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Evaluating the Impact of Wellbeing and Mental Health Projects in Malawi

Coffey International Development

Misean Cara

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Abbreviations and Acronyms

AA	Alcoholics' Anonymous
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based organisation
DHO	District Health Office
FGD	Focus group discussion
GoM	Government of Malawi
HIV	Human Immunodeficiency Virus
HoH	Saint John of God Brothers' House of hospitality
IDI	In-depth interview
KII	Key informant interview
MoH	Ministry of Health, Malawi
SJoG	Saint John of God Brothers
SSI	Semi-structured interview
ToC	Theory of change
WHO	World Health Organisation

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1 Introduction

1.1 Background to the 2017 Evaluation of Saint John of God's Impact

One of Misean Cara's key focus areas under its current 2017-2020 Strategic Plan is to help people realise their right to better health, clean water and sanitation. A typically underfunded component of health is the provision of mental health services. While adequate mental health care is a gap across many developed countries, this gap is particularly acute in developing countries. To help respond to this gap, a relatively large amount of funding from Misean Cara has been allocated to one of its members, Saint John of God Brothers (SJoG) in Malawi. This has included ten multi-year grants across five different areas of work since 2014 totalling over €1.5m with another €690k approved in principle between 2017-2018. These investments represent a sizeable commitment by Misean Cara in an important and typically under-resourced sector.

The charism of the Saint John of God Brothers is to 'Do good for yourselves, my brothers and sisters, by doing good for others'. SJoG Malawi delivers high quality health, education, training, and social services in accordance with needs of people being served.

Of the projects evaluated, some (the community outreach projects in Mzuzu and Lilongwe) have a direct focus on mental health, targeting people experiencing mental health challenges but reaching out also to their families, caregivers and the wider community. Others initiatives promote well-being and target vulnerable groups (elderly people, prisoners, and children with disabilities – physical, cognitive and mental). A fifth project provides pre-service training for general nurses, addressing a gap in that service provision in the country. The training does not have a specific module on mental health, but is coherent with the holistic approach adopted by the Saint John of God Brothers.

1.2 Background to the evaluation and this learning report

Misean Cara's request for an evaluation of the impact of the projects belonging to SJoG in Malawi balances learning and accountability objectives. The evaluation's strategic objectives include:

- Providing robust evidence of the impact of the different projects and how these have affected mental health outcomes for beneficiaries, the communities in which they live and supporting mental health infrastructure;
- Evidencing how the different interventions contribute to sum of the impact of SJoG's work, to include identifying which interventions can be potentially replicated in other contexts; and
- Collating materials, including both narrative and visual outputs, which can contribute to Misean Cara's communication objectives. This is particularly important for explaining the impact of Misean Cara's members as well capturing the profiles of its beneficiaries.

After a competitive procurement process, Coffey International was selected as the preferred service provider. Contracts were signed on 31.8.2017 and exchanged on 4.9.2017. One of the key deliverables of this contract is to produce a learning report that synthesises the findings and points of interest from across the five projects. The following learning report services as that deliverable.

1.3 Profiles of the projects included under this evaluation

The profiles of the five projects included in this evaluation are summarised below.

SJoG Centre Mzuzu Community Mental Health Outreach Project (based from Mzuzu)

The SJoG's operational hub in Mzuzu has benefitted from a succession of different grants from Misean Cara which are under evaluation as part of this assignment. The largest of these grants supports SJoG's community outreach work throughout the northern region of Malawi (and beyond). Starting in January 2015, it is a three-year project worth €448,568 that will be completed in December 2017.This project allowed SJoG to offer a range of different services to people with mental health illnesses, as well as epilepsy and other chronic conditions and addictions.

Under this project 4361 men and 3716 women are expected to benefit. The range of services being funded by this project illustrate the breadth of SJoG's offer. In order to be able to deliver the type and scale of results that are

illustrated by the Community Mental Health Outreach Project, SJoG has benefitted from other project grants provided by Misean Cara. These smaller grants have included:

- Construction of a Community Outreach Shelter for the future Elderly Service Project in the Nkhorongo area of Mzuzu (€19,500) in 2015;
- Purchase of a vehicle for the community mental health outreach clinics and domiciliary care programme, (€19,710) in 2014;
- Purchase of a vehicle for the community mental health rehabilitation programme at SJoG's Venegas Centre (€18,900) in 2011; and
- Extension of the Drug and Alcohol Addiction Recovery Centre – Venegas -- so that it can accommodate more clients (€9,500) in 2013.

Community Mental Health Services and Early Intervention for Children with Disability Project (based from Lilongwe)

The project aims to improve quality of life through provision of treatment and care to people with mental health problems and also early childhood interventions for children with disabilities. The project aims to increase resources for mental health in Lilongwe including through better cooperation and coordination with the Ministry of Health and its health facilities. People with mental health issues are expected to be empowered to participate in mental health and their own development and the project also intends to reduce issues of stigma and exclusion thereby addressing the holistic needs of people with mental health disorders and children with disability respectively.

The project started in 2014 and completed in December 2016. The total value of the project is £448,950 and it is expected to directly benefit 4000 male and 5000 female beneficiaries.

Provision of Mental health, Psychosocial Services and Vocational Training in Malawi's Prisons Project

The project aims to improve the quality of life of inmates at Mzuzu, Mzimba, Rumphi and Nkhata Bay prisons [Northern region of Malawi] and Maula and Kasungu prisons [Central Region] through treatment and care to those with mental health problems and epilepsy; psychosocial counselling and support; rehabilitation and vocational skills training; capacity building and advocacy. The project primarily targets all inmates and prison staff across these six prisons[1], but it also includes some broader advocacy and influencing objectives.

The project started in 2016 and is due to be completed in December 2018. It is worth €442,346 and is expected to benefit 4,040 male prisoners and 760 female prisoners.

SJoG's Services for the Elderly Project

The project aims at improving the quality of life for the elderly through provision of psychosocial services, facilitation of access to health services, advocacy and networking. Specifically, the project focuses on: health screening/assessment, treatment and management of health issues experienced by elderly; psychosocial counselling to the clients and their families; recreational and educational activities; advocacy and community education; and will facilitate socioeconomic activities. Offering a selected range of these practical services is also intended to actively encourage independent living in older age and help to combat loneliness.

The project started in 2015 and is due to be completed in December 2017. It is worth £275,909 and is expected to directly benefit 542 elderly citizens in total.

College of Health Sciences Generic Nursing Project

SJoG has benefitted from two grants under this project. The first was for the construction of a skills lab block for SJoG's College of Health Sciences. This grant allowed SJoG to purchase construction materials for the project, for payments to the construction team and for purchasing equipment and furniture for the skills lab building. This grant was valued at €100,000. Construction was completed in 2014 and the facility was inspected and approved by the Nurses Council and Mzuzu University in June 2014.

The second grant under this project started in February 2015 and runs through 2017. Its aim is to respond to the shortage of available registered nurses to be employed in Malawi's Ministry of Health. Specifically, the College is

[1] All prisoners, including

supporting the Ministry of Health and the Christian Health Association of Malawi (CHAM) increase the availability and improve the quality of generic nursing training.

The second grant is worth €446,985 over three years and is expected to benefit 360 students (180 female students and 180 male students).

2 Approach and Methodology

2.1 Overview of the evaluation design

The overall design of the evaluation is based on a contribution-based approach to assessing impact.[2] Impact evaluation, compared to process and performance evaluations[3], is concerned with assessing the positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended – it is underpinned by two integral premises:

- Causal attribution – the assessment of the extent to which effects were produced by the intervention; and
- Counterfactual – the attempt to assess what would have occurred in the absence of the intervention.

Given the scope and range of projects funded under this evaluation, it was considered neither feasible nor appropriate to apply a counterfactual design approach[4]. Through a contribution-based approach, impact was assessed by the testing of projects' theories of change and the strength of their causal relationships. Retrospective theories of change for each project was developed by the evaluation team and then refined in collaboration with SJoG programme staff as part of the inception phase of the evaluation.

The evaluation team drew upon a number of primary and secondary data sources to address the questions set out as part of the evaluation framework. This evaluation comprises:

- Review and synthesis of available data from each of the five sampled projects – including project proposals, quarterly and annual reports, in addition to strategic and annual plans from SJoG;
- Semi-structured interviews and focus group discussions with SJoG beneficiaries, their families and community members; and
- Key informant interviews with district and community-level government stakeholders and SJoG project staff (and their affiliates).

A table summarising the evaluation data collection methods for each project is included in **Annex 1**. Strategic plans, quarterly and end of term reports from SJoG were also consulted.

Sources of evidence & evaluation questions

This learning report draws on evidence from a range of different data sources, including primary and secondary sources. A simplified version of the evaluation framework is presented below, which illustrates how data sources were triangulated to answer each evaluation question.

[2] For this assignment, the evaluation team applied the 'Impact' Definition commonly used by the OECD and DFID: 'Impact Evaluation a) Impact: Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended. b) An assessment of impact using before/after and/or with/without comparison'. Qualitative, theory-based evaluation designs are acceptable using this definition.

[3] 'Process evaluation' is primarily concerned with the quality of programme implementation – in terms of its relevance, integrity and coherence with respect to planned activities and practices. 'Performance evaluation' is primarily concerned with assessing the contribution of a programme to development outcomes and impacts and will primarily focus on questions of contribution to change – 'has it made a difference?' rather than 'what impact did it have?'. A performance evaluation goes beyond process (which is primarily focused on outputs) to assess the contribution of a programme to observed changes in outcomes and impacts, and/or to assess whether a programme has achieved its objectives.

[4] This was because projects were designed to target different beneficiary groups and achieve different higher-level outcomes.

	SJoG Evaluation questions	Sources of evidence: Results framework	Project Proposals	Annual Reports	Interviews with SJoG staff and partners	Interviews with government stakeholders	Interviews with beneficiaires
1	What has been the impact of SJoG projects on the lives of primary beneficiaires (end users)?	✔	✔	✔	✔	✔	✔
2	What has been the impact of SJoG projects on intermediate users (service providers)?		✔	✔	✔	✔	✔
3	How and in what ways have SJoG projects affected the lives of families and communities and their views on mental health issues?			✔	✔		✔
4	How and in what ways have SJoG projects influenced programmes, policies and practices at the local level?		✔	✔	✔	✔	
5	How and in what ways have SJoG projects influenced programmes, policies and practices at the regional and national levels?		✔	✔	✔	✔	
6	Are the benefits that have been achieved by SJoG projects likely to be sustained?		✔	✔	✔	✔	✔
7	What is the key learning from SJoG's projects that can benefit others?	✔		✔	✔	✔	✔

Sampling approach and fieldwork

The evaluation team's sampling strategy was designed to capture the experiences of beneficiaries from a mix of districts and geographies, with varying levels of exposure to SJoG's services. This included those sampling stakeholders that were benefiting from a range of different project activities and treatment options, and included both long-term and first-time service users. The sample also comprised various different groups, including community members and traditional leaders (e.g. chiefs), SJoG project staff, and government officials at various levels. A table summarising the number and types of research participant consulted for each project is included in **Annex 1**.

Alongside these considerations, the evaluation methodology took into account how the funding has been used, the profiles of different groups being targeted, the stage of the project's lifecycle (some projects were finished and some were still ongoing) and the specific contexts in which projects were / are being delivered (to include prisons, community health clinics, district hospitals).

Fieldwork was conducted in Malawi between 1-13 October 2017 by the Team Leader and the Evaluation Consultant. The fieldwork schedule, including the precise locations and dates of fieldwork, is included in **Annex 2.**

Although introductions were facilitated by SJoG, interviews took place independently of SJoG staff and drew on external interpretation support where necessary. On average, interviews lasted between 30 and 90 minutes, depending on the stakeholder group and type of interview (i.e. focus-group discussions or semi-structured interviews). Topic guides were drafted by the evaluation team and were developed in line with the core questions outlined in the evaluation framework. A copy of the topic guides have been incorporated as part of the feedback summary reports, available in **Annex 3.**

Across all five projects, meaningful consent was gained from all research participants, in line with Coffey's approach to safe and ethical research. In addition, the research methodology was sensitive to the needs of participants according to gender, age, and health status. This meant speaking to guardians and primary carers of child patients or those not deemed well enough by SJoG to be interviewed themselves. Moreover, all SSIs with female beneficiaries were led by the Evaluation Consultant (female) independently of the Team Leader (male).

Data management, analysis and validation

Data from all qualitative interviews were summarised in note-form. Throughout fieldwork, the evaluation team discussed interim findings and adopted an iterative approach to outline areas to focus on in subsequent interviews and refine the topic guides where necessary. At the end of fieldwork, the evaluation team held an analysis workshop to identify and discuss key themes prior to write-up. In addition, presentations held with SJoG staff at the

end of fieldwork provided the evaluation team with an opportunity to present emerging findings, and staff to validate or challenges the team's findings, and provide additional clarifications where necessary.

To further ensure the validity of findings, the evaluation team submitted five, stand-alone project feedback reports for their review. SJoG was encouraged to comment on these reports, especially points of accuracy and interpretation. Additional points of learning were identified which were raised for SJoG's consideration beyond this evaluation exercise.

Methodological limitations and mitigation strategies

The research approach was appropriate and proportionate for identifying impact at this point in the projects' lifecycle and for generating learning that can inform the 2017 Misean Cara evaluation. All key findings were successfully triangulated across different stakeholder groups. Even so, the evaluation team was not able to independently verify all of the statements by different contributing stakeholders. For example, the amount of money saved by self-help groups or the quality of training undertaken by volunteers. While these limitations have been included wherever possible in the body of the report. This means that readers of this report readers should not make unqualified judgements about its contents and key findings.

Due to time constraints, issues of access and concerns for the welfare of certain beneficiaries, it was not possible to consult with all stakeholder groups from each project, which limits the report's ability to speak to the universal experiences of all stakeholders. Notable omissions include: residential care patients benefiting from the outreach projects and female inmates and peer educators involved in the mental health in prisons project. Moreover, it was not always possible to speak in-depth with beneficiaries benefiting from each project activity, given the scope of the projects and the relative time constraints faced by the evaluation team. However, 'rapid' interviews were conducted wherever possible to ensure that a range of experiences were captured within this research.

Some level of positive response bias is also likely from certain research participants given their respective power dynamics. For example, owing to security constraints, it had not been possible to interview prisoners without the presence of prison staff. Although prisoners were still able to share their insights, including some of their challenges in prison, the evaluation team would caution against issues of bias arising from the data.

In addition, some annual reports were not available at the time of drafting this report, which limits the ability of the evaluation to quantitatively determine the impact of these projects and contextualise our findings. Specifically, SJoG had not yet submitted an annual report for the *Mental Health in Prisons* project, nor provided an updated annual report (2017) for the *Services for the Elderly* project. Nevertheless, SJoG provided the team with updated statistical reports following the request for further information.

3 Findings

3.1 What has been the impact of SJoG projects on the lives of primary beneficiaries (end users)?

SJoG has delivered tangible life-changing interventions for its primary beneficiaries. Evidence of impact-level change was evident across all four projects where this was as an intended objective[5]. The type of impact varied by project and by different target groups, which are captured in the individual summary feedback reports, but the broad themes of impact included:

- improved physical well-being amongst beneficiaries. This includes reductions in the frequency and severity of epileptic episodes; reduction in mental health relapses and re-admission of patients for in-treatment

[5] The Generic Nursing project has a more indirect intervention logic which focuses on building the core skills of young nurses so that they can eventually fill nursing positions that will strengthen Malawi's overarching nursing crisis.

care[6]; improved physical nutrition; and various achievements of developmental milestones of children with disabilities[7];

- improved emotional well-being amongst beneficiaries; and
- improved ability of individuals and their families / guardians to manage mental and physical conditions.

Examples of the most important impact from across the four projects:

- Community Mental Health Services and Early Intervention for Children with Disability Project (based from Lilongwe): Treatment and access to specialist services and medication provided by SJoG is helping patients manage their symptoms and improve their overall wellbeing, including reducing the number of readmissions and relapses. Early childhood disability interventions are supporting the physical development of children. Outreach clinics, home visits and domiciliary care are all improving community access and care for people with mental health illnesses, epilepsy or early childhood disabilities (portage).
- SJoG Centre Mzuzu Community Mental Health Outreach Project (based from Mzuzu): As with the SJoG's community outreach project in Lilongwe, the outreach clinics, home visits and domiciliary services being provided from SJoG's hub in Mzuzu are improving community access and treatment for mental health illnesses and epilepsy. Clients are healthier because of the quality of SJoG's interventions and the ability of the organisation to draw on its wide range of complementary programmes, competences and networks.
- Mental health, Psychosocial Services and Vocational Training in Malawi's Prisons Project: Treatment and access to mental health medication and SJoG's clinical expertise is helping to stabilise and improve the mental health conditions of inmates. These types of changes are allowing inmates to manage their conditions and to cope with some of the additional pressures of being in prison. This quality of change represents a major upgrade from the standard of care that was previously available (i.e. absent) to inmates.
- SJoG's Services for the Elderly Project: Service users (beneficiaries) are happier and healthier because of the project, including being able to better manage their longer-term health conditions, benefitting from improved nutrition and socialising regularly with other service users. There is also encouraging evidence that service users are becoming more economically active and participate in advocating for their rights to services.

The types of changes described above are consistent with SJoG's overarching focus of providing a mix of direct and complementary services to people with mental health challenges and to the vulnerable. The evaluation team feels confident in being able to attribute these types of impact-level changes to SJoG because of the lack of alternative service providers working in similar specialist area. This point is explored in more throughout the report.

SJoG is changing the lives of a wide range of beneficiaries.

SJoG's projects have been successfully reaching and benefitting a wide range of different target groups. The profiles of these different types of target groups are consistent with the groups SJoG presented in its project proposals to Misean Cara and include: men and women with mental health illnesses (and their guardians), children with disabilities, the elderly, and prisoners with mental health illnesses. Together these groups are all vulnerable and can be characterised as lacking adequate or accessible state care options. SJoG has also implemented a mix of different referral and screening activities to ensure that the 'right' beneficiaries benefit from their services. A *non-exhaustive* summary table showing SJoG's reported[8] performance by key beneficiaries groups is presented in Table 1. Please note that SJoG is able to produce gender disaggregated data, but this is not a standard part of the reporting format that is currently used.

[6] SJoG targeted a 90% reduction of re-admissions and relapse rates among people facilitated by the Lilongwe project by December, 2016, but these numbers fell short. 142 clients were referred for admission in residential unit and 52 clients were managed on domiciliary care compared to 32 referred for admission in 2014. SJoG explained that the number has increased due to the new residential clinic and a result of awareness which is creating a demand for the services.

[7] SJoG reported that all children under its portage attained milestones at different stages, and 80% attained at least a milestone and were discharged.

[8] These figures have been aggregated based on SJoG;s latest reported figures. It was not within the scope of this evaluation to verify the accuracy of each of these reported figures, although comments on the SJoG's data collection approach are included in the Conclusions and Recommendations sections.

Table 1: Summary of beneficiary results table[9]

Type of beneficiary	Total	Target
Community mental health clients (outreach projects)	10,344	6,000
Mental health care clients (residential care) in Lilongwe an Mzuzu	For Lilongwe in 2016, 142 clients were referred for admission in residential unit compared to 32 who were referred for admission in 2014. SJoG reported that readmissions are at 0.1 % For Mzuzu in 2016, 244 people were admitted for residential care (94 clients were readmissions). 220 clients achieved their optimal level of functioning and were discharged during the year	90% reduction of re-admissions and relapse rates among people facilitated by the project.
Domiciliary care clients (Lilongwe / Mzuzu)	For Lilongwe, 52 clients were successfully managed on domiciliary care in 2016 (while only 28% were admitted which represents a reduction) For Mzuzu, 186 in total with 74[10] as of 2017 (others previously discharged).	Target for Lilongwe: % of reduction in number of clients admitted in hospital within catchment area as a result of domiciliary care programme activities within catchment area Target for Mzuzu: 300 clients to be managed on domiciliary care
Portage clients / children with disabilities (Lilongwe)	198	2,000
Prison inmates receiving mental health services	239	480
Elderly clients enrolled in a holistic elderly support programme	386	542
Students enrolled in the generic nursing programme	215	360

****** Denotes that this project is still ongoing.

Part of what distinguishes SJoG's impact is the quality of care that is provided.

While is not within technical competency of the evaluation team to make a clinical assessment of SJoG's capacity, it was evident that part of what makes SJoG's interventions so impactful is the quality of care and services that are being provided. This finding was triangulated across all of the different stakeholder groups, which included clients (beneficiaries), the families and guardians of beneficiaries, government stakeholders (including those from the health and social welfare sector) and from SJoG staff themselves.

The evaluation team found a number of consistent factors that enabled SJoG to deliver good quality, high impact services. These include:

[9] Please note that these figures represent only a sample of the high level results that SJoG has delivered with the help of Misean Cara's support.
[10] 33 of these clients are reported to have been stabilized as a result of SJoG's visits and care.

- Reliable access to medication, especially compared to the frequent stock outs of psychotropic drugs at district government hospitals;
- Highly trained staff across a range of different but complementary specialist disciplines (clinical nursing, psychology, counselling, social work, physical rehabilitation);
- A well-developed mental health and wellbeing referral system that is adapted to different contexts (to include rural and urban communities; prisons; communities with elderly populations);
- Extensive geographic coverage and access to hard to reach populations, to include beneficiaries in remote rural areas who could not easily travel to district hospitals as well as to beneficiaries in prisons, where access is tightly restricted;
- High affordability of services, which included only modest contributions from users that benefit from the community outreach projects and many other series that were provided entirely for free, such as the prisons project and elderly services project (supported by Misean Cara funding); and
- Availability of specialist infrastructure and equipment, such as centres that are designed to cater to certain populations (including a women's wing at the addiction recovery centre), mobility and rehabilitation equipment, remedial vocational training equipment and well maintained recreation and catering facilities.

Part of what also distinguishes SJoG's impact is the lack of comparable services being provided by state actors and other NGOs.

A key finding that helps to explain SJoG's impact is the lack of mental health service capacity within government, a finding that was triangulated across all key stakeholders. The Ministry of Health is constrained by a number of underlying factors that limits its ability to delivery mental health and wellness services. These include:

- Current government health services are overstretched to meet basic health needs;
- Government lacks the material resources to deliver outreach services, including lack of specialist trained staff and access to adequate drugs;
- Mental health is not treated as a national health priority since it is not viewed as a life-threatening illness compared to other priority issues (e.g. improving under five mortality rates).

The void in service provision is being absorbed by SJoG in both the Northern and Central region. The evaluation team found no evidence of any other NGO working in mental health in either Lilongwe or Mzuzu. Some other NGOs are working in the larger prisons (but not on mental health), but SJoG is the only active NGO in at least two of the prisons that the evaluation team visited in the Northern region. Government stakeholders from Mzuzu confirmed that there is no organisation providing the comparable level of services for the elderly either, in include nutrition, mobility training, financial literacy training, sports and recreation and much more.

Changing the economic outcomes for beneficiaries is more difficult.

SJoG's projects have had comparatively less impact changing the economic outcomes for beneficiaries and their families / guardians. This is not surprising since economic interventions are not a core emphasis of SJoG's work. The prisons project has included the most emphasis on income generation activities, but the potential impact from SJoG's vocational training programme remains unproven. Few inmates had completed the technical vocational training at the time the evaluation team visited by the time the evaluation team visited, so it was not possible to test the extent to which the vocational training component of the project's theory of change holds true (e.g. inmates that complete the training and are released from prison are able to find employment and have better and more productive lives). Other sizeable barriers to, such as access to finance and input materials upon realise of prison were also cited as key barriers.

There are also important limitations about how much beneficiaries and their families can realistically hope to benefit from income generating activities. SJoG is able to help beneficiaries reach their 'optimal functioning level', but this ceiling will understandably vary from individual to individual. For example, while the evaluation team met some people who were able to return to work or participate in some income generating activities as symptoms were better managed, there were also numerous cases where it was not realistic to expect that beneficiaries could lead economically productive lives. In that sense, the burden on families and lack of opportunities (such as specialist schools for children with disabilities) means that the economic life chances for some beneficiaries and the families /

guardians that look after them remain bleak. Other data about the amount of money that is being managed through the self-help groups that SJoG helped to establish[11] is not regularly reported or available.

3.2 What has been the impact of SJoG projects on intermediate users (service providers)

SJoG's projects included activities with a range of different types of service providers. By service providers, the evaluation team includes all people involved in the process of identifying, referring and/or treating people with different mental health and wellbeing needs. SJoG's internal professional staff, community volunteers and government staff and health officers are all included under this broad definition of 'service provider'.

Misean Cara support is enabling SJoG staff to deliver specialist services.

As Section 3.1 sets out, SJoG is delivering a wide range of specialist services that would not be possible without the support from Misean Cara. All of these staff members have salaries that need to be absorbed, which helps to explain part of the value of the projects. Misean Cara funding is also used to support in-service training for SJoG staff. The effects of this training did not feature prominently as part of this evaluation since the majority of Misean Cara support was used by SJoG to contribute to its external programming rather than internal training. Still, it is worth noting the Misean Cara support helped to create opportunities for staff to maintain existing skills and build new ones. This is especially important for an organisaiton that delivers whose staff must have a range of technically specialised competencies.

SJoG's impact on future service providers has been relatively modest compared to its impact on beneficiaries.

The generic nursing project is the only project included as part of this evaluation whose primary focus was to build the capacity of (future) service providers. In this instance, students from the generic nursing project have yet to have an impact on Malawi's health system. None of the nursing student nurses have completed their training and graduated[12], so it is too soon for the project to contribute to the highest level impact from the theory of change (*skilled nurses/midwifery staff strengthen health care services in Malawi's hospitals and health centres*). Even so, by training these students in nursing, it is highly likely that SJoG will contribute to the desired impact, even though this project will not meet it enrolment/graduation targets.

The capacity of community members to identify and refer beneficiaries to SJoG has been strengthened by SJoG's interventions.

Community leaders are one of the key stakeholder groups that are targeted by SJoG. Community leaders receive a half day of training by SJoG to raise awareness about mental health illnesses and learn about how SJoG works. These community leaders are not service providers per se, but through the community outreach projects and elderly services project in Mzuzu, they play an important role in helping to legitimize SJoG, grant access to their communities, identify possible cases for referral and nominate community volunteers (discussed below).

Community volunteers play a larger role as part of SJoG's outreach strategy. These volunteers are based in communities across the different target catchment areas. They receive a three day training course on mental health issues and then a refresher training every year. While the evaluation team was not able to assess the quality of their training, there was enough evidence to demonstrate volunteers' useful role in mobilising community support for SJoG as part of the community sensitisation, referring clients on to SJoG for support and playing an active role in setting-up and encouraging the self-help groups.

The prisons project is training inmate leaders (peer educators) as part of its objective to improve mental health awareness and the referral systems in prisons. This work remains on going, but there is evidence SJoG's trainings and interventions are already contributing to this objective. Peer educators also play a key role in the referral and surveillance system, which includes checking the health of inmates with known, pre-existing mental health illnesses (to include monitoring their adherence to drugs) as well as looking for mental illness symptoms in inmates that have not previously been diagnosed (discussed further in Section 3.3).

A common theme from across these different volunteer-led interventions is their contribution to reducing the stigmatisation of mental health. As recognised and trusted leaders in the different contexts where SJoG is working

[11] Self-help groups were established by SJoG to increase resilience of beneficiaries and their families.
[12] The first cohort of students is expected to complete their studies in 2017 and sit exams in early 2018.

(such as prisons or rural, remote communities), these community service providers are helping to normalise mental health and wellness concepts and services in communities which otherwise might not have been exposed to these concepts and services before. The evaluation found evidence to show that these types of interventions by community members are contributing to a reduction in stigma, albeit at different rates in different communities.

SJoG's engagements with government service providers complemented SJoG's outreach work, but it was not designed for government service providers to assume a greater delivery role.

SJoG's interventions with government service providers across the projects varied by location and by the level of intensity of this work. At the community level, SJoG staff work in close proximity to government health staff at outreach clinics and occasionally provided training, but this was typically low level of intensity and its focus was to sensitise staff and raise awareness about SJoG' work (which in turn strengthened SJoG's role as a front line service provider).

At the district level – SJoG's work with government service providers in district hospital and with prison warders also entails sensitisation and awareness raising activities. This work has helped SJoG establish a strong referral system with district hospitals (as per the service level agreements) which allows SJoG to treat patients at its specialist in-patient care centres in Lilongwe and Mzuzu. A referral system for inmates with mental health issues has been created across the prisons where SJoG is working, and it has been successfully adapted for that context.

Staff in district hospitals also receive training from SJoG which includes a three-day training course using manuals and standards based on those from the World Health Organisation. SJoG also provides in-service training for nurses and clinicians once a quarter. Despite these efforts, there was consistent feedback from all stakeholder groups that government staff are overwhelmed, lack sufficient specialized staff, services and delivery infrastructure to become viable mental health service providers (as described in Section 3.1 above).

Although SJoG's in-service training is with government service providers is not intense, it is improving the strength of the Malawi's mental health referral mechanisms. By helping government service providers to better understand and identify the different symptoms of poor mental health, these service providers are more proactive in referring potential clients to SJoG. This finding was supported by a range of different government and SJoG staff. Related to the previous point, SJoG's in-service training and contact with government ministries and frontline staff is also helping to reduce the stigma of mental health illness amongst these service providers. Several different stakeholder groups described the historical reluctance of government staff to work with mental health patients because they did not want to become involved with these kinds of people.

3.3 How and in what ways have SJoG projects affected the lives of families and communities?

Mental health outreach, portage and elderly services are helping to minimise the burden of care among guardians and community members.

Across projects, the evaluation team found evidence of a positive impact on guardians and community members. Direct access to treatment and support for beneficiaries at SJoG's clinics and centres, in addition to domiciliary care and home visits, is helping to redistribute the burden of care placed on guardians and free up their time to engage in other activities. For children with disabilities, for example, access to specialist walking equipment and regular physiotherapy is improving their physical mobility, which, according to guardians, is reducing the amount of support and time required from them in taking care of their children. Similarly, guardians welcomed the recreational and leisure activities organised at the Elderly Centre, which are helping to keep service users preoccupied outside of the home, while the proximity of outreach clinics was noted by guardians as saving them time and money that would otherwise be spent traveling farther afield to access treatment and medication.

Nevertheless, the time spent by family members and guardians caring for beneficiaries remains significant. This is likely indicative of the complex illnesses and needs of beneficiaries, with some guardians (particularly those of children with disabilities) citing challenges in resuming productive activities given the level and time-intensive nature of the care required. This echoes the findings from Section 3.1 and from the independent evaluation report conducted by A&R Development Consultants of the Community Mental Health & Early Intervention Services for Children with Disability project, which notes that the burden of care largely remains the responsibility of guardians (2016: xi).

Outside of socioeconomic changes, some family members and guardians also spoke of feeling less stressed, since they now knew where to go to access support and treatment for those they care for. In addition, guardians welcomed support groups as a space where they are able to discuss the challenges and experiences they face in caring for unwell or elderly relatives. For some family members and guardians, knowing that others were in a similar position was a source of comfort, since they could share their own experiences and overcome specific challenges in their roles as caregivers.

Families and communities are more sensitised and able to respond to the mental health and wellbeing needs of beneficiaries.

The evaluation team found that SJoG is strengthening the capacity of caregivers and community members to identify, refer, and respond to the basic needs of beneficiaries.

At the community-level, support groups and community committees are strengthening access to SJoG's services by acting as key referral mechanisms within the community. In the Services for the Elderly project, examples emerged of community committee members working together with local chiefs and SJoG staff to identify individuals who could benefit from receiving care through the project, while in both the Lilongwe and Mzuzu Community Mental Health Outreach projects, support groups spoke of their role in monitoring the health and wellbeing of existing patients. Similar examples emerged from speaking with prison officials, who cited the role of peer educators in championing the needs of inmates, including by monitoring their adherence to medication and flagging any issues to wardens.

At the household-level, there was evidence that SJoG is also improving the capacity of guardians to identify and care for mentally unwell and elderly relatives. Through access to specialist care and clinical staff – whether at outreach clinics, home visits or during committee meetings – guardians spoke of improved knowledge and awareness of how to take care of unwell relatives. Guardians cited several examples, including learning how to support disabled children and service users with walking and mobility exercises, understanding the importance of adherence to medication, and recognising the need for positive nutrition behaviours and regular exercise. Although the *College of Health Sciences Generic Nursing* project does not have an explicit advocacy or community awareness component, interviews with project staff suggest that this project is also having a positive effect on families and communities, through community health talks conducted by nursing students, which are designed to promote positive lifestyles, health-seeking behaviours and the prevention of diseases.

Community awareness and attitudes around mental health issues are slowly improving but key barriers remain.

The evaluation found clear evidence of improvements among families and communities in awareness and attitudes towards mental health issues. Awareness-raising efforts by SJoG, including through home visits, dissemination of information through leaflets and radio, school clubs and public meetings were all reported as helping to shift attitudes and improve behaviours towards unwell and elderly patients. Further evidence illustrating the breadth and scale of community education activities is presented in Table 2, which reveals that SJoG projects have broadly met or exceeded their targets in delivering community education.[13]

[13] The Training and development of Registered Nurses at Saint John of God College of Health Sciences project does not have an explicit advocacy or community awareness component, hence figures have not been included in Table 1.

Table 2: Summary of SJoG's community education activities

Project	Source	Target	Achievement
Services for the Elderly	2017 statistics report (January – October)	20 meetings with civic leaders	51 meetings with traditional leaders and civic leaders have been done 9 community awareness campaigns conducted 9 network have been established with key stakeholders, which include Mzuzu City Executive Committees, National Initiative for Civic education, National Publications Limited, Mzuzu City Health department, Mzimba North health office, Mzuzu Prison and Mzimba North District Social Welfare office and Mzuzu police Victim Support Unit
Community Mental Health Outreach Project – Mzuzu	2016 annual report	Not stated - number of sensitisation meetings held Not stated – number of communities sensitised Not stated –number of community leaders and CBOs oriented Not stated – number of community support groups formed Not stated – number of IEC produced and disseminated	25 community mental health educations were conducted Community leaders and other CBOs participated in Ten mental health talks 3 support groups were formed within Mzuzu IEC materials were developed and disseminated at the static and outreach clinics, work place and in communities during awareness campaigns
Community Mental Health Outreach & Early Children with Disability Project - Lilongwe	2016 annual report	60% of the targeted community to have knowledge and skills on mental health problems by December 2016	17/25 group village communities reached with messages in the catchment area, representing 68%. 1,102 community awareness sessions were conducted, reaching more than 135,000 community members. Furthermore, 13 outreach clinics within the catchment area reached with skills and knowledge of mental health.
Mental Health in Malawi Prisons Project	2017 statistics report (up to September 2017)	4800 people accessing information, education through awareness 24 awareness sessions held	5124 people accessing information, education through awareness 12 awareness sessions held

Stories of successful cases of treatment also helped to convince community members that mental health issues are treatable, while beneficiaries spoke of home visits and domiciliary care as helping to demystify mental illness and reduce levels of stigma in the community. Similarly, elderly service users reported improvements in respect and

compassion among guardians and community members, which they attributed to the human rights training delivered by SJoG. This is in addition to the longstanding presence and profile of SJoG in the community, which was noted as helping to increase levels of trust in medical treatment options, rather than relying on traditional healers or witch doctors. Evidence of the shift away from traditional healers and witch doctors is a significant achievement in light of their influence in many local communities.

Interviews similarly revealed improved understanding about the symptoms of mental health issues, with patients previously stigmatised for not being economically productive[14] and for 'pretending' to be unwell. Interviews with prison officials, for example, found that there were fewer instances of bullying towards mentally unwell inmates (such as name-calling and food being stolen), owing to improved understanding and empathy with the nature of their illness.

Nevertheless, there was also evidence of prevailing negative attitudes and behaviours towards mentally unwell and elderly patients, including reports of verbal and physical abuse, both at the household and community level. Community members cited examples of patients being ostracised and mocked by others in the community, in addition to being bullied and sometimes physically abused by caregivers, for example being tied up or locked inside the home. This is likely to reflect the fact that changes in attitudes and levels of stigma around ageing and mental health issues are often slow, and require a long period in order to sustain positive changes, particularly at the community level. This echoes findings from project reports, which suggest that issues of stigma and exclusion persist, with scope for strengthened advocacy efforts and community awareness campaigns[15].

3.4 How and in what ways have SJoG projects influenced government programmes, policies and practices?

Local health programming is becoming more sensitive to the needs of different types of patients, such as those with mental health needs (including inmates) and the elderly.

At the local level, the referral system implemented by SJoG is helping to strengthen the capacity of local health facilities to identify and respond to the needs of patients. Support groups, community committees, and trainings of community chiefs are helping to extend access for communities previously unable to access government facilities, but are also strengthening the capacity of government facilities to treat patients previously inaccessible.

In addition, SJoG is strengthening the capacity at local government facilities by providing a platform to train healthcare workers. For example, the evaluation team heard that Health Surveillance Assistants are now being primed to identify mental health needs in community clinics, which marks a shift from mental health falling outside the primary healthcare model. Anecdotal evidence also emerged of SJoG helping to ease the supply of drugs and medication when state-run facilities were running short.

The evaluation also found evidence of local hospital staff becoming more accommodating towards the needs of mental health patients, including through improved attitudes and better treatment. Interviews with both project and local hospital staff revealed a broader focus when addressing mental health issues, with staff looking at mental health issues at the household level rather than exclusively at the level of the individual. This is in addition to improved attitudes among staff when treating mentally unwell patients, with examples emerging of staff previously 'fearful' of handling patients with mental health needs. The evaluation team noted similar observations for elderly patients, with service users and project staff alike citing examples of hospital staff spending a longer and more considered amount of time delivering medical examinations, in addition to being more willing to prescribe medication.

At the district level, district hospitals are working collaboratively with SJoG and there are some cases where hospitals are increasing their mental health delivery capacity or replicating some of SJoG's services.

At the district level, the evaluation team found clear signs of SJoG collaborating more closely with the government in the delivery of healthcare, including through formal channels such as service-level agreements. In Lilongwe, a new service-level agreement (SLA) signed with the government in October 2017 means that patients from Bwaila Psychiatric Unit are absorbed and treated by SJoG and paid for by the government. This is in addition to the

[14] See further Services for the Elderly annual report (2016: 9).
[15] See for example Community Mental Health Outreach & Early Children with Disability Intervention annual report (2016: 9) and its End of Project Evaluation Report, conducted by A&R Development Consultants (2016:14).

government meeting expenses associated with patients referred to SJoG from state-funded district hospitals, but does not include the cost of staff salaries nor the cost of medicine in the outreach clinics. Similarly, in the Northern region, the cost of treatment is free for elderly service users referred to Mzuzu Central Hospital and Mzimba North District Hospital by SJoG.

Outside of service level agreements, a mix of stakeholders also attributed the increased availability of psychotropic drugs at district hospitals to advocacy efforts carried out by SJoG. While the extent of these changes are perhaps limited, or at least difficult to attribute to SJoG's efforts alone, any increase in the supply and variety of medication within district hospitals was welcomed by stakeholders as a sign that district hospitals are increasingly placing a value on addressing mental health needs in the community.

Interviews with SJoG staff also noted the replication of some of their approaches, such as the expansion of government static clinics into the Northern region. In these clinics, government health workers with relevant training are beginning to deliver mental healthcare once a week, marking a change from how the clinics previously operated. Staff also cited the example of Zomba Hospital in the Southern region, which now offers an addiction recovery programme in addition to domiciliary care, based on SJoG's model. Although the evaluation team was not able to 100% attribute all of these changes to SJoGs work, the link is highly plausible, and the influence of SJoG's work at both the Ministry and district-levels was cited by government stakeholders.

Another opportunity for SJoG to further scale up and replicate its approach is through the mental health screening tool that they have developed to help prison clinical staff identify symptoms of mental health illnesses. Interviews with prison officials and project staff reveal that the tool has already been piloted across many prisons to date but would require some adjustments before being incorporated within the broader health screening process, which currently screens for communicable diseases such as Tuberculosis and HIV/AIDS. While this is still in the early stages of being rolled out nation-wide, the evaluation team considers this evidence of the wider reach and influence of SJoG within Malawi.

SJoG is working with the government to create a more favourable policy environment, although changes in policy to date have so far been limited.

From interviews with ministry officials, it emerged that SJoG plays a key advisory role to the government, working closely with them to influence the strategic direction of policy. Through their geographical presence, size, and longstanding reputation, SJoG were cited as a trusted partner in delivering health services, especially in areas that emerged as less of a priority for the government, such as mental health, inmate welfare and the wellbeing of disabled and orphaned children. In one example, reference was made to the fact that government courts trust the decisions and recommendations regarding the care of children based on SJoG's expertise and diagnosis.

This might reflect the broader impact SJoG and their alumni[16] is having on the research and policy climate, through its work sharing and disseminating best practice in the fields of mental health and disability. Participation in *World Mental Health Days,* alongside writing and presenting research papers at annual national conferences and technical working groups, were all reported as helping to disseminate SJoG's evidence and learnings in mental healthcare and disability, while boosting the overall profile and reputation of the organisation.

While these signify positive shifts in the policy climate, the evaluation team found limited evidence of changes in policy itself. The government of Malawi continues to focus more on communicable diseases and maternal and child health, and the evaluation team understood from speaking with project staff and ministry officials that the existing mental health legislation (the 2002 Mental Health Act) is currently outdated, and has been undergoing a review process since 2014.

Nevertheless, interviews also pointed to an opportunity for SJoG to contribute to the evidence base for mental health services through a new health district-level MIS system rolled out by the government. While the system includes fields for non-communicable diseases, it does not yet include fields for mental health. This is perhaps one area where SJoG should consider leveraging its expertise and the data it is already collecting in order to deepen the government's understanding about the prevalence and types of mental health needs across the country.

[16] 'Alumni' in this context refers to individuals who have previously worked or trained with SJoG.

3.5 Are the benefits that have been achieved by SJoG projects likely to be sustained?

Much of the knowledge that was shared by SJoG to build skills and help people manage and treat different conditions will be sustained.

The students being trained under the generic nursing project will be able to retain their knowledge since they will apply these skills on a regular basis. Once they graduate from the college, students' ability to support their fellow Malawians will continue as long as they want a nursing career. Existing skills will be maintained through standard in-service training.

SJoG helped share knowledge for many patients and their guardians that will serve them well throughout their lives. The evaluation heard numerous examples of how clients with mental health conditions better understood how regularly they needed to visit SJoG to receive medicine, how the broader mental health and related referral systems worked and how to identify those early symptoms that suggested a higher risk of relapse.

The evaluation similarly found numerous examples where SJoG's more intensive interventions, such as through domiciliary care for mental health patients and portage care for children with disabilities, helped beneficiaries and their families to develop even more resilient coping strategies. With occasional check-in support through SJoG's specialists, such as clinical nurses or social workers, clients and their guardians will be better able to manage conditions into the future.

In some instances, SJoG's model of working with guardians and committees will be difficult to sustain without additional support or incentives, or without extending access to some of the benefits of the wider programme.

The evaluation found some evidence of resentment among guardians and community members that may affect their long-term motivation to participate in coordination and delivery of services. Guardians and community committee members spoke of needing more time and resources to help them manage their care responsibilities alongside their other commitments, with some citing the long distances to access services or to participate in SJoG activities as an additional barrier. Committee members also referred to the voluntary nature of their care, citing the challenging costs involved in having to provide support for clients without any financial incentive. Addressing these types of concerns may not be realistic given SJoG's overarching focus on improving the lives of its clients, yet these are worth keeping in mind as part of the future project desings.

The sustainability of SJoG's volunteer and group support model has its challenges too.

The evaluation heard issues concerning the motivation and ability of community outreach volunteers to attend to patients living in wide catchment areas. Similar concerns were previously highlighted in that project's final evaluation report which found that the heavy workload of volunteers meant that it was not always possible for them to visit clients as scheduled. Volunteers themselves acknowledged that demand for their services is likely to increase following awareness-raising efforts and increased levels of trust within the community.

The sustainability of SJoG's different group support mechanisms is not well understood, but the ability of these groups to be sustained and fulfil a function appears related to their maturity. The evaluation team was able to visit with only a limited number of groups that were formed by SJoG. These group included the self-help groups, which support the economic welfare and resilience of guardians and mental health patents. They also include community support groups that work together with local chiefs and SJoG to monitor the health and wellbeing of existing clients and to provide a place where guardians and clients can share their challenges (and propose solutions).

How successful these groups are is not known because there is relatively little data about what they do and how they operate, especially now that projects have ended. Closer monitoring of groups would be needed to understand their longer-term sustainability. Such monitoring is especially important for self-help group members since these groups are dealing with microfinance, with presents its own set of opportunities and risks.

The likelihood of SJoG being able to sustain the key interventions from their across projects is variable, with some projects at risk of needing to scale down or be discontinued.

All Misean Cara proposals include a section where applicants need to describe approaches for sustaining benefits. Given the government's reluctance to invest in mental health care[17] and related wellness services, it is not

[17] Less than one percent of the Malawian health budget is allocated to mental health.

surprising that many of the services being offered by SJoG cannot be maintained at the same level or scale without additional funding. Given the remoteness, costs, and profiles of the SJoG beneficiary population, the evaluation team did not expect that all key benefits would be sustainable, but the evaluation team was unprepared for the level of financial exposure for several projects.

The projects that are most at risk are the prisons project and the elderly services project, but other projects face challenges too.

Currently, SJoG has no plans in place to continue the prisons project beyond the Misean Cara grant. The sustainability strategy set out in the prisons project proposal does not appear realistic, nor is there any concrete plan to transfer the responsibility / burden of delivering services either to government or to another donor. This project is only half-way through implementation, so it is still possible that this will change as SJoG's relationship with the Ministry of Internal Affairs and Public Security matures.

The elderly services project is funded entirely through Misean Cara grant funding. The evaluation team understands from interviews with project staff that SJoG's plan for sustainability involves strengthening local structures (such as with traditional and religious leaders, support groups and community committees) and continuing to foster relationships with community-based organisations (CBOs) to encourage them to take ownership of project activities. Despite these and other initiatives, project staff have explained that a longer implementation period will be required (five years) in order for the project to further develop its sustainability options, including allowing for emerging partnerships and the time needed for support groups to mature.

The generic nursing programme cannot be continued in its current form if there is a reduction in Misean Cara funding. Affordability of fees is an overarching concern amongst current students and has been a major factor for student enrolment and retention. Specifically, Misean Cara funding has distorted the market for nursing students by supporting participation in the course to the extent that it has, but the institution should still be able to continue with higher fees given the demand for places in registered colleges and universities (discussed below).

SJoG is committed to continuing its core in-patient and community outreach work. The Service Level Agreements are important mechanisms for helping to absorb staff costs - they currently contribute to offsetting 40% of staff salaries for in-patient care. SJoG has said it will try to maintain the frequency of its outreach activities, but how this will be maintained at the current level is less clear, since SJoG Ireland is not able to provide financing above what it currently provides. If additional funding is not secured, the likeliest outcome is that SJoG will need to scale down its services. This will include withdrawing to those areas where it has the most presence, in Mzuzu and Lilongwe.

SJoG is planning or implementing a range of different activities to try to mitigate the impact of a reduction in Misean Cara funding on their programmes.

Part of the SJoG's strategy includes raising service user (beneficiary) and student fees. SJoG will be raising fees from 500 Malawian Kwacha (€.6) to 1000 Malawian Kwacha (€1.2) for users that access its outpatient services in 2018. SJoG's more intensive in-patient care, which is subsidized by the service level agreement, will also rise from 58,000 Malawian Kwacha (€69) to 90,000 Malawian Kwacha (€106). SJoG plans to similarly raise fees for the remaining first and second year students studying generic nursing to 500,000 Malawian Kwacha per year - €590 (up from 300,000 Malawian Kwacha per year).

These increases should help to offset some of the funding shortfall, but they will still not be sufficient to offset all key costs. Clients and community members raised their concern about their ability to meet the increase in fees as part of SJoG's outpatient care. Some SJoG staff also questioned whether or not the government of Malawi would meet an increase to 90,000 Kwacha for residential care. Fears of higher fees is the major overarching concern amongst current nursing students who explained that the relative affordability of the programme (made possible by Misean Cara support) had been a major factor on their enrolment and retention in the college.

Group formation is another strategy that SJoG has introduced to maximise sustainability, especially the self-help groups and the various leadership committees. The maturity of these groups is variable across the different projects. The relative lack of maturity of some of these groups will likely affect the sustainability of the roles they are in place to fill. This is particularly true for SJoG projects that relied on individuals or groups to volunteer their time, which is the most common sustainability strategy that SJoG is employing at the community level.

Another part of SJoG's strategy is to diversify its funding base. In less than two years, SJoG has grown its SJoG Enterprises initiative which generates incomes for SJoG through employment opportunities for some its clients to include (landscaping and grounds maintenance, catering and printing services). This is a commendable

achievement which should be encouraged, but its relative contribution makes up a relatively modest 6% of organisational turnover. SJoG's most urgent need is to diversify its donor base. Misean Cara is the largest of SJoG's donors apart from what it receives from SJoG Ireland. Misean Cara is trying to help introduce SJoG to other donors, but it will take some time to cultivate these relationships before SJoG receives funds for programming.

Some of SJoG's investments are proving sustainable.

Misean Cara's funding has supported a wide range of investment in physical infrastructure which tends to be more sustainable. This included:

- Purchasing training equipment for the skills laboratory block at SJoG's College of Health Sciences;
- Construction of the skills laboratory was a one off cost that has been incorporated into the broader SJoG Health Sciences campus;
- Extension of the Drug and Alcohol Addiction Recovery Centre – Venegas -- so that it can accommodate more clients; and
- Construction and fitting-out the centres associated with the elderly services project are being maintained by members of the host community and by SJoG staff.

Similarly, SJoG's investments in vehicles is similarly sustainable. These vehicles are still in service and continue to be maintained by SJoG through their organisational operating budget. Like all vehicles, they too will eventually need to be replaced, but SJoG deliberately selected models (Toyota Hilux) whose parts are relatively easy to replace. They also use run on diesel which should extend the lifetime of the engines.

3.6 Key learning that can benefit others

The following section organises 'key learning' across three different stakeholders groups, SJoG Malawi, Misean Cara and other Misean Cara members. A selection of interesting learning that could benefit these different stakeholder groups is shared below, but more learning is included in the individual project summary reports and can expanded further in discussion for SJoG and Misean Cara.

3.6.1 SJoG Malawi

There is further learning which could benefit SJoG Malawi (and others) about how to manage and prevent potential conflict within self-help groups. As the self-help groups grow larger (both in terms of funds and membership), internal governance becomes more complicated. Traditionally, when women have access to greater financial resources and decision-making power, the relations between men and women are particularly susceptible to conflict. Staff from SJoH explained that there had indeed been some challenges in this respect, but that the inclusion of men as part of the self-help groups had helped to mitigate these issues. More evidence will be needed to understand the extent to which there was conflict and that this conflict has been effectively reduced by the inclusion of men, but it is a point of learning that is consistent with other economic empowerment interventions which could similarly benefit other Misean Cara members that work with self-help groups.

3.6.2 Misean Cara

One theme that has emerged from SJoG projects is the value of Misean Cara funding for infrastructure. In these instances, infrastructures investments - like the construction and fitting out of the skills lab – serve as important preconditions for the additional programming that then follows. Many donors will not make these types of investments, which is partly why SJoG (and others) assign so much value to this type of funding. This way of institutional and programmatic capacity building also lends itself to the type of successive grants that Misean Cara awards to partners, and tends to be more sustainable.

3.6.3 Other Misean Cara members

It is unlikely that there are many interventions being delivered by SJoG which could be successfully replicated in other contexts. As this learning report discusses, what makes SJoG so effective is its wide range of technical staff capacities, networks and delivery infrastructure addressing a highly specialised mental health need. However, like SJoG, many Misean Cara members would benefit from considering new approaches to measure happiness and well-being.

An important part of the value and impact that the SJoG is generating for its elderly services project is the improved mental and emotional well-being of beneficiaries. SJoG may wish to explore using alternative methods for trying to capture this important change.

4 Conclusions

The following section presents the summary conclusions about the impact of SJoG projects included in this evaluation. The evaluation team recommends that these conclusions are read in conjunction with the findings section. The section begins with some overarching conclusions from the evaluation, and continues with specific conclusions about different areas of investigation.

Overarching conclusion – SJoG delivers high impact for its direct beneficiaries

With the exception of the reported 'results' data from SJoG's Mzuzu project (still outstanding), SJoG's projects have broadly performed well against their agreed targets. The interventions that are benefitting the most people are SJoG's community outreach projects. The success of these projects highlight SJoG's well-developed delivery capacities, networks and technical expertise. Taken together, SJoG's package of support provides high quality services that others do not[18].

Misean Cara should feel confident that their investment in SJoG is leading to life-changing outcomes across the other projects too. The evaluation gathered evidence demonstrating the different types of impact that SJoG is delivering. These examples are presented in Section 3.1 and reflect the specific profiles and needs of different beneficiary groups including: improving the diagnosis and treatment of mental health illnesses; stabilising the mental health conditions of inmates; reducing the frequency of epileptic episodes; enhancing the physical and emotional well-being of vulnerable older people; and providing assistance that enhances the physical development of disabled children (and much more). Considering SJoG's fairly modest budget in relation to INGOs, the scale and quality of these changes is impressive: SJoG does a lot of good with relatively little.

SJoG's projects are reaching a broad spectrum of vulnerable Malawians, including beneficiaries whose needs might otherwise be excluded owing to factors such as poverty, lack of mobility, geographic isolation, age, and gender. The importance of the quality and scale of this reach is magnified by the dearth of service provision by the Government of Malawi. The myriad of interventions implemented by SJoG to overcome these types of barriers illustrates its overarching commitment to providing equitable services and extending access for the most marginalised. In addition to this, part of what makes SJoG so successful in reaching beneficiaries is the breadth of its referral network, which builds on the informal assistance of local leaders and volunteers, and extends to more formal referral mechanisms at district and central hospitals. These efforts ensure that vulnerable people are able to access and receive services that can improve their lives.

SJoG has worked successfully with government service providers and communities to improve the enabling environment for its mental health activities, but this has not included building skills and treatment capacity

SJoG's projects are making meaningful contributions to changes at the community-level, including through improved awareness and sensitisation to mental health issues. Although SJoG recognises that there are formidable barriers and enduring stigmatisation of mental health issues, the evaluation found clear evidence of improvements amongst families and communities in terms of their awareness and attitudes towards mental health. SJoG's investments at the community-level were designed to strengthen their referral networks and support modest levels of economic resilience through self-help groups.

This approach extends to SJoG's interactions with government staff. The evaluation found evidence of government service providers becoming more attuned to mental health needs; both as a result of the light touch training offered by SJoG, but also through working in close proximity to SJoG staff. But with the exception of the nurses training project, SJoG has not made significant investments in building the capacity of front line staff to deliver services

[18] The impact of offering this type of community-based support affects other SJoG initiatives as well, including reducing the pressure on short-term residential care centres and the costs of treating clients after relapse.

themselves. The choice not to build government capacity is a strategic decision which has important trade-offs. These are explored in greater detail below.

Delivery tensions within SJoG's programming: trade-offs between effective service delivery and service dependency

Although SJoG staff and the evaluation team share similar views about the impact (and limitations) of SJoG's work, there is some disagreement concerning the relative emphasis on delivering services as opposed to strengthening government capacity. It is the view of SJoG's senior leadership that establishing an effective model of service delivery is key in ensuring its longer-term goal of improving the government's prioritisation of mental health in Malawi: if the government can see *how* and *why* SJoG's model works, then it will be sure to emulate it. In the meantime, however, this requires SJoG to absorb this service-delivery, or risk creating a situation in which beneficiaries have no alternative providers.

The evaluation team appreciates the merit behind this strategy, and recognises SJoG's broader mission to serve the needs of vulnerable people. The evaluation team also acknowledges the limited opportunities available to SJoG to build the capacity of government staff, especially given the Government of Malawi's competing priorities and lack of resources. However, the evaluation team remains concerned that the level of dependency on SJoG—both from the government of Malawi and from beneficiaries themselves —raises important risks.

The tension between effective service delivery and service dependency is reflected in a number of decisions taken by SJoG. For example, instead of refurbishing the existing, run-down government facility, Bwaila Psychiatric Unit (which has since been shut indefinitely), SJoG instead chose to build its own well-equipped, modern facility. Part of what makes SJoG's work effective is that its staff provide specialist services that far exceeds what little expertise and resources government could bring to bear. However, this also means that the increased demand for mental health services leads to further dependency on SJoG staff, especially as awareness and sensitisation to mental health issues increases in different catchment areas.

If SJoG's strategy is to encourage the Government of Malawi to emulate the effective service delivery models it has developed, then there should be some evidence of this taking place. If these changes are not taking place, then it might be appropriate to re-examine some of the reasons behind this. Expecting to see changes in Lilongwe where SJoG is a relatively new organisation might perhaps be unrealistic, but equally there have been no large-scale examples of the government replicating SJoG's approach in the Northern Region, where SJoG has been well-established for over a decade.

SJoG is a respected and influential organisation, but its advocacy efforts are hindered by the Government of Malawi's relative lack of interest in mental health compared to other priorities

SJoG has had some important successes in influencing local communities and district level officials. The introduction of domiciliary care in the South and increased access to psychotropic drugs in the Northern region are just two examples that highlight these achievements. However, SJoG has not yet influenced the Government of Malawi to invest more seriously in mental health services on a national scale.

There are a number of reasons why shifting this point of view might continue to pose challenges. Most critically, the government continues to respond to problems it deems 'more urgent', such as communicable diseases and maternal and infant mortality. Another limiting factor is the composition of SJoG itself: SJoG is not set up to be an advocacy organisation. Its core mission has been and will continue to be providing services to people in need. Staff will continue to meet and advise government stakeholders as part of their work, but the organisation is not primarily designed to serve lobbying interests.

This is not to dismiss important opportunities where SJoG could influence government on a larger scale. The opportunities concerning prison screening and warden training have already been cited elsewhere in this report, and there is the possibility that SJoG might contribute to supporting the government in rolling out a district-level MIS system for non-communicable diseases to help gap in data regarding the scale and prevalence of mental health needs in Malawi. Understanding the effects of SJoG's existing advocacy work is further complicated by the mix of formal and informal advocacy efforts taking place across the organisation. This is an area where a more coherent advocacy strategy that ties into simple monitoring tools, such as an engagement tracker, would help SJoG consolidate and communicate its influencing work.

Sustainability of SJoG's interventions and dependency issues require urgent attention

The speed of SJoG's growth into new geographic and thematic programming has exceeded what it can currently sustain. Part of SJoG's ethos is that it is responsive to those in need, especially where they is a notable absence of other service providers. Misean Cara funding has enabled SJoG to expand its core mental health services to new catchment areas, while also trialling new interventions to address existing gaps where beneficiaries have been overlooked (i.e. elderly beneficiaries; the needs of prisoners). While these are laudable efforts, breaking into new areas of work means that there is a sizeable gap between SJoG's established work (which receives at least some financial support through service-level agreements), and its more innovative work, which does not. For example, it is admirable that SJoG opened its third senior centre during the evaluation team's visit, but the community expectations associated with opening this centre just months before the project was due to close raises other questions.

This has created an unenviable situation for SJoG and Misean Cara, with Misean Cara funding representing well over 60% of overall funding for some projects. Securing access to alternative funding remains a priority for SJoG although it is not yet in a position to offset these costs with new donors should Misean Cara funding be drastically reduced. In light of these very real and immediate challenges, and Misean Cara's instrumental role in helping SJoG grow so quickly, careful consideration is needed to ensure that SJoG's efforts and the expectations amongst its new beneficiaries can be sustained.

5 Recommendations

Recommendations to Misean Cara for future policy-making purposes

1. **Misean Cara should continue investing in infrastructure and capital costs for members.**

Part of the greatest value of Misean Cara funding for its members is that it supports capital investments. The different mix of capital investments – such as material goods, infrastructure, and vehicles within project funding schemes allows members to build strong foundations for future programming. Without these, breaking ground into new areas of work to attract additional partners becomes exceedingly difficult. This is especially important considering the reluctance among some other donors to pay for these types of investments.

2. **Misean Cara should work closely with those members whose budgets have grown quickly because of Misean Cara project funding to help reduce dependency risks.**

While Misean Cara requires match-funding (minimum of 25% contribution from other sources) for some of its project funding schemes, these requirements do not necessarily take into account members' broader organisational dependency on Misean Cara for project funding or balance the growth of members' programming with a diversification of funding sources. Misean Cara should consider requiring members' to diversify their revenue sources before they receive additional funding once they have grown to a certain threshold. For those members whose projects are highly dependent on Misean Cara funding[19], Misean Cara should consider implementing additional strategies to reduce dependency, including helping members to establish and develop relationships with new donors[20].

3. **Misean Cara should require greater levels of sustainability planning and reporting for its members with significant amounts of funding from Misean Cara.**

While some results may not be feasibly sustained, Misean Cara should introduce new conditions to help members maximise the sustainability potential of their work, especially when this work represents a statistically significant amount of Misean Cara's annual funding. This includes requiring members to develop sustainability strategies that they update and monitor during implementation as part of their regular reporting processes to Misean Cara. Members should be required to set specific time-bound targets, while also given the flexibility to adapt, update, and change these sustainability targets in the course of delivering their projects.

4. **Misean Cara should promote the use of contribution-based evaluations to assess the impact of its members.**

[19] For DFID, high dependency is often anything over 30% of their total funding. This threshold may need to be higher given the profiles and historical legacies of Misean Cara members.
[20] The evaluation team recognizes that MIsean Cara is already supporting members to make connections with new donors, including SJoG.

Given the scope and range of interventions funded under Misean Cara projects, it is difficult to anticipate many appropriate opportunities for applying a counterfactual evaluation design that proves causal attribution of impact. Instead, the evaluation team recommends a contribution-based approach to assessing performance and impact. By testing theories of change and the plausibility of causal relationships, these types of evaluations can capture evidence of impact which Misean Cara can use with confidence.

Recommendations to SJoG to improve its advocacy work

5. SJoG should continue to sensitize government service providers as part of its broader advocacy objective of increasing support for mental health programming.

The sizeable challenges notwithstanding, SJoG should *continue* to seek ways to sensitize and build the capacity of local and national government service providers. This will help to destigmatize mental health within government and strengthen referral mechanisms in the near-term, while adding to the momentum of SJoG's advocacy work in the mid to long-term.

On a related point, SJoG should continue to advocate for greater government investment in mental health services. These efforts should not come at the detriment of SJoG's core, community-based work, but can include strengthening and leveraging SJoG's national and international reputation and expertise. SJoG should continue to convene conferences and disseminate papers to influence government, and it should also share data on mental health outcomes to feed into the new district-level MIS system being rolled out by the government. Such a contribution can help to address government's mental-health data gap and elevate the profile of mental health within the Ministry of Health (see Section 3.4).

6. SJoG should consider experimenting with simple approaches to make its advocacy work more coherent, including articulating its advocacy objectives and the strategies for making these objectives a success.

Part of what makes SJoG effective is that it has many different formal and informal avenues for engaging with government and other stakeholders. However, SJoG's relationships with government and other stakeholders are held by staff across the organisation which makes it difficult to understand what is happening and with what effects. Linking these engagements to a more coherent advocacy strategy – and, crucially, describing progress against this strategy – would also help Misean Cara (and others) to understand how the sum of these efforts are worth more than their individual parts.

7. SJoG's new strategic plan should articulate SJoG's longer term vision for change and what responsibilities it thinks government and communities can realistically absorb in the next five years.

This plan should articulate a longer-term vision of change and success, even if though this vision will be beyond the scope of what can be achieved as part of the next strategic plan. However, the strategic plan should clearly define what responsibilities should be led by government and communities in the next five years, and what incremental steps are needed to help government and communities assume these responsivities. Finally, the plan should articulate a strategy for engaging and working with new partners, to include complementing SJoG's work with different beneficiaries groups and advocating for the rights of vulnerable people.

Recommendations for SJoG's future well-being and mental health projects

8. SJoG should continue to embed considerations of equity in its project design.

Making services equitable to different types of groups – such as women, disabled children, the elderly and the geographically hard to reach - comes at a cost. But, these costs allow SJoG to benefit people who are poorer and more marginalised.

If SJoG needs to scale back its future programming because of funding difficulties, then it should retain its focus on outreach and related referral services. These core services directly address key barriers related to poor access and lack of good quality care for different groups, while further consolidating SJoG's longstanding reputation for delivering high-quality mental health services. It is these interventions that reach the most people and draw most directly on SJoG's specialist expertise.

9. SJoG should continue looking into ways to upgrade its reporting, M&E systems and measurement capacity. This should include develop a standard formatting for collecting data for outpatient services.

SJoG is able to produce statistics on the rates of relapse and re-admissions amongst clients, but this is a time intensive, inefficient and somewhat inconsistent process. Without this information however, it is difficult for SJoG to be able to make the timeliest decisions about the use of its resources or indeed to communicate its impact outside of the quarterly and annual reporting periods.

SJoG is aware of these capacity gaps, and is hiring an M&E focal point following a related recommendation and budget allocation from Misean Cara. This focal point will need to improve systems. The lack of a standard format for collecting data and the inability to upload this data as part of a digitized mental health information system is also a challenge. As several staff noted, each department records data in a different way. When left up to the individual field staff recording information, it is up to team leaders to push for consistency. These processes should be improved to strengthen the reliability of the data and the consistently by which it is recorded.

10. SJoG should also consider employing new approaches to measuring happiness and well-being.

An important part of the value and impact that projects are delivering relates to improvements in the mental and emotional well-being of users. SJoG may wish to explore alternative methods to try to capture this important change. While CAFOD's 'batteries' methodology was originally conceived to help measure quality of life for people living with HIV/AIDS, it can be adapted to serve a number of different functions and is readily accessible to any type of beneficiary group. The original tool and methodology is available here: http://cafod.org.uk/content/download/14676/116683/version/2/file/Batteries%20Methodology_A%20Participatory%20Tool%20for%20QoL%20Assessment_HIV_2011.pdf

11. SJoG should expand its partnership-base with like-minded organisations.

Local communities and the government are limited in their ability to absorb SJoG activities in the near to mid-term. However, SJoG should cultivate partnerships with other INGOs whose work complements its activities, including its work with the elderly, disabled children, and in promoting the human rights of marginalised and vulnerable groups, such as inmates and people with mental health conditions. These types of partnerships can help to expand the scale, quality and potentially sustainability of different interventions.