

Belarus Red Cross Project for Mental Health

Mid-term review report, October 2014

„The communication with others in the same situation is the best medication“



Opening of the Red Cross poster exhibition advocating for non-discrimination of people with mental illnesses . 10 October 2014, World Mental Health Day.

Photo: IFRC

1. Summary

Mid-term review of the Belarus Red Cross Project for Mental Health (PMH) took place in Minsk October 6-10, 2014 by a visiting team from Icelandic Red Cross (IRC) and International Federation of Red Cross/Red Crescent (IFRC) together with Belarus Red Cross (BRC) project staff (See annex 1, Midterm Review ToR). The visit was also used to conduct some training and support sessions for the staff and informative lecture on the recovery model with other stakeholders whereby a user of services from IRC shared her experiences. Also some monitoring work re the project was carried out.

Overall outcome of the review is a very positive one, much has been achieved in this first year and the project runs well along the set ideology. There is need to consolidate and invest more in increased advocacy, sustainability and building partnerships. There are further recommendations summed up at the end of the report.

2. Team conducting the mid term review and methodology:

- From BRC: Ekaterina Leleka, project coordinator, Olga Arefeva, project assistant.
- From IRC: Nina Helgadóttir, project manager for Europe, Guðbjörg Sveinsdóttir, IRC consultant for the programme, Ása Hildur Guðjónsdóttir, volunteer and former user of mental health services in Iceland.
- From IFRC: Dr Mahesh Gunasekara, health and care coordinator at the Europe Zone office in Budapest and Sergei Boltrushevich, head of office in Belarus.

The methodology used was: meetings held with SG and the project team, focus group discussions with the guests and the volunteers. Meetings with stakeholders such as the Republican Research and Practical Centre for Mental Health in Belarus (RCMH). See further ToR.

Report was written jointly by IRC and IFRC.



Review team meets with Red Cross volunteers in the Open Home
Photo: Belarus Red Cross

3. Project objectives and expected results

As stated in the project documents the outline of the projects are as follows:

Overall objective

To assist people with mental illness in leading more productive and autonomous lifestyles, and to promote mental health and reduce stigma through service, advocacy and education.

Specific Objective

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.

Expected results

- 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 Red Cross, civil society and authorities to promote participation of people with mental illnesses in the community.

4. Background

More than 506,700 people with disabilities reside in Belarus, of them approximately 100,000 are disabled with mental illnesses/disorders, including 22,000 people with schizophrenia. Around 5 per cent of the population is believed to suffer from depression. Only 5 per cent of mentally disabled patients are in day-and-night clinics; the remaining 95 per cent live in the open society, most of them require social and psychological rehabilitation. The bulk of care still takes place in a hospital setting with very limited rehabilitation available, f. ex. very little social rehabilitation or occupational therapy.

MoH already has a policy on mental health that stipulates more outpatient services. Still community care facilities and community care services have not been developed. After patients get treatment, it has been difficult for them to continue social rehabilitation and recovery because of misinformation on mental disabilities (mentally ill thought to be dangerous and unpredictable), stigma (including their own internal stigma) and lack of resources in general. Human rights of individuals diagnosed with mental disabilities or lack of them are furthermore a field that needs to be explored.

In this regard, rehabilitation of people having mental illnesses has increasingly become the centre of attention of NGOs and other stakeholders. There are anyhow number of challenges:

- very little resources on governmental levels to work in this direction,
- there are few NGOs working in this field,
- the work of NGOs is not systematic nor in cooperation with others, it targets mostly children
- and there is lack of advocacy activities.

BRC had learned about the mental health programme of the IRC and came for a study visit in 2011. Gradually a cooperation platform was formed and pilot project design worked out by IRC, BRC and IFRC Minsk, very much based on the IRC model of open centres, and advocacy with the key values of: *dignity, respect, empowerment, equality, freedom of choice and the belief that recovery is possible*. Situation analysis was carried out by IRC and IFRC in March 2013, by the project consultant Guðbjörg Sveinsdóttir and Mahesh Gunasekara IFRC, EZO health coordinator, and the project documents finalised after that. Trainings, study visits and transfer of knowledge are an essential part of the project. The first BRC team visited Iceland in May 2013 and a second visit took place May 2014.

The project is implemented by BRC, with administrative support from IFRC, financial and technical support from IRC (by consultant and technical project team of staff and users of services). The project funding is provided by IRC (30%) and Icelandic Ministry of Foreign Affairs (70%).

5. Achievements and overall findings

Progress / Project activities / Advocacy plan

The project started in second half of 2013, starting that year with recruitment and training of staff and volunteers, key values were set, advocacy plans being made, preparations for opening of the open centre such as renting and renovations of the premises, furnishing the rooms, and linking up with stakeholders that might contribute to advocating for the centre and refer people to the centre. The centre or the *Open Home, Otkriti Dom* as it is called opened on October 10, 2013 on the World Mental

Health day, but the actual activities in the centre took off slowly with only few guests attending the first months.

Staff changes were made in early 2014 and with that the project was taken to new level with the very motivated staff. Now the Home has a full time director and a psychologist. There are around 20 volunteers already participating in the project. There is no distinction made between guests, staff and volunteers re clothing, making the atmosphere resemble a big family home.

Number of guests increased rapidly and now there are 22 people, coming to the centre on a regular basis, ca 10-12 guests daily. There has been considerable work done on advocacy during this time. Cooperation has been strengthened and an agreement signed with the Republican Research and Practical Centre for Mental Health in Belarus (RCMH) on advocacy re referral of patients to the Open Home after treatment, support to training in the Home. They also enjoy some cooperation with Minsk social services who provide the families of the guests with psychological support.

In the visit around the mid-term review the team was warmly welcomed at the Open Home. There was an overall impression of a warm, open and respectful atmosphere, much joy and solidarity, mutual respect, ownership and thankfulness expressed both by guests, staff and volunteers. Much has been achieved in this first year and the project runs well along the set ideology. Plenty of activities are ongoing. Telephone services (consultations) have been set up by staff and this has come as an extra service.

It seems anyhow that the structure around the activities and roles as re the roles of the volunteers can be improved. There is also a need to consolidate and invest more in increased advocacy, sustainability and building partnerships.

Monitoring and reporting has been satisfactory. Monitoring and support from IRC has been in the form of skype meetings when needed and support during the BRC visits to Iceland.

Guests and the programme in the Open Home

Guests started to come in greater numbers in beginning of 2014, following the change of staff. They are now total 22, 1/3 females, 2/3 males, most around 35 years of age. Usually there are around 10-12 guests visiting daily. Only one guest has dropped out, due to taking up studies. Some come every day, some only once a week but prefer to come more often but live far away.

Those guests have on average been hospitalized three times and are in general afraid of coercion. Most of them live with their parents as they have a status of being handicapped by Belarusian law and obliged to be under the care of parents/guardians. They acquired information on the Open Home in various ways; some from the media, some from their doctors (at the RCMH), but most were reached by contact from peers/guests already visiting the Home.

Guests are offered to fill out a small survey after having visited the Home for a month or so re their own feelings and attributes (see Annex 2), and this is kept in files at the Home. According to the feedback received from guests through the survey, all project activities are relevant and they can't see any change to the project design or approaches. Some guests suggest to adjust the working time of the Home so that they could visit it between 12.00 and 17.00 or even spend longer hours in the Home; to buy one more laptop / computer; to continue with sports, dances and cultural events; to improve planning of daily activities; to add more staff / volunteers supporting the Home. All of these are already being followed up by BRC and IFRC team.

Guests and relatives are offered consultations with the a psychiatrist (from the RCMH) once per month in the premises of the home and advice services re their personal plans and progress. These are mostly individual sessions.

Variety of activities is being offered to guests such as art, knitting, reading, computer use, chess, board games, dancing, meditation, computer skills, sight seeing, etc. There have also been some self-help groups running such as on addiction, communication with family, personal hygiene, personal growth, art therapy etc. Outside activities include among others: walks, theater, picnics, visits to museums etc. They have had some celebrations as for birthdays, carnival with costumes and various Red Cross days. Trainings include first aid trainings, participation in trainings re mental health issues for BRC HQ and presentations on the Home with medical authorities etc. The guests are free to participate or not. They further are invited to participate in keeping the premises clean, serve tea etc.

There is no official programme for the day or for the week – with same activities taking place on the same time. The staff rather contact the guest every morning and organize the day from there.

All the guests expressed their association with the Open Home. They felt that the Home has had a positive impact on their lives. They stated that there is prevalent prejudice in Belarusian society re mental illnesses. But they feel that coming to the Home, even if only for an hour, it breaks their isolation; some feel more communicative, more rehabilitated, more respected; some mentioned the good feeling of belonging; they value the communication with others in similar situation; that they can choose if they participate or not; one said that illness is not the only issue in my life now; some feel it contributes to less prejudice. Following are some statements made by the guests „the communication with others in the same situation is the best medication...I have made friends here...I do not feel sick while I am here... it’s like rest from being sick, after coming here...my communication with my family is much better now...I have finally managed to finish my studies...coming here is a break from the voices in my head“. Furthermore most feel that individual sessions with the staff re their personal development are helpful.

Guests would prefer to have longer opening hours and prefer to have proper meals/lunch in the Home. They also stated that computer and internet access could be improved. They would prefer to make more outings such as going swimming together. They claimed that they do not always have the staff’s undivided attention, they are sometimes too busy with administrative issues and the telephone consultations. And finally they felt that the premises are a bit too small.

There are a number of success stories with very clear positive impact and empowerment in the lives of the guests. Friendship and peer support has developed among the guests, they help each other out at home as well, see each other outside opening hours and encourage each other to be active in life. The open home has created a good platform for the guests to promote an active life. One of the guests has become a „peer counselor“ and has been advocating for the Home in his group of acquaintances from the psychiatric services. This has both empowered him and also recruited many of the guests. He is now acting more as a volunteer than being a guest. He estimates that of those he contacts re visiting the Home around 25% acutally show up eventually. Many of them come first by invitation to some special event taking place in the centre and then after that start visiting on a more regular basis.

It is worth mentioning that the guests themselves initiated an excellent sight seeing walk in the city of Minsk for the review team and felt happy and proud about having proposed that.

The guests noted a positive change in the work and attitude of the staff after their study visit to Iceland this year. They further expressed their wish to be in more contact with their peers in the Icelandic centres.

Relatives

Relatives are welcome to seek advice at the centre which seems helpful to them. Now this is provided over the phone.

There have been issues with some of the parents wanting to accompany their sons/daughters into the Home and have had tried to interfere with activities in the centre. This has become a less of a problem with more information given on the Open Home in general and increased trust towards it.

Otherwise, relatives already have some forums to act within, independent of the Open Home, such as „Association of relatives of people with mental illnesses“ and act independently. There is also „Public association of users of psychiatric services“ and a “Parent's club in "Open soul" club house”. BRC is already planning some training for relatives with the first one and could perhaps explore more cooperation with the others so as to increase the impact of synergy re advocacy.

Volunteers and staff

There are two staff members in the Open Home in full time posts. One director with background in social work, educational work and psychology (she worked in Brest BRC branch as a psychologist and supported the victims of human trafficking for 8 years), other staff is the psychologist of the Home (background in sports psychology). There are also project assistant, project coordinator and technical staff (accountant, driver and cleaner). The project enjoys very good and generous support from the IFRC office in Minsk.

Volunteers are now around 20, mostly young students, who come on a regular basis 1-2 times a week and participate in different activities in the home 2-3 hours at a time. Most of them come from the Bakery College in Minsk, fewer from the social faculties. The college authorities see this as their contribution to social responsibility. The volunteers have had some trainings in the the Home, on mental illnesses, emotional burn-out and on communication and prefer more training to better understand the situation of the guests. They are quite motivated and enjoy their time on with the guests. They feel the work is interesting, that they have gained from this experience and their ideas on mental illnesses have changed with the training and the experience by spending time with the guests. They feel that the Home is slowly spreading the word to reduce stigma even though this will take a long time.

The programme in the centre is not organized with a structured schedule, volunteers do not have regular meetings with staff and their role seems somewhat unclear. This results in the fact that sometimes there are many volunteers present and sometimes few or none.

Premises of the Open Home

The premises are in the centre of Minsk, on the 6th floor in an office building. There are four rooms, nicely and warmly furnished and decorated. The WC facilities are on the far end of the corridor and no running water is in the rooms. The WC rooms have open windows that may pose a security risk.

While the rooms are nice, the premises are rather small and this limits the number of guests. Above 20 guests would make this very crowded – adding also the staff and some volunteers.

Advocacy work

Good ground for advocacy has been set. The advocacy work is directly linked with the sustainability of the Home in the long run and is therefore also economically important.

A separate ambitious three year plan on advocacy was worked out at the start of the project. Main objectives of the plan are:

- 1) internal advocacy targeting Belarus Red Cross staff and volunteers to promote mental health and non-discrimination towards people with mental illnesses;
- 2) advocacy with users and families to support and enable people to access information and services, to defend and promote their rights and responsibilities, to explore choices and options;
- 3) advocacy vis-à-vis governmental structures and other stakeholders to advocate for the rights of the mentally ill to actively participate in society, as well as for increased government funding and support towards social inclusion programmes targeting people with mental illnesses;
- 4) actions to attract public attention to the needs of those with mental illnesses, to increase awareness of mental health issues in society and of the assistance available to those in need, as well as to fight stigma and promote acceptance of people with mental illnesses;
- 5) and advocacy vis-à-vis lawmakers, employers and co-workers in order to support the development of inclusive policies and to enable people mentally ill to find jobs in a longer term perspective.

The review team got an overview of the activities already carried out and according to that the implementation of the plan is acceptable, but still has proven to be a challenge.

HQ staff have had trainings in basics of mental illnesses, which has resulted in positive supportive attitudes towards the project. More awareness/training could be given to staff/volunteers from other projects to spread the word, especially the visiting nurses programme.

BRC SG meets local authorities on regular basis, but there seems that support to the Home has not yet been formally addressed. Government officials have also expressed their satisfaction with the Home and voiced their interest in replicating this in other cities.

Relationship with the RCMH has been growing and the team together with some of the guests visit the hospital and advocate for the centre. The relationship with the city psychoneurological dispensary and the internats¹ has been more strenuous and that hinders referrals from there.

Facebook page was set up, which is used more actively in the last months, leaflets on the Home were produced and distributed to stakeholders in the field: WHO, medical institutions, church, NGOs working in the area, Minsk city social family centre and some Red Cross branches.



A poster from the exhibition made with the active participation of guests of the Open Home.

Photo: IFRC

¹ An internat is a boarding home for people with mental illnesses and retardness where nuns from the Catholic convent are visiting and helping out.

Approximately 50.000 people were reached with information on the Open Home in 2013. The project got some media coverage on different activities as the opening, the first anniversary, the visit of an Icelandic musician celebrity, etc. Still the staff feels that the media is reluctant to cover the issue of mental illnesses and what it entails. Now a competition with 10 different media on coverage of mental illnesses and the Open Home is to be launched end of year. That initiative might change this situation. In relation to the anniversary the staff organized a very clever photo exhibition (photos of guests, staff and volunteers) with the message that we all care, along with personal testimonies of some of the guests (annex 2) stating their improved wellbeing.

6. Recommendations of the participants in the training on mental health and recovery model

The IRC consultant and the user of IRC services for the project organized short training session on mental health and the recovery model for the staff and guests of the Home and stakeholders were also invited from outside.

Those attended: Head of the rehabilitation department for people with mental illnesses of Minsk psychoneurological dispensary²; a specialist on social work of the rehabilitation department for people with mental illnesses of Minsk psychoneurological dispensary; a psychologist of Minsk city centre of social services for family and children; a psychologist of Minsk city centre of social services for family and children; the staff and guests of the Open Home and one relative.

Among other things they discussed the question: What changes are needed to move components of mental health care in Belarus towards more cooperation and holistic approach? The outcome was as follows in those bullet points:

- Build a Mental Health Organization – of people who care for users, families and specialists
- Work on new methods of treatment = close hospital, less coercion, change of attitudes, better condition of wards, towards recovery
- More public awareness = Mental health education in schools/universities, change school system, address the well-being of teenagers, enhanced visibility of people with MH illness, motivational events
- Cooperation on governmental level = support to different NGO's, contact on professional level, support and enough funding for the health system
- Media awareness group
- Round tables with different kind of people and specialist

7. Lessons learned / challenges

In general the project has run well though the advocacy has been a bit of a challenge, this takes time but the general feeling is that the project comes in at the right time and the ground, the society, is getting ready for such innovative ideas and attitudes.

Guests are extremely appreciative of these new services of BRC, this has impacted their life in a positive way and they have come to realize that their illness does not have to take over everything else in their life. They are blessed with many other skills that they can develop and enjoy.

² A psychoneurological dispensary is an outpatient health facility for ambulatory treatment, rehabilitation and secondary prevention.

The Home's staff did not know what really to expect in terms of communication with the guests but soon found out that the trust and honesty are the main issue as re relaxed communication, interaction and atmosphere.

BRC staff in general has been pleasantly surprised by the fact that there have been no instances of violence in the Home – contrary to what many (mostly outside BRC) had anticipated.

There have been some issues with relatives and their views of the activities taking place in the Home. Some have found it difficult to trust that their related guests will be fine without them and the ability of Home's staff to manage things without.

A lot of consultation is given over the phone by centre staff which has come out as a positive side effect of the activities in the Home even though it is taking some of the staff's time.

The premises are small and can not accommodate many more people at a time.

Advocacy, recruitment and peer support has been successfully done together with guests.

Advocacy work is a challenge, media is still reluctant re covering these issues but project team has still managed to get the media to show some interest and publish stories on special events.

Men are in majority, women may not get the information in the same way. Main advocate among the guests for the Home is a male and perhaps that plays a part re this.

Relatives of mentally ill had already organized themselves and have their own organization, users have established their own organization and those may both be perfect partners for advocacy.

8. Relevance, efficiency, effectiveness, impact and sustainability

Relevance

The project seems highly relevant as there are very few alternatives available of a similar nature. The chief medical director at RCMH, Dr. Alexander Startsev, claims that especially for people with first time illness, resources as the Home can be of crucial importance, so as to prevent long term sickness and re-admittances into hospitals. The visits to the Home contributes greatly to the dignity and happiness of the guests. Furthermore, strong advocacy by the Red Cross is very much appreciated. Everyone in this field needs to talk more and advocate on the possibilities of recovery. As long as misinformation is prevalent in Belarusian society it will add to the complex burden of those with mental disabilities.

Efficiency

A separate financial check was not carried out during this mid term review. But according to experience from Icelandic Red Cross in this same field the total costs are within limits for a project of this size.

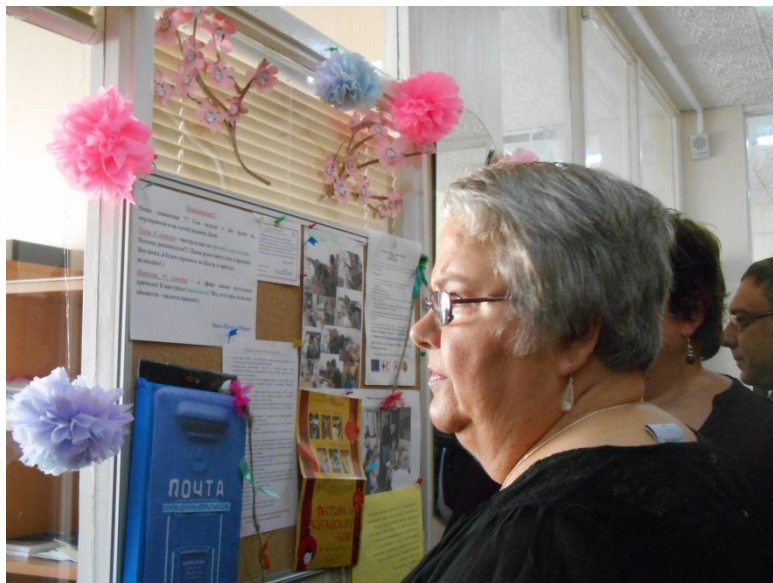
Effectiveness

The testimonies of the guests and the views of Dr. Startsev and his staff confirm the effectiveness of the project, which is in line the policy of the Ministry of Health in promoting more out-patient care. Along those lines Dr. Startsev suggested that closer cooperation and partnerships with the social services would be needed, even though they may not be ready for these new ways of approaching people with mental disabilities. Thus advocacy towards the social service system itself is highly important.

Impact and sustainability

According to the guests the possibility to come to the Home is of tremendous importance. Most of them have only been visiting the centre for a short time, ca 3-8 months, but it is already making a positive difference in the lives of most of them.

Stigma towards mental problems is still a widespread and deep-rooted in the society. All efforts towards addressing those and promote mental health seems desperately needed. The project is small in size but can be a seed that leads to changes in the mindsets of professionals and interested stakeholders in the field of mental health. The project enjoys the support of the management team of Minsk main mental hospital, that can be important advocators for the growth of the project and spread of its ideology. It is therefore important that BRC links up with other stakeholders in this field with joint advocacy vis a vis authorities and the social services and try to spark off discussion among the public. Thus a very strategic, innovative and creative approach to advocacy is important. Sustainability has not yet been addressed formarly with stakeholders that may provide future financial support.



Ása Hildur Guðjónsdóttir, volunteer and former user of mental helth services in Iceland, has contributed to the project by supporting the mid-term review, sharing her experiences with the guests and advocating for mental health and non-discrimination with the media in Belarus.

Photo: IFRC

9. Recommendations

Very good foundation has been laid both re the Open Home itself and the advocacy work in a relatively short time. Observations and discussions sparked off a number of ideas and recommendations. It is recommended:

- To be cautious with expanding too fast. More need now to strenghten the know-how from inside and maintain it (working methods, structure and approaches). The premises do also limit the number of guests.
- To structure the programme of days/week so that certain key activities take place on same time every week.
- To sharpen the houserules and make them clear and visible on the wall. F. ex. relatives should only come on invitation for special events.
- Consultations of the psychiatrist preferably to be held outside of the Home, as to emphasize that the Home is not a place of therapy (in medical terms).
- To explore the need for a formal telephone helpline and, if positive, train also volunteers for that activity.
- Explore cooperation with the organization of users. The Open Home guests might bring with them their valuable experience and resources for increased advocacy.
- To open up possibilities for guests to communicate directly with guests in Iceland – f. ex. via joint facebook page.

- To map and plan re security issues in the Home even if unlikely to occur. Consider dangers in the environment as f.ex. the open windows in the WC area.
- To encourage relatives to join the organization of relatives to empower themselves and work towards less stigma.
- To set up a schedule for volunteers and ToR for them.
- To define the role of the volunteers and structure their work of the centre more than now, to make better use of time of staff and be able to organize the programme of the days. Make a plan for a few months. If roles and schedules for volunteers are more structured it may prove easier to recruit more volunteers with a relevant background, from universities (faculty of psychology, social work, nursing, occupational therapy, etc).
- To have regular meetings with the volunteers, both to organize their work and for the staff to give training/supervision to them.
- To map together with the volunteers their need for training and then work out a training schedule.
- To take good care of the staff (care for the carers).
- To review the advocacy plan and work – with long term sustainability strategies in mind.
- Think of creative ways to advocate – think beyond leaflets, engage influential persons / celebrities and influential people to support the cause and speak out in the open.
- More information/training could be given to staff/volunteers from other projects as to spread the word, especially the visiting nurses (110) and the visiting volunteers (1700) who are likely to hear of or come across people in need for these services.
- Advocacy vis-a-vis the municipality and the ministries (social / health) needs to be strengthened even more. Seems that a good foundation has been laid for communication with those by the SG, that could be taken forward.
- To invite staff from the hospital and social care into the Open home and educate on the key approaches of the Home.
- Info board in hospital is to be set up – recommended to add personal testimonies of guests of the Open Home.
- To link up with other stakeholders in this field to avoid feeling of competition and also work on joint advocacy issues. Partnerships with the Internats should be strengthened and the win/win element of more cooperation be emphasized.
- Invite a high level personnel from social sector along for the next working visit to Iceland.
- Get the media to cooperate – encourage them to approach the issue from a positive perspective on mental health and to explore possibilities to hold an information session for the media on how to cover mental health issues (with the support of materials to be provided by Gugga)
- Local resource mobilization needs to be looked into – thus creating even more ownership and sustainability.
- To look for new partners re funding, both national (health, social and corporate sector) and international.
- Continued support from IRC is anyhow recommended both re funding and professional / technical advice.
- Review and update the agreement with RCMH.
- Steering committee could be established with representatives from MoH, MoSocial, municipality – to create partnership, involvement and ownership and strive towards sustainability (From BRC: Irina, representative of guests and Katya).

- Support and consultation for staff from IRC/Gugga to be planned on a more regular basis, that is every 2nd month.
- Work out a „best practice“ information package to share with other RC/RC National Societies in the region and other interested stakeholders.
- Finally, to share the review report with the relevant staff in BRC and the guests – and discuss the next steps; which recommendations to take further and how to work them out.

IRC / December 2014

The image shows a screenshot of the Facebook page for the Belarus Red Cross centre "Open Home". The page header features a large photo of a cake with a red cross on top, decorated with white frosting and red sprinkles. Below the cake, the text reads: "Центр БОКК "Открытый дом" / Belarus Red Cross centre "Open Home" Rehabilitációs otthon". To the left of this text is a small inset photo of two men sitting at a table. Below the header are navigation tabs: "Idővonal", "Névjegy", "Fényképek", "Kedvelők", and "Videók".

The main content area shows a post from the page, dated January 22, 14:05. The post text is: "Мы после каникул новогодних не теряем сноровки!)))/After the Christmas holidays do not lose the knack". Below the text is a photo of a man painting a sunflower on a white fabric bag. The page also shows a list of 91 likes and a list of people who liked the page, including Natalia Gailova, Mahesh Gunasekara, and 7 others.

At the bottom of the page, there is a navigation bar with the text "197:6".

Facebook page of the *Open Home*.

Photo: Dorotya Patko / IFRC EZO

Annexes

1. ToR for the review
2. Personal testimonies of guests and volunteers

People met with

Guests of the Open Home

Volunteers of the Open Home

Irina Myalik	Director of BRC Open Home Otkrity Dom
Mariya Zhorovina	Psychologist in BRC Open Home Otkrity Dom
Inna Lemeshevskaya	Deputy SG of BRC
Viktor Kolbanov	SG of BRC
Alexander Startsev	chief medical director at RCMH
Tanya Korotkevich	deputy medical director at RCMH

Abbreviations

MoH Ministry of Health

RCMH Republican Research and Practical Centre for Mental Health in Belarus (Minsk mental health hospital)

SG Secretary General

Terms of Reference

Mid-Term Review of the Project **“Support to people with mental illnesses”**

1. BACKGROUND

Support to people with mental illnesses is a pilot project aiming to assist people with mental illness in leading more productive and autonomous lifestyles, and to promote mental health and reduce stigma through a joint effort between Belarus Red Cross (BRC), Icelandic Red Cross (IRC) and International Federation of Red Cross and Red Crescent Societies (IFRC). Project methodology is based on the expertise already available with IRC and other partners adjusted to the needs and situation in Belarus according to a situation assessment and information gathered at the beginning of the project in 2013.

Following the project preparation and start-up phase which among other activities included recruitment of staff, situation assessment, study visit and final planning meeting hosted by the IRC, finalisation of the project document, search and renovation of premises, on 10 October 2013 BRC hosted an opening ceremony for the Red Cross *Open Home* for people with mental illnesses.

Project objective and expected results

Specific objective:

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.

Expected results:

- 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 Red Cross, civil society and authorities to promote participation of people with mental illnesses in the community.

2. PURPOSE AND SCOPE OF THE REVIEW

The purpose of this mid-term review is to analyze and comment on the project progress up to date and review the process of implementation of the project. The review will see how the project is progressing, document lessons learnt, achievements and challenges, and provide recommendations and ideas to take forward to 2015.

The review will cover a period from 2013 through to September 2014. The geographical coverage of the review will be meetings in Minsk, Belarus.

The final product will be a shared responsibility of BRC, IRC and IFRC led by IRC's consultant. The review report will be shared with BRC, IFRC and IRC who in turn will take the responsibility of disseminating the outcomes to relevant interested partners.

Key review issues will be to establish:

- Review the relevance, efficiency and effectiveness of the project.
- Extent to which the project was able to achieve the project objectives to date and progress towards achieving results.
- Identify key risks and challenges.
- Provide lessons learned and recommendations for the remaining project period until end of 2015.

3. REVIEW QUESTIONS

The key (guiding) questions to be answered by the review are as follows:

Relevance:

- *How relevant is the project regarding the beneficiary requirements, local context and needs ?*
- *How well was the target group identified?*
- *How do the beneficiaries view the comprehensiveness of package of services offered to or directed towards them?*
- *How does the project complement intervention of other actors, most importantly relevant Government departments?*

Efficiency

- *Has the project progressed as per planned timeline – including preparation, planning, to implementation?*
- *Can the project objectives be achieved within the overall timeframe?*
- *Has the project adequately documented, reported and disseminated information on what it is doing/has achieved so far?*
- *To what extent BRC coordinate with other actors to achieve better results?*
- *If appropriate how flexible is the project in adapting to changing needs?*

Effectiveness

- *Were the activities conducted in a planned and timely manner?*
- *What progress has been made towards achieving the project overall and specific objectives?*
- *Is the project effective in delivering the expected results?*

- *Where unforeseen challenges to the implementation of the project handled creatively and effectively?*
- *Were gender concerns and considerations mainstreamed into the project?*

Impact and sustainability

- *What are the direct impact prospects of the project at overall objective level, what impacts are already apparent and what impacts appear likely?*
- *What difference has the project made for/with the planned target groups or other non-targeted groups arising from the project beneficiaries?*
- *Did the project take timely measures for mitigating the unplanned negative impacts? What was the result? Are any external factors likely to jeopardize the project's direct impact?*
- *What is the level of ownership of the project by the target groups?*
- *What are the main factors affecting, either positively or negatively, prospects of sustainability of project outcomes?*
- *What is the potential for sustaining and continuation of the emerging results and impacts after 2015?*

Lessons learned

- *What are the lessons learned during this period which can be used to guide the next programme cycle and/or other programmes?*
- *What best practices emerged from the project implementation? What is the potential and options for replication and knowledge sharing?*
- *For whom could these lessons have relevance and how do they relate to any innovative aspects of the project?*
- *Do lessons learned indicated any need for changes in project design in the future to ensure better sustainability?*

4. REVIEW METHODS

The review will use a consultative and participative approach. Methods of data collection and analysis to be discussed and defined by the review team, however they should include at least:

- Analysis/review of relevant project documentation
- Interviews with key stakeholders including HQ and project staff and volunteers, relevant authorities and other stakeholders
- Interviews with clients of the services at individual or/and group meetings
- Presentation of preliminary review findings at a debriefing in Belarus
- Final reflection on and analysis of all available information, preparation of the draft review report and submission to BRC, IRC and IFRC for inputs.
- Preparation of the final review report, following feedback from BRC, IRC and IFRC on the first full draft.

Basic questions of interviews will be based on the ToR and preliminary analysis of the available documents.

The data collected in the review will be gender sensitive, checking among other if and how vulnerability of women differs from that of men and will be confidential.

The review will use the following data sources:

- Project proposal, logframe, budget;
- Project values and approaches;
- Project situation analysis report;
- Project narrative pledge based report for 2013.

5. REVIEW TEAM COMPOSITION

The project is to be reviewed by IRC's consultant jointly with IFRC's Europe Zone Office Health and Care Coordinator.

6. EXPECTED DELIVERABLES

The review team will provide:

- a) **A debriefing on findings** – in country to IFRC head of office, BRC management and project staff at the end of mission to discuss initial findings, conclusions and recommendations.
- b) **A draft review report** – after returning from the field visit. The draft will be shared with BRC, IRC and IFRC for comments. The review report will be brief and concise, preferably of not more than 15 pages, and it will include: executive summary, findings, conclusions and recommendations on the collected data and specific objectives.
- c) **The final review report** – taking into account comments provided by BRC, IRC and IFRC on the first draft.

Proposed timeframe

Preparation and desk review of project documents: 2-3 October 2014

In country review and debriefing: 6-8 October 2014

Report writing: 13-24 October 2014

Comments on the draft report from BRC, IRC and IFRC: 31 October 2014

Submission of the final review report: 7 November 2014.

BRC/IFRC/IRC

September 2014