

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: SANS

TA No., Country and Name: TA4442-SRI: Psychosocial Health in Conflict-Affected Areas Project		Amount Approved: \$400,000.00 <hr/> Revised Amount: \$400,000.00					
Executing Agency: Ministry of Women Empowerment and Social Welfare	Source of Funding: Poverty Reduction Cooperation Fund (PRF)	Amount Undisbursed: \$270,563.00	Amount Utilized: \$129,437.00				
TA Approval Date: 22 Nov 2004	TA Signing Date: 13 Jul 2005	Fielding of First Consultant: 28 Sep 2005	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TA Completion Date Original: 31 Dec 2007</td> <td style="width: 50%;">Actual: 31 Mar 2008</td> </tr> <tr> <td>Account Closing Date Original: 31 Dec 2007</td> <td>Actual: 14 November 2008</td> </tr> </table>	TA Completion Date Original: 31 Dec 2007	Actual: 31 Mar 2008	Account Closing Date Original: 31 Dec 2007	Actual: 14 November 2008
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<p>Description</p> <p>The project was intended to reduce poverty caused by and linked to psychosocial health problems associated with the conflict in Sri Lanka. Sri Lanka is looking back to two decades of civil conflict that has acutely debilitated the population and economy. Many people were affected in various ways,</p> <ul style="list-style-type: none"> - Thousands of People were displaced, became unemployed and lost relatives, - Many lost their property and livelihood, - The conflict also negatively affected the mental health of people, which resulted for example in higher suicide rates (Sri Lanka is among the highest in the World) and alcohol abuse. Mental health disorders are prevalent and chronic among the conflict survivors. <p>Mental and psychosocial disorders are common all over the world, both in developed and developing countries such as Sri Lanka. These problems are disabling, costly, and often push families into poverty. There is growing evidence to suggest that populations living in poor socioeconomic circumstances are at increased risk of poor mental and psychosocial health, and the conflict in Sri Lanka aggravated this situation. Various indicators of poverty and marginalization are also well known risk factors for mental and psychosocial disorders. War, conflict, internal displacement, racial and ethnic discrimination and economic instability have been closely linked to increased levels of mental and psychosocial problems.</p> <p>The technical assistance (TA) supported the Government's program to increase conflict survivors' access to social services, mainly in the area of psychosocial counseling and livelihood restoration. Given the scale of the problem, the Government had requested the Asian Development Bank (ADB) to help build the capacity to address the destitute situation of conflict-affected people.</p> <p>The TA methodology followed a phased approach, with a preparatory study and a project implementation phase, an evaluation, and identification of up-scaling potentials. The TA thus had four components:</p> <p>Component 1: Background, Baseline, and Design Study.</p> <p>Component 2: Pilot Program.</p> <p>Component 3: Evaluation and up-scaling.</p> <p>Component 4: Advocacy and Partnership Development.</p> <p>Phase 1 of the project consists of component 1, phase 2 of components 2, 3, and 4.</p> <p>Expected Impact, Outcome and Outputs</p> <p>The Project's overall goal was to reduce poverty caused by and linked to psychosocial health problems associated with the conflict.</p> <p>The main TA output was to develop and pilot-test an approach to help mentally ill people, their families, and communities in two districts (Monaragala and Trincomalee) by providing services like counseling, awareness creation, medical service, training of staff, and institutional development. Service delivery relied wherever possible on nongovernment organizations (NGOs). The principles of the TA were (i) community-based participatory approach; (ii) working with people and with psychosocial health problems as "agents" for change, instead of "victims"; (iii) effective services for both adults and children; (iv) public-private partnership; and (v) service delivery that includes establishing links with economic opportunities. The activities of the project were expected to help conflict affected and mentally ill people finding their way back to a normal life. Corresponding lessons learned were to be derived.</p>							
<p>Delivery of Inputs and Conduct of Activities</p> <p>The project formulation was adequate, which was also proven by a successful completion of the design phase (phase 1). The terms of reference (TOR) was clear and guided the consultants. There were no major changes during implementation.</p>							

Concerning the performance of the consultants, there was a significant difference between phase 1 and phase 2 of the project. The consultants in phase 1 showed a very good performance and delivered an excellent concept for phase 2. The NGO that was hired to implement phase 2, partly due to a time constraint, did not deliver the expected results. The activities (namely the direct services to the target groups) were only partly implemented and the final report fell short of the expected standards, which resulted also in limitations concerning lessons learned. The shortcomings in the implementation of activities lead to the result that the project objectives could not be met in term of helping the target population.

In total, ADB fielded 2 review missions, one mission after the end of phase 1, to discuss with the Government and with stakeholders about the implementation of phase 2 and one review mission during phase 2 implementation.

The performance of the NGO recruited under phase 2, was not as expected and the final report was not delivered according to the agreed standards. ADB performance was as expected consultants and EA were supported in an effective way and decisions were taken promptly. EA performance was not satisfactory, mainly because of long delays in taking decisions.

Evaluation of Outputs and Achievement of Outcome

Two main reports were generated under the project: the principle design report after phase 1 outlining the pilot implementation plan and the final report at the end of the project. The reports adequately summarized the findings, lessons learned, and options for up-scaling.

The entire implementation of the project was hampered by an initial delay in inception due to a major delay in the signing of the TA letter by the Government and by the fact that the PRF-fund was closed by the end of 2007, which was not foreseen at the time of project approval. This lead to the result that major parts of the pilot project in the end could not be implemented. What could be implemented was the identification of project staff and stakeholders and corresponding training measures. But the project was not able to implement the actual services to the beneficiaries. Therefore, expected outcomes could not be achieved. This is also why a large part of the project fund remained unspent.

Overall Assessment and Rating

Due to delay in start-up (delayed TA letter), and definite cut-off (no extension of PRF), the pilot activities under phase 2 could not be completed. Phase 1 of the project was highly successful and phase 2 of the project (implementation phase) therefore was unsuccessful; the over all rating is proposed to be partly successful.

Major Lessons

Interventions for psychosocial health problems available remain at a rather poor level and need a concentrated effort by the Ministries of Health and Social services to upgrade them. It is a challenge to obtain services of multi disciplinary teams for psychosocial health work that include governments and non government organizations. The capacities available at the NGO-level are significantly low and further strengthening needs to be undertaken if they are to be utilized in a meaningful way. The government services available to handle psychosocial health problems are deficient in direction and expertise. There is no real surveillance for psychosocial health problems in Sri Lanka. This fact gains more significance that the victims do not understand that they are in fact sufferers of psychosocial health problems for which help are available. This warrants a serious consideration for a social marketing campaign.

Recommendations and Follow-Up Actions

The project experiences, especially those of phase 1, could be used to develop a new project to assist the identified target groups. Therefore, a grant fund application could be developed in due course.

Funds also could be made available as economic assistance to families who indicate improvement after interventions to relieve themselves from the vicious cycle of poverty. ADB currently is preparing a Japan Fund for Poverty Reduction project on income generation, partly using experiences of this TA.

It would be helpful to link up with other donors such as the WHO or UNICEF to provide support to the facilities further on a short term basis (2-3 Years). It is also recommended that the training manuals etc. that have been produced under the TA be published.

Further capacity building and training is needed to create the necessary capacity in Sri Lanka to assist the target groups of this project.

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