director

Charity "World Without Borders"

Taciana Paeuskaja, Chairperson

Volha Daminikevich, Project Officer

Association for Help to People with Mental Illness MINODI

Tamara Spirkina, Chairperson

Belarusian Association of Social Workers, Open Soul project

Volha Rybchynskaya, Director

Maksim Brashko, Social Worker

**Public Association for Assistance to children and young people with disabilities
"BelAPDIIMI"**

Elena Titova, Chairperson, and experts

Association of Consumers of Psychiatric Services

Kanstancin Shakhraj, Chairperson

Office for the Rights of People with Disabilities

Siarhey Drazdouski, Chairperson

U.S. Embassy in Belarus

Betsy Lewis, Public Affairs Officer

Larissa Komarova, Senior Program Development Specialist, USAID

Aleksey Melnikov, Small Grants Program

Annex 3 – Interview guides

Interview guide external observers Belarus

What are the strengths of BRCS as a civil society organisation in Belarus?
What are the weaknesses of BRCS as a civil society organisation in Belarus?
How would you describe the role of BRCS in Belarus?
How would you describe the role of IFRC in Belarus?
How important is BRCS contribution to the development of the mental health system? <ul style="list-style-type: none"> • Is BRCS taking part in networks that try to influence legislation, policy and practices related to mental health at the national level? • Is BRCS taking part in networks that try to develop the mental health services in Minsk (e.g. doctors' referral practices, development of new community-based models for mental health support, experience exchange with other actors)? • Mention some examples of BRCS contributions in terms of trainings, submissions of suggestions, participation in meetings, advocacy events, media visibility etc.
What is your opinion of the services of the Red Cross Open Home Centre? What has worked well? What could be improved?
How does the Red Cross Open Home Centre compare with other similar projects in Minsk (in terms of methods, costs, support from the local authorities, networking)?
What are the most important obstacles/problems facing persons with mental health issues in Belarus/Minsk generally? Persons with minor mental health problems?
If Icelandic Red Cross wants to support projects that improve the situation of persons with mental health problems in Belarus, what should they do to make the most difference?
If Icelandic Red Cross wants to support BRCS to improve its role and capacity as a civil society organisation, what should they do to make the most difference?

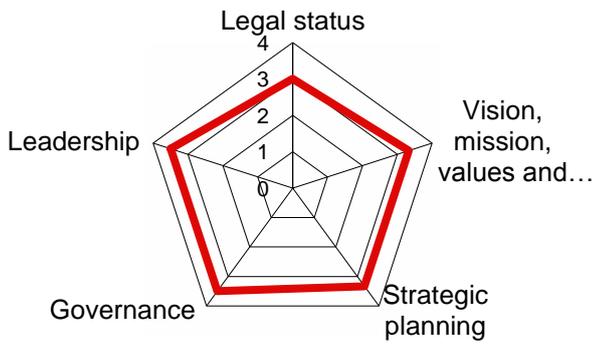
Interview guide participants/family members

How has the Red Cross Open Home Centre helped your own situation (as a guest or family member)? Give examples/pictures.
What is your opinion of the services of the Red Cross Open Home Centre? What has worked well? What could be improved?
What are the most important obstacles/problems facing you (as a guest or family member) in terms of your daily lives? How is the Open Home helping to address these problems presently?
What could BRCS do more to address these obstacles?

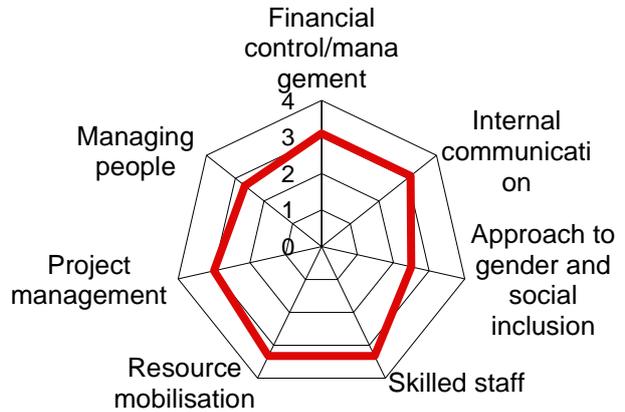
Interview guide for staff/board of BRCS national office, Minsk branch, Open Home and IFRC

What are the strengths of BRCS as a civil society organisation in Belarus?
What are the weaknesses of BRCS as a civil society organisation in Belarus?
How would you describe the role of BRCS in Belarus?
How would you describe the role of IFRC in Belarus?
What have been the contributions by the Icelandic Red Cross apart from the funding? In what way has it contributed to the strengthening of BRCS as a civil society organisation? In what way has it contributed to the strengthening of the Open Home Centre?
How could the Icelandic Red Cross improve their approaches?
How is the annual budget is spent? a) Admin by Icelandic RC b) Admin by IFRC c) Admin by BRCS d) admin by Minsk Branch d) running of Open Home Centre?
How important is BRCS contribution to the development of the mental health system? <ul style="list-style-type: none"> • Is BRCS taking part in networks that try to influence legislation, policy and practices related to mental health at the national level? • Is BRCS taking part in networks that try to develop the mental health services in Minsk (e.g. doctors' referral practices, development of new community-based models for mental health support, experience exchange with other actors)? • Mention some examples of BRCS contributions in terms of trainings, submissions of suggestions, participation in meetings, advocacy events, media visibility etc.
What is your opinion of the services of the Red Cross Open Home Centre? What has worked well? What could be improved?
How does the Red Cross Open Home Centre compare with other similar projects in Minsk (in terms of methods, costs, support from the local authorities, networking)?
How many participants of the Open Home come from poor and marginalised families or situations (e.g. disability, ethnic minority, sexual minority, socially or economically vulnerable)? How many women/men/trans?
What are the most important obstacles/problems facing the guests of the Open Home? Persons with mental health issues in Belarus/Minsk generally?
If Icelandic Red Cross wants to support projects that improve the situation of persons with mental health problems in Belarus, what should they do to make the most difference?
If Icelandic Red Cross wants to support BRCS to improve its role and capacity as a civil society organisation, what should they do to make the most difference?

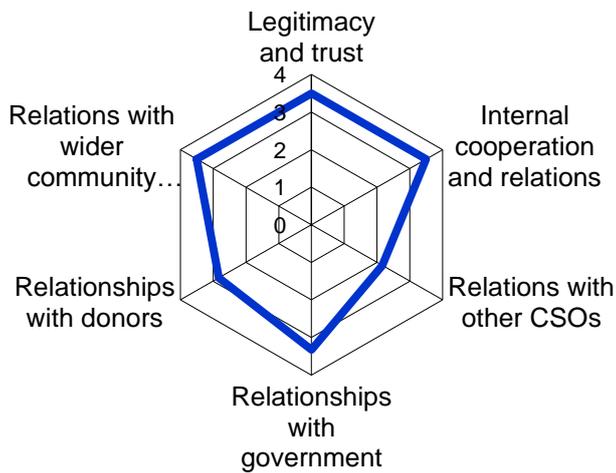
Ability to Be



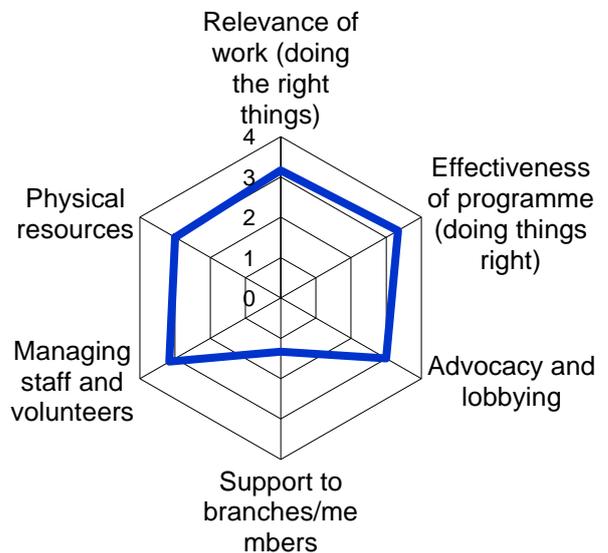
Ability to Manage/Organise



Ability to Relate



Ability to Do



Annex 5 –

SWOT analysis

<p>1. What do you consider are the strengths of BRCS as an organisation? Please list 4 strengths in a word, phrase or sentence.</p>	<p>Organization of guests' leisure. Meals. Education. Support to patients in institutions. Sustainability. Recognisability. Volunteer activity. A wide range of services for vulnerable people. Professionalism. Cleanliness/integrity. Charity. Effectiveness. Sustainability of organization. Authority in society. Cooperation with other organizations. Innovations. Organization of labour. Events. World organization but not focused on this activity. Recognition. Active volunteering. Respected by partners. A wide range of services. Sustainability (145 years working in the territory of Minsk). Positive image. A well-organized structure (systematic in work). Successful interaction and understanding with executive authorities.</p>
<p>2. What do you consider are the strengths of the Open Home project? Please list 4 strengths in a word, phrase or sentence.</p>	<p>The collective. Events. Psychological support. Staff. Communication opportunities for the guests. Work with relatives of mentally ill people. Support from staff and peer help. Cooperation with medical institutions. Educational projects. Group exercises. Communication. Study projects. Help to those in need. Attraction of not indifferent people. Actions. Projects (canistherapy, etc.). Presence of successful rehabilitation stories. High level of need in the Center for people with mental problems and their close relatives. Trust of medical institutions specializing in providing psychiatric assistance to the activities of the Center. Respect and recognition by project partners. Motivated team. Successful rehabilitation. Unique experience. Need in society. Trust of medical institutions. Commitment and purposeful work of the head of the Center. The desire to find new partners. The project team constantly searches for new opportunities in work. Desire to learn.</p>
<p>3. What do you consider are the weaknesses/areas that need improvement of BRCS as an organisation? Please list 4 points that need improvement in a word, phrase or sentence.</p>	<p>Financing. Attracting volunteers. Weak informational content. Lack of PR. Lack of support from the Government to the volunteer movement. Lack of support to volunteers from the state. Absence of the Voluntary Law. Insufficient coverage of BRCS activities (project activities) in the media. Law on Volunteering. Insufficient media coverage. Insufficient public awareness of BRCS activities. Unstable financing. No own premises (permanent lease). No possibility to recruit personnel (including technical ones); trained employees leave and the money invested in training are wasted. Many directions - many beneficiaries. If a project ends, beneficiaries continue to ask for help, despite the lack of resources.</p>

<p>4. What do you consider are the weaknesses/areas that need improvement of the Open Home project? Please list 4 points that need improvement in a word, phrase or sentence.</p>	<p>Soviet past. Young project. Lack of media coverage. More such centres needed. Insufficient cooperation with medical institutions. Lack of capacities to help all who are in need (location, resources). Lack of media coverage on mental health issues. Lack of support from the state bodies. Lack of equipped kitchen. Financing. There is no possibility of employment of the beneficiaries of the Center. Lack of equipped kitchen. Insufficient advocacy activities. There are no possibilities for employment of people with disabilities. Insufficient level of advocacy. The state is not ready to financially support the Centre. The only Center cannot help all those in need. Lack of events for representatives of local governments. Replication of the positive experience needed. Search for permanent sponsors within the country in needed. Would be good to develop the idea to render help at homes and hospitals.</p>
<p>5. What do you see as potential opportunities for BRCS in developing its role as a CSO? Please list 4 opportunities in a word, phrase or sentence.</p>	<p>To strengthen the volunteer movement. Support to volunteers. Attraction of not indifferent youth. Development of the volunteer movement. Application of international experience in the work. Raise of public awareness about BRCS projects. Attraction and motivation of volunteers. Cooperation with new organizations. Application of international experience. Raising awareness among the population (students and pupils) about the activities of the BRCS. Further development of volunteer activities and training of motivated young people to be volunteers. Greater public awareness of BRCS activities. Attraction of volunteers. Work of the media (informational support to the activities). Capacity building. Preservation of trained personnel and volunteers. Commitment to the goal and activities.</p>
<p>6. What do you see as potential opportunities for development of the Open Home project? Please list 4 opportunities in a word, phrase or sentence.</p>	<p>Cooperation with employment services. Assistance with meals from trade organizations (charitable). Educational projects. Study tours. Cultural projects. Sharing experience to open new such centres. Attraction of those who have passed rehabilitation. Cooperation with medical institutions. Attraction of donors. Holding of different actions (fundraising). Sponsorship to the Center. Support of the Center and participation in its activities by close relatives of the guests of the Center. Fundraising activities of the volunteers of the Center. Search for new partners and cooperation with them in the framework of the project. Sponsorship. Support from the state. Fundraising activities. Volunteering of close relatives. State social procurement. A reliable internal donor-partner. Preservation of the staff of the center. Expanding the range of services (telephone support, family</p>

	counseling, visiting at home and in hospital).
7. What do you see as potential threats for BRCS as an organisation? Please list 4 attention points in a word, phrase or sentence.	I see no threats. Loss of authority among population. Instable economic situation in the country. Deterioration of financial well-being among the population. Cancellation of preferential rent for BRCS. Deterioration of financial stability in the state. Legislative amendments harmful to BRCS (cancellation of rent benefits, etc.) Failure to meet the expectations of beneficiaries in connection with the impossibility of continuing the project. Search and motivation of volunteers. Lack of specialists to work with the media. Volunteering is not systemic, not effective.
8. What do you see as potential threats to the Open Home project? Please list 4 threats in a word, phrase or sentence.	I see no threats. Absence of financing. Absence of financing. Rejection of financing. Increase in the number of beneficiaries of the Center. Instability of financing of the Center. Lack of capacity to provide the range of services that the Center currently provides to its beneficiaries. Increased number of people in need. Lack of capacities to finance the entire range of services provided by the Center today. Financing (rent, utilities, staff salaries). New activity is difficult to promote ("people with disabilities face more serious problems, for example a person cannot serve himself or have nothing to eat"). There is no profound understanding of the social rehabilitation of people with mental illnesses in state institutions. Our guests do not want to go there. One center is too few for Belarus; no healthy competition.