Teaching Recovery Techniques for Children Aged 8+

A Pilot Intervention Project implemented in Conflict Affected Areas in Amhara Region, Ethiopia

Project Accomplishment Report

Early Care International

February 2023

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Acronyms

CRC	Convention on the Rights of the Child
CWF	Children and War Foundation
ECI	Early Care International (ECI)
EMDR	Eye Movement Desensitization and Reprocessing
EPA	Ethiopian Psychologists Association
EPHI	Ethiopian Public Health Institute
FMOH	Federal Ministry of Health
IDP	Internally Displaced Persons
MPHSS	Mental Health and Psychosocial Support
PTSD	Post-Traumatic Stress Disorder
TOT	Training of Trainers
TRT	Teaching Recovery Techniques
UNICEF	United Nations Children's Fund

1. Background and Objectives

Background

All children have the right to protection and care that is necessary for their well-being, as clearly stipulated in the Convention on the Rights of the Child (CRC), art. 3[1]. Children who have been exposed to traumatic events during conflict or displacement or who are victims of abuse, exploitation, neglect have a right to physical, psychological recovery and social reintegration in an environment that fosters the health, self-respect and dignity of the child (art. 39, CRC)[2].

The insecurity experienced by displaced children can have damaging physical, social and psychological consequences affecting their well-being and development. In contexts of forced displacement, parents and caregivers may have difficulties in caring adequately for their children when livelihood options have diminished and essential services are no longer operational. Parental distress greatly affects and impacts the well-being of their children. Changes in daily life and routine (such as school interruption), sudden and abrupt separation from family, friends and familiar places, as well as other child protection risks can greatly impact a child's psychosocial well-being. Mental health problems, particularly depression, anxiety, and post-traumatic stress disorders associated with the suffering caused by conflict and psychological stress are highly prevalent among conflict-affected and displaced people[3].

The recent large scale civil and armed conflict in the northern parts of Ethiopia has left behind immeasurable physical and mental health impacts on the displaced and will take years to rehabilitate and bring back the victims to the pre-conflict state[4]. Conflict-related displacements have occurred in several areas in Northern Ethiopia, heightening women and children's protection concerns and vulnerabilities. At the peak of the conflict, over 2.4 million IDPs were reported to be displaced across Afar, Amhara and Tigray[5]. A recent UNICEF report estimated that over 2.9 million children (17% of school age children) across Ethiopia remain out of school, including 2.53 million due to conflict[6].

Objectives

In early 2022, Early Care International carried out initial consultations with the Federal Ministry of Health (FMoH) of Ethiopia and partners. The discussions demonstrated that ensuring access to psychosocial support for children affected by the war in northern Ethiopia was a national priority for the Ethiopian Government, despite constraints related to human resource such as having knowledge and skills in trauma-related assessment and treatment for children. Furthermore, a task force involving various government institutions and professional associations coordinated by the Ethiopian Public Health Institute (EPHI) was already established to respond to the needs of children affected by the conflict.

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[1] United Nations.1989. Convention on the Rights of the Child.
[2] ibid
[3] Panter-Brick C. Conflict, violence, and health: setting a new interdisciplinary agenda. Social Science & Medicine, 2009; 70: 1–6.

[4] Rutherford S, Saleh S. Rebuilding health post-conflict: case studies, reflections and a revised framework. Health Policy and Planning, 2019; 34(3): 230–245. 35 MOH, Health Emergency Recovery plan in Conflict areas
[5] National Displacement Report 11 (December 2021 - February 2022
[6] UNICEF Ethiopia.2022. Ethiopia Humanitarian Situation Report
No. 6: Mid-Year Report, January -June 2022

Thus, the project was designed to complement and strengthen the existing effort of the government and key stakeholders through enhancing the government human resource capacity and skill in trauma assessment and treatment. To this end, Early Care International (ECI) collaborated with the FMoH, EPHI, the Ethiopian Psychologists Association and other national and regional partners to implement a pilot project to enhance trauma-related assessment and treatment capacity of service providers and reduce the psychological after-effects of war on children in selected conflict affected areas in Amhara region of Ethiopia.

The intervention was piloted in five IDP sites in Amhara region where internally displaced children and families by war and conflict were sheltered. The main objective of the pilot intervention was to reduce the psychological after-effects of war on children. The pilot project was designed and implemented to address the existing skill gaps in trauma assessment and treatment through training super trainers who gradually cascaded their training to front-line workers who were operating in local communities where IDP sites were found.

The pilot intervention was adopted from the Norwegian Children and War Foundation, which has developed the techniques and methods, tried them out, and proved that the intervention was effective in reducing the psychological effects on children affected by war and natural disasters in serval countries globally. The intervention was built on available resources and capacities including national efforts to rehabilitate children affected by war in Ethiopia.

2. Methods and Procedures

2.1. Training on trauma assessment and treatment

A training of super trainers' workshop on teaching recovery techniques (TRT) was provided to 30 super trainers drawn from various government institutions. The training was facilitated by the Children and War Foundation. With support of the existing EPHI Mental Health and Psychosocial Support (MPHSS) structure in Amhara region, the trainees later cascaded the training to a total of 20 front- line workers who were selected from war-affected communities in Amhara region.

2.2. Participant recruitment and screening

A total of 100 children 9-18 years of age, who were victims of conflict in northern Ethiopia and had moderate level of trauma were recruited and participated in the pilot intervention. 75 % of the participants were female. Participant children were recruited using a standard screening checklist developed by the CWF. The participants were drawn from five purposively selected towns in Amhara region i.e. Debark, Dabat, Ataye, Debre birhan and Woldia where IDP sites were found. Parental permission was obtained for all children who participated in the intervention.

2.3 Implementation approach

The intervention targeted a total of 100 children in ten groups, where each group comprised of 10 children. The pilot intervention was implemented in five consecutive sessions from October to December 2022. The same group of children continued through the five sessions together. The sessions were designed to equip children with the knowledge, skills and attitude required to cope with the stresses of war and conflict they experienced. Each group session was designed to be covered within 90 minutes. Participant children were also provided short breaks with a drink and snack during each session.

Table 1: Teaching Recovery Technique Session Structure

Teaching recovery techniques sessions	
Sessions	**Topic**
Pre-intervention	Pre-intervention screening/assessment
Session-1	Intrusive Memories
Session-2	Intrusive images, Worries and Dreams
Session-3	Arousal, Feelings, Relaxation and Coping
Session-4	Avoidance and Trigger Activities
Session-5	Avoidance: Memories
2 weeks after the last session	Post intervention assessment

Assessment and rating scales: Self-completed screening questionnaires which were developed by the Children and War Foundation were completed by all participant children before the intervention and after the intervention to gather feedback on how the intervention was working and make appropriate adjustments.

Partnerships and adaptations made. The pilot intervention was implemented with strong partnership involving key government sectors including the FMOH, EPHI, Ministry of Education, Ministry of Social Affairs and professional associations such as the Ethiopian Psychologists Association. The session curriculum has been written to be sensitive to various cultures. Furthermore, few adaptations have been made in the intervention to contextualize with existing socio-cultural context in the intervention areas. Group sessions were conducted in local language i.e. Amharic.

Ethical considerations: During implementation, various measures were taken to ensure that facilitators adhere to key ethical considerations in dealing with the participant children and their vulnerability. Continuous monitoring and supervision activities were carried out to ensure that facilitators adhere to the key ethical principles including non-discrimination, participation, accountability, quality, dignity, and voluntary and informed consent. Moreover, ethical review and clearance of the materials related to the TRT, which have been secured from the Amhara Public Health Institute (APHI), is annexed herewith.

3. Intervention Outcomes

Effect of training provision on knowledge and skill of session facilitators: The training was composed of tools and techniques from various therapeutic approaches which are applicable for group sessions with children affected by war. Interviews with frontline workers who facilitated the sessions indicated that the knowledge and skills they acquired from the training, enabled them to effectively manage the after-effects of trauma on children who have witnessed conflict and war.

Intervention effectiveness on participant children: Effectiveness of the pilot intervention was assessed quantitatively through statistical analysis of pre- and post-intervention within-subject changes using one-sample *t* test. The *t* test revealed a statistically significant reduction in intrusion and avoidance score from pre- to post-intervention (Table). Overall, the intervention resulted in a reduction of intrusion and avoidance symptoms by 44% (Table 2).

Table 2: Results of pre-post intervention within-subject change analysis using one sample t-test

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Pre_Ataye1 - Post_Ataye1	4.300	2.111	.667	2.790	5.810	6.442	9	.000*
Pair 2	Pre_Ataye2 - Post_Ataye2	4.600	3.026	.957	2.435	6.765	4.807	9	.001*
Pair 3	Pre_Dabat1 - Post_Dabat1	4.500	2.461	.778	2.740	6.260	5.783	9	.000*
Pair 4	Pre_Dabat2 - Post_Dabat2	5.200	2.616	.827	3.328	7.072	6.285	9	.000*
Pair 5	Pre_Debrebirhan1 - Post_Debrebirhan1	3.900	2.726	.862	1.950	5.850	4.523	9	.001*
Pair 6	Pre_Debrebirhan2 - Post_Debrebirhan2	4.100	2.424	.767	2.366	5.834	5.348	9	.000*
Pair 7	Pre_Debrebirhan3 - Post_Debrebirhan3	4.100	1.912	.605	2.732	5.468	6.781	9	.000*
Pair 8	Pre_Debrebirhan4 - Post_Debrebirhan4	3.300	3.020	.955	1.139	5.461	3.455	9	.007*
Pair 9	Pre_Wadila1 - Post_Wadila1	3.400	2.757	.872	1.428	5.372	3.900	9	.004*
Pair 10	Pre_Wadila2 - Post_Wadila2	7.000	2.000	.632	5.569	8.431	11.068	9	.000*

***p<0.01**

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Pre_All - Post_All	44.400	13.083	4.137	35.041	53.759	10.732	9	.0008*

*p<0.01

Analysis of qualitative data from post intervention interviews also confirmed that the trauma assessment and treatment tools and techniques embedded in the training manual and facilitation guides were practical and helpful in reducing symptoms of trauma among children who participated in the sessions. Interviews undertaken with session facilitators revealed that the five consecutive sessions helped the children to understand what is happening in their life and to cope up with stressful situations. All key informants interviewed agreed that the intervention was effective in helping the participant children to deal with the psychological after-effects of the conflict.

Children who had intrusive thoughts and difficulty sleeping before the intervention showed significant improvements after the intervention, as they started challenging their fears and they were able to learn adaptive coping strategies.

Some of the participant children who had symptoms of PTSD prior to the intervention learned that experiencing such trauma is expected during post war and developed their own coping mechanism to deal with stressful life events. As a result of the intervention, children were able to normalize the traumatic events they experienced and understand that such events can happen to all human beings.

4. Summary of learnings from implementation

4.1. What Worked Well

- Due to effective partnership building and advocacy efforts targeting key government actors and other stakeholders, the TRT intervention has already been included in the six-month national MPHSS plan of action of the Ethiopian Public Health Institute (EPHI) which will be implemented through the government structure to reach children affected by war and conflict in Ethiopia.

- The training of super trainers was well accepted and interactive. The super trainers reflected that the training was timely and that they previously did not have tools and methodologies relevant to children affected by the war in Ethiopia. The cascading of the TRT training to the front-line workers was manageable and effective. Furthermore, translating the manual to local languages has made it more accessible to local language speakers and helped to ensure that the instructions contained within were clear and easy to understand for a wider audience.
- The training provision and skill transfer support provided through the pilot project enhanced the human resource capacity of the existing government system and structures in trauma assessment and treatment for children in war affected communities. Majority of the trainers and frontline workers who facilitated the sessions demonstrated readiness to use the TRT tools and techniques they acquired from the intervention in their daily routines while implementing their government assigned roles and responsibilities.

- Most of the sessions were easy to understand and participatory for children, particularly the sessions that require practical exercises. The participants particularly loved the activities because they found them to be very helpful for their future life. The tools which were designed to encourage the children to apply immediately during the sessions were very helpful to manage their situations. Parts of the intrusion session which include safe place, breathing exercise, progressive muscle relaxation techniques, sleep hygiene & framing were easier for the children to understand and engage. Furthermore, parts of the arousal session such as feeling thermometer, relaxed breathing and healthy sleep were easy to understand and practice for the participant children.

4.2. Areas of improvement for future interventions

- Some challenges related to maintaining the accuracy of the translation and preserving the tone and style of the original manual were encountered while translating the manual into local language (Amharic). This was particularly difficult due to lack of standardized Amharic Psychological terms for Trauma, Avoidance, Intrusive thoughts as the manual contains technical terms or language that is specific to a particular field. Furthermore, the Ethiopian culture is diversified and picking a contextualized example to use in the Amharic version was challenging.

- The session tools which require the children to write something appeared to be irrelevant and less interesting particularly for illiterate children. This made it difficult for the facilitators to manage the sessions accordingly. Thus, it is suggested to replace tools that require writing with practical exercises such as drawing.

- Furthermore, session tools that require screening, tapping and writing (processing) the traumatic event experienced were difficult to understand for the participant children. The Eye Movement Desensitization and Reprocessing (EMDR) technique, in particular was also difficult to understand, even for the training facilitators. Thus, future interventions to be implemented in Ethiopia need to consider revising the above sections that are difficult to understand, including the session on Eye Movement Desensitization and Reprocessing (EMDR) technique, etc.

- Some of the exercises require prior exposure of participant children with modern technological products such as TV. Thus, similar interventions in the future need to consider contextualizing the manual to suit the socio-economic context of children in Ethiopia, as a significant proportion of rural children in Ethiopia do not have access to TV or other technological advancements.

- The screening checklist was used to identify children to participate in the sessions. However, the Amharic translated version of the checklist contained language which was difficult to understand for the children. Thus, future interventions need to make sure that the translation of screening checklists is easy to comprehend , clear, precise and fine-tuned with the literacy level of the participant children. It is also suggested to include detailed information as a foot note to explain each question further if needed.

5. Potential for sustainability and scale-up

- The super trainers as well as frontline workers who were trained and implemented this pilot intervention were already working with children in war-affected areas and were drawn from various government institutions. Thus, the training provision and skill transfer support provided by the pilot project enhanced the human resource capacity of the existing government system and structures which may potentially contribute to scale-up and sustainability of the pilot-intervention.

- The TRT intervention has already been included in the six-month national MPHSS plan of action of the Ethiopian Public Health Institute (EPHI) which will be implemented through the government structure to reach children affected by war and conflict in Ethiopia. This achievement is a demonstration of the relevance of the intervention and strong commitment of the Ethiopian government to expand and scale-up the intervention.

- Majority of the trainers and frontline workers who facilitated the sessions demonstrated readiness to use the TRT tools and techniques they acquired from the intervention in their daily routines while implementing their government assigned roles and responsibilities.

Annex: