



# COMFORT FOR KIDS IN THE TIME OF EBOLA

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MENTAL HEALTH  
LIBERIA





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# ACRO NYMS

<b>CHC</b>	Community Health Committees
<b>C4K</b>	Comfort for Kids
<b>DHC</b>	District Health Committee
<b>DSM-5</b>	Diagnostic and Statistical Manual of Mental Disorders 5th ed.
<b>EERTF</b>	Ebola Recovery and Restoration Trust Fund
<b>EVD</b>	Ebola Virus Disease
<b>GOL</b>	Government of Liberia
<b>HQ</b>	Headquarters
<b>MC</b>	Mercy Corps
<b>MCHT</b>	Montserrado County Health Team
<b>MGCSP</b>	Ministry of Gender, Children and Social Protection
<b>MIA</b>	Ministry of Internal Affairs
<b>MOE</b>	Ministry of Education
<b>MOH</b>	Ministry of Health and Social Welfare
<b>MOU</b>	Memorandum of Understanding
<b>M&amp;E</b>	Monitoring and Evaluation
<b>PDO</b>	Project Development Objective
<b>PTSS</b>	Post-Traumatic Stress Syndrome
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>SDQ</b>	Strengths and Difficulties Questionnaire
<b>UASC</b>	Unaccompanied and Separated Children
<b>USAID</b>	United States Agency for International Development
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization
<b>YTF</b>	Youth Transformation Framework

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# EXECUTIVE SUMMARY

The 2014-15 outbreak of Ebola Virus Disease (EVD) in Liberia resulted in over 10,000 cases and 5,000 deaths. Recognizing the importance of addressing children's trauma, the Ebola Recovery and Restoration Trust Fund (EERTF) funded the implementation of a Comfort for Kids (C4K) program. Developed by Mercy Corps, an international non-governmental organization, the C4K program encourages psychological healing, and promotes resilience in children who have experienced a crisis or disaster.

The C4K program in Liberia was implemented between January 2015 and December 2016 in 15 townships in Montserrado County through a collaboration between Mercy Corps Liberia, the World Bank's Liberian Health Task Team, and the Government of Liberia. Approximately 10,000 children between the ages of six and 13 in 94 schools received "My Ebola Story" workbooks and participated in associated classroom activities, which were facilitated by 753 C4K-trained teachers. The workbooks were adapted to the Liberian context by local illustrators, who worked with C4K staff to ensure that they were age- and content-appropriate.

Following the introduction of the C4K program, teachers reported positive changes in their students' behavior and mood. Students, they said, were more engaged and less despondent in class. Several teachers mentioned that the C4K program had prompted them to learn more about how to help children process their trauma. Also, to strengthen family bonds, and thereby increase children's sense of security, teachers encouraged their students to share the workbooks with their parents. Program staff trained 612 parents on how to detect and respond to their children's trauma reactions, and built the capacity of 280 health providers and 150 local leaders to further support the children's recovery at the community level. Finally, in the course of program implementation, C4K staff developed a psychoeducation intervention targeted to 1,086 high-risk children and their families, and established a referral pathway to a Médecins Sans Frontières (MSF) clinic for children in need of more intensive mental health services.



Time constraints did not allow for a randomized evaluation of the C4K program. However, pre- and post-test evaluation results show that the C4K program was successful in improving the psychosocial health and well-being of Ebola-affected children and in increasing community support for them. Prior to receiving the C4K workbook and participating in the associated activities, only 37 percent of children showed acceptable levels of psychosocial wellbeing; after participation, nearly 92 percent did.

Stigma and fear caused many adults to distance themselves from Ebola-affected children. Following their participation in C4K trainings, however, approximately 64 percent of adults were willing to support the children, up from 42 percent at baseline. Their behavior towards Ebola-affected children similarly improved. At baseline, 32 percent of adult participants reported that they treated Ebola-affected children with patience and understanding; after participation, 86 percent did.

Representatives from the Ministries of Health and Education (MOH and MOE), health providers, school principals, community and religious leaders, and members of parent-teacher associations have expressed overwhelming support for the program and a desire for its countrywide scale-up. While direct program expansion is severely constrained by a lack of resources, C4K staff and other development partners are now working with the MOH's mental health division and the MOE's teacher training, early childhood education, and psychosocial divisions to develop school-based mental health programs.





# INTRO DUCTION

## A Project Context

Ebola Virus Disease (EVD) reached Liberia in March 2014, after its emergence in Guinea in late December 2013. By August 2015, there had been 10,672 suspected, probable or confirmed cases of EVD in Liberia and 4,808 deaths.<sup>1</sup>

<sup>1</sup> U.S. Centers for Disease Control & Prevention, "Ebola (Ebola Virus Disease), Previous Case Counts," available at <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/previous-case-counts.html>.

The Ebola epidemic of 2014-15 had a devastating impact on children in Liberia. According to government statistics, 4,345 children (2,271 girls and 2,074 boys) were affected directly by EVD, either because they were personally quarantined and/or treated for infection or because a member of their immediate family had been caught up in the epidemic or the public health response. By April 2015 the Liberian Ministry of Health and Social Welfare (MOHSW) had registered a total of 3,091 children as having lost one or both parents/primary caregivers to EVD (847 lost both parents and 2,244 lost one parent).<sup>2</sup> This does not include the children who lost neighbors, teachers, or friends to EVD, or whose neighborhoods were placed under quarantine.

<sup>2</sup> UNICEF, "Liberia Ebola Outbreak Weekly Situation Report #81," 15 April 2015, available at <http://reliefweb.int/report/liberia/liberia-ebola-situation-report-no-81-15-april-2015>.

For many Liberian children, the crisis of Ebola continues to this day, in the form of intrusive memories about illness, isolation, and death. This post-traumatic impact is particularly acute for children who were quarantined, separated from family during treatment, orphaned or otherwise directly affected by the epidemic. But even for those children who did not have these experiences, the very public scenes of suffering and death had a profound impact on their mental health and well-being.

Protective factors, such as a nurturing family life, dependable relationships, school attendance, and a stable political environment, can mitigate the negative psychological effects of a crisis, like Ebola. During the crisis, many of these protective factors were destroyed, leaving children vulnerable to experiencing further trauma. Left unaddressed, trauma can hinder children's academic achievement, and can increase their risk of compromised mental health later in life. Both of these consequences are known risk factors for poverty.

## B Project Rationale

The Comfort for Kids (C4K) program in Liberia was established with a small grant to the World Bank's Liberian Health Task Team from the Ebola Recovery and Restoration Trust Fund (EERTF). The C4K program encourages psychological healing, and promotes resilience in children who have experienced a crisis or disaster. It was developed in the wake of September 11, 2001 by Mercy Corps (MC), an international non-governmental organization, and has since been implemented following natural disasters in Haiti, China, and Japan; and in post-conflict and refugee settings in Gaza, Jordan, and Lebanon. Over 10,000 professionals, paraprofessionals and parents in these locations have received C4K training.

C4K primarily centers on the "My Story" workbook and associated classroom activities, which provide children with the opportunity to express their emotions about their experiences through drawing, writing, and facilitated discussion. C4K also provides capacity building for parents, teachers, and other caretakers on how to identify and more effectively respond to children's trauma responses and to support their recovery.

C4K is a low-risk intervention which is implemented in conjunction with referral pathways to more intensive mental health support in the event of severe mental or emotional distress. The successful implementation of this program has been a contributing factor in increasing the resilience, psychosocial health and well-being of EVD-affected children aged 6-13, in project target areas.

## C Project Objectives

The Project Development Objective (PDO) for the C4K program in Liberia was to "increase resiliency, psychosocial health and well-being in children aged 6-13 affected by EVD in Montserrado County, Liberia by building local capacity to support children."

The PDO was to be achieved through:

- A** The increased knowledge and ability of over 750 teachers, more than 250 health care professionals and para-professionals, and over 750 parents, caregivers and key community stakeholders to respond more effectively to the needs of children affected by EVD through C4K training;

- B** The increased understanding in participating communities of how children and adults are affected by EVD and other crises through dissemination of key messages and educational materials to improve overall community support of EVD affected children.

## 2 Key Performance Indicators (KPIs)

Progress towards the achievement of the PDO was measured through the following outcome (PDO-level) indicators:

- A Improvement in the psychosocial wellbeing of participating children.** This indicator represents the percentage of children showing confidence and expressing secure feelings and adaptation to their environment before and after participating in C4K activities. The data were measured from the children's checklist tool that focused on two main questions: (a) what kinds of problems do children have because of Ebola and (b) why do you think some children have problems while others don't? The children were encouraged to be as clear and specific as possible.
- B Improvement in adult behavior and attitudes towards EVD-affected children.** We measured the percentage of adults in the communities showing improved behaviors and attitudes in acceptance of EVD affected children. Data were collected using an evaluation tool/questionnaire before trainings with teachers, parents, community leaders and after the trainings to gauge whether there was attitude change because of the trainings.
- C Post-traumatic stress disorder (PTSD) among project beneficiaries.** This outcome level indicator measured the percentage of parents, children and community members showing signs and symptoms of PTSD before and after the training. Since our staff members are not licensed mental health professionals, we did not intend to identify or confirm cases of PTSD, which is a specific clinical diagnosis. The program intended to identify possible cases for referral to our mental health partners for evaluation and care. For this indicator, the program used the Hopkins Symptom Checklist – 25(HSCL) and the Harvard trauma questionnaire.

**D Levels of community willingness to support affected children.** Percentage of community members willing to help and support Ebola affected children after the training. This indicator measured percentage of adults showing the will to help and support children affected with EVD. The data was collected at the baseline and measured against the endline data through the baseline questionnaire and endline questionnaire.

**E Direct project beneficiaries (% female).** This indicator measured the number of direct project beneficiaries enrolled in the project and the proportion of females. Data were collected from program records of the schools registered, children working with the workbooks, parents, teachers and community members engaged in the trainings.

## D General Beneficiaries

C4K Liberia targeted five key populations in Montserrado County: (a) children, (b) teachers, (c) health care and social welfare professionals, (d) parents/caregivers and (e) key community stakeholders.

Following are the selection criteria for participants including each of the five populations targeted by C4K Liberia and the characteristics of each population:

### A Children (n=10,000)

3,500 children, aged 6-9, were to be registered and given the opportunity to participate in C4K workbook activities. (The individuals leading such centers were included in the training populations, below.)

6,500 children, aged 10-13, were to be registered and given the opportunity to participate in C4K workbook activities. Many children in Liberia start school at a late age when compared to other countries with the average age of a first grader being ten years old. Consequently, this group is comprised of primary school classes.

**Selection process.** During the first quarter of program implementation, C4K staff made contact with the Ministry of Internal Affairs (MIA). Through this point of entry they were able to coordinate with the Superintendent for Montserrado County, who oversees the mayors in all the cities of the

county. The mayors, in turn, helped identify key community stakeholders and local representatives at the city level, who then were able to help us ascertain the schools and individuals most in need of the program. Representatives of the Ministry of Education, including school principals, were involved in the selection of teachers and students to participate in C4K activities

### B Teachers (n=750)

It was envisaged that Teachers would receive basic C4K training on how to use the workbook with children. Since class size is officially set at 40 children, our assumption was that a minimum of 250 trained teachers would be needed to reach 10,000 children. If time and financial capacity allowed, an additional 500 teachers would be trained to increase the general competency and awareness of education professionals in identifying and supporting traumatized children.

**Selection process:** Please see previous section.

### C Health Care and Social Welfare Professionals (n=250)

The C4K Liberia program trained healthcare and social welfare professionals to support EVD affected children.

**Selection process:** The Montserrado County Health Team (MCHT) is overseen by the District Health Committee (DHC). Each DHC has a certain number of Community Health Committees (CHC) with access to health facilities. Participants in the C4K program for Ebola were strategically identified from these different groups to ensure broad reach of the program messaging. The health care and social welfare professionals received basic C4K training.

### D Key Community Stakeholders (n=150)

These individuals are those to whom community members turn for advice, guidance and support. The demographic of this group varies between different settings, but they included religious leaders, midwives, local women, and elders.

**Selection process:** Key stakeholders were identified through discussions with partners – the Ministry of Internal Affairs, which connected the team to local area leadership (mayors, commissioners and local chiefs). These stakeholders assisted in the selection of community leaders, and the Ministry

of Health also provided key contact information for their community health structure's leadership. This group of shareholders also participated in the basic C4K trainings.

### E Parents and Caregivers (n=600)

A major component of the C4K program was to improve the support system available for children affected by EVD.

Selection process: Parents and caregivers were identified in consultation with community stakeholders and had to be caretakers of children affected by EVD.

## E Project Design

### 1 Background

Young children are highly vulnerable to attachment disorders and other developmental issues relevant to crisis and disaster. Children tend to recover more slowly than adults, and require a stable environment over a sustained period to minimize disruption of their healthy development. To that end, MC developed its post-crisis psychosocial intervention program for children, "Comfort for Kids," which was first utilized in the aftermath of 9/11 in New York, and has since helped children recover from traumatic events in Libya, Japan, Haiti, Gaza, Peru, Chile, and Indonesia, China and now, post-Ebola Liberia.

The Comfort for Kids (C4K) approach specifically promotes the healing and resiliency of children and youth in the aftermath of crisis or disaster, primarily through the use of the Comfort for Kids workbook and associated classroom activities which are meant to provide a safe space for children to express emotions and thoughts about their experiences. The program also provides training to local professionals, paraprofessionals, parents, community leaders, teens and others with child caretaker responsibilities, to understand and respond more effectively to normal and abnormal reactions to trauma by age group. C4K accelerates children's and families' recovery by teaching caretakers how to provide comfort and security to trauma affected children of all ages. When children are helped to deal effectively with their trauma, they are less likely to require scarce mental health support, more likely to return to educational activities, and less likely to suffer long-term psychological effects.

Evaluations have shown that as a result of using the C4K workbook, children are more focused, calmer and more likely to tell their parents and teachers what they are feeling, as opposed to suppressing their feelings. The program lends itself to incorporation of supplemental activities and additional modules if additional funding is secured. Additionally, C4K training, and children's use of C4K workbooks and activities, have demonstrated improvements in the understanding of children's needs by adults and concurrent improvements in children's sense of wellbeing. Research using the National Child Traumatic Stress Network Custom Screening Tool was undertaken to determine the prevalence of PTSS among the children of a middle school in post-Katrina New Orleans and to evaluate the effect of a guided-workbook intervention. Pre- and post-tests used with a sampling of 6th to 8th graders that demonstrated post-traumatic symptom level scores declining by 18.75% compared with pre-assessment scores (median of 32 to 26), ( $p=.0001$ )<sup>3</sup> to the present. Evaluation tools have not been standardized across different disaster response situations, but there is consistent evidence of overall improvements in children's sense of wellbeing, increased ability to focus and concentrate associated with this program.

3. Helping Children Heal Project: A School Based Mental Health Recovery Effort, Tulane University School of Medicine. Department of Psychiatry and Neurology, New Orleans LA, USA, 2006.

MC designed the Comfort for Kids – Liberia program around the same key activities implemented in previous programs. The major components of the program were, first, implementation of workbook activities for 10,000 targeted Liberian children and, second, training for teachers, parents and caregivers, social workers and healthcare professionals, and other community leaders. Program materials utilized in previous iterations of the C4K program were tailored to the Liberian context. These included the *C4K Training Facilitator's Guide*, the *Guide for Teachers*, the *Top Ten Tips Pamphlet*, the *Pamphlet for Professionals* and the *Children's Workbook*.

A pilot of the workbook activities was carried out early in the program implementation to test and adjust training materials and workbooks. Subsequently, the program was rolled out to all program participants, and following the completion of the workbook activities and C4K trainings, supplementary activities focused on creating safe spaces for out of school children where they could access mentoring and other support services and activities to increase parent participation in PTAs were carried out.



## 2 Implementing Agencies

The following actors were involved in implementing the C4K Liberia program:

**The World Bank (WB).** The World Bank Liberian Health Task Team played a number of roles within the program. First, it approved annual work plans, reports and the PIM prepared by MC. Second, it disbursed funds related to the approved reporting and disbursement plans. Finally, it supervised the activities of the MC field team in Liberia through the project team progress and Quarterly reports prepared by MC, as well as conducting periodic on-site visits.

**Mercy Corps (MC).** The MC-C4K team executed the program workplan with the help of the country program support teams. The primary program activities included:

- 1 Adaptation and production of two C4K workbooks (one for 6–9 year olds, a second for 10–13 year olds) and development of program training material.
- 2 Engagement of the Ministries of Health and Education in program goals and execution
- 3 Selection of participants in the 5 beneficiary groups
- 4 Administration of baseline surveys
- 5 Conduct pilot training and adapt model and materials as needed
- 6 Training of teachers, health workers, parents and caregivers
- 7 Support of teachers and caregivers in delivery of C4K curriculum in classrooms
- 8 Administration and analysis of endline surveys
- 9 Execution of supplementary support activities
- 10 Monitoring and evaluation activities through program lifecycle

Government ministries. MC established a working partnership with two government ministries: The Ministry of Education (MOE) and the Ministry of Health (MOH). Project staff also collaborated with the Ministry of Internal Affairs for initial community entry.

The Teacher Training Division of the MOE helped the C4K team to identify and enroll 750 teachers able to incorporate C4K into their workloads. The MOE's Early Childhood Education Department and the Psycho-Social Division provided monitoring to the program by meeting monthly to review progress. The MOE was instrumental in providing support and time to work with their teachers in the program.

In Liberia, the MOE is charged with providing quality education for all and preparing future leaders who are capable of handling the task of nation building, protecting our national heritage and enhancing the socio-economic growth and development for the sustenance of the Liberian state. Its Department of Instruction (DoI) charter includes responsibility to develop and implement programs for Early Childhood Education, to develop and implement programs for Basic and senior Secondary Education and to develop and implement programs for Teachers Training Education. The MOE is therefore an ideal collaborating agency, ensuring that C4K training and activities are priorities for teachers. Without MOE's support it would have been difficult for the targeted 750 teachers to incorporate C4K into their workloads, regardless of its value and/or their interest.

The MOH is responsible for administering governmental activities pertaining to the protection and improvement of public health and social welfare. Because the C4K program aligned with its mandate and responsibilities, MOH provided support throughout the program, including guidance in identifying and enlisting 250 health and social welfare professionals and other para-professionals for participation in the program. These care providers are often sought out by parents and/or communities to assist with issues with children. Training representatives from this strategic population helped disseminate the key program messages to affected families and with trauma-affected children who participated in the program.

Community Leaders, Parents, Caregivers. The C4K program trained parents, caregivers, community leaders, and teachers to identify abnormal behaviors and direct potential cases to clinical mental health services. Monthly meetings with the mental health division in MOH facilitated monitoring and evaluation of the program.

### 3 Revisions & Modifications

Overall, the program was implemented as laid out in the approved proposal. However, the C4K team faced a number of challenges during program implementation that required adjustment and revision of original implementation plans. The challenges are described in more detail in the next section (Key Factors Affecting Implementation and Outcomes). Here, we summarize the changes made.

#### A Implementation of follow-up activities to address weaknesses in protection system and meet the needs of out-of-school children.

One major modification the program was the implementation of supplementary activities from July of 2016 until the end of November 2016. These activities were proposed to the World Bank in the summer of 2016 following the completion of the main program activities by the end of the 2015/2016 school year. During the implementation of the workbook activities and training of teachers, professionals, parents and caregivers and other community members, it became evident to the C4K team that our activities were only reaching a subset of the children impacted by the Ebola epidemic. Many children in Liberia do not attend school or are unable to attend regularly, but still have a need for protection and mental health services. In addition, while our trainings on supporting EVD-affected children increased caretakers' knowledge about how to support children, their involvement in structures such as PTAs was low. MC's supplementary activities addressed these challenges by implementing "safe space" programming for out of school children where they could access mentoring and training on life skills and discuss ongoing life challenges with peers. We also worked with families and in-school children to provide supplementary training on coping strategies, increase parent involvement in PTAs, and refer at-risk children to psycho-social support services.

#### B Adjustments to workbook activities

The C4K team made a number of small adjustments to the main workbook activities. These included: 1) Instituting regular "check-in" meetings with teachers and principals from the schools we worked in to provide ongoing support as they implemented activities, following feedback from some of our site visits that not all teachers had fully understood

and applied the training received on C4K workbook implementation and utilization of the M&E tools; 2) As some teachers fell behind in the implementation of workbook activities, the team discussed with school authorities allowing students and teachers more time to complete the activities before closing the schools/ or creating extra classes to complete implementation every single day. This allowed some of the schools to make progress on the workbook implementation that they may not have otherwise made. Also, as some teachers were dropped from the payroll near the end of the school year by the MOE. We came to an agreement with some of the remaining teachers to take on large number of students for workbook activities in the final months.

#### C Certificate Ceremony

Some teachers requested compensation for their participation in the program and their work implementing workbook activities. MC addressed this issue by holding a "certificate ceremony" for teachers and other contributors, which acknowledged the contribution of these actors.

#### D Referral system

The limited availability of psychosocial and mental health services in Liberia was an ongoing issue for the program, and it significantly impacted C4K Liberia's ability to recruit staff during program startup and establish a robust referral system throughout program implementation. The program addressed this issue by attending Mental Health/ Psychosocial Cluster meetings to network with other actors in the field throughout the program. As a result, the program coordinated successfully with the MSF hospital to institute a referral system for mental health support for severe cases. We also worked in collaboration with other INGOs to institute on-site trainings and supervision for the mental health clinician and a referral system in one facility, Redemption Hospital, in New Kru town.

#### E Addition of Supplemental Activities

The C4K program substantially met its workplan goals by early Fall 2016. The program had been operating consistently at or under-budget, resulting in available funds to continue operations through December 2016. Consequently, the program proposed a series of supplemental activities to be executed in October and

November 2016 that would strengthen the work done to date, and extend the grant's goals of providing psycho-social support to more children and communities effected by EVD. This no-cost extension of activities was approved by World Bank, and the activities were executed in October and November 2016, culminating with a Lessons Learned Workshop on December 9, 2016. Details of the supplemental activities can be found in the annex to this report.



# KEY FACTORS

AFFECTING IMPLEMENTATION  
AND OUTCOMES

A number of factors affected the implementation of the C4K program both positively and negatively. Here, we discuss each of these factors, which were related both to challenges encountered and to some approaches of the program that turned out to be particularly effective.

× **Procurement of workbooks abroad.**

One difficulty encountered by the C4K program in Liberia was the acquisition of the workbooks. A tender was made for printing of the workbooks by local Liberian and international printing companies. The results of the tender demonstrated that local resources were either prohibitively expensive, or not of acceptable quality. Consequently, the books were printed in Ghana and shipped to Liberia for distribution. It took the MC team more than one month to clear the workbooks at the border which caused implementation delays for the program.

× **Challenges related to school administration.**

Several practical hurdles were encountered during program implementation that related to school administration. Many of these issues were out of our control and we were unable to address them all. For example, a common challenge for teachers in Liberia is late salary payments, which can be de-motivating. In addition, as mentioned above the MOE dropped some teachers from the payroll near the end of the school year, for reasons which were not communicated to the team or (to our knowledge) to the schools., It may have been related to the budget or to issues with teacher certification.

As suggested above, the C4K team did everything that was possible to work within these constraints. The certificates of appreciation were developed as an attempt to restore the morale of teachers, which was undermined by the erratic payment of salary and the fact that the C4K program did not compensate teachers for their work. Certificates were presented as part of a ceremony to celebrate the work of teachers and other adults involved in program implementation. When the MOE dropped some teachers from the payroll, the team came to an agreement with the available teachers to continue the activities with a larger number of students to complete the implementation of the activities.



× **Children dropping out of school.**

The team observed by monitoring the attendance sheet that almost 1 out of 4 of the children registered in the workbook activities were dropping out of school in the third quarter. When the team investigated, they found that one of the causes seemed to be a lack of interest from parents in school activities. Children dropped out of school and missed sessions because of market days and the need to help their families in the market or during the crop season. To mitigate this problem, the team asked the schools to form a Parent- Teacher Association (PTA). The team also invited the school principals to organize more frequent meetings with the parents and to invite the team to talk to them about the importance of educating their children. With our extended C4K activities, we worked further with PTAs and with out-of-school children to address the needs of children who are no longer in school.

× **Effectiveness of field visits.**

Another strong part of the program, which enhanced the program quality, was the field visit. The team really did a job on this, developing a roadmap and a template report to document everything they did in the field. They documented every issue and they developed a model for the supervision. Moving forward, other MC programs within Liberia and outside, including future C4K programs, could benefit from the model developed by the C4K team for monitoring local implementation partners. The regular group meetings with school representatives during the workbook implementation served to reinforce the messages communicated by the C4K team about proper implementation during field visits. These group meetings were key to the program's success.

# OUTCOMES

The C4K project development objective was to “increase resiliency, psychosocial health and well-being in children aged 6-13 affected by EVD in Montserrado County, Liberia by building local capacity to support children.” Overall, the C4K program accomplished the program development objectives, surpassing the number of beneficiaries targeted and training a range of caregivers and stakeholders to improve their support to children affected by the Ebola epidemic. In implementing the workbook activities, training of teachers, caretakers, professionals and community members, and carrying out supplementary activities, the C4K program successfully supported this objective. Details on the program outcomes are included below, listed by outcome indicator. Our results framework also provides details on program outcomes by indicator.

## **A** Outcome 1: Improvement in psychosocial wellbeing of participating children

- ✘ Improvement in psychosocial well-being of participating children: 91.78% at endline, an increase over 37% at baseline. (outcome indicator)
- ✘ Children registered in and participating in C4K workbook activities: 10,597, 106% of target (output indicator)
- ✘ Perception of workbook value by children: 96% satisfaction at endline (output indicator)
- ✘ Supervision support of teachers using workbooks: 287 site visits have been conducted to ensure the proper monitoring and implementation of the workbooks, which represents 287% of the target (output indicator)

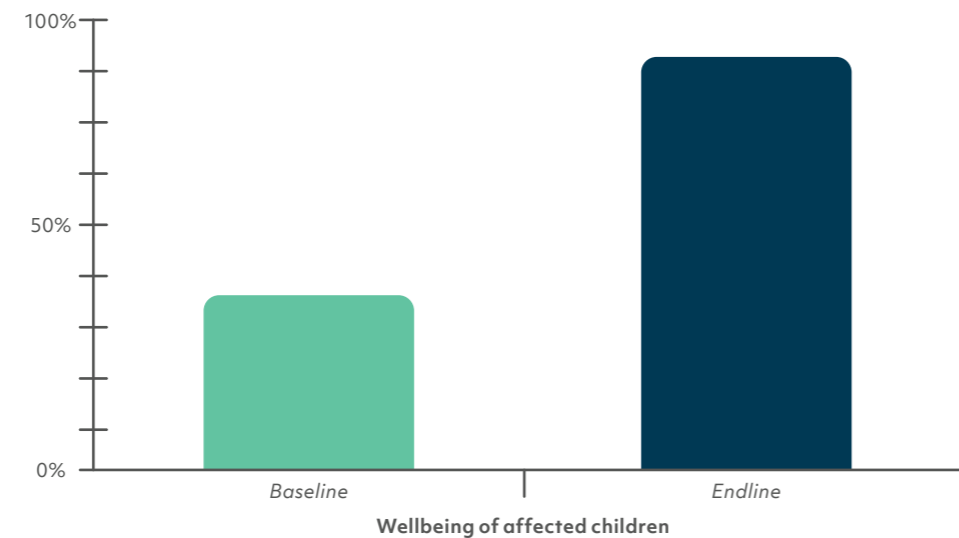
## Discussion

To improve the psychosocial well-being of the children, the program implemented the workbook activities in schools and also trained teachers, community members, and caretakers on how to respond to children’s needs. During the first few months of program implementation, teachers were trained on how to support children affected by EVD and on how to implement the workbook activities. Workbook activities with children primarily took place from January of 2015 until June of 2016. MC carried out

regular site visits to support teachers implementing activities, and conducted periodic review meetings with teachers and principals as well, increasing support for these actors as needed.

To measure change in the psychosocial well-being of children participating in the program, MC used an overall outcome indicator that tracked the percentage of children showing confidence and expressing secure feelings and adaptation in their environment after the trainings of teachers and caregivers and participation in workbook activities. Baseline data showed that 37% of children tested with the Children Checklist received a composite score indicating an acceptable level of psychosocial well-being. At the time of the endline, this number had increased to 91.78%. This is a 54.78% improvement over the course of the program.

Figure 1: Change in children’s overall perception of well-being as measured by the children’s checklist



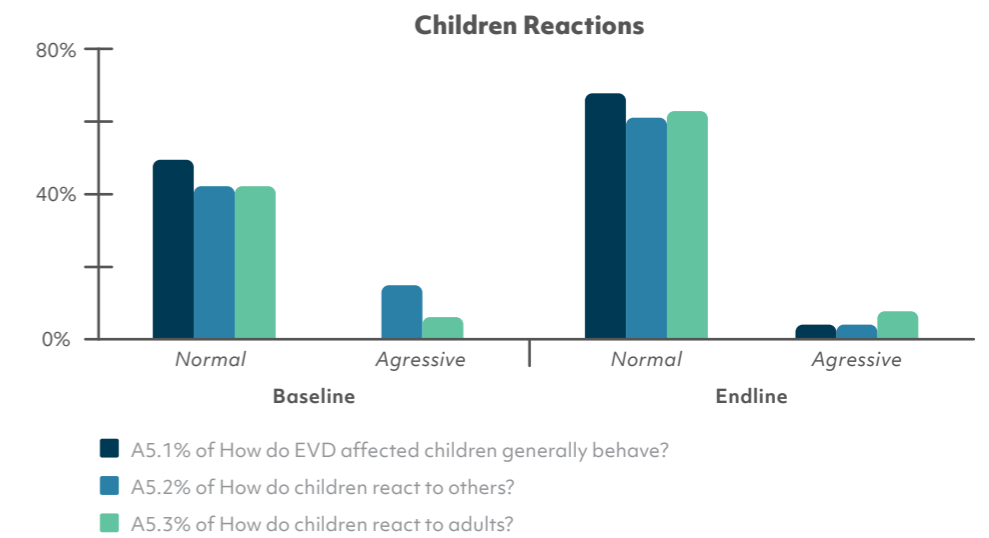
The children participating in the program were able to clearly express their feelings of their current situations based on their experiences with EVD and other situations. The program surpassed its goal of reaching 10,000 children with workbook activities, reaching 10,597 children. An overwhelming 96% of children surveyed through the children’s workbook feedback form following completion of workbook activities reported satisfaction with the activities. In our view the design and contextualization of the book into Liberian context was a huge factor in the children showing positive outcomes under this indicator. This included use of

drawings and pictures that resonate well with the average young Liberian child and language that they could easily understand, which was incorporated into the books during program startup.

In addition to tracking our outcome and output indicators, MC carried out a comprehensive endline evaluation at the conclusion of the workbook activities that surveyed a sample of 200 adults and compared their responses to a range of questions on the well-being of children, community stigma against EVD survivors and the ability of adults to address the needs of children. The endline responses were compared and contrasted to responses from a sample of 220 adults at the baseline and 200 at the midline.

The responses to three of these questions concerning children’s behavior are shown below, and indicate an increased number of children showing normal behavior at endline as compared to baseline.

Figure 2: Children’s behavior and reactions





## B Outcome 2: Improvement in adult behavior and attitudes toward EVD affected children

- × **Improvement in adult behavior and attitudes towards EVD affected children:** 63.4% willing to support EVD affected children at endline, an increase over 42% at baseline. (outcome indicator)
- × **Parents and caregivers receiving training:** 612 parents received training on how to support children affected by EVD, which represents 102% of the target (output indicator)
- × **Teachers receiving training:** 753 teachers participated in C4K trainings on how to use the workbook and how to support children affected by EVD, which represents 100.4% of the target (output indicator)
- × **Health personnel receiving training:** 280 health and social workers have received training since the beginning of the program, representing 100.4% of the target (output indicator)
- × **C4K basic training provided:** 85 C4K basic trainings covering how to provide support to children affected by EVD and, for teachers, how to implement workbook activities, were carried out over the course of the program, which represents 94% of the target (output indicator)

### Discussion

To support children's psychosocial recovery, the program sought to train a range of actors in the basic C4K curriculum, developed and tailored to the Liberian context. The C4K training included information on how to identify children experiencing difficulties, the types of reactions that are typical in post-disaster situations, and practical advice for actions to take to address these issues. Parents, teachers and health personnel received this training in the first few months of program implementation, primarily during the period from October of 2015 through early 2016. A few health professionals were trained later, until April of 2016. In the implementation of the C4K program, 612 parents and caregivers, 280 healthcare professionals and 753 teachers received training on ways to support children affected by Ebola. Overall, the number of people trained surpassed the targets, although the number of trainings (85) was somewhat lower than the 90 targeted.

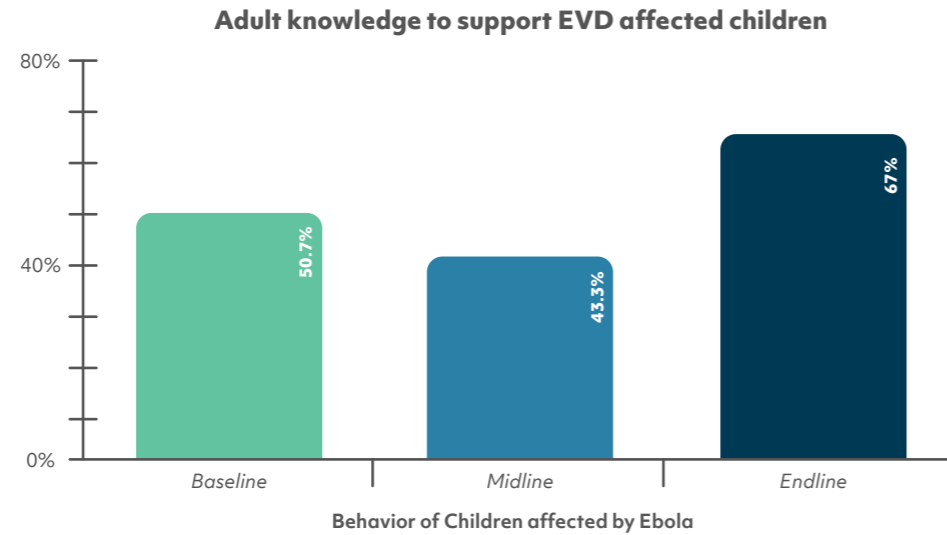
At baseline, midline and endline, MC collected data on adult behavior towards EVD-affected children, including their knowledge about and willingness to support EVD-affected children, and their adoption of supportive behavior toward these children, as discussed during trainings. Based on net measurements across indicators, the team observed a positive trend in adults' willingness to support EVD-affected children over the course of program implementation, which was our primary outcome indicator. At the time of the baseline, the team registered 25% of respondents expressing willingness to support EVD affected children, in the midline 44% and 67% in the endline. At baseline, 32 percent of adult participants reported that they treated Ebola-affected children with patience and understanding; after participation, 86 percent did.

The C4K evaluations (impact surveys, pre-and post-training) tracked the impact of training by asking adults about the ways in which they support children. Adults' knowledge of support measures described during C4K trainings was calculated as an average score which tracked the progression of participants' knowledge and ability to support EVD affected children. At baseline, this composite score measured 50.7%, and it had risen to 67% by the endline.

These results indicate that respondents to the KAP surveys could identify more ways of supporting children (such as being nice to children, talking to them to learn about their problems, expressing support, giving them food or taking them to the doctor) at the endline than at the baseline. This indicator was monitored using the post-training evaluations and the baseline study, which included questions related to adults' attitudes towards both children and adults. We re-interviewed the participants during the midline and endline. Comparison between the two results helped understand if their attitudes and behaviors have improved.

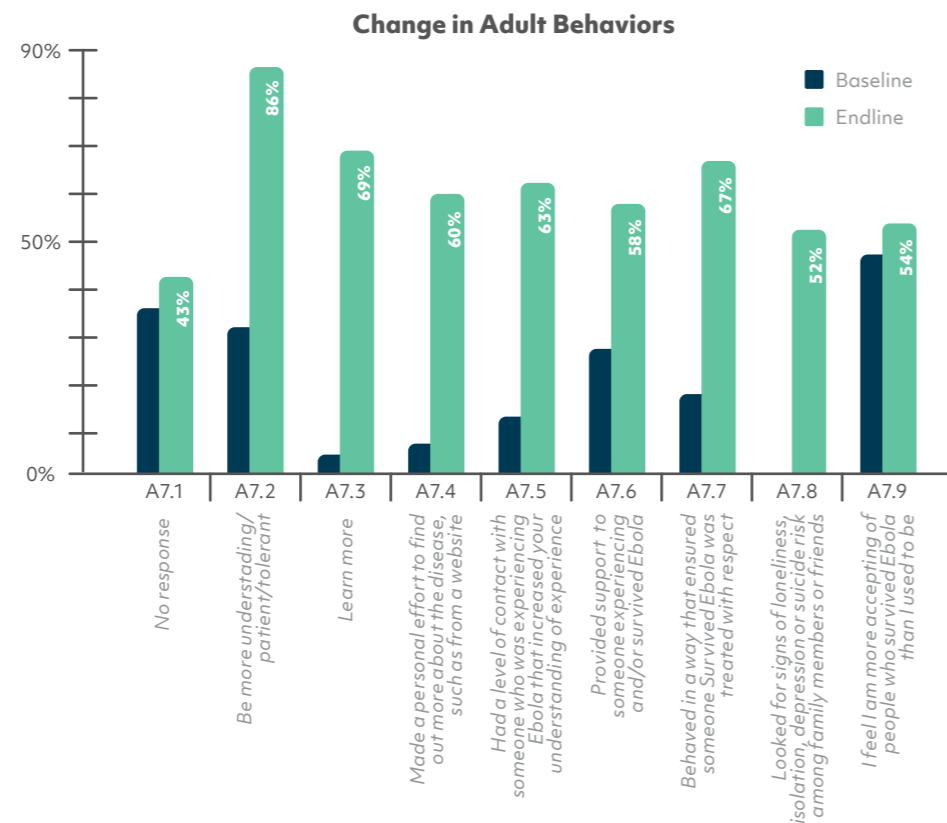


Figure 3: Adult knowledge to support EVD-affected children



Finally, MC also tracked adults' application of a range of intervention actions for supporting EVD-affected children. From baseline to endline, we found that adults were more willing to apply the support measures covered in C4K trainings for children in need. The program tracked a marked improvement in the likelihood that adults would adopt supportive behaviors they had learned.

Figure 4: Change in adult behaviors from baseline to endline to support EVD-affected children



**C Outcome 3: Decrease in post-traumatic stress disorder (PTSD) among project beneficiaries.**

- ✗ **Decrease in PTSD among project beneficiaries:** 1.4% of project beneficiaries tested were found to have possible PTSD at endline, in contrast to 1.7% at baseline (outcome indicator)
- ✗ **Completed referrals from C4K partners to referral network:** 821 children have been referred to the MSF hospital at Gardnersville, which represents 164.2% of the target (output indicator)

Discussion

The C4K program sought to improve children's well-being and the support provided to them by adults through the trainings and activities discussed in earlier sections. While implementing the "My Ebola Story" workbook and activities, teachers noticed that certain students were at high-risk for developing behavioral and emotional problems. C4K staff subsequently implemented a psychoeducation intervention targeted to 1,086 high-risk children and their families, and established a referral pathway to an MSF clinic for children in need of more intensive mental health services. Over the course of the program, 821 children were referred to the MSF hospital.

Time constraints did not allow for a randomized evaluation of the C4K program. However, pre- and post-test evaluation results show that the C4K program was successful in improving the psychosocial health and well-being of Ebola-affected children and in increasing community support for them. Prior to receiving the C4K workbook and participating in the associated activities, only 37 percent of children showed acceptable levels of psychosocial wellbeing; after participation, nearly 92 percent did.

Participating children were tested for signs of PTSD at the baseline and at endline. The C4K team, specifically the clinical team, used the Hopkins Symptom Checklist – 25(HSCL) and The Harvard Trauma Questionnaire (HTQ) to gather data on PTSD signs and symptoms. The team found that 1.7% of beneficiaries tested had a baseline score that indicated a possible PTSD. At the end of the program we revisited the group and found out that the number has been reduced to 1.4% with a higher number of screened/ tested populations. This decrease is not significant enough to draw conclusions about the program's impact on the rate of PTSD.

#### D Outcome 4: Level of community willingness to support affected children.

- ✘ Level of community willingness to support affected children: 65% surveyed at the endline indicated willingness to support EVD affected children, an increase from 25% at baseline (outcome indicator).
- ✘ Community stakeholders receiving training: 216 community leaders have received the trainings since the inception of the program, which represents 144% of the target (output indicator)
- ✘ Dissemination of pamphlets to parents and health providers: 9,153 pamphlets have been disseminated through the C4K program to generate awareness and interest in the program, which represents 107.7% of the target (output indicator)

#### Discussion

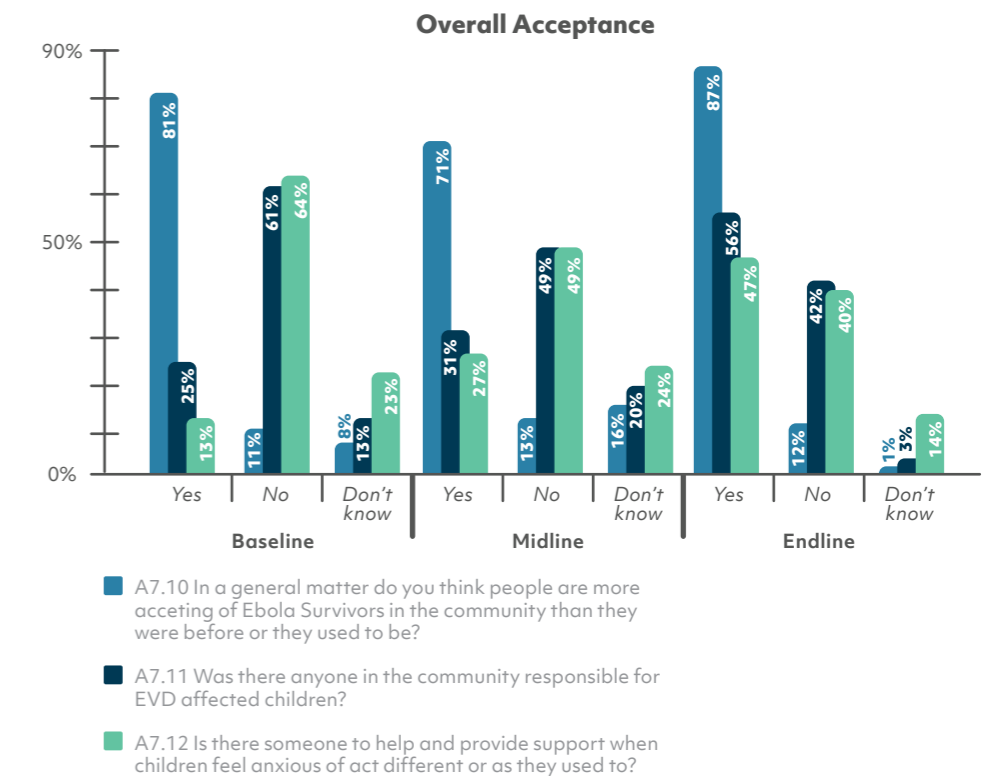
Stigma and fear caused many adults to distance themselves from Ebola-affected children. The C4K program therefore implemented a number of interventions aimed at increasing overall community willingness to support EVD-affected children. These included the trainings of teachers, health professionals, and caregivers discussed under outcome 2. Key community stakeholders including volunteers and teachers from the West African Ebola Survivors and Affected Organization (WAESAEO) and other community leaders who were identified with the help of partners also received this training. To support these efforts, MC also distributed pamphlets to caregivers, community leaders, teachers and health professionals detailing ways to support children affected by EVD. These include the Top Ten Tips pamphlet and the Pamphlet for Professionals. Both of these documents were borrowed from previous C4K interventions and updated for the Liberian context. The C4K program disseminated 9,153 pamphlets.

Over the course of program implementation, the percentage of community members expressing willingness to accept and support Ebola-affected children was tracked to record an overall improvement in willingness to support EVD-affected children. At the time of the baseline, the team registered 25% of respondents expressing willingness to support EVD affected children, in the midline 44% and 67% in the endline. The C4K team hypothesized that willingness to support EVD affected children may have peaked at the time of the midline because during this period, there were concurrent efforts by numerous organizations working in the

wake of the epidemic to decrease stigma against survivors and this community willingness to support affected children lasted through time until the end of the project.

The graph below shows some of the responses to questions pertaining to community acceptance of EVD survivors, and shows an overall improvement over time.

Figure 5: Community acceptance of EVD survivors



As a measure of community willingness to support survivors and those affected by EVD, the program collected information on several indicators of stigma against survivors. The results obtained from these indicators were inconclusive. Some of the indicators registered a slight improvement, while others registered a decrease. This inconclusive result can be attributed in our view to uncertainty among survivors about the risk factors for Ebola and the possible risk of reemergence.

## **E** Outcome 5: Direct Project Beneficiaries

A total of 13,611 individuals, which represents 136% of the target, benefitted from the C4K program. 46.5% of direct project beneficiaries were female.

## **F** Conclusions

The above results do not capture the whole story. Project stakeholders, including representatives from the Ministries of Health and Education (MOH and MOE), health providers, school principals, community and religious leaders, and members of parent-teacher associations expressed overwhelming support for the program and a desire for its countrywide scale-up. While direct program expansion is severely constrained by a lack of resources, C4K staff and other development partners are now working with the MOH's mental health division and the MOE's teacher training, early childhood education, and psychosocial divisions to develop school-based mental health programs.

The C4K program was a small intervention. It was, however, an important first step to rebuilding the protective factors that can help Ebola-affected children to overcoming their trauma. These children are Liberia's future. Ensuring that they are psychologically healthy will contribute to Liberia's continued development.



**Project Development Objective:** Increase resiliency, psychosocial health and well-being in children aged 6-13 affected by EVD in Montserrado County, Liberia by building the local capacity to support children.

Indicator Name	Unit of Measure	Baseline	End Target	Final Cumulative	Frequency	Data Source/ Methodology	Responsibility for Data Collection
<b>OUTCOME INDICATORS</b>							
Improvement in psychosocial wellbeing of participating children	%	37%	80%	91.78%	Twice – pre & post activities	Children's Checklist <sup>4</sup>	C4K M&E Team
Improvement in adult behavior and attitudes towards EVD affected children	%	42%	*0%	63.4%	On-going	Post-Training evaluations	C4K Trainers
Depression post-traumatic stress disorder (PTSD) among project beneficiaries	%, ages, gender ratio	1.7% (54.5% F, 45.5% M)	-15%	1.4% (62%F, 38%M),	Pre-post at beginning and end of program	The Hopkins Symptom Checklist – 25(HSCL) The Harvard Trauma Questionnaire (HTQ) or PYNOOS TBD <sup>5</sup> at baseline	Project Manager, Clinical Trainers
Levels of community willingness to support affected children	%	25%	65%	67%	Pre-, mid & end of project	\Baseline	Project Manager, Clinical Trainers
Direct project beneficiaries (of which % female) [IDA CORE]	Num	0	11,750	13,611	Quarterly	Project reports	Project Manager
<b>INTERMEDIATE INDICATORS</b>							
<b>1. Knowledge and skills training increase confidence to support trauma affected children through C4K basic training</b>							
1.1.1. Teachers receiving training	%	0	750	753	pre-training & 3-4 mos later	MC Impact Surveys pre-training and, for teachers, after using the workbook, for others 2-3 month after training	C4K Trainers
1.1.2. Health personnel receiving training [IDA CORE]	%	0	250	280			
1.1.3. Parents and caregivers receiving training	%	0	600	612			
1.1.4. Key community stakeholders receiving training	%	0	150	216			

<sup>4</sup> This can be used by non-clinicians

<sup>5</sup> PTSD tools must be administered by clinicians

Continued from page 46

Indicator Name	Unit of Measure	Baseline	End Target	Final Cumulative	Frequency	Data Source/ Methodology	Responsibility for Data Collection
<b>INTERMEDIATE INDICATORS</b>							
<b>1. Knowledge and skills training increase confidence to support trauma affected children through C4K basic training</b>							
1.1.5. Comfort for Kids basic training provided	#	0	90	85	On-going	Training Attendance sheets	C4K Trainers
Supplemental Activities: Additional PTA trainings, SafeSpace and Mentoring activities				1068	Oct.-Nov 2016		C4K Trainers
<b>1.2 Children's sense of well-being improved through C4K psychosocial Children's Workbook activity</b>							
1.2.1. children registered in and participating in C4K workbook activities	#, ages, gender ratio	0	10,000	10,597	weekly	C4K workbook enrollment form (pre & post workbook use)	C4K Trainers
1.2.2. Perception of workbook value by children	%, ages, gender ratio	0	80%	96%	Post-workbook activity	Children's Workbook Feedback form	M&E Team
<b>2.1. Improve access to educational materials on normal children and adult reactions to trauma and strategies for supporting EVD affected children more effectively</b>							
2.1.1. Dissemination of pamphlets to parents and health professionals	#	0	8,750	9153	On-going	Project reports	Project Mgr, C4K, Trainers
<b>2.2. Improve community support to EVD affected children through decreased stigma</b>							
2.2.1. Completed referrals from C4K participants to TBA referral network or individuals	%	0	>5	821	Quarterly	Project reports	Project Manager
2.2.2. Supervision and support of Teachers using workbook	%	0	100	287	Semi-annually	TBD	C4K Trainers



# LESSONS LEARNED AND REC OMMEN DATIONS

Earlier sections of this report mentioned a number of challenges encountered and adjustments subsequently made to address these challenges during the course of C4K implementation. Below, we include some information on lessons learned and recommendations for future programs based partially on these program challenges, adjustments, and successes.

**Consider a more holistic approach addressing the needs of both children and parents to post-disaster psycho-social recovery.**

The C4K program was meant to address the needs of Ebola-affected children specifically through the implementation of the workbook activities and the training of teachers, professionals, and community members. However, we learned during program implementation that the mental-health needs of communities in Liberia are complex and that there are few resources to support these needs. In addition to the fact that there are many Ebola-affected children who were not able to benefit from the C4K program, both children and adults suffer from multiple traumas starting with Ebola and extending back to the civil war. The protection system in Liberia is very weak and does not have the capacity to meet all these needs. For future programs, we suggest considering taking a more holistic approach, that addresses the needs of both children and adults. The team believes if we can engage the parents and the caregivers in the recovery process, and they will be more eager to help the children. In addition, a holistic approach may include more long-term planning. Future programs should start with a plan for immediate intervention, but also have in mind that ongoing assistance with a holistic community approach, possibly over the course of years, will have the most chance for making a real and lasting impact.

**Include a longer pre-launch timeline.** We also suggest for future interventions that the organization should require more time in the pre-launch timeline to take the time to improve the program before the launching. A program whose objectives are to improve psychosocial wellbeing, promote resilience and recovery of children after a disease or natural disaster or civil/war should consider the fact that recovery is a long process and it takes time to properly implement activities and take action to ensure program success and sustainability.



**Plan to address the needs of out-of-school children, and those of students at risk of dropping out.** As mentioned earlier in this report, we discovered over the course of program implementation that many children were dropping out of school. We were able to address this issue to some extent through our extended activities, but we recommend that for future programs, the potential for children dropping out of school is taken into account during the design or pre-launch periods. This could be taken into account by planning workbook activities or other relevant activities for out of school children in a safe space not linked to the school, or by working closely with parents and increasing their involvement in bodies such as the PTA. In Liberia, the MOE is aware of the relative weakness of PTAs but has not been able to address this issue sufficiently. Thus, the C4K program could have worked to meet this need and strengthen PTAs from the beginning.

**Consider the difficulties inherent in procuring materials from abroad.** One weakness of the C4K program in Liberia was the acquisition of the workbooks from Ghana, as detailed above. Future programs should thoroughly research potential hurdles related to customs if there are plans to procure from abroad. Based on the current experience this approach is likely to slow the process down and/or drive up costs, so local alternatives should be found if possible.

**Plan for the recognition of teachers and other volunteers.** Where compensation is not appropriate or possible, we suggest planning for a ceremony or other end-of-program celebration to recognize the contributions of those who volunteer their time to make the program run smoothly.

**Institute regular information sharing and lessons learned meetings with schools and implementing organizations, and capitalize on field visits.** As mentioned earlier in the report, our regular monitoring, in the form of field visits and regular meetings with representatives from the schools, helped improve the quality of program implementation and helped us meet our goals on time. It is recommended that future programs institute a similar system.

**Coordinate with other partners to connect program participants to local services.** As mentioned earlier in this report, we have coordinated successfully with the MSF hospital to institute a referral system. We have also continued to follow up on efforts to institute, in collaboration with other INGOs, on-site trainings and supervision for the mental health clinician in one facility in New Kru

town, Redemption Hospital. We recommend that future programs consider the virtues of working within a wider system to connect beneficiaries to available services.

**Coordinate effectively and share information with local partners to ensure sustainability.** Throughout the program, the C4K team coordinated and collaborated with government partners, soliciting the support of the MIA, MOE and MOH in the selection of program beneficiaries and the implementation of trainings and workbook activities, and submitting regular reports on program progress to MOH and MOE. We participated in regular coordination meetings with the ministries to inform them about program challenges and brainstorm solutions. Through these various modes of collaboration and information sharing, the ministries were able to benefit from lessons learned from the program and formulated plans for future interventions.

The C4K team found a huge gap in psychosocial services and child-protection systems. To mitigate this issue, the C4K team assisted the MOH Mental Health Department and the Ministry of Gender and Social Protection (MOGCSPP) in training community leaders and MOGCSPP volunteers at the community level on protective factors, issues and mechanisms to support the population.

Following the success of the C4K workbooks implementation in the school, the team also facilitated a collaboration between the MOE<sup>6</sup> Teacher Training, Early Childhood Education and Psychosocial Divisions, the MOH Mental Health Department and other local and international NGOs. The partners initiated a country-wide school-based mental health program and actively participated in the design of the mental health strategic plan for the next five years (2016-2021) by joining the task force and expert sub-committee.

In an effort to coordinate the program activities with services provided by local or national government or other NGOs, the C4K team also partnered with two local organizations, the West African Ebola Survivors organization (WAESAO) and the Ebola Survivors Network, within the mental health department in MOH in order to engage out-of-school children in C4K workbook activities.

<sup>6</sup> We also received outstanding support from the Deputy Minister for Instruction (Dr. Romelle Horton).



## Annex 1: Project Costs and Financing

### BUDGET SUMMARY

**Donor Name:** World Bank

**Program Name:** Comfort for Kids

**Program Dates:** 1 July 2015-31 Dec 2016

Cost Category	Total Budget	Expenditure to October 2016
a. Personnel	180,336	199,851
b. Fringe Benefits	144,042	161,733
c. Travel	15,300	24,546
d. Equipment	17,250	19,473
e. Contractual	242,000	152,958
f. Other	53,246	50,687
g. Total Direct Charges	<b>652,174</b>	<b>609,249</b>
h. Indirect Charges	97,826	91,387
<b>TOTALS</b>	<b>750,000</b>	<b>700,637</b>

# ANNEXES

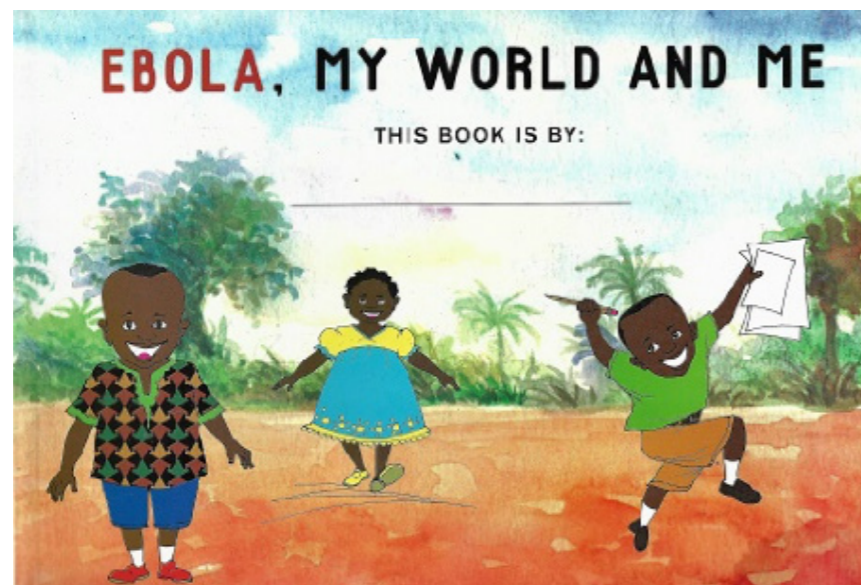


## Annex 2: Outputs by Component

### A.2.1 Training component outputs

	Output	Definition
1.	C4K Training Facilitator's Guide:	Provided step-by-step guidelines on how to lead training sessions and/or parents' groups, and how to train teachers to use the children's workbook.
2.	Guide for Teachers	Contains key training themes and a step-by-step introduction to the workbook, explanation of its logic, and guidelines for related activities. 850 copies of this will be printed
3.	Top Ten Tips Pamphlet	A 2-page pamphlet providing basic tips on beginning the healing and emotional recovery processes in very simple language making it accessible to adults who may have low reading skills or have been so traumatized they do not want anything complex.
4.	Pamphlet for Professionals	16-page resource is consistent with C4K training messages but being designed for mental health providers and other professionals
5.	Children's Workbooks	two different workbooks were distributed in this response- a 32 pages one for younger children aged 6-9 years old: "My Story About Ebola in Liberia" (workbook A) and a 54 pages one for adolescents aged 10-13 years old: "How Ebola Changed my Life" (Workbook B). The workbooks guided children to document their personal experience with EVD using drawings and simple language. Children used the workbook to articulate what happened to them personally. Drawing and writing helped children express what they have experienced

### A.2.2 Cover of the children's workbook



### A.2.3 Materials and art supplies distributed in the schools within Montserrado County – Liberia, including C4K workbooks

Township	Schools	Workbook-A	Workbook-B	Total WB
Bentol	5	157	401	558
Brewerville	12	460	323	783
Careysburg	2	90	250	340
Gardnersville	4	427	483	910
Garworlohn	11	596	507	1103
Johnsonville	6	389	317	706
Kingsville	4	41	260	301
Monrovia	9	386	464	850
New Georgia	4	170	159	329
New Kru Town	10	359	753	1112
Paynesville	7	334	604	938
Tolberta	4	129	256	385
Virginia	6	254	682	936
West Point	9	216	583	799
White Plains	1	29	48	77
<b>TOTAL</b>	<b>94</b>	<b>4037</b>	<b>6090</b>	<b>10127</b>

#### Additional distribution to partnering Organizations

Name of organization	WB "A"	WB "B"	Total WB
Min. of Education	6	6	12
LINGO	6	6	12
WAESAO	50	50	100
<b>SUB- TOTAL</b>			<b>124</b>

Grand total WB distributed out = 10251						
C4K workbook and other school supplies distribution						
WB A	Copy Book	WB B	Color Pencil	Pencil	Eraser	Sharpen-er
Book	pcs	book	pks	pcs	pcs	pcs
4037	19978	6090	2133	10005	9855	9923

## Annex 3: Supporting Documents and Evaluation Tools

### A.3.1 List of supporting Documents

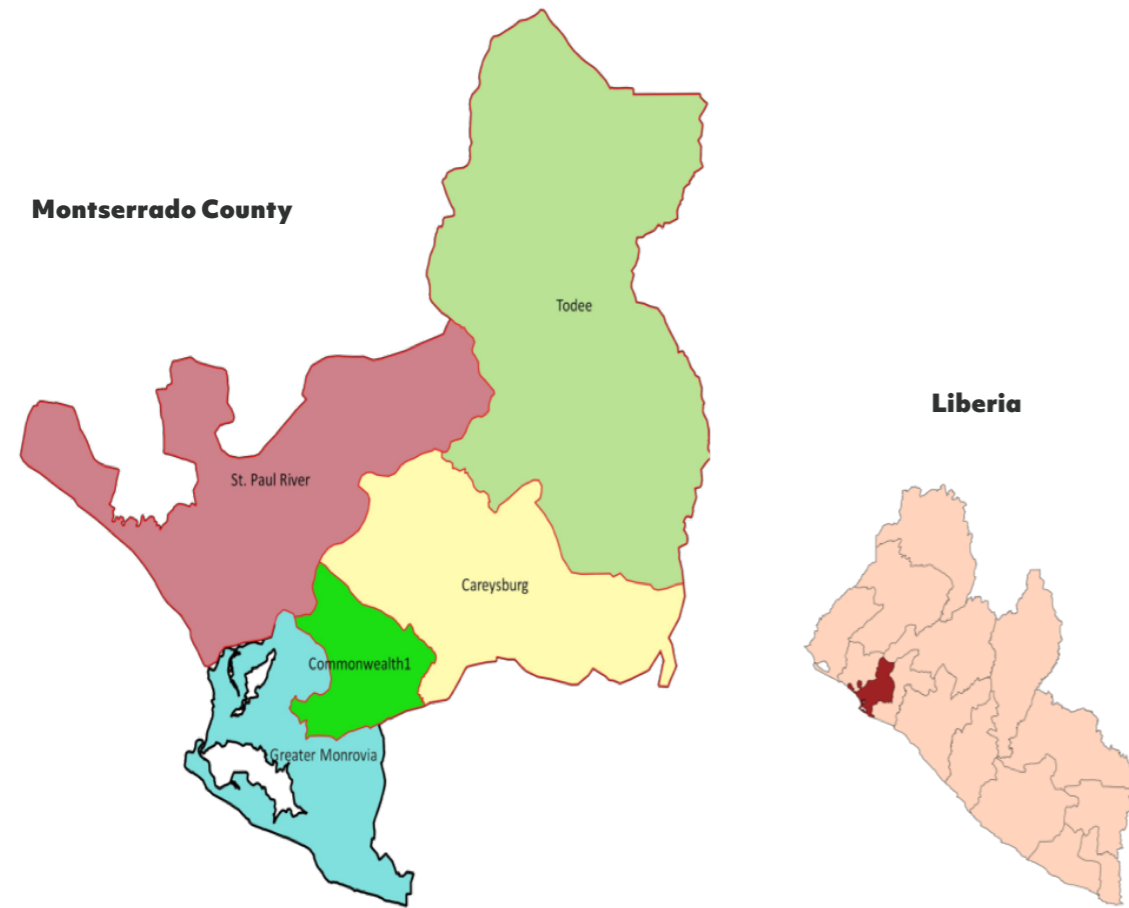
- 1 Quarterly Reports (November 2015, March 2016, June 2016, September 2016)
- 2 Monthly Reports (July 2015-July 2016)
- 3 Program Implementation Manual (October 2015)
- 4 Baseline Report (October 2015)
- 5 Midline Report (April 2016)

### A.3.2 Evaluation Tools

1.	Impact Survey for Teachers (and or others using the workbook and activities	A pre- and post- test soliciting participants' training and experience to-date with psychosocial activities, and materials and their perceptions of their own ability to provide support. The same tool has been used for the pre and post-test.
2.	Post-Training Evaluation	Site, date, facilitators' names, participant's name, organization and title (where appropriate) most important new information learned, redundant information, what they would have liked more of, how their behavior will change as a result of the training, names of recommended participants/or-ganizations to take C4K training.
3.	Workbook Session Attendance Forms	Site, date, facilitator's name, child's name, gender, age, total number of sessions attended.
4.	Workbook Feedback Form:	This tool was completed after children completed their workbook activities in the classroom. Group and site, facilitator's name, date, number of children, age range, gender ratio. It summarized their experience with the workbook activity over the project period. Data collected included information on the workbooks' clarity and whether children enjoyed or had difficulties with it.
5.	Session Monitoring Tool For Teacher, aka the Workbook & Workbook Session Feedback Form:	This form tracked data on both the children's concentration, communication, cooperation, emotions and the practicality of the workbook, appropriateness of session duration, et al. It also collected feedback on the Workbook Manual. It was originally intended as a standalone form, but has been combined with #4 to ease the monitoring burden for teachers.
6.	Exit Activity Results Form:	Identification of the most (a) useful, (b) enjoyable, (c) difficult activities, number of children, children's appraisal of the activities, facilitator remarks (includes demographic info – site, date, facilitator name, # of children, gender ratio & age range).
7.	Strengths & Difficulties Questionnaire	Child's name, gender, age, group & site, caregiver's name and date. This tool is an assessment of the child's sense of wellbeing. There are 25 data points that informed (1) emotional symptoms, (2) conduct problems, (3) hyperactivity, (4) peer problems and (5) pro-social attitudes.
8.	Caregiver Questionnaire:	Child's name, gender, age, group and site, caregiver's name and date. This simple 1-page tool captured information on the relationship between the caregiver and the child and key data points on the child's well-being.
9.	Children's Checklist:	The Children's Checklist is illustrative of the checklist that was developed in Liberia based on solicitation of input from children during the early phase of the program. The checklist was used to create an activity to identify which problems affect "a lot" of children, "some" children and "a few" children. This was a pre and post activity. A control group was established during the pilot phase for pre- and post-testing too.
10.	Final C4K Program Evaluation Form	The team used the pre-test format for post-testing.



### Annex 4: C4K Target Districts



### Annex 5: Participating Schools

UNIQUE REFERENCE	SCHOOL NAME	TYPE	LEVEL	TOWNSHIP	CONTACT PERSON	CONTACT NUMBER
C4K-PS/001	David D. Padmore Preparatory School	Private	Elementary	Bentol City	Wellington Giah	+231 880624541
C4K-PS/002	Hope International Christian Academy School	Private	Elementary	Bentol City	Elijah F. Kobbia	+231886830810
C4K-PS/003	Gbokolleh Public School	Public	Elementary	Bentol City	Ralph T. Tarniah SR.	+ 231886542089 0775250835
C4K-PS/004	Youth Camp Public School	Public	Elementary	Bentol City	Janathan B. Ehais	+231777205716
C4K-PS/005	Euphemia Barclay Public School	Public	Elementary	Bentol City	Garnayea Ccee	+231886240934
C4K-PS/006	Mango Town \Public school	Public	Elementary	Virginia	Micheal S. Gayee	+23188835603/ 0775997012
C4K-PS/007	Lawrence Hamptons School	Private	Elementary	Virginia	Fatu B. Kollie	+231888824938/ 0776198714
C4K-PS/008	R.W.H. Baptist School	Private	Elementary	Virginia	Prince a. Armah	+231886873524/ 0775891624
C4K-PS/009	Gbanjor Public School	Public	Elementary	Virginia	Janathan S.P Zey	+231886917752
C4K-PS/010	Golden Age	Private	Elementary	Virginia	Nathaniel Y. Sackloh	+231777151723
C4K-PS/011	Vonzon Public School	Public	Elementary	Virginia	David G. Saydee	+231886951382/ 776220361
C4K-PS/012	Diana E. Davies School	Private	Elementary	Brewerville	Raymond Modfrey	+231888736435/ 77010234
C4K-PS/013	Salem Baptist Church School	Private	Elementary	Brewerville	John Sah	+231880420430/ 775780652
C4K-PS/014	All Saints International School	Private	Elementary	Brewerville	Agnes A. Glay	+231770726567
C4K-PS/015	Prime Elementary & Junior High School	Private	Elementary	Brewerville	Mohamed F. Sannoh	+23177782683
C4K-PS/016	Brewerville A. G. M. Elementary School	Private	Elementary	Brewerville	Issac B. Wesseh Jr.	+231880536528/ 770406936
C4K-PS/017	UNESCO Mission School	Private	Elementary	Brewerville	Ciah Cole	+231886563638
C4K-PS/018	Ellen Mills Scarborough School	Private	Elementary	Brewerville	Charka B. Mouton	+231886413972
C4K-PS/019	Triumph Church Mission School	Private	Elementary	Brewerville	Mr. George V. Ville	+231886236141

UNIQUE REFERENCE	SCHOOL NAME	TYPE	LEVEL	TOWNSHIP	CONTACT PERSON	CONTACT NUMBER
C4K-PS/020	John Divine School System	Private	Elementary	Brewerville	Abel Kpassauh	+231886428813
C4K-PS/021	Graystone Community School	Private	Elementary	Brewerville	James M. Wombia	+231770555701
C4K-PS/022	Better Day Foundation Community School	Private	Elementary	Brewerville	Boimah R. Johnson	+231775740379
C4K-PS/023	Mt. Tegeste Steward School	Private	Elementary	Brewerville	Thelma Kokulo	+231886477850
C4K-PS/024	William Booth Salvation Army school	Private	Elementary	Paynesville	James S. Tailey	+231886707222/ 776155216
C4K-PS/025	St. Kathleen McGuire School	Private	Elementary	Paynesville	D. Alexin S. Browne	+231 776264410
C4K-PS/026	ELWUO Day Care & Elementary School	Private	Elementary	Paynesville	Rev. S. David Tobey	+231886475023/ 0770978575
C4K-PS/027	Paynesville Community School	Public	Elementary	Paynesville	Chayee S. Shajah	+231880701909/ 777727817
C4K-PS/028	Faith Christian Academy	Private	Elementary	Paynesville	Lorpu Sesay	+23177387449
C4K-PS/029	Liberia for Jesus School	Private	Elementary	Paynesville		
C4K-PS/030	African Islamic School	Private	Elementary	Paynesville	Manyou V.M. Toure	
C4K-PS/031	Marie Washington School	Private	Elementary	Gardnerville	Mr. Amos W. Quaye	+231886572407/ 777572407
C4K-PS/032	PICOLI School	Private	Elementary	Gardnerville	Kebeh Fumbah	+231886629950
C4K-PS/033	Wesleyan Elementary & Jr. High School	Private	Elementary	Gardnerville	Rev. Hosea K. Taylor	+231886648248
C4K-PS/034	Noah's Ark High School	Private	Elementary	Gardnerville	John S. Randall	+231880910388/ 775055634
C4K-PS/035	Early Childhood Christian Education Foundation	Private	Elementary	New Georgia	Pastor Issac Garlo	+231776291426
C4K-PS/036	Knowledge Foundation School	Private	Elementary	New Georgia	Luopu G. Karbah	+231880363082/ 77087618
C4K-PS/037	All Nation School	Private	Elementary	New Georgia	Sophia Paye	+231886767717/ 776627507
C4K-PS/038	Philadelphia School	Private	Elementary	New Georgia	Lucretia A. Walker	+23177215617
C4K-PS/039	Lucy B. Gibson School	Private	Elementary	Johnsonville	H. Hon N. Quoiduo	+231777381907

UNIQUE REFERENCE	SCHOOL NAME	TYPE	LEVEL	TOWNSHIP	CONTACT PERSON	CONTACT NUMBER
C4K-PS/040	M.T. Institute	Private	Elementary	Johnsonville	Moses Page Tell-ewoyan	+231 880593106/ 770579233
C4K-PS/041	Saryon Advanced School	Private	Elementary	Johnsonville	Zee Tom Zemo	+2318866755
C4K-PS/042	Olureme Tinuba School	Private	Elementary	Johnsonville	Mathew B. Pajiho	+231886336465
C4K-PS/043	Salvation Army School	Private	Elementary	Johnsonville	Mr. Alanso Nyenah	+231886938762
C4K-PS/044	Johnsonville Public School	Public	Elementary	Johnsonville	William B. Siaf	+231880533142
C4K-PS/045	Juah Sarwee School	Private	Elementary	New Kru town	Rebecca J. Sackor	
C4K-PS/046	R. D. Tarpeh Community School	Public	Elementary	New Kru Town	Fancis Q. Quaye	+23188684783/ 776913552
C4K-PS/047	Sis Comfort Memorial school	Private	Elementary	New Kru Town	S. TayaTa Sirleaf	+231886215139 /775225850
C4K-PS/048	King Peter School	Private	Elementary	New Kru Town	Jackson K. Miller	+231886254475
C4K-PS/049	Bishop N. Dixon School	Private	Elementary	New Kru Town	Emmanuel N. Guah	+231886895058/ 776895058
C4K-PS/050	Source Institute	Private	Elementary	New Kru Town	Romeo Nyenkan	+231886605987
C4K-PS/051	First Baptist School	Private	Elementary	New Kru Town	Johannes Sackor Jr.	+2310775004035
C4K-PS/052	Trinity U.M.C. School	Private	Elementary	New Kru Town	Gregory Goawah	+231886358753/ 777031860
C4K-PS/053	Apostolic Faith Mission	Private	Elementary	New Kru Town	Shurina T Nimely	+231880028858 / 770955780
C4K-PS/054	St. Lawrence School	Private	Elementary	New Kru Town	Tieh B. Wesseh	+231886606803/ 770769957
C4K-PS/055	Careysburg Public School	Public	Elementary	Careysburg	Shelon B. Gwaikolo	+231777970380
C4K-PS/056	V.O.A Elementary Public School	Public	Elementary	Careysburg	Boima Wordsworth	+231886266051
C4K-PS/057	Nyehn #1 Public School	Public	Elementary	Tolberta	Edward A. Johnson	0225/777491815
C4K-PS/058	June L. Moore School	Public	Elementary	Tolberta	Sylvester Snowe	+231886726030
C4K-PS/039	Lucy B. Gibson School	Private	Elementary	Johnsonville	H. Hon N. Quoiduo	+231777381907
C4K-PS/059	Goba Town School	Public	Elementary	Tolberta	Augustne B. Frederick	+231886431455

UNIQUE REFERENCE	SCHOOL NAME	TYPE	LEVEL	TOWNSHIP	CONTACT PERSON	CONTACT NUMBER
C4K-PS/059	Goba Town School	Public	Elementary	Tolberta	Augustne B. Frederick	+231886431455
C4K-PS/060	Marveka Public School	Public	Elementary	Tolberta	George Bondo	+231886643798
C4K-PS/061	Palmgrove A.G. M. School	Private	Elementary	Kingsville	Mr. Anthony T. Borbor	+231880711953/ 777821689
C4K-PS/062	Cecelia A. Dunbar	Public	Elementary	Kingsville	Ezekiel Harris	+231880719782
C4K-PS/063	Kingsville Public School	Public	Elementary	Kingsville	James P. Morris	+231886315414
C4K-PS/064	Mother Vic Public School	Public	Elementary	Kingsville	Pst. Jutomu Suah	+231770227505
C4K-PS/065	C.H. Henry Public School	Public	Elementary	White Plain	Moses Armah	+231777646965
C4K-PS/066	Darpo International School	Private	Elementary	Garworlohn Town	James G. Barlingar	+231886518630/ 776281907
C4K-PS/067	Momolu Dukuly School	Private	Elementary	Garworlohn Town	Augutine D. Johnson	+231886221822
C4K-PS/068	Daniel K. Adjei Memorial Institute	Private	Elementary	Garworlohn Town	Caelestina M. Adjei	+231886375804
C4K-PS/069	Emmanuel Temple A.G. School	Private	Elementary	Garworlohn Town	Thomas S. Hinhneh Jr.	+231880380056/ 777726370
C4K-PS/070	Palm S. D.A School	Private	Elementary	Garworlohn Town	Kaduk O. Karngar	+231880372546/ 776363771
C4K-PS/071	Life International School	Private	Elementary	Garworlohn Town	David K. Kollie	+231886758717/ 770183427
C4K-PS/072	Augustus F. Cain Primary School	Private	Elementary	Garworlohn Town	Sampson S. Wiah	+231077175558
C4K-PS/073	Solid Education School	Private	Elementary	Garworlohn Town	Mr. Taplah Doe	+ 231777383100
C4K-PS/074	Clara Town Elementary School	Public	Elementary	Garworlohn Town	George A. Wedor	
C4K-PS/075	Fanima Islamic School	Private	Elementary	Garworlohn Town	Brukeya M. Kiawu	+231886468999/ 775575157
C4K-PS/076	Life and Power School	Private	Elementary	Garworlohn Town	Jeremiah Wleh	+231776082840
C4K-PS/077	C.K Johnson/Kids Liberia Academy	Private	Elementary	West Point	Rev. Timothy W. Johnson	+231888876062/ 776418377
C4K-PS/078	Torch World Christian School	Private	Elementary	West Point	Divid Chayee	+231777121153
C4K-PS/079	Central Mosque Elementary School	Private	Elementary	West Point	Mr. Sesay	+231886311353
C4K-PS/080	Academic Treasure Academy	Private	Elementary	West Point	Eric L, Mensah	+231880562374/ 770586823

UNIQUE REFERENCE	SCHOOL NAME	TYPE	LEVEL	TOWNSHIP	CONTACT PERSON	CONTACT NUMBER
C4K-PS/081	Mary Sharp Memorial Mission School	Private	Elementary	West Point	Obediah N. Darwoh	+231888061864/ 770218042
C4K-PS/082	Success Academy School	Private	Elementary	West Point	Anthony D. George	+231088897677/ 775672343
C4K-PS/083	Muslim Community Elementary School	Private	Elementary	West Point	Mr. Abdullah Dialloh	+231886547557
C4K-PS/084	Children Hope School	Private	Elementary	West Point	Austin D. Toe	+231886649781/ 880236655
C4K-PS/085	Adam House of Study School	Private	Elementary	West Point	Emmanuel Toe	+231886603370
C4K-PS/086	Royal Learning Academy	Private	Elementary	Monrovia City	Mrs. N.J. Clarke	+231886511951
C4K-PS/087	J.W. Pearson Memorial School	Public	Elementary	Monrovia City	Rose H. Neufulle	+231886550225/ 776414305
C4K-PS/088	Monrovia Open Bible School	Private	Elementary	Monrovia City	Bubber N. Gabriel	+231886563198
C4K-PS/089	God of Mercy School	Private	Elementary	Monrovia City	Emmanuel Reeves	+231886880605
C4K-PS/090	Patriot Foundation School	Private	Elementary	Monrovia City	Samuel A.L. Freeman	+231880318213
C4K-PS/091	Joseph G. Cooper Elem. & Jr. High School	Private	Elementary	Monrovia City	Abraham K. Kdiego	+231886734931/ 777902248
C4K-PS/092	James McGarthy Efewa Mission School	Private	Elementary	Monrovia City	Mr. Samuel Tarr	+231886716556
C4K-PS/093	Supreme Islamic School	Private	Elementary	Monrovia City	Alieu Kamara	+231886259555/ 880577972
C4K-PS/094	Philadelphia Central School	Private	Elementary	Monrovia City	Maude Benson	+231 886516444



## Annex 6: Report of Supplemental Activities

### Overview

For the past 18 months, and with the support of the World Bank, the Comfort for Kids (C4K) program has worked in Montserrado County, Liberia, to promote *resiliency, psychosocial wellbeing and*

*mental health recovery of 10,000 children affected by the Ebola epidemic.* C4K has supported over 10,000 children by providing trainings for 750 teachers on how to incorporate the Comfort for Kids methodology into their curricula. It also instructed 250 health care and social workers, 600 parents and caregivers and 150 key community stakeholders on topics related to children's post disaster psychosocial needs and recovery. More detailed information about the program and results are outlined in the project's Final Report.

While the Comfort for Kids program has had positive impact, it is clear that there are unmet needs. For example, the program targeted children who are in school, but many Ebola-affected children and adolescents are out of school and miss the opportunity to participate in activities. Psychosocial and mental health services for those affected by Ebola are still lacking in Liberia. And while other psychosocial programs in addition to C4K have been implemented, many of these programs were focused on immediate emergency needs of affected people without dealing with the long-term nature of

the psychosocial and mental health impacts of the epidemic. This situation has been aggravated by the fact that there are also latent traumatic memories and unhealed wounds from the civil wars.

Mercy Corps Liberia's C4K baseline survey found that children affected by Ebola are more likely to live with relatives who, while providing many other forms of support, are less likely to cover the costs of sending children to school. Furthermore, while survey respondents were often willing to accept Ebola survivors as friends, family members, students and co-workers, they were much less willing to be accepting of them as playmates for their children, job applicants, tenants, residents in a half-way house on their street, or neighbors and patients in health care settings. More than half of respondents said that they would feel ashamed if they had Ebola and 3/4 would expect rejection from friends or were unsure of their reaction. The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of survivors and the creation of new connections. Children and adolescents affected by Ebola need help reintegrating into Liberian society and coping with these particular life challenges in order to lead happy, productive lives. 81% of the respondents in our baseline said they did not know of anyone in the community responsible for taking care of the EVD-affected children. Nine in ten of the respondents said there is no one to help or provide support in the community when children feel anxious or act differently than they used to. Programs like C4K that promote psychosocial services will have positive outcomes in the long run for creating a peaceful, accepting, and diverse society.

As of September 2016, C4K had successfully completed nearly all of its program goals. During its execution phase, the program operated consistently on or under budget. Consequently, it retained an unspent balance adequate to operate for a few extra months past the original activity end date, until the grant's end date of December 31, 2016. This presented Mercy Corps and the World Bank with an opportunity to extend the benefits of this successful program to its partner communities, and to solidify the new skills and resources for children affected by the EVD outbreak without the commitment of any new or additional resources beyond the current grant.

World Bank accepted the proposal by Mercy Corps C4K to use the remainder of the grant period and funding to extend and solidify the work it has done to support EVD impacted children. As a result, Mercy Corps has built upon its successful program results to support 2,200 additional children and youth, and has strengthened the capacity of teachers, parents and other caregivers in supporting EVD impacted children. While these activities targeted additional beneficiaries, they required no additional funding. They supported the program's overall goal of promoting the resiliency, psychosocial wellbeing and mental health recovery of children and youth in the targeted communities. With these activities, Mercy Corps and the World Bank capitalized on this critical opportunity to address some of the unmet needs of these children, and to build upon the successful C4K intervention in order to play an even more substantial role in the country's recovery from the Ebola outbreak.

In acknowledgement of the myriad factors that impact children's ability to recover from the psychosocial impacts of Ebola, the extended activities of the C4K program were guided by two overarching theories of change:

*"If children and adolescents acquire relevant knowledge, attitudes and skills, then they will be able to lead secure and healthy lives for themselves and their communities."*

*"If a community's primary support circle understands the indicators of vulnerability, stress and life-time changing among children and adolescents and is able to recognize these behaviors in themselves and their daily community lives, then the community can heal itself and adopt positive and peaceful behavior change."*

These guiding principles were used to continue and extend the activities and impact of our programs. Activities are grouped into two categories: 1) support to children and families, and 2) support for schools, communities and peers in creating a healing environment for EVD-affected children and their families. Both categories of activities are firmly rooted in the idea that recovery is most likely to take place within the context of relationships. In their renewed connections with people within their family and community, the survivors re-created the psychosocial faculties that were damaged by traumatic experiences, such as basic capacities for trust, autonomy, initiative, competence, identity and intimacy.

The extended activities included an additional focus in psychosocial and mental health support, reinforcing the referral network for mental health services in the country which is crucial to an effective mental health program. This has contributed to an environment that combats isolation, stigmatization and discrimination due to EVD, and helps build social capital at various levels in the community.

C4K SUPPLEMENTAL ACTIVITIES	
<b>CATEGORY 1: CHILD &amp; FAMILY SUPPORT</b>	<b>CATEGORY 2: SCHOOL, COMMUNITY &amp; PEER SUPPORT</b>
<i>Create a family environment conducive to psychological healing from trauma. Prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of affected children and their parents.</i>	<i>Build psychosocial capacity of community members with practical skills and strategies for supporting, identifying &amp; creating protective factors and mechanisms for vulnerable children, adolescents and families.</i>

### Category 1: Child and Family Supports

C4K implemented targeted support services for 1,068 children and families who had been identified as at risk or are beginning to exhibit signs of emotional and/or behavioral problems. Interventions at this level were designed to counter that risk and promote resiliency, wellbeing and academic success and to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. This part of the program has:

- ✘ Identified and selected **1,068** at-risk, in-school children and adolescents from the first phase of the C4K implementation to receive trainings on psycho-education and coping strategies.
- ✘ Ensured a proper referral pathway to the MSF clinic in Barnesville for registered and identified severe cases for support and care.
- ✘ Organized parent groups through **35** existing PTAs within **seven townships** and cities in Montserrado County, in order to teach and support parents in how to encourage children and adolescents to develop emotional self-regulation. This includes promoting self-regulation in parents so they become confident, resourceful and independent problem solvers.
- ✘ Relieved symptoms of Post-Traumatic Stress Disorder (PTSD), depression, and general anxiety among families and youth exposed to stressful situations and trauma by providing and facilitating support group discussions for families. Intensive case management and individual sessions were conducted when necessary to help children and parents work on processing traumatic memories.
- ✘ Provided resiliency training to identified children and families by teaching them practical skills to meet the challenges of stress exposure and any other shock such as (public health epidemic, political violence, civil wars, economic distress, etc.) and to communicate and solve problems effectively and successfully, set goals together and create a shared family story.

### Category 2: School, Community & Peer Support

The program worked with seven target townships to create a supportive and healing environment for children, adolescents and families traumatized by the EVD epidemic. The C4K team recruited and trained **15 peer mentors**, established community support groups and created seven “safe spaces” where children participated through creative arts and recreational activities. These activities helped children and communities express the burden of stigma and loss so that those that love them can better guide them towards recovery and facilitate the reconnection.

#### Activities in this category included:

- × C4K team visits to 35 schools in Sonneiwen, Todee, West Point, New Kru Town, Gardnersville, Paynesville and Brewerville to give response to the assessment made in October regarding the PTA status at these schools. That assessment showed that out of 35 schools, only 17 had active PTA committees. In response to this need the C4K team shared with the school administrations the findings of the assessment and provided technical support to the PTA leadership in planning to accomplish the goals of their PTA and documentation of these plans in line with C4K redesign goals of strengthening the PTAs of schools. (Table 3, below, shows a list of schools that were visited and the contact details.)
- × 49 community leaders from 6 townships and cities in Montserrado County received TOT trainings on protective factors. (7 leaders per community, plus alternate). Trainings were centered on selecting, preparing, implementing and evaluating community service activities.
- × The 49 trained community leaders stepped the training down to 414 additional community members to help them improve their understanding of protection issues and referral mechanisms. (70 community members trained per community).
- × 14 community-based adolescents and/or young adult mentors (7 pairs; 1 male and 1 female) were trained to lead and cascade life skills, coping strategies, healthy life styles and recreational activities.
- × The trained mentors worked with 988 adolescent out-of-school boys and girls, who received opportunities for social interaction, self-expression and development of interpersonal skills (trust, empathy, communication) through the implementation of art therapy and story-telling sessions and sports based activities.
- × Facilitation of peer to peer group sessions that address the unique needs of children and adolescents regarding anxiety, behavioral problems and other difficulties for children and adolescents. Parents/caregivers sessions as well as joint parents-and-children sessions were conducted as part of the activities.

- × Seven children and adolescent “Friendly Spaces” were created, including specific “Girls Rock It” spaces for adolescents girls to express themselves and discuss issues they encounter in their daily lives. Participants were encouraged and supported in efforts to identify and problem solve regarding issues important to them. Activities included a series of lectures presented by positive role models on different subjects like early pregnancy, drug abuse, civic engagement, HIV/AIDS, among others.

#### Lesson Learned Workshop with Key Stakeholders

As part of the closing activities of the program, the C4K team organized and hosted a one day lessons learned workshop on December 9, 2016 at the Gardnersville Town Hall, Monrovia. A total of 65 participants were in attendance including representatives of the World Bank. This Lessons Learned Workshop provided our valued stakeholders, beneficiaries, staff, partners, and donors the opportunity to share their views about the successes, challenges, lessons learned, as well as require improvement to carry forward from the implementation of C4K program in Montserrado County, Liberia.

The participants at the workshop were divided into five groups:

- × Community Leaders
- × Parents/Teacher Association Chairpersons (PTA) Principals and Ministry of Education (MOE) Representatives
- × Parents, caregivers and local organizations
- × Mentors, Health & Social Workers, and Ministry of Health (MOH)
- × Teachers



## 1 Outcome of Lesson Learned Group Discussions

The table below outlines key findings from the groups discussion on the successes, challenges, lessons learned, etc. of the Comfort for Kids Program with a group member presenting the outcome of their discussions.

DESCRIPTION	FACTORS THAT PROMOTED SUCCESSES
WHAT WENT WELL?	<ul style="list-style-type: none"> <li>✘ Coordination between program Mercy Corps staff and mentors, health and social workers, community leaders, teachers and parents/caregivers.</li> <li>✘ Workbooks implementation in 94 schools in fifteen (15) townships and cities with in Montserrado County.</li> <li>✘ C4K staff supervision</li> <li>✘ Training of teachers, parents, caregivers, community leaders, and health/social welfare professionals</li> <li>✘ Parent/caregivers talked about how this program helped them to identify children's problems and to relate to their children more effectively</li> </ul>
PROGRAM CHALLENGES	
CHALLENGES FACED DURING PROGRAM IMPLEMENTATION	<ul style="list-style-type: none"> <li>✘ Instructional time within various schools was insufficient for teachers to cover the full C4K curriculum.</li> <li>✘ Workload was too high for teachers to implement the workbook activities. This was aggravated by the fact that the number of students in some schools was too high, and many had limited literacy skills.</li> <li>✘ Some of the children refused from the beginning to use the workbook because it reminded them of Ebola.</li> <li>✘ Mentors found it difficult to gather the kids at the safe site because some of the kids have a study classes after school and some needed to go and work with their parents in the market.</li> </ul>
HOW DID YOU COPE WITH THESE CHALLENGES?	<ul style="list-style-type: none"> <li>✘ In order to implement the workbooks, the teachers talk to school's administration and parents for additional time out of their school curriculums period.</li> <li>✘ Teachers grouped the students according to age range to have control over them for the implementations of the workbooks.</li> <li>✘ Teachers used extra time to have a one on one discussions with the children who refused to use the books, to understand their hesitancy and communicate the purpose of the workbook</li> <li>✘ To be able to meet the program target, mentors visited some parents/caregivers at their home to explain the importance of the program and safe space activities before they were able to allow the kids for the safe space activities.</li> </ul>
LESSONS LEARNED	
<ul style="list-style-type: none"> <li>✘ In the future, it would be beneficial for Mercy Corps to approach school administrators to ask them to include the program in their yearly plan; this will help guarantee their buy-in and ensure their support to make sure participation in the program is prioritized by teachers and students.</li> <li>✘ The partnering ministries, Ministry of Education (MOE) and Ministry of Health (MOH) and other key stakeholders should be involved in program meetings/workshops, trainings and other program activities to understand the value and importance of the program or project, the challenges, successes and what impact it is going to bring in the lives of their constituents.</li> </ul>	

## 2 Recommendations

There were several recommendations made by the beneficiaries and stakeholders:

- 1 Teachers and schools administrations recommended that there should be C4K program extension to help children and adults that were affected by Ebola virus disease (EVD) to recover from traumatic behavior or emotional problem after surviving the virus.
- 2 Key stakeholders also recommended for the extension of the program in Liberia, Montserrado County and other Counties effected by the Ebola virus (Lofa, Margibi, Cape Mount, Nimba and Grand Bassa etc.)

## 3 Closing Remarks

The Comfort for Kids Senior Program Officer thanked the participants for being part of the program close-out discussion and them for their coordination during the program, which helped ensure that the program was able to achieve its goals in helping EVD affected children in the targeted communities.

Table 2: Summary of the C4K Primary &amp; Supplemental Activities

Key activities	July 2015 - July 2016 School year Achievements	July 2016-Dec. 2016 Achievements
Partnerships with MOE, MOHSW and MIA	Memorandum of Understanding, Selection of Training participants	Selection of 15 mentors, provision of safe space venues
Trainings on identifying signs of trauma in kids and responding to them.	612 Parent/Caregivers (102% of target), 753 Teachers (100.4% of target) , 280 Health/ Social Workers (100.4% of target), and 154 Community Leaders (103% of target) trained in 85 basic trainings (94% of targeted no. of trainings) ,	N/A
Distribution	Distribution of 10,127 workbooks, 19,978 copybooks, 2133 pencils, 9855 eraser and 9923 sharpener within 94 schools to more than 10,000 kids within 15 townships in Montserrado County.	Distribution of remaining workbooks, pencils, eraser, and sharpener and safe space materials.
Workbook activity	Certification Ceremony: July 8, 2016, of 250 teachers that implemented workbook activities with 10,597 kids in 96 schools.	N/A
Supervisions	Total 287 supervisions of workbook activities within 96 schools in 15 townships and cities in Montserrado County.	81 supervisions of safe space activities in 7 townships and cities.
Referral Activity	Referral of 821 children in 15 townships and cities in Montserrado County in 51 partnering schools: July- December 2016	N/A
Safe Space Activities	N/A	Working with 15 locally trained mentors to carry out life skills training and mentorship activities for 988 children within their communities.
PTA Strengthening	N/A	Working with 35 schools within Montserrado County
TOT for Community leaders	N/A	414 Community leaders
Lessons Learned Workshop		Dec. 9, 2016. 65 program stakeholders participants.
PTA Strengthening	N/A	Working with 35 schools within Montserrado County
TOT for Community leaders	N/A	414 Community leaders
Lessons Learned Workshop		Dec. 9, 2016. 65 program stakeholders participants.

Table 3: C4K PTA Partner Schools

C4K PTA Schools Listing						
No	Name of School	School Location	Township	Contact Person	Position	Contact
1	C.D.B. King Public School	Clay Street	Soniwein	Mr. Sando Duwana	Principal	886959113
2	Soniwein Community School	Rallay Town Market	Soniwein	Mr. Bill Massaquoi	Principal	777774890
3	Lberia Marketees Association School System	Rallay Town Market	Soniwein	Mr. Richard M. Jackson	Principal	886749154
4	African Glory	Behind Soniwein TownHall	Soniwein	Mr. Aaron Quoi	Principal	777246018
5	Christ Ambassador Life Ministry School	Block D, Around Soniwein Clinic	Soniwein	Mother Macklyn Fahnboto	Principal	770985409
6	Fahnseh Public School	Fahnseh Town	Tolberta	Henry Mitchell	Principal	880645565
7	Pleemu Public School	Pleemu Town	Tolberta	Albert J. Washington	Principal	886854446
8	Little Angel Daycare	Morris' Farm	Tolberta	Ruth B. Kubay	Principal	886133795
9	MARCO School System	Via Camp	Tolberta	Richard K. Flomo	Principal	886175400/ 77745345
10	Marshall Memorial Wesleyan Institute	Block Path	Tolberta	F. Davidson M. Kpalo	Principal	886492925
11	Mother Tegeste Stewart School	VOA #1 Road	Brewerville	Mrs. Mariama Z. Brown	Principal	886452763
12	VOA #1 Community Public School	VOA Community	Brewerville	Mrs Musu Coker	Principal	886021100
13	Better Day Foundation	Near VOA Community Football field	Brewerville	Mr. Willie V. Johnson	Principal	777744670
14	Apostolic Outreach School System	VOA #1 Road	Brewerville	Alberta Mensco	Principal	775729517
15	VOA #1 Academy	VOA #1 Road	Brewerville	Mrs. Hawa Fofana	Principal	8863400494/ 776030969
16	Body of Christ	Rehab, Paynesville	Paynesville	Mr. Sayee	Principal	886545573
17	St. Kathleen McGuire Catholic School	Cooper Farm, Paynesville	Paynesville	Mr. Josephus J. Tiady	Principal	777552699/ 886437162
18	Carvery Chapel Mission School	RIA Road, Paynesville	Paynesville	Joseph C. Barchue	Principal	886543922/ 777179244
19	Piece of Mind Community School	Cooper Farm, Rehab, Paynesville	Paynesville	Jackqueline Wonder Johnson	Principal	776795014
20	Kids and Us	Jackson Hill, Rehab, Paynesville	Paynesville	Mrs. Sylbes Tine Johnson	Principal	880697201
21	Kongee Konwroh Community School	Colonel West	New kru Town	Eugene S. Jarboe	Principal	776087362/ 777006041
22	J. N. W. Elem. & Junior High School	Popo Beach	New kru Town	Sam Dogba	Principal	777015758
23	Bishop W. Nah Dixon Academy	Popo Beach/Point Four	New kru Town	Pastor Abraham Nagbe	Principal	0886719214/ 777099780
24	Barclay Nyenfueh Institute	Popo Beach	New kru Town	Nathniel Richardson	Principal	777232425
25	Jewel Howard Taylor/Point Four Com. Sch.	Point Four Community	New kru Town	Daniel Y. Mulbah	Principal	777145428

No	Name of School	School Location	Township	Contact Person	Position	Contact
26	Bishop Grimley High School	Doahn Town	Gardnerville	Esau T.S. Kormeh	Principal	882278155
27	Noah Ark	Town Hall Community	Gardnerville	John S. Randall	V.P.I.	880910388
28	Ma Haja Massa Com. Arabic and Eng. School	Patience Shop, Doahn Town Com.	Gardnerville	Alieu Kengo	Principal	880692603
29	Euphemia K. Abdullai Primary Public School	Karduma Community	Gardnerville	Rev. Michael G. Tuweh	Principal	880435658
30	Bar- Sud Daycare, Elementary and Jr. High	Doahn Town	Gardnerville	Mrs. Irene Sudeh	Propri- etre	886654483
31	Touch World Christian Academy	Zone 401, Block B	West point	Mr. David K. Chayee	Principal	777121153
32	Muslim Community School	Zone 401, Block B	West point	Abdullah Jalloh	Principal	886547557
33	N. V. Massaquoi Public School	Zone 405, Block A	West point	Mr. Bemmo	Principal	776111970
34	West Point Ebola Orphan School	Zone 407, Block C	West point	Mr. Francis Lavel Robert	Principal	776266201
35	Children Hope Academy	Zone 401, Block B	West point	Pastor Eric P. Johnson	Principal	776557818



