



# EVALUATION OF SERVICES WITHIN PROJECT RECOVERY WITHIN COMMUNITY

Supporting recovery of persons with mental disorders and their full inclusion in the community



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**RECOVERY WITHIN COMMUNITY**  
***SUPPORTING RECOVERY OF PERSONS WITH MENTAL  
DISORDERS AND THEIR FULL INCLUSION IN THE  
COMMUNITY***

CONSULTATIVE EVALUATION  
OF THE PROJECT ACTIVITIES

November 2015

*Consultative evaluation team members would like to thank all the stakeholders participating in the consultative evaluation process.*

*Aiming first of all to support project during implementation and second more important to share our view taken from inside-outside position to have best learning experience out of the project overall experience. We hope that we have at least partially accomplished our goal to use process of consultative evaluation to enhance our joint learning.*

*We are also using this opportunity to express special thanks to the participants who participated in small group or individual in depth interviews who help us to shape our understanding of the key factors in theory to practice transition. We hope that material gathered during this interviews will be in some of the next projects presented to the wider public and that we will be able to share our privilege of listening to their thinking and elaboration of the most important question for the innovative services. Special thanks to John Jenkins, John Stacey, Slobodan Lazić, Dušan Smiljanić and Željka Burgund.*

*Team*

# Introduction

Consultative evaluation of the project “**Recovery within community** – *Supporting recovery of persons with mental disorders and their full inclusion in the community*”

The aim was to gather the experiences of all involved stakeholders and obtain suggestions for improvements during the implementation of the project as well as for the improvements for future actions. Within this scope special focus was on implementation of four innovative services I Self-support groups, II Home and community crisis intervention, III Drop in centre and IV Family counselling and education. Those services are low cost services – high impact services that can be easily implemented in other settings. Focus of the evaluation was on identification of the key factors for their utilizations. Values and practices defined in the Whole life Whole person recovery approach as theoretical and clinical background were also monitored to make sure that those innovative services are in the line with the best practices within this approach. With the focus on support for the project implementation team and associates but keeping in mind importance of value of the objective and formalized assessment of implementation of project activities, combination of the different approaches was used. Activates were monitored regularly and questionnaires measuring satisfaction were administrated, project documentation such as lists and other material evidences were consulted alongside with open group and individual consultations and experience sharing between project implantation and evaluation teams. From the beginning of the observation of the project activities and level of interaction between Associates and beneficiaries, it became so obvious that consultations and real partnerships are already in place and that all involved are consulting all along the way and are fully familiar with opinions and ideas of each other. This observation of the evaluator is important from two points of view:

First – cooperation and real partnership are important for implementation of the any project activity.

Second – focusing on the evaluation of the 4 innovative services one of the main pre-condition of the Whole life Whole person recovery was met – full and meaningful participation of both users and service providers.

## Scope

Scope of evaluation was negotiated with the participation of the project partners and associate's to be at best use for the achieving project aim since some of the activities related to research and writing of the manual for replication of the innovative services was subjected to the budget cuts. So the scope of the process of the consultative evaluation was to invest in to efficient implementation and add to project cycle management in the terms of using experiences from the project for the future actions with the same aim but also to close the gap introduced by budget cuts in the efficient way. One of the main paradigms for the 4 innovative services is to be able to work with minimum funds not losing key defining characteristics of the service – recovery of the person and creative and comprehensive problem solving focusing on the whole person, whole life approach. The latter is important in view of the necessity for using all available resources and working in synergies with all stakeholders.

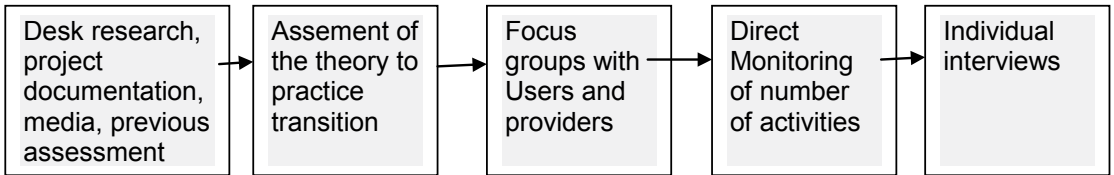
Abilities of the project leadership to utilise all the resources and creative problem solving is one of the qualities required with the approach that they are implementing and that is one of the additional qualities that project leaders gave to the project.

Considering that variety of the key actors from civil sector and clinical and political environments involved in the project implementation as project partners, associate's, users, from the beginning of the evaluation process and also during difficult times in project evaluation is that project has, indeed, offered additional opportunities for collaboration, exchange, coordination and joint action of all key players in this field of action.

Evaluation also intends to determine whether the project activities have managed to sufficiently engage other actors in terms of awareness rising on the topic of good mental health care and importance of the human and civil rights and interrelations of proven effective medical and psychosocial treatments and human right field.

# Methodology

The methodology used for final evaluation event was a combination of the following techniques.



**In March 2015** evaluation team administrated evaluation questionnaire to the beneficiaries coming to the Centre in two time points on 3rd and 25th of March. Out of the 25 administrated questionnaires 24 were valid. Results for specific activities were presented below with the general data about project outcomes. Here we will emphasise that the overall grade for the evaluated seven key Centre activities is very high 4.64 and that all activities received average grade higher than 4.5.

Concerning the theory to practice transition - Whole Life Whole Person Approach to Recovery to the Seven key social services provided in the Centre according to the questionnaire finding was very successful. Grade for the relevance of the project activities for the everyday life of the beneficiary is very high 4.43. This finding is supported by the findings from the beneficiaries' focus groups and in communication with representatives of International Mental Health Collaborating Network. According to this findings diverse services and especially user run activities, independence and freedom were constituted the most important factors in the transition from theory to practice is encouraging beneficiaries to meaningfully participate is accomplishment of all stakeholders.

## **Structure of the report**

Report is envisioned with the aim to give general brief findings regarding achievement of the outcomes of the project activities with outline of the possibilities for improvement in future actions and then focus on the key factors for the utilisation of the four innovative services introduced by the project. At the final chapter report includes several illustrations of the project outcome products and photographs as an illustration for both findings from the consultative evaluation and project implementation.



# Project background

IAN has been involved in the topic of mental health and human rights since its foundation in 1997, and this project came as the natural continuation of IAN's previous efforts. Organisation was established by the group of mental health professionals both with clinical and background in research and psychometrics to respond to the post war crisis with work with refugees and internally displaced people. Apart from the fact that number of IAN founders were mental health clinicians, professionals in the field of mental health, founders also had direct experience of being refugee or in other way directly affected by the war. Importance of the sound theory and clinical practice, research and assessment of the efficacy of the service but within the system that fully appreciates human rights and meaningful participation of the service users was present as part of the organisational culture. Cooperation with organisations and Networks worldwide that share some or all the values was also good foundation for the project start. IAN members were National managers and experts for the number of the project involving mental health reform in the country and region and IAN implemented bilateral project aiming to support implementation of the Community mental health services.

Project action is part of the wider program aiming to support process of the reform of the institutions providing care for the most vulnerable people within the Social Welfare and Health Institutions "Open arms" funded by EU to support sustainable solutions and improve position first of all of the people cared for in the remote and isolated institutions. Formal and informal contacts with decision makers and service providers that are part of the larger action were also fertile ground for the project implementation. One of the most recent collaborating project was between Vojvodina Government and International Mental Health Collaborating Network members - mental health establishment from Trieste and Friuli Julia Venetia Government, was on the ground implemented with IAN involvement and support of EUROSTART. One of the project objectives was defined to enhance this opportunity and enable other service providers for people with mental health disorders to learn from the experiences gained during project implementation.

IAN is currently implementing a number of the activities to respond to migrant crisis providing best practice crisis intervention in provision

of medical, psychological services following same principles of human rights protection and meaningful user participation and also some assessment and research activities to address problem using sound scientific data. Experiences from implementation of the project Recovery within the Community are being used to inform and improve current activities with migrants and the Whole Person Whole Life approach is recognised as distinct among service users and also important stakeholders on the field.

# About the project Recovery within Community

**Overall objective** of the action is *to enhance the social inclusion of persons with mental disability and mental health disorders in Serbia*. This will be met through *launching and establishing of the role model Community centre for persons with mental disorders in Belgrade* that will offer the entire range of **Seven KEY SOCIAL services** (Centre 7KSS).

Two specific objectives are defined to achieve this goal.

**Specific objective 1** - *To develop and launch the role model of available, affordable, accessible community based social services for people with mental health disorders based on the concept of recovery approach and user-s participation.*

Centre 7 KSS will implement the following services for the service users

**A: Home and community crisis intervention for people with mental health disorders**

**B. Drop in centre** for people with mental health disorders

**C. Legal counselling** related to employment

**D. Education** for beneficiaries to increase employment opportunities

**E. Family counselling and education** for family members/partners of people with mental disorders

**F. Art therapy** activities

**G. Self-support groups** based on concept of whole life recovery.

**Specific objective 2** - *To support Government of Vojvodina and 6 institutions in Vojvodina to improve care of people with mental health disorders by applying the experience of the role model centre and policy development.*

Community Centre will serve as role model resource centre for potential development of community mental health services in six other municipalities (Novi Kneževac, Vršac, Kovin, Plandište, Novi Bečej, and Žabalj).

## Main activities

A1. Establishing of Community centre for persons with mental disorders (Appointment of management and project specific staff; Set up Community centre premises; Development and adoption of Community centre protocols; Launch Symposium on Recovery approach; On-going project monitoring, project planning and reporting; Promotion of the project and Centre 7 KSS; Supervision of Community centre staff; Fundraising);

A2. Provision of seven key social services;

A3. Evaluation of four basic innovative community social services;

A4. Standardization of developed services and their integration into the action plan for regional development of AP Vojvodina (Standardization of innovative services and production of manual for their reproduction; Learning Set 1 - Recovery into Practice for Mental Health Workers; Learning Set 2 - Recovery into Practice for Family Members and People with Lived Experience; Learning Set 3 - Recovery focused acute and crisis alternative services including Recovery Houses; Lobbying for integration of services into Action plan for regional development of AP Vojvodina 2014-2020).

**Outputs and expected results.** Community Centre for people with mental disorders established in Belgrade and fully functioning; 20 trained and supervised staff and peers offering services on daily basis; At least 100 persons with mental disorders and members of their families used at least one of seven services; At least 30 clients receive support in crisis; At least 60 persons received services provided in Drop in centre; At least 20 people received on-going legal counselling for employment; At least 50 family members educated and supported; At least 30 persons with mental disorders engaged in art therapy; At least 40 people received self-help support from their peers; 4 innovative services standardized; At least 15 clients and 3 staff members evaluated Home and community crisis intervention; At least 50 clients and 3 staff members evaluated Drop in centre; At least 25 clients evaluated service Family counselling and education; At least 20 members of self-help group evaluated the service; 120 main residential care staff, users persons with mental disorders, family members, authorities, educated in three training events-Learning sets Recovery into

Practice for Mental Health Workers; Recovery into Practice for Family Members and People with Lived Experience and Recovery focused acute and crisis alternative services including Recovery Houses.

**Key stakeholder groups:** Persons with mental disorders were included in the process of project preparation through user organisation Dusa, from the very beginning in order to meet their needs as much as possible. Residential institutions were consulted about their role within project and what they expect to gain through it. 6 mental health and social institutions were selected to be project associates. State actors: Ministries of Social Policy and Ministry of Health are undertaking efforts towards transformation of big residential institutions. They are obliged to reforms by new legislation and commitments to EU. Government of Vojvodina is about to create new plan of regional development whose priority is improvement of social inclusion of people with mental disorders. This project will support them in those processes. Provincial Secretariat for Health Care, Social Policy and Demography supported project idea and will strive for its integration into the action plan of regional development.

**Timeframe:** Project duration is **18 months**. A1. Establishing of Community centre will take place in the first 3 months of the project, while certain sub-activities (monitoring, planning and reporting, promotion, supervision and fundraising will last during the whole project period. A2. Provision of seven key social services 4<sup>th</sup>-18<sup>th</sup> months. A3. Evaluation plan will be created in the first 3 months, internal evaluation during the whole period of services delivery; external evaluation 10<sup>th</sup>-15<sup>th</sup> month. A4. Standardization of services and production of manual in the last 6 months, Learning sets between 4<sup>th</sup> and 10<sup>th</sup> month, Lobbying – whole project period.

# Short description of Lead organization, co-applicants and associates

## Lead Association



IAN is a local, non-governmental organization established in 1997, as a response to the wars on the territory of the former Yugoslavia. IAN's vision is to have the South Eastern Europe region healed from the consequences of war and political violence and to become a civil society where human rights and well-being of all are respected. IAN supports the human rights of violation survivors and other marginalised and vulnerable groups in development of their own potential for achieving the decent life. Since 2000, IAN is dealing with issue of torture. IAN's Centre for Rehabilitation of Torture Victims (CRTV) started to work in September 2000, with the financial support of the European Commission (EU). The program was established as a result of IAN's efforts to provide specialized and comprehensive psychosocial assistance to individuals who suffered torture and other types of war-related traumatic experiences during the wars in the former Yugoslavia (1991-1995) and Kosovo (1998-1999), and to members of their families. Since 2010, when Torture Prevention and Rehabilitation Programme funded by European Union, started, IAN CRTV has provided support not only to victims of war torture, but also to victims of torture in peace (police torture, torture in closed institutions...). Within this project, IAN started with preventive activities, providing psychiatric and forensic expertise to Ombudsperson Preventive Mechanism during monitoring visits of closed institutions. In 2012, IAN became part of National Mechanism for Prevention of Torture in charge of systematic monitoring of psychiatric institutions.

## Co-Applicants



**IMHCN – International Mental Health Collaborating Network** IMHCN was established in 1993 by organisations and individuals that wished to develop community mental health services and to close psychiatric institutions. At this time the founder members vision

was to seek new ways to improve the lives of people with mental health issues. Twenty years later the vision of their founder members and their significant and important contributions has led to the sustainability and on-going development of IMHCN.

In March 2014 IMHCN launched the Network with its current members as a UK based charitable company limited by guarantee. Organisation also took this opportunity to establish new partnerships with interested organisations that will work with them to achieve their aims and objectives.

The current and newly invited founder partners will constitute the launched IMHCN and will enable organisation to continue the three main strands of their work:

- To campaign for the closure of psychiatric institutions through the development of comprehensive community mental health services.
- The development of Whole Life - Whole System Community approach by developing Strategies and implementing them through partnership working with local communities harnessing their strengths, resilience and resources.
- To promote and provide opportunities for people with mental health issues and their families to develop their own recovery plans through self-determination, autonomy and a full recognition of their assets.

IMHCN has been at the forefront of pioneering community mental health services for the last twenty years.



**Duša** – Association of users of psychiatric care services and members of their families. Association has been established within the project lead by IAN entitled Development of integrated mental health and social service for a model region, whose aim was to develop community, based services for protection of mental health. One of the project features was provision of support to creation and registration of Users associations in Serbia. Association Duša currently has 60 members and regular activities providing support for its members and awareness rising in the community about issues affecting lives of persons who are users of

psychiatric care services. Duša has history of collaborating with number of the national and international experts and organisations and its members are pioneering self-representation and activism among this group. Starting with referring to themselves as users of the services rather than patients or beneficiaries are strongly paving a way to new communications and approaches in dealing with the problems of people with mental health disorders.



**Prostor** was established in 2009. to improve position of the persons suffering mental health problems. Prostor works together with female and male users of psychiatric services in organising different activities. Main field of activities of Prostor is Art Therapy. Prostor started with activities in one of the biggest psychiatric hospitals “Dr Slavoljub Bakalovic” in Vrsac offering artistic workshops for hospital patients. After this workshop, workshop leaders were determined and started dedicated action to promote this type of therapy and to raise general awareness about people suffering from mental illnesses. They have started project Re-mind and spread their activities in number of other institutions in the country but also started collaboration with user associations Duša and Videa. Prostor is also very active in the field of user empowerment and is part of the Network Intervoice and Hearing Voices.



**In the family circle** is young organisation officially established in 2012 in Novi Sad to support families in resolving crisis and problem situations using the Method of Family conferences. Vision of the organisation is to work towards society that promotes personal responsibility and caring for the people that are close to us. In Family circle main activities are education about the Method and its values and techniques. Leading the Family Conferences and maintaining contacts with organisations that are using the method to exchange experience and gain support. Main aim of the Method of the family conferences is to work towards the safety and wellbeing of the vulnerable young or adult person by mobilising resources that are in the family, among relatives, friends and neighbours.



## **Associates**

### **Provincial Secretariat for Health Care, Social Policy and Demography**

Provincial Secretariat for Health Care, Social Policy and Demography is an equivalent of the Ministry in Republic Government. Apart from the previous experience with project applicant representative of the Secretariat emphasized fact that having Health and Social care under one administrative team is great opportunity as making deinstitutionalization plan does not involve often very difficult and slow cooperation between government bodies. Provincial secretariat will support and facilitate replication and full implementation of the developed community social services at the territory of Vojvodina

#### **Residential institutions on territory of Vojvodina province included in Open Arm project**

Psychiatric hospitals in Novi Knezevac, Vrsac and Kovin;  
Social care institutions Novi Becej, Curug and Stari Lec

# Evaluations of project outcomes per main activities

## General remark

Having in mind that final negotiation with the donor, in this case Delegation of the EU to the Republic of Serbia, resulted in revised budget which was not followed by the revised activity and output plans. So, some of the activities that are described in the project proposal were, after the negotiations excluded from the project de facto, left without corresponding budget lines but they were left in the text of the final proposal. Evaluation of the outcomes per main activities was lead considering the changes. So activities that were not funded were not subjected to the evaluation.

A1. Establishing of Community centre for persons with mental disorders (Appointment of management and project specific staff; Set up Community centre premises; Development and adoption of Community centre protocols; Launch Symposium on Recovery approach; On-going project monitoring, project planning and reporting; Promotion of the project and Centre 7 KSS; Supervision of Community centre staff; Fundraising);

Appointment management of the project staff – staff was appointed using internal IAN procedures that are aline with donor requirements and domestic law. Contract of engagement on the project were signed and internal management procedures established. No major obstacles and project implementation was without problems in this area although project with number of the applicants and associates without profound experience in management was very draining on the very limited project resources.

Recommendation: For future project that have strong emphasis on partnerships with number differently developed and diverse organisation project planning team should include more managerial staff especially officers that will be focused on working with partners on technical side of the project implementation and sound financial and operational management of the activities so that staff involved in the organisation and planning activities become less burden.

# Summary of the outputs and expected results

1. **1 Community Centre** for people with mental disorders will be established in Belgrade and fully functioning

2. **20** trained and supervised staff and peers will offering services on daily basis at Community centre

3. At least **100** persons with mental disorders and members of their families will use at least one of seven basic social services

4. At least **30 clients** will receive support in crisis

5. At least **60** persons will receive services provided in drop in centre

6. At least **20** people will receive on-going **legal counselling** for employment

7. At least **50** clients received appropriate **education** for beneficiaries **to increase employment options**

8. At least **30 family members** will be educated and supported to understand and cope with challenges of mental illness.

9. At least **30** persons with mental disorders will engage in art therapy

10. At least **40** people will receive self-help support from their peers

11. **4** innovative services will be standardized

12. At least **15** clients and **3** staff members will evaluate **Home and community crisis intervention**

13. At least **50** clients and **3** staff members evaluated **Drop in centre**

14. At least **25** persons with mental disorders and/or family members evaluated service **Family counselling and education**

15. At least **20** members of self-help group evaluated the service

16. **120** main residential care staff, users persons with mental disorders, family members, authorities, will be educated in three training events on Learning Sets

17. At least **25** residential care staff will be educated in Learning set Recovery into Practice for Mental Health Workers

18. At least **30** users persons with mental disorders and family members will be educated in Learning Set 2 Recovery into Practice for Family Members and People with Lived Experience

19. At least **30** People that are responsible for the commissioning and development of services or those that are interested in developing services will be educated in Learning Set 3 Recovery focused acute and crisis alternative services including Recovery Houses

## Evaluation findings

1. Community Centre for people with mental disorders was established in Belgrade and became fully functioning three months from the project starting date. This accomplishment is due to the fact that IAN has long experience in establishing services and that in past had profound experience in developing and implementing community mental health services. During project implementation project office as well as service moved from address in Ohridska Street 11 to Kneza Miloša 95 without major effect on the service delivery and quality. Premises on both addresses were cosy, comfortable palaces for individual and group work. Project implementation was also very well prepared and it is in our opinion one of the major factor of project being so diverse and successful in all aspects.



2. Staffing of the centre was also very diverse and competent including peers. Out of the 23 educated staff members and peers, 16 was involved in the work of the Centre while 7 who were educated decided that they would participate as the beneficiaries and observers of activities till they get more clear ideas about work in the centre and responsibilities of the provider of particular activities, being a facilitator, coordinator, leader of the peer group or taking responsibilities in providing service such as counselling in Centre setting.



3. Total number of the beneficiaries of the centre activities is 136, for one third exceeded planned number. According to the finding from evaluation questionnaire analysis

Evaluation finding - fully accomplished and exceeded



4. Support in crisis was according to the beneficiaries as well as for the staff one of the key elements that project is perceived as meaningful. This service was used by 32 beneficiaries or clients. Support in crisis is flexible service and communication with the needs in most direct and

meaningful way. Even beneficiaries who never used this service were stating in Evaluation questioner „I was not in the crisis but it is good to know that exists“

Evaluation finding - fully accomplished

5. Drop in centre service is one that contributed the most in the project accomplishment to serve more beneficiaries than planned. On the other hand it was very burdening activity from the point of view of the staff due to the novelty of the service and often mixing the roles of beneficiaries of drop in with peer service providers or user association activist. There were 88 people who benefited from drop in activities.

Evaluation finding - fully accomplished and exceeded



6. On-going legal counselling for employment. Legal services were required from 10 beneficiaries and they were not related exclusively for the employment issues. It was planned to serve twice as much. It seems that this activity was not perceived as integral part of the Centre activity by the beneficiaries. Centre is perceived more as psychosocial and user empowerment facility. Nevertheless, beneficiaries who used the service were very satisfied.

Evaluation finding – underachieved

7. Education for increasing employment options. Beneficiaries were very interested for this type of service but lack of funds for this type of activity resulted that number stays within the planed number. Total of 51 beneficiaries used education courses. 5 beneficiaries participated in computer skills course (Business IT), 5 Word press course, 1 video montage course, 6 English language courses, 9 leaders of self-support groups course and final largest group of 25 in career management training.

Evaluation finding – fully accomplished

8. Education and support for family members. This activity, apart from family members, attracted interest of number of professional as well as of users of mental health services. Even 44 professionals from the Centre for social work and 17 users of mental health services participated in several presentation aiming to introduce concept of Family Conference in dealing with the individual problem. Three family conferences were held, and those three gathered 52 participants

Evaluation finding – fully accomplished

9. Art therapy for beneficiaries of the Centre. Beneficiaries that participated in the art therapy were very satisfied with the results as well as the staff included in this type of the activity. Total number of the workshop participants was 29 out of 30 planed. Questionnaire results show that as well as the rest of seven key activities this activity was marked with excellent 4.61.

Evaluation finding - accomplished





- Outputs from 11 to 15 that were planned to serve as the basis for the standardisation of the 4 key services so that they can be easily implemented were subjected to fund cuts.

16. Education of different stakeholders' staff, peers, families, partners and associates about Whole life Whole System Recovery approach with practical techniques and actions that put theory to practice. Education was organised in three learning modules each designed to address specific needs of the certain group. Nevertheless, after introduction of the theory and the partners from IMHCN all the group expressed interest to participate in all three modules and to learn as a mix group. All training modules were implemented using mentoring and facilitating group leading style. Ideas about forming local network that shares same values and approach as IMHCN was elaborated during those events.

Evolutional finding – fully accomplished



17. Learning set Recovery into Practice for Mental Health Workers. During this training event as it stated above apart from mental health workers users of psychiatric services also took active part. Total number of 40 participants. This event was also monitored by the evaluation team members and in communication with participants we came to conclusion that learning event was also platform for connection with other services established in EU funded Open arms project.

Evaluation finding – fully accomplished +

18. Learning set Recovery into Practice for Family Members and People with Lived Experience. This set was slightly less attended then previous one but it is in the scope of the predicted number, out of 30 predicted, 29 participants.





19. Learning set Recovery focused acute and crisis alternative services including Recovery Houses, according to participants was part of the education that gave an informed insight on the state of the art community service for acute care in UK. Opportunity to learn about approaches to crisis which were the most resistant part of the stationary care approach was of high practical value. 29 of 30 participants were present.

Evaluation finding – fully accomplished

## **Overall conclusions and recommendations**

Project was successful in delivering promised results. Excellent management and strong partnerships in resources strained environment stress the importance of the core project management skills.

Importance of the independent services developed in community in wide partnership is that they can give enormous results for the relative small investments. Great synergy potential is very efficient way to support development of civil society.

Meaningful user participation combined with the professional support of experienced mentors is very important for the success in majority of the activities ranging from art therapy to crisis interventions.

## **Team recommends**

To further invest in staff that can have critical role using their organisational and management skills to creatively answer the complex needs that disturbances of mental health present to the individuals, families and communities. Further project should advocate for more financial support for those aspects and in different learning and networking activities related to the organisation, communication and management.

To enhance support and relative financial stability for the services that are established in the setting of the civil society organisations since independence and freedom are still very important issues for this particular group. To advocate to the major donor such as EC, UN and other bilateral donors to support services provided by non-governmental organisations that are run independently from state or private institutions.

User involvement and user participation but with the support from the experienced professionals are elements that are inseparable and are identified from representatives of both groups as critical for success. To develop project that will equally stress and enhance knowledge, skills and thus experience of both groups professionals and users.







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