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Evaluation Report 3.99

Evaluation of Norwegian
Support to Psycho-Social
Projects in Bosnia-
Herzegovina and the
Caucasus

Final Evaluation Report

COWIConsult/DiS

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Evaluation of Norwegian Support to Psycho-Social Projects in Bosnia-Herzegovina and the Caucasus

Final Evaluation Report

March 1999

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A Report Submitted to the Norwegian Ministry of Foreign Affairs
by COWIConsult in association with DiS.

The Ministry does not accept any responsibility for the information in this
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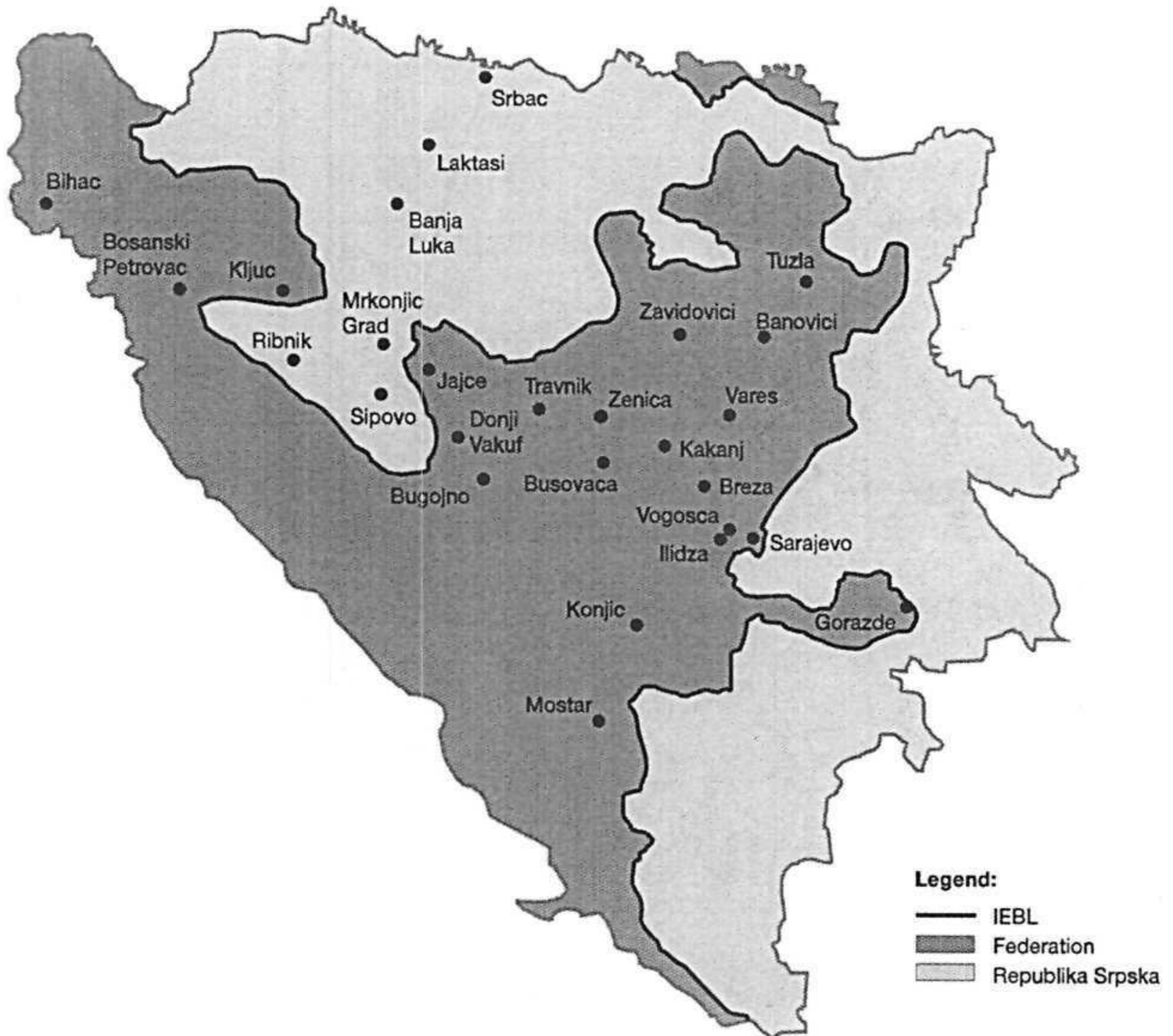
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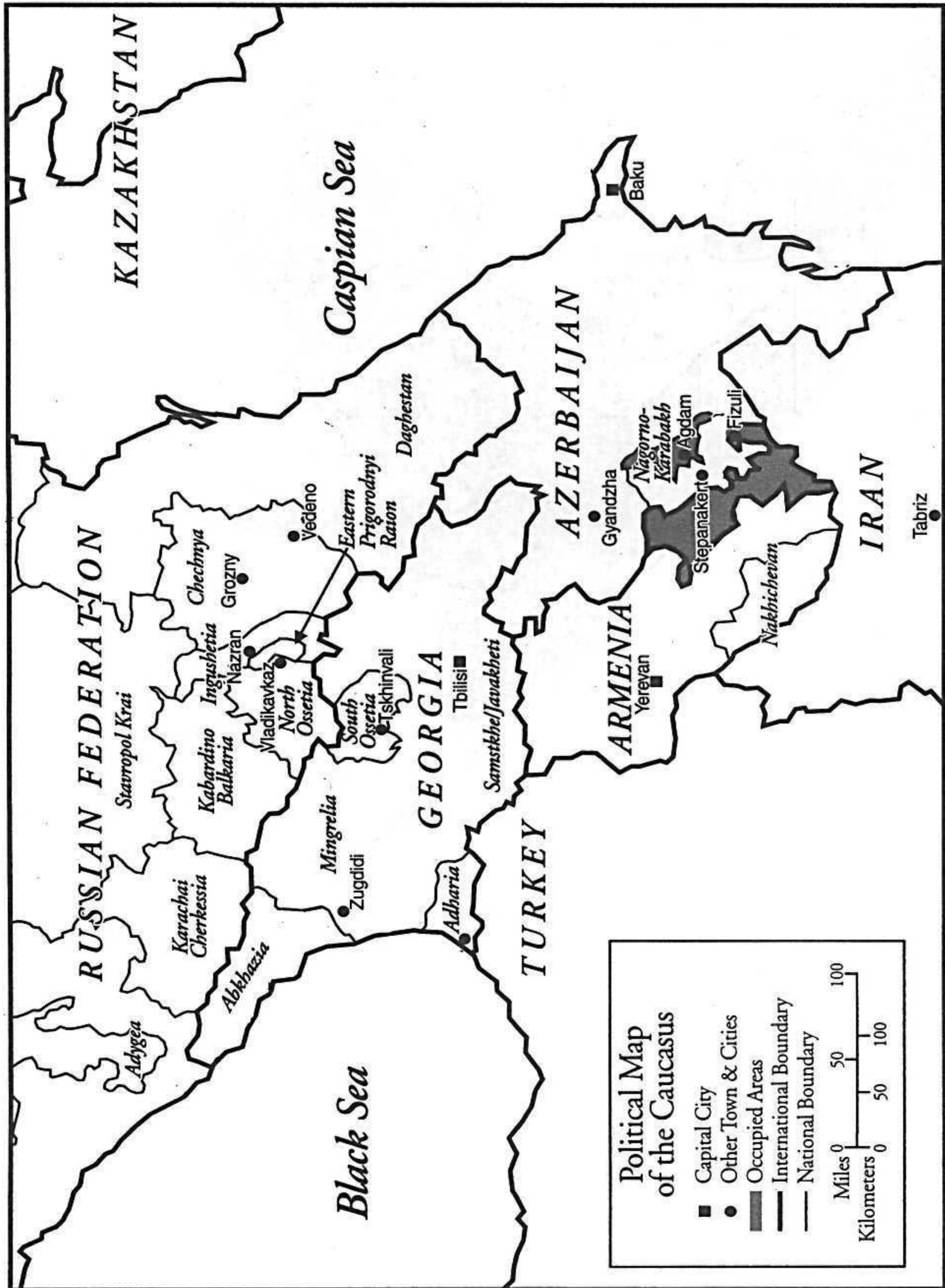
Acronyms

B-H	Bosnia-Herzegovina
CEDC	Children in Especially Difficult Circumstances
DiS	Diakonhjemetts internasjonale Senter
DRC	Danish Refugee Council
ECHO	European Community Humanitarian Office
ECMM	European Community Monitoring Mission
ECTF	European Community Task Force
EU	European Union
FDHR	Foundation for the Development of Human Resources
GFH	Gesellschaft für Frieden und Hilfe
GO	Governmental Organisation
IDP	Internally Displaced Person
ICCN	International Centre on Conflict Negotiation
IFRC	International Federation of Red Cross and Red Crescent Societies
IMG	International Management Group
IO	International Organisation
IPTF	International Police Task Force
LFA	Logical Framework Approach
MOH	Ministry of Health
MSF	Medecins sans Frontieres
NGO	Non-Governmental Organisation
NOK	Norwegian Kroner
NORAD	Norwegian Agency for Development Co-operation
NPA	Norwegian People's Aid
NRC	Norwegian Refugee Council
ODA	Official Development Assistance
OSCE	Organisation for Security and Co-operation in Europe
PBR	Public Building Rehabilitation
PHI	Public Health Institution
PSP	Psycho-Social Programme
PTSD	Post-Traumatic Stress Disorder
SIDA	Swedish International Development Agency
UMCOR	United Methodist Committee on Relief
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
WHO	World Health Organisation

Political Map of Bosnia-Herzegovina



Political Map of the Caucasus



Compiled from various sources by the author. The international boundaries shown reflect borders presently recognized by the international community.

Executive Summary

During the period under evaluation, support to psycho-social activities has been part of the humanitarian assistance provided by Norway. Given the limited experience with these types of activities it is, however, necessary to evaluate past and current activities in order to develop guidelines and strategies for the future. It is the objective of the evaluation to identify a set of principles and criteria which can serve as (1) a basis on which to develop a policy for future support to psycho-social assistance, and as (2) operational guidelines for future involvement in the psycho-social programmes. The evaluation should provide information on how psycho-social projects can contribute to the triple aims of (i) recovering psychological well-being after human rights violations, (ii) facilitating peace-building processes, and (iii) promoting post-conflict stability.

The evaluation has assessed the planning, implementation and results of four projects undertaken by Norwegian People's Aid (NPA) in Bosnia-Herzegovina as well as two projects undertaken by Norwegian Refugee Council (NRC) in Azerbaijan and Georgia respectively. The executive summary provides the overall synthesis of findings, conclusions and recommendations of the evaluation, while the body of the report contains the information on each of the six projects. It is important to stress in this connection that the evaluation is thematic: the projects are evaluated in a strategic perspective in order to provide inputs to the Ministry's strategy development. The purpose has not been to undertake detailed individual project evaluations.

Key Findings and Conclusions

General

The importance given by international donors to psycho-social assistance as part of the "humanitarian aid package" is a recent development in the response to complex emergencies. The Norwegian Ministry of Foreign Affairs (hereafter "the Ministry") has provided support to psycho-social interventions in former Yugoslavia since 1993, and in the Caucasus since 1995. In addition in 1997, NORAD was assigned responsibility for mid- to long-term assistance for social sector projects, including the psycho-social projects, in former Yugoslavia.

The provision of humanitarian assistance is high on the foreign policy agenda of Norway. Norway has thus been one of the major contributors of humanitarian assistance to the complex emergencies in former Yugoslavia and the Caucasus. The high commitment

towards providing humanitarian assistance to refugees and internally displaced persons - and the Norwegian foreign policy tradition of playing an active role in international peace building efforts - is as important as ever today when Norway is holding the OSCE Presidency.

Main results

It is a main conclusion that the psycho-social interventions supported by the Norwegian government have addressed a well defined need among the target population. Since their inception in 1993, the six projects evaluated have - based on their own data - given up to 20,000 adults and children direct, systematic and qualified psycho-social assistance.

There is no comprehensive overview available regarding the amount of funds allocated to psycho-social interventions, or the number of projects in this field. The Consultant estimates that a maximum of seven per cent of the total humanitarian assistance to the three countries concerned has been allocated to what in broad terms may be characterised as psycho-social projects. It may be concluded that these projects have claimed a relatively modest share of the total humanitarian assistance given the fact that the projects evaluated have made significant contributions which have enhanced and complemented conventional humanitarian assistance in the form of food, shelter and medicine.

The Norwegian Government has continued - with a few funding interruptions - to provide assistance to psycho-social activities also in the post-emergency phase, although facing new demands for humanitarian assistance. It is a conclusion that the commitment thus shown has been of special importance in the field of psycho-social activities. More than most types of interventions, they demand a long-term commitment that can bridge the humanitarian and development phases.

Capacity building

The evaluation has found that national mental health professionals in all three countries covered had already organised networks providing psycho-social assistance to refugees and IDPs on a voluntary basis prior to receiving any international funding. Both NPA and NRC have used some of these networks in a productive way as national collaborative partners.

It is a conclusion that the projects have contributed significantly to building capacity among the already established networks of professionals. National staff

has gained practical experience in working with groups of adults and children, and theoretical knowledge gained from seminars, workshops and conferences, as well as continual interaction with international consultants and staff. This conclusion is based on several examples:

- through capacity building in foster-care and new concepts/practices in the institutionalisation of children, aspects of child welfare and protection have been strengthened, as seen in the “Most Centre for Family Placement” in Bosnia-Herzegovina;
- through integration of psycho-social NGOs and their staff into governmental mental health system, the projects will potentially, in the long run, have provided the impetus for modernising mental health practices in the countries concerned shifting the focus from the present hospital-and-drugs based practice to outpatient services. This is seen in particular in the present process of integration of the “Psychological Centre, Tuzla” into government mental health services in Bosnia-Herzegovina;
- some projects have contributed significantly to the transfer of knowledge about peace-building practices. An example observed was the FDHR discussion groups held by young national psychologists and teachers with children in South Ossetia

The fact that networks were established prior to receiving Norwegian funding also shows that staff of the projects has been highly dedicated. They have put much effort into developing their work to professionally high standards, at the same time making and maintaining links with relevant authorities in order to have their work accepted and valued. Findings from the evaluation show that project beneficiaries have confirmed the value of the attention, care and supportive social environment provided by the project staff.

Psycho-social methods used

The six projects operate on various levels of psycho-social intervention: 1) community development (e.g. Mostar); 2) network strengthening (e.g. Azerbaijan); 3) mutual support building (e.g. Georgia); 4) counselling interventions (e.g. Zenica); and 5) intensive psychotherapy (e.g. Tuzla). Most projects address several of these levels of intervention, but with a different emphasis, *i.e.* a number of projects place high emphasis on psycho-therapy while others focus more on community development and network strengthening aspects.

While it is a conclusion that the projects are necessary and have contributed significantly to the well-being of refugees and IDPs, it is also concluded that future psycho-social interventions can be improved in terms of their methods, focus and use of resources. A number of findings and conclusions are pertinent in this respect:

- there is little evidence of real participation and contribution from beneficiaries. Project staff generally perceive beneficiaries as helpless, and too traumatised to take any part in the “ownership” of the projects. The strong focus in at least three of the projects on Post-Traumatic Stress Disorder (PTSD) contributes much to the fact that people assisted remain passive beneficiaries rather than active participants: the PTSD paradigm appears to lead to a “medicalising” focus on trauma symptoms, and risk reinforcing a “victim identity” in beneficiaries. Therefore it is concluded that a main factor in the healing process of people suffering from trauma, *i.e.* re-gaining a sense of agency and control, has not been fully recognised or exploited. A human rights oriented approach could have had more empowering effects;
- the project in Azerbaijan for strengthening networks among IDP children and training IDP volunteers uses a number of creative and innovative methods. It is, however, concluded that the heavy medical/psychiatric focus on documenting trauma symptoms is using a considerable amount of staff resources which could have been utilised for more training of mental health professionals in the country as well as of volunteers for the benefit of additional IDP children in need of psycho-social care;
- the project in Georgia has developed its work from a focus on PTSD towards a more human rights and reconciliation oriented approach, thereby addressing fundamental psycho-social problems in present day Georgia. It is concluded that the main strength of the project is the high professional standard of its staff which could be utilised more effectively if the main focus of the project was developed even more towards acting as teachers and trainers of volunteer networks and staff in the health and social sector.

Project Management

Neither the Ministry, NORAD, NPA nor NRC have developed a thematic and/or sector strategy or policy guidelines for psycho-social interventions. None of the organisations have had competence in this field of activities prior to the war in former Yugoslavia. Both NPA and NRC have, however, established important

links to the professional community in Norway and internationally in order to “buy into” existing expertise.

The Ministry is managing humanitarian assistance while NORAD manages development co-operation. It is concluded that while this division of labour in many respects is logical it also has its drawbacks in relation to the implementation of psycho-social activities and the bridging of humanitarian and development efforts:

- the Ministry can only fund for 12 months period at a time. In terms of planning for longer term efforts in complex emergencies and for establishing links to an ensuing reconstruction and development phase, this provides special challenges for all actors involved;
- the transfer of social sector projects in former Yugoslavia from the Ministry to NORAD in 1997 is one way of bridging humanitarian aid and development assistance. The rationale for this transfer is well taken in many respects. NORAD and the Ministry, however, work according to different procedures. The Norwegian NGOs have thus now in principle to apply for funds for similar activities according to different procedures, rules and regulations;
- the lack of clear and unambiguous policy signals concerning the desirability of psycho-social interventions during the period under evaluation have left the Norwegian NGOs with less than clear guidance concerning the Ministries’ priorities and have caused intermediary funding pauses in two instances.

The Norwegian government in general enjoys very good co-operation with the Norwegian NGOs, institutionalised through *Det humanitære utvalg* (*The humanitarian committee*). The Norwegian NGOs thus play a very significant role in administering and executing the important Norwegian policies linked to humanitarian assistance. It is a conclusion that both NPA and NRC have responded *professionally* and *flexibly* to the emergencies in question, and that projects are generally well administered and managed.

It is also concluded that while the NGOs’ flexibility and ability to make order out of chaos was a considerable advantage in the emergency situation, they have not fully managed to shift into a “development aid mode” in the post-emergency situation. For instance (i) all projects have suffered from a lack of focus on issues of sustainability and ownership after the seizure of Norwegian funding, although recently systematic efforts at establishing appropriate phasing-out strate-

gies have been made, and (ii) the administrative/personnel costs in the three field offices visited vary considerably. Hence, the number of staff assigned to for instance country offices is not necessarily commensurate with the number of projects in the portfolio or their size in terms of funding.

The lack of phase-out strategies has had a negative effect on project staff and participants. Staff reactions include feelings of helplessness and “victimisation”, passivity in terms of finding constructive solutions, and avoiding reality. However, there were also some examples of active efforts to seek solutions to the problem of future funding.

Context

The context is important for understanding the basis and potentials of humanitarian assistance, including psycho-social support. There are a number of special contextual characteristics which have played a role for the implementation of the six projects:

- complex emergencies are especially prone to the fermenting of rumours which are difficult to verify. Rumours aggravated by the media may become powerful strategies for political manipulation. The issue of war rapes in the former Yugoslavia provides an example of this mechanism. Two projects were initiated on basis of information about mass-rapes which came to public attention in 1992-93. It is a conclusion that when few rape victims were actually identified, the projects were flexible in shifting their target group focus towards war-traumatised women and children in general;
- *transition economies*¹ - comprise a special social and political context for psycho-social assistance. The present armed conflicts in transition economies which are fuelled by an ethno-nationalist ideology, have particular long-lasting pernicious psycho-social effects brought about through the betrayal and human rights violations committed by the very people one knows and depends upon in the immediate social network and sometimes also in “mixed” families;
- other contextual characteristics observed include: high standards of health, social welfare and education in transition economies prior to the emergency as compared to for instance developing countries. Gender relations are also different from the pattern often found in developing countries, with women having had more equal access to

1. The term “transition economy” refers to countries in transition from plan to market economy in the former Soviet Union and Eastern Europe.

education and employment during the Communist system. It is concluded that this gives a special framework for psycho-social work through and with local capacities who are often very qualified and with women in key positions;

- it is concluded that needs for psycho-social assistance are escalating in the post-emergency period: In spite of normalisation in terms of increased security, relative freedom of movement and the beginning of physical re-construction, there is virtually still no employment opportunities. An all too familiar pattern of post-war social disintegration is emerging, indicators of which are the increase in domestic violence, loss of family support networks, an increased suicide rate among young people, and increased alcoholism and drug addiction.

Recommendations on Future Policy, Principles and Criteria

The following recommendations are based on findings and conclusions of the evaluation study. They should be seen as elements of a future policy, principles and criteria to be further developed by the Ministry. It is important to stress that recommendations pertain to humanitarian assistance designed to promote the social and psychological well-being of people affected by complex emergencies in transition economies. Principles guiding similar interventions in developing countries or in cases of natural disasters should ideally be based on context specific studies of those situations.

Policy for future psycho-social assistance

Assistance to promote the social and psychological well-being of survivors of complex emergencies in transition economies should be an integral part of the Norwegian humanitarian response. Promotion of social and psychological interventions thus complements and enhances conventional humanitarian assistance. It should be delivered at several levels of intervention, with a focus on community development efforts, especially in providing opportunities for attending school for children, network strengthening activities for children and adults, and the facilitation of self-help groups, but also including a focus on awareness raising concerning human rights, democratisation and reconciliation as well as the provision of psychotherapy to individuals and groups.

The Norwegian policy should be based on a long-term commitment to engaging in these types of activities, and on principles of self-organisation of volunteers and the participation of beneficiaries.

Principles for future psycho-social assistance

The following principles should form part of the operational guidelines:

1. Focus on Human Rights

In developing a policy for psycho-social projects in relation to humanitarian assistance, the overall framework should be the UN Universal Declaration on Human rights and in the case of children, the Convention on the Rights of the Child, UNHCR Guidelines on the Protection and Care of Refugee children and UNHCR/UNICEF Guidelines on the Evacuation of Children from War Zones. This will ensure that the policy becomes appropriately linked to the issue of human rights as an overall framework.

2. Focus on an Integrated Approach

Project purposes should be aimed at *promoting human rights, reconciliation, and psycho-social well-being*. Methods for achieving this should aim at: 1) supporting the already protective social and psychological factors; 2) reducing the stressor factors at different levels of intervention. The psycho-social dimension of emergency assistance is most easily integrated into a comprehensive approach to people's needs in complex emergencies and post-war reconstruction.

3. Focus on resources of beneficiaries

Psycho-social interventions should be carried out with maximum participation and contribution from members of the affected community. Efforts should be made to avoid "clientification" of people demonstrating normal reactions to abnormal experiences. Focus should be directed to peoples' resources, talents and ability to act and take control.

4. Focus on needs of the whole community

Psycho-social assistance needs to address both *preventive* aspects, i.e. protection issues, as well as ensuring support to those who have been exposed to severe human rights violations. However, attempts should be made to distribute aid more evenly so as not to create new conflicts in the community. Singling special groups out for assistance may be stigmatising and cause jealous reactions in the community. A main principle is ongoing consultations with communities to support their own efforts while supplementing those as needed and wanted.

5. Focus on several levels of psycho-social intervention

Positive psycho-social effects can derive from many types of interventions. The conceptual framework adopted by the Ministry should consider the composite nature of the term "psycho-social". There is in principle a very wide range of interventions which will potentially have an effect on the psychological and social well-being of people, from community develop-

ment in the one end of the spectrum, through network-strengthening, mutual support building, counselling to intensive psychotherapy at the other end.

6. Focus on a long-term perspective

The Ministry of Foreign Affairs should consider strategies and policies for the forward and backward linkages between humanitarian and development aid. Bridging the two phases is highly important not the least as it concerns activities related to the psycho-social field. Emergency responses *need to have a long-term perspective*, and funding must continue in the post-emergency situation, especially when dealing with child development issues and post-war reconciliation and social stability.

7. Focus on Supporting National NGOs

Establishing non-governmental or voluntary organisations is an option for facilitating bridging and handing-over. The NGO tradition in transition economies is very weak: creating a membership basis, a democratic governance and decision-making structure and fund raising mechanisms is no overnight task. Nevertheless, the option should be pursued, especially since it has potentials in terms of strengthening civil society, and consequently acting as a role model for democratisation and promoting human rights in the society at large;

8. Funding flexibility

Engaging in psycho-social projects necessitates a long-term commitment involving establishing a link between the humanitarian and the development phase. The NGOs must therefore establish sufficient economic buffer that will allow them to carry on with psycho-social projects also in periods in between receiving allocations from the Ministry.

Criteria for future psycho-social assistance

The activities funded by Norway should be linked to activities undertaken by other donors in similar areas. Experience shows that a very large number of organisations respond to complex emergencies, and that their presence in areas of war and crisis do not always facilitate humanitarian efforts. The Ministry should encourage the Norwegian NGOs to design projects jointly with other Norwegian organisations as well as international and multilateral donors.

The project proposals must clearly specify the target groups to be addressed. The identification of target groups should, if at all possible, be based on verifiable sources of information so as to avoid reliance on rumours and war propaganda.

A number of elements characterise good projects, and should be encouraged in project design:

- facilitation of peace-building processes;
- promotion of post-conflict stability and democratisation through interventions which reduce tensions between groups and diminish social marginalisation of human rights survivors;
- awareness of the social, cultural and political environment of transition economies;
- the perception of the target group as survivors of human rights violations rather than “clients” or “patients”;
- participation of the target group and volunteers in design, implementation and management of projects;
- focus on the personal and professional resources of target groups and projects staff, rather than on their trauma. This does not, however, mean that trauma should be neglected;
- staff recruitment for projects in complex emergencies, especially for psycho-social projects, should reflect the ethnic diversity of the society at large. When possible, staff recruitment should reflect a broad range of professional background and experience, as well as age. The principle of “volunteering” rather than building large project pay rolls should be encouraged.

Staff of international and national organisations working in the environment of complex emergencies need special support, supervision and debriefing in order to avoid becoming manipulated by the powerful sentiments surrounding them. They also need supervision in order to maintain a focus on participation and resilience in the midst of conflict and overwhelming needs.

In the training of national staff a greater emphasis should be placed on:

- training in human rights and advocacy
- reconciliation and peace-building
- democratic and participatory organisational methods
- critical thinking about benefits and limitations of various therapeutic theories and methods
- critical thinking about own methods and practices in the projects.

In the immediate post-emergency situation, projects initiated as humanitarian assistance should be re-designed according to development aid procedures, complete with the appropriate LFA design, sector programme approach, co-operation with government and local government, focus on sustainability and handing over, establishment of work plans and appropriate monitoring and evaluation systems.

In the post-emergency conflict phase, a strong focus should be directed towards working with children and

youth as groups most likely to be receptive for reconciliation. However, there will also be a need for specific measures to assist individuals who have become chronically, functionally handicapped due to their traumatic war experiences. This points towards a more comprehensive program of mainly community based approaches where the professional's role is to facilitate the effective use of people's own resources, rather than providing services.

1 Introduction

This is the final report from the evaluation of Norwegian support to psycho-social projects in Bosnia-Herzegovina and the Caucasus. The main evaluation purpose as per the terms of reference (see Annex 1) is “to provide information on the experience of psycho-social programmes run by NGOs in these areas to form a basis on which a policy can be developed for the Ministry’s support to such programmes in the future”. Furthermore, the evaluation should seek “to identify a set of principles and criteria that can serve as guidelines..” for the support to such programmes in the future.

In the 1990s, the Ministry of Foreign Affairs has supported relief programmes for refugees and internally displaced persons on a large scale through Norwegian NGOs. Part of this support has been directed towards the attempt to relieve war trauma affecting the population in Bosnia-Herzegovina and the Caucasus. As a basis for making decisions on similar support in the future, the Ministry wanted to assess results of already implemented programmes. Humanitarian assistance remains a key aspect of Norwegian foreign policy. Support to complex emergencies in OSCE countries is of special interest given the present Norwegian Presidency of the Organisation for Security and Co-operation in Europe.

The evaluation thus assesses the different types of psycho-social programmes; the resources and needs of the different beneficiaries; the amount of participation of the beneficiaries in designing and influencing the programme; the extent to which the programmes have been instrumental in building local competence; the process of national/local take-over of the programmes; the contextual and cultural appropriateness of the programmes as well as their usefulness for individuals and groups.

1.1 Projects evaluated

Six projects were selected for evaluation: four undertaken by Norwegian People’s Aid (NPA) in Bosnia-Herzegovina (B-H), and two by Norwegian Refugee Council (NRC) in the Caucasus (Azerbaijan and Georgia, respectively):

“*Empatija*”, Zenica, B-H, started in 1993 with the original objective of assisting rape victims. Today, the objective is to reduce trauma symptoms and to provide educational and income generating activities for women, children and parents.

Psychological Centre, Tuzla, B-H, started in 1994 also with the original objective of assisting victims of sexualised violence. Today, the objective of the Centre is to provide individual and group treatment for traumatised women, adolescents and children.

“*Most*” Centre for Family Placement, Zenica, B-H, started in 1995 with the original purpose of providing temporary residence to unaccompanied children until their surviving parent(s) or relatives could be traced. Today, the objective has changed towards developing “*Most*” as a competence centre in issues concerning foster care and adoption.

Community Development Mostar Villages, Bijelo Polje, B-H, started in 1997 with the purpose of facilitating the transition from war to peace by establishing activities in the community which would bring people of all age groups and ethnicity together.

Psycho-Social Rehabilitation of IDP Children, Azerbaijan, started in 1995. The main purpose is to rehabilitate IDP children by treating Post-Traumatic Stress Disorders and creating favourable conditions for their psycho-social development.

Psycho-Social Rehabilitation of IDPs in Georgia, started in 1995. The main original purpose was to provide treatment for IDPs of Post-Traumatic Stress Disorder. The project now aims at providing general psycho-social rehabilitation, as well as facilitation of peace-building between the conflicting ethnic groups.

1.2 Evaluation Methods and Implementation

The evaluation team has been composed of three psychologists, one child psychiatrist, and one political scientist. Two team members are from Norway, two from Denmark, and one from former Yugoslavia. Four of the five team members are women. The team has extensive experience with women as victims of sexual harassment in war situations, and wide experience with psycho-social assistance in conflict areas. The team was composed of:

Dr Inger Agger, Psychologist, team leader

Dr Elizabeth Jareg, Child psychiatrist

Ms Anne Herzberg, Psychologist

Ms Jadranka Mimica, Psychologist

Dr Claus C. Rebien, MA political science

Evaluation findings, conclusions and recommendations are based on the following data:

Prior to field studies, data have been collected in Norway through

- interviews with experts
- interviews with Ministry and NORAD officials
- interviews with NRC and NPA representatives
- archive studies
- studies of background documents.

Subsequent to that, the team travelled to Bosnia-Herzegovina (22 November - 5 December 1998) and to the Caucasus (5 - 21 January 1999). Data from field studies consist of

- project visits and project staff interviews
- dialogue with beneficiaries
- interviews with Norwegian and national ministerial officials
- interviews with representatives of international agencies and NGOs
- interviews with Norwegian NGO staff
- review of data on project results.

The team developed and used a "field study guide" to structure interviews.

Tentative evaluation findings and conclusions have been presented at a workshop held in Oslo (29 January

1999). The purpose was to give feedback to all interested parties and for the team to receive suggestions and clarifications from workshop participants. Representatives of NRC, NPA, the Ministry, NORAD and other interested parties attended the workshop.

The draft report was finalised based on inputs from the workshop. After having received comments to the draft, this final report has been produced.

The findings presented in this report do not claim "universality". The principles and criteria presented are context dependent in the sense that they are based on data collected in the political, cultural and economic context of transition economies. Rather than covering the accountability aspect of evaluation, the evaluation focus has been on gathering information and experience on past activities in order to produce policies and guidelines for the future.

1.3 Structure of the Report

In addition to the present introduction, and the Executive Summary in which all main findings, conclusions and recommendations are presented, the report contains the following chapters:

- an overview of concepts which the team has used as a theoretical framework (chapter 2);
- two chapters in which the projects in Bosnia-Herzegovina and the Caucasus are assessed, and important background factors described (chapters 3 and 4);
- chapter 5 on organisational and managerial aspects; and
- chapter 6 which summarises lessons learned.

2 Complex Emergencies in Transition Economies: Consequences for Psycho-Social Projects

Characteristics of complex emergencies include multiple socio-economic, political and ethnic factors² involving widespread human rights violations. These emergencies have a strong psycho-social impact on the population who therefore would need psycho-social assistance in one form or another.

In the following, we place psycho-social NGO projects within the context of complex emergencies. Special emphasis is on emergencies developed during civil wars "in the former second world (transition economies)" (Lindahl, 1996, p.3). Conflicts in these countries often have an ethno-political ideology where new identities are being contested and constructed.

2.1 Complex Emergencies and Psycho-Social Projects

After the disintegration of the Soviet Union and the end of the Cold War around 1990, there has been a change in the concept of humanitarian aid. Psychological, social and political issues such as peace building and conflict management has replaced the 1980s focus on food aid³. In the transition economies, conflicts emerged during the late eighties and the nineties in which rights and problems of ethnic groups became a central issue. This happened in connection with the building of new states that contained multi-ethnic communities, as seen in the case of former Yugoslavia and the Caucasus.

During this period, the UN began to take on a much stronger responsibility for the prevention and resolution of conflicts. UN became more engaged in peace-keeping and peace-building, as expressed in 1992 by the UN Secretary General Boutros-Ghali in his report "An agenda for peace." The activities introduced by the Secretary General were preventive diplomacy that seeks to resolve dispute before violence breaks out; peace-making and peace-keeping that attempts to halt conflicts and preserve peace once it is attained; and finally, post-conflict peace-building that seeks to prevent the recurrence of violence and strengthen peace.

2. Lindahl, C. (1996). Developmental relief? An issue paper and an annotated bibliography on linking relief and development. Stockholm: Sida Studies in Evaluation 96/3, Department for Evaluation and Internal Audit.
3. Due to the widespread armed conflicts in post-colonial countries, the psychological and social dimensions of refugee populations have also been addressed during the 1980s in Africa and South East Asia (Save the Children Alliance (1996). Psycho-social approaches to children in armed conflict. Washington: Save the Children, Working Paper no. 1).

This meant a whole new agenda for UN and international peace work that also included working with a new "tool box" of interventions that could facilitate peace-building and conflict resolution⁴.

Increasingly, humanitarian aid became involved in the "grey zone" between relief and development in an effort to link short-term, humanitarian aid to long-term development assistance. In this grey zone, we find many aid projects with activities such as promotion of human rights, democracy, good governance⁵ and psycho-social assistance. The support to psycho-social projects during the war in the former Yugoslavia by the worlds largest donor of humanitarian aid, European Community Humanitarian Office (ECHO) illustrates the degree of involvement in this sector. ECHO supported psycho-social projects either directly through EU NGOs or indirectly through UNHCR⁶.

The conflict in the former Yugoslavia was the first large-scale war to occur in Europe since the Second World War. It confronted international humanitarian aid organisations with a new emergency context due in part to the high pre-war standard of health, social welfare and education: "The unusual nature of this context has forced aid agencies to adapt the operational procedures which they have developed in conflicts in developing countries⁷." Many relief organisations developed new and specific techniques, tools, and models for interventions and programmes. Among these were psycho-social programmes with a more individualised approach in keeping with the European tradition of mental health practice and social work already well developed in former Yugoslavia before the war. This new approach that was generally "considered to be a valuable development, was possible due to the level of knowledge present at the local level in former Yugoslavia on which to build the new programmes" (WHO & MSF, 1995, p. 9). In the Southern

4. Schultz, K. (1994). Build peace from the ground up: About people and the UN in a war zone in Croatia. Lund: The Transnational Foundation for Peace and Future Research.
5. Stepputat, F. (1994). Efter nødhjælpen - fra katastrofe til udvikling? Copenhagen: Centre for Development Research.
6. Although the number of projects supported was impressive, the funding of psycho-social projects never exceeded 2,5% of the total budget for humanitarian aid to the former Yugoslavia. Psycho-social projects are inexpensive (Agger & Mimica, (1996). Psycho-social assistance to victims of war in Bosnia-Herzegovina and Croatia: An evaluation. Brussels: ECHO).
7. WHO & MSF (1995). First workshop on the role in health issues of international organisations in conflict areas of the countries of former Yugoslavia. Geneva: Proceedings, 2-3 February, p. 1.

Caucasus which “boasts highly skilled and educated populations”⁸ some of the same high standards of pre-war health, social welfare and educational conditions are present as in former Yugoslavia.

2.2 The Trauma of Ethno-Political Warfare

The characteristics of civil wars where neighbour fights neighbour, brother fights brother⁹ have special long-lasting pernicious psycho-social effects. The most central issue is the loss of trust brought about through betrayal by the very people one knows and depends on in the immediate family and social network. However, people are also betrayed by their leaders who are using them in political power struggles. The collective awareness of this contributes significantly to undermine the trust and belief in democratic processes. This environment also provides fertile ground for the spreading of “rumours, myths, dreams, threats, promises, doubts, and distrust”.¹⁰

From the Second World War in Bosnia-Herzegovina and from the Stalin period in the Caucasus, there was a “powerful reservoir of traumatic memory”¹¹. The memories go even further back and people have not forgotten the atrocities committed which also in the past included ethnic ideology. Generation upon generation passed this reservoir on, enabling nationalist leaders to mobilise ethnic tensions and to harness these for political power agendas.

Consequently, it is important in this context to understand trauma not only as a medical and psychiatric condition. Rather, it is more a reaction to a betrayal of universal human rights ethics as expressed in the Declaration of Human Rights and the Convention on the Rights of the Child.

2.2.1 Post-Traumatic Stress Disorder (PTSD)

As three of the six reviewed psycho-social projects in Bosnia-Herzegovina and the Caucasus placed a considerable emphasis on documenting symptoms of Post-Traumatic Stress Disorder (PTSD)¹², some issues concerning the use of this concept will be discussed in more detail.

The Latin word “trauma”, meaning wound, long applied in physical medicine, began to be applied also to “psychological wounding” by the mid 1890s by Freud and his collaborators. The concept was later developed after the First World War (and termed “shell shock” or “combat neurosis”), and studied further in connection with the Second World War culminating with the Vietnam War¹³. By definition a traumatic event is one which happens without warning, threatens life, where there is no escape, and it’s horror and intensity overwhelms the individual’s ability to cope with the situation, both in a psychological and physical sense.

Although the fact that individuals react in certain ways to shocking and life-threatening events which they are unprepared for has been recognised throughout this century, and particularly in soldiers, the reactions were first expressed as the diagnosis of Post Traumatic Stress Disorder (PTSD) and appeared in the Diagnostic and Statistical Manual Version 3 (DSM-III) of the American Psychiatric Association in 1980¹⁴. Since then there has been an escalating body of research on the connection between trauma and human behaviour, and the concept has become firmly established in Western clinical psychiatric practice. The consensus now is that PTSD is present if an individual exhibits combinations of the following symptoms, which can be expressed under three headings:

- a Intrusive symptoms, which constitute some of the most disturbing effects and include: recurrent thoughts about the trauma, repetitive nightmares which severely disturb sleep, “flashbacks” – that is, memorised fragments of the traumatic event often accompanied by sensory memories such as smell, taste, sounds, suddenly “flood” consciousness without warning, causing great distress and anxiety, and finally exaggerated reactions upon exposure to reminders of the trauma.
- b Symptoms of avoidance and constriction, characterised by attempts to avoid thinking about the traumatic events, also avoiding places, people and

8. Hansen, G. (1998). Humanitarian action in the Caucasus: A guide for practitioners. Brown University: Humanitarian and War project & Local Capacities for Peace Project, Occasional Paper # 32, p. 27.

9. In the case of ethnically mixed families - a rather usual phenomenon. See Agger, I. (ed.) (1996). Mixed marriages: Marriage and ethnicity in a context of ethnic cleansing. Brussels: ECHO.

10. Stepputat, F. (1988). Self-sufficiency and exile in Mexico. Geneva: United Nations Research Institute for Social Development, Discussion Paper 9, p. 3.

11. Denich, B. (1994). Dismembering Yugoslavia: Nationalist ideologies and the symbolic revival of genocide. *American Ethnologist*, 21, 367-390, p. 367.

12. See for example: 1) Marinkovic, V. (1997?). The overlap and integration of PTSD and depression. Tuzla: Psycho-social Documentation and Evaluation Centre & Psychiatric Clinic, paper. 2) Empatija: Centre for Women and Children (1997). Professional report - 1997. Zenica: HO Empatija, paper. 3) Akhundov, N. (1996). The report on the work due to psycho-social program of rehabilitation “We all are from childhood”. Baku: BUTA, report 1 September 1995 - 1 June 1996.

13. Herman, J.L. (1992). Trauma and recovery: The aftermath of violence - from domestic abuse to political terror. New York: Basic Books.

14. American Psychiatric Association (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, DC: American Psychiatric Association. A new and revised edition of the manual was published in 1994.

activities connected with them or that remind one of what happened. In addition, the sufferer withdraws from his/her surrounding environment and has difficulty in relating to current circumstances.

- c Symptoms of increased arousal, i.e. a constant anxious reaction to certain sounds and sights, constantly "on guard" unable to relax; inability to fall asleep, inability to concentrate.

The above categories of symptoms are now held to be universal, although the degree to which persons are affected and the way in which symptoms are expressed are mediated through many factors, the most important being that there appears to be, not surprisingly, a direct relationship between the duration, intensity and type of traumatic experiences and severity and persistence of symptoms.

In the case of children, traumatic experiences affect various aspects of their development, and hence are *age-related*. Again, there are numerous factors which will affect the post traumatic reactions, among the most important in childhood is of course the presence or absence of parents and whether or not parents were killed in the events.

Post-traumatic reactions are considered to be normal, or perhaps a more appropriate term is *expected*, reactions to abnormal events, and are thus not to be looked upon as the manifestations of psychiatric illness. On the contrary, certain of the symptoms, e.g. avoidance, can be seen as an attempt to cope with the overwhelming feelings. However, in certain pre-disposed individuals a chronic form can develop with long standing depressive symptoms, or severe anxiety states.

Perhaps the most pernicious and long-lasting effects of traumatic experiences, and the one which can have the gravest consequences is the effect on *relationships* between parent and child, man and wife, family members, members of communities, in fact, citizens in the world.

Rather than the perception of persons who have gone through traumatic events as being "damaged for life" it is more appropriate to suppose that such experiences can create in many individuals a life-long vulnerability to further adversity in certain circumstances.

More importantly, traumatic events often dramatically change *life pathways*, which in the end can be more damaging to an individual's well being than any psychological consequences of the traumatic event itself. An example could be a child whose parents were killed in front of him having to spend the rest of his childhood in a poor institution.

Complicating further the matter of "teasing out" post-traumatic effects are secondary distresses that may be indirectly a result of the event. For example, children placed in extended or foster families after parental loss may experience rejection, sexual and physical abuse and humiliation at school. However, the child's "avoidance" symptoms may be attributed to "post traumatic stress reactions" following on him witnessing parents being killed.

Also interwoven with post-traumatic reactions are *grief reactions* due to the fact that, especially in war circumstances, individuals often lose their nearest and dearest during events experienced as traumatic, and are often witness to their demise.

The main problem with the use of the discourse of PTSD in psycho-social assistance to survivors of human rights violations is the medical "illness" focus which this approach easily leads into. Although PTSD is viewed as a normal reaction to an abnormal event, it is still a diagnosis of a mental disorder. The non-intended effect of this approach might result in the survivor feeling more "ill" and even more victimised. If mental health and human rights are not connected in assistance to survivors of man made violence, this may lead to the strengthening of a passive "victim identity"¹⁵.

There is also a problem with the measurement of PTSD symptoms as a documentation of treatment impact in the context of complex emergencies. To "measure" something so complicated as an individual's process of recovery after exposure to often multiple incidents of violence producing pain, shame, humiliation, and often accompanied by up to several losses of close family members, as well as one's home, is obviously an extremely complicated and perhaps partly futile task. The expression of all this suffering in terms of "post-traumatic stress symptoms" and the utilisation of scales of these symptoms both to document a person's distress and in the measurement of "recovery" is at present under debate.

The main critique of the construct "PTSD" as the consequence of massive human rights violations is that the reactions/symptoms encompassed in the term fail to take account of contextual factors, particularly the social and political dimensions of these violations and how individuals experience these. Concretely, the loss of a home, being rendered destitute, becoming a refugee, and many other calamities all contribute to the *meaning* of traumatic events for the individual person or family, and cannot be expressed in terms of scales

15. Agger, I. & Jensen, S.B. (1996). Trauma and healing under state terrorism. London: Zed Books.

of post-traumatic symptoms. In addition, grief, sorrow and mourning for loved ones almost always accompany such experiences but are not “captured” in the PTSD format.

Another factor is *time*. Many of the reactions included in the diagnostic category PTSD are modified by the passage of time, either in terms of spontaneous reduction of the frequency or intensity of symptoms, or that they may take new *forms* –either adaptive or maladaptive. This makes comparison between groups of persons very difficult when the time factor is not taken into account. Obviously group members whose experiences of violence and loss are fresh will be at quite a different stage in their recovery process than those whose experiences are 3-4 years back, and who have been able to come to terms with some of the social and psychological consequences of their experiences. Individuals have also widely different abilities to cope and adjust to adversity, and their recovery process will obviously be influenced by circumstances operating also outside “psycho-social projects”.

There is already a wealth of scientific literature¹⁶ showing the importance of social support, love, care, comfort and the re-creation of meaning in helping human beings deal with extreme crisis. It is well known that feelings of shame, guilt, hatred, fear, anger can be reduced or better understood when shared with an empathetic listener. Also, there is much research to show the opposite: that if human beings who have experienced deeply distressing events are isolated, left to their own devices, have no-one who cares about them, they are much more vulnerable to continuing emotional, and in the case of children, developmental problems¹⁷.

2.3 General Concepts of Psycho-Social Projects

In the professional field there is an on-going debate about the value of psycho-social interventions during complex emergencies often based on different understandings of the term psycho-social and of how much weight should be placed on the “psycho” and the “social” aspect of the interventions¹⁸. This debate is also focused on whether interventions should primarily address the “traumatized” or the “resourceful” part of the beneficiaries - a well-known and much dis-

cussed issue in the general field of psychotherapy. Evidently, there is no right or wrong universal position, but the answer must be related to the context in which the interventions are carried out.

The professional field involved in “psycho-social projects” cuts across the areas of mental health, human rights, social work, and education. The adjective “psycho-social” attempts to express the recognition that there is always a close, ongoing circular interaction between an individual’s psychological state and his or her environment¹⁹. As there are many understandings and conceptions of psycho-social projects, the Consultant has chosen to outline a definition here which is rather broad in order to include the whole spectrum of activities relevant to the understanding of psycho-social projects in transition economies:

*The overall aim of psycho-social assistance is to promote human rights, reconciliation, and psycho-social well being. Methods for achieving this should aim at supporting already existing protective social and psychological factors, and reducing the stressor factors at different levels of intervention*²⁰.

During war, the emphasis is mainly on supporting the existing protective factors and reducing the stressor factors. However, also during armed conflict it is important to promote consciousness about human rights and prepare for post-conflict reconciliation.

An essential element of all psycho-social work is to develop the methods through ongoing consultations between agencies and participants in the project. Ideally, projects should be cognisant of the fact that it is the participants who “own their problem” and not the “international community”. There are two reasons to especially promote this collaborative approach in transition economies: (1) this approach supports democratic development; (2) true participation is a key

16. See, for example: 1) Raphael, B. & Wilson, J.P. (1993). Theoretical and intervention considerations in working with victims of disaster. In J.P. Wilson & B. Raphael (eds.), *International handbook of traumatic stress syndromes*. New York: Plenum Press. 2) J. P. Wilson (1989). *Trauma, transformation, and healing: An integrative approach to theory, research, and post-traumatic therapy*. New York: Brunner/Mazel.

17. See, for example: Herman, 1992.

18. See for example: 1) Bracken, P.J. & Petty, C. (eds.) (1998). *Rethinking the trauma of war*. London: Save the Children. 2) Summerfield, D. (1996). *The impact of war and atrocity on civilian populations: Basic principles for NGO interventions and a critique of psycho-social trauma projects*. London: Relief and Rehabilitation Network, Overseas Development Institute, Network Paper 14. 3) Mimica, J. & Stubbs, P. (1996). *Between relief and development: Theories, practice and evaluation of psycho-social projects in Croatia*. *Community Development Journal*, 31 (4), 281-290. 4) Dyregrov, A. (1997). *Teaching trauma interventions - lessons learned*. In D. Ajdukovic (ed.) (1997). *Trauma recovery training: Lessons learned*. Zagreb: Society for Psychological Assistance.

19. Bergh, M. & Jareg, P. (eds.) (1998). *Relief work in complex emergencies: The Norwegian experience*. Oslo: Ministry of Foreign Affairs, Evaluation Report 14.98, 36.

20. See also Agger, I., Vuk, S. & Mimica, J. (1995). *Theory and practice of psycho-social projects under war conditions in Bosnia-Herzegovina and Croatia*. Brussels: ECHO/ECTF.

element in trauma recovery and in gaining control over one's life. This is particularly relevant when working with individuals whose self-esteem has already been wounded by living under an authoritarian system²¹.

2.3.1 Levels of Psycho-Social Intervention

The most common levels of psycho-social interventions during complex emergencies can be illustrated by the Pyramidal Model²² which illustrates a gradual shift of focus from a broad political, physical and social approach at the bottom of the Pyramid towards an increasingly individualised approach at the top (see Figure 2.1). The levels of interventions should ideally interact with each other towards promoting psycho-social well-being:

- community development interventions. Methods could include involving participants in the planning and implementation of a psycho-social project;
- network-strengthening interventions. Methods could include organising knitting groups, literacy

courses or other types of occupational, recreational or educational activities;

- mutual support-building interventions. Methods could include facilitating women's self-help groups and advocacy groups;
- counselling interventions. Methods could include providing individual, family or group consultation with a social worker around present problems and dilemmas;
- intensive psychotherapy interventions. Methods could include individual, family or group therapy by psychologists and psychiatrists exploring traumatic experiences, maybe in the form of "testimony"²³.

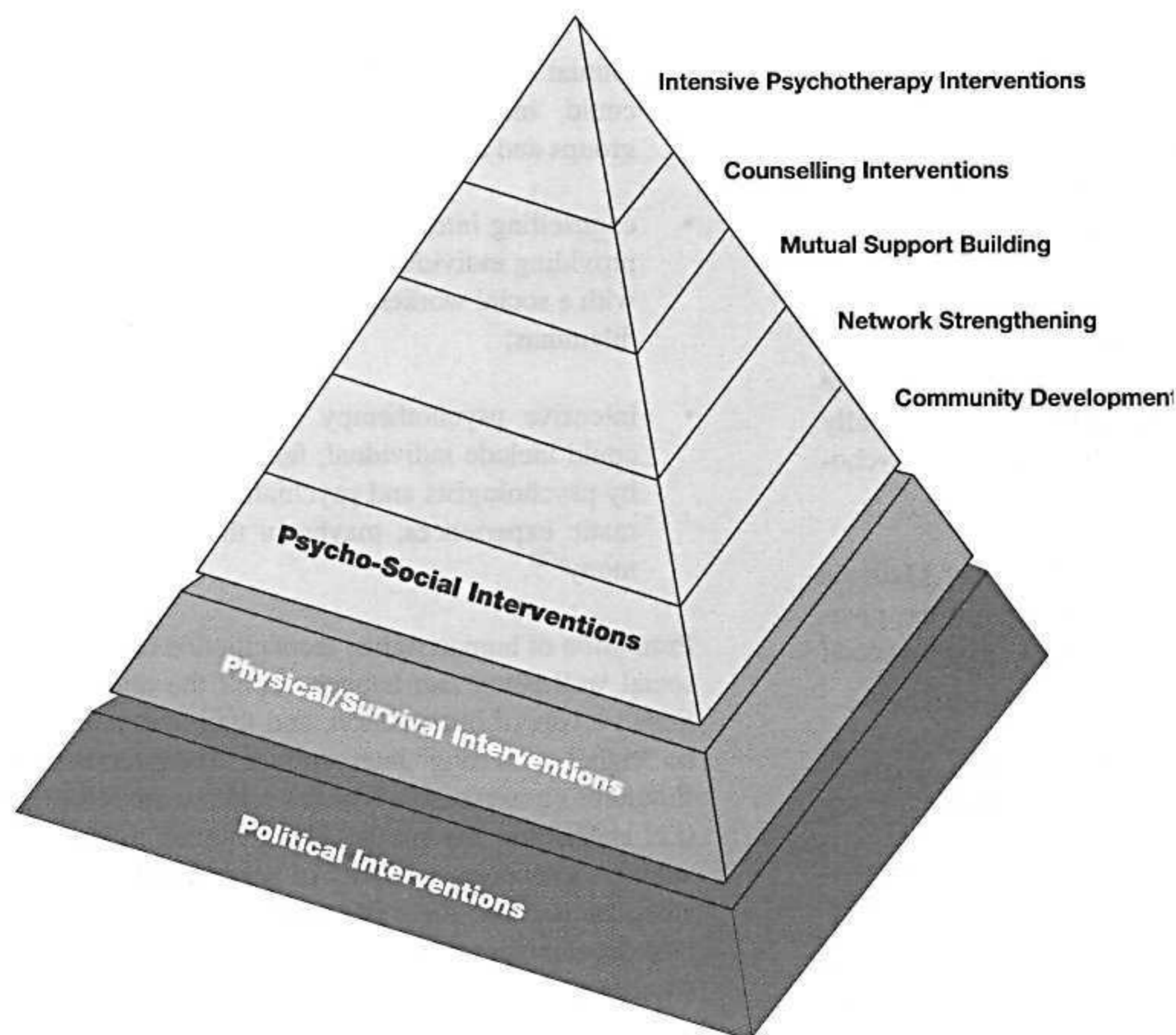
Promotion of human rights, reconciliation and psycho-social well-being can happen on all the above-mentioned levels of intervention, and there are, therefore, no "right" or "wrong" interventions. The interventions should be chosen on basis of the context, the resources (i.e. staff), and the needs. The Pyramid model also attempts to express a priority of needs during complex emergencies, i.e.; there is a greater need for community development interventions than for intensive psychotherapy interventions.

21. Pick, T. (in press). A note on a relationship between personal and societal problems. Budapest: Paper submitted for publication.

22. Elaborated on basis of Agger, I. & Jensen, S.B. (1994). Under war conditions: What is a psycho-social project? In I. Agger, Theory and practice of psycho-social projects for victims of war in Croatia and Bosnia-Herzegovina. Zagreb: ECTF & University of Zagreb. The Pyramid needs to be developed into a more integrated model which also includes other types of humanitarian assistance.

23. Agger, I. (1994). The blue room: Trauma and testimony among refugee women. London: Zed Books.

Figure 2.1 Pyramidal model of levels of intervention



In this connection it is important to note that there are many intervention methods which can alleviate consequences of human rights violations, and that individual psychotherapy is not the only road to recovery. However, there are certain key elements usually found in the psycho-social healing process²⁴:

- the re-establishment of trust
- the re-establishment of self-esteem

- the opportunity to express feelings associated with traumatic experiences and current stresses
- the re-establishment of attachment and social networks
- the re-generation of hope and belief in the future

It is possible to address these aims at all levels of intervention described above, and the impact will be greatest when projects are addressing several levels simultaneously. In the development of a project, the staff can discuss these aims with participants in the process of developing the most appropriate interventions under the given circumstances.

24. Jareg, E. (1995). Main guiding principles for the development of psycho-social interventions for children affected by war. Stockholm: ISCA Workshop, 18-19 May, paper.

3 Assessment of Norwegian Psycho-Social Projects in Bosnia-Herzegovina

In the years 1991-96, Norway provided humanitarian assistance to the former Yugoslavia at a total amount of NOK 1.5 billion through its emergency assistance budget. This amounts to the largest ever involvement in any part of the world affected by war. The purpose of this aid was to assist the civilian population with their immediate needs, and to support refugees as close to their origin as possible. Assistance to psycho-social projects constituted an important - although in financial terms, - insignificant - part of this assistance. The majority of funds was allocated to:

- a shelter programme providing housing to around 40,000 people and rehabilitating schools for around 50,000 children;
- supply of essentials: medicine, health equipment, food, clothes, blankets and support to agricultural production;
- the running of convoys of emergency supplies to besieged areas for the UNHCR;
- support to de-mining activities, investments in repair of infrastructure (electricity, water, roads, schools) and allocating funds to Norwegian seconded staff to UNHCR, OSCE, IMG, ECMM and IPTF, after the Peace Agreement in Dayton in November 1995.

3.1 Background

In the summer of 1991, war broke out in Slovenia and Croatia. Soon thereafter, the social and health infrastructures of former Yugoslavia were faced with thousands of refugees and IDPs fleeing the battlefields. Although there was good social welfare and health services at that time, they could not respond to the needs of so many desperate and distressed people. They required all types of services: food, shelter, medical aid - and psycho-social assistance. The refugees consisted mainly of women, children and elderly people, while the majority of the men stayed at the front lines as soldiers. The resident population showed a great deal of solidarity by receiving the majority of refugees in their homes, but many were also accommodated in collective centres.

The rest of the population showed a great deal of solidarity by receiving the refugees in their homes. However, the host families were also under stress - both economically and psychologically - from the emergency situation created by the war. It was obvious to

the local mental health professionals that the refugees needed more support than the humanitarian aid and shelter they could receive from host families, centres for social welfare and international organisations. Therefore, from as early as July 1991 in Croatia, the Mental Health Department of the Headquarters of the Medical Corps formulated a programme for psycho-social assistance to refugees and began setting up a network of regional departments for mental health across Croatia²⁵.

A considerable number of national mental health professionals: psychologists, psychiatrists, social workers and others started addressing the psycho-social needs of the refugees, attempting to help them in any way they could think of. However, they had both to establish new structures for the provision of such assistance, and gain new knowledge about how to help traumatised people in the most appropriate way.

Traditionally in former Yugoslavia, psychological and social services were provided through institutions, and despite the presence of a relatively high number of mental health professionals, there were only a few who had experience in the treatment of trauma survivors. Those few were mostly working in specialised institutions with limited experience of mobile or large-scale emergency work. Moreover, there was only a rudimentary culture of providing community services through NGOs or similar grassroots initiatives.

On the other side of the front line, in Serbia-Montenegro, national initiatives were also taken at an early stage to assist refugees arriving from Croatia. In July 1991, the Institute of Mental Health formed mobile teams of mental health professionals who visited refugee camps, and started organising one-day training seminars on "prevention and management of psycho-social consequences of war and crisis in children, adolescents and parents"²⁶.

When the war spread to Bosnia-Herzegovina in March 1992, groups of mental health professionals organised similar volunteer work for the displaced. In general, a great deal of the first national psycho-social emer-

25. Moro, L. & Vidovic, V. (1992). Organisations for assistance to displaced persons. In E. Klain (ed.), *Psychology and psychiatry of a war*. Zagreb: Faculty of Medicine, University of Zagreb.

26. Ispanovic-Radojkovic, V. et al. (1993). Children and young people - victims of war in former Yugoslavia (1991-1993). Paper presented at "European consultation on care and rehabilitation of victims of rape, torture and other severe trauma of war in the Republics of Ex-Yugoslavia", 17-19 June, Utrecht.

gency work was done on a voluntary basis, but gradually NGO structures began developing, and as international funding for psycho-social assistance started coming in, working in NGOs became a regular job for many national mental health professionals.

3.1.1 The Issue of War Rapes

As two of the four reviewed NPA projects in B-H were initiated in response to the war rapes issue, the Consultant will in the following go into more detail on this subject.

Already in December 1991, Croatian mental health professionals learned about torture and rapes when they interviewed refugees from Vukovar. However, at that time coping with the overwhelming reality of torture and war in general did not allow the professionals to devote special attention to the issue of rape. Moreover, dealing with sexual abuse and rape was a rather unknown professional field in the former Yugoslavia²⁷.

Shortly after the war in Bosnia-Herzegovina broke out, news of the Bosnian war rapes also reached national mental health professionals. These professionals assisted Bosnian refugees in camps in Croatia, and they learned about the rapes along with the other gruesome details of torture related by the refugees. According to various observers, the practice of rape reached its peak during the first months of the war: in May-June 1992 in connection with the intensive ethnic cleansing going on at that time in Bosnia. International staff of the French NGO Partage offering psycho-social assistance to Bosnian refugees in camps in Croatia also learned about the rapes during the early summer of 1992, and French journalists were already writing about the rapes at that time (Agger & Mimica, 1996).

However, no large-scale international action was taken over the rapes until November-December 1992, when the rape issue suddenly hit the media headlines all over the world. The question of why this happened when it did, is open to speculation. At that time, women's organisations around the world were making preparations for the UN World Conference on Human Rights in June 1993 with the objective of putting sexual violence against women on the agenda²⁸. Probably, it was primarily due to these preparations combined with the initiatives from the national women's movements in

the former Yugoslavia who collaborated with Western European and American feminist organisations, that the information on war rapes was finally brought to the attention of a wider public and thereby also became a concern of international politicians and donors.

This development resulted in at least four investigative missions being sent to the war zone during December 1992 and January 1993, accompanied by a wave of journalists: the International Ecumenical Women's Team; the EU Warburton Mission; the UN Commission of Experts, and a UNHCR Mission on the Situation of Women and Children in Bosnia-Herzegovina and Croatia.

This was a turning-point as far as psycho-social assistance is concerned. From then on, i.e., from the beginning of 1993, international funding for mental health and psycho-social assistance began flowing into the region through international NGOs. The initial objective of most of the international psycho-social NGOs was to assist rape victims, and at one time it even seemed as if there were more NGOs trying to help rape victims than there were actual victims to be found! Gradually, the NGOs - including NPA - reframed their objectives so that they offered assistance to war-traumatised women and children in general. This happened in recognition of the multiple trauma of ethno-political warfare: loss of family members and expulsion from home, life threatening experiences, torture and other human rights violations.

In retrospect, the issue of war rapes merits reflection. At a conference "Women's discourses, war discourses" which was held in Ljubljana 2-6 December 1997, women from all the countries of the former Yugoslavia discussed how and why sexual violence became such a significant issue in the war. Among the explanations mentioned was the political manipulation with the number of victims - also called "the numbers game" - which lasted from the end of 1992 until the end of 1993. This numbers game was played by all parties in the conflict, including the international community, with estimations of numbers of rapes ranging from 10,000 - 100,000 women. It will never be known how many women (and men) were actually raped due to the problems of collecting such data. However, it was argued by the women attending the conference that there both on the national and international level seemed to be a political and economical interest in constructing a "rape victim identity of ex-Yugoslav women" - and "image of a weak, voiceless woman whose body communicates her fate rather than her own ideas and words". This is an identity "which is compatible with stereotypical understandings of women"²⁹. The "truth" about the extent of the war rapes will probably never be known, but it could be

27. Agger, I. & Mimica, J. (1996). *Psycho-social assistance to victims of war in Bosnia-Herzegovina and Croatia*. Brussels: ECHO.

28. Richters, A. (1998). *Sexual violence in wartime: Psycho-social wounds and healing processes: The example of the former Yugoslavia*. In P.J. Bracken & C. Petty (eds.), *Rethinking the trauma of war*. London: Free Association Books.

concluded that the war rape victims were used - and abused - for a variety of political purposes during the war which, however, does not deny the fact that an unknown number of children, women and men were raped during this war.

Not only rape trauma became the focus of international attention. From 1993, numerous training courses were held on the subject of Post-Traumatic Stress Disorder (PTSD), and many psycho-social projects came to focus on trauma. Whether a non-intended result of this was the construction of a "trauma victim identity" among the "ex-yugoslav people" merits further investigation and discussion. However, the consultant has found a heavy emphasis on trauma among present day Bosnian mental health authorities - a finding which might indicate that there could also be political interests in up-holding the discourse of victimhood.

3.2 NPA Psycho-Social Projects

In Norway, as in many other countries, the information about the war rapes "was followed by a response from many women, and NPA quickly decided to start a fund-raising campaign".³⁰ The campaign, which was named "Women - the hidden survivors of war", was carried out from early spring to May 1993, and about two million dollars were raised. A program with specific focus on women victims of war was founded, the mandate of which was "to provide support and treatment for women of all ages who had become victims of sexual abuse and other violent crimes during the war in the former Yugoslavia" (Dahl & Schei, 1995, p. 4).

NPA chose to implement the program in Croatia and B-H, and one of the first locations chosen was Zenica, a town in B-H with about 35.000 IDPs. It was an important element in this choice that NPA was already working in the town with shelter activities for the IDPs.

In June 1993, NPA did a needs assessment in Zenica, and in July 1993, accepted a project proposal advocating the establishment of a "Women's Project, Zenica", and a Norwegian co-ordinator was employed to work in Zenica in August 1993. Parallel to this initiative, NPA also started to support local women's organisations in Croatia that were assisting refugee and IDP women and children.

29. Skjelsbæk, I. (1998). Sexual violence in the conflicts in ex-Yugoslavia. Oslo: Ministry of Foreign Affairs,

30. Dahl, S. & Schei, B. (eds.) (1995). Helping women - the hidden victims of war. Oslo: Norwegian People's Aid, p. 4.

3.2.1 "Empatija", Zenica

Project History and Institutional Context

The "Women's Centre, Zenica" was officially opened in September 1993. At this stage NPA and other donors had been building and running refugee camps in Zenica since October 1992. A German NGO, Medica, was already at this stage offering psychological assistance - but apart from this, no other internationally funded humanitarian activities were taking place.

The project proposal specifically mentions the need for the project to co-operate with municipal authorities, schools, health centres, the hospital, WHO, UNHCR, and Medica. The list of potential co-operating partners was further extended in the first progress report for the project covering August-November 1993:

- Local Red Cross
- Sumeyya (a Muslim women's organisation doing relief work and minor handicraft projects)
- Our children (mother and child care)
- Children's Embassy
- Centre for Investigating War Crimes
- Centre for Psychological Help in War
- Center Bosanska Krajina (children's programmes in refugee camps)
- Bal Pare agency (association of young people)

The project was designed with a Project Co-ordinator to be recruited from Norway. In addition, 13 staff members, locally recruited, were envisaged. No steering committee with participation from local authorities was established. However, it was the intention to coordinate the work of the centre with the work already going on in the NPA administrated refugee camps. The day-to-day management should thus be handled by the Project Co-ordinator who at the same time was part of the Management team for the camps consisting of the Co-ordinator for Building activities, daily operations and psycho-social work.

In April 1996, when the Centre was officially registered as a local NGO, it changed its name to "Empatija". The membership consists of the staff, who has had regular meetings since 1995 deciding priorities, and methods. The Consultant has not been able to establish whether a General Assembly has elected a

Board which in turn has selected a manager as responsible for the day-to-day management of the Centre.

Today, local staff manages the project. No expatriates have been employed in the project since April 1996. The Project manager reports directly to NPAs Pro-

gramme Manager at the NPA office in Sarajevo. Presently, there is no formalised Steering Committee for the project, and a funding plan for cost coverage that can replace foreign funding has not yet been established.

Figure 3.1 Basic Project Facts: Empatija, Zenica

Project period	1993-2001	
Norwegian funding to date (approx. million NOK)	93/94: 2 95: 1.1 96: 3	97: 1.2 98: 1,5
Main purpose	Present purpose: reduction of trauma symptoms; educational activities; income generation through workshops.	
Main target groups	Women, children (age 3-15), parents.	
Co-operation with authorities and others	At project start, at least eight potential local partners in addition to authorities. Some co-operation, but started up as new, independent institution	
Organisational status	Officially registered as an NGO. No Steering Committee, no membership base, no General Assembly. No funding base except donations from external donors. Women participating in activities in Empatija hold regular meetings with staff.	
Status of handing-over	No clear agreement with authorities, no plan for sustaining cost coverage when NPA funding ceases. Negotiations currently taking place with the municipality. Staff trained in project and programme management, accounting, etc.	
Donors other than NPA	SIDA	

Negotiations for reaching an agreement with local authorities are still in their early stages. The activities and contribution made by Empatija are highly regarded by the authorities, but no real co-operation takes place.

Project Purpose

The original objective of the project was to assist rape victims, but this concept was rather soon "moderated to include other traumatised groups"³¹. When NPA did their needs assessment in Zenica, they found that the German NGO "Medica" was already operating there providing services exclusively for raped or other severely victimised women. "However, only a limited number of raped women are reached through the direct approach. These women should also be given help by a broader approach which assumes that the victims of violence and rape are part of the poly-traumatised refugee population."³² For this reason, a broad approach was chosen.

Already during the first months, the Women's Centre developed a collaboration with "Medica" where participants at the Centre could obtain gynaecological services from "Medica", while the Centre supplied "Medica" with inspiration and activity material for their group work.³³

The aim of the Centre was: 1) to help the IDP women move out of a passive, helpless position; 2) to identify survivors of severe war trauma in order to provide them with individual or family therapy. The methods for achieving this included several levels of intervention: child care activities; recreational activities; self-help groups for women; individual, family and group therapy. In September 1994, an out-reach component was added to the Centre with mobile teams visiting women who for various reasons could not come to the Centre (Dahl & Schei, 1995).

31. Settemsdal, E. (1994). Final report: Psycho-Social Centre for Refugee Women and the Families. Norwegian People's Aid, report 4 November 1994.

32. NPA (1993). Women's project Zenica: Psycho-social help to refugee women and children. Project proposal, p. 1.

33. Norsk Folkehjelp (1995). Norsk folkehjelps program: "Kvinner - krigens skjulte ofre" - en oversikt over tiltak for kvinner i tidligere Jugoslavia og andre områder. Rapport, p. 2.

Project Activities and Implementation

Over time, the project has developed various activities for women and children keeping the core activities focused on building mutual support groups centred around traditional women's activities such as handicrafts, group counselling sessions, individual psychological assessment and counselling; pre-school activities for children, and structured play and learning activities for older children in their free time. The Centre also runs several skills-training initiatives for women such as tailoring and hairdressing leading to certificates enabling the women to establish their own income generating activities. This has been successful on a small scale.

The project is presently providing services for approx. 300 displaced and local women in the Centre within six months' cycles. Approx. 190 children are also being assisted in the Centre. Two mobile teams, established since 1995, consisting of a psychologist and a social worker regularly visit collective centres to supervise and support on-going activities. The main purpose is to facilitate women to establish their own groups and activities in rooms in private homes or empty houses in the villages. During 1998 they have reached 500 women. The project devotes special attention to the region of Vozuca where women from Srebrenica were settled. Here the project has assisted 140 women and 120 children during 1998. During the five years the project has been running, it has in total assisted 5327 women and 3269 children.

The participant groups have gradually changed in that the project is not exclusively dealing with the displaced women, but is targeting up to 40% local women as well. Several women participating in the project were in the process of returning to their homes in towns dominated by other ethnic groups. The project places great emphasis in preparing those women for return. In UNHCR terms, these people are considered "minority returnees" which is the main concern of the Dayton Peace Agreement. According to the current situation where 831 persons have returned to Zenica from third countries, unable, however, to proceed to their original hometown, the project has started to involve some of these returnee women and children. This problem of minority return is one of the key problems in post-war Bosnia.

In the case follow-up, there is considerably more emphasis on assessing trauma symptoms and exploring exposure to traumatic events than developing a progress and intervention plan. In the case of the children, trauma symptoms as well as their behaviour are assessed by using some of the standardised tests developed in the region. These tests also assess the level of socialisation and functioning in the group.

The staff who consist of 15 full-time and 20 part-time employees³⁴ is organised in a vertical organisational structure, and report to the NPA program manager in Sarajevo. The staff has attended a great number of training programmes (in total 67 during the last four years) developing thereby their professional capacity for providing counselling and psychological services. The psychologists from Empatija have joined colleagues from Tuzla Psychological Centre and MOST in a post-graduate study over two terms giving them a University certificate as trauma therapists. The initiator and funder of this activity was UNICEF.

NPA has initiated a series of seminars in management and LFA-based planning from July 1997 to continue until 1999. Participants also include representatives from earlier and present partnership organisations from Croatia, thus a network forum for professionals has been created which still functions through meetings and supervision arrangements.

Phasing-out

There is no clear phasing out plan in place. The staff's capacity to generate alternative ideas for phasing out seems to be limited at the moment, and they continuously emphasise their total dependence on external funding. However, NPA has initiated capacity building in management skills through a course attended by the manager, and the project staff envisage themselves becoming part of a Community Based Rehabilitation Centre attached to the local Health Care Clinic. This arrangement is already being discussed and local authorities see Empatija as a project that could contribute to the development of mental health services by providing counselling services as a part of the new mental health service network. However, this will largely depend on the ability of the system to provide the necessary funding. Moreover, there seems to be few planning capacities in the local GO system, and there is no clear vision of how to integrate Empatija's services. Will it be a unit in the GO Mental Health Centre or a NGO that collaborates with governmental services on a more or less contractual basis? The project staff estimates that it will have to depend on external funding for at least two more years.

Project Results

In June 1994, ten months after the project started, NPA did a questionnaire study among 209 women participants in the project asking them about socio-demographic background, traumatic events, physical and psychological stress symptoms, and changes in emotions while attending the Centre (Dahl & Schei, 1995).

34. According to budget proposal for 1998.

The study showed that 0 % of the women beneficiaries reported rape. However, 70% of the women reported four or more of other types of war trauma³⁵. All activities provided by the Centre were highly evaluated by the women: they felt relieved from their daily worries (90%), their sadness (86%), their feelings of tension (85%), and their restlessness (81%) (Dahl & Schei, 1995, Table 6).

Today, the staff experiences a continuous spontaneous feed-back from the women and children they work with that their interventions give comfort, hope, create trust, and bring meaning into otherwise meaningless lives. In addition, the project has attempted to document change through the use of a variety of evaluation tools focusing on emotional state, behaviour and function in both women and children.

The staff also emphasises show the project has contributed to reduce tensions between the refugee and local population by inviting local women to participate. The project has contributed to diminish social marginalisation by giving skills training to women in tailoring and hairdressing. Five of these women have now gained employment. In the case of children, the pre-school and after-school activities have contributed towards increased performance of the children in school. The project has dealt with their large number of beneficiaries by introducing a shift system. Furthermore, the mobile teams have provided an outreach service in the collective centres.

Access to the centre has made a definite contribution towards strengthening social networks thus providing a protective factor against further distress. Women have also received some training in how to relate to husbands returning from the war front, thus potentially avoiding conflicts escalating to violence. Children have through child rights training been able to assert themselves vis-à-vis parents regarding unfair or harsh treatment.

In direct discussions with the beneficiaries, the Consultant heard from the women about the high value they placed on the project. They said they received help to cope with their emotional and social problems partly arising from war experiences, and partly due to current difficult living conditions. All women who spoke emphasised the value of the mutual support they felt from the other women and the staff of the project.

The fact that the groups were composed of women of all three ethnic groups was spontaneously highlighted

35. Dahl, S., Mutapcic, A. & Schei, B. (1998). Traumatic events and predictive factors for posttraumatic symptoms in displaced Bosnian women in a war zone. *Journal of Traumatic Stress*, Vol. 11, No. 1, p. 137-145.

as an important factor by the beneficiaries. The beneficiaries' experience of overcoming prejudice through sharing of common experiences and growing trust had encouraged some of them to believe that it could be valuable to establish similar groups in their home environment, especially in the so-called "open towns" where minority return is in progress. Some of the women voiced concern that their fellow returnees isolate themselves in their homes and live in a social vacuum where "Empatija" at present represents the only escape from just such a situation, however for only a limited time.

The extreme context of the war is important to take into consideration when making an ex-post assessment. Given the circumstances at the time, the efforts of establishing and running Empatija during the war should be commended. However, in relation to the original objective of the project - namely to assist victims of rape, some post-war reflections are merited.

The Consultant questions whether it was only a question of under-reporting of rape, when 0 % of the Centre's beneficiaries reported rape in the NPA questionnaire study. In their discussion of this finding, Dahl, Mutapcic & Schei (1998, p. 142-43) mention as possible explanations that the women may have avoided painful memories, that the Bosnian word for rape (*siljovanji*) had become an adversely loaded word, and that the lack of privacy when the women completed the questionnaires had influenced their willingness to disclose rape³⁶.

In the yearly report of the Centre's social workers, they write in October 1994 that "what was almost *untouchable* (sic) to talk about were physical maltreatment connected to imprisonment on the occupied territory, and sexual abuse with all the consequences on family life"³⁷. The question is, why the subject of rape was so adversely loaded and untouchable.

When it became evident during 1994 that very few or no rape victims were apparently among the beneficiaries in the Centre's activities, this subject may have become very difficult for the local staff to handle when treatment of rape victims was actually the main objective of the project. Especially, when it was clearly the understanding of both NPA and many other international NGOs that there were a great number of rape victims in B-H, and international funding for psycho-

36. NPA comments that a Norwegian gynaecologist working for a short period in Zenica during the winter of 1993, reported many indications of rape among the refugee women.

37. Settemsdal, E. (1994). Final report: Psycho-social Centre for Refugee Women and the Family - Social Workers' Report. Norwegian People's Aid, report, 4 November 1994, p. 2.

social projects at that time was donated specifically for the treatment of these survivors.

The broad approach which was chosen in the expectation of reaching rape victims in this way, might have blocked the staff into basing their interventions too much around symptoms, neglecting to see the resources of the beneficiaries and base their activities on it. The project does not ask for contributions from the women, nor trains them to take gradual responsibility in promoting the aims of the project. This would be especially important in the present transition phase of the Bosnian society that is facing a multitude of difficulties emphasising even more the complex and difficult role of the women both in the family and the community.

Today, the project's routines and interventions are characterised by a perception of the beneficiaries as helpless, suffering, needy, and the staff tends to emphasise the psychological and social consequences of the traumatic events as the main departure point for assistance rather than a rights violations' perspective. The project maintains a heavy emphasis on the women's problems throughout the process, institutionalised in screening processes at entry, as well as evaluation procedures.

Concerning a change in attitudes towards more democratic participation, the project can give examples of how they have from time to time consulted with the beneficiaries regarding the types of skills training offered them, and in sessions in the counselling centres, one of the women acts as "hostess" and leads the meeting. Apart from these examples, there is no evidence of real participation of the women in the project in terms of formal representation, or being given responsible roles. They remain "beneficiaries" throughout the six-month membership cycle.

There has never been any systematic mechanism in place to follow-up beneficiaries after they leave the project. However, some women keep contact with the centre by phone calls or visits. To a smaller extent some women continue to meet in an informal way for some time after leaving the project. Besides carrying out an evaluation of the progress of beneficiaries through structured interviews upon entering and leaving the project, the consultant could not identify evaluations reflecting on the efficiency of particular project activities.

3.2.2 Psychological Centre, Tuzla

Project History and Institutional Context

The project opened officially 3 August 1994, but started its psychological services already in February

1994. Tuzla was chosen and the project started at the suggestion of UNICEF whose Consultant during the autumn of 1993 was assessing the needs for a psycho-social program for Bosnian women³⁸. UNICEF had made a concrete proposal for adding psychotherapeutic services to the psycho-social project which had already been started in Tuzla by Danish Refugee Council (DRC)³⁹.

When NPA started to plan the project in Tuzla in November 1993, they met with a local psychiatrist who was already assisting raped women referred from a gynaecologist. This psychiatrist was also supervisor of a group of ten local mental health professionals that had just started working on a voluntary basis encouraged by the UNICEF Consultant and a psychologist from DRC (Dahl & Schei, 1996). NPA decided to start the Women's Centre Tuzla in collaboration with this group.

The municipality donated a house to the project and it was repaired by the NPA building team. The ten founders of the project who became the initial staff, were to continue their work in their original workplace in the governmental system, and their competence hired on an hourly basis by the project. In this way, the project avoided draining the local system of its professional resources, and dependence on NGO salaries was avoided.

40 international donors were already present in Tuzla when NPA decided to start its psycho-social activities. NPA had itself been present through the building and running of refugee camps since autumn of 1992. In this complex environment the Tuzla project started up in collaboration with already existing organisations and under the co-ordinating umbrella of UNHCR.

Most notably, close co-operation was established initially with UNICEF, and with a project of the Danish Refugee Council which was also running a psycho-social project, but not offering specific psychotherapeutic assistance. In this way the two projects complemented each other. The Danish funded project later developed into a local NGO, BOSPO with which the NPA Tuzla project still co-operates. Also, co-operation with GFH, a German NGO, was initiated, sharing physical premises and complementing each other in terms of services offered (GFH provide different kinds

38. Mesquita, B. (1993). Proposal for a psycho-social program for women. UNICEF Bosnia-Herzegovina, paper.

39. Dahl, S. & Schei, B. (eds.) (1996). "The burden left my heart" - experiences from a group psychotherapy project among displaced women in a war-zone: Norwegian People's Aid's Women's Project, Tuzla - report and evaluation 1994/95. Oslo: Norwegian People's Aid.

Figure 3.2 Basic Project Facts: Psychological Centre, Tuzla

Project period	Mid 1994-2000	
Norwegian funding to date (approx. million NOK)	95: 1 96: 2.9 97: 1.6	98: 1.9
Main purpose	Present purpose: through group and individual treatment and counselling to help beneficiaries work through their trauma, to recognise the symptoms and to help beneficiaries function on approximately the same level as before the trauma	
Main target groups	Women, adolescents and children	
Co-operation with authorities and others	The Centre co-operates with the Cantonal Ministry of Health, and with the NGOs BOSPO and GFH	
Organisational status	Registered as NGO	
Status of handing-over	The Centre has entered an agreement with authorities of providing services within the public health system	
Donors other than NPA	SIDA	

of occupational training and literacy classes). This co-operation also continues today.

NPA should thus be commended for its efforts in adapting its activities to the local needs and context, avoiding duplication and overlap, and seeking to complement other donors and co-operate with them. On the other hand, the Tuzla experience points to another more general feature of complex emergencies⁴⁰: the very large influx of a great number of donors of varying size and with varying scope and goals, and the huge problems that follow in terms of co-ordination and co-operation for the international community. The inherent problems of such an environment become even clearer when considering that even within NPA itself, co-ordination and co-operation between the three different NPA components of shelter building, daily management of refugee camps, and psycho-social efforts were not always straight forward⁴¹.

40. An experience found also in relation to the Rwanda crisis.

41. In the future, one option would be to fund multilaterally through UNICEF or UNHCR rather than through individual Norwegian organisations. Another would be to set-up a central task force with Nordic countries who would then appoint organisations responsible for specific tasks and locations (e.g. NPA in Zenica, DRC in Tuzla). A third option would be to integrate shelter programmes with food aid, psychological assistance and social activities in one package, so when building a camp, everything is catered for. If the international community can agree on letting UNHCR coordinate convoys, why shouldn't it be able to agree on assigning responsibilities for different tasks and locations to specific organisations?

After the official opening, the project advertised their services through local radio and television, as well as directly approaching collective centres.

Project Purpose

According to the intentions behind the funding campaign, "Women - hidden survivors of war", the original main focus of the project was "victims of sexualised violence."⁴² However, on basis of local advice and experience it was decided during the first months of the project to broaden the focus to survivors of war trauma in general. "The victims of sexualised violence could not be expected to come forward, and the users could expect to be stigmatised if the project has such a narrow frame. Though the frame was broadened, the plans were still to have special focus on and to make specific actions to try to give help to victims of sexualised violence" (Thoresen, 1994, p. 7-8).

The main objectives of the Centre were, accordingly, expressed in the following way: "1) to identify individuals in need of psychological treatment due to war trauma; 2) to improve the psycho-social functioning of these persons; 3) to train and develop competence of local professionals and paraprofessionals dealing with a traumatised population (Dahl & Schei, 1996)."

During the first years of the project, the special focus changed from sexualised violence to general psycho-social problems. In the course of time, the project

42. Thoresen, S. (1994). Report: NPA's Women's Project, Tuzla, January - June 1994. Norwegian People's Aid, report 30 June 1994, p. 7.

objectives have also changed from responding to acute problems of IDPs to include local residents, war veterans, mothers and children with special needs. Among the present objectives is the provision of legal and psychological counselling to women survivors of domestic violence. With the introduction of domestic violence among the problems addressed in the Centre, the issue of sexualised violence has re-appeared as a psycho-social concern in relation to the family problems which have developed with the return of demobilised soldiers to their homes.

Project Activities and Implementation

Currently, the project has the following professional staff, all employed on a part time basis: five psychiatrists, two psychiatric residents, eight school psychologists ("psycho-pedagogues"), one social worker and one special teacher. There has been a high level of staff stability, and the staff has increased and reduced in accordance with the demands.

The project staff has been exposed to a wide range of training activities by international trainers with a heavy emphasis on trauma reactions and treatment. From the start of the project in 1994 until the end of 1997, the staff has participated in 53 training courses on topics such as war trauma, sexual abuse, PTSD, and trauma therapy.

Presently, the project is working in the centre with 210 beneficiaries (distributed among five women's groups, seven adolescents' groups, ten children's groups, one male group and seven individual therapies). Through its mobile team, the project is working with 72 beneficiaries (distributed among one women's group, four children's groups and four male groups). Since the project started it has reached in total 5096 beneficiaries.

From the initial stages of the project, NPA and the staff have chosen to have a clear emphasis on psychological assistance in the form of group therapy for traumatised IDP women. However, individual and family therapy treatment with adults, adolescents and children are also provided on a six-month basis. For children this takes form of art and play therapy. In addition, the project encourages beneficiaries to enrol in the occupational and educational activities provided by the partner NGOs in the project house.

In 1997, the Centre started to provide legal advice to staff and beneficiaries in order to give women knowledge about their legal and political rights. The advice is provided by a group of women lawyers in Tuzla. A pamphlet has been made which is handed out to individuals, social centres and health clinics.

The majority of the clients, as they are called, are rural inhabitants. There can be no doubt that the project's work and the ways in which staff has been able to communicate its benefits to the surroundings have created demands that are spreading to different age groups and responding to different needs. The project staff express its full confidence in their current methodologies, which they see as the result of a gradual learning process based on the creative adaptation of the theoretical knowledge they have gained through training courses. They do not appear to have any real doubts or uncertainty regarding the choice of their method.

From the early stage, simple "before and after" questionnaires assessing trauma symptom reduction after six-month's therapy were in place.

Phasing-out

In spite of the financial difficulties that the project is experiencing in this phase, which are common to many similar projects supported by international donors, there are several historical factors attached to this project that facilitates the phasing-out process. From the beginning, the project worked on keeping local authorities informed about the project who gradually came to value the contributions of the project to long-term mental health services development. There is now a referral system in place between the project and other mental health services as well as primary health care.

NPA and Tuzla Centre have signed an Agreement of Intention for 1997-2001 outlining guidelines for phasing-out. The Tuzla project has come a long way in terms of phasing out, *i.e.* NPA signed an official agreement with the local government concerning the handing over already on 1 July, 1996 (a similar agreement has been made between the authorities and SIDA).

According to the agreement, the Tuzla project becomes a Public Health Institution, PHI. The Ministry of Health of the Federation is obliged to include the PHI in the public health system and to run it in accordance with the law of the Federation. NPA will hand-over all existing objects of the project to the authorities, and will work to secure funding from international donors to run the PHI up to 2002. Up to that time, PHI will commence activities to secure its own funding⁴³. The agreement furthermore establishes a Steering Committee, responsible for overseeing the Manager's day-to-day management of the PHI. The

43. Several meetings have been held between Tuzla Centre, NPA and Canton authorities. The Canton has not yet been able to include Tuzla Centre among its regular institutions, as a new special act first has to be passed by the Canton Assembly.

committee consists of one representatives of each of the following:

- NPA
- SIDA
- Federation Ministry of Health
- Tuzla Municipality
- PHI employees

One crucial factor for the authorities in entering the agreement has been that the Tuzla project was and is broadly recognised as having made significant contribution and being staffed by highly professional staff.

In the transformation process towards becoming a fully adopted institution in the public health system, the PHI is also working with ideas of raising funds through offering services on market terms to private persons and organisations. Hence, in addition to becoming a publicly funded institution, the PHI will potentially also be able to raise funds through other channels.

Project Results

In May 1995, about one year after the project started, NPA carried out a study using a questionnaire which was nearly identical to the questionnaire used in the study of the Women's Centre in Zenica. The questionnaires were similar with respect to socio-demographic variables, symptom scales and war trauma. However, there was "one small change, the word rape was deleted. Thus, the question remained: Have you seen others being sexually abused? Have you yourself been sexually abused? This was strongly recommended by the staff in Tuzla who said the word rape (*siljovanje*) had been contaminated and was avoided by everyone" (Dahl & Schei, 1996, p. 11). In the study which included 158 women, ten women (6%) reported having been sexually abused.

The questionnaire study also showed that the women who attended group psychotherapy were both severely traumatised from their war experiences and showed a high level of distress. The beneficiaries evaluated all aspects of therapy highly, and those that were most distressed even more than the others (Dahl & Schei, 1996).

During the following years, the effect of interventions has been documented using diverse internationally accepted tools on all groups they are working with. Baseline assessments before treatment and comparative assessments after treatment have been applied. In

general the results have shown benefits of the activities in terms of decreasing symptomatology and increased social competence.

The project in combination with other NGOs in the Women and Children's House has contributed towards the process of integration of disadvantaged displaced women. One concrete example is the ongoing literacy group for rural illiterate women. Furthermore, the project is initiating work with returnees who have at present great difficulty in being accepted by the local community who have remained in their country during the war.

The project's work in educating women in the matter of accessing social services which they have the right to utilise, is important for reducing social marginalisation. In addition, the collaborating NGOs provide skills training in relevant subjects which further has the potential to reduce marginalisation.

The staff emphasised their ability to respond in a flexible and immediate manner to new demands, such as giving psycho-social "first-aid" in connection with locally occurring crises - both during and after the war. They were the first to set up a Hot Line crisis telephone after the shelling which killed 70 youth in Tuzla. After the Peace Agreement was signed, they have expanded their activities towards other groups who by nature of age and experiences are at present "vulnerable": adolescents, war veterans and their families.

On observing a group of children in group therapy session, who had been participating for one month, there was no doubt about the sense of well-being visible in the children's laughter, level of interaction and enjoyment in playing games. These are changed behaviours in this group, and it is important to keep in mind that a sense of happiness, feeling good, is a turning point in the lives of children affected by war experiences.

As the main initial purpose of the project was to assist survivors of sexualised violence, the consultant found it relevant to inquire about this issue, and to what extent the project had identified raped women and assisted them. The staff emphasised that it was extremely difficult to identify such women in group therapy, and that they had only assisted a few women with this problem since the project started. The staff also felt that government officials in 1992-93 had grossly over-estimated the number of raped women, both for war propaganda reasons and because this issue attracted international funding.

These post-war comments give a certain perspective to the question of why the word for rape had been so con-

taminated and was avoided by everyone. In fact, the results of the NPA study from 1995 follow the same pattern as found in a study which was also carried out in 1995 of 2291 women, where 4% of the women reported rape or sexual violence (Agger & Mimica, 1996). These results also coincide with a study from 1993-95 of 1926 Bosnian refugees/Croatian IDPs, where 6% reported rape or sexual abuse⁴⁴.

The epidemiology of rape is, as pointed out by Dahl⁴⁵, a complicated issue, and it can in general be assumed that rape is under-reported. However, it is noteworthy that the incidence rate of rape corresponds rather closely to rates found under normal peace time conditions in USA⁴⁶. Dahl (1993) refers to an American study (by Russel, 1983) which found a yearly incidence of 3%, and another American study by Koss et al. (1987) which found an incidence rate of rape among 1000 students of 3.8% over a six month period.

In her end-of-mission report written in June 1994, the NPA Project Co-ordinator writes that "a project only for victims of sexualised violence would not have been possible to realise successfully...through indications, it is possible to identify survivors of sexualised violence, even though *they will not talk openly* about their experiences. Many of the women attending the existing group therapies have been exposed to sexual abuse, most often repeated raping...One therapeutic conclusion so far, is *not to verbalise the event prematurely, but to have sufficient patience to wait for the trust of the client*" (Thoresen, 1994, p. 8 - our italics).

In relation to taboo issues such as sexual abuse, it is common to find a "conspiracy of silence" both among the victims and the surroundings. This was part of the professional knowledge of mental health professionals working with these problems during the war. It is the Consultant's view that what we experienced during the war in the former Yugoslavia concerning the rape issue might have been an absurd *reverse* conspiracy of silence. The subject was probably unspeakable at that time - for reasons which were so openly expressed by the staff in 1998.

Perhaps due to the initial focus on identifying rape victims, the project has over time devoted much effort into the careful documentation of trauma symptoms and functional problems at intake. However, this was

an approach which was also promoted by other international organisations such as UNICEF. A recent evaluation of UNICEF's psycho-social support during the war mentions how "there was probably more done to quantify the existence of war trauma with various screenings and questionnaires than the impact of the programmes."⁴⁷

Although the Centre has noted some improvements in function, less emphasis appears to be given to demonstrating improvements of daily life functioning over time. Moreover, no attempt has been made to document in an equally serious manner the personal resources and skills of the beneficiaries. The project's sustained focus on trauma experiences and reactions does not appear to be sufficiently balanced with an equal recognition and utilisation of resources. The project places heavy emphasis on the "client status" of their beneficiaries and in diagnosing and documenting PTSD. It is the consultant's perception that more attention needs to be given in informing and educating beneficiaries on the matter of their rights as expressed in the international conventions. Also, it is important to relate the documentation of "traumatic experiences" to specific violations of human rights/child rights in ways people are able to relate to.

The Consultant observes that the project is very aware of the complex environment in which they are working. The very nature of the approaches that they are using allows the discussion of sensitive social issues such as family violence and the position of women in the family and the community. This is being done in full awareness that this process has to move slowly to avoid unintended repercussions that would do more harm than good.

The project has been able to demonstrate improvements in certain aspects of development (e.g. language development, concentration and learning ability) in children as well as better school performance. However, it remains uncertain to what extent these benefits have been maintained over time.

The Consultant notes that there has been no training on the issue of *participation*, and the perception of the beneficiaries as "traumatised clients" may possibly obstruct the recognition of their strength and resources which are needed in the project. The project needs to integrate the concept of true participation of and contribution from their beneficiaries, as a conscious, gradual process from the beginning.

44. Arcel, L. & Simunkovic, G. T. (1998). War violence, trauma and the coping process. Copenhagen: Rehabilitation Centre for Torture Victims & Institute of Clinical Psychology, University of Copenhagen.

45. Dahl, S. 1993. Rape - a hazard to health. Oslo: Scandinavian University Press.

46. Assuming that the figures reported from Bosnia represent an incidence over a 12 month period from the beginning of the war.

47. Richardson, J. (1998). A critical review of UNICEF's support to psycho-social and peace education projects in the countries of the former Yugoslavia. Paper, p. 38.

3.2.3 "Most" Centre for Family Placement, Zenica

Project History and Institutional Context

In 1993, in expectation of large numbers of unaccompanied children resulting from the increasing armed hostilities⁴⁸, UNHCR took the initiative of constructing extra accommodation for these children in Zenica. The construction was to be carried out by the NPA Construction Team, and was originally planned as an expansion of the already existing orphanage, Dom Podorovic, in Zenica, but this was not possible.

The development of the project was fraught by many difficulties underway, including political disagreements and power struggles in the municipality regarding the disposition of the building. However, eventually, an agreement was reached between the municipality and NPA on the establishment and running of MOST, and also a phase-out plan.

The institution opened in July 1995, and the first children arrived in September. By that time NPA had agreed to take the responsibility of running an intermediate care service for unaccompanied children. In 1995 and '96, the funding was based entirely on NPA's own funds.

Under a Norwegian co-ordinator, a multidisciplinary and multiethnic staff was employed, including psychologists, social workers and teachers, in all 27, and the search for unaccompanied children began through staff directly approaching collective centres.

The MOST (meaning "Bridge") Centre has a capacity for up to 90 children. The initial group of 60 unaccompanied children was found in refugee centres near Tuzla having fled with other women and children from the massacres in Srebrenica. All those children had experienced multiple traumatic events, and were admitted after the opening in October 1995. From the beginning MOST has based the running of the institution on the Convention on the Rights of the Child. The regulations were made between UNICEF, the Bosnian manager counterpart and the Norwegian manager.

In the initial stages of the project, a Board was established consisting of representation from the Municipality of Zenica, NPA, UNHCR and the Director of the already existing orphanage in Zenica. Due to accidents and illness in two of the members, the Board never became operational, and no attempt was made to re-establish it.

48. and maybe also in expectation of a large number of babies born to rape victims. This was indicated by one person whom the Consultant interviewed.

Project Purpose

The initial project purpose of MOST was to provide *temporary residence* to children who had become separated from parents, or whose parents had died, during the war, until their surviving parent(s) or relatives could be traced. As the initial group of these children were reunited with their families, attention turned to other tasks. During 1998 the focus changed to developing MOST as a *competence centre* in issues concerning foster care and adoption. Children in critical family situations are now placed by municipal Centres for Social Work for assessment and further placement. The emphasis on short-term stay is however maintained. This, together with individual assessments and plans for each child, represents a new initiative in Bosnian child welfare services.

Project Activities and Implementation

By the time the Norwegian management of the Centre phased out in the summer of 1997, the project had established good quality practices in the institutional care of children, through a continual pooling of Bosnian and Norwegian experience. The staff had reached a high professional level in terms of both administration of institutional care and also assessment and environmental therapy of children.

Key characteristics of the quality of care are: a high staff/child ratio (1/3); the children organised in family-like units and sibling groups; a high priority given to affectionate interaction between staff and children as well as a variety of activities to promote healthy child development; maintaining contact with relatives; minimising the effects of institutionalisation through the children attending local schools and pre-schools; babies receiving individual attention, including personalised feeding.

Since most of the children who lost their parents during the war are either being cared for by the extended family as is the custom in Bosnia, or have been reunited with parents through the ongoing reunification programme, there was a need to re-focus their activities in the current post-war period.

MOST, at the request of the Ministry of Social Services, and inspired by NPA, turned their attention towards the development of the "foster-care model of child care", as an alternative to institutional placement. In keeping with this new objective, an extensive training programme was initiated throughout 1998, in cooperation with the Stavanger College of Social Work, specifically focusing on issues of recruitment, assessment and follow-up of foster families, and the preparation of children for placement.

Figure 3.3 Basic Project Facts: Most, Zenica

Project period	Mid-1995-2000	
Norwegian funding to date (approx. million NOK)	95: 2 (NPA own funds) 96: 2.8 (NPA own funds)	97: 2.3 98: 2.6
Main purpose	Provision of short-term care and assessment for children in critical situations/ separated children, followed by appropriate placement of children either in their families, foster families, adoptive families or in another institution. Development of a national competence centre in the field of foster care.	
Main target groups	Children separated from their family due to war and children requiring short-term placement for assessment for foster placement	
Co-operation with authorities and others	MOST co-operates with government run Centres for Social Work in all cantons in B-H (51), with the Canton and Federal Ministry of Social Policy, UNICEF, and the University of Sarajevo.	
Organisational status	Officially registered as a humanitarian organisation. There is no steering committee/board. The centre has no funding base.	
Status of handing-over	Not yet clarified, and is contingent on negotiations between UNHCR who owns the premises, NPA and the municipal authorities.	
Donors other than NPA	Several donors have provided essentials such as food, clothes and firewood up to 1997.	

In carrying out this work, MOST collaborates with all 51 municipalities in Bosnia, although in practice they are most in contact with 27 of those, representing the Federation part of B-H. All their work in child placement is thus carried out in close collaboration with the respective Centres for Social Work.

MOST staff has also, in parallel to the training given them by the Stavanger College of Social Work, trained staff of the Centres for Social Work in foster care issues.

MOST is participating in a working group with UNICEF which collaborates with the Federation Government in developing methodology and standards regarding the issue of foster care. The competence building programme on foster care has been carried out in co-operation with the University of Sarajevo.

Although mothers and babies have utilised the institution from the beginning, there has recently been increased pressure to accept babies referred from Centres of Social Work whose mothers are either ill or live in poor socio-economic circumstances. This development mirrors the poverty and social deprivation in the aftermath of war. Hopefully, a broader strategy which seeks to avoid institutionalisation of babies due to *economic* destitution can be developed in the near future. This trend certainly merits careful analysis and monitoring.

The collaboration of MOST with the nearby Government run orphanage has been influenced by many factors. The existing institution has been strongly criticised for some of its child welfare practices, and UNICEF, after surveying the institution advised NPA to limit the co-operation to activities for children. Thus there has been activities initiated by MOST in which children from both institutions have participated in, as well as staff training. Originally, there was the intention to establish a board with membership from both institutions, but this was never realised in practice.

Phasing-out

At the present time, there is no concrete phasing-out plan for MOST. In meetings with the municipal and cantonal authorities, all express their strong approval of the project and the wish to see it continue. However, since UNHCR who owns the building at present, attaches the condition that whichever authority takes over the building must also take responsibility of running the project, then the issue of lack of funding on the part of the authorities arises, and no formal agreement has been reached. In 1998, an agreement of intention with the Ministry of Social Services was underway, but disagreements between the levels of administration on how to apply the laws, stopped the process. Work on matching future responsibilities to the correct administration level is now intensified.

NPA has had to gradually reduce funding to the project, and the drying up of other sources of funding from international organisations has left the project in a very uncertain financial situation. NPA intends to fund the project throughout 1998, and later some sort of partnership agreement with the relevant authority has to be made. At present, further negotiations on its future are at an impasse. The Consultant contends that this situation was predictable from the outset and should have affected the original project planning process.

However, the main challenge now is how to enable the considerable competence the staff has developed, to continue working in realistic ways towards improved child welfare in the country, since this is the main sustainable impact of the project, and very much needed in Bosnia.

Project Results

During the project life so far, in all 120 children have received assistance. The project has realised the initial objective to reunite the war-affected unaccompanied children or place them within the extended family in that 42 children were reunified with parents, while 35 were placed with relatives. 23 children have been adopted, and four groups of siblings, in all 24 children, were placed in SOS Children's Villages.

However, it may be that the exceptional conditions for some of the separated children in collective centres justified taking the risk of institutionalisation which could have become a permanent situation in spite of good intentions.

A media campaign early this year to recruit foster parents resulted in 63 applicants, the majority of whom were, however, primarily interested in adopting babies and toddlers. Finally only 11 families were assessed to be suitable as foster families. *Only three children from the project have in fact been placed in foster families* since the work in this area began throughout 1998, in spite of the project's, and NPA's considerable investment in this issue.

In terms of the goal of short-term placement of children, the project is currently operating with an average length of 8.8 months, against original projections of two-three months. This represents a real concern and dilemma, since the longer children stay, the more attached they become to their personal contacts, and the more difficult it may be to adapt to lower standards of living outside MOST. Several of the original group of unaccompanied separated children who have mild degrees of intellectual handicap have remained with the project since its inception since its beginning since

neither relatives nor foster parents wish to take these children.

At present, a main strategy of the project to prevent further accumulation of children who are proving difficult to place due to various handicaps, (especially intellectual handicap), is to insist on only accepting "psychologically and developmentally healthy children". Although understandable, this also represents a paradox since it is precisely those children who need the highest quality of care.

In spite of the difficulties in placing children in foster-care and maintaining the goal of short-term placement, the project staff still maintain an unshakeable belief in their project's objectives. However, there are a number of very real environmental factors outside the project's control which combine to obstruct both foster family placement and short stay of children in the Centre.

These include: lack of municipal funds for payment of foster families; limited number of applicants due to widespread unemployment; negative attitude of relatives to placement of their family members in foster homes; limited capacity of Centres for Social Work to monitor foster families; and limited capacity of Centres for Social Work to monitor foster families in spite of the considerable competence reached by several Centres.

These factors, which are unfortunately likely to remain stable over some time, leads to the consultant posing the question: is the MOST project as currently conceived an endeavour as yet too far ahead of its time given the environment that it depends on to be successful? Are the project staff, close as they are to the children's needs and highly competent, not able to reassess their objectives more in terms of reality, but without giving up the necessary long-term goal of generally improving the welfare of children with special needs in Bosnia?

The consultant experienced the staff as being open to new suggestions and sincerely dedicated to improving their work with children. They were also able to demonstrate that they had numerous routines in place to monitor the children's progress, such as monthly progress reports and three-monthly plans for each child. The staff proudly emphasised that they are the only institution in Bosnia where babies are fed in the arms of a caregiver.

There can be no doubt that the Centre represents an entirely new level in terms of both material assets, staffing and working methods regarding institutional care of children in Bosnia-Herzegovina.

3.2.4 Community Development Mostar Villages, Bijelo Polje

Project History and Institutional Context

Upon the reorganisation of Mostar city administration, six new municipalities were created out of the one which was functioning before the war. When NPA Construction Team was assessing reconstruction needs, it was found that these were greatest in North Mostar. The municipality offered warehouse facilities to NPA in return. In keeping with NPA's three-pronged policy of de-mining, physical and social reconstruction as a post-war response, it was decided in collaboration with the local authorities to establish a Community Development Centre in Bijelo Polje. The community had previously had a cultural centre, which functioned as an independent institution. The concept of the project is innovative since the main working principle of the Community Development Centre is active involvement of the community.

The project started in January 1998. During the assessment phase, authorities of the local community had given priority to the psycho-social needs of children and adolescents, and the majority of activities developed since the start of the project reflect this priority. The Centre has developed a collaboration with two local women's NGOs: Bosnia & Herzegovina Women's organisation, and Stope Nade in recognition of the fact that assisting women is an indirect assistance to their children.

The project experienced considerable difficulties in recruiting both professionals and volunteers, both because many of the educated people have left the area or are working for other NGOs, but also due to a lack of willingness for unemployed to work without payment.

Figure 3.4 Basic Project Facts: Community Centre, Mostar

Project period	1997 - 99
Norwegian funding to date (approx. million NOK)	97: 1 98: 1.3 99: 0.9 (est.)
Main purpose	To facilitate the transition from war to peace by stimulating and supporting the establishment of various activities in the community which will bring people of all age groups and ethnicity together in natural, familiar ways. To offer certain useful services to the community for people with special needs.
Main target groups	The inhabitants of Bielo Polje, North Mostar. A special focus is given to activities for youth.
Co-operation with authorities and others	The project co-operates closely with the municipal authorities and professional persons in the community.
Organisational status	At present run as an NPA project
Status of handing-over	As yet not clarified.
Donors other than NPA	None

Project Purpose

The main objective of the Community Development Centre is to facilitate the transition from war to peace through involving residents in the community from all ethnic groups in a wide range of self-chosen activities, which bring people together in natural ways. The hope is that this will contribute to regenerating a sense of community, and reduce the tensions among people thereby promoting the safe return of minority ethnic groups. The latter is especially difficult in this region due to the very painful war experiences here, where all three ethnic groups have been fighting each other.

There is also sometimes lack of goodwill in political leaders to work in the direction of reconciliation.

Project Activities and Implementation

The staff now consists of 16 employees, two of whom are full-time, the remainder part-time. The two full-time employees are the Project Manager, who has previous experience from the MOST project, and the Assistant Manager who was formerly working in municipality and cantonal authorities and is well respected in the area. In addition, there are three part-time lawyers, one from each ethnic group, who assist

returnees free of charge regarding legal issues. The project also employs a medical doctor and a psychologist on a part-time basis. The activities for adolescents are all led by persons with professional experience in the field, and these are engaged as paid part-time volunteers. The project manager stresses the importance of their contributions.

Gradually, the project has developed a wide spectrum of activities. These include the following:

- *Activities for children and youth* such as basketball teams for boys, modern and folklore dancing, drama, music and art (the latter all mixed groups).
- *Psychological support services* provided by a psychologist on a part-time basis of eight hours monthly. The psychologist partly advises school-teachers and also offers some individual therapy at the Community Centre.
- *Health information support services* in the form of a doctor giving children aged 12-15 lectures in schools on topics relevant to adolescent health. In addition, the doctor also meets at the Community Centre once per month.
- *Educational support services* in the form of after-school tutorials provided for children with special learning needs beyond the capacity of the school system to provide. Teaching in Bosnian language is a high priority at present among children returning from abroad. Seven teachers offer this service to seven groups of children.
- *Social work services* are provided two hours weekly by a social worker from Mostar town in order that this particular community, in which there is no social worker as yet, can access her services.
- *Legal services*: three lawyers representing the three ethnic groups offering their services once a week for two-and a half-hours provide these.

As indicated above, all the activities so far in the Community Centre are organised either as services of the type usually provided through local authorities, or as planned activities with limited beneficiaries. So far there has not been room for a more "unplanned" access of the community to the centre, or utilisation of the Centre's facilities by groups originating in the community itself. The project is planning to develop this aspect.

In contrast to other NPA projects reviewed in this evaluation, this project has consciously avoided a focus on "trauma", while recognising that some children and adults need specialised assistance. The emphasis has been on "normalisation", and this is reflected in the prioritisation of activities chosen. The project staff regards all activities as being beneficial in a psycho-social sense.

Acting on recommendations of a project planning assessment conducted by the Diakonhjemmet College, School of Social Work, Norway in December 1997, the project established a local Advisory Group. This was made up of representatives of all schools in the community, social services; other NGOs involved in similar activities, and leaders of the activities at the Centre. The cantonal authorities are also invited when relevant. The Group meets monthly, shares information and takes decisions regarding the running of the project.

The staff has obviously worked very hard in gaining trust from both community authorities and the people in the local community who have suffered much during the recent war. The needs are enormous on all sides, and the Centre appears to be developing in the direction of providing multiple specialised services of a kind usually provided by Government services at different levels. At the same time they are stimulating very positive activities among the youth. However, it is not clear to the Consultant whether the main idea is to supplement Government services until such can be provided by the authorities, or to facilitate a process of community development based on the (very impressive) Centre.

Phasing-out

It was the clear plan that the project would receive two years of funding (in 1998 and 1999), and from mid 1999 the municipality would gradually take over the financial responsibility for the project. However, due to the slow economical development in the area, and the lack of minority returns, the municipality and the Project Manager has suggested that NORAD funding be extended for one more year.

The consultant recognises the great value that a project of this kind has for creating a relatively secure basis for communication between the different ethnic groups. However, this is a long-term process, and the consultant therefore supports the continued funding, especially since the planned return of 3000 Croats has been delayed. However, it will still be important to seek ways in which the local community can contribute to the project both financially and by assisting the project.

Project Results

At the present stage, the project results are best formulated in terms of the numbers of residents benefiting in some way from the project's activities. This is because the primary objectives of the project, i.e. to facilitate safe return and inter-community trust building, have not yet been put to test due to the delayed return of Croatian residents.

Currently, (December 1998), there are 300 adolescents (155 boys and 145 girls) participating in basketball, modern dance, folklore, music, drama, art, and Bosnian language courses.

The psychologist is monthly in contact with 45-50 people through seminars for teachers, and a few individual therapies. The social worker is monthly in contact with 35 people, the doctor with 200 (also through lectures) and the lawyers with 35 persons per month. Thus the part-time specialised staff are in contact with about 300 persons monthly.

The project has not developed any comprehensive instruments for monitoring its activities, but the feedback from a broad sector of the community has acted as an indirect monitoring mechanism. The staff remark that their main indicator of a reduction in the distress caused by war trauma has been the happiness they could observe in the adolescents when participating in project activities.

The project is operating in a highly complicated environment in which there is a high degree of mistrust, and a danger that one ethnic group will attempt to dominate the other. Moreover, this situation is likely to continue for some time. A "community" in the usual sense of the word does not exist. It is, therefore, paramount that the population sees the Community Centre as belonging to all. Thus, accessibility is a key concern, especially in regard to all ethnic groups, underprivileged groups, and age and gender groups.

It is questionable to what extent the present organisation of the project facilitates or prevents access to the Community Centre. Access at present is regulated through belonging to a beneficiary group. If the community is really to feel a sense of ownership and take responsibility for the Centre, they should feel that it is possible to use its facilities without necessarily being identified as a beneficiary of NPA. This point will also be very important to clarify in relation to the expected minority return.

The duration of this type of project is critical for its success, since its objectives are to build trust and reconciliation. Unless there is realistic project life, for example of five years, it is perhaps not advisable to start such a project in this very special inter-ethnic climate of hatred and mistrust. The consultant is concerned that this requirement has not been fully recognised in terms of budgeting and planning and recommends reconsideration of the time frame of the project.

The project should be aware of the reconciliation potential of particular activities proposed by the community. The choice of activities at present have more or less potential for facilitating reconciliation processes. The consultant finds that this issue needs to be given more attention when planning future activities.

Facilitation of community initiatives should be the central role of the project rather than filling gaps in governmental service provision. The consultant finds that the project needs to reconsider its methodologies and concentrate more on its facilitator role, thus encouraging self-organisation among the people in the community. There is a danger that if the project continues to increase the provision of specialised services, which the authorities are unable to take over, that this could in the end defy the original objectives.

All staff and beneficiaries in the project should have a clear understanding of the overall objective of the project, and the staff must understand how different strategic choices lead into different processes affecting the outcome and sustainability of the project. There is a definite need for training of staff in how to facilitate processes rather than "implementing" them. The consultant observed that the part-time staff was uncertain about the project's objectives and their role in achieving them.

The consultant supports the project's focus on children and youth as main partners in reaching long-term objectives of social change. However, the question of real representation of the youth should be given more consideration. Youth can represent themselves at many levels, including the project board and advisory group. This would also provide valuable training in democratic processes.

The project appears to have worked very hard in building trust and respect between themselves and local authorities. The consultant recognises that this has been an enormous task and considerable achievement for which the Project Manager deserves to be credited.

4 Assessment of Norwegian Psycho-Social Projects in the Caucasus

In connection with the disintegration of the Soviet Union (in December 1991), the region has been torn by civil war and ethno-political conflicts since 1988. However, a cease-fire was agreed in May 1994 both in Azerbaijan and in Georgia. At the end of May 1998, new fighting erupted between Georgia and Abkhazia killing an estimated 100 people and sending 30-35.000 Georgians - many of them returnees - back into Georgia, thus displacing many of them for the second time. The present situation in the region is described by international observers as a "frozen war" with no settlement having been reached about the territorial disputes among the various ethnic groups.

Prior to the wars, there was a well-trained group of psychiatrists, psychologists and social workers in the region. As in other Soviet countries, education, social and mental health care were part of governmental services. With the collapse of the Soviet Union and the ensuing wars, these services broke down, leaving the region with its professionals now out of jobs, or working in the governmental services for no, or only symbolic salaries. The economies in both Georgia and Azerbaijan have collapsed, and corruption is now described by international organisations as one of the major obstacles in the building of new structures.

The stress factors influencing the region are manifold: earthquakes, intra-state armed conflict between ethnic groups, general violence and terror from criminal gangs, inter-state armed attack, and a change of values which have also led to psychological problems.

NRC started working in the Caucasus in 1994, and established its regional office for the Caucasus in July 1994 in Tbilisi, Georgia, shortly after cease-fires had been agreed in the three newly independent countries of the region. At that time, there were an estimated 1.5 million refugees and IDPs: 900,000 in Azerbaijan, 350,000 in Armenia, and 250,000 in Georgia.

In the beginning, the main goal of NRCs activities was the provision of assistance and protection to the refugees and IDPs. The methods for achieving this goal were food distribution, supply of medicines and other necessary physical items. Psycho-social projects were added to the "aid package" in June 1995 based on experience showing that there was probably a high percentage of traumatised persons among refugees and IDPs, and that it would be difficult to reduce trauma "without interventions from qualified specialists in the form of specially tailored programs".⁴⁹

Already during the fall of 1994, NRC had begun developing psycho-social programs in collaboration with networks of local psychologists and psychiatrists in Georgia and Azerbaijan. NRC sponsored an assessment, which was carried out in Georgia in December 1994, of "psychological disorders among children and women, survivors of military conflict"⁵⁰. A group of Georgian mental health professionals did the study in collaboration with specialists from the "Moscow Humanitarian and Charitable Centre "Compassion"" which provided techniques for testing children and women as well as training of the Georgian professionals. The study concluded that almost everyone examined needed rehabilitation after the psychological trauma they had suffered.

In June 1995, NRC started psycho-social projects in Georgia and Azerbaijan for IDPs and refugees, and in October 1995, April 1996, and May and October 1997, seminars were organised on psycho-social rehabilitation attended by staff from the two projects as well as other mental health professionals from the region. The two Norwegian psychiatrists who were professional supervisors of the NRC psycho-social projects were among the teachers as well as a Croatian psychologist and other international trainers.

As a follow-up to the seminar in October 1995, NRC had also taken the initiative to establish regular monthly co-ordination meetings which started in December 1995. The meeting gathered government, international and national organisations providing psycho-social assistance in Georgia, and these meetings resulted in the publication, in April 1996, of a very useful directory of the 12 psycho-social rehabilitation programs working in Georgia at that time⁵¹.

4.1 The project in Azerbaijan

According to UNHCR, Azerbaijan is afflicted by one of the largest population displacement problems of the world with about one out of every eight persons in the country being either an IDP or a refugee⁵². Over 600,000 Azeri nationals were displaced during the Nagorno-Karabakh conflict 1992-94. In addition,

49. Kvernød, M. (1996). Psycho-social rehabilitation of IDPs in Azerbaijan. Regional exchange of experiences. NRC Tbilisi: Project proposal.

50. Kharashvili, J. (1995). Psycho-social examination of IDP children and women - victims of military conflicts on the territory of the Republic of Georgia: Survey on internally displaced people - report and recommendations. Tbilisi: Oxfam.

51. Norwegian Refugee Council (1996). Psycho-social rehabilitation programs - NGOs and IOs: Directory. Tbilisi: NRC. A revised edition was published in March 1997.

230,000 had arrived as refugees from Armenia in 1988-89. The situation for IDPs and refugees is quite different. The refugees arrived about ten years ago while Azerbaijan was still part of the Soviet Union as a result of a large scale "population exchange" where they either sold or exchanged their property with Armenians. Presently, the refugees are more or less integrated into Azerbaijani society. The IDPs, however, come from the contested enclave and surrounding territories now occupied by Armenians. They have lived in the war zone and have experienced and witnessed violence prior to arrival in safety. They fled from the army and were sometimes forced to fight their way to safety over the mountains, or through Iran which included a dangerous crossing of the river on the border between Iran and Azerbaijan.

The IDPs were settled in camps which were established for them, or they have occupied public buildings in the cities. A main characteristic of the psycho-social condition of the IDPs is the unresolved question of their return due to the "frozen war" context they are part of. Living conditions are very difficult with a high unemployment rate and a widespread sense of hopelessness.

Life in the camps and other settlements is characterised by an overall lack of community spirit, and although the camps were established six years ago there is still no functioning leadership structure. This has led to a general atmosphere in the camps of not taking responsibility for the environment and the public facilities often resulting in the destruction of water supplies and other common facilities. The IDPs are living together as they did in their original villages and communities, and among relatives and neighbours there is, however, a sense of solidarity.

The school was mentioned as the only functioning social service in the camps, although the teaching process is facing severe difficulties. Although most of the children are enrolled in school, the attendance rate is low. There are many reasons for this: until recently, schools in the camps were working in tents and it was very cold during the winter. NRC has built some classrooms, and IFRC supplied the classrooms with stoves. The government was supposed to supply kerosene, but has not done this. There is practically no teaching material, and the teachers are not motivated to work due to low or irregular salaries. The families give low priority to education as the children are supposed to contribute to the family economy by, for example, participating in the cotton harvest or collecting wood outside of the camps keeping them out of school.

Local mental health professionals describe the situation as difficult with the enemy image still very strong and uncertainty as to how reconciliation could happen - through peace or war. The problems of the war veterans are acute; many of them are suffering from the "Karabakh Syndrome" which is the Azeri equivalent to the "Vietnam Syndrome". The rehabilitation of these war veterans is one of the mental health priorities in conjunction with the rehabilitation of IDPs.

Project History

The "Psycho-social rehabilitation of IDP children" project started in June 1995. It is implemented by the local NGO "Buta Children's Humanitarian Fund" which was registered as a NGO in 1995. Prior to that, a small group of people from the mental health and artistic community of Baku who later formed the organisation was involved in occasional distribution of children's clothes and toys in IDP settlements, operating through other NGOs. During 1994, Buta came in contact with the NRC Resident Representative based in Tbilisi who supported their initiative. The first project which lasted from 1995-96 served as a pilot project, and the current project is largely based on the experiences from the pilot period. The project was interrupted during a period of 18 months due to lack of funding and started again in April 1998.

The sudden interruption of the project created many problems for the staff when they re-started the project. The IDPs have a tendency to be suspicious of strangers offering services which are not purely material supplies. It was therefore necessary for the staff to work carefully on re-establishing trust and motivate their collaborators in the camps.

The current staff consists of two groups of professionals: the "medical" group consisting of mental health professionals, and the "artistic" group consisting of various artists and sports pedagogues. The main criterion for selecting the staff was their willingness to continue in their professions in spite of the symbolic salaries they were earning. This was seen as an indicator of their dedication to their profession in an economic context where many professionals have chosen to take menial jobs as, for example, taxi drivers, in order to provide for their families. This selection criterion has obviously been successful, since there is a very low rate of staff turn over. Other criteria were communication skills, ability to work independently in a creative way, as well as experience in working with children and a general understanding of the problems of IDPs. In 1997 NRC/BUTA organised a training course for social workers, and most section leaders have gone through this training.

52. UNHCR (1998). Shelter rehabilitation for displaced persons returning to war damaged areas in Azerbaijan. Baku: Executive Summary.

Figure 4.1 The BUTA Project

Project period	1995-96, 1998-99
Funding	1995-96: ? 1998/99: NOK 2.088 million
Main purpose	To promote psycho-social rehabilitation of IDP children through the "correction of post-traumatic disorders and the creation of favourable conditions for their psycho-social development"
Main target groups	IDP children in two settlements in Sabirabad and Pishagi
Co-operation with authorities and others	The project co-operates to a certain degree with teachers in the settlements
Organisational status	Independent organisation residing at NRC premises.
Status of handing-over	As yet not clarified.
Donors other than NRC	The grant included 1 million from Statoil; 88,000 from Senter for Psykisk Helse

The staff considers beneficiaries to have been involved in the planning of the project through contributions of some staff members who are themselves IDPs, of volunteers who helped running the activities in the camp, as well as of children who gave their feed-back during the pilot project. However, no structured participation of project beneficiaries has been identified as, for example, through parents', teachers' or children's committees.

Project Purpose

The overall purpose of the project is to promote psycho-social rehabilitation of IDP children through the "correction of post-traumatic disorders and the creation of favourable conditions for their psycho-social development"⁵³. The purpose is pursued through the following activities and aims (from BUTA, 1998):

- individual work with children aimed at "discovering pedagogic, psychological and post-traumatic distortions", and at "correcting discovered problems and disorders";
- training of IDP volunteers aimed at educating IDP adults in camps and settlements in basic social work so that they can continue "psycho-social rehabilitation of children after the end of this program";

- collaboration with schools and families aimed at "discovering problems influencing children's development, and ways to eliminate them";
- community work with adults in the IDP camps and settlements aimed at providing preventive interventions in order to "improve psycho-social pre-conditions of children's development".

Project Activities and Implementation

The project is implemented in two sites: camp "C1" in Sabirabad located about three hours drive south-west of Baku near the border to Iran, and the "Pirshagi" settlement in Absheron about one hours drive north-east of Baku by the Caspian Sea. The Sabirabad camp is managed by IFRC. It has 3,369 IDPs, with approximately 700 children reached by the project. In addition camp C1 has 5,318 IDPs living in surrounding villages and public buildings who are also benefiting from IFRC funded activities. The Pishagi settlement contains 3000 IDPs of which BUTA reaches 300 children. Child beneficiaries are from 8-15 years old.

The project is operating with 36 paid staff members of which 31 are working in the field while four are working in the project office at NRC. In terms of its field work, 14 are working in Sabirabad and 22 in Absheron. 17 of the 36 are themselves IDPs, and of the 17, 14 are IDPs living in the two camps where the project takes place. The project is headed by a project manager and a medical co-ordinator. In addition, there is also employed an NRC Project Co-ordinator. The medical group consists of five mental health professionals. Training activities have included the seminars arranged by NRC in 1995, 1996 and 1997, and super-

53. BUTA (1998). The program of psycho-social play rehabilitation of IDP children temporarily residing on the territory of Absheron and Sabirabad region in Azerbaijan Republic. Project proposal.

vision of the project by a Norwegian psychiatric consultant who has visited the project four times (1995, 1996, 1997 and 1998).

Individual work with the children is based on an *initial assessment* of each child using a variety of diagnostic tools with the purpose of finding symptoms of trauma for later rehabilitation. The project team continuously emphasised the importance of this assessment which includes four different components:

- 1 a non-verbal "Lusher Colour Test" which takes eight minutes to administrate and which should reveal sub-conscious processes⁵⁴;
- 2 a structured observation of the child's group behaviour according to a check list;
- 3 a questionnaire assessing the child's behaviour in groups;
- 4 a comprehensive individual assessment focusing on traumatic experiences, present psycho-social conditions and symptoms.

The first three tests are applied for each child at the start of the group, in the middle of the process and at the end of treatment. The fourth test is only applied at the start and the end because it is rather time consuming. BUTA has developed computer programmes for all the tests, and there is a file on each child containing these data. Children who are not participating in group activities are also tested as a control group.

All these data are collected both out of scientific interest and as a basis for therapeutic interventions. The data can be utilised in the choice of group activities, and in the categorisation of children according to behaviour, motivation or sub-conscious processes. The project team also emphasised the importance of the

data for monitoring the rehabilitation process. The scientific interest in the data seems mostly to be connected to the development of new methods for teaching social workers and other relevant professional groups in how to work with children in difficult circumstances.

The *therapeutic methods* are based on a belief in the therapeutic value of bringing children in contact with their traumatic memories in a creative way. The best method for doing this is to support their emotional, cognitive and physical development through engaging children in activities where a "space" is created for the working-through of their trauma experiences. The project has four types of activity groups for the children: folklore groups, drawing groups, sports groups and theatre groups.

Group activities are planned to contain both skills development, and to support the healing process. Each of the group activities are conducted by an "activity leader" and a member of the medical group. The activity leader is mostly responsible for the skills development, while the medical group member is responsible for the underlying psychological process. To initiate and facilitate the process of re-experiencing traumatic events, group activities are carefully designed by the medical group. Usually, group sessions start with activities aimed at bringing children in contact with difficult feelings associated with their traumatic experiences. Then, some neutral content is added as a "bridge" to the end of the session which is aimed at bringing forth positive feelings of joy and optimism. For example, a drawing session begins with asking the children to make a drawing of an unpleasant experience (See Figure 4.2), and after a discussion of the various drawings, children are asked to draw a picture of how they would imagine a beautiful day in their life (see Figure 4.3). Activities are also planned to give children a space for exercising leadership. A shy child may, for example, be selected as a team leader in order to enhance self esteem.

54. "The Lusher Colour Test" was developed in the 1940s by a German psychologist. His book from 1948 has been translated into Russian. The test is also well known in Georgia.

Figure 4.2



A child from the BUTA project in Sabirabad Camp has made a drawing of an "unpleasant experience"

Figure 4.3



The same child from the BUTA project in Sabirabad Camp has drawn a vision of a "beautiful day"

Training of IDP volunteers in social work is mainly done in three ways:

- 1 Assessment and supervision of their work by the medical group where the performance of the volunteers is rated on a checklist and later discussed with the volunteer. The main issues concern the volunteer's capacity to work actively with the group, to improve the children's relationships, and to "shape" the children's activities (and not to impose his/her own ideas on the group). This type of mutual evaluation is a new approach compared to Soviet psychiatry.
- 2 Training courses on psycho-social rehabilitation based on five booklets written by the Medical Co-ordinator.
- 3 Practical work in collaboration with the BUTA group leaders.

Collaboration with schools and families is mainly done through meetings, lectures and the establishment of "family clubs" where family members of the children meet with the BUTA staff.

Community work in the IDP camps and settlements is also done through meetings, lectures, "round tables" as well as the organisation of seminars.

Phasing-out

It is the idea of BUTA that their work will be continued by the volunteers they have trained after BUTA pulls out of camps and settlements and continue to new sites. 20 volunteers have been trained in Camp C1 in Sabirabad and the plan is that they will take over the work when BUTA pulls out of the camp at the end of March 1999. However, BUTA will still follow the activities of the volunteers.

Presently, there do not seem to be concrete plans for how to continue and/or develop the BUTA activities when NRC pulls out. In reports from 1995 and 1998 of the Norwegian consultants to the project it was recommended that BUTA also seeks other donors, and that they become established as a separate organisational structure which is less integrated in NRC⁵⁵.

Concerning sustainability, all the mental health staff is employed in the public mental health sector, academic

institutions and the educational system besides their BUTA employment. Some staff members also have a private psychotherapeutic practise. The artists and sports people who function as group leaders are also employed elsewhere in the governmental system. Thus, while BUTA may not be able to continue as an NGO after external funding ceases, the capacity which has been developed can be of use in staff's current positions.

Project Results

The results of the project's own data collection is reported to be a detailed information on IDP children's personal needs and development, which can be used for advocacy, training and further research. Presently, these data have not yet been processed. BUTA reports the following results on the *individual level* with children based on the staff's observations:

- Shy and withdrawn children have become more open and active;
- Aggressive children have improved their capacity to control their behaviour;
- The children are able to exercise a wider "role repertoire" in their group relationships;
- Talented children have in some instances been able to cultivate their special resources, e.g. music, drawing;
- The children have developed better coping mechanisms for dealing with the daily, stressful life in the IDP camps and settlements.

On the community level, BUTA reports that the project has resulted in:

- Children have developed relationships across family and village lines where they previously related mostly to children from their own village;
- IDP volunteers have been trained in social work;
- The project groups have encouraged community integration with the various families meeting to attend performances and exhibitions;
- Income generating activities have been initiated with mothers knitting or sewing for the children in the folklore groups and later on training other women in knitting and other traditional crafts;
- Elderly people have been activated;

55. Wisløff, K. & S. (1995). Korttidsengasjement i Aserbajdsjan 15.09. – 28.10.1995. Støtte til lokal NGO BUTA som driver et psykososialt program for internt fordrevne i Sabirabad, Aserbajdsjan. Oslo: Rapport til Flyktningsrådet.

Wisløff, K. & S. (1998). Report to Flyktningsrådet regarding a psychosocial support program in Azerbaijan. Oslo: Rapport til Flyktningsrådet.

- Schoolteachers have been trained and drawn into the project. 20 out of the 100 schoolteachers in Sabirabad are co-operating with the project.

The children who the Consultant observed in the groups gave evidence of happiness and enthusiasm with the activities of BUTA. Group activities such as folklore and theatre were of an impressive artistic quality, and they seemed to give the children both self esteem, joy and a sense of normality. In summary, the project appeared to be very well designed to combat hopelessness and passivity in a context which did not have many positive prospects. It is assessed to contribute significantly to the psychological well-being of children. This conclusion is furthermore supported by findings of the Norwegian project consultant who has been an adviser to the project (Wisløff, 1998)⁵⁶.

The Consultant questions the pervasive use of trauma terminology in the project concepts with the overcoming of war trauma defined as the overall purpose of the project. There is no clear evidence that the symptoms found among the children are related to the war events which happened six years ago. They may just as well be the result of living in the rather under-stimulating and uncertain context of the IDP camps and settlements. Due to the central focus on trauma, the child developmental perspective has not been given a high priority, although many of the activities do contribute to the development of the children. Interventions which stimulate the development of the children could be much more emphasised.

The participation of the children in the groups is completely voluntary, and the child can freely chose group activities. Although this method of enrolment should be valued for its democratic elements, it might be a concern whether this system enables the project to access those children in most need. It is likely that the first to participate in the project activities are those children with most family support, and with most social skills. Children who are shy are free to observe the group activities at the beginning (and some of these children become part of the control group in the data collection). Although it would not be advisable to push these children into the activities, the general impression of the Consultant is that more measures could be taken to facilitate the inclusion of the most needy children in the project. The project

staff has identified children with special needs for therapy, and they have been referred to the mental health system. However, the capacity of the governmental system is very restricted.

The Consultant questions the elaborate and time consuming testing procedure of the project which builds on a medical approach to psycho-social problems. More external impact criteria such as school attendance could have been used or qualitative methods such as, for example, essays from the children on how they experience the groups. This could also be a participatory contribution to the monitoring.

BUTA should be encouraged to participate in international scientific exchange in order to discuss their concepts and methods in a wider forum, or become involved in a scientific collaboration with, for example, University of Oslo. On the national level, BUTA mental health staff could become more involved with training than the on site implementation, preparing systematic training material for group leaders, teachers and other field workers, as well as teaching different groups of health and education students and practising professionals. In this way psycho-social work would gain respect and recognition from other professionals and NGOs in the country, and enable the BUTA professionals to transfer their experiences to the professional community.

BUTA staff mentioned advocacy as an important task. However, this important aspect of psycho-social work with survivors of human rights violations could become an even more significant part of BUTA's future work.

The plans for the coming year include a phasing out of the activities in Sabirabad which should be taken over by the volunteers trained by BUTA. On the new project site chosen, the "Saatli" IDP camp, the plan is to reach 150 children and extend the number of children reached in the "Pirshagi" settlement to 350. This means that BUTA will work directly with 500 children⁵⁷, thereby reducing the present number of project participants with 50 %. It is also planned to organise a seminar at the end of the next project period, to train IDP volunteers, and to write a manual in psycho-social work with traumatised children. The plans are to increase the office staff with two more persons, presumably to assist with the data analysis⁵⁸.

56. He finds that the intervention methods are promising, and that they in some cases clearly have a treatment potential. Another Norwegian consultant is also positive towards the project, but notes that the project staff does not seem to work with the changing of enemy images or confidence building among former warring parties (Vikki, I. (1998). Humanitær bistand som konfliktdempende faktor. Om Flyktningerådets virksomhet i Kaukasus. Oslo: Flyktningerådet).

57. although BUTA will still, indirectly, be working with the 700 children in Sabirabad Camp through supervision of the volunteers.

58. Flyktningerådet (1999). Søknad projektstøtte: psykososial rehabilitering av barn og ungdom prosjektperiode: 01.04. – 31.12. 1999. Vedlegg: psycho-social rehabilitation of war affected children Azerbaijan 1999. Oslo: Flyktningerådet.

The Consultant is concerned about the amount of resources and time used for data analysis, especially since there does not seem to be any clear plans for how the results of the data analysis will be disseminated to a wider professional audience. In this connection, the NRC project co-ordinator might also devote more attention to the co-ordination of BUTA activities with psycho-social projects of other national and international organisations in order to facilitate exchange of knowledge between BUTA and other organisations working with psycho-social issues.

The organisation of BUTA could clearly be developed. In contrast to the detailed evaluation of project activities, BUTA does not seem to question its own overall structure and organisation. The outreach of the project is considered to be relatively modest compared to the number of field staff employed. With 36 field staff, the project has potential for reaching a much larger group of children than is presently the case. A Training-of-Trainers principle must thus be adopted in order to widen the project coverage.

The efficiency of the project when only working on weekends is by its nature not the best. BUTA have selected camps where the need is great, and where no other psycho-social NGOs are working. Hence, the selection seems justified. Nevertheless, the considerable time used for travelling, the cost for car hire, part-time drivers and fuel becomes unnecessarily high. Car hire and drivers alone account for 6.7 per cent of total costs, and when adding per diem, the costs stand at 9.1 per cent.

There are two options out of this: either selecting camps much closer to Baku, or re-designing the project so that there is permanent BUTA presence in the camp. The latter would have the added benefit of linking project activities much closer to the regular schools, teachers, parents and the camp management throughout the week. In addition, IDPs in the camp could be more involved in the project. This would have the double benefits of providing meaningful occupation for people who are largely idle, and increasing efficiency of the use of project funds, hence ensuring a larger coverage.

4.2 The Project in Georgia

As a consequence of the civil war from 1991-93, about 300,000 people have become IDPs in Georgia which amounts to about 6% of the population. Georgians have fled from Abkhazia and South Ossetia, and Ossetians have fled from Georgia to South Ossetia. In addition, in May 1998, 30-35,000 who had returned to the Gali region of Abkhazia were expelled by Abkhazian security forces becoming thereby IDPs for the second

time (Vikki, 1998). Separation of combatants is being monitored by Russian Federation Peace-Keeping forces, the OSCE and the United Nations Military Observers.

According to a World Bank report⁵⁹, with the collapse of the economy, poverty is a widespread yet new social phenomenon with two thirds of the population under the poverty line. The health status of the Georgian people is poor relative to the rest of Europe, and is deteriorating rapidly. Georgian mental health professionals interviewed by the Consultant relate how the wave of national movement in the country has led to deep political and social changes. An "accumulation of aggression" from the Soviet period has led to the disruption of society, and to the development of "categorical thinking" with irreconcilable black-and-white stereotypes and authoritarian needs for a strong leader. The population is described as being in a state of constant psychic stress, and especially "the conflict between brothers" (the intra-state ethnic conflict) has created great bitterness. The conflict over Abkhazia has, in particular, led to feelings of betrayal and a desire for revenge. There is a general "de-moralisation" and "spiritual loneliness" due to the collapse of the former economic system. This information was largely confirmed by a UNDP representative.

Project History

The Norwegian Refugee Council opened its office in Tbilisi in March 1994. Activities managed by the office include building rehabilitation, income generation activities, facilitating dialogue between conflicting parties, a regional human rights education project and a psycho-social project.

The Foundation for the Development of Human Resources – FDHR - started its work on psycho-social rehabilitation in 1995, after preparations in co-operation with NRC the year before. The basis for FDHR was a network of psychologists and related professionals who were active in introducing new approaches to psychotherapy in the 1980s. They introduced Western psychotherapists to Georgian professionals and made study tours to Western countries. Most of the people in the network held academic positions at the University of Tbilisi, worked with psychotherapy or in mental health institutions⁶⁰, the arts or in education.

The emergency situation in Georgia was a challenge to the network. They started with individual therapy of disabled war survivors in 1993. In 1994 they started to organise themselves, and to co-operate with NRC in

59. The World Bank (1996). Staff appraisal report: Georgia health project. Municipal and Social Services Division, Country Department IV, Europe and Central Asia Region: Report No. 15069 – GE.

Figure 4.4 The Project in Georgia

Project period	1995-96, 1997-99
Funding	98/99: 1 (no figures available for funding in earlier periods)
Main purpose	Implement: emergency and community development programmes of psycho-social rehabilitation of IDPs; joint regional programmes of psycho-social rehabilitation; psychological support to IDPs in Tbilisi; prevention of transmission of victimisation and enemy images from generation to generation; training of professional and non-professional helpers and promote self-help; dissemination of experience with of psycho-social rehabilitation
Main target groups	Children and adult IDPs residing in Tbilisi, Zugdidi and Tskhinvali
Co-operation with authorities and others	The project co-operates with persons in the community and at the University
Organisational status	Independent NGO supported almost entirely by NRC
Status of handing-over	As yet not clarified
Donors other than NRC	Minor contributions from Help-Age

order to give emergency psycho-social help to IDPs. In 1995 they got financial support from NRC, set up a task force of 20 persons and started to work more systematically with IDPs.

In 1995 NRC initiated several meetings and seminars on psycho-social rehabilitation among local and international agencies involved in this work, and a Norwegian consultant started to co-operate with FDHR as an adviser. At a seminar in April 1996, a Croatian psychologist provided training, and in May the same year WHO held a seminar on PTSD for professionals in Caucasian countries. In May and October 1997 FDHR and NRC arranged seminars on psycho-social rehabilitation with participants from neighbouring countries and national organisations. These seminars among professionals and IDPs from conflicting areas have been useful also as a method for working with conflict resolution.

In 1995, FDHR decided to organise itself as an independent, non-profit NGO, and became formally registered by Georgian authorities in January 1996. The foundation has a steering committee and an auditing commission; the chairman is the founder of FDHR. The foundation has defined a project organisation –

Psycho-social Rehabilitation Centre – to provide psycho-social rehabilitation services for IDPs. According to the Annual Report for 1997, the Psycho-social Rehabilitation Centre had a staff of 20 persons: two administrative staff, one teacher and 17 psychologists / psychiatrists/consulting physicians. The number of staff has varied, and is about 15 persons in January 1999.

NRC is FDHR's main partner. Some minor activities get support from other international NGOs; for example some activities for elderly got some support from Help Age. NRC's financial support has not been regular due to the fact that the Ministry turned down one project application in 1996. Hence, the project was out of function from summer to December 1996.

Project Purpose

In its plan for 1998–99, FDHR states the following goals and objectives:

- emergency and community development programmes of psycho-social rehabilitation for second-time IDPs in Zugdidi region with the aim of fostering integration of the IDP population in the society;
- joint regional programmes of psycho-social rehabilitation (in South Ossetia and potentially in Abkhazia) aimed at promoting folk diplomacy;
- Psychological support of IDPs in Tbilisi aimed at facilitating their process of social integration;

60. The M. Asatiani Research Institute of Psychiatry in Tbilisi which has existed since the 1920s was an important scientific research institution in the Soviet period. The founder, Dr. M. Asatiani, was a pupil of Carl G. Jung, and the Institute has always been oriented towards German and French psychiatry. The Institute is now, however, in a critical state, and there are no resources for out-patient treatment. Professionals associated with the Institute are very interested in working with war trauma issues, and have found employment in NGOs.

- Prevention of the transmission of victimisation and enemy images from generation to generation;
- training of professional and non-professional helpers, and organisation of self-help groups among the IDPs
- dissemination of experiences with psycho-social rehabilitation nationally, regionally and internationally.

Project Activities and Implementation

The efforts of the project have changed emphasis from therapeutic approaches with individual assessment to practical rehabilitation and reconciliation processes on a community basis. The project implementation can be seen in three separate phases⁶¹:

First phase 1995 – 96: Assessment and psychotherapy. During this period the project staff worked in Tbilisi, Kutaisi and Gori. They covered groups and individuals in settlements of IDPs. According to the report, “200 group training and psychotherapeutic sessions were carried out, 210 individual prolonged sessions and 330 single consultations.” The total number of persons visiting group and individual sessions were 1,330.

More than 700 drawings of children and youth were gathered and shown at an exhibition, there were three concerts of children and youth, audio- and videocassettes showing the methods of psycho-social work and three issues of a total number of 6,760 were distributed. Besides, 550 questionnaires on psycho-social issues were completed by IDPs and processed in a computer programme, and 220 psychological tests. The FDHR group also studied 7,300 hospital and outpatient clinic cards of IDPs to trace stress symptoms and frequency of seeking medical help⁶².

Second phase 1996 – 97: Task oriented groups. Due to funding constraints, there was a gap in activities during the last half of 1996. FDHR staff reports, however, that they kept on implementing a minimum range of scheduled activities for IDPs and proceeded with the networking among colleagues, relevant NGOs and other bodies.

61. FDHR (1996, 1997). Psycho-social rehabilitation of IDPs in Georgia. Tbilisi: FDHR, reports.

FDHR (1998). Psycho-social rehabilitation of refugees and IDPs in Georgia (1998-1999). Tbilisi: FDHR, report.

62. This was the only period where clinical tests and questionnaires were utilised and clinic cards examined. The Consultant was informed by FDHR that they found this material to be redundant in a practical rehabilitation project.

In 1997, FDHR’s project organisation – the Psycho-social Rehabilitation Centre divided into three task groups, one for psycho-social rehabilitation of children and youth, one for related work with adults, and one for social psychological monitoring.

Six programmes for groups of children were organised providing activities such as group discussions, creative work, concerts and exhibitions. These groups mostly met 1–2 times a week for about six months, and the access was open to all children who wanted to join.

A programme of psychotherapeutic help for vulnerable people was also organised, focusing on children and families who could receive one or maybe a few more sessions of assistance. Psychological work with vulnerable people consisted of individual and family counselling. People, themselves, initiated such contact, but vulnerable people were also identified by the staff, family and neighbours.

An encounter programme for Ossetian and Georgian children was established: a mixed group of eight youth had a seminar for five days. Activities were similar to those in development groups, but issues of “folk-diplomacy” were emphasised.

Five programmes were organised for adults: self-help group; training of business skills and creative thinking; conflict management training; work with the enemy image and victimisation; and open groups that could deal with various issues. The self-help training aimed at teaching non-professionals to train others in preventive health care, care of sick persons, curative massage and medical self help.

In total about 1,583 people participated in these activities (344 children, 287 adults and 272 families). FDHR has also supervised groups of psychologists and other health workers in Kutaisi and Tbilisi.

In this period the FDHR group for psycho-social monitoring did (i) a study of IDP attitudes to economic and political development in Georgia; (ii) an evaluation of the negotiations between E. Shevardnadze and V. Ardzinba; (iii) the attitudes of IDPs to the Psycho-social Rehabilitation Centre; (iv) the motivation of FDHR staff; and (v) a study of problems prevailing with beneficiaries and their positive dynamics. In the summer of 1997, the project also presented their work at an international conference in Ireland

Third phase 1998 – 99: Increased emphasis on integration and conflict resolution: The three FDHR task groups are organised in the same way as in 1997 and

focus mainly on the same beneficiaries. A plan for 1998 – 99 describes the following programmes⁶³:

- psycho-social assistance and community development to second time IDPs from Gali;
- design and implementation of a joint interregional project with Ossetian partners and colleagues;
- support and training of IDP - leaders and NGO representatives
- information programme for IDPs;
- regional conference for specialists and NGOs on psycho-social rehabilitation.

Training groups have been carried out with volunteers from a local NGO in Zugdidi, IDP NGO leaders, teachers from IDP kindergartens, and IDP students from the Pedagogical Department of the Abkhazian University. It is the plan to continue with training of teachers from primary, secondary and “evening” schools, as well as community nurses and other medical staff at IDP polyclinics.

The strategic principle for choosing these target groups is to contribute to capacity building and organisational development within the already existing systems assisting IDPs.

Phasing-out

NRC has so far not offered a general and systematic training in management, accounting and organisational issues. At present there is no clear plan for how FDHR can continue activities without the support from NRC. There is no alternative sponsor, not least because the international support to emergency aid to Georgia is decreasing rather quickly. UNHCR is, for example, scaling down activities considerably. There are some organisations starting more long term assistance programmes in the psycho-social area. The consultants saw a good example in UMCOR which provided long term programmes for children and youth groups.

Another option for FDHR is to escalate their co-operation in conflict resolution and reconciliation processes. They have already started this process; for example by being consultants and co-operating partners in reconciliation programmes of ICCN. In their latest plans it

is also demonstrated that the foundation is able to utilise their comprehensive experience in these new challenges. This is also an area where the funding might be expected to continue, given the political circumstances.

Project Results

The FDHR monitoring group has studied the level of satisfaction with FDHR efforts among participating IDPs. Generally, they found a high level of satisfaction, expressed in some of the following statements: better self management; easier communication with people; more awareness of one’s own skills and abilities; better health care; higher self-confidence; higher resistance to life difficulties; more experience in future planning; better mastery of inner tension; experiences of choosing appropriate behaviour in conflict situations. The FDHR staff also found indications that these effects stayed over time.

The Norwegian consultant who has followed the project since its start emphasises the positive development which has taken place within the organisation, including an increasing co-operation with other organisations and impact of the program⁶⁴

Results from interviews made by the Consultant are mixed: a representative of one co-operating UN organisation found the work of the group “too technical”, meaning that the focus was too individual therapy oriented. Another co-operating UN partner assessed FDHR’s work very positively. Co-operating colleagues from the University describes a very practical, group oriented approach, where the advice from FDHR was experienced as very appropriate and useful. UNDP, ICCN and OSCE find that FDHR is a valuable resource group, although a representative for UNDP mentioned that activities are often too small scale, and do not reach the strategic most important groups, such as national formal and informal leaders.

A Norwegian assessment of NRC activities and local co-operation on conflict resolution in particular, rates the FDHR programmes for children and youth positively. The shared activities for children and youth from Georgia and Ossetia are especially emphasised, as well as training programmes for local NGOs, teachers and colleagues from these ethnic groups. The programmes for the adults are not so positively rated, with non-systematic follow up of IDP groups and un-focused training of local people (Vikki, 1998). A UNICEF consultant⁶⁵ notes that “NRC has made the best to date

63. The programmes have started with delay due to an unforeseen financial crisis in NRC: the accounts of NRC in Georgia have been frozen by the authorities due to a pending taxation case. On this background, NRC and the Norwegian Ministry of Foreign Affairs have decided to discontinue NRC presence in Georgia by mid-February, unless the authorities lift the restrictions.

64. Ekern, P. (1995, 1996, 1997a, 1997b). Evaluation reports on the project “Psychosocial Rehabilitation of IDPs in Georgia.” Oslo: NRC.

65. Kapor, N. (1997). Psycho-social assistance to the children in Georgia Tbilisi: UNICEF, consultancy report, December.

attempt to implement psycho-social rehabilitation programs in the country” (p. 32) (she obviously did not know that FDHR was implementing the program).

The Consultant shares much of the positive impression of the organisation and work of the FDHR foundation. The Psycho-social Rehabilitation Centre, seems to be a committed, well experienced group who is sensitive to the needs of their fellow citizens and try to set up their services accordingly. Especially, the group demonstrates its ability to sense the changing situation of IDPs and other needy groups and to adapt FDHR efforts according to their understanding of these changes. Thereby, FDHR is functioning as a “learning organisation”.

The evaluation leads to the following recommendations concerning FDHR:

- FDHR should invest more efforts in becoming known to international organisations in the region;
- the project teams should phase out earlier from some of the group activities;
- the project should focus more strategically on which target groups they should give priority in training courses. It could, for example, be a priority to train community nurses in the future, because they will be given an important role in the new national health plan. Presently, it is important to give priority to resource persons in IDP settlements, local community and (the few) primary health care workers.

It is also a conclusion that FDHR could use its staff resources more effectively. Not all staff members are full time employees of FDHR. According to estimates made during the mission in co-operation with FDHR, the organisation has a total of 174 working days available on a monthly basis (see Table 4.1).

Table 4.1 Monthly working days available to FDHR

	No. of staff ¹	Months w. FDHR/year	Average days/month	Total days/month
Full time	4	12	21	84
¾ time	4	12	16	64
¾ time	1	10	12	12
½ time	1	10	9	9
½ time	1	6	5	5
Total	11	na	na	174

1. Excluding the driver. Based on FDHRs own figures

FDHR thus has considerable staff input. Indications are, however, that staff spends most time in office, and that there are considerable potentials for increasing their presence in the field working with the training of volunteers and directly with IDPs (see Table 4.2).

A simple calculation shows that the organisation spends less than 30 per cent of its time in the field, namely 49 days out of a total of 174 on a monthly basis. Hence, there are considerable potentials for increasing presence in the field⁶⁶.

Table 4.2 FDHR working days spent in the field: November 1998⁶⁷

Activity	No of days	No of staff	Total
Work in Tskhinvali	1	4	4
Work in Zugdidi	5	5	25
Work at Tbilisi Sea (self-help groups)	10 times ½ day	3	15
Work at Tbilisi Sea (sessions with recreational activities)	1	5	5
Total			49

It is evident, however, that work plans need to be prepared in greater detail. At the moment, plans are prepared monthly. Monthly work plans should be based on annual plans, and should include detailed targets for number of seminars to be held, number of visits to the field, number of volunteers trained, number of IDPs to be reached directly and indirectly.

66. According to staff's own estimates, FDHR has spent more time in the field in previous years. At one point, external advisers therefore recommended that in order to avoid “burn-out” FDHR staff should be careful also to spend time in office. Hence, there are many meaningful activities that staff undertake when based in the office, such as production of information materials for IDPs, self-help guides for IDPs and for professionals and semi-professionals, etc.

67. Days in the field includes travelling time to Zugdidi which is 2 full days to go and come back, meaning a total of 10 days, reducing the monthly total for actual having contact with IDPs and trainers to 39. On the other hand, figures do not include over-time when working in the field where staff work long hours, often into the night.

5 Aspects of organisation and management

In the present chapter, we provide an account of the organisational set-up in which the psycho-social projects are implemented, and the co-operation between the Ministry of Foreign Affairs, NORAD, the Norwegian NGOs, their partners and other agencies.

5.1 Organisation and funding of humanitarian assistance

Norway has a strong international profile when it comes to human rights, and support to democratisation. Norway has in recent history played an important role in several international peace-making efforts, most notably in relation to the Middle East Peace Process that was crowned by the Oslo Peace Accord. Norway has, as probably the only country in the world, a Minister for Development and Human Rights. At the same time, Norway has assumed the Presidency of OSCE as of 1 January 1999. Especially Georgia and Kosova will be high on the OSCE agenda during 1999.

“The Norwegian Presidency of the OSCE in 1999 will demand considerable efforts of - and represent a great challenge to the foreign service. The work will focus on preventing break out of new conflicts, reduction of tension in existing conflict areas, and improvement of the efforts in the field of human rights and democracy, for example, through interventions in the field.(...) The Government will maintain the high level of humanitarian aid. The support to human rights, democratisation and promotion of peace are closely connected to the humanitarian aid strategy.(...) The Government will improve the link between the short-term humanitarian assistance and the long-term development aid, bilaterally as well as multilaterally” (our translation).

There is a long tradition in Norway for a close relationship between the Government and NGOs in the execution of humanitarian assistance. Large parts of the budget for humanitarian assistance are allocated in

response to NGO proposals. The close relationship has in recent years been institutionalised through The Humanitarian Committee (“Det humanitære utvalg”) in which Ministry top management meet with representatives of the “five big” NGOs in Norway.

The Ministry can only support NGO activities for a maximum of 12 months. There is no fixed application date. By the nature of humanitarian aid, the Ministry must be able to respond on short notice to emergencies. Individual applications can be submitted at any time of the year. There is no required application format, and no fixed reporting format either. Organisations receiving support are required to submit a final report with audited accounts of the expenditure of funds received. The Ministry also responds on short notice to organisation’s requests for re-allocation of funds from allocations already received should they find that new needs arise.

Allocation of funds follows a needs based approach, and political considerations. The Ministry assesses the needs in the countries concerned, and weighs these needs against Norwegian foreign policy interests. For instance in relation to Caucasus there is an attempt to support all sides in a given conflict (*e.g.* both Armenia and Azerbaijan). Guiding humanitarian assistance are also the UN appeals for international support, and in the case of Bosnia-Herzegovina, the Dayton peace agreement, as well as the World Bank programme for reconstruction and development.

Former Yugoslavia, and especially Bosnia-Herzegovina, has been the single largest recipient of Norwegian humanitarian and development aid over the last five years. The Norwegian Embassy is therefore faced with a great challenge, especially since it does not have NORAD staff employed. The Caucasus has received more modest funding (see distribution in Table 5.1).

Table 5.1 Humanitarian and Development Assistance to Caucasus (Armenia, Azerbaijan, Georgia) and Former Yugoslavia⁶⁸ (NOK million)

	1992	1993	1994	1995	1996	1997
Armenia	0		2.1	10.0	11.9	15.8
Azerbaijan	0		13.9	13.9	8.6	15.4
Georgia	0		3.4	15.9	7.3	11.5
Former Yugoslavia	21.8		667.2	450.4	417.1	389.9

68. Bosnia-Herzegovina, Croatia, Serbia-Montenegro

Note: Figures from NORAD Annual reports. 1993 report not available for distribution. Figures to be provided in final evaluation report.

Unlike NORAD, the Ministry is not only responsive to organisations' priorities and proposals, but can also outline areas of preferred interventions or countries and regions of focus, and request organisations to respond to those. The nature of humanitarian aid is such that country and sector strategies in a development aid sense are not applicable. In the case of former Yugoslavia and the Caucasus the ministry has nevertheless developed strategy notes.

The Ministry' priorities, policies and strategies are not communicated in written form to the NGOs, but there is frequent and open dialogue between the Ministry and the organisations on such issues. Most applications from the organisations have therefore also been discussed informally before being submitted, as to what can realistically be expected to be funded, and what not⁶⁹. At the same time, the Ministry requires that organisations themselves prioritise their individual applications. The organisations' own priorities are used to select those projects that should receive funding.

The current strategy for former Yugoslavia is aimed at contributing to the political stability on the Balkans, e.g. by supporting peace and reconciliation in Bosnia-Herzegovina (Strateginotat 22.1.98). It has been decided to phase out the emergency assistance. As at 1997 it was therefore decided to allocate an initial NOK 100 million to the reconstruction phase as mid-to long-term development assistance to be managed by NORAD⁷⁰. The intention being not to start a bilateral development co-operation, but to bridge the emergency and development phases. The current strategy does not mention psycho-social assistance, except indirectly in the sense that the assistance to the social sector should be in line with central goals and principles for Norwegian development assistance such as participation, sustainable development and conflict prevention. The strategy also requires that Norwegian NGOs must work closely with multilateral organisations like UNHCR, UNICEF and WHO in order to ensure effective use of resources.

The desired sector distribution of the humanitarian assistance to the Caucasus, including assistance to psycho-social projects, is mentioned in the Caucasus Regional Strategy (Notat, 9.6.97). Target groups should be IDPs, refugees and other vulnerable groups,

69. NPA has expressed a wish that the Ministry develop a written, long-term strategy for future reconciliation and community development projects in Bosnia-Herzegovina.

70. The role of NORAD is described in greater detail in Ch. 0.

especially women. The prioritised focus areas should be to: 1. Cover primary needs: shelter, food and health; 2. Support democratisation and reconciliation; and 3. Initiate income-generating activities and to some degree psycho-social projects. The strategy furthermore outlines that psycho-social projects should be limited while awaiting evaluation results on this type of projects, and should be directed towards income generating activities which are less expensive and expected to have a considerable psycho-social effect.

5.2 Organisational and management aspects related to NPA activities in Bosnia-Herzegovina

The NPA psycho-social projects in Bosnia-Herzegovina falls under the Europe Region at NPA headquarters. The NPA Resident Representative in Bosnia-Herzegovina, and more specifically the Programme Manager for psycho-social and community development projects reports to the Europe desk.

There are monthly reporting procedures from the field office to Headquarters of both financial and project progress reports. NPA manages a very substantial programme in Bosnia. In 1998, it stood at approximately NOK 60 million. An estimated 11 million - or 18 per cent - of the total country portfolio are for the psycho-social programme which includes an average of 10-11 projects all managed by the psycho-social co-ordinator and her deputy. The two other programme areas are Mine Clearing and Building Rehabilitation.

All funding for the psycho-social programme has since 1997 derived from NORAD, while funding for the two other programmes derives from the Ministry. NPA thus has to work according to two different funding frameworks and rules and regulations. The co-operation with NORAD follows the principles of the Framework contract with NORAD's Department for Non-Governmental Organisations (FRIV)⁷¹. NORAD's overall policies, principles and guidelines for support to NGOs apply. The assistance should:

- strengthen popular, local/national organisations of civil society, and through that contribute to democratisation, respect of human rights, economic and social development
- ensure that poor and vulnerable groups are reached with basic economic and social support necessary to develop human resources and provide the basis for local income generation and employment

71. The cooperation with the Ministry is similar for both NRC and NPA, and is thus described in the section on the Ministry.

Three principles govern NORAD's relationship to the NGOs:

- 1 the support is global, *i.e.* NORAD does not dictate which countries the organisation should support;
- 2 it is responsive, *i.e.* it is based on the priorities and applications from the NGOs and not NORAD's priorities, except from those mentioned above; and
- 3 20% of project costs must be covered from the organisation's own resources (this rule has been waived in the case of Former Yugoslavia). NORAD will contribute 6% of project costs to cover administrative costs.

The Framework Contract stipulates that all activities should be in line with Norwegian aid policies and guidelines, and that NPA should ensure that activities are in line with NORAD's guidelines for support to NGOs and the policies and guidelines of NPA itself as presented to NORAD. The Framework Contract covers 1994-98, and is revised during this period through a yearly supplement which outlines the specific activities and activities to be funded during the coming year. Except from this general reference to policies and guidelines, NORAD does not apply specific strategies or policies concerning psycho-social assistance. Funding is based on the principle that NORAD support should be *responsive* to priorities of the NGOs themselves. More specifically, it is mentioned in the approval letter to NPA for 1998 that foreign policy considerations have played a major role in decision-making, that the assistance should support local, popular organisation of civil society and contribute to provision of basic, social and economic services to poor and vulnerable groups.

At the Programme level, NPA has co-operated closely with UNHCR during the war. Activities have been started and undertaken at the request of UNHCR which was the Lead Agency co-ordinating the humanitarian efforts during the war. There is a clear distinction in the current project portfolio between projects planned and started during the war, and those started after. In the former case, activities were clearly driven by the efforts of expatriate NPA staff or consultants. Projects addressed immediate needs, identified by these experts and they responded to requests and were co-ordinated with UNHCR. During the war, needless to say, co-operation with authorities was hampered by the very activities of war, and the disintegration of public services in general.

Now, three years after the war, NPA is increasingly co-operating with national and local government authori-

ties - not the least related to attempts at identifying appropriate phasing-out strategies for the various projects. New activities - and the continued implementation of previous projects - are now undertaken observing the need to maintain continual correspondence with authorities.

The Norwegian Embassy has no direct role in monitoring the NPA activities. The Embassy indirectly plays a considerable role in appraising NPA project proposals prior to their approval by the Ministry or NORAD. Through this procedure, as well as through frequent formal and informal contacts between the Embassy and the NPA field office, the Embassy is well informed of NPA activities.

5.2.1 Options for Phasing-Out and Handing-Over

Phasing-out and handing-over of the psycho-social projects in B-H could take place at five institutional levels/settings: national, entity, local government levels, NGOs, private sector, and other international donor agencies. In what follows, we briefly explore handing-over potential at the respective levels⁷².

National level

None of the projects evaluated operate at national level, *i.e.* at the level of Bosnia-Herzegovina which is composed of the unity between the two entities: Republica Srpska and the Federation. The projects are thus not linked to the national government, and to the degree negotiations have taken place between the projects/NPA concerning the future of projects, it has been at Federation/entity level and not the national level⁷³. Potentially, in the future the Norwegian Government may nevertheless pursue the option of establishing a government-to-government agreement concerning activities started during emergencies and continued in the post-emergency phase. Much along the lines of the sector programme approach used by NORAD through which externally funded activities are linked to national programmes and policies.

*Entity/Federation level*⁷⁴

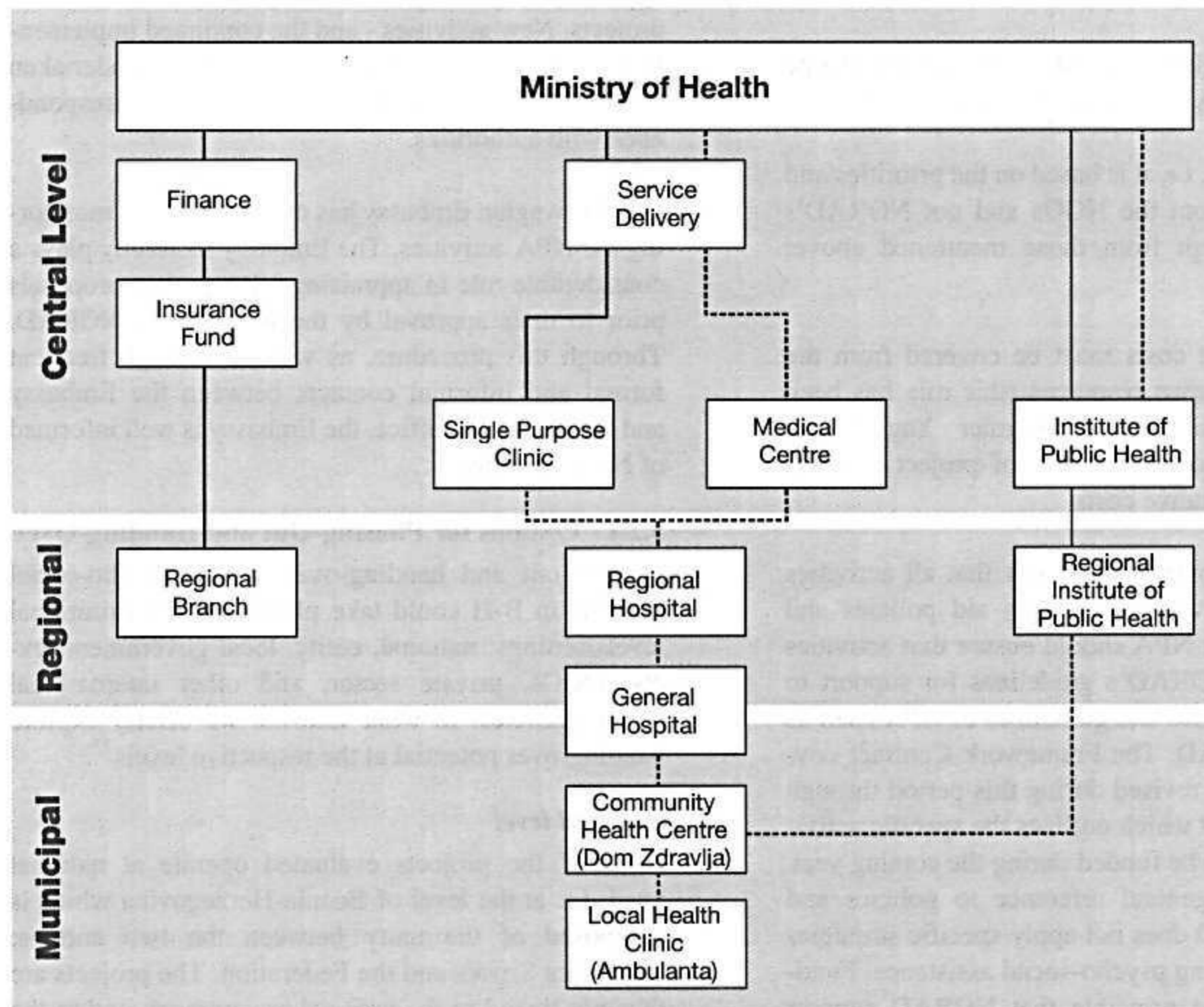
Prior to the war, mental health had a rather low priority within the national Yugoslav health system. The system was based on a few, relatively large institutions located in remote areas, with little or no community oriented care, and little co-operation with the primary

72. The projects in the Caucasus covered by the evaluation are of a more recent date. Hence, there is no similar discussion for the Caucasus.

73. Hence not in line with the Dayton Peace agreement, according to which the two entities - and the international community - should work to integrate their public and other services.

74. Only issues related to the Federation are described here as no NPA psycho-social projects are implemented in Republica Srpska.

Figure 5.1 Three Administrative levels of the B-H health system after the war



health care system. The ambition after the war is to restructure this system.

The Federation Ministry of Health adopted a Health Reform and Reconstruction Programme in February 1996⁷⁵. The Programme - prepared with assistance of WHO - stipulates that the new mental health system will consist of three levels (see Figure 5.1): (i) a central level of relatively small mental health institutions, (ii) a regional level and (iii) municipal level consisting of community based centres with emphasis on a group and individual therapy, and occupational and work therapy. The Programme outlines the needs related to its implementation:

- to monitor the mental health and psycho-social status of the people and detect mental health and psycho-social problems caused by the war and the deterioration in services

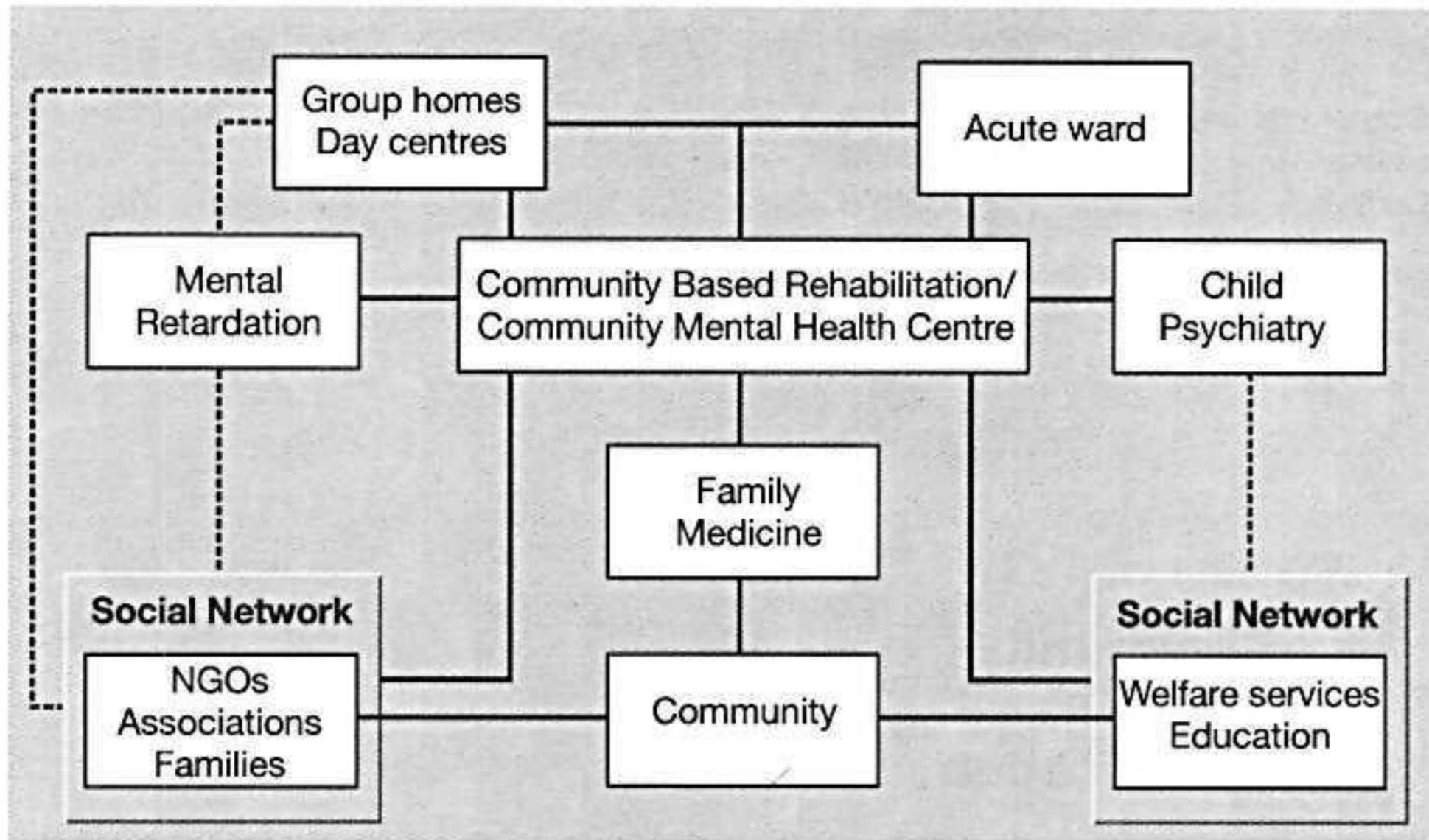
- to educate and provide support to mental health professionals
- to plan and carry out public mental health interventions as needed
- to co-ordinate psycho-social and mental health related activities

All foreign health assistance to B-H should be formulated in line with the overall health programme and the needs formulated herein. Handing-over to authorities at Federation level is thus one option for the NPA projects. This is an option pursued in practice by the Tuzla project, which has signed an agreement including the obligation of Federation level authorities to take over responsibilities for the institution, making it an integral part of the public health system (see Figure 5.2)⁷⁶.

75. Federation Health Programme. Health Reform and Reconstruction Programme of the Federation of Bosnia and Herzegovina. Ministry of Health, 1996.

76. The Centre does not have high costs as only few staff are full time employees, while remaining staff are part-time. Hence, taking over presents relatively small costs to the Federation Government.

Figure 5.2 The Municipal Mental Health System: Community Based Rehabilitation



Local government

All four B-H projects are linked to local authorities and NPA is continually in negotiation with local authorities to investigate possibilities of co-operating and eventually handing-over. Empatija for instance has an ambition of becoming a Counselling Centre linked to the Community Based Rehabilitation Centre of the Municipal-Cantonal Ministry of Health (see Figure 5.3).

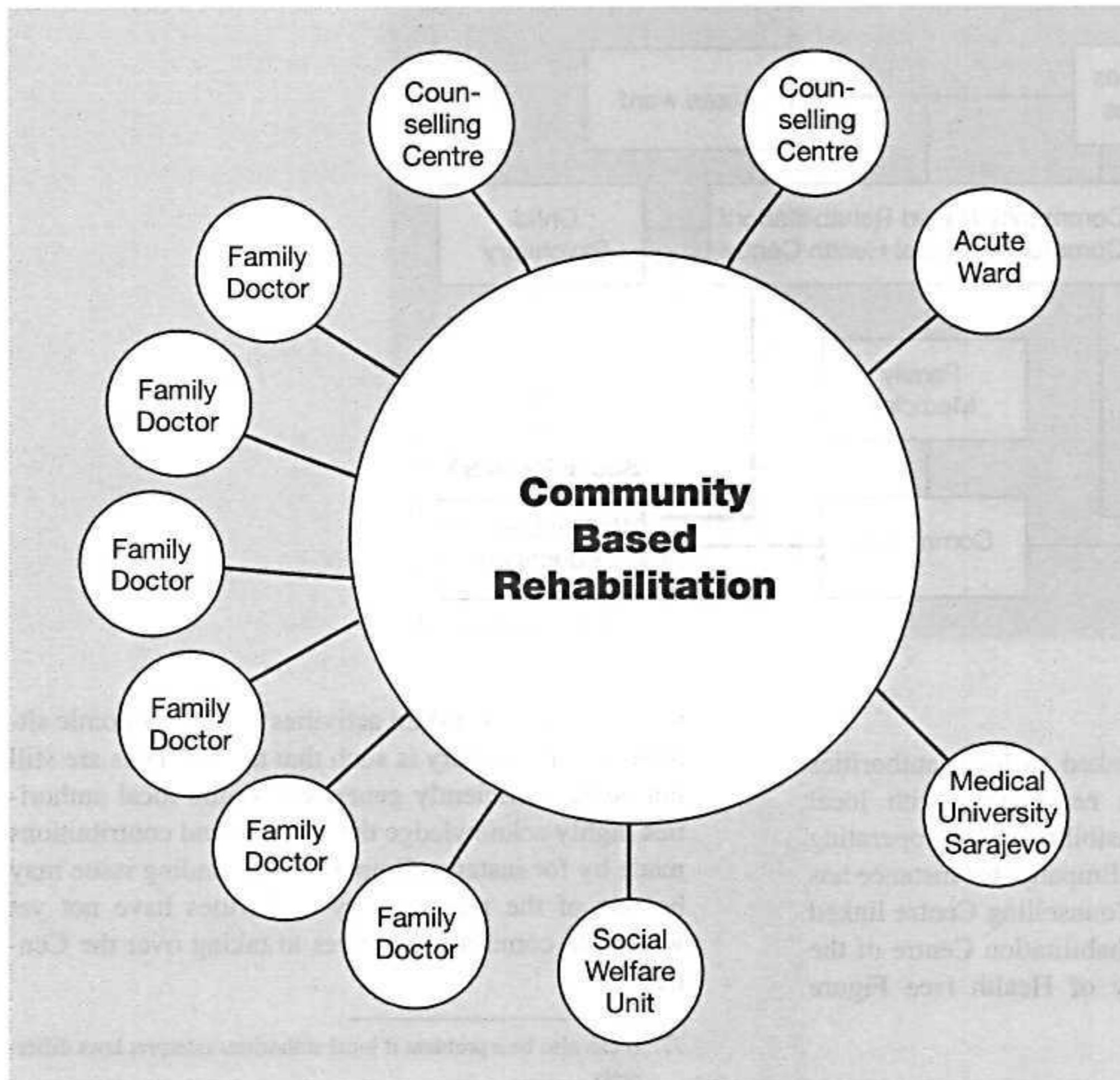
The problem for all the projects is that Federation and local authorities do not yet dispose of sufficient funds

to take-over and sustain activities⁷⁷. The economic situation in the country is such that tax revenues are still not being sufficiently generated. While local authorities highly acknowledge the services and contributions made by for instance Empatija, the funding issue may be one of the reasons why authorities have not yet wished to commit themselves to taking over the Centre⁷⁸.

77. It can also be a problem if local authorities interpret laws differently.

78. Empatija has 30 full-time employees, and thus relatively high running costs, which it will be difficult to sustain.

Figure 5.3 Zenica's Model of Community Based Rehabilitation: Empatija as a Potential Counselling Centre



NGOs

As a pre-requisite for being able to operate, the Empatija, MOST and Tuzla projects have all been approved as humanitarian organisations under the Law on Humanitarian Activities and Humanitarian Organisation. Developing into actual non-government organisations is an option for the projects. NPA is pursuing this option, e.g. through providing training in accounting and management practices.

The NGO tradition is not very strong in a country such as Bosnia-Herzegovina. Hence, the Consultant has found that registration as an NGO does not automatically imply that normal procedures for NGOs are followed - although required by law. In the case of Empatija for example, no membership list is kept, no General Assembly has been held, consequently no democratically elected Board is in place, and hence the daily manager does not have a Board which she is accountable to.

The Consultant finds that the option of handing-over through the establishment of a new - or strengthening of an existing - NGO should be pursued. NPA are in fact already working according to an approach of

establishing a partnership with local organisations through which they are strengthened as it concerns management, organisation, accounting and fund-raising. This has potentials in terms of strengthening civil society, which in turn contributes towards democratisation and awareness of human rights in society at large.

Private sector

The Centre in Tuzla is the only reviewed project which has visions of possibly developing into an organisation which would be able to offer services to the public at open market rates. Realistically, the current manager is aware that external funding is dwindling and that domestic, public sources are still not able to replace the external sources. Having low running costs, it will however, be possible for Tuzla to continue part of its activities to the extent that there is a demand at the price. The manager remains convinced that with the reputation and professionalism developed at the Centre, this will in fact be an option.

Becoming a "Public Service Contractor" is definitely an option for projects/institutions established during an emergency situation. The institution should thus be

strengthened in terms of its capacity and capability during the reconstruction phase as NPA has also begun to do recently. The training provided by NPA has followed such a strategy in the cases of Empatija, MOST and Tuzla. Cost recovery on market terms is naturally a recent line of thinking in transition economies. Hence, training may therefore include such aspects as well, and NPA may assist institutions in modest market research efforts to establish the potentials for cost recovery through fees from clients, whether they are authorities or private individuals.

Other international donors

A number of donors have a long-term commitment to remain in transition economies in post-emergencies. In general, bilateral donors - including Norwegian NGOs largely funded by the Norwegian government humanitarian budget - will eventually phase-out. UN agencies and the EU Phare and Tacis programmes may, however, have a more long-term commitment. With the commitment to stay, and through their established administrative capacities, they might be interested in gradually taking over funding and other responsibilities. This would establish a longer bridging period during which the projects/institutions could "mature" and reach a stage where hand-over according to the other options, as referred to in the above, can be implemented.

5.3 Organisational and management aspects related to NRC activities in the Caucasus

The psycho-social projects in the Caucasus are the responsibility of the Asia section in the International Department of NRC in Oslo consisting of a Section Leader and a Project Co-ordinator. The ownership of the projects and programme rests with NRC's resident representatives in the respective countries with the support of Oslo desk when necessary.

The Section leader is responsible for ensuring that NRC's Programme of Principles is adhered to, and for monitoring through the reporting from the field. All accounts are kept by the field offices and submitted on a monthly basis as are monthly monitoring reports from the representative with comments on each of the ongoing projects. Indications from the field offices are that submission of the latter on a monthly basis is too frequent, and that quarterly reports are a preferred option.

NRC has established a Caucasus team composed by the three resident representatives in Azerbaijan, Armenia and Georgia, and the Asia Section leader. The team meets 3-4 times per year, 1-2 times with the participation of the Oslo desk. Psycho-social assistance is relatively new to NRC. Emergency assistance is at the

core of the activities of the organisation but it is increasingly aware of the necessity to alleviate some of the psychological and social effects of emergency situations. The organisation is therefore working to integrate such aspects in its activities, especially as it concerns children and their need for education.

The evaluation team found that both BUTA and FDHR need much more substantial training and capacity building if they are to graduate into becoming self-sufficient organisations. While the strategy of handing over to other Norwegian organisations is viable in developing countries, it is a conclusion that NRC needs to develop a different strategy for Europe and former Soviet Union which involves systematic training and competence building of local organisations and authorities⁷⁹. The team found that staff is well trained and competent in their fields of expertise, but that they need capacity building in relation to aspects of organisation and management in order to become more independent and self-reliant.

Training activities in these fields may very well be developed in close co-operation with UNHCR and/or like-minded NGOs such as Danish Refugee Council. NRC has currently an expert working (paid by the Norwegian Ministry of Foreign Affairs) at its office in Geneva investigating the possibilities for doing capacity building among partners in the Caucasus. Both the project in Azerbaijan and Georgia participate in the Geneva based project.

Azerbaijan. NRC has been operating in Azerbaijan since 1994. Until November 1997 when an office was opened in Baku, activities were controlled from the NRC office in Tbilisi. Initially, activities could be characterised as "traditional" emergency assistance: kerosene distribution for heating purposes and reconstruction of school buildings. In 1995, NRC also started supporting BUTA psycho-social activities. In 1998, these "soft" aspects gained still more prominence in the overall Azerbaijan NRC programme, as also community development, human rights education and income generation projects were added to the programme.

NRC has co-operated closely with UNHCR throughout its presence and has answered to UNHCR appeals concerning kerosene distribution and the Agdam Shelter Rehabilitation. NRC's contribution is also recog-

79. The finding is supported by an organisational review of NRC commissioned by NORAD (Agderforskning, 1998). Here it was found that the organisation does not yet have a systematic approach to capacity building of local partners. The preferred modality for phasing out when the emergency situation is over, has been to hand over to other Norwegian organisations who have a long-term aid perspective.

nised by the government as witnessed by comments made by the Deputy Prime Minister.

A Norwegian Embassy was opened in Baku in 1998. Previously, Norway was represented through a Consul General. NRC has enjoyed close relationship with the

Consul, who is also the Statoil representative, and in that capacity he has taken a keen interest in the work of BUTA and the psycho-social project through a substantial donation amounting to 50 per cent of the current project budget.

Table 5.2 Projects administered by NRC, Baku office

Project titles	Project Management	Share of total country programme, 1998/99
Public Buildings Rehabilitation, PBR	Norwegian Project Co-ordinator 1 for building component Norwegian Project Co-ordinator 2 for community development component	56% (approx. NOK 6 million)
Agdam Shelter Rehabilitation	Norwegian Project Co-ordinator 3	6% (approx. NOK 0.6 million)
Human Rights Education	National Project Co-ordinator 1	9% (approx. NOK 1 million)
Psycho-Social Rehabilitation of IDP Children, PSP	National Project Co-ordinator 2	19% (approx. NOK 2 million)
Income Generation	National Project Co-ordinator 3	9% (approx. NOK 1 million)

In Table 5.2 we have shown the ongoing projects, their management and approximate budget and share of the total country programme. Findings are summarised as follows:

- there are many project co-ordinators: six individuals for five projects which are on an average relatively small;
- this picture is strengthened even further when considering that at least for the PBR and the PSP project, the actual implementation is supported by additional staff. In PBR, the Norwegian Co-ordinators have national assistant co-ordinators. In PSP, the entire project is implemented by BUTA which has its own comprehensive institutional set-up.
- there are many Norwegian project co-ordinators compared to the fact that unemployment among highly qualified nationals is very high.

Georgia. The total annual turnover of the office in 1999 is budgeted at approximately NOK 14 million. NRC employs one Norwegian Project Co-ordinator for the largest building rehabilitation project and one Norwegian Project Co-ordinator for the dialogue project. The remaining three projects, including the psycho-social project, are all part of one project portfolio

under a presently vacant post previously occupied by a national staff member. During the vacancy this portfolio is managed by the NRC Resident Representative.

NRC has close co-operation with other international agencies present in Georgia. As in Azerbaijan, NRC co-operates closely with UNHCR, answering to their appeals and through joint project activities. The Government very explicitly appreciates the presence and contributions made by NRC in Georgia.

There is no Norwegian Embassy in Tbilisi. The Embassy in Moscow covers Georgia as well. NRC in Tbilisi enjoys frequent contact with the Embassy via telephone and fax. There are no reporting requirements for the relationship between the Embassy and NRC in Tbilisi. The Embassy has for instance been involved in appealing to the Georgian authorities in a recent taxation case involving NRC.

5.4 Summing-up

It is an overall conclusion that both NPA and NRC have operated professionally and flexibly in their response to emergency situations. This conclusion is supported by analyses undertaken by Agderforskning of both organisations at the request of NORAD. Hence, both organisations qualify for entering

NORAD Framework Agreements. In addition, ECHO has recently commissioned an audit of NPA as a prerequisite for receiving further funding from that organisation⁸⁰. Not surprisingly, NRC has a refugee focus, while NPA has a more development oriented focus. They both use standard financial and project management procedures. At the same time, however, they have both had difficulties in shifting to the reconstruction phase, and adopting a development mode of operation in the post-emergency situation.

When comparing the three field offices covered by the evaluation (Sarajevo, Baku, Tbilisi), it is concluded that there are significantly different staff/budget ratios: all six NPA and NRC projects are implemented by local counterparts/organisations complete with their own staff and administrative set-ups. In Sarajevo NPA has one Programme Co-ordinator and a Deputy who monitor the work of 10 projects at an annual turnover of NOK 11 million; the NRC Programme Co-ordinator in Tbilisi monitors three projects, including one psycho-social at an annual turnover of 3 million, while the NRC Programme Co-ordinator in Baku monitors only one project at a turnover of 2 million.

In terms of the overall support to psycho-social activities, the calculations are hampered by a lack of clear definitions of what is included under the general heading of psycho-social. Developing such a definition is part of the purpose of the present evaluation.

The Ministry registers psycho-social projects under the health sector, but has no sub-category including psycho-social projects. In general terms, support to the social sector is encouraged by the Ministry, and 25 of the initial 100 million to medium to long-term aid were ear-marked for the social sector (Minutes of

80. "In many areas this organisation scores very well in respect of the internal controls.. the organisation needs to improve its system of archiving.. (NPA has) an above average level of accounting standards and controls. This opinion would have been different if the NPA had been visited two years ago before the current control environment was built up" (Audit Report No 62, ECHO-6, 1998).

meeting of 15 January, 1997 btw. Norwegian NGOs and the Minister for Development). It is reasonable to assume that a majority of these were spent for PSP broadly defined. The 25 million constitutes a mere seven per cent of the total allocation to former Yugoslavia of 350 million for 1997.

Another indication of the relatively modest share of resources being allocated to psycho-social activities is Norwegian People's Aid's figures on its assistance from 1992-97: the organisation spent DEM 10.6 million out of a total of DEM 140 million for psycho-social activities - or 7.6 per cent (NPA Annual Report, 1997). It is therefore concluded that overall, a maximum of seven per cent of humanitarian assistance has been allocated to this type of projects.

Both NPA and NRC discuss potential funding framework figures and potential areas for assistance with the Ministry throughout the year. Individual project applications can be submitted at any point throughout the year, providing for great flexibility. On the other hand, the Ministry can only provide funding for one year at a time, and any extensions must be based on new project proposals. Both organisation find the dialogue with the Ministry free and open, and that there is a large degree of consensus with the Ministry on what needs to be done in emergency situations. All parties are satisfied with the fact that the Ministry has no rigid strategies and policies which have to be followed, but that every new situation can be treated ad hoc⁸¹.

Both NRC and NPA submit final reports concerning all projects following the Ministry format for such reports. The Ministry does not have any formal requirements concerning evaluation of humanitarian assistance. The organisations have sometimes on its own initiative included a budget line for evaluation in project applications, and undertaken its own evaluations.

81. Although both NPA and NRC have experienced a certain scepticism on the part of the Ministry concerning psycho-social projects, and has had project proposals turned down.

6 Conclusion

The recognition over the last 15 years in Norwegian and international humanitarian assistance that the psychological and social aspects of human suffering often caused by gross violations of rights, also needed attention, is a landmark in the field of human rights. It emphasises the "human" in humanitarian work. Most of the early work done in this field by NGOs has been in complex emergency situations of a chronic nature, and famine in developing countries. Naturally, the main focus of these interventions has been on children, since they have represented over 50% of refugee populations, and in an unprecedented way have been targets of military action.

The development of psycho-social approaches has paralleled the occurrence of some of the most violent wars of the century affecting large proportions of the civilian population. The recent wars in former Yugoslavia and the Caucasus were also of a nature which terrorised civilians in multiple ways, and included strategies of ethnic cleansing.

In the present chapter we discuss the lessons learnt from the evaluation of the six projects in relation to their effect on promoting psychological and social well-being in the target groups, and their potentials to facilitate peace-building processes and promote post-conflict social stability.

6.1 Findings Related to the Work and Aims of the Projects

6.1.1 The Psycho-Social Work with Groups and Individuals

The overall positive result of the six psycho-social projects reviewed is that between 17,000 and 20,000⁸² adults and children, the majority IDPs suffering the consequences of human rights violations, have received qualified, systematic psycho-social assistance since the first project started five years ago. The assistance has been provided by dedicated national staff working under exceptionally difficult and dangerous circumstances. The work continues in the face of widespread social unrest, poverty and mass unemployment in Bosnia, and unresolved armed conflict in the Caucasus.

Participants in the projects have emphatically endorsed the significant value of the attention, care and supportive social environment the projects offered during the darkest days of war, reflecting that the

projects have on the whole addressed real needs in the population. The projects have thus made a significant humanitarian contribution which has enhanced and complemented the conventional form of emergency assistance provided.

The activities have given *meaning and supported self-esteem*, and counteracted loneliness. The care and attention given to their children have given them *hope*. People have felt that their suffering has been recognised, and that they do not have to face it alone.

Furthermore, since most of the projects started out as initiatives by national mental health professionals, social workers and teachers as a voluntary response to the suffering they were surrounded by at the onset of the armed conflicts, it has been demonstrated by the projects that psycho-social interventions can and need to be integrated into other forms of humanitarian assistance from the start.

The staff in the projects has put much effort into developing their work to professionally high standards. They have also worked continually to establish and maintain links with relevant health and social authorities in order to have their work accepted and valued. The Consultant found a very positive attitude to the work of all the projects among the government representatives interviewed.

The staff in all projects emphasised the significant learning process they have been through, both in terms of practical experience in working with groups of adults and children, as well as theoretical knowledge gained from seminars, workshops and conferences. They also stress the value of the continued, systematic professional and moral support they received from international consultants attached to the Norwegian organisations involved. The contacts with the Norwegian NGOs was, and continues to be, vital in alleviating the sense of isolation and insecurity felt by many national staff.

Project staff have experienced that the context they have been working in during the war has released creative potential in themselves and built self-confidence. The organisation of the projects has reflected democratic principles, also a new experience for the staff.

It is recognised that a potential result of these experiences made by so many mental health professionals could contribute significantly to modernising mental health policy and practice in the countries concerned, from a hospital and drug based practice to more family

82. Based on the projects' own data.

and community based approaches. In certain projects there are direct links between the local NGOs to the Ministry of Health. Likewise, certain aspects of child welfare and protection in Bosnia in particular have been strengthened through capacity building in foster care and new concepts and practices in the care of children in institutions.

Little evidence of real participation, representation of and contribution from beneficiaries in the projects was found. Thus a main tenet in current concepts of NGO work appeared to be overlooked. There may be several reasons for this. The general perception of the staff in projects carrying out psycho-social work with groups and individuals were that the people attending the groups were helpless and too traumatised to take any part in the "ownership" of the projects. A factor which may have reinforced these views was that the majority of beneficiaries were peasant women and their children, some of whom were illiterate.

The strong focus on "Post Traumatic Stress Disorder" (PTSD) as a conceptual base in several of the projects contributed significantly to the fact that the people remained "beneficiaries" instead of "participants". Thus a main healing factor, gaining a sense of agency and experiencing oneself as an active contributor to one's own and others' healing process, was not fully recognised or exploited.

Almost all projects prefer to operate with a "trauma terminology" instead of a "human rights terminology". In general there was too much focus on the traumatic experiences of the participants and their symptoms, and too little focus on personal resources and skills building, mobilising community responses, human rights, advocacy, peace-building and reconciliation.

A human rights approach has implications for our perceptions of, and frame of mind, regarding people whose lives have been brutally interrupted by armed violence. Most often, such people have been adequately functioning human beings until they more or less by coincidence are attacked and or forced to witness atrocities. A human rights approach means that we meet such people as survivors of the worse kinds of violations of their rights rather than "patients, beneficiaries, symptom-ridden individuals" which could in some circumstances further undermine their confidence and self-esteem. People who have gone through such experiences are usually very alert to the attitudes and body language of those trying to relate to them.

A "human rights approach" does not mean that one disregards the trauma caused by such violations, but that also the topic of rights that have been violated will be included at the appropriate point in the dialogue.

The "rights" framework is especially relevant for survivors of torture and those who have been raped, or those who in other ways feel unwarranted guilt and shame about their role in what happened.

Furthermore, many NGOs working in war areas will be the ones to whom such violations are made known. This also commits NGOs to reporting on rights violation - either in general, but also when in agreement with the individual, on a personal basis. This aspect will be even more important when the planned international war crimes tribunal comes into being.

The heavy focus on trauma theory in several of the evaluated projects was reflected in staff training, whereas there appeared to be little training in organisational development, child and human rights, participatory methods and teaching staff to evaluate critically their training and methodology.

Working on the base of a rights approach is viewed by many of the national professionals as being too political or dangerous in the midst of an ethnically based armed conflict. The "trauma" concept, entrenched in medical terminology, thus provides a more acceptable and safer base for working with people. However, the choice of the PTSD paradigm appeared to lead into a problem-oriented, centre-based methodology, rather than resource and community based approaches in most projects. The latter are especially appropriate during the current post-conflict phase, and were most visible in the newly-started "Community Development Mostar Villages" project in B-H. When conflict resolution and reconciliation work became a more explicit aim in the FDHR project reviewed in Georgia, the activities of the project also became more community-oriented.

The use of the PTSD construct as a base for the work, also meant that much time was spent in many of the projects filling in questionnaires seeking to document the individual beneficiary's trauma experiences and post-traumatic reactions before and after treatment, without questioning the real usefulness of this as an appropriate method to evaluate the psycho-social improvement of their participants. This was particularly the case in the BUTA project in Azerbaijan, where the amount of data collected overwhelmed the project's capacity to analyse the results.

These activities reflect the project staff's concerns in carrying out professional work, but may also to some extent be due to donor pressure, and also with the aim of promoting one's professional career. Much of this time could have been spent more appropriately on the transfer of knowledge from project staff to volunteers and other national professionals. In addition, there is a

need to develop better ways of monitoring and evaluation. Alternative and perhaps more meaningful ways of evaluating psycho-social interventions may include the following:

- a Participatory exercises with participants to establish key quality aspects of the project which are *important for them*, as well as the addition of aspects already known to constitute "good development work" as well as "good psycho-social work". Projects could then be evaluated from the perspective of to what degree they met such criteria.
- b Less focus on peoples *symptoms* and more on their *resources and coping modes*, previous and present level of function in real life roles important to them (parents, spouse, friend, work role). Most importantly, participant's ability to take an active role in projects and in his/her life in general would be an important indicator of recovery. Self-reporting questionnaires could monitor progress towards better functioning.
- c Focus on significant *relationships* and social functioning, and documenting progress towards this.
- d The identification of important factors promoting recovery which operate "outside" psycho-social projects and effects which can be achieved through strengthening these.
- e Documentation of the degree to which psycho-social interventions have managed to protect people from experiencing further traumatic or distressing incidents.

There is also a need to look further into how good documentation can be used in advocacy. For example, the monitoring group in the FDHR project in Georgia were able to give people a voice when they carried out field research on attitudes of different groups towards the most hotly debated current political issue - the question of repatriation. The search for more valid expressions of the effects of human rights violations on individuals, families and communities continues, as well as understanding how people cope with such adversities. It is important that these effects are not framed in ways which can lead others to perceive survivors as "sick", "mentally deranged" or "destroyed". The key factor lies in encouraging a process of active participation among people themselves in defining what they feel is important in order to regenerate the will to live.

6.1.2 Facilitation of Peace-building Processes

A central issue in the process of peace building is the regeneration of the ability to trust others and the experiences of *being trusted*. This needs to happen at all levels in communities-person to person, among neighbours, between teachers and school children, among the youth; between local authorities and the people they serve. Obviously this is no linear process and is likely to suffer from continuous set-backs. The "project" is never-ending, and many processes and activities will feed into the ongoing creation of peace, some institutionalised politically, some as the result of civil society organisations, but most importantly the spontaneous interaction between ordinary people.

In the projects evaluated, all of them could be said to make contributions which have the *potential* to create a peaceful society, although only two, the Community Development project in Mostar, and the FDHR project in Georgia, has this as an explicit aim. All six projects have "built in" peace-building aspects in that they attempt to recruit multiethnic staff, and that their services in principle are open for all ethnic groups. In practice however, in Bosnia, and considering that three of the projects were started and operated for the most part during war, the emphasis has been on Bosnian Muslim IDPs. This is slowly changing since the Dayton agreement was signed. However, in the case of the Mostar Community Development Centre it can be said that the real test of interacting with a multiethnic group of previous enemies has yet to come, since so few of "the other side" have returned to their homes. In Georgia, the FDHR project operates summer camps for youth from conflicting parts of South Ossetia and "Georgia proper". FDHR staff also acted as consultants for other local NGOs in the matter of conflict resolution among children and youth.

It could be argued that there is a paradox in inviting people to share their experiences of human rights violations as the group therapy processes entail, and building peace. Exploring their trauma must continually make them conscious of the huge injustice done to them and their families, as well as they are hearing about the same atrocities from their fellow group members. How can these harrowing sessions contribute to peace? There is no easy answer to this, but obviously group leaders have considerable responsibility in achieving balance between the right to bear witness and gain full accept for people's feelings about what has been done to them, and at the same time preventing the consolidation of such feelings into self-destructive permanent attitudes of hatred, embitterment and revenge. It can well be argued that the latter is much more likely to happen if people are left to themselves after exposure to enemy action. Being "seen", recognised, heard, accepted is the first step to

regenerating trust, self-esteem and hope, without which there can be no real peace. The overwhelmingly positive feedback from people participating in the groups - whether “therapy” or “occupational” in safe, comfortable surroundings underlines this fact.

The Community Development Centre in Mostar has recognised the vital importance of prioritising the youth in their conflict resolution mission, creating natural “meeting places” through activities which young people are naturally drawn to. The Consultant was assured by a group of the youth in the project (all Bosnian Muslims) that they would accept youth from other ethnic groups into their activities “if they wanted”. In the Psychological Centre Tuzla and Empatija in Zenica, the children’s groups are also given education on children’s rights, which can be seen as an investment in a future peaceful civil society.

It will be evident that at this stage it is not possible to make more concrete statements as to the contribution of the psycho-social projects towards peace-building. All three countries we visited were in a fragile state in this regard with “peace” at present being partly enforced through the NATO and UN peacekeeping missions.

Another critical issue which was recognised and actively utilised in the Truth and Reconciliation Commission in the process of building peace and stability in post-apartheid South Africa, is that of *accountability*. The act of confession to and taking on personal responsibility for one’s own part in human rights violations is undeniably vital to the sense of justice which has to accompany the re-establishment of peace. It must be said that this has not yet happened to any significant degree in B-H, although a peace agreement has been reached, and a number of war criminals have been brought to trial at the International Criminal Tribunal for the former Yugoslavia in the Hague. In the Caucasus where a resolution of the conflicts seems still to be far away, the theme of accountability is even more remote.

However, one question is whether some of the projects at this stage might more pro-actively address issues of peace and reconciliation, particularly among the younger generation. Obviously this would have to be done in ways which are in close touch with the mood and trends in the local community.

There is now substantial evidence that true democracy is a necessity for real peace, and that a hallmark of democracy is a strong civil society with a plethora of voluntary civilian organisations. From this perspective, it is remarkable that none of the projects evaluated in B-H, although three at present have NGO

status, see themselves as such in the future. All have ambitions of being incorporated into government services. To which degree this will influence their potentiality to actively contribute to peace-building processes remains to be seen.

6.1.3 Promotion of Post-Conflict Social Stability

Social stability is interpreted here as meaning a certain level of order, predictability, security and welfare which allows communities to function meaningfully and productively. Social stability is always disrupted by war, and this has happened to a severe degree in B-H and the Caucasus. Social stability is inextricably linked to the re-establishment of peace, and is continually threatened in this fragile post-war period by forces, which exploit the population’s feelings of insecurity and their dependency on assistance. Several major factors continue to threaten the social stability in the three countries visited. These are:

- Major sectors of the population in B-H and the Caucasus have not yet been able to return home; thousands are still living in “collective centres”, with relatives or other families, and many are still in exile abroad. Thousands of homes in B-H and the Caucasus are occupied by others, or are in ruins.
- There is a very high rate of unemployment reflecting the ruined state of the economy. The regeneration of industry is bogged down both by the uncompleted pre-war process of transition to a market economy, the destruction during the war of many factories, and the lack of raw materials and markets. Yet another factor is the demobilisation in B-H of 50,000 soldiers according to the Dayton Peace Agreement, most of them now facing unemployment.
- Government social services in terms of schools, social welfare services, health services, are at a very low level due to the difficulty in financing those.
- There are still many families who are not intact and the work to trace and reunite children with family members is ongoing, as well as the search for the approximately 20,000 (mostly men) who are missing in B-H.
- At family level, grief, disillusionment and frustration can easily lead to self-destructive attempts to cope with the situation such as increased alcohol intake. Also reported is increased family violence and suicide especially among the young.

In the Caucasus the war remains frozen into an impasse with no hopeful signs of political movement forward. In spite of agreed cease-fire in May 1994 in Georgia and Azerbaijan, new fighting erupted in Georgia in May 1998, causing 30,000 Georgians to be refugees for a second time. Stress factors influencing the displaced population in these regions are manifold, and include continuing armed ethnic conflict, general violence and terror from criminal gangs, and changing moral values contributing to psycho-social problems. The region is also prone to earthquakes.

The evaluated projects could be said to contribute to social stability through creating opportunities in safe environments for the re-establishment of social networks, building skills such as literacy (Psychological Centre, Tuzla) and trust among people. Particular efforts to contribute to social stability were seen in the following areas: group therapy offered to war veterans (Psychological Centre, Tuzla), family therapy offered to families with internal conflict, especially where the husband has alcohol problems, is unemployed and where frustration results in violence, and income-generating projects (Empatija), re-unification of children with parents or other family members (MOST). The Community Development Centre in Mostar has initiated a wide range of services and activities which in different ways contribute to normalcy and stability in the community, especially when combined with NPA's building programme.

Perhaps the most valuable contributions to social stability and peace-building in the context of the present needs can be made by projects similar to the Community Centre in Mostar and FDHR in Georgia, with their creative focus on children and youth and community involvement. In B-H, this work has been linked with home reconstruction, and to efforts to regenerate local economy where possible. However, the need for such projects to continue over the course of several years with substantial contributions from the community is evident. In addition, it is important to work at different levels, utilising knowledge and insights gained in direct work with people to influence political processes locally and nationally.

In the event of the Psychological Centre, Tuzla and Empatija in Zenica being able and willing to continue as NGOs, elements of the "Mostar model" incorporated into their work, or replacing to some extent the present "clinical" focus, could represent substantial benefits to the community, especially since these projects have obviously gained the trust and respect of both people and authorities in their working environment.

6.2 Findings Related to Organisational Aspects

It is well known that complex emergencies provide a fertile ground for rumours and speculation by media, often fired by hidden political agendas. Evidence of this was found in two of the Bosnian projects evaluated. Contact was first made between national staff already working with the population and international staff driven to the site by rumours of mass war rapes, and the expectations of thousands of women requiring treatment. Although projects gradually adjusted to the fact that this need was much lower than anticipated, the initial reactive response perhaps hindered to some degree a better planning process more in keeping with the real needs of the community.

It became clear during the process of the evaluation that neither the Ministry of Foreign affairs, NORAD, NPA and NRC and their partners had a clear operational definition of the types of interventions covered by the term psycho-social. The projects cover a wide range of activities from recreational, skills-building, community development activities to more specifically directed group and individual work with persons diagnosed as traumatised. On the one hand, this could represent a flexible response to needs at different levels and in different places. Nevertheless, without a clearer understanding of what psycho-social interventions in complex emergencies are, and what they are not, it is difficult to plan and evaluate such assistance.

Psycho-social assistance can be labour intensive depending on the chosen activities, and requires the maintained inputs over years of not just specialists, but people with special qualities and abilities regarding communication and interaction with human beings whose rights have been violated in the most terrible ways. Furthermore, it is becoming clearer that psycho-social interventions are not only the domain of mental health and social welfare professionals, but benefit from inputs by those knowledgeable in human/child rights, community development, anthropological insight, as well as sociologists. Nevertheless, with less than 7% of the total Norwegian humanitarian assistance in the countries concerned being spent on psycho-social interventions, these projects require modest funding compared to the more conventional emergency assistance projects.

The implementation of psycho-social assistance is more complex than that consisting of food, medicines and shelter delivery, partly due to the fact that it requires the establishment of relationships, but also because it is dealing with needed *processes* rather than responding to and fulfilling immediate needs. Addressing the existential, developmental and human security needs created by massive widespread human

rights violations are obviously issues requiring long-term investments at many levels. Phasing-out and withdrawal from this type of humanitarian effort is more complicated than in the case of conventional emergency relief.

Due to the over-all lack of clear and realistic time frames and phase-out plans, all the projects are, to different degrees, significantly affected by this. The staff and project beneficiaries have to cope with considerable uncertainty and this is being reflected in staff reactions such as feeling helpless, resignation and passivity in terms of seeking constructive solutions. In consideration of the fact that many of the staff has become entirely dependent on their salaries paid by the Norwegian partner organisations, and there are few job alternatives, such reactions may be understood. Nevertheless there were also some examples of active efforts to look for alternative funding sources and organisational attachments.

The nature of psycho-social projects are such that creating a sense of staff independence both in terms of critical professional ability and also regarding funding are vital issues to work with at the initiation of any project. The Norwegian NGOs partnering the projects in Bosnia have demonstrated their ability to provide consistent, good technical and moral support to the projects, and have shown flexibility and professional capability in many aspects of the co-operation. However, the issue of consistent support was hampered in the Caucasus due to inadequate and irregular funding.

The Consultant found a need to strengthen support in areas such as organisation, management, and accounting. In the post-emergency phase, more emphasis needs to be given to standard project planning and implementation tools.

6.3 Findings Related to Contextual Aspects

The following observations concerning context are pertinent:

- The countries have previously enjoyed a relatively high level of technology, and a well-developed industry and infrastructure. Health, social welfare and education systems, now much deteriorated, have previously functioned well in the eyes of the people. All these factors created “yard sticks” in the population with which to measure their present level of services, with resulting frustration and disillusionment.
- In transition economies, the demographic breakdown of the population shows large percentages of elderly people and fewer children under 18. Gender relations are also different with more women having had access to education and employment, and many women in key positions.
- The wars have caused a widespread, often irreplaceable loss of social networks which are now the main basis for personal social and economic security. This factor is aggravated by the significant unemployment which many saw as the most important factor distressing the population at present. During Communism, unemployment was rather rare, and this experience has made it even more difficult for the population to accommodate to the new conditions of market economy. In the Caucasus, the IDPs are confined to designated places and not allowed to seek employment. This factor will over the years inevitably cause a loss of skills, as well as social networks which ordinary work provides. In the face of solid obstacles to obtain legal forms of employment and income generation, many find their way into illegal enterprises. Such conditions also lead to ongoing “brain drain”, as people with education seek employment abroad.
- The most pernicious aftermath of long-lasting civil war based on ethnic conflicts, is the loss of trust in and sense of betrayal by people who before one regarded as close friends, neighbours, valued teachers. There are continual expressions of resignation and loss of hope in a common future, as well as difficulty in creating new meaning in life, reflecting a crisis of values and beliefs after the rejection of Communist ideology. These pessimistic views were mostly expressed by the older generation, whereas the young tend to represent a more hopeful view, and want to start afresh.

Obviously mass media has a tremendous responsibility both during, but not least in the aftermath of armed ethnic conflict, to avoid manipulating the feelings of the population. The loss of trust also extends to the media and adds to the sense of isolation and “victim identity”. The creation of enemy images and the inflation of atrocities by unscrupulous media and politicians accompany the complex emergencies of to-day as never before, well assisted by modern technology and travel. In order to be able to engage constructively in helping people affected by these disasters, humanitarian agencies need to spend resources in ongoing independent assessment of the situation.

Annex I: Terms of Reference

1. Background

In the 1990s the Ministry of Foreign Affairs has on a large scale supported relief programmes for refugees and internally displaced people after war and armed conflict in earlier Yugoslavia and the Caucasus through Norwegian NGOs. Included in their work to meet people's primary needs for food and shelter, some NGOs have also been engaged in psycho-social programmes in order to try and heal some of the war traumas that those who have survived the war in these regions have to live with.

Not only NGOs, but also UN organisations have recently concluded that the cost to society at large of psychologically wounded populations is great, and can easily lead to prolonged conflict. Therefore, the importance of such programmes (if they are effective) is not only linked to individual human rights issues, but also to peace-making efforts and social stability.

The Norwegian Refugee Council has received funds for psycho-social rehabilitation work in Georgia (1995) and in Azerbaijan (1997). In Bosnia Herzegovina, the Norwegian People's Aid has been running psycho-social programmes partly with Norwegian government funding.

The main target groups of these programmes have been women and children, but there is reason to believe that soldiers/violators and other men have similar traumas.

It must be mentioned, however, that the Ministry in 1997 transferred the responsibility for supporting NGOs' efforts in earlier Yugoslavia to NORAD, since the war is over and the present support to this region is no longer seen as emergency relief, but as *medium term development aid*.

2. Purpose of the evaluation

The main purpose of this evaluation is to provide information on the experience of psycho-social programmes run by NGOs in these areas to form a basis on which a policy can be developed for the Ministry's support to such programmes in the future.

Further, built on this experience, the evaluation should seek to identify a set of principles and criteria that can serve as guidelines in order to make assistance to the psycho-social sector in war and conflict areas as effective and as appropriate as possible.

Therefore, an assessment of the different types of programmes, (over-night institutions/day-time pro-

grammes etc.), different users/target groups and their resources and needs, (men/women/children), the amount of participation of the users in designing and influencing the programme etc. is needed.

The evaluation should also identify to what extent the programmes have been instrumental in building local competence on a longer term basis, and whether they have sought national/local take-over.

To what extent the different programmes have been coordinated with each other, with other NGOs and with efforts of UN organisations like UNICEF and WHO should also be assessed.

The efficiency of psycho-social programmes are of course harder to assess than counting tons of food aid, numbers of houses rehabilitated, of tents and blankets given etc. Since the quality of psycho-social programmes is as essential, if not more so than the quantity, the evaluation should find ways and means of assessing the situational and cultural appropriateness as well as the individual and group related use of the psycho-social programmes implemented by Norwegian NGOs in earlier Yugoslavia and Caucasus.

Being more difficult to assess does not mean that psycho-social efforts are less important to those concerned than physical health. In order to function as closely to normal as possible, it is evident that many people would need (professional) help to overcome or at least deal with their war traumas.

3. Scope and methods

The evaluation should cover psycho-social programmes implemented by Norwegian and, if found relevant, other Scandinavian NGOs in the 1990s in earlier Yugoslavia (Bosnia Herzegovina) and the Caucasus region. Through an assessment of these psycho-social programmes, the evaluation should seek to find out to what extent these programmes have had an effect and whether such programmes should be supported in the future. If so, recommendations should be made on what strategy the Ministry should follow in order to ensure that the psycho-social programmes give maximum benefit to psychologically and socially wounded populations.

As general **background material** the evaluation should study relevant evaluations and other reports on psycho-social programmes connected to relief work (i.e. Graca Machel's *UN Report of the impact on war upon children*, several Redd Barna (Norway) and Save the Children (UK) evaluation reports, reports con-

ducted at the Psycho-social Centre for Refugees in Oslo, reports on sexual violence against women as war strategy, (Inger Skjelsbæk's "Sexual violence in the Conflicts in ex-Yugoslavia"), ODI's network paper 14 "The impact of war and atrocity on civilian populations" and other relevant material, as well as the implementing organisations' own reports etc.) to sum up the "common wisdom" and present trends in knowledge development.

In order to assess the **administration** of this type of support, both at the donor level and the level of the implementing organisations, (at headquarters as well as in the field) the evaluation should look into available documents and correspondence in the Ministry and in the NGOs regarding the psycho-social programmes in question and interview persons involved.

How was each programme/project administered at the Ministry/relevant Embassy, at the HQ of the implementing organisation in Norway, the field office and at the project/institution level? How was the financial management of the programme?

The **quantitative elements** of the different programmes should be stated in the evaluation. How many individuals have been reached by psycho-social programmes, and for how long? The rate of drop-outs, if any. The age/gender and ethnic/religious identity of the users of the programmes. The staff-user ratio, and the staff's ethnic identity. The cost-effectiveness of each programme.

Since these programmes are relatively few, the **qualitative impact** of each programme should be studied individually against those of the criteria mentioned below that are seen relevant in each case :

- first and foremost the aims and objectives for each programme (as described by the implementing organisation) should be used as a baseline against which the effect can be measured
- in order to assess the effect on individual participants in the programmes, their psycho-social state as they entered the programme should be used as a baseline (if at all available)
- whether the programme had established monitoring routines, and if so, what can they tell about the development of the programme
- degree of stability and quality of management and staff
- how was the programme able to tackle problems and setbacks of different kinds
- individual and/or group therapy; which methods have been used and why
- to what extent have the users themselves been central in mapping their own needs, and in designing the content of the programme
- the staff members' ethnic identity (if different from the users), their level of professionalism (formal education/informal experience), their understanding of cultural attitudes to psycho-social healing and their attitude to different methods of dealing with traumas (i.e. top-down vs. user-influenced)
- to what extent has the programme helped ignite other initiatives among the users, (such as the forming of women's groups, income-generating activities or similar initiatives)
- to what extent has the programme helped the users return to normal functions (school, agriculture, employment, household chores etc.)
- to what extent has the programme helped repair relationships
- to what extent has the programme had positive side-effects that have benefitted family members or other people in contact with the users of the programme
- to what extent has the programme been instrumental in linking psycho-social healing with economic help (i.e. small loans for the rehabilitation of former or establishment of new businesses or other income generating activities)
- to what extent has the programme been able to combine psycho-social healing with rehabilitation of physical infrastructure
- to what extent has the programme succeeded in reunification of unaccompanied children with their families
- has the programme contributed to institutionalisation of the users
- to what extent has the programme prevented children from being recruited into the armed forces
- to what extent has the programme worked to reduce the stigma attached to participating in psycho-social programmes

- to what extent has the programme participated in or facilitated human rights advocacy for vulnerable groups, i.e. organised hearings, spread information to the public, taken up special cases legally or similar efforts on crimes against women and children

The evaluation shall identify general lessons learnt that can be important for future policy development in this field as well as project design and implementation.

14. Evaluation team

The evaluation should be undertaken by a team of 3-4 people, out of which one should preferably be a child

psychologist/psychiatrist with experience from conflict areas, one should have similar experience with women as victims of sexual harassment in war situations, and the 1 or 2 others should be people with a social science and/or legal background with specific experience from work in conflict areas. It would be an advantage if at least one team member is from Bosnia Herzegovina or Azerbaijan/Georgia.

5. Timing and reporting

The evaluation should start in primo October 1998. The final report should be submitted by March 1st 1999.

Annex II: List of Persons Met and Itinerary

Travel to Oslo, Tuesday 20 October 1998

Pippi G. Sjøgaard, Adviser, Policy planning and evaluation staff, Ministry of Foreign Affairs
Pål Jareg, Consultant, Centre for Partnership in Development, DiS
Björg Mide, Head of Asia Section, NRC
Hans Diset, Resident Representative, NRC
Nils A. Sivertsen, Resident Representative, NRC

Oslo, Wednesday 21 October 1998

Naila Huseinova, Project Co-ordinator, NRC
Arild Moberg Sande, Adviser, Ministry of Foreign Affairs
Gisle Hagen, Adviser, NORAD
Inger Skjelsbæk, Researcher, International Peace Research Institute

Oslo, Thursday 22 October 1998

Sissel Føyn, former Adviser, NORAD
Peter Ekern, Consultant, NRC
Sigurd Wisløff, Consultant, NRC
Solveig Dahl, Consultant, NPA

Oslo, Friday 23 October 1998

Marianne Øen, Head of Region Europe, Norwegian People's Aid (NPA)
Liv Bremer, Counsellor on Gender Questions, NPA
Erik Berg, Head of section, Policy planning and evaluation staff, Ministry of Foreign Affairs

Oslo, Wednesday 11 November 1998

Björg Mide, Head of Section, NRC
Oddhild Günther, Head of Department, NRC
Terje Vigtel, Assistant Director General, NORAD
Tor-Henrik Andersen, Senior Executive Officer, NORAD

Oslo, Thursday 12 November 1998

Tove Skarstein, Adviser, The Ministry
Cathrine Martens, Head of Office, The Ministry
Ms Langsholt, Adviser, The Ministry
Mr Sande, Adviser, The Ministry

Oslo, Friday 13 November 1998

Signe Skare, Head of Section, NPA
Karl Hogseth, Head of Section, NPA

Oslo, Monday 16 November 1998

Ane-Karine Arvesen, Councillor, Norwegian Embassy, Nairobi (phone interview)

Travel to Sarajevo, Bosnia-Herzegovina, Sunday 22 November 1998

Sarajevo, Monday 23 November 1998

Astrid Strøm, Psycho-Social Programme Manager, Regional Representative's Office, Norwegian People's Aid (NPA)
Liliana Urbina, Mental Health Programme Manager, World Health Organisation (WHO)
Paolo A. Artini, Repatriation Officer, United Nations High Commissioner for Refugees (UNHCR)
Jennifer Ashton, Senior Community Services Officer, UNHCR
Zeljka Mudrovic, Social Services Assistant, UNHCR
Indira Karovic, Senior Social Services Clerk, UNHCR
Berina Arslanagic, Assistant Project Officer - CEDC, United Nations Children's Fund (UNICEF)

Sarajevo, Tuesday 24 November 1998

Thor Gislesen, Ambassador, Royal Norwegian Embassy

Travel to Zenica, Tuesday 24 November 1998

Vahida Bijedic, Project Manager, "Empatija" - Centre for Women and Children
Sead Brljevac, Assistant of Head of the Secretariat for Social Welfare, Refugees and DPs
Berka Pezo, Assistant for Secretariat for Social Welfare, Refugees and DPs

Zenica, Wednesday 25 November 1998

National Day (holiday)

Zenica, Thursday 26 November 1998

Focus group meeting with staff of "Empatija" (two psychologists, one teacher, one kindergarten teacher, two social workers, project manager)
Adem Burekovic, Head of Health Centre
Halima Hadzikapetanovic, Head of Neuropsychiatry Department, Health Centre

Zenica, Friday 27 November 1998

Senija Tahirovic, Project Manager, Children's Centre "Most"

Sead Brljevac, Assistant of Head of the Secretariat for Social Welfare, Refugees and DPs

Hako Lukovic, Director, Centre for Social Work, Zavidovici

Sevala Muslic, Social worker, Centre for Social Work, Zavidovici

Sacir Celebic, Director, Centre for Social Work, Visoko

Jasna Todorovic, Social Worker, Centre for Social Work, Visoko

Gazija Meuludin, Director, Primary School "Mak Dizdar"

Hamzalija Beslagic, Secretary, Zenica pre-school

Ajisa Klico, Director, Dom Porodica (public orphanage)

Focus group meeting with staff of "Most" (one psychologist, two social workers)

Meeting with women's group from "Empatija" (18 women participants)

Elma Kaunitz, Psycho-Social Programme Manager Deputy, NPA

Zenica, Saturday 28 November 1998

Focus group meeting with staff of "Most" (two psychologists, two social workers, two unit leaders, project manager, unit assistant)

Observation of children in "Most"

*Travel to Tuzla, Sunday 29 November 1998**Tuzla, Monday 30 November 1998*

Mira Vilusic, Project Manager, Psychological Centre Tuzla

Jasna Jukic, Administrator, Psychological Centre Tuzla

Observation of pre-school children's play group

Observation of literacy, sewing and hair-dressing course for women

Observation of occupational therapy group

Boris Rebac, Head of Office, World Health Organisation

Tuzla, Tuesday 1 December 1998

Focus group with staff (one social worker, three psychologists)

Observation of therapy group for children

Azem Poljic, Assistant of Minister for Social Work and Social Policies

Social meeting with staff

Travel to Mostar, Wednesday 2 December 1998

Murat Coric, Project Manager Assistant, Mostar Community Development Project

Mostar, Thursday 3 December 1998

Enesa Avdic, Project Manager, Mostar Community Development Project

Fadila Bijedic, Specialist in Gynaecology, Centre for Mother and Child, Mostar East Hospital (part-time employee in the Community Development Project)

Amra Kazic, Lawyer, Association of Citizens for Human Rights Protection (part-time employee in the Community Development Project)

Peter Back, Senior Human Rights Officer, Regional Centre Mostar, Organisation for Security and Co-operation in Europe (OSCE)

Mostar, Friday 4 December 1998

Meeting with adolescent group (eight)

Meeting with women participants (4)

Meeting with group leaders (7)

Representative of the municipality

*Travel to Sarajevo, Friday 4 December 1998**Sarajevo, Saturday 5 December 1998*

Astrid Strøm, Psycho-Social Programme Manager, Regional Representative's Office, Norwegian People's Aid (NPA)

Elma Kaunitz, Psycho-Social Programme Manager Deputy, NPA

*Travel to Copenhagen, Saturday 5 December 1998**Travel to Baku, Azerbaijan, Tuesday–Wednesday 5–6 January 1999**Baku, Wednesday 6 January 1999*

Nils A. Sivertsen, Resident Representative, NRC and staff members

Naila Huseynova, Project Co-ordinator, NRC

Nazim Akhundov, Medical Co-ordinator, BUTA

Baku, Thursday 7 January 1999

Mahmoud Naderi, Program Co-ordinator, NRC

Wenche Drevland, Community Work Co-ordinator, NRC

Bahman Askerov, Project Co-ordinator, NRC

Group Interview with 12 BUTA staff members

Baku, Friday 8 January 1999

Izzet A. Rustamov, Deputy Prime Minister, Chairman of the Republican Commission for International Humanitarian Assistance, Cabinet of Ministers of the Azerbaijan Republic

Ilham Mazanli, Head of Working Group of the Republican Commission for International Humanitarian Assistance, Cabinet of Ministers of the Azerbaijan Republic

Maaïke Stolte, Social Welfare Delegate, IFRC

Visit to Sabirabad, Camp C1, Saturday 9 January 1999

Observation of BUTA's theatre, folklore, sports, and drawing groups

Interview with IDP participant family

Interview with BUTA's voluntary teachers

Ulker Guliyeva, Director of Schools in Camp C1

Ikhtiyar Aslanov, Senior Engineer, Oxfam

Visit to Pirshagi, "Kizilkum" and "Gilavar" Settlements, Sunday 10 January 1999

Observation of BUTA's theatre, folklore, sports and drawing groups

Group interview with folklore group

Najafor Isman, Representative of IDP Community

Harald Finnvik, Consul General, Royal Norwegian

Consulate General, Representative of Statoil

Baku, Monday 11 January 1999

Participation in Interagency Meeting, UN Office for Co-ordination of Humanitarian Affairs

Didier Laye, Representative, UNHCR

Group interview with psychiatrists, Clinical Mental Hospital # 1

Farman Abdullayev, National Professional Officer, WHO Liaison Office

Nazim Akhundov, Medical Co-ordinator, BUTA

Nazim Ibadov, Project Manager, BUTA

Baku, Tuesday 12 January 1999

Visit to "Razin" Settlement, PBR Program, NRC

Khalida Djabbarova, Social Co-ordinator, PBR, NRC

Carl Naucler, Head of Delegation, IFRC

Ulla Fomsgaard, Country Program Director, DRC

Nazim Akhundov, Medical Co-ordinator, BUTA

Nazim Ibadov, Project Manager, BUTA

Baku, Wednesday 13 January 1999

Nils A. Sivertsen, Resident Representative, NRC

Naila Huseynova, Project Co-ordinator, NRC

Travel to Tbilisi, Georgia, Wednesday 13 January 1999

Tsitsino Grdzlishvili, Chief Specialist, Abkhasian Ministry of Health in Exile; Head of IDP Women's Association

Hans Dieset, Resident Representative, NRC

Tbilisi, Thursday 14 January 1999

Ekber Menemencioglu, Representative, UNHCR

Nodar Sarjveladze, Head, FDHR

Zurab Beberashvili, Programme Director, FDHR

Group Interview with staff of FDHR

Bernard Piquemal, Co-ordinator, MSF-Spain

Tbilisi, Friday 15 January 1999

Valeri Vashakidze, Minister, Ministry of Refugees and Accommodation of Georgia

Elena Imnadze, Project Officer, The World Bank Resident Mission Georgia

Visit to IDP Settlement "Tbilisi Sea" and observation of FDHR's work with a kindergarten group and a puppet theatre group

Tbilisi, Saturday 16 January 1999

Visit to IDP settlement "Adjara" and group interview with a FDHR youth group

Tatyana Maisuradze, Youth House Project Manager, UMCOR

Manana Datuashvili, Youth House Psychologist, UMCOR

Vazha Kvernadze, Deputy Director, Centre for Social-Psychological Aid "NDOBA"

Maia Gedevanishvili, Head of Re-adaptation Clubs, "NDOBA"

George Khutsishvili, Director, International Centre on Conflict & Negotiation

Marina Pagava, President, "Assist Yourself"

Tbilisi, Sunday 17 January 1999

Day off

Tbilisi, Monday 18 January 1999

Visit to Tskhinvali, South Ossetia and observation of FDHR's work with a children's group and supervision of South Ossetian psychologists

Tbilisi, Tuesday 19 January 1999

Hanno Gaertner, Georgia Country Programme Co-ordinator, UNICEF

Amiran Gamkrelidze, First Deputy Minister, Ministry of Health of Georgia

Tbilisi, Wednesday 20 January 1999

Jean-Michel LaCombe, Head of Mission, OSCE Mission to Georgia

Ivar Vikki, Mission Member, OSCE Mission to Georgia

Niels Scott, Head of Delegation, IFRC

Maka Kharshiladze, Researcher, Tbilisi Institute of Psychology

Inga Kurtskhalia, Senior Specialist, Parliament of Georgia

Julia Kharashvili, Community Development Co-ordinator, UNV; Project Leader, Association of Internally Displaced Women

Marco Borsotti, UN Resident Co-ordinator, UNDP Resident Representative

De-briefing with FDHR staff and NRC Resident Representative

Travel to Copenhagen and Oslo, Thursday 21 January 1999

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