FULL NARRATIVE REPORT FOR EXTERNAL ACTIONS OF THE EUROPEAN UNION

1. Description

1.1 Name of beneficiary of grant contract:

Goshen Trust Mental Health Services Samoa ("Goshen")

1.2 Name and title of the Contact person:

Savea Tutogi Soi Too Arundell

1.3 Name of partners in the Action:

N/A

1.4 Title of the Action:

Delivery and promotion of safe community-based mental health care programmes in Samoa

1.5 Contract number:

14-13-3-3-2

1.6 Start date and end date of the full reporting period:

Start date for the full reporting period: 5 October 2013
End date for the full reporting period: 2 April 2015

This final narrative report provides an update on the action for the remaining two months of the 18 month period of the contract. This narrative updates the interim narrative provided in the interim narrative report submitted at the end of February 2015 (covering 16 months of the contract period: beginning of October 2013 to end of February2015). This update report for March-April 2015 is to be added to the earlier interim narrative report and together constitutes the full final report for the purposes of the contract.

1.7 Target country(ies) or region(s):

Target Region: Pacific
Target Country: Samoa

1.8 Final beneficiaries&/or target groups (if different) (including numbers of women and men):

Final beneficiaries/target groups:

(a) Mental health consumers in Samoa;
(b) Families of mental health consumers in Samoa; and
(c) Mental health sector (Government and NGO) in Samoa.

1.9 Country(ies) in which the activities take place (if different from 1.7):

N/A

2. Assessment of implementation of Action activities

2.1 Executive summary of the Action

(Please give a global overview of the Action's implementation for the interim reporting period (no more than ½ page)

The overall aim of the action is to improve community-based mental health services for Samoa. The specific objectives involved delivering community-based mental healthcare through a coordinated programme of activities. There are four activities involved: (1) the continuation of a community-based residential mental health respite care programme for consumers of low-level mental health disorders in Upolu; (2) delivery of a new step-down bed programme for Samoa mental health consumers whose case is not acute enough to be held in the acute MHU unit and not low-risk enough to be housed together with other respite residential consumers; (3) continuation of a community-based family support service for mental health consumers in Upolu; and (4) delivery of a new public mental health destigmatisation campaign in Samoa.

All four activities were implemented during the reporting period. Three of the four activities were well implemented throughout the reporting period. The fourth activity faced implementation challenges but is gaining slow but sure traction.

This additional report provides updated information for the contract delivery months of February-March 2015 and is to be read alongside the interim report.

2.2 Activities and results

The updated narrative for February-March 2015 for these four Activities are:

Activity 1:

Title:

To continue to provide a professional 24-hour low security residential respite care programme for low level clinically diagnosed mental health consumers in Upolu.

Topics/activities covered

The number of activities remained the same. The updated table is provided below for the additional two months (Table 1).

Table 1: Residential Respite Care Activity Topics by Month

Activity Topic	Oct '13	Nov	Dec	Jan '14	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan '15	Feb	Mar
1: Prayers & Worship																		
2: Hygiene																		
3: Respect for Self																		
4: Literacy																		
5: Communi-cation Skills																		
6: Physical Exercise																		
7: Cooking																		
8: Garden-ing																		
9: Arts & Crafts																		
10:																		

Farming animals																		
11: Sewing																		

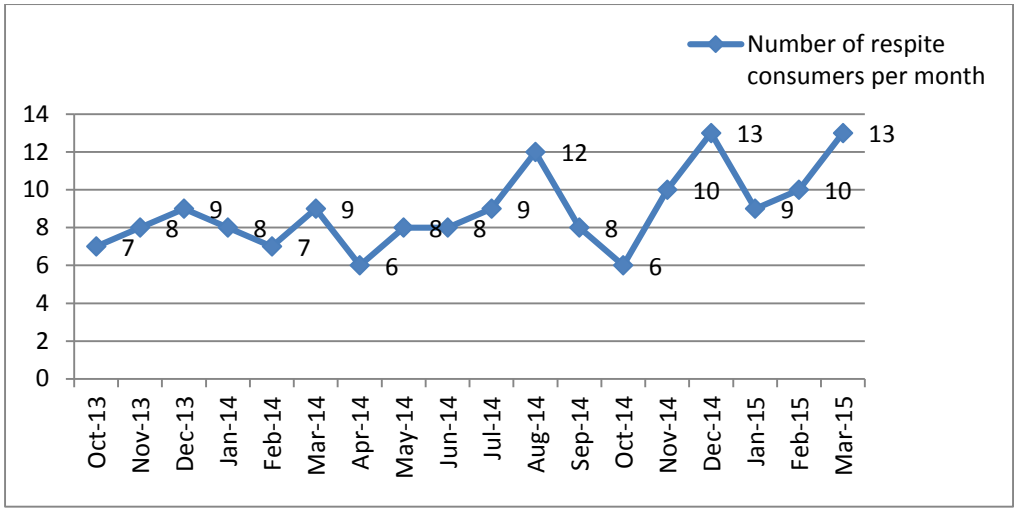
As highlighted in Table 1,

As reported in the interim report the activity topics were designed and implemented by Goshen staff, with continued assistance from volunteers from JICA, Samoa Deportee Programme, SUNGO and Project Abroad. WHO provided a volunteer in February 2015 to Goshen to assist with computer skills training for the team. The independent evaluation (see appendix) of the Goshen action recommends that Goshen develop in partnership with the Ministry of Health and National Health Sector workforce development and capacity building strategies to assist with the recruitment, retention and upskilling of Goshen staff. This will help, as the evaluation rightly points out, to minimise any reliance on volunteers to assist with core service delivery tasks.

Over the period Feb-March 2015 two staff resigned and one was not kept on because of performance issues. These three staff members were subsequently replaced with three new staff members. Over the two month period reported on here, the staff to consumer ratio of 1:3 was challenged, with March experiencing an intake of 13 consumers for this activity. The increase demand for the respite service in March mainly was because of an increase in the MHU acute unit intake and the need to rehabilitate their consumers in a community service before recommending the consumers return to their families.

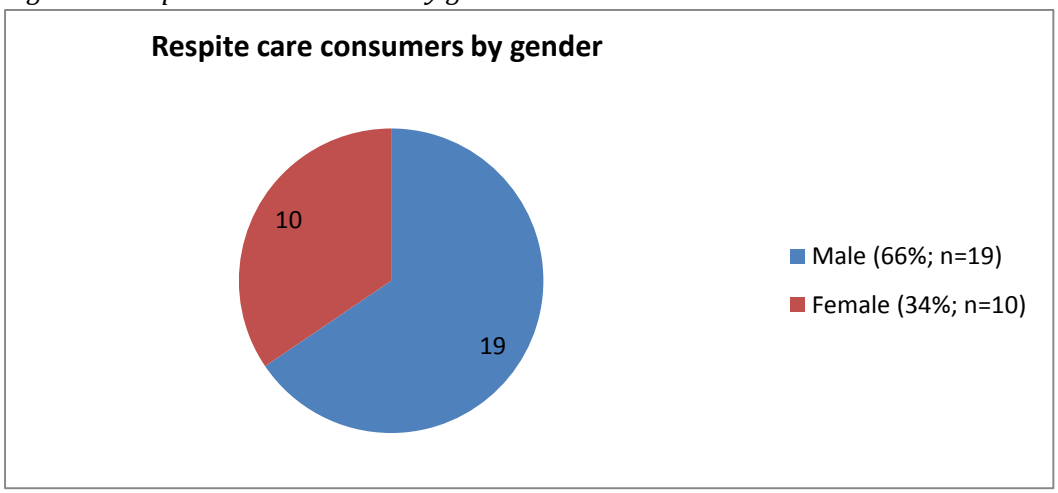
Figure 1 records the slight increase in number of consumers accessing the activity over the additional two month period (Feb to March 2015). Overall, for the 18month period an average number of 9 consumers accessed this service per month. Over the last five (Oct 2014 to March 2015) months of the contract there is a steady increase in the average number of consumers per month. The rising numbers have an impact on staff-consumer ratios and while this is watched carefully to ensure that consumer and staff wellbeing are not put at negative risk, because of the nature of the presenting illnesses and the urgency of need for care staff do not feel they can decline new referrals. This is an important issue for the Samoa mental health sector to resolve together.

Figure 1: Total number of respite consumers per month



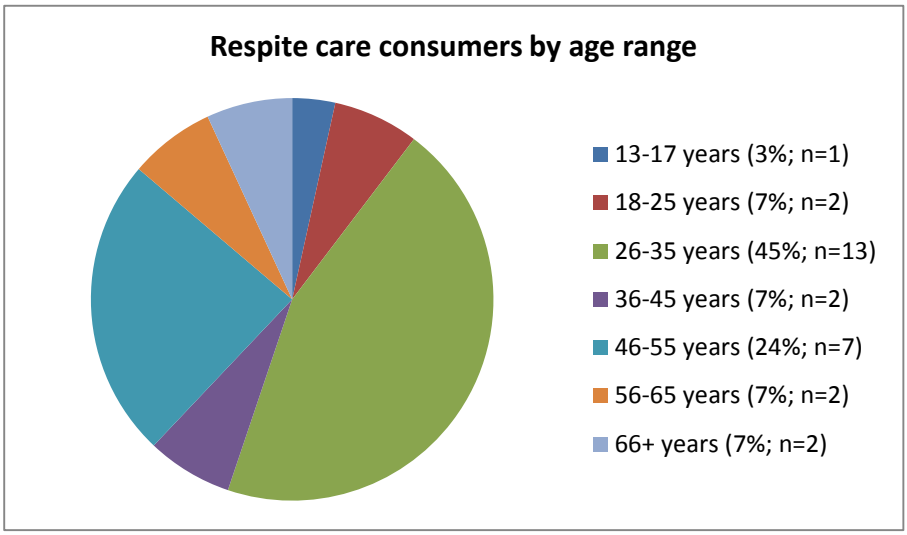
The updated demographic (gender, age and village/district of usual family residence) and diagnosed mental illness profiles of consumers involved in this activity over the full 18 month period are noted in figures 2 to 5 below. There were a total of 29 different respite service users or consumers who accessed the service during the full 18 month reporting period.

Figure 2: Respite care consumers by gender



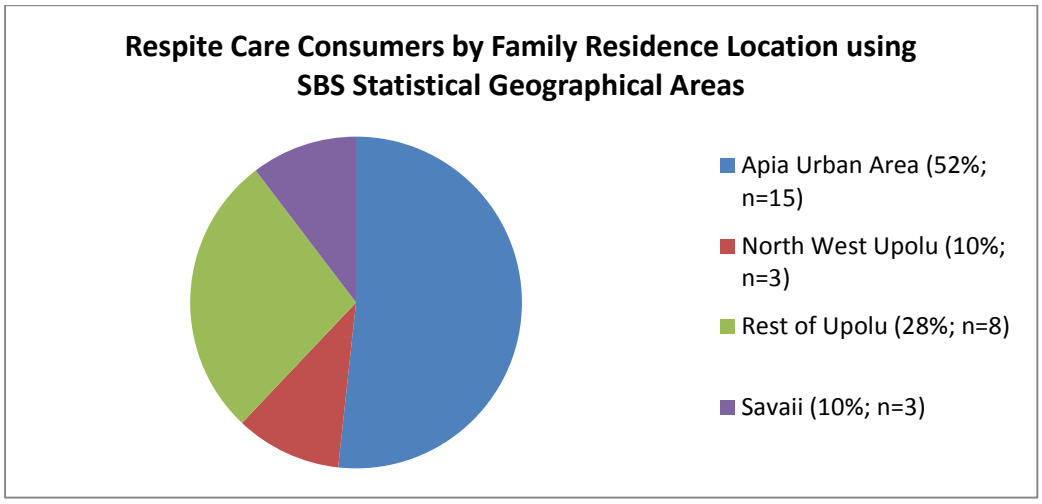
Most (66% or 19 out of 29) of the respite care consumers were males. Three (3) new male consumers were taken on by the service over the additional Feb-March period. The number of females accessing the service has remained the same over the full period. No new female consumers have accessed the service during the additional two month period.

Figure 3: Respite care consumers by age range



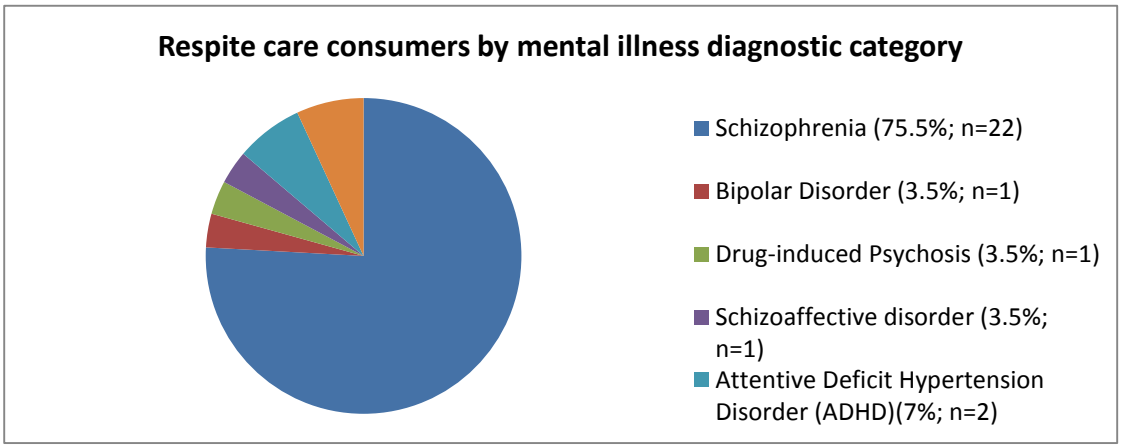
During the 18 month reporting period over half (54%; 16 out of 29) of respite care consumers were 35 years old or younger. Apart from a slight increase in the 18-35 year old male age group, the age spread remains the same as that provided for the interim reporting period report.

Figure 4: Respite care consumers by usual residence using SBS Statistical Geographical Areas



As per the last reporting narrative over the full 18 months reporting period most of the respite care consumers accessing the activity are usual residents of the Apia Urban Area (AUA). The next largest group come from the Rest of Upolu area (RU) area, followed by the North West Upolu (NWU) area and Savaii. The three Savaii consumers came to the attention of Goshen via the Mental Health Unit (MHU).

Figure 5: Respite care consumers by diagnosed mental illness



NB: Dual Diagnosis categories are: Bipolar & Schizoaffective Disorder; and Schizophrenia & Historic Personality Disorder (these are based on MHU diagnoses as recorded in Goshen referral forms)

Over the full reporting period three quarters (75.5%) of the respite care consumer group were diagnosed (by MHU) as suffering from Schizophrenia. Diagnoses for the remaining consumers varied as described in the earlier interim report.

This community residential respite care activity, with its safe and nurturing physical environment, and its tailoring of different activity topics to meet consumer skill levels and interests, has, despite staffing and resource constraints, has seen over the full reporting period positive improvements in consumer wellbeing from time of entry to time of exit.

The evaluation finds that this objective or activity was achieved in terms of accessibility, acceptability, appropriateness and competence (see evaluation report in appendix).

Any modifications to or problems with the programme?

No modifications were made to this activity from that specified in the contract.
There have been no unexpected problems implementing this programme.

<u>Results</u> of this activity (please quantify these results, where possible; refer to the various assumptions of the Logframe)

As per the interim report the results for this activity for the full 18month period are provided in figures 1-5 and table 1 above. The activity/programme was delivered in close association with the MHU and NHS social services. An external evaluation report on this activity is provided in the appendix.

Appropriate training was accessed by staff as per the terms of the contract.

The reporting outcomes for the two new months for consumer care plans remain the same as that reported in the interim report.

Activity 2:

Title:

To provide professional 24-hour high security residential 'step down bed' rehabilitation programme for mental health consumers in Upolu.

Topics/activities covered

As described in the interim report this activity involved the provision of a high security (i.e. policed) residential 'step-down bed' facility that houses consumers who cannot be accommodated in the MHU Acute Unit but whose mental health status was too severe to be placed in Goshen's respite care services. The findings reported in the interim report apply equally to this full report. The demographic breakdown remains the same. The number of step-down bed consumers over the full 18 month period remains at a total of nine (9); all were referred from MHU; one was between 18-25 years; two between 26-35 years; four between 46-55 years; one between 56-65 years; and one was 66 years plus; most (6/9) were diagnosed with severe schizophrenia; the rest (3/9) were diagnosed with bipolar disorder, historic personality disorder, and schizoaffective disorder. Except for one, all step-down bed consumers (8/9) also accessed respite care service either before or after their step-down bed stay. All of the step-down bed residents normally reside in Upolu. Most of the step-down bed consumers are usual residents of the Apia Urban Area (6/9). One is usually a resident of the North West Upolu area and the remaining two are from the Rest of Upolu area.

The evaluation report suggests that this activity was inaccessible to most consumers. This is, however, consistent with the service's purpose, which is to offer specialised service for medium to high security risk consumers (as opposed to low level risk for respite care service consumers). The evaluation report also notes that the service is appropriate.

Any modification to or problems with the programme? Why did they arise and how were they solved?

The comment provided in the interim report applies equally here that implementation of the programme over the reporting period depends on good cooperation between Goshen, the MHU and Ministry of Police and Prison (MPP). Goshen believes that it has good relationships with both these key organisations and this is reflected in the findings of the evaluation report. All step-down bed referrals are from MHU.

<u>Results</u> of this activity (please quantify these results, where possible; refer to the various assumptions of the Logframe)

See narrative above.

Activity 3:

Title:

To continue to provide regular home visitations to community/family-based mental health consumers in Upolu and to set up infrastructures to provide same service for Savaii-based consumers and their families

Topics/activities covered

As narrated in the interim report there are two main activity topics in this activity. First is to visit in person or by phone with families of consumers who access Goshen respite or step-down bed services and/or families of consumers referred to Goshen by the MHU for family support work. The second is to provide these families with educational information relating to the mental illness/s suffered by their mentally unwell family member.

Over the full 18 months reporting period there were a total of 205 actual family visits conducted under this activity. When the number of visits conducted are counted across the relevant months over the reporting period, there is a clear indication of how the service/activity is operating. The spread of visits to these families over the full reporting period was as follows:

Table 3: Number of family visits conducted by month/year

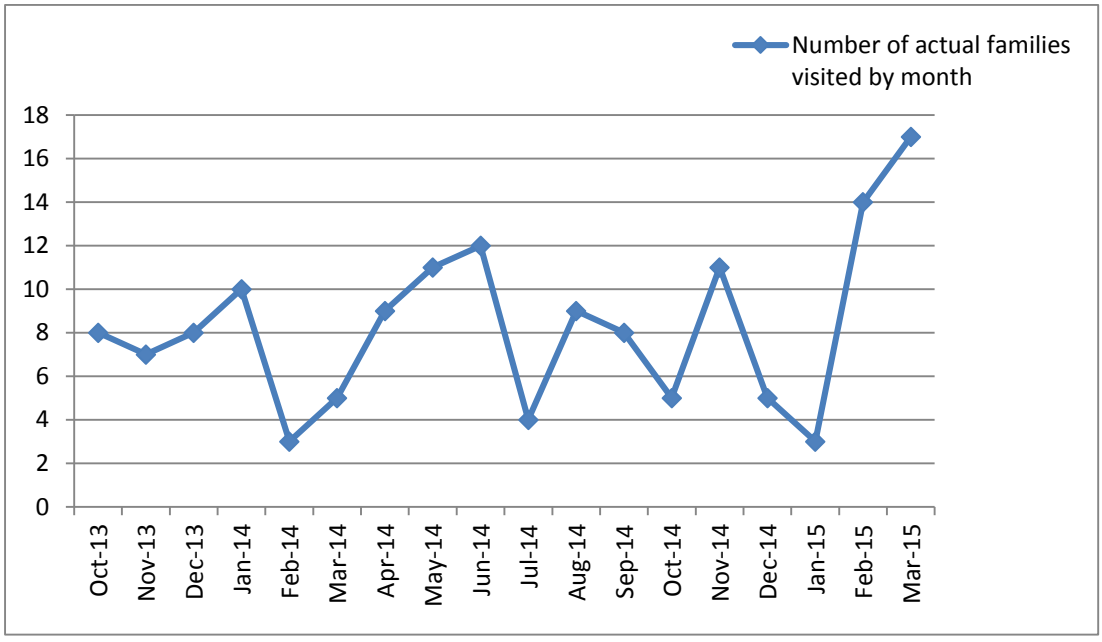
Month/Year	**No. of family visits**	**Talking therapies & Educational services delivered**
Oct 2013	12	√
Nov	8	√
Dec	9	√
Total for 3 months (2013)	*29*	
Jan 2014	18	√
Feb	5	√
March	8	√
April	10	√
May	15	√
June	12	√
July	6	√
Aug	17	√
Sept	11	√
Oct	8	√
Nov	14	√
Dec	5	√

Total for 12 months	*129*	
January 2015	3	√
February	17	√
March	27	√
Total for 3 month	*47*	√
Total number of visitations for full 18 month reporting period (29+129+47)	***205***	

The educational services reported on in the interim report applies here also. Education services were delivered by the CEO and trained senior community programme staff members.

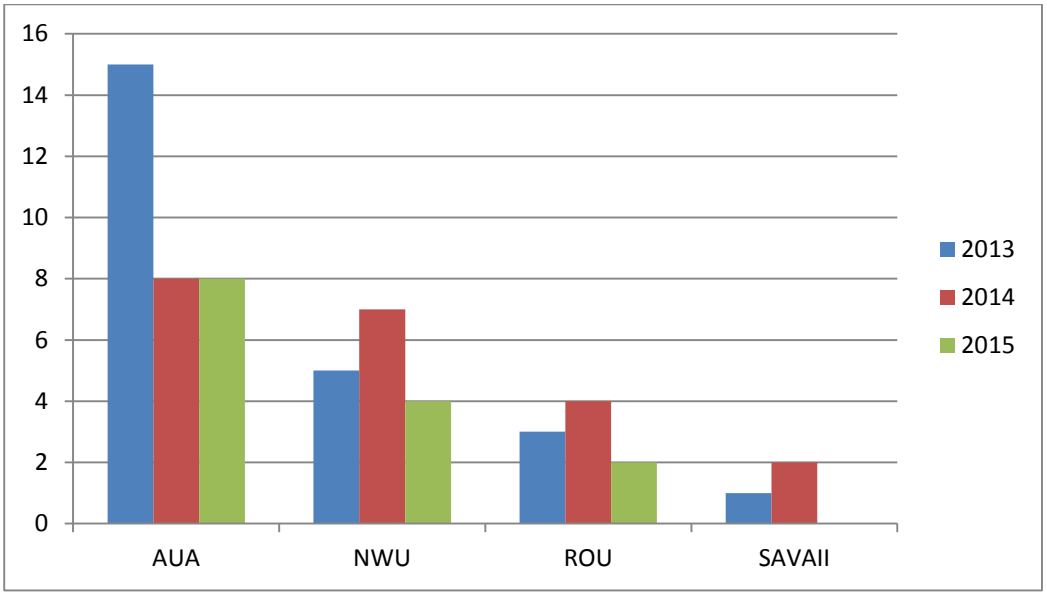
Over the reporting period the number of actual families supported by this activity fluctuates each month. This is evident within figure 10. In the additional 2 months there was a significant increase in visits and in families visited: 17 and 27 visitations respectively and 14 (3 of whom were new) and 17 families respectively. Some of these families had two consumers. The increase in families visited was due largely to the availability of staff and having a working motor vehicle during these two months. Figure 10 provides an outline of the changes in number of actual families visited per month for this activity over the 18month period.

Figure 10: Number of actual families visited by month



Overall as was the case for the interim reporting period, almost all of the visitations took place in Upolu, with only three visits to Savaii to two different families. The number of families visited per geographical area across the full 18 months period is depicted in the updated Figure 11 below.

Figure 11: Number of families visited by geographical area for Jan 2013-March 2015



As was the case for the interim reporting period, over the remaining two months Goshen's community support teams stressed the importance of those responsible for the care of the consumer in the home to properly monitor their consumer's medication and behaviour. As noted in Table 3 above Goshen's community team conducted talking therapy sessions and/or gave educational literature on mental illnesses during all their family visits. These visitation sessions also provided opportunities for families to give Goshen verbal feedback about Goshen's service and to raise any questions or concerns about the progress of their mentally unwell family member. Some of this feedback was recorded by the independent evaluation.

Any modification to or problems with the programme? Why did they arise and how were they solved?

No modification to the programme.

<u>Results</u> of this activity (please quantify these results, where possible; refer to the various assumptions of the Logframe)

See narrative above.

Activity 4:

Title:

To develop and facilitate a destigmatisation of mental health media campaign in Samoa

Topics/activities covered

As noted in the interim report this activity was to involve working together with NHS and MOH to develop and facilitate a national destigmatisation media campaign. For the additional two months reported on here Goshen met with the Ministry of Women, Community and Social Development (MWCSD) in March to discuss coordinating mental health promotion activities as part of the MWCSD work in the villages. This was well received by MWCSD. The brochures were considered very helpful.

Ongoing collaboration was engaged in between Goshen and MHU on this activity over the two months. The MHU are keen to undertake a joint radio and TV destigamatisation campaign.

Furthermore, Goshen has been in discussions with Matamua Iokapeta about negotiating with the NHS for secondment of up to four nurses where appropriate to Goshen to assist with the clinical care of consumers on Goshen premises. Matamua is also instrumental in the development of the national destigmatisation campaign.

Any modification to or problems with the programme? Why did they arise and how were they solved?

There were no modification to the activities reported on in the interim report for this activity.

<u>Results</u> of this activity (please quantify these results, where possible; refer to the various assumptions of the Logframe)

Results of this activity are provided above and in the interim report for the full 18 months reporting period.

2.3 Please list activities that were planned and that you were not able to implement, explaining the reasons for these.

All activities were implemented. Three were and continue to be implemented fully. The fourth, i.e. the national destigmatisation campaign, was only partially implemented. It is believed that this activity is long-term and will continue to be developed post the action.

2.4 What is your assessment of the results of the Action so far?

(Include observations on the performance and the achievement of outputs, outcomes and impact in relation to specific and overall objectives, and whether the Action has had any unforeseen positive or negative results (please quantify where possible; refer to Logframe indicators)

In our assessment the outputs, outcomes and impact of the action overall has been good. This is supported by the independent evaluation report (see appendix).

Please list potential risks that may have jeopardized the realisation of some activities and explain how they have been tackled. Refer to logframe indicators.

Staffing is the main challenge to full implementation and forward progress on activities. Core funding is another key challenge. Goshen is undertaking negotiations with the Ministry of Health and National Health Service to secure core funding from the State. Donor funding will always be sought to supplement shortfalls in state funding.

If relevant, submit a revised logframe, highlighting the changes.

N/A

Please list all contracts (works, supplies, services) above 10,000€ awarded for the implementation of the action during the interim reporting period, giving for each contract the amount, the award procedure followed and the name of the contractor.

N/A

3 Partners and other Co-operation

3.1 ***How do you assess the relationship between the formal partners of this Action (i.e. those partners which have signed a partnership statement)?***
Please provide specific information for each partner organisation.

N/A

3.2 How would you assess the relationship between your organisation and State authorities in the Action countries? How has this relationship affected the Action?

Excellent.

3.3 Where applicable, describe your relationship with any other organisations involved in implementing the Action:

- *Associate(s)(if any)*

  As noted in the interim report the following organisations were instrumental in the successful implementation of the action:

- NHS MHU and Social Services
- Ministry of Police and Prison
- Tiapapa Arts Centre
- JICA Volunteers
- Project Abroad Volunteers
- World Health Organisation

Goshen's working relationship with these organisations has been excellent. Goshen is grateful for their ongoing support.

- *Sub-contractor(s) (if any)*

Two subcontractors were procured for this action during the interim reporting period:

- Carpenter for the building of the step-down bed unit: Mr Laupepa Aloniu; and
- Media services for the production of destigmatisation brochure and Goshen banner: Tiapapata Arts Centre.
- Independent Programme Evaluator: Ms Sasa'e Walter, National University of Samoa.

Goshen's relationship with the three subcontractors has been very good.

- *Final Beneficiaries and Target Groups*

On top of the feedback Goshen received from consumers, families of consumers and the mental health sector (as appended to interim report), the evaluation report provides evidence of appropriateness of the services within this action for beneficiaries and target groups (see evaluation report in appendix).

- *Other third parties involved (including other donors, other government agencies or local government units, NGOs, etc)*

JICA has been very supportive in providing volunteers and provision of gardening resources. Project Abroad have also provided excellent volunteers who have assisted in the implementation of this action. New Zealand mental health organisations, as mentioned above, have also been very supportive. And WHO have been very supportive in the provision of skills training in computer technology.

3.4 Where applicable, outline any links and synergies you have developed with other actions.

N/A

3.5 If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this Action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

N/A

4 Visibility

How is the visibility of the EU contribution being ensured in this Action?

As noted in the interim report, Goshen has highlighted at all media, conference or other public presentation events the importance of this EU funding to enabling the provision of the services that make up this action.

The European Commission may wish to publicise the results of Actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.

No, there is no objection.

Name of the contact person for the Action: Savea Tutogi Soi Too Arundell

Signature: _____

Location: 100 Ausetalia Road, Moamoa, Apia, SAMOA.

Date report due: 11 May, 2015

Date report sent: 11 May 2015

Appendix 1: Independent Evaluation Report by Sasa'e Walter, National University of Samoa

Appendix 2: Financial Report for the Full Reporting Period (excel spreadsheet attached)

Appendix 3: Copy of Financial Statement, Bank Reconciliations for February and March 2015