Evaluation

of the

Foundation of the Peoples of the South Pacific International (FSPI) Masculinity, Mental Health and Violence (MMHV) and Youth and Mental Health (YMH) Programme

Final Version

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The views expressed in this report are those of the author and do not necessarily reflect the position of NZAID, the Ministry of Foreign Affairs and Trade, the New Zealand Government nor any other party. The author takes responsibility for any errors.

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Maire Dwyer

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EXECUTIVE SUMMARY

Introduction

Depression and suicide are acknowledged as serious mental health problems affecting Pacific youth. Uniform data on the current mental health status of youth is not available. Over 2003-2009, the Ministry of Foreign Affairs and Trade (MFAT)[1] committed nearly $NZ 2.5 million to fund the Foundation of the Peoples of the South Pacific International (FSPI) Masculinity Mental Health and Violence (MMHV) project and its sequel, the Youth and Mental Health (YMH) project. Both projects aimed to improve the mental health status of young people. FSPI, working with partner organisations, ran the MMHV in four countries – Fiji, Papua New Guinea, Vanuatu and Kiribati. The YMH project continued in these four countries and expanded into the Solomon Islands and Tonga in its first year and into Samoa and Tuvalu in the second year.

The main project outputs across both project phases were:

- the production of a situational analyses report for each country which drew on existing data and new participatory research with young people
- production of mental health awareness materials, training of trainers and community awareness raising
- working with young people to develop life-skills and sustainable livelihoods
- promotional activities around mental health and mental health awareness
- advocacy for improving mental health policies and services at country and regional level.

The largely narrative style of reporting on the project limited the quantitative and qualitative assessments of outputs that were possible.

Purpose and Objectives

The objectives of the evaluation were to:

- describe and assess the framework of the youth and mental health work of FSPI (i.e. explain the 'theory of change')
- (briefly) assess the relevance of mental health as a priority both nationally and regionally
- assess whether MMHV and YMH achieved the goal, objectives and outputs as stated in the design documents
- assess the value for money of MMHV and YMH.

The results of the evaluation are expected to inform the strategic direction of both FSPI and MFAT. It is expected the findings will also be of relevance/use to other regional and national stakeholders to their own policy and programmes regarding youth mental health. The terms of reference did not include a wider analysis of FSPI and its core funding arrangements with MFAT.

Approach and limitations

A review of contracts, plans, reports, training and information/education documents was supplemented by discussions with FSPI and other stakeholders in three countries. These were: Fiji (2-8 May), where FSPI is located and network partner Partners in

[1] the contract was managed by NZAID which was a semi-autonomous agency until it became a division of MFAT in 2009. It is now called the New Zealand Aid Programme.

Community Development (PCDF) was involved in both MMHV and YMH; the Solomon Islands (8-13 May), a Melanesian country where network partner Solomon Islands Development Trust (SIDT) was one of the first two additional countries to become part of YMH; and Samoa (28-30 April), as a Polynesian country which joined the YMH programme in 2008, and where delivery was sub-contracted to the Samoan Nurses Association and where MFAT plays a significant role in funding health services.

Stakeholders interviewed included youth participants in the YMH programme, national and regional government bodies, national and regional NGOS with related interests, international organisations with an interest in the issues of youth and mental health, mental health experts and academics as well as FSPI, its network partners and NZAID.

Mid-review findings – largely in relation to FSPI itself – were discussed with FSPI and MFAT at the end of the Fiji visit. Following the country visits, a "high level country findings" document was sent for information, and with a request for feedback, to participants interviewed about that country's programme.

The project concluded six months before the evaluation. Key project personnel had lost jobs, and it was not possible to observe the programme in action. However, the Youth Champs for Mental Health (Fiji) (YC4MH) and Futsol teams (Solomon Islands) continued and were engaged in focus groups. The one person team meant there were some gaps in interview coverage. The focus was primarily on the YMH project and on the project as it operated in the three countries visited. To maintain the independence of the evaluation, FSPI and network partners did not attend interviews with other stakeholders

Findings

Project planning, design and monitoring

In both the MMHV and YMH project phases, there was weak definition of objectives and expected results, non-specific indicators and no framework for measuring progress towards the expected results.

The implicit logic was drawn out from interviews and reports (refer table below). It reflects well established community development and public health approaches to achieving behavioural change through promotion, awareness raising, education and influence of stakeholders, as well as campaign approaches to achieving policy change.

Implicit YMH Intervention logic (derived from interviews and reports)	
Long-term goal	Improved mental health status of youth
Intermediate outcomes	1 more young people keep themselves mentally healthy 2. Improved mental health policies and services
Short-term outcomes	1. improved knowledge (agencies, youth and communities) 2. improved awareness of mental health issues (youth, wider community, policy makers) 3. youth empowered with coping skills and positive experiences 4. influence by youth towards other youth around healthy behaviour 5. engagement with stakeholders at a local, national and regional level

A monitoring and evaluation framework was developed for country activities. Under each of the project components and sub-components YMH coordinators in each country listed

activities, stated what had been achieved (a list of outputs), identified constraints and problems and, from these, lessons learnt. A review of some country responses indicates this framework was a useful tool for reflecting how a particular activity could improve. However, the YMH indicators were very broad (not specific, measurable, achievable, realistic and time-bound). There was no baseline data, nor a specific budget for monitoring. Reporting against indicators was not substantive. Following training, Most Significant Change stories were reported.

Inadequate planning, objective setting and project logic led to weak reporting and monitoring information. Contracting arrangements focussed on financial and activity monitoring and relied on FSPI's own monitoring, review and evaluation processes. In large part, the contracts for both projects focussed on the delivery of activities. In the YMH phase, the Strategic Partnership Arrangement (SPA) between NZAID and FSPI appears to have subsumed a detailed agreement on the YMH itself. The FSPI's contracts with its network partners also focussed on achieving project activities, financial accounting and acquittals, rather than outcomes.

Mental health as a priority both nationally and regionally in the Pacific

Mental health services have not developed at the same pace as other health services in the Pacific. WHO -including the Pacific Islands Mental Health Network (PIMHnet) - other donors and country governments, along with FSPI, have taken steps to improve mental health services. The FSPI and PIMHnet projects were seen to complement each other. Both FSPI and PIMHnet are regarded as having assisted the lifting of mental health as a priority within the Pacific over the last decade. There is, however, a long way to go. Country-specific support, development of family and self-help supports and a regional overview of youth services are gaps worth consideration as new projects by FSPI and MFAT.

Changes resulting from the project

As with all programmes aimed at achieving behavioural and social change, it is impossible to exactly attribute the impact of the MMHV and YMH projects as opposed to other events. The weak monitoring processes within the projects, and the lack of systematic data collection, exacerbate the difficulties of assessing impact.

Changes resulting from the projects included:

- government engagement with, and use of, the situational analyses
- Most Significant Change stories and focus groups recording changed personal behaviour and motivation from YMH activities.
- many examples of youth promoting 'healthy thinking" and positive mental health – most visible was the "star like" group Youth Champs for Mental Health in Fiji
- increased awareness resulting from theatre and publicity
- St Giles psychiatric hospital in Suva reporting an increase in outpatients and that 56% of outpatients attributed their attendance to the PCDF and Youth Champs community awareness work
- some youth participants and volunteers gaining jobs and FSPI and partner staff gaining promotions
- stakeholders valuing: access to mental health training;
- setting up of mental health networks;
- the YMH contributing to new mental health policies and legislation
- stakeholders seeing FSPI's advocacy as effective in lifting the profile of mental health in the region.

A regional approach

The advantages of a regional approach to the MMHV and YMH projects included:

- cost effective project management, and
- strengthened networking and capacity building within the region.

A regional approach had advantages as Pacific countries shared the problem of poor mental health and faced many common concerns and barriers to improving mental health. At the regional level, through both MMHV and YMH, FSPI built relationships with the United Nations organisations, SPC and other regional bodies.

There appears to be a niche role for regional programmes such as MMHV and YMH in developing innovative programmes to address emerging problems, where governments have not built up enough knowledge, or understanding, of a problem to invest in solutions.

Advocacy for mental health at a regional level has been a success and a regional approach may not be as necessary in the future. The youth mental health services needs are country–specific and may be better served by country level initiatives in tandem with regional level issues being handled by PIMHnet.

Regional approaches are likely to continue to be important in the Pacific and while the problem of their fit with country plans may not have easy solutions, coordination within MFAT can be improved by establishing virtual teams across head office and posts.

Efficiency and effectiveness

FSPI and its network partners PCDF and SIDT exhibited behaviours of effective organisations, as did the Samoan Nurses Association.

Several factors suggest that the country projects were too small to achieve the breadth of activities set out for them. The large project investments in situational analyses and training materials and training of trainers could have been more fully used and may not have realised their full potential.

The YMH project prioritised situational analyses and advocacy. Beyond this there was considerable variation in country programmes including the extent to which they focused on youth or the wider community, on mental health or wider youth needs, and how broad or narrow their population of focus was.

FSPI regarded this flexibility as a major strength because it allowed FSPI and country partners to align resources where there were opportunities. On the other hand, the breadth weakened the focus of the projects and it is unclear what process was used to prioritise and assess opportunities.

A key constraint on country programmes, which is acknowledged by FSPI, was caused by the growth of the YMH programme from 4 to 6 and then to 8 countries, without an increase in the $400,000 annual budget. The greater need for YMH project management by FSPI meant the FSPI share of the total budget, mainly spent on training and travel to support country capacity, increased over the YMH project's life from 27% to 36% and country budgets – particularly for the newest countries – diminished substantially.

This budget division also reflected FSPI's stronger capacity, relative to that of its network partners, particularly in relation to the production of high quality reports and training materials – a capacity that was also enhanced by MFAT core funding to FSPI. FSPI undertook significant responsibilities for the completion of three of the four YMH situational analyses. It appears that some of the newer country programmes never gained enough momentum to fully take on responsibilities.
Better planning and specification of expected results at country as well as regional level would have kept the project more focussed on outcomes, and may have resulted in a decision to not expand to so many countries.

Cross-cutting issues
Gender equality was enhanced as a result of the shift from a primary focus on men in the MMHV project to a focus on young women and men in the YMH project. FSPI, SIDT, PCDF and OLSSI all reported working across projects in ways to ensure their projects learned from each other and addressed cross-cutting issues as appropriate.

Sustainability
The most sustainable aspect of the project is arguably the contribution to changes in mental health policies, programmes and training. At the community level, strong branding of positive messages – *Ting Ting Hela* (Healthy Thinking) and *Keep on Walking* – as well as youth championing mental health as positive or "cool" - still resonate six months after the end of the project. The sensitivity to mental health issues and awareness of the importance of coping skills also appears to remain top of mind in the NGOs that participated in the programme. Elements of the YMH project have feed into new projects.

Several projects gained funding to continue some of the work started under MMHV and/or YMH. The recommendations in country situation analyses require country-specific responses. While countries share the challenge of improving youth mental health, there are substantial differences in terms of cultural perspectives, levels of poverty and opportunity, and services available to support youth and mental health services. Many informants considered there needed to be more project resources at the country level.

Value for Money
Value for money is difficult to discuss in the absence of specific, measurable goals, and firm conclusions cannot be drawn from this evaluation. The evaluation found, however, that, in the three countries visited:

- the implicit project logic was sound and the organisations involved exhibited behaviours of effective organisations
- there was evidence of the YMH project leading to positive change for individuals
- there were no reports of negative results from any project activities
- there was no evidence of project funds being spent on unrelated matters
- the galvanising of volunteer efforts within the country programmes (eg Theatre, YC4MH, volunteer time spent with sports teams and other activities) increased the overall contribution of the project beyond what was directly funded
- the projects gained media attention (and therefore promotion of the issues that did not need to be paid for) and youth attention (such as the mental health-focussed CD *Keep on Walking* being on the hit chart in Fiji) As a comparison, social marketing exercises in New Zealand typically cost around $100,000 a month

- the relationship building, particularly with Ministry of Health mental health personnel, through the projects, raised their awareness and sensitised them to the family, community and care issues of mental health.

Not being able to demonstrate VfM is a serious matter, especially given the achievements of the project are not trivial. Standard evaluation and VfM tools do not fit easily with developmental projects like MMHV and YMH which are addressing "wicked" social problems that have multiple causes, lack straightforward solutions and require behavioural and attitudinal change at many levels. If innovative, community development approaches to addressing complex, cross-cutting problems like improving mental health are to continue to have a place in NZ funded development assistance, MFAT needs to be more active and work alongside its development partners, perhaps with external evaluation support, to assist with project planning, design and monitoring.

Conclusions

When the MMHV and YMH projects began, mental health, and mental health issues for youth, were not just invisible in the statistics, but were also the subject of much stigma and shame. Services for the mentally ill were often poor quality. While mental health services are starting to improve in Pacific Island countries, there are still considerable gaps in mental health services at the country level as well as a large need for youth support, and youth development.

The projects worked towards two main outcomes: improving the mental health of youth, and improving mental health policies and services in Pacific Island Countries. In terms of the first outcome, there is anecdotal evidence of positive change for some youth but the projects were too small to make a significant difference to the coping skills of Pacific youth overall. Many interviewed in the course of this evaluation saw the advocacy and promotional work of the FSPI projects as having contributed to mental health rising up as a priority for Pacific governments over the period of the MMHV and YMH projects. Positive impacts reported included: increasing knowledge about mental health issues; individuals turning their lives around following training or through involvement in sport and employment or sustainable livelihoods; youth supporting each other and promoting "healthy thinking" through sport, music and art. The project initiated and supported mental health working groups that drew stakeholders together.

However, the projects were weak on planning, monitoring and evaluation. This evaluation found evidence of effective development practice but a need for thorough planning, and development of improved monitoring and evaluation systems. The projects did not adequately address issues of optimal resource allocation. Most seriously, they aimed to be too broad in coverage and, in the YMH phase, spread a small budget too thinly across too many countries.

If innovative approaches to addressing problems like improving mental health are to continue to have a place in NZ's Aid programme, MFAT needs to be actively involved in ensuring robust project planning and monitoring. The main recommendations to FSPI are to invest more time up front in the planning of complex projects, to build capacity in monitoring project impacts on outcomes, and ensuring its contracts build capacity in its network partners. The main recommendations for MFAT are to articulate expectations on planning in contracts, build closer links between regional and country programmes, and engage as an active partner where necessary.

SECTION ONE: INTRODUCTION

The structure of this report

Section One briefly backgrounds mental health issues in the Pacific, and the key features of: the Masculinity Mental Health and Violence (MMHV) and Youth and Mental Health (YMH) programmes funded by MFAT; and the Foundation of the Peoples of the South Pacific International (FSPI) and its network partners. Section Two describes the purpose and objectives of the evaluation, the approach taken, and the limitations. Section Three to Six discuss the findings: Section Three discusses the project planning and design, Section Four discusses the priority of mental health in the Pacific, Section Five considers the impacts of the MMHV and YMH project, and its efficiency and effectiveness. Section Six discusses value for money and Section Seven draws conclusions.

Overview of mental health and youth in the Pacific

Youth are a large percentage of the populations of Pacific countries (Table One). The 1998 UNICEF report, *The State of Pacific Youth* found that depression was the single most disabling disorder affecting Pacific youth (cited in FSPI, 2002). Suicide is more common amongst young people and acknowledged as a particular issue for youth (WHO, 2002; UNICEF, 2005, UNICEF, 2010). *The State of Pacific Youth* (UNICEF et al, 2005) identified low levels of education, high levels of unemployment and the limited opportunities for young people to participate in modern society, as related issues.

Uniform data on the current mental health status of youth is not available. Concerns about mental health, suicide and stress emerge commonly from consultations with youth. A Commonwealth Youth Programme (CYP) consultation with youth in 2005/06 found the most commonly raised concerns in the Pacific were social and life skills (83.3%) unemployment, substance abuse and sexual issues (all raised by 66.7% of respondents), violence and crime (50%) and suicide (41.7%) (CYP, 2007). The Suva declaration from the 2009 Pacific Youth Festival highlighted, amongst other factors, young people's "dire need" for mental health services and the lack of opportunities for young people to develop critical life skills.

Table One: Overview of key country and youth[2] data in the 8 participant countries in MMHV and/or YMH from (1) CIA world facts and (2) tables in UNICEF (2005)

	Population Jul 2010 est (1)	**% 15-24** (2)	**School life expectancy** (primary-tert)(1)	**% youth unemployed** (c2000) (2)	
				Male	**Female**
Fiji	957,780	19.6%	13 yrs	Na	na
Kiribati	99,482	20.3%	12 yrs	2.0 %(10-24)	2.2% (10-24)
PNG	6,064,515	19.5%	na	9.6% (10-24)	7.4% (10-24)
Samoa	192,000	17.7%	12 yrs	10.6%(10-24)	15.4% (10-24)
Solomon Is	609,794	20.7%	9 yr male, 8 yr female	19.4% (10-24)	12.3% (10-24)
Tonga	122,580	20.4%	13 yrs	9.9% (10-24)	15.1% (10-24)
Tuvalu	10,472	17.2%	11 yrs	7.6% (16-24)	12.7% (16-24)
Vanuatu	221,552	19.8%	11 male 10 female	4.0% (10-24)	2.1% (10-24)

[2] The FSPI notes that youth is defined both chronologically and socially in the Pacific and that, in general, youth is usually associated with single status and youth are perceived to be between 15 and 30 years of age.

Key features of the FSPI mental health projects

Over 2003-2009, MFAT committed nearly $NZ 2.5 million to fund the Foundation of the Peoples of the South Pacific International (FSPI) Masculinity Mental Health and Violence (MMHV) project and its sequel, the Youth and Mental Health (YMH) project.

FSPI is a charitable trust which has worked in the Pacific region since 1965. It established field offices which, apart from FSP Kiribati, have grown into independent local network partners. FSPI now has established network partners in Fiji and nine other Pacific countries; some of which were previously field offices.

In both the MMHV and YMH projects, FSPI contracted its network partners to deliver the country programmes. In Samoa, the Samoan Nurses Association was sub-contracted by the network partner O Le Siosiomaga (OLSSI) to deliver the YMH project.

Table Two: FSPI network partners involved in the MMHV and/or YMH projects	
Fiji	Partners in Community Development, Fiji (PCDF) MMHV and YMH
PNG	Foundation for People and Community Development (FPCD) MMHV and YMH
Kiribati	FSP Kiribati (FSPK) MMHV and YMH
Vanuatu	FSP Vanuatu (FSPV)MMHV and YMH
Solomon Is	Solomon Islands Development Trust (SIDT) YMH from 2007
Tonga	Tonga Community Development Trust (TCDT) YMH from 2007
Samoa	O Le Siosiomaga (OLSSI) sub-contracted to Samoan Nurses Association, YMH from 2008
Tuvalu	Tuvalu Associations of NGOs (TANGO) YMH from 2008

FSPI took a broad view of mental health, following the WHO definition below:

"Mental health is the ability to think and learn, and the ability to understand and live with one's own emotions and the reactions of others. it is a state of balance within a person and between persons and the environment. Physical, psychological, social, cultural, spiritual and other interrelated factors participate in producing this balance. The inseparable links between mental and physical health have been demonstrated"

World Health Organisation (2002) *Regional Strategy for Mental Health* WHO Western Pacific Regional, Manila

Both MMHV and YMH aimed to improve the mental health status of young people. In the MMHV phase, the project was run in four countries – Fiji, Papua New Guinea, Vanuatu and Kiribati. The YMH project continued in these four countries, expanding into the Solomon Islands and Tonga in its first year of operation. In the second year, it added Samoa and Tuvalu. In both projects, funding was committed for three years and evenly spread over the three years of each project (around $400,000 per year). The YMH contract ceased six months before this evaluation.

Table Three below lists the main project outputs across both project phases. The largely narrative style of reporting, and the fact that budgets were largely attributed to inputs (personnel, travel, office costs etc), and only direct costs attributed to activities, means quantitative assessments and comparisons are not possible from available data.

Table Three: Main outputs in MMHV and YMH project (Appendix Seven contains more detail on outputs in Samoa, Fiji and the Solomon Islands)	
Output and description	**What occurred**
Situation Analyses reports An analysis of each country's situation with regard to mental health via a synthesis of formal data sources and results of Knowledge Action Practice (KAP) participatory research. .	Situation analyses were completed and published in each of the eight countries involved in MMHV or YMH. 7 of 8 reports included formal recommendations to government and others; the Kiribati report's conclusions related to its own activity. A process manual for participatory research was produced in the MMHV phase. A synopsis report for the four countries was produced at the end of MMHV. Professionals were commissioned to write other reports.
Mental health awareness materials, training of trainers and community awareness Preparation of materials for awareness raising and development of training, carrying out training of trainers (usually staff at FSPI, network partners and mental health and related professionals in country) and staff then using training to raise awareness in communities	An Awareness kit and user guide developed in MMHV with systematic training to occur in the subsequent phase. . Nine training of trainers workshops took place over 3 years 2006/09. Further training and workshops with stakeholders reported in 2006/07 in Vanuatu, PNG and Kiribati. Translation of materials in PNG, Tonga and Kiribati. 2007/08 urban youth group awareness/education activities reported in all countries. Fact sheets on mental health issues developed at regional level. In country training activities were also carried out in tandem with other organisations (2007/08 and 2008/09). A revised and augmented training resource was developed and trialled through training of trainer workshops involving all countries (2008/09) and a sub regional YMH Training of trainers carried out in March/April 2009
Livelihood activities (& education & awareness raising) The MMHV phase aim was to directly assist stressed groups of young men (unemployed, ex-prisoners, homeless) to improve their mental health through addressing their need for sustainable livelihoods. The YMH phase continued these activities but they were less of a focus.	Four projects in Fiji, five projects in PNG, three projects in Kiribati and three projects in Vanuatu (of varying sizes) reported at end of MMHV (FSPI, 2006a). Activities included lifeskills training, human rights, research, awareness raising as well as business support. In the YMH phase and some support for Livelihood projects shifted to FSPI MORDI project. In PNG's strong livelihood focus (including sports NGOs and security for Dame Kidu) shifted to formal skills development. 3 projects in Vanuatu were monitored and youth shifted on to other activities. Livelihood activity in Tuvalu was supported by FAO. In Kiribati the livelihood work was linked to ILO. Sport activities became more common in YMH phase alongside livelihood activities eg in the Solomon Islands. In Fiji as the FSPI Mainstreaming Rural Development project took up work in this area.
Mental health promotion Publicity and public engagement (including youth to youth) that promote mental health services and awareness	The development of positive slogans and messages via youth mental health forums, conveying messages via drama, music, DVDs and other publicity eg T shirts, public events in all countries. Annual reports suggest most prolific in promotional activity occurred in Fiji and Solomon Islands
Advocacy Establishment of working groups of mental health stakeholders, advocacy of improvements in country mental health policies, participation in regional mental health and youth policy for a	In all countries groups of stakeholders were established and there was advocacy around mental health policies and specific items of focus – eg suicide prevention, mental health consumer and carer support, national youth policies At the regional level there was input into the CROP Health and population working group, collaboration with PIMHnet, PI Disability Forum, Youth development forums, and observer status at the biennial meetings of Health Ministers

Expenditure breakdowns

Figure One below provides a broad breakdown of expenditure for the YMH programme. It shows that the proportion of spending on livelihoods, education and awareness activities reduced slightly over the three years, and the proportion spent on other expenditure categories (apart from personnel) increased slightly (calculated from annual acquittals).

Figure One: YMH expenditure by category

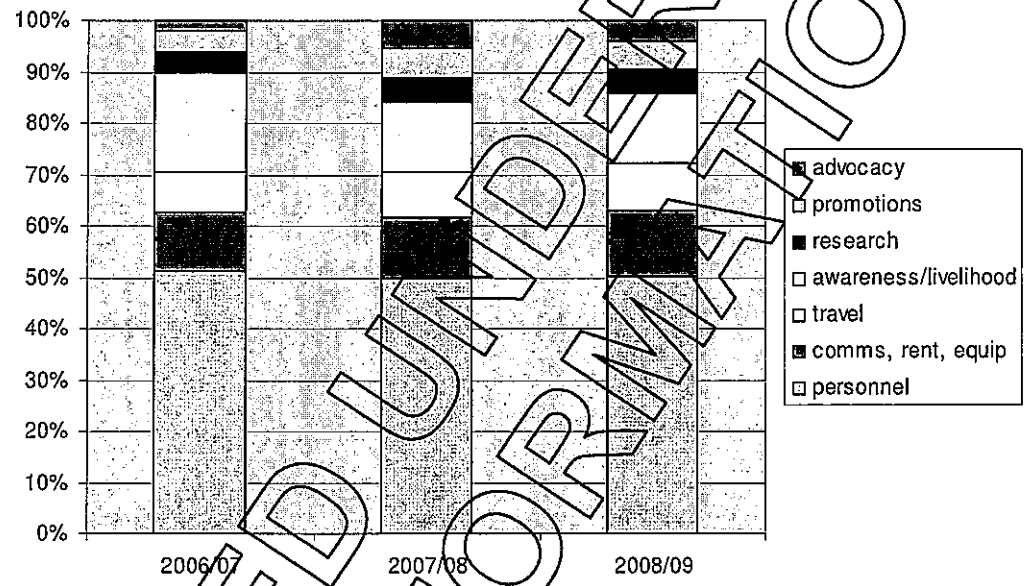


Table Four below shows the budget spent by FSPI and country programmes over the three years of the project. The YMH budget for countries reduced significantly as the three year programme rolled out and the FSPI's budget share increased. Over the course of the project, FSPI's management responsibilities grew. More and more activities were led by FSPI, and more direct FSPI support and input was provided to countries.

Table Four: YMH expenditure 2006-2009

	FSPI	Kiribati	Vanuatu	PNG	Fiji	Solomons	Tonga	Tuvalu	Samoa
2006/07	106,500	45,894	47,944	56,353	47,717	48,916	46,676		
%	26.60%	11.47%	11.99%	14.09%	11.93%	12.23%	11.67%		
2007/08	123,800	22,700	28,100	34,800	38,200	41,200	40,200	35,500	35,500
%	30.95%	5.67%	7.03%	8.70%	9.55%	10.30%	10.05%	8.88%	8.88%
2008/09	148,350	21,900	32,350	34,150	42,600	33,850	21,100	20,100	16,600
%	35.84%	5.48%	8.09%	8.53%	10.65%	8.46%	5.28%	5.03%	4.15%

SECTION TWO: THE EVALUATION

Purpose of the evaluation

As stated in the Terms of Reference (Appendix Two) the results of the evaluation are expected to inform the strategic direction of both FSPI and MFAT. In MFAT's case this will include whether, and how, MFAT continues to support mental health within the regional Human Development Programme, including funding to FSPI. It is expected the findings will also be of relevance/use to other regional and national stakeholders to their own policy and programmes regarding youth mental health.

Objectives of the evaluation

The four objectives of the evaluation are listed below. The intent of the questions is more fully explained in the Terms of Reference (Appendix Two). The objectives are:

1 To describe and assess the framework of the youth and mental health work of FSPI (i.e. explain the 'theory of change').

2 To (briefly) assess the relevance of mental health as a priority both nationally and regionally.

3 To assess whether MMHV and YMH achieved the goal, objectives and outputs as stated in the design documents.

4 To assess the value for money of MMHV and YMH.

Approach

The evaluation set up involved a briefing from MFAT, the provision of key programme documents and the development of an evaluation plan (Appendix Three) which was discussed and signed off by MFAT and FSPI. The plan identifies, interalia, the assessment of stakeholders, the information needed, and risk management.

A review of contracts, plans, reports, training and information/education documents was supplemented by discussions with FSPI and other stakeholders in three of the eight countries (as agreed with FSPI and MFAT) involved in the projects. The countries were: Fiji (2-8 May), where FSPI is located and network partner Partners in Community Development (PCDF) was part of both the MMHV and YMH projects; the Solomon Islands (8-13 May), a Melanesian country where network partner Solomon Islands Development Trust (SIDT) was one of the first two additional countries to become part of YMH; and Samoa (28-30 April), as a Polynesian country which only joined the YMH programme in 2008 and where MFAT plays a significant role in funding health services. FSPI's network partner in Samoa, O le Siosiomaga (OLSSI), sub-contracted the Samoan Nurses Association to undertake the YMH project.

In addition to FSPI and MFAT, stakeholders interviewed included focus groups of youth participants in the YMH programme, national and regional government bodies, national and regional NGOS with related interests, international organisations with an interest in the issues of youth and mental health and mental health experts and academics.

Discussions were tailored to particular stakeholders. In almost all cases, participants were emailed general question areas prior to the discussion. All participants received a one page information sheet about the evaluation, prior to the discussion (Appendix

Four). Participants were informed that comments, if reported, would not be attributed to particular individuals. If comments could be identified, participants would be emailed text for their approval. Approval to use parts of youth stories was sought in country.

Mid-evaluation findings – largely in relation to FSPI itself – were discussed with FSPI and MFAT[3] at the end of the Fiji visit. A (belated) official launch of the Samoa YMH situational analysis occurred during the field visit. There was an opportunity in the Solomon Islands to discuss preliminary findings with SIDT, but this was not the case in Samoa. Following the country visits, a "high level country findings" document was sent as a draft to the network partner organisations (PCBF, SIDT, OLSSI as well as the Samoan Nurses Association) for review, with the revised findings then being sent more broadly for information, and with a request for feedback, to participants interviewed about that country's programme. There was some feedback from all countries.

The full list of persons consulted and focus groups held is included in Appendix Five. Literature and data was used to assess broader contextual issues for the programme and to complement and triangulate findings from the stakeholder interviews and programme documents. Appendix Six lists background papers and materials utilised. Appendix Seven contains the three country summaries.

As far as possible, the approach taken to the review has been made transparent to MFAT and FSPI, and has taken into account the NZ Aid programme's principles of partnership, independence, participation, transparency and capacity building. There were several meetings as well as email and phone contact with both parties during the evaluation.

Limitations

The six month time lapse between the conclusion of the programme and the beginning of the evaluation meant it was not possible to observe the programme in action, although focus groups were held with two youth groups that were still active: Youth Champs for Mental Health (YC4MH) in Fiji and the Futsol team in Chichinge in the Solomon Islands. In most cases, key project personnel had moved on from their jobs.

There was a strong reliance on FSPI and network partners to contact former staff members, set up focus groups and set up evaluation interviews. To maintain the independence of the evaluation, FSPI and network partners did not attend interviews with other stakeholders. FSPI and network partners assisted in facilitating discussions around the key evaluation questions with focus groups in Fiji and Solomon Islands[4].

The aim was for the evaluation to cover all MMHV and YMH activity – planned and relevant unplanned – since the NZ AID programme commenced funding the MMHV in

[3] Megan McCoy, the DPM responsible for the evaluation was on a short-term posting to NZHC Suva at the time, which provided an opportunity for a mid-evaluation session with FSPI and MFAT.

[4] In Fiji the focus group with the youth champs for mental health (YC4MH) was held at FSPI and facilitated by Margaret Leniston, the FSPI Regional Health Programme Manager and Jane Henty, the YC4MH coordinator. In the Solomon Islands, the focus group with the Honiara Youth Theatre was facilitated by the consultant, as well as a separate discussion with the two women members. Amazjah Keith, the former YMH coordinator, conducted in Pigin, and then translated, the discussion with Chichinge Futsol team members.

2003. The evaluation design, and the fact that key people from the MMHV project first phase at FSPI and in Fiji had long since changed jobs[5], as well as some gaps in physical reports from the MMHV phase, meant the focus has been largely on the YMH project, and on the project as it operated in the three countries visited. Livelihood projects were not included in the evaluation as Fiji livelihood projects waned during the YMH phase. Livelihood projects had been relatively small scale in the Solomon Islands, and none had been set up in Samoa. They were also tangential to the project purpose.

The evaluation was ambitious in the numbers of stakeholders it aimed to contact given the short time in each country. Notwithstanding the many interviews and three focus groups held (refer Appendix 5, page 58) some stakeholders were out of the country or not available during country visits, and the time frame did not provide much opportunity for snowballing contacts. Some further interviews/discussions occurred – by phone or email – from Wellington in an effort to fill gaps in the countries visited and round out the evaluation by talking to Network Partner organisations from other countries. Nevertheless, some important gaps remained: there was no input from Samoan health department personnel, no input from Fijian NGOs and CSOs active in mental health or related fields (other than those linked to the MMHV and YMH), and no interviews with donors in the Solomon Islands.

In addition, the breadth of the activities undertaken in combination with the largely narrative reporting on activities, the small scale resource for the evaluation (one person and relatively short time frame) meant that there was insufficient information, or too limited consultation, to draw firm conclusions in relation to some aspects of the evaluation objectives.

[5] Archana Mani, who was the MMHV and YMH regional programme manager at FSPI was interviewed for the evaluation as well as Rex Horoi, and Alisi Waqanika-Daurewa, the managers of FSPI and PCDF over the period when MMHV operated. Attempts to contact Andrew Peteru, the FSPI manager of the MMHV project were unsuccessful. The former PCDF manager of the Fiji MMHV project (Adrea Baleicolo) was also not able to be interviewed.

FINDINGS

SECTION THREE: PROJECT PLANNING, DESIGN AND MONITORING

This section draws on the synopsis of the planning and design of the MMHV and YMH projects as evidenced in the project documentation, reporting and other written exchanges (Appendix 8). It discusses the project logic and the quality of monitoring and evaluation framework.

Explicit Project Logic

Both the MMHV and YMH project phases were weak in articulating specific goals and objectives. In the YMH phase, the Strategic Partnership Arrangement (SPA) appears to have subsumed a detailed agreement on the YMH itself. MFAT comments made on the YMH planning documents stressed the need for more precision in the proposal (McCoy 2007a and b). A substantially similar, but reordered, document was developed (FSPI, 2007b) and stood as the final project document.

The specification of expected results, and on how progress towards the expected results would be measured, was also weak. Goals and objectives were aspirational, broad, and loosely worded rather than specific, measurable, achievable, realistic and time-bound. Appendix 8 discusses these issues in more detail. As an example, Table Five below reproduces the intervention logic articulated in the FSPI YMH Logical Framework.

Table Five: Intervention logic set out in FSPI YMH Logical Framework (summarised) (FSPI 2007a)	
Overall goal	To build supportive environments to increase the coping capacity of youth to promote better mental health in pacific region in response to changing lifestyles
Project purpose	1 To conduct community-based research and integrate with existing literature to inform youth activities in the region 2. To raise awareness amongst youth, community members, stakeholders and policy makers on mental health issues and coping strategies 3. To build regional and national networks of service providers to further provide support services for youth 4. To document traditional coping strategies, supportive structures, best practice and lessons learnt in the area of mental health and youth issues
Results	1 Quality information enabling national and regional service providers to better meet the needs of at risk youth (from research component) 2 Revival and building of supportive environments for youth and community members (from research component, Awareness and education/sustainable livelihoods, and mental health promotion) 3. An active mental health support network in the region (from advocacy) 4. Improved coping strategy and awareness of mental health problems among people in general and youth in particular (from Awareness and education/sustainable livelihoods and mental health promotion)

Implicit project logic

While the project documentation does not have a well-developed and explicit logic frame, the project components, the reporting to MFAT, the internal monitoring of activities and the interviews with FSPI and network partner staff and former staff reveal four strands of logic through the YMH project which are consistent with behavioural and social change processes on the one hand, and with the impacts of empowering

individuals on the other. The contributing elements were: youth empowerment, building knowledge and skills, promotion and publicity, and getting stakeholders on board.

Youth empowerment: the logic was two-fold. Youth empowerment was a goal as being empowered would improve their mental health. As individuals became empowered they would contribute to the empowerment of other youth through young people being better able to support each other, influence each other towards more healthy behaviour, and articulate, and advocate for, their mental health needs.

Youth Empowerment logic – quotes from current and former staff of FSPI and network partners

"young people know best how to reach young people. We engaged with young people and empowered them to reach out"

"the programme has built capacity at the community level. we try to take a whole community approach"

"the mental health training fitted with the other training we do to empower people – helping them negotiate"

"before starting we build capacity through profiling and awareness raising"

"the greatest achievement has been the groups that have gone on to get more funding"

"we recruited a volunteer to work specifically on capacity building for Youth Champs for Mental Health (YC4MH)"

Building knowledge and skills: the logic was to build knowledge and educate people about mental health issues in ways that resonated with them in order to increase awareness, reduce stigma and build coping skills. As a result, youth wiould then more able to adjust their behaviour, seek help, and support others.

Building knowledge and skills logic – quotes from current and former staff of FSPI and network partners

"the situation analysis took time because there was no data. We worked with academics and built capacity on the way"

'initially we worked on awareness, and then we moved into more specific training on coping skills..there is scope to expand this further"

"the core was to ensure that the training we did worked for our communities"

Promotion and publicity: The logic was to undertake visible, targeted events, championing and branding that would get media attention and, through that: 1) the public would become more aware 2) youth would be energised, 3)mental illness would be de-stigmatised, 4) people would be more willing to seek help, and 5) there would be leverage to achieve needed policy changes in the mental health area

Promotion and publicity logic - quotes from current and former staff of FSPI and network partners

"Ting ting nelti (healthy thinking) was a dynamic message that got rid of the negative association with "mental" – people used it"

"We identified well known personalities (with mental illness in their families) to get the message out there"

"we worked to get articles in the paper about mental health, that challenged government"

Getting stakeholders on board: The logic was that working with other mental health stakeholders at a local, national and regional level would increase buy-in to the key logic, build the influence of the programme, catalyse action and thereby hasten the achievement of improved understanding, services and legislation.

Getting stakeholders on board: - quotes from current and former staff of FSPI and network partners

"we aimed to bring our culture into the mental health analysis"
"We worked closely with the Ministry of Health – there was no focus (on mental health) at all until we built the partnership"
"this work provides a baseline for implementing the new mental health policy"
"stakeholders wanted to meet as a group. .that provided an opportunity to also work with them to improve IEC materials"

The YMH project operated at two main levels; Firstly, it worked with young people to find out what their mental health issues were (participatory research within situation analyses) and helped them understand how to be mentally healthy (via education, and supporting sport and livelihood activities). Secondly, it advocated for improved mental health policies and services and used the work with youth as a basis for engaging with other stakeholders and broad-based promotion. Individual empowerment recognises that information alone is not enough to change behaviour. Involvement in promotion and advocacy is consistent with public health approaches to achieving behavioural change, as well as with campaign approaches to achieving policy change (Huhman et al, 2004). Table Six sets out the implicit, and simplified, intervention logic.

Table Six: Implicit YMH Intervention logic (derived from interviews and reports)	
Long-term goal	Improved mental health status of youth
Intermediate outcomes	1 more young people keep themselves mentally healthy 2. improved mental health policies and services
Short-term outcomes	1. improved knowledge (agencies, youth and communities) 2. improved awareness of mental health issues (youth, wider community, policy makers 3. youth empowered with coping skills and positive experiences 4..influence by youth towards other youth around healthy behaviour 5. engagement with stakeholders at a local, national and regional level

Quality of monitoring and evaluation frameworks

Early in the YMH phase, a monitoring and evaluation framework was developed for country activities (FSPI, 2007c). These were discussed, and completed, each year at an FSPI YMH workshop that involved all country YMH coordinators and sent to NZAID. YMH coordinators listed the activities undertaken under each of the project components and sub-components, stated what had been achieved (a list of outputs), identified constraints and problems and, from these, lessons learnt. A review of some country responses indicates this framework was a useful tool for reflecting how a particular activity could improve. The framework also required countries to comment on the integration of the YMH project with the cross-cutting goals of poverty reduction, gender equity and good governance, and to comment on risk management, and the efficiency and effectiveness of coordination and implementation.

In terms of evidence of results, the monitoring and evaluation framework included country self assessment against the eight indicators listed in Table Seven below. At a broad level, the YMH indicators are consistent with the implicit project logic (Table Six). The indicators themselves are very broad (not specific, measurable, achievable, realistic and time-bound) and the second and eighth indicators are dual, with assumed

connections. The indicator set is weak in that there is no baseline data, nor methodology on data collection. There was also no specific budget for monitoring.

Table Seven: YMH indicators: YMH monitoring and evaluation framework (FSPI, 2007c)
1. Increase in support for youth mental health issues at NGO and government level 2. Increase in general knowledge about mental health issues and evidence of decreased stigmatisation 3. Increase in the number of youth seeking peer support/counselling sessions 4. Increase in community-based interventions to address youth issues 5. Inclusion of mental health in national health policies as a priority 6. Establishment of mental health support networks for people living with mental illness 7. Increase in sensitive YMH coverage 8. Gender-sensitive research with evidence of improvement in gender relations for YMH project participants

Review of some country reports for 2007/2008 indicated that the reporting against indicators was not substantive. The fact that most national project staff did not have strong writing and reporting skills was recognised as a challenge by FSPI, and the monitoring and evaluation templates aimed to make reporting easier for partner organisations (FSPI, 2007c).That said, the monitoring and evaluation framework does attempt to cover issues in a comprehensive way and its use at a workshop of all country YMH coordinators appears to have fed into SWOT analyses and more general reflection and learning (FSPI, 2008 and FSPI, 2009). Overall, the monitoring and evaluation framework has the components one would expect in such a plan but its weaknesses mirror those of the project plan; namely a lack of specificity, a lack of clear logic and a strategy hierarchy of activities to expected results, and too much breadth for a small project.

The MFAT programme manager reports discussing project reporting and ways to better clarify where and how outputs were contributing to stated objectives and outcomes with the FSPI regional health programme manager. The MFAT programme manager's assessment is that these links were not drawn out in reporting and this evaluation concurs with that conclusion.

While part of the problem with weak monitoring lay with weak objective setting and project logic, it also reflected the contracting arrangements. The following factors contributed to MFAT's light-handed monitoring of the YMH project once the SPA with FSPI and commitment to funding YMH for three years, had been signed:

- the focus on financial and activity monitoring in the SPA; and
- the signalling in the SPA that MFAT would "rely primarily on FSPI's own monitoring, review and evaluation processes for the provision of evaluative information about FSPI"

The MFAT programme manager's concerns about weak project monitoring and reporting were raised with the MFAT programme manager responsible for the SPA between NZAID and FSPI. That manager advised of the broader support MFAT intended to provide on FSPI's overarching M & E Framework and it was agreed, in this context, that support for the YMH M & E Framework should be from FSPI's own strengthened capabilities.

An MFAT M&E advisor visited FSPI in 2007/08 to discuss the importance of M&E and to consider various options. Over the 2006-2009 period, a tangible change to the YMH M&E was the incorporation of the Most Significant Change (MSC) stories. FSPI had a workshop on applying MSC as an impact assessment methodology, and techniques were passed on to YMH coordinators who subsequently reported MSCs from their programmes and publicised these in FSPI's newsletter "'Stories on the Mat'. However, this use of MSC appeared to replace, rather than complement, the beginnings of a systematic approach to counting training and recording country-specific progress that was evident in the 2006/2007 YMH annual report.

Links between MMHV and YMH projects

The path from the MMHV to YMH was articulated in the YMH project document (FSPI, 2207b). Towards the end of the MMHV there were clear signals that the next phase would involve more awareness raising and training, and resources were produced with this in mind (FSPI, 2006a). The first phase found factors including mental stress, social exclusion, unemployment and violent role modelling, rather than mental illness, were conditions that could foster norms of violent behaviour. It found, in addition, that the lack of opportunities for young people to participate, particularly in education and employment were common features across countries and linked to poor mental health. (FSPI, 2004b). Neither the synopsis report nor the final programme report discussed expanding the project to additional countries but rather seemed to assume that further work would continue in the same countries.

FSPI made a conscious decision to move towards a more gender equitable project in phase two and to take on additional countries with an unstated expectation[6] that the four first countries involved in the project would phase out in time (M Leniston, pers comm.).

Key project personnel changed at FSPI and in the NZ Aid Programme at the end of MMHV. This is likely to have contributed to the lack of reflection on the stresses and challenges during MMHV from which an understanding of the resource and time needs of situation analyses could have been identified.

Discussion and Recommendations

The MMHV and YMH projects had goals that were too ambitious and broad-based for the available resource and, inadequate objective setting, planning and monitoring. While there are many notable project achievements (discussed later in this report) greater focus on what success would look like after three or six or ten years, and what it would take to get there, would have led to more specificity around activities and a likely higher level of achievements. The Strategic Partnership Arrangement assumed FSPI would be responsible for monitoring and evaluation. However, reporting on the YMH project's achievements did not improve over the period of the project.

Recommendations

1. FSPI and MFAT ensure that project logic and monitoring and evaluation frameworks are clear and appropriately budgeted for at the inception of projects

2. MFAT develop reporting templates for projects, where needed, as a way to assure itself that reporting achieves the standard required for evaluation purposes

[6] this is not clear from the phase two programme document, for example

SECTION FOUR: THE RELEVANCE OF MENTAL HEALTH AS A PRIORITY BOTH NATIONALLY AND REGIONALLY IN THE PACIFIC

"Healthy Islands should be places where:
- children are nurtured in body and mind;
- environments invite learning and leisure;
- people work and age with dignity;
- ecological balance is a source of pride"

Yanuca Islands Declaration, Ministers of Health of Pacific Island countries, 1995

When the MMHV project started in 2003, mental health needs in the Pacific had just been acknowledged by Pacific Island governments and the World Health Organisation (WHO) as in need of attention. Mental health services have not developed at the same pace as other health services in the Pacific and mental health legislation was for the most part out of date and not cognisant of the human rights of the mentally ill. (Hughes, 2009). The disease burden (expressed in disability-adjusted life years) arising from mental and neurological disorders in the Western Pacific ranged from 15%-27% compared with 11% worldwide. It noted that this burden could be significantly reduced through secondary treatment, primary health care (PHC) interventions, family care backed by education and support, and primary prevention (WHO, 2002:10).

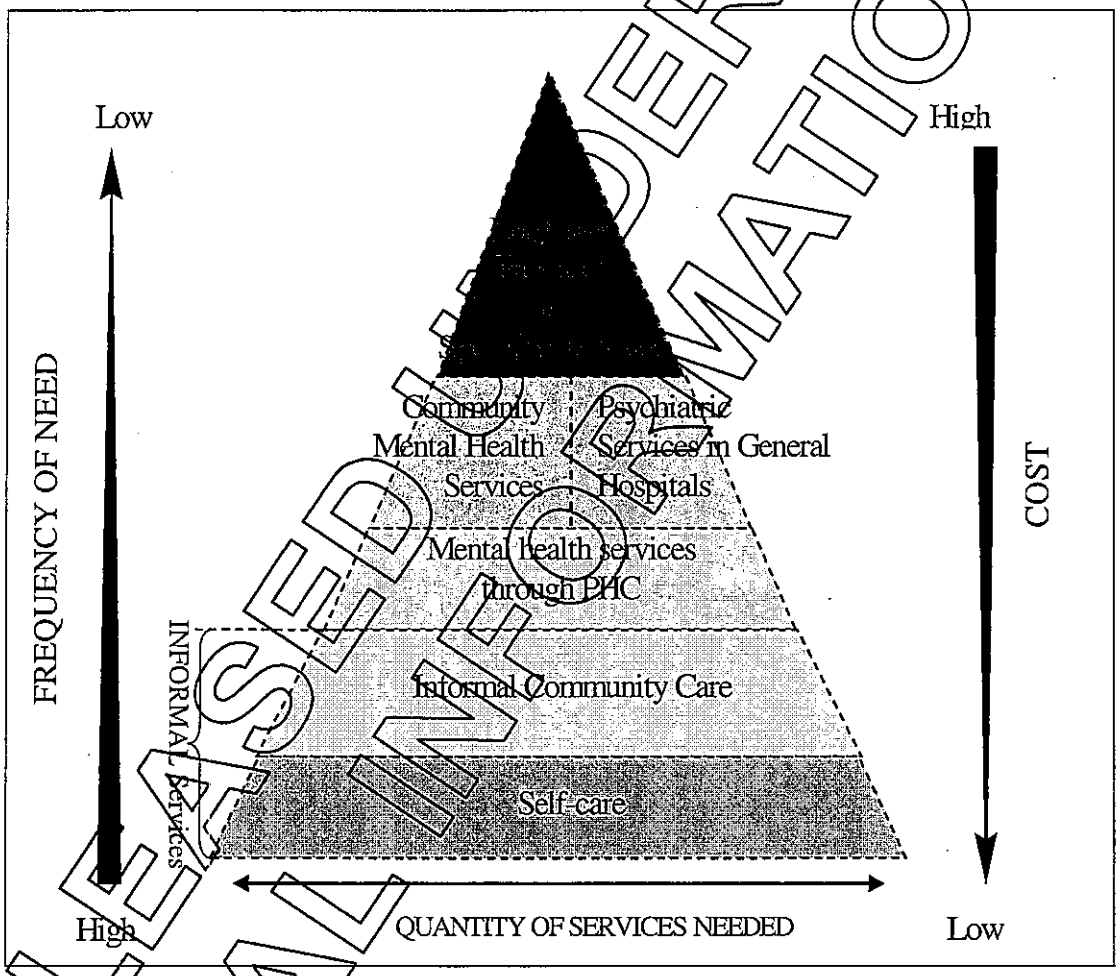
Concurrent with the FSPI's MMHV and YMH projects, there have been efforts by WHO, other donors, and country governments to improve mental health services in the Pacific. Progress has been made in lifting mental health as a priority over the last decade. Biennial meetings of Ministers of Health in the Pacific have recognised that high rates of suicide, drug and alcohol abuse and social problems exacerbate mental health needs. In Vanuatu, in 2007, countries expressed a need to further develop capacity for mental health (WHO, 2007b). Mental health and related concerns have also risen up on youth agendas, such as the 2009 Pacific Youth Festival (UNICEF, 2010).

The NZ Aid Programme funds the Pacific Islands Mental Health Network (PIMHnet) which aims to facilitate and support activities amongst member countries through key staff (focal point(s). PIMHnet was to meet a need to invest in building human resource capacity, particularly amongst primary health care workers in the absence of high level government support for mental health services (Hughes et al, 2005).

PIMHNet has tracked progress in improving the building blocks for mental health services and works "on advocacy, policy, legislation, planning and service development, human resources and training, research and information and access to psychotropic medications to help the development of mental health services in Pacific countries" (Hughes 2009:178). Country summaries of progress are available for five of the eight countries where the FSPI mental health projects operated. Mental health sectors have been assessed in relation to the WHO model pyramid for mental health services (Figure Two). Amongst other achievements (some of which were supported by YMH efforts):
- Fiji established a national committee on the prevention of suicide (NCOPS) (2002) and subsequent plans, drafted a national policy on disability (2006), increased mental health staff, and introduced draft mental health legislation
- Samoa has new mental health policy (2006), legislation (2007) and a draft human resource and training plan

- The Solomon Islands recorded an increase in psychiatric nurses, the government became a signatory to the UN Convention on the rights of disabled people, and there was a new mental health policy (2009)
- Vanuatu established an in-country network of stakeholders, introduced new mental health policy and introduced planned increases in training and resourcing
- Kiribati drafted a new mental health policy (2008) and a human resource and training plan (2009). (PIMHnet and WHO, 2010)

Figure Two: WHO Model Pyramid for Mental Health



Comparisons of country mental health systems where FSPI YMH operated, in relation to the WHO ideal triangle, led countries involved in PIMHnet to conclude:

- in Samoa there is a strong need to develop acute mental health services and ensure that this is supported by services in primary care and the community
- in the Solomon Islands there is an absence of attention to informal community care and self care, a lack of primary health services that can provide the appropriate referral and treatment services for mental health problems, and acute care in a national psychiatric unit

- in Fiji, mental health services are centralised around St Giles psychiatric hospital. There is need to improve training at the primary health care level and for support for informal community care
- in Vanuatu, there is a strong need to develop mental health services through primary care and community mental health services and to promote more informal community mental health services, including the training of traditional and faith based healers as well as promoting self care
- in Kiribati, there is also a top heavy system with one national referral hospital offering in-patient services, no capacity to provide mental health services via primary health care (WHO and PIMHnet, 2010).

The Suva declaration from the 2009 Pacific Youth Festival highlighted, at least in part as a result of advocacy on the part of FSPI and its network partners, young people's "dire need" for mental health services and the lack of opportunities for young people to develop critical life skills.

Discussion and recommendations

Most Pacific countries now either have new mental health legislation and policies, or are in the process of developing them. Resources for mental health services have also increased in most countries. Interviewees who commented on this progress suggested that both PIMHnet and FSPI projects have been positive influences on this trend.

The FSPI and PIMhnet work appears to have been complementary. For example, PIMHnet set up an initiative to meet with NGOs in 2008 to harmonise efforts to improve mental health services. As part of an action plan aligning the efforts of PIMHnet and NGOs in relation to advocacy for mental health and human resources and training. FSPI's YMH commitments were to public events to decrease stigma and discrimination, liaison with health sector and schools to expose students to mental health issues and advocacy around around World Mental Health Day (WHO,2008) and Youth Days to raise mental health and youth needs in Pacific Island Countries (PICs)..

While at a regional and political level, mental health as a need is now visible, PIMHnet analysis indicates there is a long way to go in terms of adequate mental health promotion, prevention, services and community support. Thus far, there has been little focus on youth. Country summaries indicate wide differences in situations and services and that in all countries there has been little service development at the informal care and self care end of the WHO mental health pyramid, where NGOs are typically active.

Recommendations

3. MFAT, FSPI and network partners note that a key gap in mental health services is in services and supports for informal care and self care

4. MFAT:

- considers the country-specific deficiencies in mental health services identified by PIMHnet in the context of bilateral funding decisions and agreements

- asks PIMHnet to undertake a stocktake of progress within PICs towards the development of appropriate mental health services, suicide prevention, and alcohol and drug services and support networks for young women and men and their families

SECTION FIVE: PROJECT IMPACTS

This section discusses the impact of the MMHV and YMH projects. It also discusses the regional approach and addresses the Development Assistance Committee (DAC) evaluative criteria: efficiency, effectiveness, and sustainability, as well as considering cross-cutting issues.

Changes occurring as a consequence of the MMHV and YMH projects

As with all programmes aimed at achieving behavioural and social change, it is impossible to exactly attribute the impact of the MMHV and YMH projects as opposed to other events. While there was no systematic pre and post monitoring (e.g. of politicians' or participants' knowledge and attitudes) in 2008 YMH coordinators had some training in pre and post assessment of training. More fundamentally, the environmental factors that contribute to mental ill health and stress in Pacific youth – including urbanisation, unemployment, conflict, use of drugs and alcohol, and alienation from traditional cultural and family practices – are complex and interrelated to the extent that it would be impossible to estimate a counterfactual state against which improvements could be measured.

Finally, the MMHV and YMH projects were very small scale; in each country programme there was one full-time coordinator, support for financials and management, and funds for a small amount of activities. As the country summaries indicate (Appendix 7), this limited the reach of activities.

Interviews and written sources point to the project having some positive impact on the two implicit outcomes sought: young people being empowered and therefore more mentally healthy, and improving mental health legislation and services (from Table Six).

The discussion below summarises the main changes along with the factors that indicate that these were beneficial or influential, and comments on any limiting factors. The discussion is primarily focussed on the YMH phase and the three countries visited.

Impacts of the Situation Analyses (Participatory Research and Analysis)

The stated purpose of the participatory research was to provide quality information to enable national and regional service providers to better meet the needs of at-risk youth (Table Five) and, implicitly, it aimed to empower youth through building knowledge and awareness and provide a basis to work with stakeholders to improve mental health services (Table Six). Situational analyses reports were produced for all eight countries and a synthesis report for first four countries.

Participatory research is a strong tradition in development projects as a method to both engage people in research and enable them to contribute their knowledge, reveal their understanding of behaviour and suggest recommendations for change. In both project phases, much of the youth empowerment through livelihood and sport activities involved youth whose initial contact with the project was through the qualitative research carried out as part of the situational analyses. This was a strength, but also a weakness, as the project outreach to individual youth was sometimes limited by FSPI network partners continuing to work with the same young people – and with only an indirect focus on mental health. To illustrate this point, YC4MH, the highest profile youth group with a clear focus on mental health outreach, emerged not from the youth who participated in qualitative research as part of the Fiji situational analysis, but from PCDF's subsequent

partnership work on mental health with the Fiji National Committee on Suicide Prevention.

The situational analyses produced new qualitative research on youth. The reports synthesised data that had not been published previously, but were not able to produce new quantitative data as countries had inadequate baseline data on youth mental health status. In this regard, the Situational Analyses understandably fell short of the documented aim of providing strong baseline data.

The quality of the reports was variable, however and, in some, the qualitative research methods are inadequately explained. Evaluation interviews indicated a variable level of engagement of other stakeholders in developing the reports. FSPI considers this variation a consequence of empowering countries to produce their own reports.

The reports do not generally report on the process for generating recommendations. FSPI reports that the recommendations in the YMH phase represent a synthesis from focus groups with youth and Key Informant interviews.

Five out of eight country situation analyses had a forward by a government Minister, with a further two having forwards by senior government officials. This indicates engagement with government and suggests the reports were taken seriously. Further evidence of the situational analyses being seen as important are that they have been cited in other documents, for example the country summaries on mental health produced by PIMHnet (WHO and PIMHnet, 2010), and they were referred to during the evaluation and seen on the desks of some people who were interviewed; most commonly government officials.

Broader stakeholder outreach and promotion occurred in all countries. In all three countries visited, most, but not all, stakeholders involved in mental health issues had seen the situation analyses. The influence, and use, of the reports were limited by both the extent of publicity and follow-up, and, in some instances, ease of access. On this later point, printed copies were not always readily available despite 500 copies of YMH situational analyses, and discs with copies, being distributed in each country. All reports have been sent to USP libraries and have been posted on the FSPI website, (although some stakeholders do not have the facility to download PDF versions). A further point made in all countries was that the analyses could have been (in the case of Samoa could be) used and publicised more and, in the case of Fiji, refreshed with updated data.

Impacts of training and activities on youth empowerment and mental health

The YMH project was not able to fully analyse information on its activities with youth and their impacts. FSPI reports that not all YMH Coordinators provided the data requested in the reporting template. The YMH 2006/07 annual report provided some indications of numbers of training events (refer Table Three) but this practice was not continued in the 2007/08 and 2008/09 reports. There was therefore no systematic reporting on numbers of young people who were taken through the mental health awareness training (and their gender/age/contact with mental health or other services), what their reactions to the training were, and any lasting impacts of the training or project activities that they were involved in.

The Most Significant Changes provide anecdotes of youth empowerment from training and other activities, mostly in the areas of self awareness, confidence and negotiation. In some individual cases the training was described as catalytic:

> . *"After I left school I felt hopeless. The (MH) training taught me about thinking positive and I had a new attitude. I did some fundraising – selling betel nuts, planting cabbages - and then did some short courses in computing and book-keeping. Now I have a job"*
> (interview, Honiara)
>
> *A women broke down and said she had never had an opportunity to meet with a group and be able to discuss the discrimination she bore and the stress of caring with a child with an intellectual disability*
> (FSPI report on Tonga mental health training).

More commonly, the training was reported as being successful at motivating youth into positive action. YC4MH members reported enjoying all YMH workshops attended, gaining self acceptance and building their own capacity to advocate for mental health (focus group).

> *"(the involvement) improved my self awareness and helped me create a positive mental attitude.. your thoughts are the colours of your reality"*
> YC4MH member (FSPI (2010), YC4MH focus group)

Anecdotal reports suggest theatre and publicity also resulted in increased awareness. In the Solomon Islands, the practice is to identify and discuss issues that had come up after the drama performance (Honiara Youth Theatre focus group). The women in the Honiara Youth Theatre reported, for example, that a drama around a teen suicide led to women realising their responsibility to speak their mind. One participant in Fiji attributed her decision to not suicide to the media stories about Gary Rounds, a high profile mental health survivor and King Hibiscus winner in Fiji (M Leniston, personal communication).

Collective youth activity and promotion

Youth to youth contact, with back-up from training and support, can be an effective mechanism to achieve youth behaviour change. Galvanising youth to support each other and to support "healthy thinking" was reported to be a key success of the YMH project in both Fiji and the Solomon Islands and was a key area of YMH focus. Supporting youth to set up their own activities in a way that is sustainable is resource and time-consuming. In Fiji, the time of an Australian volunteer was fully dedicated to the YC4MH over the last year. In the Solomon Islands, supporting the sports teams' development became a large part of the YMH coordinator's job. In Samoa, the use of peer educators in the situation analysis development, showed that while there was potential for this to be developed successfully, rapid skill transfer processes did not generate a successful result[7].

In Fiji, the top success story is the YC4MH or "Champs"– an ethnically diverse group committed to advocating and promoting mental health issues in Fiji. PCDF supported the Champs development through the YMH project. The YC4MH were formed with a group of 16 youth and now have a membership of 60. Nearly all those interviewed in Fiji commented on how the Champs had captivated the media and public. There was substantial newspaper coverage of events, but media coverage was not counted in a systematic way. YC4MH have now formed a CBO with a paid coordinator, rented space and have gained their own funding. Activities include participation in: mental health

[7] the situation analysis reported that the presentations by youth educators reflected poor understanding of the theory-based concepts, indicating a need to develop criteria for the selection of youth peer educations and advocates (Hope and Enoka, 2009:25)

policy formulation, publicity events such us Stop Stigma Against Mental Illness, National Youth Day, Pacific Youth Festival, World Mental Health Day. YC4MH also: train themselves, educate others, fundraise, and offer practical support to people with mental health issues. They have initiated mental health-themed creative endeavours including making a DVD *Keep on Walking* winning a theatre performance event Tadra Kahani,and putting together an exhibition of art produced by mental health consumers.

A tangible measure of impact was St Giles psychiatric hospital in Suva reporting an increase in outpatients and that 56% of outpatients attributed their attendance to the PCDF and Youth Champs community awareness work (Q Chang, pers comm).

In the Solomon Islands, the YMH project worked in three communities and spawned two Futsol, one netball, and two volley ball groups. In Chichinge, youth and elders in the community both report that their engagement in Futsol reduced the use of drugs and kwaso (local alcohol) and reduced disturbance during the week days and even weekends. The six Chichinge teams were named to reflect the Tingting Helti (health thinking) theme: Transparency, Trust, Humility, Honesty, Peace and Harmony. Members are expected to learn from these virtues and promote good principles. The YMH involvement assisted the organisation of the groups and facilitated the volunteer involvement of National Futsol coach and players in supporting their development.

Impact of livelihood projects

Whilst tangential to the main aim of the YMH, these projects did support the empowerment of youth through skills and confidence-building. MSC records indicate positive impacts such as those below from Papua New Guinea.

> *"X was previously a gang leader who was actively engaged in criminal activities, like car theft and robbery. He now organises sports and designs personalized truck and couch seat covers. The YMH project commissioned him to do work for their YMH banners. YMH helped him with his concept and funding application to National Capital District Commission (NCDC) for funding for sports activities*
>
> *There are other success stories from the employment opportunities created by YMH with 60 boys and 28 girls. Thirteen of them have employment in formal companies and in the hotel service industry and others within NGOs. Thirteen of them have employment in formal companies and in the hotel service industry and others within NGOs. We are able to employ more girls as once they have received their training the hotels have an agreement with YMH to employ them through the Guinea Goada Business Foundation and a human resource manager will assist their placement."*
>
> (PNG – most significant changes – abbreviated from report to FSPI)

Unintended positive impacts on employees, volunteers and voluntary effort

Network partner staff and participants from other organisations reported that they learnt from the training and found it motivating. In Fiji four government mental health staff were actively engaged in YMH project along with the suicide prevention commitment and consultations. Some (eg SIDT staff and a mental health worker in Honiara) subsequently volunteered their free time to undertake activities with youth sports teams within the project, thereby contributing to the size of the overall activity effort.

Some FSPI and network partner staff saw their involvement in the programme as helping them get a better job. At least eight volunteer actors from the Honiara Youth Theatre group attached to SIDT, had moved into employment, and this was attributed at

least in part to improved confidence and negotiation that flowed from the training SIDT report, Appendix seven). Five YMH coordinators gained appointments to donor agencies and regional agencies over the life of YMH (M Leniston, pers comm).

Stimulation of training and promotion by other organisations
In Fiji, involvement of other organisations in training resulted in that training being then taken to other parts of the country by other NGOs. The Referees for Peace are an example of a group that was stimulated by the MMHV and YMH to support young men to develop healthier lifestyles prior to release from prison. In this instance FSPI provided financial support from the NZ Aid programme's core grant to meet the expenses of two referee instructors who teach and develop rugby refereeing for inmates. In Tonga, the Salvation Army partnered with the Tonga Community Development Trust to undertake training within their alcohol and drug programme.

In the Solomon Islands, there may have been a ripple effect with Save the Children also choosing to undertake youth work in the peri-urban settlements around Honiara, but with a focus on coping skills and development, rather than specifically on mental health.

Improvements in national and regional awareness, and in mental health services
As indicated earlier, mental health has become a higher priority concern within Pacific countries over the 2003-2009 period when the MMHV and YMH projects took place.

National level
At the country level, the YMH contributions noted in annual reports and interviews included:

- organisational input into new mental health policies and legislation as well as the facilitation of broader community input into consultations
- providing FSPI mental health awareness training to other stakeholders (government and NGO) in most countries
- being instrumental in setting up, or supporting, mental health working groups of key stakeholders, and in the development of mental health support networks.

In Fiji and the Solomon Islands, government stakeholders working in mental health considered the YMH project had raised awareness amongst ordinary communities, got a positive message out to communities, and gave mental health services "a human face" by association, as evidenced by the earlier example of the increase in outpatients at St Giles Hospital. PCDF and YC4MH also supported more activities with the patients (such as art) and YC4MH has intentions to continue activity support and the support of family carers. The short time the programme had been operating in Samoa, and fact that the Samoan Nurses Association comprised mental health professionals with competencies in university-level nursing training and community mental health outreach, meant the FSPI did not run a mental health training workshop for stakeholders there. The cooperative work that occurred with villages, churches, schools and other organisations was largely that which occurred as part of the situational analysis. Samoa had already changed its mental health policy and legislation which meant these were not issues around which stakeholders could be mobilised.

Regional level
At the regional level, FSPI engaged in a number of fora (Table Three). Stakeholders commented favourably about the FSPI work to raise the profile of mental health in a context where there has traditionally been little donor support as well as little attention

given on the part of governments. PIMHNet and WHO, the other main players in raising the profile of mental health over the period, particularly valued the FSPI regional advocacy. Another regional stakeholder commented that FSPI led the way in opening regional stakeholders' eyes to the fact that, in the area of mental health, more than traditional community supports are needed and that human rights are infringed.

A regional approach

Pacific countries shared the problem of poor mental health over the period of the MMHV and YMH projects and faced many common concerns and barriers to improving mental health. In this context, a regional approach had advantages, not just in terms of enabling FSPI to bring country knowledge to regional fora, but also in terms of providing fundamental support on training (including materials) and advocacy to country projects on an issue which had been largely unexplored, and invisible.

The project had many of these benefits. For example, FSPI drew on its organisations' resources and used a community participation framework developed by the governance team and also used external resources from UNICEF life skills resource as well as external reviews from USP, FSM and St Giles Hospital to develop its training materials and its training methods. A manual on conducting workshops developed by FPCD was shared with all network partners.

In addition, a regional approach provided support and learning on achieving shared objectives such as:

- building a network of stakeholders across government, NGOs and academics
- making submissions and inputting into new legislation and policies.

At the regional level, through both MMHV and YMH, FSPI built relationships with the United Nations organisations, SPC and other regional bodies. FSPI brought a regional NGO voice to high level regional fora related to mental health.

Section Four concluded that the MMHV and YMH projects had a positive impact on lifting the priority Pacific governments place on mental health. The project was arguably bigger than its component parts. Regional advocacy would have been weak without FSPI being able to draw on what specific country projects had learnt, individual countries would have needed a considerable resource to achieve the same quality situation analyses, training materials and advocacy projects on their own.

The timeliness of the regional approach in the MMHV and YMH projects suggest there may be a niche role for regional NGOs in developing innovative programmes to address emerging problems, where governments have not built up enough knowledge or understanding of the problem to invest in solutions.

FSPI sees the advantages of a regional approach to projects including:

- cost-effective project management and provision of technical support and training
- strengthening networking to share lesson learnt and successful ideas
- developing effective, culturally appropriate regional training and IEC materials
- increasing FSPI's own skills, knowledge and capacity to extend their work with network partners, liaison and collaboration with regional organisations, and input into regional policies and programmes
- quality control and best practise for project monitoring and implementation

(FSPI (undated) and discussions with FSPI)

For FSPI, a disadvantage was currency exchange rates which they estimated cost them around 5% of the project budget, but was invisible in line budgeting.

FSPI network partners saw advantages too, including:

- being able to get involved in projects that are funded regionally
- access to FSPI training and capacity building for their organisation and training materials for working within their own country
- sharing ideas and problems with other Pacific country programmes through the regional FSPI meetings and exchanges
- opportunities for staff to get involved in regional or international training.

Network partners also saw some disadvantages. They found funding was sometimes slow to come through. MFAT accepts responsibility for this and considers the delays occurred because the SPA with FSPI complicated payments and the processing of variations. Network partners felt they could have done more with more resources, but could not always negotiate this for their country project. One did not appreciate the FSPI management of the situational analysis process.

While there appear to have been distinct advantages of a regional approach to MMHV and YMH, it is the evaluator's view that a regional approach would not be as beneficial, or as necessary, in the future. As discussed in Section Four, advocacy for mental health at a regional level has been a success, and is now not needed to the same extent. The needs for youth mental health services are country-specific and may be better served by country level initiatives in tandem with regional level issues being handled by PIMHnet. In addition, MFAT's relationships in the Pacific are primarily bilateral and, consistent with the Paris Declaration on AID effectiveness, largely lined up with national priorities.

FSPI considers a regional approach is vital. If issues are not included in regional documents then they are less likely to be supported. As mental health has always been marginalised and under-resourced they consider there is a risk it will fall off the agenda unless advocacy is sustained and accountability is established through mental health policies and promotion, matched by local and regional resources.

Regional approaches are likely to continue to be important in the Pacific and while the problem of their fit with country plans may not have easy solutions, coordination can be improved in several ways. The NZ Aid programme's implementation of the Paris Declaration in relation to regional programmes is likely to be improved by having the same manager or team manage regional projects that have related goals (such as PIMHnet and FSPI YMH), and by including DPMs from country posts in a programme team to ensure coherency with country objectives and synergies with other aid projects.

Efficiency and Effectiveness

Organisational systems

It is difficult to evaluate effectiveness when planning has not been sufficiently focused on outcomes and the milestones along the way. Notwithstanding the projects weaknesses, organisational systems – an important influence on effectiveness - appeared to be strong.

Observation, interviews and document review indicate that FSPI and its network partners[8] PCDF and SIDT exhibited behaviours of good organisational practice in the following areas (see Appendix 8 for more detail):

- financial and activity monitoring
- recruitment of project staff with relevant skill sets
- well-established skills in community development, behaviour change, social change and media work (FSPI in particular)
- working within their core areas of competence (particularly empowerment at the community level, training, theatre, and publicity campaigns) and expressing concern/seeking training when they ventured beyond their areas of competency
- working with mental health professionals to ensure their mental health training was accurate and safe for themselves and participants
- tapping into volunteer support in country and international volunteers
- use of reflective processes both within the organisations and together through regional processes organised by FSPI.

The Samoan Nurses Association is a professional, rather than a community development organisation. It also focussed its efforts in its areas of competence and used academics in the development of the situational analysis and in training.

Optimal use of resources and products

An efficiency consideration is whether the allocations of resources to staff, research, material production and activities are of the right order to gain an optimal level of return. This can be about whether there is sufficient investment to achieve a critical project size, or whether the project has the right number and mix of resources for the job it has do.

Several factors suggest that the country projects were too small to achieve the breadth of activities set out for them:

- the YM coordinators faced a breadth of tasks that was beyond what would usually be included in a single job. Annual reports show that there were instances of coordinators indicating that they did not have the skills for the more specialist aspects of their jobs (e.g. providing business advice to livelihoods projects, dealing with the media, producing monitoring reports)
- the country projects largely focussed on youth close to the capital city base
- country projects had varying degrees of success in maintaining links with other NGO stakeholders. Comments from the interviews suggest that two contributing factors were the busy jobs of the YM coordinators, and the small scale of the YM project meaning some other NGOs did not see it as an important programme to link with.

The YMH project paid attention to producing quality visible products - the situational analyses and training materials - which involved considerable investment. There was potential for the project to use these more fully. The evaluator's view is that better planning would have improved the value gained from these products.

- whilst recommendations of the situational analyses guided advocacy work, projects did not have a structured approach to reporting on progress in relation to recommendations of the situational analyses nor updating data (for those produced during the MMHV project).

[8] The short time that Samoa was involved in the YMH project, and the sub-contracting of the work to the Samoan Nurses Association – which was a very different organization - for the situational analysis phase, make it difficult to include Samoa in this discussion.

- following YMH coordinator feedback on the first set of training materials, a substantial resource (in terms of personnel time) was devoted to developing training material and to having these reviewed. Training delivered by FSPI staff in the field was well regarded, but the professional evaluation of the performance of YMH coordinator training delivery, after a training of trainers, indicated the coordinators needed more support to do deliver the substantive messages (Osborne-Finekaso 2009). Network partners, most of whom are experienced community development organisations, devised strategies to deliver the best training they could: SIDT, for example, used mental health staff to deliver mental health components of the training and also used familiar aspects of their other training such as a component on self awareness. There was no systematic monitoring of the effectiveness of the training, however. Several of the experts and other NGOs suggested that the subject matter of mental health was too complex for a training of trainer dissemination method. Another comment was that trainers needed substantial time and expert support to learn the material and the project would have benefited from training being developed within an accredited system. In other words, it seems that had FSPI invested more in the training of trainers, and made sure their training and skill level was accredited, the whole programme would have lifted its game substantially.

Priority setting and the regional-country balance

The YMH project set priorities at a broad level in annual meetings and annual budgets. Completing situational analyses was a first priority. Advocacy in relation to mental health services and legislation was also consistently a priority. Beyond this, country programmes varied considerably in terms of:

- their focus on mental health awareness, or youth development more generally
- the extent to which they worked with people with stress and mental illness, and the extent to which they focussed on youth within this, or worked with families and communities more generally
- the extent to which they spread their effort across many youth (or communities) or focussed on a few
- their strategies for gaining leverage on youth mental health issues

Some countries (especially PNG but also Vanuatu) had several livelihood projects. Samoa tested the mental health awareness training on Samoan Nurses Association members first, and the Solomon Islands used the SIDT theatre and media for promotional work, backed sport development for disengaged youth and incorporated aspects from the mental health training into other training.

This variety in the YMH activities reflects its very broad objectives. FSPI regards this flexibility as a major strength because it allowed FSPI and country partners to align resources where there were opportunities. This was particularly the case at the regional level where core funding from MFAT provided a resource to plug into new initiatives such as the Referees for Peace in Fiji, and to PIMHnet regionally. On the other hand, the breadth weakened the focus of the projects and it is unclear what process was used to prioritise and assess opportunities.

A constraint on country programmes, acknowledged by FSPI, was the expansion of the YMH programme from 4 to 6 and then to 8 countries, all for the same annual budget of $400,000 a year. Even though there was core funding support for all but the last four months of the YMH project, this did not compensate for the greater need for YMH project management at FSPI end. The FSPI share of the total budget increased over the YMH

project's life from 27% to 36% and the share to country budgets – particularly for the newest countries – diminished substantially (Table Four). This budget was not spent on more staff at FSPI; in large part it reflected the additional costs of training and travel. It also reflected the management role of FSPI, and its stronger capacity, relative to that of its network partners, particularly in relation to the production of high quality reports and training materials; a capacity that was also enhanced by MFAT's core funding to FSPI.

Tragic events slowed work on the situational analyses in the YMH phase – the death of one researcher and the death of family members of another researcher in the Samoan tsunami. Notwithstanding this, it appears that some of the newer country programmes never gained enough momentum to fully take on responsibilities so, for example, FSPI undertook significant responsibilities for the completion of three of the four YMH situational analyses. The annual report for 2007/2008 includes a SWOT analysis which indicates the breadth of the project activities as well as the ambitiousness of the project and notes weaknesses on the input side including knowledge and skills gaps for national project staff, difficulties in processing data from situation analyses and weaknesses in project management skills. FSPI reports it sought to address these issues through exchange programmes, sub- regional training of trainers and USP review support.

The FSPI is unusual for a regional organisation in that, while it has established long-term relationships with its network partners, they are, with one exception, all independent NGOs (with a voice on the FSPI board) and are sub-contracted to undertake projects. These relational elements are ideally addressed in contracts to ensure the capacity of all organisations involved is taken into account in development projects. Better planning and specification of expected results at the country, as well as the regional, level is likely to have kept the project focussed on performance and may have worked against the decision to expand and so thinly spread resources across country programmes.

Addressing cross-cutting issues

Gender equality was enhanced as a result of the shift from a primary focus on men in the MMHV project to a focus on young women and men in the YMH project. Some of the earlier situational analyses picked up issues for women, and in the case of Fiji, signalled this in changing their focus to be about youth and mental health. The second tranche of situational analyses all drew out gender disaggregated data and issues where possible. The annual reports show gender equality was followed through on with some vigilance.

An indicator of FSPI's reputation in the area of gender equality and health is that FSPI is now involved in the *Stepping Stones* project - an international HIV prevention programme which aims to change knowledge, attitudes and behaviour that leads to HIV infection, including gender-based violence. For FSPI, this programme has brought them full circle from a starting point with MMHV, to delivering of a programme that addresses gender-based violence and responsibilities in a transformative way.

Human rights issues for mentally ill were picked up during both the MMHV and YMH projects, particularly in relation to disability rights. FSPI, SIDT, PCDF and OLSSI all reported working across projects in ways to ensure their projects learnt from each other and addressed cross-cutting issues as appropriate.

Sustainability

As noted in the Fiji, Solomon Islands and Samoa country summaries (Appendix Seven) some elements of the YMH project are continuing. The most important element of

sustainability is arguably the contribution of the project to changes in mental health policies, programmes and training. At the community level, strong branding of positive messages – *Ting Ting Helti* and *Keep on Walking* – as well as youth championing mental health as positive or "cool", still resonate six months after the end of the project. The sensitivity to mental health issues and awareness of the importance of coping skills also appears to remain top of mind in the NGOs that participated in the programme. Tuvalu now has a strong collaboration around services for youth across many NGOs and working with the National Youth Council. Being mentally healthy has been identified as an important cross-cutting theme for ongoing work with youth. FSPI is involved in several other health programmes, including *Stepping Stones*, and is also involved in a youth programme via an ILO-funded project with Street Kids.

While elements of the projects continue, or have been taken on by other programmes, the YMH project did not have a strong focus on what was required for sustainability at the end of the programme.

The recommendations in country situation analyses require country-specific responses. While countries share the challenge of improving youth mental, there are substantial differences in terms of cultural perspectives, levels of poverty and opportunity, and services available to support youth and for mental health. Many informants considered there needed to be more project resources at the country level as this was where most change needed to happen. A related perspective from one informant was that the sustainability of the project would have been enhanced by FSPI developing agreements at the regional level with organisations[9] that had significant in-country programmes in areas related to youth mental health. Such agreements could have facilitated joint projects at the country level which, in turn, would have enhanced and strengthened the project and its sustainability. A larger in-country resource would have been required to manage these relationships.

Recommendations

5 MFAT note that there may be a niche role for regional NGOs in developing innovative programmes to address emerging problems, where governments have not built up enough knowledge or understanding of the problem to invest in solutions

6 MFAT teams or managers have responsibility for related regional programmes as far as possible

7.MFAT project teams include DPMs from NZAID country posts where the regional programme operates

.

8. FSPI and MFAT ensure contracts for regional projects
- take account of the governance relationship and specific capacity needs of the organisations delivering on contracts
- provide for sustainability plans at the country and regional level

[9] possible organizations include OXFAM, Save the Children, Salvation Army and SPC

Section Six: Value for Money

The NZ Aid programme defines value for money of activities as "achieving the best possible development outcomes over the life of an activity relative to the total cost of managing and resourcing that activity and ensuring that resources are used effectively, economically, and without waste" (NZAID operational guideline)

Value for money is difficult to discuss in the absence of specific, measurable goals. As Clark (2009:9) concluded "without an appropriate planning framework and specification of expected outcomes and impacts within identified baselines and indicators, it is difficult to quantify results and wider, long-term impacts."

Firm conclusions on Value for Money cannot be drawn from this evaluation. What can be said for FSPI, and the three projects in the countries visited, is the following:

- the implicit project logic was sound and the organisations involved exhibited behaviours of effective organisations
- that there is some evidence of the YMH project leading to positive change
- that there were no reports from informants of negative results from any project activities
- there was no evidence of project funds being spent on issues that did not relate to the project nor of any profligate expenditure
- that the galvanising of volunteer efforts within the country programmes (eg Theatre, YC4MH, volunteer time spent with sports teams and other activities) increased the overall contribution of the project beyond what was directly funded
- that the projects gained media attention (and therefore promotion of the issues that did not need to be paid for) and youth attention (such as the mental health-focussed CD *Keep on Walking* being on the hit chart in Fiji) that would have been very expensive to purchase.
- that relationship building, particularly with Ministry of Health mental health personnel, through the projects raised awareness and sensitised other stakeholders to the family, community and care issues in mental health.

The achievements of the project are not trivial. The project consciously backed methods of raising awareness that worked with youth like the YC4MH, theatre groups and music DVDs. The costs of creating these awareness raising tools - and buying the media attention they attracted - as part of a social marketing exercise - would have made a substantial dent in the whole six year MMHV and YMH budget. As a point of comparison, behaviour change and social marketing campaigns in New Zealand related to issues such as mental health, family violence and alcohol and tobacco consumption cost in the order of $100,000 a month. The MMHV and YMH projects were timely, and appear to have provided a much needed boost to mental health awareness in the Pacific which complemented the more government service-oriented work of PIMHnet.

A more planned and focussed approach, however, is likely to have generated a greater level of achievements around improving the mental health of youth and mental health services. The breadth of the project, and particularly its involvement in livelihood activities, diluted its focus on youth mental health. Better planning at the beginning of the project is also likely to have resulted in more conscious strengthening of country programmes in relation to regionally-led work.

Connell and Kubisch (1998) and Smyth and Schorr (2009), amongst others, point out that standard evaluation and VfM tools do not fit easily with developmental projects which are addressing "wicked" social problems that have multiple causes, lack straightforward solutions and require behavioural and attitudinal change at many levels. This poses a challenge for funding innovative, community development approaches to addressing complex, cross-cutting problems like improving mental health in an environment where greater accountability for the Aid spend is being sought.

If initiatives like YMH are to continue to have a place in MFAT-funded development, it is recommended MFAT take a partnership approach whereby it works with partners, with external research and evaluation support if needed, to ensure robust monitoring and feedback processes and to maximise the benefits and knowledge about what works. Active partnership would also provide a strong basis for altering the direction or funding of the project as environmental factors change and more is learnt about what works. It would build the capacity of effective community development organisations like FSPI and its network partners and ensure that they can deliver results and tell the story of how and why the results were achieved more effectively. This would reduce risks for both MFAT as a funder, and development organisations like FSPI.

Recommendation
9 where necessary, MFAT engages as an active partner in innovative projects that address complex problems

Section Seven: Conclusions

The MMHV and YMH projects started at a point where mental health, and mental health issues for youth were not just invisible in the statistics, but were subject to much stigma and shame. Services for the mentally ill – where they existed – were often poor. Finding acceptable language to discuss mental health issues was a challenge.

The projects worked towards two main outcomes; more young people keeping themselves mentally healthy and improved mental health policies and services in Pacific Island Countries. In terms of the first outcome, there is anecdotal evidence of positive change for some youth but the projects were too small to make a significant difference to the coping skills of Pacific youth overall. Many interviewed in the course of this evaluation saw the FSPI projects as having contributed to the second outcome; mental health rose up as a priority for Pacific governments over the period of the MMHV and YMH projects.

Other positive impacts that contributed to the main outcomes included: increasing knowledge about mental health issues; individuals turning their lives around; youth supporting each other and promoting "healthy thinking" through sport, music and art. The project initiated and supported mental health working groups that drew stakeholders together. It appears much of the regional advocacy work has paid off but, while mental health services are starting to improve in Pacific Island Countries, there are considerable gaps in mental health services at the country level as well as a large need for youth support, and youth development.

The evaluation found evidence of effective practice but a need for thorough planning and development of monitoring and evaluation systems. The projects did not adequately address issues of optimal resource allocation and could have paid more attention to sustainability. Most seriously, they aimed to be too broad in coverage and, in the YMH phase, spread a small budget too thinly across too many countries.

Recommendations

1. FSPI and MFAT ensure that project logic and monitoring and evaluation frameworks are clear and appropriately budgeted for at the inception of projects
2 MFAT develop reporting templates for projects, where needed, as a way to assure itself that reporting achieves the standard required for evaluation purposes
3 MFAT, FSPI and network partners note that a key gap in mental health services is in services and supports for informal care and self care
4 MFAT:
- considers the country-specific deficiencies in mental health services identified by PIMHnet in the context of bilateral funding decisions and agreements
-- asks PIMHnet to undertake a stocktake of progress within PICs towards the development of appropriate mental health services, suicide prevention, alcohol and drug services and support networks for young women and men and their families
5 MFAT note that there may be a niche role for regional NGOs in developing innovative programmes to address emerging problems, where governments have not built up enough knowledge or understanding of the problem to invest in solutions
6 MFAT teams or managers have responsibility for related regional programmes as far as possible
7 MFAT project teams include NZ Aid Programme country posts where the regional programme operates
8. FSPI and MFAT ensure contracts for regional projects
- take account of the governance relationship and specific capacity needs of the organisations delivering on contracts
- provide for sustainability plans at the country and regional level
9 Where necessary, MFAT engages as an active partner in innovative projects that address complex problem

Appendix One: Glossary of acronyms used

CEO	Chief Executive Officer
CROP	Council of Regional Organisations of the Pacific
DPM	Development Programme Manager
ED	Executive Director
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
FPCD	Foundation for People and Community Development (FSPI network partner in Papua New Guinea)
FSM	Fiji School of Medicine
FSPI	Foundation of the peoples of the South Pacific International
FSPK	Foundation for the Peoples of the South Pacific, Kiribati
FSPV	Foundation for the Peoples of the South Pacific, Vanuatu
IEC	Information, education and communication (materials)
KP	Karanga Pasifika (NZAID core funding to FSPI (2006-2009)
LOV	Letter of Variation (to contract)
MMHV	Masculinity, Mental Health and Violence (project)
MoU	Memorandum of Understanding
MSC	Most Significant Change (a methodology to document impacts)
NCD	Non-Communicable Disease
NCOPS	National Committee on the Prevention of Suicide (Fiji)
NZHC	New Zealand High Commission
OLSSI	O Le Siosiomaga Society (FSPI network partner)
PCDF	Partners in Community Development Fiji (FSPI network partner)
PHC	Primary Health Care
PIFS	Pacific Islands Forum Secretariat
PIMHnet	Pacific Islands Mental Health Network
PNG	Papua New Guinea
SIDT	Solomon Islands Development Trust (FSPI net work partner)
SPA	Strategic Partnership Agreement
SPC	South Pacific Community
SWOT	Strengths, Weaknesses, Opportunities and Threats (analysis)
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
UNPF	United Nations Population Fund
USP	University of the South Pacific
VfM	Value for Money
WHO	World Health Organisation
YC4MH	Youth Champs for Mental Health (Fiji)
YMH	Youth and Mental Health (project)

Appendix Two: Foundation of the Peoples of the South Pacific International Youth and Mental Health Programme Evaluation: Terms of Reference

Background information and context

The 'State of the Pacific Youth' 2005 report identified key youth issues as education and employment. Youth suicide rates in the Pacific are among the highest in the world. There are limited opportunities for young people to participate in modern society. Other factors impacting on high levels of depression amongst youth include the 'rural pull' and 'urban push' factors, substance abuse, crime and peer pressure.

In 2003, NZAID entered into a three year Grant Funding Arrangement (GFA) with the Foundation of the Peoples of the South Pacific International (FSPI) to support their Masculinity, Mental Health and Violence (MMHV) Programme (total value approx. NZD1.3 million over March 2003 to June 2006). Implemented across Kiribati, Vanuatu, Fiji and Papua New Guinea, the goal of MMHV was to "*reduce the growing trend of young Pacific men using violence to deal with depression and assert their masculine power*". The objectives included the de-stigmatisation of youth mental health issues, catalyse community-based and appropriate mental health interventions, build regional and national coalitions of service providers and gather robust data on the issue.

In 2006, NZAID and FSPI entered into a Strategic Partnership Arrangement (SPA). The purpose of the SPA was to enable FSPI to focus on developing organisational capacity and strategic planning. This included a commitment to further support the FSPI Youth and Mental Health Programme (YMH). Building and expanding on MMHV, the goal of YMH was "*improved mental health of Pacific youth*". Focusing on the four countries under MMHV, YMH also included the Solomon Islands, Tonga, Samoa and Tuvalu. The SPA concluded early on 20 July and NZAID and FSPI entered into a separate GFA for the period 20 July to September 2009 (the original end date of the SPA). FSPI have been required to provide annual progress reports under the GFA and SPA.

FSPI works through its member NGO affiliates at the national level. These affiliates also work closely with other civil society organisations (CSOs) and government. At the regional level, FSPI has close partnerships with other regional initiatives, including the Pacific Island Mental Health Network (PIMHNet).

Rational and purpose of the evaluation

With the conclusion of the current contract for YMH at the end of September 2009, it is timely to evaluate FSPI's MMHV and YMH programmes. The results of the evaluation will be reported primarily to FSPI and NZAID, and will be used to inform the strategic direction of both agencies, including whether and whether and how NZAID continues to support mental health within the regional Human Development Programme, including funding to FSPI. It is expected the findings will also be of relevance/use to other regional and national stakeholders to their own policy and programmes regarding youth mental health.

Scope of the evaluation

The evaluation will cover all MMHV and YMH activity since NZAID commenced funding of FSPI in 2003. This will include all planned and relevant unplanned activity within all

target countries, including across the region (where applicable). The target group for the evaluation is primarily the young people both MMHV and YMH targeted, as well as the networks of agencies working with youth and mental health (including government). Both the FSPI Secretariat and the national affiliates are also primary target groups for the evaluation, noting the important focus on organisational capacity building in order to achieve the programme objectives/goals.

The evaluation will address all five Development Assistance Committee (DAC) evaluative criteria: efficiency, effectiveness, sustainability, relevance and impact.

Objectives of the evaluation

1 To describe and assess the framework of the youth and mental health work of FSPI (i.e. explain the 'theory of change').

Specific questions include:

- What is the relationship between the goal, key objectives, project components and key activities?
- What is the quality of the monitoring and evaluation framework in particular?

2 To (briefly) assess the relevance of mental health as a priority both nationally and regionally.

Specific questions include:

- What are the mental health issues in the Pacific?
- Where and how are these issues articulated in regional and national (including, human rights, health, disability and development) priorities?

3 To assess whether MMHV and YMH achieved the goal, objectives and outputs as stated in the design documents.

Specific questions include:

- How effective has the programme been? What (if any) have been the changes (positive and negative) at the individual, organisational, community, political (national) and regional) regarding mental health since the programme commenced?
- How sound is the assumption that the programme design will lead to outcomes and impacts?
- What has been the rationale for a regional approach?
- How has the programme (e.g. design) addressed sustainable capacity building and outcomes at the national level? How sustainable has the programme been at the regional level? What are the factors that have and will enhance and constrain the sustainability of outcomes into the future?
- Why and how did the programme change between the MMHV and YMH phases?
- What is the relationship between the MMHV/YMH programme to FSPI's other programmes? What is the relationship between the funding of FSPI core Karanga Pasifika and MMHV/YMH?

- What are the factors that have enhanced and constrained meeting objectives and achieving outcomes? For example, how are these issues best addressed nationally and regionally?

4 To assess the value for money of MMHV and YMH.

Specific questions include:

- How efficient has the programme been?
- Could a different approach lead to similar results at a lower cost? (Refer NZAID Operational Guideline on Value for Money)
- How does the programme differ from other regional mental health initiatives such as the Pacific Island Mental Health Network (PIMHNet)? How, if at all, have the differences between the MMHV/YMH and other regional programmes affected the efficiency of MMHV/YMH?

Methodology

The consultant is expected to undertake/participate in the following tasks

- Attend an initial brief with NZAID.
- Complete a desk review of the MMHV/YMH programme using document provided by NZAID and FSPI.
- Develop an evaluation plan outlining the detailed methodology for conducting the evaluation. This should include rationale for selection of countries for field visits (up to three) and be based on the principles below. It should also specify what, if any, support from FSPI (Secretariat and national affiliates) is required (noting the contract between NZAID/FSPI will have concluded) The final evaluation plan (including any questionnaires, checklists of questions, summary of survey results should be appended to the main report, see below). The consultant should consider the following questions when developing the evaluation plan:
    - Who are the stakeholders, what is their interest, type and what issues might there be with their involvement in the evaluation?
    - What information (including from whom) is needed to answer the review questions? What questions would be in any surveys etc (if used)?
    - What are appropriate methods for data collection?
    - How will information be cross-checked and analysed (including qualitative)?
    - How will cross-cutting and mainstreamed issues be taken into account? Have the needs of women, men, boys and girls been identified and addressed? Is sex-disaggregated data available?
    - How will the findings be fed back/discussed with appropriate stakeholders?
    - What risks, limitations, constraints might there be and how will these be mitigated?
    - How will ethical issues be addressed?
- The evaluation plan will be approved by NZAID and FSPI, prior to work commencing.

The following principles should be employed in development of the evaluation plan and the evaluation more broadly:

- Working in partnership
- Ensuring transparency and independence
- Ensuring a consultative participatory process
- Ensuring the capacity building of key partners and stakeholders as a key element of the process.

Governance and management of the evaluation

Governance

NZAID and FSPI are jointly responsible for the governance of the evaluation. This includes joint agreement on this ToR, evaluation plan and draft report. NZAID and FSPI undertake to discuss and agree consolidated feedback to the consultant on the evaluation plan and draft report. NZAID and FSPI will work together for joint sign-off on the final report, however in the event of disagreement, NZAID will make the final decision.

Management

The Development Programme Officer (DPO) is responsible for the management of the evaluation including responsibility for contracting issues with the partner and the consultant and leading for NZAID on the joint governance process. The DPO will seek support from the Development Programme Administrator (DPA) as necessary.

The consultant is responsible for managing feedback from stakeholders and ensuring accurate analysis is included in the reporting. NZAID and FSPI may engage on the accuracy of the analysis during consultation on the draft report.

Independence

The consultant is responsible for presenting the findings, analysis and any recommendations throughout the evaluation. In support of the consultative participation and capacity building principles, the consultant is expected to engage FSPI, NZAID and other stakeholders as appropriate in the evaluation. The consultant will need to determine whether such involvement may influence the independence of the evaluation. Should issues arise, the consultant will need to raise with NZAID and FSPI who will agree resolution.

Composition of the evaluation team

The evaluation will be undertaken by one consultant. The skills and experience required include:

- Participatory evaluative experience, including as the sole team member;
- Experience working in the Pacific;
- Experience in community development/community driven approaches;

- Skilled in capacity building;
- Skilled in being both an objective evaluator but empathetic observer;
- Previous experience and skills in mental health, disability, youth development and gender are preferred.

The consultant will be responsible (as indentified in the evaluation plan) for recommending the inclusion of FSPI, NZAID and other stakeholders in the evaluation as necessary.

Outputs and reporting requirements

Output	Due Date	Fees Due
Briefing with NZAID Wellington	TBC	NIL
Evaluation Plan	TBC	20%
Draft Report	TBC	30%
Final Report	TBC	50%

The report should be structured as per Annex A. The outputs (excluding briefing) should be delivered electronically to the DPO who will facilitate the governance process with FSPI. The main body of the report should be no longer than 20 pages (excluding annexes).

The draft report will be peer review by NZAID and FSPI with both agencies to determine the mix of relevant staff. For NZAID, this is likely to include the DPO, Health Advisor and Evaluation Advisor. Further work, or revision of the report, maybe required if it is considered the report does not meet the ToR, there are errors of fact or the report is incomplete or of an unacceptable standard.

The final report will be appraised before being considered for public release by NZAID's Evaluation and Research Committee. It is NZAID's policy to make part or all of review/evaluation reports publicly available and to provide full reports requested, unless there is prior agreement not to do so.

The report will comply with NZAID requirements for review and evaluation, and meet the quality standards as described in the Development Assistance Committee (DAC) Evaluation Quality Standards.

Follow-up of evaluation

NZAID will use the findings to inform future support to mental health within the Human Development Programme. This will be following the development of an overarching Strategic Framework for NZAID's regional programmes. FSPI will use the findings to inform their strategic direction and any further programme design.

Sources of written information

NZAID Evaluation and Research Committee Process Guideline
NZAID Evaluation Policy Statement
NZAID Guideline on Evaluation and the Activity Cycle
NZAID Evaluation Guidelines on Participatory Evaluation

NZAID Guideline on the Structure of Review and Evaluation Reports
NZAID Guideline on Dissemination and Use of Evaluation Findings
NZAID Screening Guide for Mainstreamed and Other Cross Cutting Issues
NZAID Operational Guideline on Value for Money
OECD DAC Evaluation Quality Standards

Annex A

Structure of Evaluation Report

The consultant should refer to the 'NZAID Guideline on the Structure of Review and Evaluation Reports'.

Title Page

- Title of report (including project/programme evaluated, country, region etc)
- Author(s) name(s) and affiliation(s) including designation
- Date (month and year) & location (e.g. Wellington)

Executive Summary

The Executive Summary should be no more than six pages. It should include:

- A brief background of why the review or evaluation was carried out
- The purpose and objectives of the evaluation.
- A succinct description of the methodology used, who was involved, how? This section ought to describe how project/programme stakeholders participated in the evaluation.
- Key findings.
- A section on value for money (refer NZAID Value for Money Operational Guideline).
- Recommendations and suggested follow up action

Main body of the report

The main text of the report will vary according to the specific study. However, it is important that this section contains:

- A description of the background of the review or evaluation and the main users of the findings/report
- Methodology used (including who participated, how and at what stage)?
- The timing of the review or evaluation
- Findings and conclusions:
  - What changes have been brought about by the intervention – positive and negative, intended and unintended, qualitative and quantitative?
  - What have been the differential effects of the intervention on men and women?
  - What has been the cost of the intervention(s) compared to the programme results? Has NZAID obtained value for money?
  - Other cross-cutting issues (e.g. human rights, etc)

- Implications of the findings on future activities.

Appendices:

These should include:

- Glossary of acronyms used
- Terms of Reference for the review/evaluation
- Evaluation methodology and implementation plan
- List of data sources
- Diagrams, drawings, photographs generated through the participatory processes, etc (if appropriate). Refer to page 11 of the NZAID Guideline on Participatory Evaluation.
- Confidential Annex, if necessary

NOTE: NZAID intends to place a summary of each review or evaluation on its website and will release the full report on request. To facilitate this, information that could prevent the release of the report under the Official Information or Privacy Acts, or would breach evaluation ethical standards should be placed in a Confidential

Appendix Three: Foundation of the Peoples of the South Pacific International (FSPI): Youth and Mental Health Programme Evaluation Plan

Background

Suicide and the incidence of poor mental health are acknowledged as high in Pacific Island Countries (WHO, 2007; UNICEF, 2005). In 2003, NZAID entered into a three year Grant Funding Arrangement (GFA) with the Foundation of the Peoples of the South Pacific International (FSPI) to support their Masculinity, Mental Health and Violence (MMHV) Programme (total value approx. NZD1.3 million over March 2003 to June 2006). Implemented across Kiribati, Vanuatu, Fiji and Papua New Guinea, the goal of MMHV was to "*reduce the growing trend of young Pacific men using violence to deal with depression and assert their masculine power*". The objectives included the de-stigmatisation of youth mental health issues, catalyse community-based and appropriate mental health interventions, build regional and national coalitions of service providers and gather robust data on the issue.

In 2006, NZAID and FSPI entered into a Strategic Partnership Arrangement (SPA). This included a commitment to further support the FSPI work on mental health via the Youth and Mental Health Programme (YMH). Building and expanding on MMHV, the goal of YMH was "*improved mental health of Pacific youth*". Focusing on the four countries under MMHV, YMH also included the Solomon Islands, Tonga, Samoa and Tuvalu. The current contract for YMH concluded at the end of September 2009.

Rational and purpose of the evaluation

The evaluation of FSPI's MMHV and YMH programmes follows the end of contract for YMH. Results of the evaluation will be used to inform the strategic direction of both agencies, including whether and whether and how NZAID continues to support mental health within the regional Human Development Programme, including funding to FSPI. It is expected the findings will also be of relevance/use to other regional and national stakeholders to their own policy and programmes regarding youth mental health.

Scope of the evaluation

The evaluation will cover all MMHV and YMH activity since NZAID commenced funding this FSPI programme in 2003. This will include all planned and relevant unplanned activity within all target countries, including across the region (where applicable). The target group for the evaluation is primarily the young people both MMHV and YMH targeted, as well as the networks of agencies working with youth and mental health (including government). Both the FSPI Secretariat and the national affiliates are also primary target groups for the evaluation, noting the important focus on organisational capacity building in order to achieve the programme objectives/goals.

The evaluation will address all five Development Assistance Committee (DAC) evaluative criteria: efficiency, effectiveness, sustainability, relevance and impact.

Objectives of the evaluation

1. To describe and assess the framework of the youth and mental health work of FSPI (i.e. explain the 'theory of change').
2. To (briefly) assess the relevance of mental health as a priority both nationally and regionally.
3. To assess whether MMHV and YMH achieved the goal, objectives and outputs as stated in the design documents.
4. To assess the value for money of MMHV and YMH.

Terminology

The definition of ***mental health*** used in the evaluation will be that incorporated in the FSPI YMH project:

> "Mental health is the ability to think and learn, and the ability to understand and live with one's own emotions and the reactions of others. it is a state of balance within a person and between persons and the environment. Physical, psychological, social, cultural, spiritual and other interrelated factors participate in producing this balance. The inseparable links between mental and physical health have been demonstrated" (World Health Organisation (2002) *Regional Strategy for Mental Health* Who Western Pacific Regional, Manila

Youth include both males and females and the evaluation will use the FSPI definition. The FSPI notes that youth is defined both chronologically and socially in the Pacific and that, in general, youth is usually associated with single status and youth are perceived to be between 15 and 30 years of age.

Methodology

The high level goals of the MMHV and YMH projects were ambitious and long-term, and their achievement influenced by environmental factors as well as social and economic policies and activities. This complexity will be taken into account in the evaluation by focussing on the "theory of change" that underpinned the direction taken in the sequential projects and evaluating their success in relation to their own logic, and in relation to responses to: new information (including the situation analyses); environmental changes; opportunities for influence (and how they were assessed and acted on); and learning about what worked.

More specifically, the evaluation will address the objectives through gathering and analysing relevant data, discussion, observation and synthesis. The key elements are described below and Table Two summarises the specific methods by which the objectives will be explored.

Key Elements

Principles underpinning the evaluation process

The ToR sets out an expectation that the evaluator will develop an evaluation plan that is cognisant of the following principles:

- Working in partnership
- Ensuring transparency and independence
- Ensuring a consultative participatory process
- Ensuring the capacity building of key partners and stakeholders as a key element of the process.

NZAID and FSPI are jointly responsible for the governance of the evaluation. This includes joint agreement on this ToR, evaluation plan and draft report. The funding for the YMH programme ceased in October 2009, and several key FSPI secretariat and affiliate staff have moved on and/or changed duties; these factors may constrain some aspects of the evaluation. There is an opportunity for capacity building within the field component of the evaluation by working alongside FSPI in organising focus groups (particularly the questions and the method), joint reflection on focus group outcomes and joint development of the feedback sessions at the end of the a country visit. .

Ethical framework
The evaluator will emphasise impartiality and openness. Information gathered in all interviews conducted as part of the evaluation will be treated as confidential and will not be attributed to particular individuals in the write up. Where confidentiality could be compromised by the inclusion of a comment, this will be discussed with the individual concerned. There will be an expectation of confidentiality within any group discussion (Chatham House rules), and no attribution of comments to individual participants.

At the end of each field visit, key issues will be fed back to as many participants as is practical for their verification and discussion. Should circumstances dictate that a meeting is not practical, or where participants are unable to attend, feedback will be sent by email (or fax), inviting response.

Cross Cutting and Mainstreamed Issues
The programme aims to improve the lives of a vulnerable sector of the population and the links between programme activities and pathways out of poverty will be explored.

Mental ill health is a disability issue and as such the impact of the programme on human rights will be included in the review.

As far as practicable, data used in the evaluation will be disaggregated by gender and other relevant population breakdowns. Gender inclusiveness was a reason for the FSPI shifting from the MMHV programme to the Youth and Mental Health programme. Benefits for men and women from the programme will be a key theme in the analysis.

Conflict issues and post conflict stress have been identified within the course of the projects and the impact of this on the programme will be explored where appropriate. The programme does not aim to directly impact on either HIV/AIDs or the Environment. Questions and observations will include checks for spillovers and indirect impacts. .

Field visits to three participant countries
Four countries participated in the initial MMHV programme (Fiji, PNG, Vanuatu and Kiribati) and a further four countries participated in the YMH programme (Samoa, Tuvalu, Solomon Islands and Tonga), bringing the total number of participant countries to eight.

Following discussion, the field visits will include the following three countries which appear to have the best continuity of personnel and the most potential information sources across stakeholders. These countries also cover the range of circumstances impacting on countries and youth, as well as including a broad range of MMHV and YMH activities:

- **Fiji**, because it is where the FSPI secretariat is located, where significant strategic partners, such as WHO (and PIMHNET coordination), are located, it was one of the original countries involved in the MMHV project and it is the only location of specific programmes for homeless men and ex-prisoners. Sustainable livelihood work is still continuing in Fiji.
- **Solomon Islands** as the most populous of the four new countries that participated only in the YMH programme and there is continuity via Jennifer Wate, the director of the Solomon islands Development Trust (SIDT) which was responsible for YMH in the Solomon Islands. It is also a post-conflict country.
- **Samoa** in order to include a Polynesian population, in recognition of the NZAID's commitment to Health in Samoa and the strength of the disability sector in Samoa.

Information Sources

The evaluation will gather and analyse data, and triangulate findings, from the following sources:

1. documents provided by NZAID and FSPI, including documentation related to the programme, programme products including the country situation analyses, and major regional research and policies pertaining to the issues of male and youth mental health and violence
2. key stakeholders responsible for the design, execution and funding of the programme (NZAID and FSPI)
3. young people targeted by MMHV and YMH in the countries selected for field trips including any documentation (written or other) of the voices of the young participants during the course of the programme
4. stakeholder agencies in the Pacific region whose work contributes to similar goals to those of the MMHV and YMH programmes. In addition to health Ministries, there is a need to identify the agencies that were closest to the FSPI programmes
5. stakeholder agencies in the Pacific region who have related interests and knowledge in terms of public opinion and awareness (media) or reducing male violence (eg: groups concerned with violence against women or family safety)
6. mental health experts and academics who have undertaken relevant work in fields of male violence, mental health and youth in the Pacific region.

Table one summarises the main stakeholders, their likely interests, and ethical issues, risks and constraints in relation to their contribution to the evaluation.

Phone and email interviews

In addition to the visits to three countries, it is proposed that there will be phone interviews and/or email to the former MMHV and YMH coordinators and other key stakeholders not able to be met in person.

Table One: Stakeholder analysis: their interest/influence, ethical issues, risks and constraints		
Who	**Interest/influence**	**Constraints, risks, ethical issues and their management**
FSPI /country affiliates (prog designer and deliverer)	High interest in the work continuing in some form and likely to have high influence	Risk of positive stories only. Will be managed by seeking supporting evidence and evidence on learning. Country staff key to evidence but most have different jobs now. On the one hand, distance may strengthen their objectivity, on the other it may lessen their interest and access to/recall of information.
NZAID (funder)	High influence over new work and high interest in evaluation lessons on increasing "healthy" behaviour and their thinking within the Human Development and Health Programmes	Mental health has not been an explicit priority for NZAID, nor an area where expertise has been built up
Participants	Low influence but potential momentum in some areas. Interest higher for immediate benefits	Difficulty of attributing benefits/failures to programme rather than other factors – manage by recording as individual perceptions – triangulate with other stakeholder views. Where activity has ceased, participants will be difficult to access. Managed by seeking out evaluations of activities and providing lunch at focus groups.
Non-participants	Low influence, probably low interest	Not feasible to access a random sampling of this group directly without a substantial study – assess partially through country data and posing counter factual questions.
National regional Govt Ministries and and SPC	Strong influence as Aid flows to national/regional priorities , interest is likely to be variable	Competition and/or desire for government control could influence nature of the feedback. Will be managed by soliciting information about their areas of future interest and activity and recording differences of opinion
National and regional NGOs with related interests	Variable influence depending on focus and personnel. High interest and knowledge	Potential influence of being closely aligned or competitors for funds and activities managed by clarifying interests. Encourage different paradigms to be articulated and triangulate with other information sources
Internat orgs (eg UNICEF) and major funders of youth mental health WHO - PIMHNET	High interest in complementary services. Potentially have a strong influence	The high level scope and focus of WHO activity may mean that they have little active knowledge of the YMH activity, particularly beyond Fiji. This will be managed by balancing a regional conversation with country-specific conversations.
MH experts and academics	Variable influence and interest	Small number of academics may make it difficult to assure confidentiality – managed by referring to published work

Table Two: Information sources and expected results to address evaluation objectives and questions

Key questions	Information sources	Expected results
Objective 1 To describe and assess the framework of the youth and mental health work of FSPI (i.e. explain the 'theory of change').		
1.1 What is the relationship between the goal, key objectives, project components and key activities?	FSPI documentation Discussion with FSPI and affiliates Academics, research and MH experts	Evidence on logic chain and what was expected to be achieved Extent to which objectives are framed to be SMART (or why not) Map of (undocumented) understanding, learning as the programme went and reasons for changes – particularly from MMHV to MYH
1.2 What is the quality of the monitoring and evaluation framework in particular?	FSPI documentation FSPI and affiliates NZAID	Quality and coverage of data and evidence used for monitoring. Baseline data, mid- and end-point data. Quality of situation analyses reports. Evidence on logic around attribution of success or progress (or not) Completeness of monitoring framework
Objective 2 To (briefly) assess the relevance of mental health as a priority both nationally and regionally.		
2.1 What are the mental health issues in the Pacific?	International and Health Ministry documents FSPI situation analyses NGOs with related interests	Comparative picture of mental health issues and evidence on cause (and effects)
2.2 Where and how are these issues articulated in regional and national (including, human rights, health, disability and development) priorities?	Regional programmes and programmes in countries visited. Cross check with FSPI and key regional stakeholders (eg SPC, WHO, UNICEF)	Include major frameworks for all regionally funded programmes and programmes in the three countries visited. Identify gaps between stated priorities and funded priorities. Identify any significant NGO programmes in region or individual countries
Objective 3 To assess whether MMHV and YMH achieved the goal, objectives and outputs as stated in the design documents		
3.1 How effective has the programme been? What (if any) have been the changes (positive and negative) at the individual, organisational, community, political (national and regional) regarding mental health since the programme commenced?	FSPI & affiliates –documents and conversations Regional and International organisations and documents Ministries of Health, Academics Programme participants NGOs with related interests	Assessing change over programme period: 2003-2009 **National level**: Policy and programme level changes: eg: legislation, quanitity and quality of programmes funded; changes in country (ideally youth) mental health status: Changes in research knowledge, Changes in attitudes, changes in individual lives **Regional level**: Mental health as a priority in funding, forum and programme support, changes in research knowledge

Key questions	Information sources	Expected results
3.2 How sound is the assumption that the programme design will lead to outcomes and impacts?	As in objective one	In addition to objective one, brief assessment of exogenous factors that have impacted on the priority given to mental health in the region (and countries) and outcomes and impacts of the programme
3.3 What has been the rationale for a regional approach?	FSPI & affiliates- documents and conversations. Regional/international organisations NZAID, possibly literature	Strengths and weaknesses of a regional approach Assessment with country FSPI affiliates of advantages and constraints of regional approach Impacts of programme (and extent to which these are regional or national) will be a check on the rationale
3.4 How has the programme (e.g. design) addressed sustainable capacity building and outcomes at the national level? How sustainable has the programme been at the regional level? What are the factors that have and will enhance and constrain the sustainability of outcomes into the future?	FSPI & affiliates- documents and conversations Programme participants Strategic partners at country and regional level	Documentation of what programmes or offshoots have continued/are continuing now funding has ended Identify what aspects, if any, of the MMHV and YMH programmes that have been picked up by other players Articulation of the gaps without the FSPI YMH programme
3.5 Why and how did the programme change between the MMHV and YMH phases?	FSPI, affiliates and documentation NZAID trends in aid objectives	FSPI rationale for change in programme seeking funding bid NZAID articulate any changed expectations from their end
3.6 What is the relationship between the MMHV/YMH programme to FSPI's other programmes? What is the relationship between the funding of FSPI core Karanga Pasifika and MMHV/YMH?	FSPI documentation, budget reports	Articulate whether, and extent to which, MMHV and YMH funding contributes to other FSPI programmes and core areas of responsibility that were funded by core Karanga Pasifika and vice versa
3.7 What are the factors that have enhanced and constrained meeting objectives and achieving outcomes? For example, how are these issues best addressed nationally and regionally?	Summarising documents and discussions	Synthesis of earlier questions

Objective 4 To assess the value for money of MMHV and YMH

Key questions	Information sources	Expected results
4.1 How efficient has the programme been?	FSPI information on expenditure and activities and outcomes (discussion) NZAID expectations and documentation of budget discussions Synthesis of stakeholder views	A table showing expenditure against activities Review answers to 3.1 and 3.4 from an efficiency perspective Map the link between activities and outcomes – at individual, country and regional level (some outcomes will be partial and /or not measurable)
4.2 Could a different approach lead to similar results at a lower cost? (Refer NZAID Operational Guideline on Value for Money)	Literature on programmes reducing youth stress and mental ill health in the Pacific (if any) Compare with any Pacific-wide programmes without a regional component Health cost data at country level	Assessment of outcomes or activities that would not have occurred without a regional approach Identify cost/benefit of regional versus connected local programmes if possible Compare programme funding with what could have been bought in country in health promotion services (with caveats)
4.3 How does the programme differ from other regional mental health initiatives such as the Pacific Island Mental Health Network (PIMHNET)? How, if at all, have the differences between the MMHV/YMH and other regional programmes affected the efficiency of MMHV/YMH?	FSPI and PIMHNET documents – review and discuss with FSPI and PIMHNET Discussions with regional and international informants, related NGOs and possibly academics as well as FSPI	Map of connectivity between activities and focus of FSPI and areas of overlap Qualitative assessment of impact of overlap and/or different foci on the efficiency of the programme

Table three below matches key informants matched with question areas based on earlier analysis.

Table Three: Question areas for key informants	
NZAID	**1.The Framework for Youth and Mental Health programme** What are their expectations of programme monitoring and how are they made known to aid recipients? Are there best practice models that have been identified, particularly for programmes seeking complex, long-term change (such as MMHV and YMH)? **3. Performance and impact of MMHV and YMH** In addition to what is documented, what in their view influenced the change in programme from MMHV to YMH and how did this fit with NZAID's expectations at the time? What do you see as the main contribution of MMHV and YMH (posts) **4. Value for Money** Do you have benchmark measures to assess budgets for programmes such as MMHV and YMC – what were the NZAID processes in 2003 and what are they now?
FSPI regional	**1. The Framework for Youth and Mental Health programme** Review explanations in documentation of the logic of the relationship between the goal, key objectives, project components and key activities for MMHV and YMH Quality and coverage of data and evidence used for monitoring. Baseline data, mid- and end-point data. Quality of situation analyses reports. Evidence on logic around attribution of success or progress (or not) Completeness of monitoring framework **2. Mental health as a priority in the Pacific** Their views on the priorities within mental health and evidence additional to situation analyses **3. Performance and impact of MMHV and YMH** What do they see as the contribution of FSPI MMHV and YMH to addressing MH in the Pacific? what changes do they consider the programmes contributed to? What is enduring now that the NZAID programme funding has ended? What has been picked up by the mainstream and what has continued on its own? What, with hindsight, would they have done differently? In addition to what is documented, what were the factors that influenced the change from MMHV to YMH in seeking the second three years of funding? Whether, and to what extent has MMHV and YMH funding contributes to other FSPI programmes and core areas of responsibility that were funded by core Karanga Pasifika and vice versa **4. Value for Money** How did you determine your budget needs for the programmes eg personnel, travel, administrative support? How did you ensure that the budgets for country programmes (incl Fiji) were neither too large nor too small? Have you worked back from your input specified budgets to identify the total costs of activities? What elements of the programme could and could not have happened without a regional approach? With hindsight, are their elements of the programmes that FSPI did not need to do/should not have engaged in, and why? What were the most value for money contributions of the programmes and why?

FSPI affiliates	**1.The Framework for Youth and Mental Health programme** Review the project components and how they see them fitting with the YMH goals and key objectives. For Fiji and Vanuatu, discuss the switch from MMHV to YMH **2. Mental health as a priority in the Pacific** Views on the priorities within mental health and evidence additional to situation analyses **3. Performance and impact of MMHV and YMH** What do they see as the contribution of FSPI MMHV and YMH to addressing MH in the Pacific? What changes do they consider the programmes contributed to? Who benefited? What is enduring now that the NZAID programme funding has ended? What has been picked up by the mainstream and what has continued on its own? **4. Value for Money** With hindsight, was the budget you had sufficient for what you were expected to deliver? Was it allocated to the right things? Was there any misguided expenditure?
Experts/ Academics eg FSM,	**1. The Framework for Youth and Mental Health programme** Review logic of the YMH project components in relation to the situation analysis Academic or MH expert responses to review of the situation analyses **3. Performance and impact of MMHV and YMH** What do they see as the contribution of FSPI MMHV and YMH to addressing MH in the Pacific? What changes do they consider the programmes contributed to at regional, national, local and individual level? Who benefited and how? **4. Value for Money** Are there areas of MMHV and MYH activity that duplicated the activities of other orgs?
National regional Government Ministries PIMHNET SPC,	**2. Mental health as a priority in the Pacific** What are the core mental health activities (and their funding)? Where and how are these issues articulated in regional and national (including, human rights, health, disability and development) priorities? What re the trade off made in setting priorities? **3. Performance and impact of MMHV and YMH** What do they see as the contribution of FSPI MMHV and YMH to addressing MH in the Pacific? What changes do they consider the programmes contributed to? Have changes occurred to their programmes as a consequence of the MMHV and YMH? **4. Value for Money** Are there areas of MMHV and MYH activity that duplicated the activities of other orgs?
National and regional NGOs with related interests	**2. Mental health as a priority in the Pacific** What are the key youth mental health issues and what is needed to address them? What are the core mental health activities (and their funding)? What are the trade offs made in setting priorities? **3. Performance and impact of MMHV and YMH** What do they see as the contribution of FSPI MMHV and YMH to addressing MH in the Pacific? What changes do they consider the programmes contributed to? What are their views on switch from MMHV to YMH (if appropriate). **4. Value for Money** Are there areas of MMHV and MYH activity that duplicated the activities of other orgs?
Intl orgs (eg UNICEF)and funders of MH notably WHO	**2. Mental health as a priority in the Pacific** What are the core mental health activities (and their funding)? What are the trade offs made in setting priorities? **3. Performance and impact of MMHV and YMH** What do they see as the contribution of FSPI MMHV and YMH to addressing MH in the Pacific? What changes do they consider the programmes contributed to? Have changes occurred in their activities or programmes as a consequence of the MMHV and YMH? **4. Value for Money** Are there areas of MMHV and MYH activity that duplicated the activities of other orgs?

Support needed from FSPI and Affiliates

I envisage sending questions to FSPI and Affiliates prior to meeting with them, and expect to be able to review internal documentation as well as having discussions with the appropriate personnel. In Suva, I anticipate I will need a couple of days of FSPI time to have the necessary meetings and support to get in contact with programme participants. Prior to the field trip I will also need perhaps half a day of Margaret Leniston's time to ensure I get the contact details I need for academics and other key informants (this process has already begun).

In terms of affiliates, most of the key personnel are in jobs, either for their same organisation or in some related field. I would not expect discussion to take more than two hours. I may need support to obtain copies of any key country-specific paper work or resources that were not available in Suva. As mentioned above it would be desirable to have a feedback session in each country. The logistics of this (where, equipment, tea/coffee for example) need to be worked through and may involve FSPI facilities and support in all three countries.

In the interests of reinforcing the partnership approach and capacity building, joint planning and delivery of in-country focus groups and feedback sessions could be factored into the timeline and budget.

Evaluation activities and timing

The table below summarises the evaluation activities, the expected time they will take, and the dates for their completion. A budget has not been prepared, other than consultant days, as the countries to be included in the field visit have not yet been agreed.

Table Four: Evaluation Activities, estimated time, milestones and dates

Activity	Est days	What by when
Preparation of evaluation plan – incl briefings at NZAID, obtaining and reviewing core documents, initial contact and discussion with FSPI	7	Draft by 28 March Agreed 31 March Final plan 6 April
Preparation for field trip – incl agreement on countries and timing, establishing key informants and their availability via phone/email, efficient scheduling, detailed planning, forward emailing of questions, documents sought and meeting details, preparation for individual interviews	2	Countries and FSPI support agreed 31/3 Field plan 16 April
Field trip – discussions with key informants, visiting programme elements, accessing or reviewing additional documentation, preparing and delivery at feedback session. Estimates are Fiji 4 days, other countries 3 days plus 3 days travel	13	
Phone interviews and data analysis post field trip eg Linda Pederson, SRC, people in other participating countries, follow up and obtain any new evidence	3	
Preparation of draft evaluation report Synthesis of literature, data, interviews – checking back information, proof reading, review, sent to NZAID and FSPI	8	18 June
Feedback and redraft of final report Receive feedback from NZAID and FSPI, discuss, integrate	3	31 July

Appendix Four: Information Sheet distributed to people interviewed for the evaluation

Foundation of the Peoples of the South Pacific International (FSPI): Youth and Mental Health Programme (YMH) Evaluation

Background

Mental health issues and services, including suicide prevention, are acknowledged as priorities for action in Pacific Island Countries (WHO, 2007; UNICEF, 2005).

In 2003, NZAID entered into a three year Grant Funding Arrangement (GFA) with the Foundation of the Peoples of the South Pacific International (FSPI) to support their Masculinity, Mental Health and Violence (MMHV) Programme (total value approx. NZD1.3 million over March 2003 to June 2006). Implemented across Kiribati, Vanuatu, Fiji and Papua New Guinea, the goal of MMHV was to "*reduce the growing trend of young Pacific men using violence to deal with depression and assert their masculine power*". The objectives included the de-stigmatisation of youth mental health issues, catalyse community-based and appropriate mental health interventions, build regional and national coalitions of service providers and gather robust data on the issue.

In 2006, NZAID and FSPI entered into a Strategic Partnership Arrangement which included a commitment to further support the FSPI work on mental health via the Youth and Mental Health Programme (YMH). Building and expanding on MMHV, the goal of YMH was "*improved mental health of Pacific youth*". Focusing on the four countries under MMHV, YMH also included the Solomon Islands, Tonga, Samoa and Tuvalu. The current contract for YMH concluded at the end of September 2009.

Purpose of the evaluation

The evaluation of FSPI's MMHV and YMH programmes follows the end of contract of Phase 2 of the project which focussed on YMH. Results of the evaluation will be used to inform the strategic direction of both agencies, including whether and whether and how NZAID continues to support mental health within the regional Human Development Programme, including funding to FSPI. It is expected the findings will also be of relevance/use to other regional and national stakeholders to their own policy and programmes regarding youth mental health.

Objectives of the evaluation

5. To describe and assess the framework of the youth and mental health work of FSPI (i.e. explain the 'theory of change').
6. To (briefly) assess the relevance of mental health as a priority both nationally and regionally.
7. To assess whether MMHV and YMH achieved the goal, objectives and outputs as stated in the design documents.
8. To assess the value for money of MMHV and YMH.

Process

The evaluation is being carried out by Maire Dwyer, a contractor to NZAID, in partnership with FSPI.

Appendix Five: List of persons consulted

New Zealand

MFAT	
Megan McCoy	Development Programme Officer
Salli Davidson	Health Sector Adviser
Alison Carlin	DPM Human Development Programme
Miranda Cahn	Evaluation adviser
Christine Briasco	Health Sector Adviser.
Geoff Woolford	DPM Human Development Programme
PIMHnet	
Frances Hughes	WHO PIMHnet facilitator

Samoa

Fiu Mataese Elisara-Laulu	Executive Director, O Le Siosiomaga society (OLSSI)
Eseta Faafeu-Hope	ED, Samoan Nurses Association, Manager, Research & Development, Center for Samoan Studies, National University of Samoa, YMH coordinator
Sydney Oliver Faasau	Assistant CEO, division of Youth, Ministry of Women, Community and Social Development
Seletuta Visesio-Pita	Division of Youth, Ministry of Women etc
Vanessa Barlow-Schuster	Policy Development Specialist and Legal Adviser, Ministry of Women etc
Roina Faatauvaa-Vavatau	CEO, SUNGO
F Manu Samuelu	Manager, Samoa Family Health Association
Peter Zwartz	NZ AID Manager, NZ High Commission, Samoa
Christine Saaga	NZ High Commission, Samoa
Heather Wrathall	AusAid
Dr Pauline Teremoana Puni	Acting ED, Samoan Aids Foundation
Siu Tapelu	Nurse, Samoan Aids foundation clinic

Fiji

FSPI: Present and Former Staff	
Rex Horoi	Executive Director
Margaret Leniston	Regional Health Programme Manager
Archana Mani	FSPI MMHV and YMH manager
Margaret Eastgate	YMH Manager
PCDF: Present and Former Staff	
Alisi Waqanika-Daurewa	Director PCDF until 2009
Tevita Ravumaidama	Director PCDF, 2010 -
Margaret Logavatu	Former YMH coordinator, PCDF
Tirsevani Nauvilou	Former YMH coordinator, PCDF
Jane Henty	YC4MH coordinator
Regional and international organisations	
Dr Temo Waqanivalu	WHO, NCD and mental health advisor
Dr George Malefoasi	Adolescent Health and Development Adviser, SPC
Mereia Carling	Social Policy Officer, UNICEF
Alastair Wilkinson	Regional Adviser, Social Development and Planning, ESCAP

Paulini Sesevu	Senior Programme Manager (Health, Law and Justice) AusAid
Helen Tavola	Consultant, ex Social Development Advisor, PIFS
Aademics	
Dr Graeme Roberts	Associate Professor and Director of Research, FSM
Gaylene Osborne- Finekaso	School of Social Sciences, Division of Psychology, USP (reviewer of FSPI trainer or trainers)
National	
Simione Tuni	NCOPS and MH Project officer
Setariki Macanawai	CEO, People's Disability Forum
Dr Odile Chang, Dr Shishram Narayan, Marike Solualu, Sisilia Koravavala, Litia Veitata, Tavaita Soroanalagi,	St Giles Psychiatric Hospital
YC4 MH	**Focus group**

Solomon Islands

SIDT	
Jennifer Wate	Director, SIDT
Longden Manedika	Programme Manager, SIDT
Jefter Tuhagenga	Former YMH coordinator
Amaziah Keith	Former YMH coordinator
Joseph Major	SIDT Media Manager
Augustine Todonga	New employee, SIDT
Honiara Theatre Group	**Focus group** with eight actors
International organisations	
Afu Billy	Commonwealth Youth Programme, Commonwealth Secretariat
Georgia Noy	Programme Director, Save the Children
National organisations	
Chris Chevalier	Consultant, APHEDA
Francine Cane	Former PIMHnet focal point, now consultant psychologist
William Same	Director, Mental health, Ministry of Health
Daniel Gaofa	Mental Health Nurse, Ministry of Health
Evans Tuhagenga	Director, Youth, Ministry of Women and Youth
Ruth Maetala	Policy & Research manager, Ministry of Women and Youth
Jeffrey Afacky	Global youth and leadership nexus
Chichinge Futsol Team	**Focus group** with seven members

Other

Rose Maebiru-Martin	Human Development Programme Advisor –Youth SPC
Matella Urokwai	Ex MMHV and YMH coordinator, PNG
Sione Lanivia Faka'osi	ED, Tonga Community Development Trust
Annie Homasi	Director, Tuvalu Asociation of NGOs (TANGO)
Peter Kaloris	ED, FSP Vanuatu

Appendix Six: List of background materials or papers utilised

APHEDA (Union Aid Abroad) (2009) *Stayin' Alive: Social Research on livelihoods in Honiara*

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FSPI (2007c) FSPI *Annual Report for youth and mental health project October 2006-September 2007* FSPI

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FSPI (2010) *Notes from Youth and Mental Health Evaluation Focus Group with YC4MH* (unpublished) *5 May*

FSPI (various) *Stories from the Mat* FSPI newsletter

FSPI (undated) *FSPI: Over thirty years experience in health* (provided by Rex Horoi)

FSP Kiribati (2006) *Young i-kiribati men and mental health: A situation analysis* FSP Kiribati

Guttenbeil-Likiliki and Ofa Ki-Levuka (2009) *Youth and mental health in Tonga: A situational analysis* FSPI

Hope, Eseta Faafeu and Enoka, Matamua Iokapeta (2009) *Youth and Mental Health in Samoa: A Situational Analysis* FSPI

Hughes, Desma (2005) *Masculinity, Mental Health and Violence in Vanuatu*, FSP Vanuatu

Hughes, Frances, M Finlayson, M P Firkin, M Funk, N Drew, T Barrett, X Wang, F Fritsch (2005) *Situational Analysis of Mental Health Needs and Resources in Pacific Island Countries* Centre for Mental Health Research, Policy, and Service Development, WHO

Hughes, Frances (2009) "Mental Health in the Pacific: the role of the Pacific Islands Mental Health Network" *Pacific Health Dialog* Vol 15, No 1 p177-180

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Jourdan, Christine (2008) *Youth and Mental Health in Solomon Islands: A situation analysis: Tingting Helth, Tingting Siki* FSPI

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NZAID and FSPI (2003) *Funding Arrangement for the Masculinity Mental Health and Violence Project* (unpublished, NZAID files, signed late march, early April by Craig Hawke (NZAID) and Rex Horoi (FSPI))

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NZAID (2005) *Masculinity Mental Health and Violence project: Letter of Variation no One (*unpublished NZAID files, signed by Sara Carley and Rex Horoi September, 2005

NZAID (2007a) *FSPI Strategic Partnership Arrangement: Letter of Variation no Two* (unpublished, NZAID files, 20 February (Dimitri Geidelberg and Rex Horoi)

NZAID (2007b) *FSPI Strategic Partnership Arrangement: Letter of Variation no Four* (unpublished, NZAID files, 11 October, to FPSI ED, Rex Horoi

NZAID (2007c) *Evaluation of the Implementation of the Paris Declaration: Agency Level Evaluations: Evaluation of NZAID*

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NZAID (undated) *NZAID Health Strategy 2008-2013*

NZAID Evaluation and Researsh Committee Process Guideline

NZAID Evaluation Policy Statement

NZAID Guideline on Evaluation and the Activity Cycle

NZAID Evaluation Guidelines on Participatory Evaluation

NZAID Guideline on the Structure of Review and Evaluation Reports

NZAID Guideline on Dissemination and Use of Evaluation Findings

NZAID Screening Guide for Mainstreamed and Other Cross Cutting Issues

NZAID Operational Guideline on Value for Money

OECD DAC Evaluation Quality Standards

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Smith Nabujavou, Thelma eds (2008) *Fright or Light, Surviving Mental Illness* Psychiatric Survivors Association of Fiji and Leadership Fiji

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UNICEF (Pacific), SPC and UNPF (2005) *State of Pacific Youth*

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Appendix Seven: Summary findings on country programmes

Samoa

The YMH ran for only two years in Samoa. The focus of the YMH was on mental health promotion, education and awareness - one of the Key Action Areas of the Samoa Mental Health Policy 2006. The YMH project drew on existing research and the analysis of a semi-structured questionnaire from 205 young people. As elsewhere in the Pacific, Samoan youth are vulnerable to risk behavior, self harm and suicide (which half of youth believe is the most serious youth problem). This research provides a baseline of information about youths' perceptions of themselves, their coping skills and the factors that help and hinder their happiness. There were also discussions with youth in schools and villages on how Samoan values could contribute to youth mental health. As such the YMH project contributes to the implementation of the goals and objectives of the Samoa Mental Health Act 2007

The Samoan Mental Health Act 2007 aims to support community care. Community nurses are the mainstay of this care. The government's Talavou programme (also supported by NZAID), which aims to support young people realising their potential, includes peer education (60 educators) aimed at ameliorating youth stress.

NGOs operating in the areas of suicide prevention, HIV/Aids, Family health, and stopping family violence, provide counseling and support to groups that have a higher vulnerability to mental health issues. In large part they operate outside the government health and youth policy and service frameworks. Typically their funding is short-term and comes from a diversity of sources.

A common view was that there are insufficient mental health services and few places to refer young people with serious need. Many considered the Samoan Government and NGOs must work together to align services in order to develop a mental health support structure that maximises the use of lower level prevention and support. Such an approach is consistent with the new mental health legislation. Government leadership is important as government priorities drive the distribution of harmonised foreign aid for health services.

Building from Samoa's strong family and community ties makes sense. However, many interviewed considered awareness raising is needed to counteract stigma and other barriers to meeting the needs of youth (such as parental strictness).

It was noted that the Tsunami led to a greater awareness of the importance of having appropriate psycho-social support available. Greater awareness and increased recognition of mental illness may lead to an increase in demand for referrals to the government's small Mental Health Unit.

The Minister of Health spoke highly of the YMH situational analysis at its launch. The analysis is a starting point for wide discussion on the recommendations to improve youth mental health. Its baseline data and analysis is also a resource for teaching in schools, university, health training, as well as for service providers. Some training may continue from the project via nurse education by the Samoan Nurses Association.

Fiji

Fiji was one of the four countries in the FSPI Masculinity, Mental Health and Violence (MMHV) project between 2003 and 2006 and continued in phase 2, through the Youth and Mental Health (YMH) project from 2007 to 2009. The FSPI network partner, Partners in Community Development, Fiji (PCDF) was responsible for delivering the local MMHV and YMH project.

The MMHV aimed to address the "growing trend of young Pacific men using violence to deal with depression and assert their masculine power" through activities of awareness and education, research, promotional activities, advocacy and sustainable livelihood projects. The largest PCDF activity in the MMHV phase was the Fiji situational analysis: *Youth, mental health and violence in Fiji* (2005), developed in conjunction with the Fiji School of Medicine (FSM). It drew on research, focus group discussions, a survey of prison inmates and examined the relationship between mental illness, stress and violence. The report used the Ottawa Charter for Health promotion as its framework for broad-ranging recommendations that included rights, poverty alleviation, reorienting education, health and prison services, individual skills, and the roles of mediation and advocacy. Other activities included: documentation of prisoner rehabilitation and services; documentation of issues raised by people living with mental illness and their carers; support to the newly formed Psychiatric Survivors Association; piloting a mental health awareness kit, advocacy and livelihood projects (beekeeping and piggery)

The YMH phase focused on improving youth mental health and involved the same range of activities as in MMHV. Fiji influenced the shift from MMHV focus to the more inclusive YMH which recognised issues for young women and distinguished MH from violence.

The project established a mental health working group to coordinate stakeholders working on mental health issues. This facilitated organisations such as St Giles Psychiatric hospital, the Ministry of Health, and the police to improve their outreach. PCDF addressed suicide prevention in collaboration with the Ministry of Health NCOPS and UNESCAP. The Government of Fiji subsequently passed a national policy statement and allocated budgetary resources to address suicide prevention.

Relationships established with St Giles psychiatric hospital and the government mental health services in particular, as well as PCDF community networks, supported cross-sectoral developments and provided fertile ground for subsequent work by the Youth Champs for Mental Health (YC4MH).

YC4MH is a CSO that emerged from the YMH and has since been trained by PCDF. It established a high profile around mental health awareness including one member winning King Hibiscus, involvement in a MH music dvd, and active involvement in Mental Health Awareness day at the end of 2008. St Giles hospital reported that much of the 56% growth in outpatients was attributed by patients to the community awareness work. YC4MH formation followed on from de-stigmatization being a key focus of PCDF promotion work which saw several high profile people to "come out" about mental illness (their own or a family member's).

Mental health awareness training of trainers was provided to other organisations. Some of these organisations – as well as government mental health workers - then took the training out to other parts of Fiji. PCDF also visited other country NGOs involved in FSPI

programme – to share their successes eg with YC4MH. Within Suva, PCDF worked with youth on mental health awareness in the squatter settlements in order to expand its reach. PCDF involvement in livelihood projects waned over the three year YMH period.

Mental health policy is becoming a higher priority in Fiji in tandem with disability rights. Mental health legislation and services are being modernised and boosted (with support from AusAid) . The PCDF work is well-regarded and appears to have influenced the shape of these changes and possibly the consultative approach taken to exercises such as NCOPS. PIMHnet has also supported MH becoming a higher priority for Pacific governments.

There was potential to do more in Fiji under YMH – the project appears to have been constrained by resources, not ideas. PCDF staff valued the flexibility of the project. The project shape reflected the strength and skills of individual coordinators over the period as well as the youth volunteers from Australia who appear to have provided critical support for the two fledgling CBOs that were supported by the MMHV and YMH – psychiatric survivors association and, later, YC4MH. YC4MH fundraising activities over the last year paid for the costs of its of advocacy work and rent payments to PCDF.

PCDF has been able to exit the programme with a sustainable legacy. The Mental Health Working group continues to meet. Some initiatives will be continued by the new CBOs, both of which have now attracted their own funding. PCDF intends to work closely with YC4MH with the aim of reaching other urban centers in Fiji, and maybe other Pacific countries. PCDF are looking to take on a new project linking disability and mental health.

Solomon Islands

The YMH SIDT project (2007-2009) began with the YMH situational analysis (2008) which analysed existing research data, and interviewed service providers and other stakeholders.as well as capturing the views and experiences of 282 young people (139 men, 97 women) in three peri—urban settlements in Honiara in a survey or interviews or focus groups (45). The situational analysis provides partial statistics about youth suicides in Honiara (with young women's suicides (35) numbering nearly six times more than young men (6) over an 8 month period in 2007). It documents violence, substance abuse and the stress factors of unemployment and poverty, inadequate education and vocational training, family breakdown, lack of facilities for young people and over-population and urban pull. Recommendations cover policy settings, mental health, education and employment services, awareness and de-stigmatisation, job training, collaboration between stakeholders and further research. The development of the situational analysis involved many stakeholders in awareness training. The launch was used to raise MH awareness through the involvement of the SIDT youth theatre group.

YMH activities included mental health awareness training with the Ministry of Heath, and youth empowerment in the three peri-urban settlements. SIDT had identified that there was a specific need for the peri urban communities affected by the instability (settlement communities) and so it was important to focus some of the direct programmes there for SL and follow actions from the research and be able to map some individual change. Subsequently, SIDT supported youth engagement in Futsol, Netbol and Volleyball with a mental health awareness theme. Wider outreach occurred via the SIDT weekly radio programme and magazine. The Honiara youth theatre group performed on Mental Health Day and has become more viable through being invited to work on other social

issues such as Malaria and HIV/Aids.

Mental health messages and coping strategies have been mainstreamed into SIDT training on lifeskills and cooperative community development. "Ting Ting Helti" became a brand. Support from FSPI included support to input into the Solomon Islands draft MH Policy needs and the annual planning capacity development meetings with other YMH country coordinators and FSPI annual visits to Solomon islands.

Positive impacts from the SIDT YMH programme in the Solomon Islands included:

- People reading and using the situation analysis. The report was distributed to the provinces and Ministry of Youth as well as mental health division of MoH. It is referenced, for example, in the APHEDA (Union Aid Abroad) social research on livelihoods in Honiara (2009).
- Futsol players and their communities reporting less use of alcohol and marijuana and the Chichinge Futsol team focus group indicated that games were being used to help fundraising both for their own needs and community needs.
- At the individual level there was movement of some theatre volunteers and Futsol players into jobs and benefits for SIDT employees, and for management in terms of being able to recognise workplace stress.
- Continued demand evidenced by visits to SIDT by village people seeking information on mental health related issues.

Mental health awareness, however, is still limited in Solomon Islands and there are very limited mental health services available. Many of those spoken to commented on the absence of referral services for youth. A new mental health policy and community mental health team have been recently established and they are developing a National Policy on Alcohol and Substance Abuse in 2010. Employment and skills, both of which have been identified as critical to youth mental health, are a focus in the government's Youth Policy (under development) although mental health is not identified as a specific priority.

There is clearly more to do in the Solomons Islands on youth mental health. The community outreach of the YMH and the links with the mental health services were real strengths. On the other hand, the YMH programme was small, with short duration and a relatively low profile following the launch of the situation analysis. This meant its main impacts have been in the specific communities SIDT worked in.

Appendix Eight: Synopsis of the projects

Masculinity Mental Health and Violence Project (MMHV) (August 2003- August 2006)

In 2003, following FSPI's application for funding from the NZAID Pasific Regional Health Contestable Fund, MFAT entered into a three year Grant Funding Arrangement with the Foundation of the Peoples of the South Pacific International (FSPI) to support an FSPI Masculinity, Mental Health and Violence (MMHV) Project. The project was to be implemented through FSPI network partners across Kiribati (FSP Kiribati), Vanuatu (FSP Vanuatu), Fiji (FSP, Fiji, now PCDF) and Papua New Guinea (FPCD) between 2003 and 2006.

The initiative for the project came from FSPI. NZ AID had provided support to FSPI since 1999 for various project activities and, in 2003, began providing direct support for organisational development strengthening (NZAID and FSPI, 2006)

MMHV (2003 -2006): Goal, Objectives and Expected Results (NZAID and FSPI, 2003)

The goal of the MMHV was to

Reduce the growing trend of young Pacific men using violence to deal with depression and assert their masculine power

Key objectives were:

- to raise awareness and de-stigmatise youth mental health issues at a community, national and regional level
- to catalyse the development of community-based, appropriate mental health interventions for at risk boys/young men, including peer support networks, life-skills training and drop-in centres
-to build regional and national coalition of service providers (NGOs, government, multilateral agencies) to further support at-risk boys/young men
-to gather robust data to demonstrate the linkage between young men, mental health and violence in the Pacific, and successful "interventions"

Expected results were:

-boys and young men aware of mental health issues that affect their lives and seeking and receiving information and assistance from support structures, rather than resorting to violence as an outlet
- communities offering a supportive environment for boys and young men facing mental health issues
-NGOs, national governments and regional organisations working together to develop effective support services for at-risk youth and young men
- quality information enabling national and regional-level service providers to better meet the needs of at-risk young men.

Project document and original contract

The MMHV original project document (FSPI,2002), and the abbreviated programme attached to the initial Funding Arrangement for $1.2 Million over the period April 2003-March 2006, contain a well-researched case for action. A post project plan letter clarified that:

- the focus would be on preventing violence through a series of activities and that will provide them with knowledge and skills as an alternative to violence
- the programme was not providing clinical mental health services nor targeting young men with diagnosed mental health illnesses
- the programme aimed to fill a gap related to the lack of services and outlets for at-risk youth

- and the IEC campaign, peer support networks and skills building will target youth generally – male and female – but with a lens focussing on boys (FSPI, 2003a).

In terms of approach, all countries were to have a Knowledge, Attitudes and Practices (KAP) Survey to gather country information as well as the views of communities and youth. There were long lists of other potential activities for each of the four participating countries including establishing peer support networks, networks of services, youth mental health training, and establishing national level collaboration around mental health. The linkages between the activities and expected results and objectives were not articulated. That said, the activities identified are well-evidenced tools for social change to meet the key objectives of awareness raising, community empowerment, and coalition-building. At the regional level, FSPI activities included capacity building with partner organisations, developing a coalition with regional stakeholders (including involving them in regional programme workshops, development of information materials, gathering monitoring and research material and developing a comparative study at the end of the project.

The document acknowledged that the project was ambitious and envisaged a consultant being employed to conduct a mid term and final review of the project. It also envisaged project advisory committees in each country. In terms of outcomes it noted that "it will most likely be impossible to measure (the expected changes) within the time-frame of this project." They envisaged indicators of positive outcomes would be identified by the project with possible indicators including: increases in support services, increases in knowledge about mental health, and decreases in de-stigmatisation and crime statistics.

The MMHV budget was modest in terms of personnel for such an ambitious project. There was a provision to pay personnel costs of between 1.7 and 3.2 persons in each of the 4 country programmes and for 2.35 people in FSPI. The budget provided for the FSPI regional health coordinator to travel once a year to each country, and for the country programme managers to come to Fiji for a week each year (NZAID and FSPI, 2003).

Reporting and variations during the three year project

In its first quarter report (October 2003) a diagram, developed as a result of a project workshop, articulated mental promotion in the Pacific islands as leading to (via the efforts of regional organisations such as FSPI, funding agencies and governments):

- A community that is aware
- mental health friendly public services
- mental health friendly hospital services.

The project summary briefly discussed which activities were expected to deliver on the four programme objectives. The report noted that "some project budget lines were misallocated and severely under-budgeted" and as there was no situation analysis of the boys and young men in the Pacific, with a consequent need to expand the timeframe and budgets for the research phase. A single project advisory committee was also in the process of being established.

The initial regional workshop ran back-to-back with a public launch of the MMHV, which followed on from consultation with regional stakeholders. The combined contents of these activities indicate a serious intent on the part of the programme to be a high profile

catalyst for change in mental health services[10]. Capacity building also included establishing internet access for network partners. (FSPI, 2003b) The October 2004 report recorded the near completion of situation analyses in all countries. It reported a need for resources to be devoted to advocacy to address the poor mental health services in Pacific Island countries and to achieve modernised mental health legislation, and services as well as improving the human rights of disadvantaged youth, those suffering from mental illnesses and their carers. Within FSPI, the project had partnered with the disaster preparedness and good governance projects. Unspent monies in the areas of services (such as counselling at country level) were redirected into the editing and printing of situational analyses as well as sustainable livelihoods and additional travel for regional meetings. The report recommended a second staff position be established in each network partner office to assist the mental health programme managers (FSPI, 2004).

A letter of variation (LOV) signed by NZ AID and FSPI in September 2005 retrospectively approved additional tasks and activities for the period July 2003 to June 2005. Additional activities not originally planned for were (the extensiveness of) the KAP surveys (situation analyses), mental health education and awareness training for young men, sustainable livelihood activities and advocacy. The accompanying documentation from FSPI expresses some frustration due to the difficulties they faced in predicting costs given the nature of the project, and their need to carry cost overruns as well as the impact of funding delays. The LOV also approved a revised and augmented 2005/2006 budget bringing the total project budget for the three year period to $1.336 million. (NZAID, 2005).

The final FSPI report to August 2006 detailed additional publications in mental health awareness (mental health education and awareness kit), the research output of a synopsis report of the four situation analyses, promotional activities including drama, television, radio, newspaper and the production of a music CD in Vanuatu, sustainable livelihood activities and advocacy which included FSPI attendance at high level regional meetings. A diagram showing a supportive framework for mental health care had also been developed (Appendix 8). Publication and graphic design costs were noted as an area of significant under-budgeting (FSPI 2006a).

Synopsis: Youth and Mental Health (YMH) project October 2006- September 2009
In 2006, NZ AID and FSPI entered into a Strategic Partnership Arrangement (SPA) which included a commitment to further support the FSPI work on mental health via the Youth and Mental Health Programme (YMH). Indicative funding for two years of a second phase project, entitled Youth and Mental Health (YMH), was included in the three year Strategic Partnership Arrangement signed by NZ AID and FSPI in March 2006. Payment for the Health programme allocation was dependent upon FSPI submitting a work programme and budget to NZ AID for approval (NZAID and FSPI, 2006).

FSPI project documentation – comprising a project proposal, budget, log-frame and implementation schedule for October 2006-to September 2007 - was sent to NZAID in

[10] this is evidenced by the high level stakeholders involved in the consultations and the launch as well as the country coordinators being tasked with linking the MMHV with national development plans, health strategies and mental health policies and arming them with country reports from WHO workshop on a regional strategy on mental health.

January 2007, after which two years of funding was approved, with the third year subject to parliamentary approval. The budget for the first year (October 2006-September 2007) envisaged six country budgets (the original four MMHV countries plus the Solomon Islands and Tonga) between $46, 000 and $56, 000 each (including one dedicated YMH 'project coordinator' some ED and Finance manager time and allocations for costs and activities) and just over a quarter of the budget being allocated to meet FSPI expenses which included a dedicated staff member and part of the regional Health programme manager's salary (FSPI, 2007a).

YMH (2006-2009) Goals, Objectives and Expected Results: (FSPI, 2007b)

Goal
Improved mental health of Pacific youth

Key Objectives were (numbers added):
1 to increase the awareness level among target groups to effectively identify and address youth mental health issues and to access appropriate services to meet their mental health needs
2 to improve the development of youth-focussed evidence based research and information to guide decisions of policy makers and service providers to improve and develop appropriate gender-sensitive youth friendly services
3 to improve the development of quality YMH promotional materials in order to facilitate informed choice and the coping ability of people to deal with mental health problems through increased access to community support and mental health services
4 to increase support for mental health networks across the region to adopt a multi-sectorial approach to mental health policy to provide accessible and appropriate youth friendly services
5 to efficiently and effectively coordinate and implement the Youth and Mental Health project in order to improve the mental health of youth in the Pacific

Expected Results included (numbers added):
1. improved coping capacity and awareness of mental health problems among people in general (youth in particular)
2. more supportive environments for youth and community members and stakeholders in project communities and countries
3. quality information, policy and legislation to enable national and regional service providers to better meet and understand the gender specific needs of "at-risk" youth
4 an active mental health support network of service providers in the region

Programme document and original contract
The project document notes the findings of the MMHV situation analyses and the findings of the State of Pacific Youth report (UNICEF (Pacific), SPC and UNPF, 2005), that Pacific youth are vulnerable to stress and the contribution to this stress of low education and unemployment. The document discusses briefly the additional risks for youth mental health that occur as a consequence of poverty and explains the reasons for a gender-specific approach in terms of different implications of risky behaviour for women and men. It also links the empowerment of youth with good governance (though giving them a voice and participation in decisions) as well through assisting youth and communities to enhance their coping skills and anger management. It also stresses that the project is about the promotion of youth mental health, the prevention of mental ill-health and the protective and human rights aspects of care and support, not on clinical or curative services.

A high level diagram, developed in the MMHV phase, which shows empowered communities, supportive civil society organisations and accessible health services as all

leading to a national advocacy support framework for Mental Health Care, is described as an advocacy tool that will be used in the project. The project proposal notes its intention to implement a monitoring and evaluation system "that will seek to identify relevant indicators, record and document critical changes at individual, community and institutional level". A large list of potential indicators is provided, with no assessment of how they would be established (FSPI, 2007b).

In terms of project components (activities), there is some discussion of linkages, via objectives, between:

- youth participation in situation analyses in the two new countries (Tonga and Solomons) and a baseline of information about traditional support systems and coping strategies (Expected Results 2 and 3)
- youth participation in mental health promotion as a way to improve information Expected Result 3)
- media network as a way to achieve more sensitive report on Mental health (Expected Result 2)
- advocacy with the establishment of national and regional bodies and in terms of a rationale to be involved in regional and national mental health and youth for a as a contribution to prioritising mental health (Expected Result 3).

Three of the four programme components, research, promotions and advocacy, articulate the logic between the sub activities and the overall component goal. As was the case with MMHV, these components are well-evidenced tools for social change to meet the expected results. However, the fourth component, awareness education and sustainable livelihoods, does not clearly link these two distinct activities

For the most part, the activities descriptions are loose, and there is no articulation of how different activities contribute to the expected results of the project, what is necessary or sufficient to ensure the flow from activity to result, nor how activities might be prioritised. The YMH objectives are all an amalgam of a number of objectives and there is no sense of how they relate to the Expected Results (i.e. as leading to the expected result or being a consequence). Similarly, the original YMH project log frame, does not articulate an understanding of strategy hierarchy (FSPI, 2007a).

The project plan is also weak on context. It does not use the data from the first four situation analyses, nor from other sources such as WHO (2002) or UNICEF et al (2005) to provide any baseline of information to back up the statements about poor youth mental health. It does not discuss the impetus for change occurring in mental health services in the Pacific e.g. via the WHO work on mental health services (Hughes et al, 2005) and therefore misses the opportunity to better explain the focus of its efforts.

Reporting and variations during the three year project

Reporting on Oct 2006-Sept 2007, FSPI noted that the whole regional YMH team changed apart from 2 members. This meant more energy went into training of new staff in countries and that this included mental health awareness training with stakeholders from other organisations in that country. This was seen as directly leading to the formation of interagency groups (in PNG, Fiji, Tonga and Solomons). FSPI efforts also went into steering the YMH projects in the original four countries to a more gender-balanced model. The aim with sustainable livelihoods work in these four countries was to move the activities on to another project or source of support. In terms of monitoring and evaluation, the report noted that training received by FSPI on the Most Significant

Change (MSC) methodology was being passed on to YMH country project coordinators and that more attention would be paid to indicators in the following year. Project management reporting templates were introduced, including templates for monitoring and evaluation. No budget line changes (apart from roll over of publication costs) were requested or needed (FSPI, 2007c).

In the second year, in response to requests from network partner organisations, the YMH expanded to include two additional countries, Samoa and Tuvalu. In terms of monitoring results, there was considerable reporting of MSCs and the use of the MSC tool. It was noted that it was proving difficult to evaluate the sustainable livelihood projects due to the high movement of individuals. The report stressed the wide range of activities being undertaken. This included work to engage youth in mental health awareness and positive promotion, and the coverage of YMH work in mainstream and development media. It commented on the breadth of skills needed by country YMH coordinators, their three day training on Behaviour Change Communication, and the continued staff turnover. Budget acquittal reports showed a tendency for most country budgets to be under spent and FSPI spending more. The budget for 2008/2009 further increased the share of the budget going to FSPI to 36% of the overall total (FSPI, 2008)

In the final year, 2008-2009, FSPI's report highlighted the completion of the final three situation analyses, (in Tonga, Samoa and Tuvalu) following significant input from FSPI. The main activity area emphasised during the year was awareness and education work via an improved mental health training resource kit and its use by the YMH national coordinators. YMH coordinators also received media training. Successes in garnering publicity were highlighted, especially for Fiji. During the year, FSPI took a hands-on role in the implementation of the YMH programme in Kiribati, the only country where the network partner is, in fact, a branch of FSPI, rather than an independently governed NGO. (FSPI, 2009).