

TOGETHER WOMEN RISE & RESTORE HOPE: LIBERIA

Interim Progress Report

October 2021

"TALKING CAN HEAL." – KOLEE GBOYO, RHL Mental Health Manager

Integrating Women's Empowerment, Economic Development and Mental Health in Rural Liberia

GRANT INFORMATION

2-YEAR GRANT: \$25,000/YEAR

JULY 2020 FEATURED GRANTEE

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SUMMARY OF PROJECT PROGRESS

Restore Hope: Liberia (RHL) is providing mental health and psychosocial support to the women of Liberia in the form of Interpersonal Group Therapy (IPT-G). We are integrating this support within the framework of women's social and economic empowerment.

In the first year (October 2020-2021), certified Master IPT-G Trainer, Ana Claudia-Andrade, trained and supervised a group of 10 providers (3 RHL staff, 3 local hospital staff, and 4 community members). Due to the pandemic, training and supervision took place via zoom. At the recommendation of the Master IPT-G Trainer, RHL extended the training timeline to allow for more thorough and in-depth clinical supervision of trainees. The timeline of training extended from the original design of two separate trainings in month 2 and 12 of the project to continuous training and supervision starting in month 1 through month 15. As a result, RHL is confident in the quality of training and in the trainee's skills and adherence to IPT-G protocol. It is an investment in time and resources that will serve the project in the near and long term.

As described in the original program proposal, the Mental Health Manager conducted a gender analysis within the community to inform this project, to consider the organization's role in gender issues, and to make recommendations for women's empowerment initiatives going forward. (See report in Appendix.) Gender inequity and S&GBV continue to threaten and devastate women in the community.

After training, each facilitator trainee offered interpersonal therapy to an individual followed by a group of 5 to 6 women under weekly supervision. In August 2021, COVID increased in the area requiring a shift to group tele-counseling. Two RHL staff will go on to participate in a supervision and training workshop and begin recruitment and training of a second cohort of mental health facilitators.

Outreach for participation extended to 90 women this year. An astounding 95% of the women RHL screened are living with depression.

In the first group, which comprised women in RHL supported households, 100% of women reached remission after 12 weeks of treatment. Remission means that the women score ≤ 5 on the standardized tool, PHQ-9, for two consecutive sessions. Reportedly, activities of daily living have improved for all who received the IPT services. These results demonstrate that IPT-G is highly efficacious in reducing depression in this population and most trainees were able to learn and apply IPT-G in the community.

All of the group facilitators expressed a deep commitment to the program and appreciated the skills and knowledge gained during clinical supervision and over the entire course of the training. Many of the women who've completed the 12-week therapy sessions have expressed interest in becoming facilitators themselves.

Concurrently with the mental health facilitator training, efforts to strengthen and expand the Women's Weaving Cooperative were advanced. The Weaving Cooperative has expanded to 50 women. The newest cohort of apprentices doubled in size and the cohesion of the group continues to strengthen. Recently, RHL was approached by women in the neighboring community of Nyokolitahun, in which RHL serves a small number of households. Women there wish to start a satellite weaving cooperative. A woman in Nyokolitahun is a weaving instructor and would like to teach

others. This satellite group can be under the umbrella of the larger Women’s Weaving Cooperative but will meet and weave in their own community given the distance.

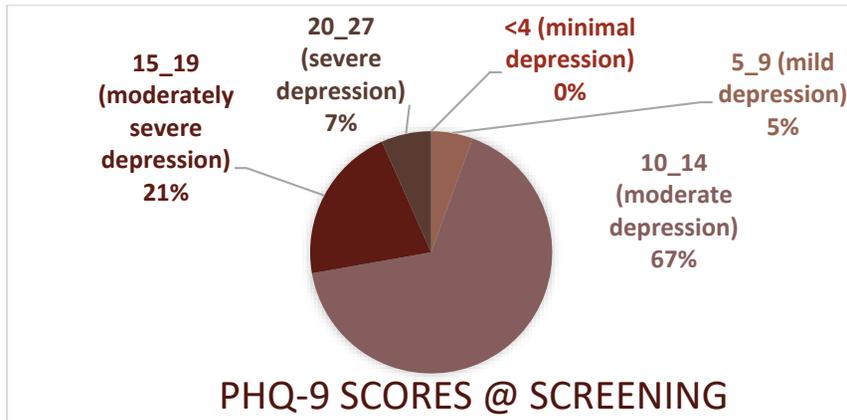
Kolahun Crescendo was the name of a group of women in the community who were taking photos and using them to advocate against SGBV. This project first began in 2007. Since then, the group has renamed themselves Kolahun *Women’s Action Group* (WAG) and it currently has 16 members, both men and women. WAG works to promote women and to promote a violence free society. They are active in the community, raising awareness against gender-based violence and taking political action to hold perpetrators accountable. As a continuation of the original project in 2007, RHL has provided cameras for WAG to use to as a tool of advocacy. They have titled the photographic component of their work, *Things Can Change*. As part of the integration of women’s empowerment and group therapy, WAG members will partner with the IPT-G intervention to do community outreach, screening, and referrals. They will be trained to use the PHQ-9 screening tool once the scaling of the IPT-G project begins.

RHL is collaborating with Columbia University’s Global Mental Health Lab to evaluate the project. This collaboration has included survey design, training of field evaluators in conducting the survey and capturing the data. The survey includes variables related to depression, anxiety, PTSD, gender-based violence, daily function, and economic development, and social empowerment. As the project moves forward, evaluation data will be analyzed by leadership at the Global Mental Health Lab. They are interested in the project as RHL is the first to implement Interpersonal Group Therapy (IPT-G) in Liberia.

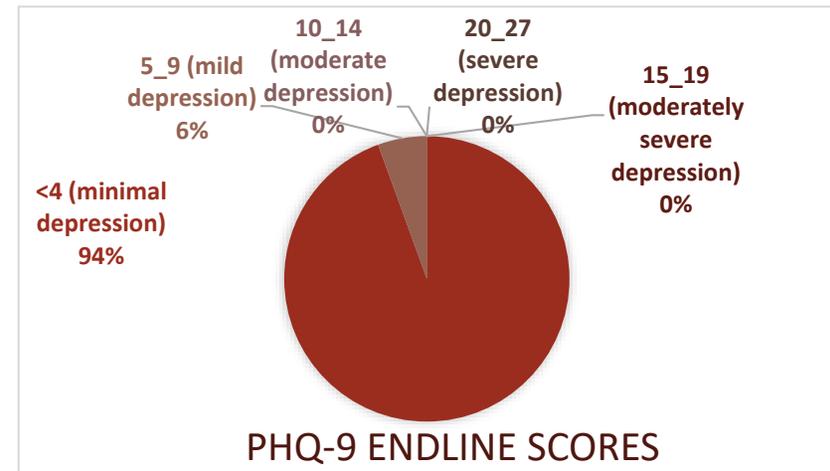
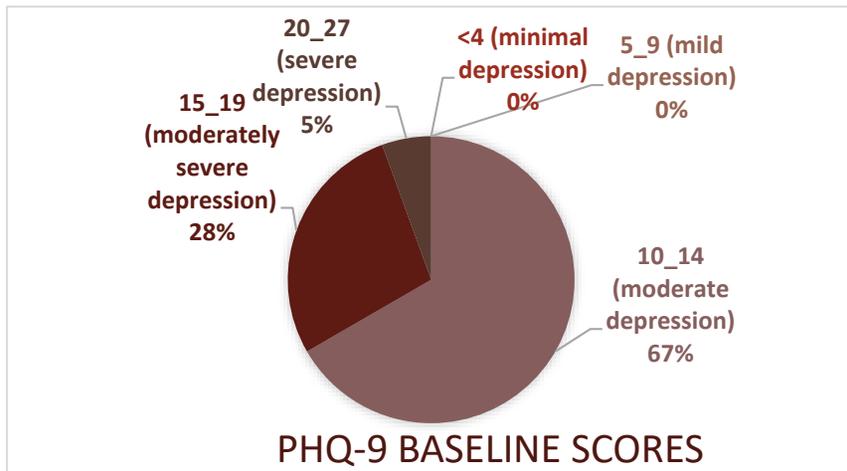
“We had the most beautiful supervision session today. Everyone is so committed, so engaged and fully participating, learning, and growing as IPT providers. I want to take this opportunity to thank our amazing RHL team who have stepped up to this challenge and despite all possible difficulties are making this project a success! Today we stood strong as a team committed to the future of mental health in Kolahun and the whole of Liberia. Facilitators that ended their groups this week did it beautifully with all women having a phq-9 under 5. So proud of our team and happy for the beneficiaries of the program! Also, the fact that many beneficiaries said they would like to help other women is a sign that we will be able to scale the program using the graduates from the groups.”

- Ana Claudia-Andrade, Master IPT-G Trainer

IMPACT



Outreach and screening were conducted to determine whether a woman would benefit from group therapy. The threshold for participation was a score of 10 or above, indicating moderate to severe depression. Outreach and screening ended for each cohort after evaluators identified the maximum number of women facilitators could include with a PHQ-9 of 10 or above. Outreach extended to the women’s weaving cooperative, the Kolahun Women’s Action Group, and all of RHL supported households. **95% of women screened met the threshold for clinical depression.** This indicates the dire need for mental health services in the community RHL serves.



The above charts show the PHQ-9 scores of the 54 women who participated in group therapy at the start and end of the 12-week sessions. This data includes only the first and second cohort of participants. The third cohort is currently in progress. **The data reflects how remarkably effective IPT-G is at reducing depression in this population.** 94% of participants ended group therapy with no to minimal depression. Approximately two thirds of participants began therapy with moderate depression and one third began with severe depression.

PROJECT OUTCOMES

DESIGNED OUTCOMES	OUTCOMES TO DATE
MENTAL HEALTH – INTERPERSONAL GROUP THERAPY	
80% (16) of the women participating in IPT facilitator training successfully complete IPT training	We are in the final stages of the training. Currently, 7 of the 10 individuals are continuing the training. 5 community members and 2 RHL staff. 1 trainee was not successful, 1 trainee dropped out due to personal reasons, and 1 RHL staff is no longer with the organization. <i>Currently, 70% of initial trainees are set to complete the IPT training.</i>
16 IPT facilitators will lead 8-week sessions with 8-10 participants for a total of 7 8-week sessions, 3 in Year 1, and 4 in Year 2.	We vastly extended the training timetable to follow, as closely as possible, the “gold standard” of IPT-G training. <i>Because the data shows that 12-week sessions result in more consistent improvement, we have opted to follow 12-week sessions for in person groups. This increases the quality and effectiveness of the intervention but lengthens the timeframe to reach our target number of beneficiaries.</i> After the initial workshop, each trainee identified one woman who met the criteria for participation. 12-week one-on-one therapy was completed under supervision for 11 women. Subsequently, outreach was done, and each trainee (8) recruited 5-6 participants. The final total of participants was 43. 12-week group therapy sessions were completed under supervision. The trainees are currently completing the second group session. The program is piloting tele-counseling due to an increase in COVID cases in the area. 20 women are now completing group therapy via tele-counseling. <i>At completion of this second group, a total of 74 women will have been provided therapy.</i> The Master IPT-G Trainer determined that smaller groups yield better results for participants. <i>The maximum number of participants per group, during training, is 6. This reduction in group number also supports a more effective intervention and consequently lengthens the timeframe to reach our target.</i>
Following each 8-week session, some women may elect, or be asked to stay in an ongoing weekly IPT group. Other women will opt to	According to IPT-G protocol, there is strict termination of groups, no longer than 12 weeks. There is currently a group facilitator who is also an active member of the weaving cooperative, and we will actively recruit future facilitators from women’s groups to deepen the integration of

<p>not continue in a weekly group. Each cohort of women will be assessed over time for outcomes and durability of the IPT group process, single 8-week group, vs. ongoing group.</p>	<p>the project components. However, it is recognized that women continue to meet informally as a means of social and emotional support. We are seeing this already with the women meeting outside of group and their wish to remain connected to the project/groups. Women who complete therapy are expressing interest in becoming the next trainees for group facilitators. This is an encouraging sign of cultural and contextual appropriateness of the model, as well as a sign that the project should scale effectively.</p> <p>Additionally, we are building in a 6 month (or 1 year, TBD) follow up survey to assess longevity of outcomes. The survey instrument captures information on respondents' affiliation with women's groups, thus allowing a comparison of outcomes.</p>
<p>85% of women report a decrease in depression severity, according to PHQ-9, having completed at minimum one 8-week IPT course within the WWC or KC.</p>	<p><i>An impressive 100% of women have a reported decrease in depression severity. 94% are considered no longer clinically depressed.</i> The in-person therapy follows 12-week sessions. The tele-therapy follows an eight week plus model, whereby if participants have shown response, they may choose to close the group no earlier than eight weeks and continue for as long as 12 weeks depending on the group's progress.</p>
<p>Segmentation: Assessment will be done by considering the various subsets of women who participate — single 8-week group, vs. ongoing; severity of depression/anxiety measures; other variables TBD.</p>	<p>There is no <i>formal</i> on-going group, however many participants are meeting outside group and continue to meet beyond closure of groups. Group cohesion has been strong. The team is doing baseline and endline surveys (in addition to weekly PHQ-9 scores during therapy). Follow up surveys will be done 6mo and/or 1 yr following the final group session to assess durability of the IPT-G results and women's social and economic empowerment measures.</p>
<p>WOMEN'S SOCIAL & ECONOMIC EMPOWERMENT</p>	
<p>WWC members set up a governance structure for the WWC according to what they learned from the workshop.</p>	<p>RHL is on track to meet the designed outcome. RHL has signed an MoU with the National Cooperative Development Agency. The first phase of training started August 17th with workshops on governance and cooperatives. 45 women participated.</p>

75% of borrowers successfully repay microloans (and report what they used the loan for).	RHL is on track to meet this outcome. Microloans have been disbursed and a revolving loan fund set up.
75% women will gain basic business skills and report that the skills improved their financial life.	RHL is on track to meet this outcome. Financial management training is part of the agreement between RHL and CDA, to be conducted in October 2021.
85% of women participating in the project will report higher empowerment scores at the end of the project.	RHL is collecting data on empowerment measures through the survey designed in collaboration with Columbia University's Global Mental Health Lab. Data analysis will be available at the end of the project period.
Measurements are to be done at the beginning of the project (baseline), and at 6, 12, 18 and 24 months.	RHL is conducting baseline and endline surveys to measure depression, anxiety, PTSD, and variables relating to social and economic empowerment. We are still determining whether we need to choose a 6 month or 1 year follow up or whether we can do both (depending on funding).
Assessment will include quantitative, survey data, and, if resources allow, qualitative assessment using interviews and focus group discussions. A survey tool will be developed that is based upon Oxfam's 2017 Measuring Women's Empowerment Guide, and primary research into women's empowerment in Ethiopia and Tanzania by Care International and ICRW. In addition, qualitative	Presently, we are focusing on quantitative data. The survey combines validated tools. Qualitative work on gender issues was done at the start of the project for the gender analysis confirming that gender inequity is embedded in the culture and that SGBV has increased in the community. Should resources and staff capacity allow, qualitative assessments may be built in later into the project.

assessment using interviews and FGDs may be used if time, resources, and staff capacity allow.	
Social and economic empowerment will be assessed across 5 domains: Economic Independence, Confidence and Self-Worth, Decision-Making, Voice and Leadership, Health and Well-being. Specific indicators will be selected prior to the start of the project and adapted based upon participatory gender analysis in the community.	The survey instrument captures data on social and economic empowerment. The gender analysis done assessed women’s empowerment across the various domains.

Has Funding Changed For This Project?

1. Restore Hope has been awarded a \$25,000 grant from the [David Weekley Family Foundation](#) in support of this project. These funds will help cover RHL’s share of the year 2 project costs. 2. Contributions from several committed individual donors has been earmarked for this MHWE program. 3. The decision to proceed as planned with implementation of this project in spite of the challenges brought on by the COVID-19 Pandemic has added significant program costs to cover alternative approaches, such as moving into a virtual training model. The result has been an increase in expense projections from \$60,000 over two years, to approximately \$100,000. RESTORE HOPE has worked to meet those additional financial needs.

Is Your Organization Or Project Situation Different Than Presented In The Approved Proposal? For Example, New Executive Director, Significant Project Staffing Changes Or Ngo Affiliation, Loss Of Large Funding, Or Other Significant Changes?

RHL hired a full time Country Director in February 2021. Previous leadership was part time.

Have The Number Of Beneficiaries Changed?

In the grant proposal, we stated that “During the first two years of the project, approximately 75 women in the WWC and 210 women in the KC will benefit directly. Additionally, about 65 other women from the community will be able to participate in ongoing Women’s Empowerment IPT groups.”

Due to several factors, the roll out of the project has been extended. To date, we have reached 74 women directly, or 21% of the target for the two-year project (350 women). It is still possible to reach our target of 350 women, depending on the number of new facilitators recruited, their success in training, the timing of the next phase of training, participant recruitment, and group formations. The 74 women already reached were from unique households, thus the indirect beneficiaries (household members of participants with an average household size of 7) total 444.

What Challenges Are You Facing As You Move Forward With This Project? How Are You Approaching These Challenges?

We are facing two major challenges. The first is due to the recent increase in COVID cases preventing groups to gather in person. This has caused our original plan to shift from in person group therapy to tele-therapy. We are piloting tele-therapy with the third cohort of participants presently. It may be that pivoting between in-person and tele-therapy will be necessary, requiring additional flexibility, skills, and resources to remain nimble to the changing context. RHL is in communication with its technical partner, StrongMinds, to adapt the project as needed. The second challenge is the reduction in number of trainees. RHL started with 10 trainees, 7 from the community and 3 RHL staff. Currently, we have 5 trainees from the community and 2 RHL staff. This introduces a risk to the project relying on the commitment of few individuals until the training the next group of facilitators, which is scheduled to commence in October 2021. This training will be led by RHL’s Mental Health manager, now fully trained in IPT-G, under supervision of the Master IPT-G Trainer, Ana Claudia-Andrade.

Have You Revised Your Original Objectives Since The Project Began? If So, Why? What Are Your New Objectives?

Rather than providing separate workshops on cooperative governance, business skills, and financial management, RHL has partnered with the National Cooperative Development Agency (CDA) to provide a comprehensive program that addresses all of the above. The advantages to this approach are several. The process results in legal formation of the cooperative, complete with leadership structure, bank account, and the flexibility to add and expand projects within the cooperative as the women wish. This provides an avenue towards sustainability beyond what separate workshops could provide. Thus, the modified objective is for the women’s weaving cooperative (inviting other women and community members as they wish) to complete the 6-month process with the CDA and become a legally recognized cooperative.

What Progress Have You Made Toward Achieving Your Objectives? Please Address Each Stated Objective.

Objective 1: 20 facilitators will be trained in IPT group therapy to lead therapy sessions for women of the WWC and KC.

7 facilitators have been trained in IPT-G. The next cohort of facilitators is expected to start training in the coming month. The number of facilitators to participate in the training is yet to be determined, but the team aims to train more than 10 individuals.

Objective 2: IPT Group therapy will have been fully implemented, enabling the women of the WWC and KC to participate in mental health services.

RHL is on track to achieve this objective with group therapy now on-going and the project strengthening its support and engagement of the WWC and WAG (formerly KC).

Objective 3: Women of the WWC will have attended 2 cooperative development workshops and attained the self-governing skills to manage their cooperative successfully.

RHL has expanded its efforts towards this objective by partnering with the National Cooperative Development Agency (CDA) to support the formation of a legal cooperative, a 6-month process that includes workshops and trainings on cooperative governance and leadership.

Objective 4: Women of the WWC will have attended 2 workshops on business skills and microfinance and will have attained the skills necessary to be profitable and manage their own women's savings and loan group activities.

Included in the 6-month partnership with the CDA is business skills and financial management training. RHL has disbursed microloans to set up a revolving microloan fund for the Cooperative.

Objective 5: The project will increase women's social and economic empowerment.

The survey RHL is conducting captures various variables pertaining to women's social and economic empowerment. As the project collects data, we will be able to measure the degree to which the project has affected women's empowerment.

Do You Anticipate Any Difficulties In Completing Your Project In The Timeframe Outlined In Your Proposal?

We plan to continue training community-based group therapy facilitators, reaching more women in the community, and strengthening existing women's groups. While the roll out of the project may not align exactly with the original design, we continue to prioritize this project within the organization. *RHL plans to continue the project beyond the two years should resources remain available.*

PROJECT EXPENSES TO DATE FUNDED BY TOGETHER WOMEN RISE

ITEM	DETAIL	TWR EXPENDITURES	TOTAL	% SPENT
Mental Health Program	Interpersonal Group Therapy (IPT) training (stipend for trainers, materials, food, incidentals)	\$8,140	\$8,140	100%
Mental Health Program	Mental Health & Women's Empowerment Program Manager	\$6,327	\$12,000	53%
Mental Health: IPT Facilitators	Stipends for IPT trainees/facilitators	\$3,924	\$8,760	45%
Economic Empowerment: Women's Weaving Cooperative (WWC)	Microloans for looms and supplies, instructors and apprentice's stipend, financial skills workshops, cooperative governance workshops	\$6060	\$20,100	30%
Women's Social Empowerment: Kolahun Women's Action Group (WAG)	Program support, community awareness	\$500	\$1,000	%50
Total		\$24951	\$50,000	50%