RESTORE HOPE

TOGETHER WOMEN RISE & RESTORE HOPE: LIBERIA

Final Report

January 2023

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

GRANT INFORMATION

2-YEAR GRANT: $25,000/YEAR

JULY 2020 FEATURED GRANTEE

Saundra Williams, Executive Director

P.O. Box 70

Lyme, NH 03768

TABLE OF CONTENTS

EXECUTIVE SUMMARY

In October 2020, Restore Hope: Liberia (RHL) launched a Mental Health & Women's Empowerment project with the investment from Together Women Rise. The framework for this project has been integrating group therapy with women's empowerment activities. The mental health service, Interpersonal Group Therapy, is an evidence-based treatment for depression in women. We coupled this with support to two active, grassroots women's groups, a weaving cooperative, and an advocacy group.

RHL had been supporting the weaving cooperative and advocacy group to various degrees over the past several years. Providing group therapy was a new activity for the organization, though we had long recognized the need for mental health services that were effective and accessible for this population, who are experiencing a high prevalence of mental health disorders.

Over the course of two years, RHL successfully provided group therapy for over 500 women with exceptional results. All women participating were experiencing moderate to severe depression, according to the PHQ-9 a standardized assessment tool. 81% ended therapy depression free and the other 19% had reduced symptoms of depression from moderate or severe to mild.

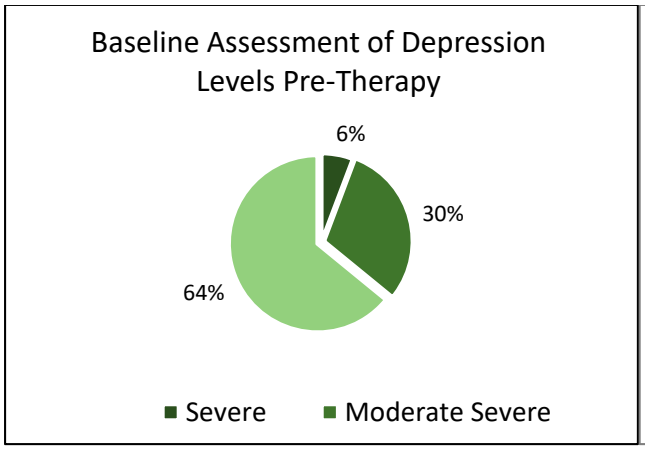
The success of this activity is not only evident in the numbers reached but in the foundation of a community mental health service that was built. There is now a strong cohort of 14 community members who are trained and experienced in facilitating group therapy. By including the District Health Officer and coordinating with the Kolahun Hospital there is a strong referral pathway in place for an individual in need of greater care.

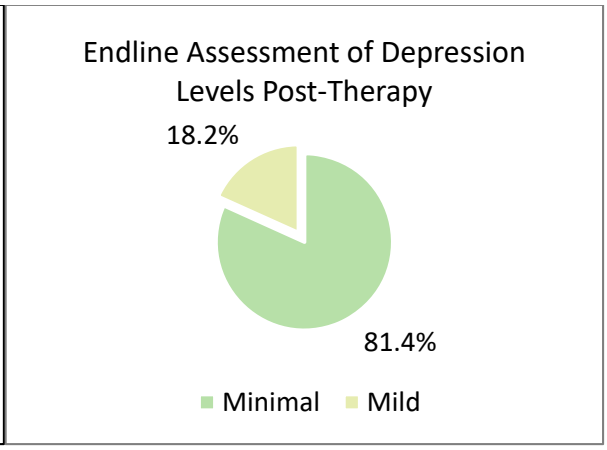
At the same time, RHL strengthened the weaving cooperative in a substantial way by partnering with the National Cooperative Development Agency to advance the cooperative into a legally recognized one. This was a six-month long process during which leadership was selected, by-laws were created, a bank account was established, and new market opportunities were presented. The weaving cooperative is now a legally recognized cooperative in Liberia. The weaving cooperative is better situated to receive external support and is now an established partner of the Cooperative Development Agency. It continues to increase in size with a total of 54 women enrolled and 12 more in the apprenticeship phase.

Similarly, RHL provided support to the Kolahun Action Women, who does advocacy in the community against gender-based violence, by registering them as a Community Based Organization, as they wished. With greater recognition the group has been able to hold more advocacy sessions in the community. They remain active and aspire to reach other communities with their advocacy.

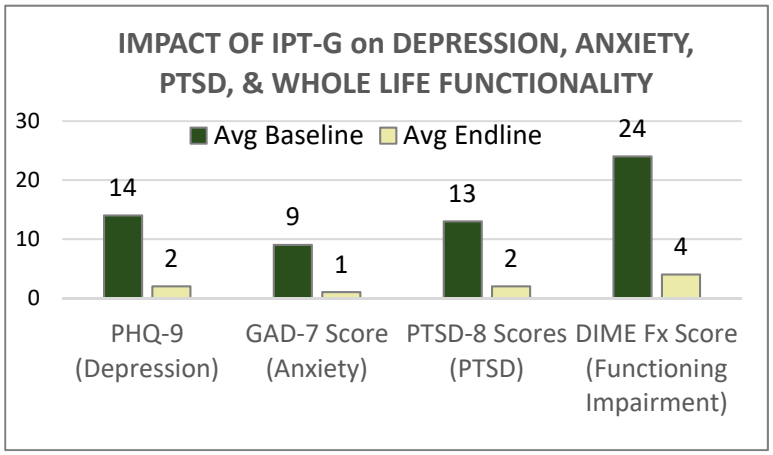
This work demonstrates the need to address mental health when engaging in women's empowerment work and vice versa. This is substantiated in the 2022 World Health Organization Global Mental Health report, which emphasizes that a multisectoral approach and community-based solutions are needed.

We extend our deep gratitude to Together Women Rise and all of its members for making this work possible.





PHQ-9 Scale	Depression Score
Severe	20-27
Mod - Severe	15-19
Moderate	10-14
Mild	5-9
Minimal	0-4



Outreach and screening were conducted before the start of each group to determine whether a woman would benefit from group therapy. The threshold for participation was a score of 10 or above on the PHQ-9, 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, all of RHL supported households, and the community at large. Of the 650 women screened, ***94% met the***

threshold for clinical depression. This indicates the dire need for mental health services in the community RHL serves.

Of the 505 women who completed group therapy, 81% ended with minimal to no depression. 18% ended with only mild depression symptoms.

99% of the 505 women who completed group therapy experienced a statistically significant change in their depression levels, meaning they feel

The data reflects how remarkably effective IPT-G is at reducing depression in this population. 81% 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. Group therapy also had a positive impact on anxiety, PTSD and daily functioning. All three disorders were measured at baseline and endline for all participants. Participants experienced a decrease in depression, anxiety, post-traumatic stress disorder, and a decrease in functioning impairment.

Other important social outcomes:

- Statistically significant increase in perceived social support
- Statistically significant increase in how much weight a participant has in making decisions in her home as compared to her husband
- Statistically significant increase in understanding that GBV is not justified

PROJECT OUTCOMES

DESIGNED OUTCOMES	PROJECT OUTCOMES
MENTAL HEALTH – INTERPERSONAL GROUP THERAPY	
80% (16) of the 20 women participating in IPT facilitator training successfully complete IPT training	Two cohorts of community members have been trained in IPT facilitation. The first training had 10 individuals and the second training had 12. At the end of the project period 14 facilitators have continued and are actively providing group therapy in the communities served. Because of the high drop out at the end of the first year (7 out of 10 continued), we chose to train an additional two facilitators for a total of 22 instead of the 20 planned. The main causes of drop out were death in the family, serious illness, and relocation. **64% (14) of the 22 individuals trained successfully completed IPT and continue providing services.**
16 IPT facilitators will lead 8-week sessions with 8-10 participants for a total of 7 8-week sessions, 3 in Year 1 by 8 facilitators, and 4 in Year 2 by 16 facilitators. (A total of 88 groups.)	We vastly extended the training timetable to follow, as closely as possible, the "gold standard" of IPT-G training. 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. We also started with 5-6 participants per group as the facilitators were gaining experience. At the end of year two, we increased the group size to a maximum of 10 participants. We also had a portion of the facilitators leading two groups at a time, in order to reach our target beneficiary numbers despite a gradual, incremental start. **At the end of the project period, we were completing the 5th phase (not including the training phase), with a total of 69 groups.**
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 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.	According to IPT-G protocol, there is strict termination of groups, no longer than 12 weeks. We learned this after contracting with a Master IPT Trainer. However, it is recognized that women continue to meet informally as a means of social and emotional support. **Some former clients are now facilitators, and some former clients are holding sessions with women in their community informally.** This is an encouraging sign of cultural and contextual appropriateness of the model, as well as a sign that the project can scale effectively. Additionally, we are building in follow-up surveys to assess longevity of outcomes. However, it is still too early in the program to have enough follow-up data to analyze.

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.	**An impressive 100% of women have a reported decrease in depression severity, according to the PHQ-9.**
WOMEN'S SOCIAL & ECONOMIC EMPOWERMENT	
WWC members set up a governance structure for the WWC according to what they learned from the workshop.	**The WWC successfully completed the process of legal registration as a Cooperative with the Liberian National Cooperative Development Agency (CDA), which required a governance structure and the development of by-laws for the cooperative.** They are recognized as the Kolahun Women's Weaving Multipurpose Cooperative.
75% of borrowers successfully repay microloans.	The repayment rate for microloans is 79%.
75% women will gain basic business skills and report that the skills improved their financial life.	**65% of WWC members received quarterly trainings by the CDA on financial skills and business management.** 35 members of the 54 who've enrolled in total participated in the CDA training process. Some members have had competing priorities, especially with their farm obligations.
85% of women participating in the project will report higher empowerment scores at the end of the project.	"Women's empowerment is a multidimensional construct which varies by context."[1] Five domains of women's empowerment were measured: attitude toward violence, social independence, decision-making, labor force participation, and perceived social support. **The outcomes data shows that participants had a statistically significant change in three of the five domains of women's empowerment, including attitudes towards violence, decision-making, and perceived social support.** We anticipate seeing changes in labor force participation in longer term follow up surveys.

[1] Mganga, A.E., Renju, J., Todd, J. *et al.* Development of a women's empowerment index for Tanzania from the demographic and health surveys of 2004–05, 2010, and 2015–16. *Emerg Themes Epidemiol* **18**, 13 (2021). https://doi.org/10.1186/s12982-021-00103-6

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). Because we opted for a more robust M&E system to capture the impact of the project, the costs were much higher, and we are currently reassessing the schedule and method of follow-up surveys. Baseline and endline data have been collected consistently over the project period with the same, validated survey tool.
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 assessment using interviews and FGDs may be used if time, resources, and staff capacity allow.	Due to staff capacity and limited resources, we focused on quantitative data. However, 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.

PROJECT OBJECTIVES

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

A total of 22 facilitators were trained in IPT-G. Due to high facilitator drop out, due to death in the family, illness, or relocation, 14 trained facilitators are active. Group therapy has extended well beyond the WWC and KC, into communities across Kolahun District.

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

IPT is a fully functioning program of RHL now, providing a community-based option for women across the district to access mental health services.

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 expanded this target 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. After successfully completing this process, the CDA continues to provide quarterly workshops with the financial support of RHL.

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, and the subsequent quarterly workshops, 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.

Participation in group therapy increased women's empowerment across three domains: attitude towards violence, perceived social support, and weight in home decisions. Support to the Women's Weaving Cooperative increased women's economic empowerment.

NUMBER OF BENEFICIARIES

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." For a total of 350 direct beneficiaries.

To date, we have provided 12 weeks of group therapy to a total of 505 women. One key difference between the proposed project and the implementation was that outreach needed to extend far beyond the WWC and KC due to the vastly different rates of growth between IPT and the women's groups. All WWC and KC members were invited to participate, and indeed many did. Rather than the WWC and KC be the source of IPT client recruits, we found that IPT is an effective and efficient way of referring interested women to the WWC or KC.

Indirect beneficiaries (household members of women participating) similarly increased from 2,450 to approximately 3,535.

CHALLENGES

We faced several major challenges. The first was 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 pivoted successfully to tele-therapy for one phase despite the challenges in logistics, technology, and adaptive skills of our team. However, we were able to return to in person groups subsequently and have stayed in person since then. The second challenge was turnover. Turnover both with the facilitators in whom we devoted a huge investment in long term, expert training and with RHL's

staff. In year 2 to date, we have seen far less turnover in facilitators, perhaps due to greater commitment to the project as it expands, consistent supervision, and greater team cohesion. We also now plan for higher facilitator turnover. In terms of staff turnover, this has been true across the organization primarily due to high demands and expectations in the work yet a below market salary scale. We have since increased salaries across the board to be more in line with other similar sized organizations in Liberia. We have also tried to increase support through clearer job descriptions and better management. The third, and greatest, challenge has been funding. Given our decision to hire experts in the field for training and project consultation, in order to ensure we were delivering a high quality, impactful project, our project budget increased significantly. This has strained the organization in other areas. However, we believe this is a critically needed area of health services and that is a project that can attract more donors. Depending on fundraising success, we will continue to scale the project, or we will need to reduce activities.

LESSONS LEARNED

One of the most important lessons learned is the need to budget more accurately for the human resources needed to carry out the project optimally. Underestimating this strained the organization in other areas of its work.

ORGANIZATIONAL CHANGE

This was an extremely ambitious project for RHL because it introduced a new health service, requiring far more logistics, planning, and data management than any other RHL activity. Because of this, the team has grown in capacity to carry out more complex programs. We have positioned this project to scale. Aiming to expand our geographic area and number of clients served. This shift has provided a tremendous learning opportunity for staff at all levels. Whether or not we are successfully at fundraising for this project in the future, we have newfound capacity to implement more complex projects and the ability to execute more robust evaluation methods.

RHL hired a full time Country Director in February 2021. Previous leadership was part time. This has been transformative for the work. We are also in our second year of funding from the Dovetail Impact Foundation for this project, yet we are still short of the needed funds to ensure continuation of the project. On the whole, the team is stronger, the work is more focused, and new opportunities for partnership are surfacing. The impact of this project demonstrate that good mental health is a necessary component of development and that this model, in particular, impacts domains of women's empowerment, which is key to systemic change.

UNEXPECTED OUTCOMES

The most unexpected outcomes of the project have been positive. When we embarked on project implementation, we had a high learning curve to understand the details of the rollout of Interpersonal Group Therapy. We committed, very early on, to invest heavily in training understanding that the quality of facilitation of groups would have a direct impact on the quality of the service. The project has been more complex than we originally envisioned, in terms of logistics, evaluation, and planning. We leaned into this complexity and our organization grew stronger, our project outcomes have been excellent, and we are confident in both the process and the results.

OVERCOMING OBSTACLES

One of the greatest obstacles was turnover, both with facilitators and with staff. We've worked to strengthen the organization through more competitive pay and better local management. We've also built into future plans a higher percentage of facilitator turn over, so that we expect and are prepared for dropouts. Funding the project adequately remains an obstacle. We are seeking funding from foundations that understands the bidirectionality of mental health and women's empowerment. Programmatically, we are building in flexibility so that client numbers can wane and wax depending on availability of funds without having to abruptly end a critically needed health service.

EVALUATION TOOLS

A Research Director at Columbia University's Global Mental Health Lab has worked with RHL to develop a validated survey tool comprising the following scales: PHQ-9 (to measure depression), GAD-7 (to measure anxiety), PTSD-8 (to measure PTSD), DIME Module 2 Adult Functioning Assessment, Survey on Home Decisions and GBV, and the Multidimensional Scale of Perceived Social Support. This tool was used for all baseline and endline surveys, given to every client.

FUTURE OF THE PROJECT

We continue to prioritize this project due to the tremendous success we've achieved over the past two years. We plan to train a third cohort of facilitators and reach approximately 600 women with group therapy over the next calendar year. With funding, we will continue to scale the project to meet the tremendous need for community based mental health services in Liberia.

TWR & RHL

We extend our deepest gratitude to the Selection Committee and all members of TWR, who made this work possible. Without this two-year grant, the 500 women who are now depression free, would likely still be suffering, and you've invested in the foundation of this project so that it may continue to reach many hundreds more. Thank you!

A special thanks to Veena Khandke who submitted a letter of recommendation on behalf of RHL to One Days Wages. RHL was successful in its matching grant with One Days Wages for $36,500. During our grant cycle with TWR, we also joined Dovetail Impact Foundation's Accelerator Program.

RESTORE HOPE: LIBERIA

Integrating Women's Empowerment, Economic Development and Mental Health in Rural Liberia — 2 Years

Item	Unit	# of Units	Unit Rate	Total Budgeted Cost	Total Actual Costs	% Funded by TWR Grant	NOTES
MENTAL HEALTH INTERVENTION - IPT GROUP SUPPORT							
Travel costs for sending	per training	2	2,500	5,000	5,085	0%	International travel for 1 IPT trainer in second year.
Cost of Training:							
● Stipend for IPT Trair	per training	2	1,000	2,000	45,413	35%	Due to COVID, training was done virtually. Two mental health clinicians were hired over the project period. $13,685 of underspent line items was reallocated to this line item to cover cost of shifting to virtual training during covid.
● Materials (printing,	per training	2	500	1,000	1,212	83%	
● Food	per training	2	1,680	3,360	1,924	100%	
● Lodging	per training	2	640	1,280	1,075	84%	Lodging costs for IPT trainer in second year.
● Other, incidentals fo	per training	2	250	500	641	100%	
Mental Health Counselo	per month	24	500	12,000	12,675	100%	Due to challenges with staff turnover and the need to recruit skilled personnel, we raised the pay from $500 to $700 in the second year of the project.
Stipend for KC Program	per month	24	35	840	-	0%	No one in the KC project had the necessary literacy skills to join as a facilitator.
Stipend for 1st year IPT t	per facilitator	168	30	5,040	4,050	80%	The first nine months of the project the facilitator numbers were fairly consistent. After that, the turnover was very high. At this time, the second cohort was trained.
Stipend for 2nd year IPT	per facilitator	96	30	2,880	8,400	100%	The second year started with a total of 17 facilitators eventually dropping to 14. We increased their pay to $50 per month to address turnover.
Subtotal				**33,900**	**80,475**		TWR Grant covered $28,900. RHL covered the remainder.
WOMEN'S ECONOMIC EMPOWERMENT — WOMEN'S WEAVING COOPERATIVE (WWC)							
Microloan for purchase	per loan	48	25	1,200	2,000	100%	1 microloan of $25USD will be available to all WWC members upon graduation.
Weaving Apprentice Stip	per apprentice	288	10	2,880	2,830	98%	Due to COVID, the weaving cooperative did not meet for most of the first year.
Weaving Instructor Stipe	per instructor	72	35	2,520	1,470	58%	Due to COVID, the weaving cooperative did not meet for most of the first year.
Loan Workshops (1 of each, yearly)	per workshop	4	2,000	8,000	-	0%	CDA combined business and governance workshops, reflected in expenses below. Started in year 2 due to COVID.
Cooperative Governance	per workshop	2	2,000	4,000	3,518	88%	CDA combined business and governance workshops.
Travel costs for Co-op G	per workshop	2	2,500	5,000	50	0%	RHL parterned with the National Cooperative Dev. Agency, with a local office in the nearest city, Voinjama.
Incidentals for Worksho	per workshop	6	250	1,500	1,013	68%	

Subtotal				**25,100**	**10,881**		
WOMEN'S SOCIAL EMPOWERMENT — KOLAHUN CRESCENDO (KC) & WOMEN'S EMPOWERMENT IPT (WE)							
Stipend for KC Program	per month	24	-	-	70	100%	
(Community Awareness,	per year	2	500	1,000	855	100%	To cover any materials needed (printing, flyers, posters and signage, batteries, etc, identification on t-shirts)
Subtotal				**1,000**	**925**		
TOTAL				**$ 60,000**	**$ 92,281**		
	Received from Dining for Women			**$ 50,000**	**$ 50,000**		
	RHL Cost sharing			**$ 10,000**	**$ 42,281**		