Annex 1

"Psychosocial support to communities affected by the Ebola virus disease in Liberia"

EVALUATION OF CARITAS SUPPORTED PROJECT IMPLEMENTED BY AIFO LIBERIA

From 27th April 2015 to 30th September 2015

By Luther Sangar Mendin, AIFO Liberia National Program & Communications Officer

Assisted by: Jonathan Saye Davies, AIFO Liberia Central Regional Coordinator

and

J. Sylvester Roberts, AIFO Liberia South Eastern Regional Coordinator

General Context as it Affects the Psychosocial Status of Children, families and Communities affected by EVD in Liberia

The outbreak of the Ebola Virus Disease (EVD) in West Africa began in December 2013 in south-eastern Guinea. Later, in 2014, was extended to Liberia, Sierra Leone, Nigeria and Senegal. Liberia has been hard hit by the EVD outbreak since 2014 and was later declared Ebola free on September 3, 2015. The first outbreak began March 22, 2014 and in May 2014 was confirmed early in Lofa County. Both outbreaks are a result of imported cases from neighboring Guinea. Prior to Liberia being declared Ebola free, the EVD spread with cases reported in all 15 counties of the country's political sub-divisions.

Children, family members and communities affected by Ebola were exposed to a situation of acute stress, given the devastating nature of the disease. Thus, the children, but not only them, if they survive, suddenly see their living environment destabilized in a completely unexpected way. Their family situation has sometimes completely changed giving them no chances for their reintegration into the extended family. People who have had contact with patients are generally under surveillance with their children. A situation that causes severe stress for children and their families. Disruption of their families' livelihood could mean the end of their educations; destruction of community structures can alter irreversibly social values and traditions, leaving children isolated and confused; witnessing or being a victim of disasters can cause long-lasting psychological problems. Psycho-social support then becomes relevant for these people and their families to help them return to their normal lives. They can benefit from a psycho-social stabilization to minimize the risk of trauma and socio-economic consequences, both in the medium and long term.

During this period, AIFO launched one project to promote psychosocial well-being and recovery of children, family members and communities that have experienced the EVD related problems in their communities. The project aimed to protect children, family members and isolated communities from the potential social and psychological problems caused by the EVD and to improve their ability to deal with future events. The project was implemented in six counties namely: Margibi, Bong, Nimba, Grand Gedeh, River Gee and Maryland Counties. These counties are concentrated under the CBR national program implemented by AIFO and the National Commission on Disabilities. At least 34 CBR project communities throughout the six counties actively participated to the psychosocial project implementation.

1. METHODOLOGY

This evaluation was conducted utilizing three different sources of information:

a) **Desk review of relevant documents**
   AIFO technical staff reviewed all available relevant documents in order to first design the evaluation framework (see section below), and secondly, to gain information relevant to the evaluation.

b) **Interviews with the project staff (including project consultants-MHCs)** Project staff including MHCs were asked the questions presented in the evaluation framework.

c) **Focus groups, interviews and questionnaires with beneficiaries**
   Wherever possible, focus groups, individual interviews and questionnaires were conducted/distributed to the beneficiaries in order to assess the impact of the project on the beneficiaries and to determine if the project met their priority needs.

2. WHO WERE THE BENEFICIARIES?

AIFO's psychosocial project was designed to address the psychosocial needs of Ebola affected children including survivors, family members and communities that were isolated as a result of the outbreak. The project focused on 12 districts throughout the six counties, as this was where a good number of EVD related cases and incidences were concentrated. The majority of beneficiaries where survivors, affected families, children and communities earmarked for the project. However, other children did benefit indirectly through the assistance given to their parents. However, in practice, the projects aimed to provide basic psychosocial assistance to the entire population of EVD victims in the targeted districts and communities, and prevention activities (i.e. counselling) to children experiencing more problems. The **direct beneficiaries** of the population in need of psycho-social support within the 34 targeted communities were **1,800** people while the total number of indirect beneficiaries of the project was put at **113,060.**

3. WHERE THE OBJECTIVES OF THE PROJECTS RELEVANT TO THE NEEDS OF THE BENEFICIARIES?

The specific objective of the project was to **"foster psychosocial support to people, and their families, affected by EVD".** Throughout the six counties, the objectives of the project were to a larger extent met evident by the improved behavioral changes observed in the various communities. It is clear that most of the beneficiaries were focused on material needs, and the larger question of whether they would return to their previous areas of residence. Mental Health Clinicians and CBR Workers thus reported difficulties in getting adults and adolescents to participate in the counselling sessions." There was also a general tendency to want to avoid remembering or talking about the difficult events they experienced during the outbreak. However, the beneficiaries were happy to have been involved in the psychosocial activities. They were also very happy about the changes in behavior they noticed amongst community members. Certainly linking the psychosocial activities to the CBR project schools helped to overcome the negative perception among students and school administrators. In contrast, the school-age children themselves did appear very involved and interested in the psychosocial play activities. In Bong and Margibi counties, psychosocial concerns, such as how to adapt to their new environment, overcoming grief and other such issues were obviously a high priority for the beneficiaries we interviewed there. In interviews with CBR workers and Mental Health Clinicians, (MHCs) many indicate that psychosocial concerns were important among the beneficiaries – for instance, they noted that care-givers for separated children needed to know how to get the children to open-up and express their concerns, hopes etc.

4. WAS THE APPROACH UTILIZED APPROPRIATE TO THE CONTEXT?

AIFO's EVD psychosocial project was a comprehensive community-focused project as in the case of ***Community Based Rehabilitation***, which worked at community level to strengthen the capacity of local actors' thereby promoting resilience and social cohesion amongst community dwellers. In different phases, the project provided training to MHCs and CBR workers. MHCs and CBR workers were to provide the first level of intervention (promotion) to ensure that a large number of EVD victims received basic psychosocial assistance. MHCs and CBR workers as well as Community Support Groups (CSGs) then provided a more in-depth intervention (prevention), including individual and group counselling, for the beneficiaries experiencing more extensive psychosocial problems. This was an appropriate design as it provided for both basic psychosocial intervention for a large number of beneficiaries, and more intensive assistance for the more limited number of beneficiaries needing it. Another advantage of this design was that MHCs and CBR workers conducted some support groups for women and community meetings for parents to help them to be able to care for their children's psychosocial needs more effectively. Parents were involved and invited to the recreational psychosocial activities for their children.

5. DID THE ACTIVITIES THAT WERE CONDUCTED MEET THE OBJECTIVES OF THE PROJECTS?

AIFO's psychosocial project was proposed in response to an initial assessment of the needs of EVD affected individuals in 6 CBR project counties; Margibi, Bong, Nimba, Grand Gedeh, River Gee and Maryland. A feasibility study was conducted involving field visits and consultations with relevant local government institutions including county health teams and other EVD response partners throughout the 6 counties. Therefore, all the project activities were consistent to the objectives set forth.

6. WAS THE APPROACH UTILIZED CONSISTENT WITH THE HUMANITARIAN POLICIES AND PRACTICES OF AIFO?

The main AIFO policies and practices and their relation to this project are outlined below.

a. ***Provision of psychosocial support as a human right especially in emergency situations.*** AIFO considers psychosocial support as a core element of its responses to emergencies.
b. ***Program decisions and priorities must derive from a situation analysis on the ground***. This policy was clearly fulfilled, as described above.
c. ***Promotion and inclusion of community-based rehabilitation support network for vulnerable persons.*** As noted above, this project did strengthen community support networks for EVD victims especially persons living with disabilities who are often particularly vulnerable in time of humanitarian crisis. AIFO Liberia established Self Help Groups throughout the 6 counties were greatly involved into the project implementation at community level.

7. IMPACT

7.1 What beneficiaries were reached by this project?

Throughout the 6 counties, about 1800 direct beneficiaries benefited from the more in-depth psychosocial activities conducted by MHCs and CBR workers. At least 2000 children participated in recreational activities conducted by Mental Health Clinicians and CBR workers. Approximately 113,060 indirect beneficiaries throughout the 6 counties participated in community psychosocial meetings or support groups structures. The total numbers of direct beneficiaries were therefore 1800 while indirect beneficiaries were therefore around 113,060.The majority of beneficiaries were from 14-35 years old. Most of them were EVD affected individuals. In total, 100% of the targeted beneficiaries were reached by this project.

8. IMPLEMENTATION

8.1 Was the project implemented as designed?

Throughout the six counties the project design was altered during the period to ensure effective implementation especially regarding the fluctuating trend of the EVD crisis in Liberia. AIFO staff was always present in the field to organize and guide the process. The adjustments made allowed for much more appropriate activity implementation than the initial design. Such adjustments are essential when working in a highly volatile situation such as that of EVD outbreak.

In this project, the major problem faced in implementation was the very limited local capacity in this area. While this perhaps should have been identified more clearly in the initial assessment, the team responded logically and responsibly to this constraint – that is, by making changes to project activities, starting with simple activities and moving to more difficult ones, moving from individual to group based activities etc. Other constraints on the project included: security of the project implementers; difficulties with transportation; urgency of the project. Overall, through perseverance and flexibility, the project team was able to adjust the project to ensure maximum impact under the circumstances.

9. WAS THE PROJECT EFFICIENT?

All resources or inputs (such as funds, expertise and time) were used effectively to achieve the desired project results. The project was also implemented effectively amid the limited funding and other challenges at field level.

10. WERE THE PROJECT ACTIVITIES COORDINATED WITH OTHER PSYCHOSOCIAL PROGRAMS?

In the initial phases of the project implementation, there appeared to be very few other psychosocial programs at that time in the six counties. In the project documents, there are references to coordination with other agencies, including the Marist Fathers who were also conducting psychosocial activities but was concentrated in Monrovia. This project was also conducted along with the Carter Center and the County Health teams. Subsequent psychosocial activities were coordinated with other psychosocial providers, such as PLAN, UNICEF and the key child protection cluster under the Ministry of Children, Gender and Social Protection.

AIFO also participated in the following clusters coordination meetings to share basic psychosocial information:

1. Health;
2. Early Recovery;
3. Protection;
4. Social Mobilization; **5.** Food Security clusters.

11. HOW SUSTAINABLE WAS THE PROJECT AT THE LEVEL OF THE COMMUNITIES?

11.1 Sustainable Indictors observed

There were three main sustainable indicators which contributed to the measurement of the psychosocial well-being throughout the 6 counties. These indicators were observed as a result of the evaluation undertaken as well as during the implementation of the project. The below mentioned **sustainable indicators** were observed:

- **Emotional well-being-** AIFO's psychosocial project continues to promote a **sense of trust, hope for the future** and a **sense of control** among EVD and non EVD affected families. These qualities

will go a long way in promoting social cohesion and minimizing stigma amongst the affected population.

- **Social well-being-** The psychosocial response also continues to promote the **ability for both EVD and non EVD affected individuals to interact; assist others** and solve **problems actively** thereby promoting collaboration and enhancing mutual respect.
- **Skills and knowledge-**The skills and knowledge acquired as a result of the active participation of beneficiaries in the psychosocial activities such as learning how to resolve conflicts and reducing stigma among others continues to be promoted at the level of the communities. In effect, this will help gather new skills and promote the overall objective of the project.

12. RECOMMENDATIONS

12.1 Future Psychosocial Response – Strategy

In this evaluation, recommendations for AIFO's psychosocial strategy and activities will be broadly outlined.
It is recommended that AIFO's future psychosocial programming should have two primary goals:

Strengthening community-based social supports for children, including re-establishing stable family life, and mobilizing para-professionals

Building Children's Resilience, including normalization of their life, healing past wounds and building their psychosocial skills

Activities could be of two types:

12.2 Psychosocial Promotion activities

All members of the community are responsible for the promotion of psychological and social well-being of children and their families. Psychological well-being depends on the existence of a number of supportive factors enabled by the entire community. Such factors include strong parental care and family support, effective social and community participation, and access to quality health care, good nutrition, developmentally-appropriate education, adequate financial resources and appropriate expressional and recreational activities within a safe and protected environment. Parents, siblings, peers, doctors, teachers, community and youth workers, municipalities, etc. all participate in and have a responsibility for creating the building blocks of psychosocial well-being.
This can be achieved through the implementation of specific psychosocial interventions such as information campaigns, self-expression, recreational and support/mentoring programs, life skills training, and community activities. After relevant training, such interventions can be implemented by professionals such as teachers, social workers, medical, community or children workers and, whenever possible, within existing health, education and social services.
Structured psychosocial promotion activities include:

Recreational and expressional activities for children

Parents/community meetings to address their own and their children's psychosocial wellbeing

Psychosocial information material for parents and teachers

Training and support of psychosocial para-professionals, including teachers, youth volunteers, health workers

Supporting psychosocial activities include:

Promoting family reunification

Promoting family self-sufficiency

Ensuring adequate emergency shelter

Ensuring continuous schooling

Ensuring appropriate health and sanitation services

Supporting community structures and cultural activities/traditions

12.3 Psychosocial Prevention activities

Prevention work involves consolidating the 'building blocks' and strengthening the resilience of Children/families in times of crisis, so that they can cope with and overcome their problems. It will also help them to recognize the initial signs of psychological and social distress (or 'stress'), and provide basic

mechanisms to deal with this stress. Such interventions help the beneficiaries deal with their problems more effectively and prevent complications and the need for psychological treatment in the vast majority of cases. Such activities can be implemented by psychosocial professionals, such as social workers trained in counselling, or counselling psychologists. Advocacy and community rituals can be conducted by community leaders, including in some cases children themselves.

Psychosocial prevention activities include:

Group, including art and play, counselling for children
Individual and/or family counselling
Support groups for care-givers
Community healing rituals
Advocacy to decision makers to improve the environmental situation

Appendix 1: Evaluation Framework

ISSUE	GENERAL QUESTIONS	METHODOLOGY
1. Background	***General Context***	**AIFO documents**
	Psychosocial Needs of Children	Reports/Assessments by other organizations Monthly CBR project reports
	Other Programs	Meetings with other partner organizations
	Overview of Psychosocial Programs	Project Proposal
2. Design		
a) Who were the beneficiaries?	Who were the beneficiaries? How was the decision made to focus on particular beneficiaries? Where the beneficiaries clearly defined? Was the age, geographical region and level of distress of the chosen beneficiaries appropriate?	Interviews with Project staff
b) Were the objectives of the project relevant to the needs of the beneficiaries?	What were the priority needs of the beneficiaries? Did the program address these needs? What level (primary, secondary or tertiary) of assistance did this project provide to the beneficiaries and was this appropriate to their needs?	Interviews with beneficiaries Interviews with MHCs, CHOs and CBR Workers Interviews with AIFO staff
c) Was the approach utilized appropriate to the context?	*Conceptual orientation* Was a clear strategy/approach developed? Was the conceptual orientation utilized in this project appropriate? Discuss key concepts including: resilience, traumatized, community participation, holistic approach etc.	AIFO Psychosocial project Evaluation Interviews with AIFO staff Interview with MHCs, CHTs, CBR Workers Interview with beneficiaries

	Design process. Did the design process involve consultation within AIFO? With professionals? With the community and beneficiaries?	
	Project design Did the project design incorporate evaluation protocol from the start? Where the beneficiaries addressed in a holistic manner? Did the approach involve and mobilize the community? Did the project empower the beneficiaries and strengthen their resilience?	
	Was the design appropriate given local capacities? Did the project appropriately involve children?	
	Sustainability Was the project sustainable? What kind of sustainability did the project achieve?	
3. Impact		
a) What beneficiaries were reached by this project?	*Number of beneficiaries* How many persons benefited? How many adults (parents, youth etc.) benefited?	Monthly reports Interviews with AIFO staff and beneficiaries
4. Implementation		
a) Was the project Implemented as designed?	*Partnerships and networking* How well were the projects coordinated? How well did the networking go on?	Interview with AIFO staff Interview with project partners Interviews with partner organizations
	Constraints What were the constraints on the implementation of this project? How were or could these constraints have been overcome? Where the constraints sufficient explanation for the limitations of the projects?	Interview with AIFO staff and partner organizations Interview with MHCs
b) Was the project efficient?	*Cost efficiency*	Project proposal Staff interviews
	Timely implementation	Interviews with staff and partner organizations

	Were the projects integrated with other AIFO projects?	Monthly reports Interviews with AIFO staff
c) Were the project activities coordinated with other psychosocial programs	Future psychosocial response – strategy	Interviews with other organizations with psychosocial programs
5. Recommendations		Interviews with AIFO staff, partners, beneficiaries AIFO documents

Appendix 2: Focus Group Interview Questions

Parents of EVD affected children (In some cases the child speaks)

What was your family situation (at the time of the activity)?

Did you notice any changes in your child as a result of the difficulties you were facing?

If necessary - Did you notice any changes in the psychosocial indicators (list indicators)?

Where there any changes for the good? What were some of the problem behaviors?

What kind of (psychosocial) activities did your child participate? How long and how often did they participate in these activities?

Did you notice any changes in your child during the time they participated in these activities? Do you think these changes were due to their participation in the activities or due to other things?

What kind of other things helped your child to overcome the problems they were facing at this time?

Was there any other assistance that you think would have helped your child more than the assistance they received in the psychosocial program?

Does your child still have some problems from that time?

If yes, what do you think your child needs now to help them overcome these problems?

EVD affected individuals (survivors, victims, health worker etc.) Open ended questions:

Can you tell me what your life was like at this time (the start of the project)?

What did you do during these activities?

Did you notice any changes in yourself at this time (prompt with psychosocial indicators if necessary)?

Which of these changes were you happy about? Which ones didn't you like?

Did you notice any changes in your friends? In yourself after doing these activities? Why did these changes happen?

What kind of things helped you to overcome your problems? What did you do? What did other people do for you?

Was there some things you think would have helped you at that time but you couldn't get?

Are there still some problems you face from this time? Are there any good things still in your life from this time?

MHCs and CBR Workers

What were the main needs of the beneficiaries at this time?

Do you think that this psychosocial project meet those needs?
What was the most significant learning of the program?
What were the most significant outcomes of the program?
What, if anything, would have been done differently?

Where the training topics appropriate? Should any other training topics been added? Where there any topics that were not relevant or that should not have been used?

What were the most important things you learnt in this program that helped you to provide psychosocial assistance to EVD and non EVD affected families?

Where there some skills you felt you needed but didn't gain from this program?

Appendix 3: Staff, Consultants, Beneficiaries and Partners Interviewed, and Documents Reviewed

Staff Interviewed:

- Mr. J. Sylvester Roberts, South Eastern Regional Coordinator, AIFO Liberia
- Mr. Jonathan Saye Davies, Central Regional Field Coordinator, AIFO Liberia
- Pastor Samuel S. Konah, CBR Worker, Kakata, Margibi County
- Mr. George Borbor, CBR Worker, Cinta Township, Margibi County
- Mr. Edwin Z. Kormah, CBR Worker, Salala District, Bong County
- Mr. Augustus N. Makor, CBR Worker, Kpain District, Nimba County
- Mr. Albestine Tozay, CBR Worker, Sanniquellie, Nimba County
- Mr. Stephen Gbeisaye, CBR Worker, Ganta, Nimba County
- Mrs. Caroline Broody, CBR Worker, Zwedru, Grand Gedeh County
- Mrs. Felecia Doe, Tuzon, Grand Gedeh County
- Mr. Franklin Blaye, Fishtown, River Gee County
- Mrs. Christiana J. Toe, Harper, Maryland County

Consultants Interviewed:

- Lorpu K. Vankpanah, MHC, RN, Margibi County
- Tetee Seplah, MHC, RN, Margibi County
- Dakamue Kollie, MHC, RN, Bong County
- Garmai Cyrus, MHC, RN, Bong County
- Kou E. Yeleboe, MHC, RN, Nimba County
- Korzu V. Flomo, MHC, RN, Grand Gedeh County
- Margaret Ballah, MHC, RN, Grand Gedeh County
- Clarina Gbowee, MHC, RN, River Gee County
- Barbara M. Kennedy, MHC, RN, River Gee County
- Hokie W. Jackson, MHC, RN, River Gee County
- Carl P. Dickson, MHC, RN,Maryland County
- Joyce N. Hallowanger, MHC, RN, Maryland County

Partners Interviewed:

- Adolphus Yeiah, MD, Margibi County
- Sampson Arzoaquoi, MD, Bong County
- Collins S. Bowah, MD, Nimba County
- Joseph Matus Sieka, MD, River Gee County
- Elsie G. Karmbor, MD, Grand Gedeh County
- Odell W. Kumeh, MD, Maryland County

List of Beneficiaries and Questionnaires completed:

beneficiaries from Margibi County	Mamba Kaba:5 adults, 1 child
	Kakata: 10 adults, 3 children
beneficiaries from Bong County	Salala: 15 adults, 4 children
	Suakoko: 10 adults, 3 children
	Jorquelleh: 10 adults
beneficiaries from Nimba County	Garrbein: 5 adults
	Meinpea-Mahn: 20 adults, 5 children
	Sanniquellie Mahn: 18 adults, 4 children
beneficiaries from Grand Gedeh	Cavala:5 adults
	Tchien: 6 adults, 1 child
beneficiaries from River Gee County	Putopo: 7 adults, 2 children
beneficiaries from Maryland County-Harper	10 adults, 3 children

Documents Reviewed:

- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Lorpu Vankpanah, MHC, RN, Margibi County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Tetee Seplah, MHC, RN, Margibi County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Dakamue Kollie, MHC, RN, Bong County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Garmai Cyrus, MHC, RN, Bong County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Kou E. Yeleboe, MHC, RN, Nimba County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Korzu Flomo, MHC, RN, Grand Gedeh County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Margaret Ballah, MHC, RN, Grand Gedeh County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Clarina Gbowee, MHC, RN, River Gee County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Barbara M. Kennedy, MHC, RN, River Gee County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Hokie W. Jackson, MHC, RN, River Gee County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Carl P. Dickson, MHC, RN, Maryland County
- Monthly reports, Reporting Period, May, June, July, August, September, 2015-Joyce N. Hallowanger, MHC, RN, Maryland County
- AIFO's EVD Psychosocial Project Proposal
- Orientation to IASC Guidelines on Mental Health & Psychosocial Support in Emergency Settings
- MHPSS in Liberia-April, 2014.

- AIFO's CBR Project Strategy document

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