



## VTTP Quarterly Progress Report

Grantee Name: *Heartland Alliance International* Grant Number: AID-OAA-A-10-00046

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**Project Name:** ACOPE - Community-Based Treatment Services for Afro-Colombian Victims of Torture

**Project Start Date:** 10/01/2010

**Project End Date:** 09/30/2015

**Reporting Quarter Dates:** 04/01/2015 – 06/30/2015

## I. Executive Summary

The *Community-Based Treatment Services for Afro-Colombian Victims of Torture* (ACOPLE) is a USAID-funded program implemented by Heartland Alliance International (HAI) in collaboration with AFRODES, the CISALVA Research Institute, and John Hopkins University (JHU). The project, initially designed as a three-year program, began in October 2010. HAI later received a cost extension (CE) that extended the project for an additional two years through September 2015. This program aims to develop and implement evidence-based, effective, and culturally appropriate mental health services for victims of torture on Colombia's Pacific Coast, expand holistic services to victims, and build the capacity of Afro-Colombian civil society organizations to address the needs of torture survivors during and after the project period. HAI accomplishes this through three mutually-reinforcing strategic objectives (SO):

*SO 1: The ACOPLE team provides technical assistance to the Government of Colombia to assess the prevalence and impact of torture on Afro-Colombian individuals and communities in two cities of Colombia's Pacific Coast (Quibdó and Buenaventura)*

*SO 2: Provide context-specific, replicable, effective, and sustainable community mental health services for 1,600 survivors of torture and political violence*

*SO 3: Develop the long-term capacity of Afro-Colombian communities and municipal authorities to respond to the treatment needs of victims of torture*

Over the life of ACOPLE, (*Alianza Con Organizaciones Por Lo Emocional* – Alliance of Organizations for Emotional Support) HAI has provided services to **1,390 participants**, **174 individuals** have attended trainings on mental health and trauma-related issues, and **two local partner organizations (AFRODES and CISALVA)** and **five government organizations (Red Unidos Quibdó, Red Unidos Buenaventura, Unidad para la Atención y Reparación Integral a las Víctimas (UARIV) Universidad Autónoma de Occidente (UAO), and Secretaría Departamental de Salud del Valle del Cauca)** have received targeted capacity building support.

Other notable accomplishments from this reporting period (April 1 to June 30, 2015) include the following:

- (i) HAI and project partners successfully passed a program audit.
- (ii) The Colombian School of Psychologists (COLPSIC) published a paper co-authored by HAI's Clinical Director and Country Director. This publication highlighted accomplishments in the field of mental health, and HAI discussed the advances made through its innovative approach to providing tailored services to Afro-Colombian victims of torture.
- (iii) CISALVA produced a progress report for which it surveyed past participants. Results demonstrate that even two years after having received services, participants continued to report improved wellbeing.
- (iv) HAI held institutional meetings with several public and private organizations, including Unidad de Víctimas, which expressed interest in establishing a more formal collaboration with HAI through ACOPLE.

HAI has to date expended \$2,854,988 of the budget, marking a burn-rate of 80%.

## 1. Describe any significant highlights/accomplishments that took place during this reporting period.

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### **STRATEGIC OBJECTIVE 1: THE ACOPLÉ TEAM PROVIDES TECHNICAL ASSISTANCE TO THE GOVERNMENT OF COLOMBIA TO ASSESS THE PREVALENCE AND IMPACT OF TORTURE ON AFRO-COLOMBIAN INDIVIDUALS AND COMMUNITIES IN TWO CITIES OF COLOMBIA'S PACIFIC COAST (QUIBDÓ AND BUENAVENTURA)**

The Colombian School of Psychologists (COLPSIC) published a paper co-authored by HAI's Clinical Director and Country Director. This publication<sup>1</sup> highlighted accomplishments in the field of mental health, and HAI discussed the advances made through its innovative approach to providing tailored services to Afro-Colombian victims of torture.

The article describes HAI's strategy for providing mental health services, and how HAI utilizes a community-based approach, identifies and strengthens the skills of historic caregivers within the communities, and considers cultural elements to ensure services are relevant and effective. HAI documented how training and supervising community mental health workers have proven effective strategies for expand access to mental health care services in these communities in Colombia. HAI submitted the article in response to an open call by COLPSIC, the state agency responsible for ensuring good practices of mental health professionals in Colombia. HAI's published article contributes to the body of knowledge surrounding the prevalence, practice, and impact of torture on Afro-Colombian individuals and may now be used as a reference for future interventions.

### **STRATEGIC OBJECTIVE 2: PROVIDE CONTEXT-SPECIFIC, REPLICABLE, EFFECTIVE AND SUSTAINABLE COMMUNITY MENTAL HEALTH SERVICES FOR 1,600 SURVIVORS OF TORTURE AND POLITICAL VIOLENCE**

HAI's centers in Quibdó and Buenaventura remain operational. Currently, the team from Buenaventura is still attending the two groups from the last quarter and the Quibdó team is attending three new groups in different neighborhoods of the city.

To date, HAI has provided trauma-informed mental health services to **1,380 individuals (1,187 women and 203 men)** through the two ACOPLÉ centers. In this reporting period, HAI has provided **specialized services**, including individual psychological therapy, to 14 new participants; Intervención Psicosocial Individual basado en Sentimientos, Pensamientos y Comportamientos (**IISPC**, in English, Individual Psychosocial Intervention based on Sentiments, thoughts and behavior) (**previously** Components-based intervention, **CBI**), **CGT and other psychosocial interventions** to 96 new participants; and **social work support** to 13 new participants. As part of its social work support, HAI assesses the needs of participants and makes appropriate referrals as necessary.

### **STRATEGIC OBJECTIVE 3: DEVELOP THE LONG-TERM CAPACITY OF AFRO-COLOMBIAN COMMUNITIES AND MUNICIPAL AUTHORITIES TO RESPOND TO THE TREATMENT NEEDS OF VICTIMS OF TORTURE**

For two years, HAI has tried to establish a more formal cooperation with the Victims Unit, offering to share lessons learned from ACOPLÉ to strengthen services for Afro-Colombian victims. While the Victims Unit has demonstrated an interest in an exchange of experiences with HAI, frequent staff turnover in the Victims Unit inhibited collaboration. Following a recent change in coordination, HAI reinitiated contact, and was referred to Camila Jaramillo, the new Deputy Director of the psychosocial unit. HAI met with Ms. Jaramillo and scheduled a follow-up meeting for July to share strategies for the provision of mental health services, and training of staff. The Victims Unit confirmed that in Buenaventura, the establishment of a local Psychosocial Care and Integral Health for Victims of Armed Conflict (PAPSIVI) Unit, the Ministry of Health's program for providing long-term psychosocial care to victims, was not expected. Initially, the Secretaría de Salud Distrital was preliminarily selected to administer PAPSIVI in

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<sup>1</sup> [http://www.colpsic.org.co/aym\\_image/files/EXPERIENCIAS%20SIGNIFICATIVAS.pdf](http://www.colpsic.org.co/aym_image/files/EXPERIENCIAS%20SIGNIFICATIVAS.pdf)

Buenaventura, but the Ministry of Health reevaluated the local institution’s capacities to manage the program. The Victims Unit expressed interest in referring individuals in need of clinical or long-term services to HAI’s ACOPE center in Buenaventura, in light of the lack of other governmental services. In July, HAI and the Victims Unit will continue its dialogue and explore other opportunities for collaboration. This marks an exciting development in HAI’s project and demonstrates the leadership role HAI has assumed in this technical area.

## **PROGRAM MANAGEMENT AND COORDINATION**

### **Coordination meetings with USAID and partner organizations**

Between May 5 and 29, external auditors, Asesores de Negocios para Latinoamérica Ltda. (ASELAN), conducted a financial review of ACOPE, the findings of which were overwhelmingly positive, particularly in relation to HAI’s and CISALVA’s work. The auditors did identify a few areas in which AFRODES could demonstrate improvement, specifically regarding the organization and storage of information. The audit demonstrated the need to revise their manual of procedures and its application.

On May 4, HAI had a DQA meeting with USAID staff, including AOR Thea Villate and M&E Specialist Ana María Florez. Following this collaborative conversation, HAI revised its M&E plan based on USAID’s recommendations.

During this quarter, HAI held individual meetings with each partner to ensure effective program implementation, and in CISALVA’s case, responsible project closeout. The CISALVA subaward agreement ended in April, though some of their deliverables are still under revision, including an updated database of participants, final progress report, and an article on Phase II. CISALVA also requested a meeting with HAI’s Clinical Director and the Program Officer to discuss the possibility of submitting a proposal to Colciencias, the Colombian agency responsible for research in science and technology, to replicate the ACOPE model in Cali. For this proposal, CISALVA plans to assume the lead coordination role and has asked HAI to provide training and technical support to the Community Psychosocial Workers (CPWs). HAI will meet with CISALVA again in the next quarter to determine the feasibility of expanding the ACOPE model’s reach through this mechanism.

In the case of AFRODES, HAI Project Coordinator Erlendy Cuervo visited both centers in the months of April and June and remained in close contact with the Country Director, as well as the Clinical Director.

### **HAI internal coordination and visits**

HAI conducted the following site visits this quarter:

<b>Where</b>	<b>When</b>	<b>Who</b>	<b>Main objective</b>
Buenaventura	7-8/04	Clinical Director	Evaluation of recently hired staff and institutional meetings
	15-16/04	Clinical Director	General clinical orientation and accompaniment of team during adjustment period of new HAI staff
	22-30/04	Clinical Director	Induction and clinical training (formats, protocols, care pathways, team dynamics , roles and responsibilities) for newly hired staff
	13-14/05	Clinical Director	General clinical orientation and accompaniment of team; evaluation of the CPW.
Quibdó	22-30/04	Clinical Director	General clinical orientation, accompaniment of team and institutional meetings.
	24-27/05	Clinical Director	General coordination and institutional meetings.
Bogotá	18-20/05	Clinical Director	Institutional meetings with the Gobierno Mayor Indígena, a strategic ally for the possible next phase of ACOPE with indigenous population

The Cali-based staff met on June 30 to delineate roles and responsibilities in the absence of HAI's Country Director, who is currently on maternity leave through October 15, 2015. HAI has scheduled a coordination meeting with the regional coordinators in July. In both centers, staff held weekly coordination and security meetings to plan the week's agenda and take necessary security measures, especially in the cases of visits to different parts of the city. HAI carried out Help-for-Helpers group activities with the CPWs in Quibdó on April 10, as well as individual sessions with the psychologists for CPWs who requested special attention in May. The Help-for-Helpers group activities provide exercises for emotional release to prevent exhaustion in people who may suffer or are at risk of experiencing secondary trauma. These activities will take place in Buenaventura in July.

### **Meetings with other institutions / organizations**

#### **Public institutions:**

- *Secretaría de Salud Distrital Quibdó (April 29 and May 26)*  
HAI met with the Health Secretary **Ricardo Panesso** to discuss project progress made in the months since meeting last September, as well as the possibility of securing a space for ACOPLÉ at the Ismael Roldan hospital. HAI submitted a new proposal based on the last version presented in December 2013 that did not move forward due to the uncertainty of the project's future, and the change in leadership at the Secretary's office in 2014. HAI scheduled a follow-up meeting with the Secretary, which will take place in July.
- *Colombian Family Welfare Institute (ICBF)*  
On June 11, HAI staff in Buenaventura met with personnel from ICBF, which is planning to expand its reach into neighborhoods where it does not currently have a presence. ICBF proposed to coordinate their visits with HAI's services, which would enable adult participants in need of childcare to more readily access mental health services through ACOPLÉ. ICBF has previously referred cases to ACOPLÉ centers and HAI looks forward to building on this strategic partnership.
- *Secretaria de Convivencia para la sociedad civil / Centro de Memoria Histórica*  
On June 17, HAI's regional coordinator based in Buenaventura met with the Secretary for Coexistence to strategize how to coordinate referrals more effectively. The Secretariat offered to share information on victims, and has already asked HAI to provide services to 12 identified women and their families who are in critical need of support. These 12 women are mothers whose children were forcibly disappeared from the Punta del Este neighborhood and assassinated by paramilitary groups in 2005. The Secretariat has been implementing a project in the community through its Centro de Memoria Histórica and would now like HAI to support the project by providing psychosocial services. HAI staff have since been introduced to community members and will soon establish a Community-based therapy group.
- *Hospital Luis Ablanque de la Plata (May 11, Buenaventura)*  
HAI met with the Hospital Luis Ablanque de la Plata in hopes of securing a space for ACOPLÉ services in their new mental health unit. HAI scheduled another meeting with hospital staff to discuss this potential collaboration further.
- *Mesa Intersectorial contra la Violencia Basada en Género y otros tipos de violencia:*  
The social worker and the Buenaventura coordinator have been participating in the monthly meetings of the Intersectorial Committee Against Gender Based Violence and other forms of violence. The participation in this committee has helped demonstrate the necessity of mental health interventions to other institutions and has contributed to establishing cooperation with strategic allies.

## **Local Organizations or Alliances:**

- *Red Unidos*

At the meeting on June 19 in Buenaventura, both HAI and Red Unidos affirmed interest in reestablishing the collaboration that was suspended during the organization's leadership transition. Red Unidos invited HAI to present on its ACOPLÉ model and the services available at a neighborhood event in July.

## Buenaventura

- **Forum on Peace, Territory, and Interculturality– Universidad Claretiana**

The Universidad Claretiana held an academic forum, as a contribution to the debate on the implications of the participation of non-governmental actors in the peace building process. Participants attending the forum, including two CPWs discussed the challenges and opportunities that exist when providing treatment to victims in a post-conflict context.

## **International Organizations:**

- *HelpAge in Buenaventura*

HAI has remained in close contact with HelpAge on the local level, meeting with its lawyer on April 21 to introduce HAI's current clinical psychologist, consolidate the referral of special cases to ACOPLÉ, and advance a strategy to address the needs of displaced families from Bajo San Juan.

- UN OCHA and HelpAge

HAI and HelpAge received training from OCHA on how to apply its multi cluster/sector initial rapid assessment MIRA methodology, used to plan joint interventions in emergencies. The methodology was applied to assessing needs of families displaced from Bajo San Juan.

- *Local Humanitarian Space (EHL) and Country Humanitarian Space (EHP), meetings convened by UNOCHA*

HAI's team in Quibdó participated in meetings convened by the EHL Chocó on May 19 and June 9. HAI also participated via Skype in the meeting carried out by the EHP health cluster convened by the World Health Organization (WHO) on June 17.

## Workshops/Trainings

- **Conversatorio PROFAMILIA**

HAI's coordinator, social worker, and CPW participated in a discussion on sexual and reproductive rights of adolescents and youth with an emphasis on contraception and voluntary termination of pregnancy, based on judgment C-355 of 2006. Profamilia, an organization with legal expertise and knowledge surrounding these issues led the workshop.

## **Other: development of database for monitoring entry and exit surveys**

CISALVA submitted an updated version of its database, which has allowed HAI to enter information from the entry and exit surveys of the participants from each city and monitor changes in symptoms. HAI already entered information from the 2012-13 period of the research study. The staff from Buenaventura and Quibdó have begun to enter the new information covering the second phase of the program, however, there are still minor technical issues that CISALVA plans to fix in the next quarter.

### **Staff Changes**

The Country Director is now on maternity leave through October 15, 2015, and HAI's Clinical Director Diego Fernando Rodriguez Mendieta has assumed the role of Interim Director. HAI's Chicago office will continue to provide intensive backstopping and technical support to ensure there are no disruptions in program implementation. HAI also recruited a new staff member in Cali to serve as Program Officer. This individual will assist in the coordination and management of projects, and provide general assistance to the Clinical Director.

HAI recruited a new psychologist to serve in Buenaventura. HAI's psychologist in Quibdó has accompanied this new staff person on several visits and has oriented her to the program's methodology.

## **2. Describe any unforeseen obstacles or challenges that are having a negative impact on the implementation of the grant activity. For any mentioned, please describe your possible strategy for resolution.**

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### ***SAFETY AND SECURITY***

With the end of the unilateral ceasefire from the FARC on May 22, security concerns have once again intensified. Both the prevalence and severity of incidents have increased over the last few months, particularly in the south of Colombia, including Putumayo and the Southern Pacific Coast (Buenaventura and Tumaco). A FARC attack on an electricity tower in Buenaventura on May 31 left 400,000 individuals without electricity for three days. Meanwhile, in Tumaco, violence between FARC and the military, which would normally be contained in rural areas, have spilled over into the city center, placing more at risk. In Quibdó, threats of military action have been a major source of anxiety and fear among the community.

HAI staff in Quibdó presented a security analysis last quarter and has recently received training on security and risk analysis for the implementation of other projects in the region. This quarter, the Country Director reinforced protocol and procedures to ensure the team in Buenaventura were well equipped to respond to any security incidents. In June, the Financial and Administrative Director, Program Officer and CPW in charge of security in Buenaventura participated in the workshop on Risk Analysis offered by the United Nations Department of Safety and Security, where they learned how to apply UNDSS's method for risk analysis. Additionally, HAI scheduled a security drill for the Buenaventura office in July to verify that security protocols are understood and followed.

### ***LOCAL ELECTIONS 2015, "LEY DE GARANTÍAS" AND IMPACT ON INSTITUTIONAL STAFFING DECISIONS***

With the municipal and departmental elections in October 2015 fast approaching, the "*Ley de Garantías*" has now gone into effect as of June. As described in the previous report, this law prohibits all state agencies from carrying out direct recruitment during the campaign period with a few limited exceptions. This law, which puts a hold on staff recruitment and contract negotiations, has unfortunately been the source of several delays, which have prevented HAI from moving forward on the following three activities:

- 2.3.2 In Quibdó, follow-up and bring to successful conclusion Interagency Agreement with Secretaría de Salud Municipal for lease agreement for ACOPE in Hospital Ismael Roldán
- 2.3.3 In Buenaventura, negotiate lease agreement for at least last year of project so ACOPE can function from public institution
- 2.3.5 Develop, agree on and formalize transition of ACOPE Centers to local public/private health structures

Unlike previous years, according to government officials, this year there is greater flexibility in terms of interagency agreements and in the case of Quibdó, The Secretariat of Health has already invited HAI to present proposals for collaboration. At the same time, HAI is aware and committed to finding alternatives that ensure ACOPLÉ transitions to a local permanent structure. HAI believes that the Victims Unit's interest in collaborating more directly with ACOPLÉ is an encouraging sign that the ACOPLÉ Centers could ultimately be integrated into public service programs.

### **3. Describe any significant program learning that has taken place in the recent reporting period.**

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#### **Psychosocial Care and Integral Health for Victims of Armed Conflict (PAPSIVI)**

While the Victims Unit offers some programs in the area of mental health, the Ministry of Health is largely responsible for providing clinical services and long-term psychosocial care through its PAPSIVI program. However, in a meeting with Camila Jaramillo from the Victims Unit, HAI learned that the Ministry of Health is not planning to open a PAPSIVI unit in Buenaventura in the near future. HAI is concerned that a city like Buenaventura, with such a high number of victims, is not among the selected locations where PAPSIVI will be present. HAI will consider opportunities to advocate for Buenaventura's inclusion to ensure adequate coverage.

### **4. Comment on the status of the activity as compared with the agreed-to work plan. Explain whether you are behind, consistent with, or ahead of the work plan. Describe any proposed changes to the work plan that are needed in order to achieve the project outcomes.**

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All activity titles outlined below coincide with the approved CE (see complete Logical Framework Matrix presented with CE request); HAI also adjusted the corresponding chronogram to the activity work plan presented with the M&E Plan in March 2015.

Several activities were completed and described in previous reports; the following activities are still in progress:

#### **ACTIVITY SUMMARY STRATEGIC OBJECTIVE 1**

##### **1.3.2 Data collection (for phase II research) using same survey and assessment tool as original Research study**

CISALVA visited the ACOPLÉ Center in Buenaventura in April (9-10) to finish data collection.

##### **1.3.3 Data analysis and write-up (for phase II research)**

While the analysis of participants' progress took longer than expected, CISALVA finalized the report on the results of phase II research this quarter.

##### **1.3.4 Publish article with findings second phase**

Last quarter, CISALVA submitted an article highlighting the findings from the first phase to the Journal of the American Medical Association. According to CISALVA, the article was rejected for length; they are currently editing the article and preparing to submit to another journal for consideration. CISALVA will hold off on publishing its article detailing findings from the second phase until the first article is published.

## **ACTIVITY SUMMARY STRATEGIC OBJECTIVE 2**

### **2.1.1 Initial Curricula Development/Adaptation**

HAI is currently working with CISALVA on consolidating the two versions of the curriculum to create one version to be certified by the University of Valle. HAI adapted the curriculum in response to findings from the first phase analysis. HAI has since shared the modifications with CISAVLA and is collaborating with their team to prepare and finalize a unified version for the university so that it may be used as a standard for a training course.

### **2.1.5 Further training - Quibdo and Buenaventura**

The new psychologist who started supporting ACOPLÉ in Buenaventura received training from HAI's psychologist in Quibdó.

### **2.2.4 Signing of agreements with local public institutions interested in receiving capacity building on interventions**

HAI anticipates signing agreements with public institutions in July. In August, HAI plans to conduct workshops designed to build their capacity in providing mental health services.

### **2.2.5 Training of trainers on EMERS+ (IISPC and CGT)**

This activity is scheduled to take place next quarter.

### **2.2.6 Replication of trainers of trainers on CBI and CGT**

When selecting participants for the training of trainers workshops, HAI is gauging their willingness to replicate the contents of the workshops as a selection criterion. If an extension of the project is approved, HAI hopes to report on the replication in the final quarter of 2015.

### **2.3.1 Train Treatment Center Staff**

The new Psychologist for the Buenaventura office received an orientation in Cali on June 9, and four days of clinical training on the interventions and supervision techniques in Quibdó from June 10-13.

### **2.3.2 In Quibdó, follow-up and bring to successful conclusion Interagency Agreement with Secretaría de Salud Municipal for lease agreement for ACOPLÉ in Hospital Ismael Roldán**

While there have been several meetings with the Secretaría de Salud, the agreement has not been finalized. The next meeting is planned for the end of July.

### **2.3.3 In Buenaventura, negotiate lease agreement for at least last year of project so ACOPLÉ can function from public institution**

HAI held meetings with the Secretaría de Salud Distrital, as well as with the hospital Luis Ablanque de la Plata. Currently, the administration is in the process of establishing a Mental Health Unit and providing more office space. HAI is waiting to hear if HAI staff will receive one of the new spaces. Due to the *Ley de Garantías*, it is increasingly likely that HAI will have trouble completing this activity during the established timeframe. HAI is currently exploring other options with the Casa de Justicia and the Diocese of Buenaventura that have both offered possible spaces for ACOPLÉ. Receiving office/practice space at the hospital, especially at the Mental Health Unit remains HAI's priority, would facilitate a smooth integration of ACOPLÉ services in the city and enable HAI staff to have greater direct contact with local health professionals.

### **2.3.4 Open Treatment Center & provide mental health services**

Both centers remain open and treatment is ongoing.

### **2.4.1 Provide individual mental health services to torture survivors (specialized services)**

A total of 14 new participants began receiving specialized services this quarter (all from Quibdó). To date, a total of 368 individuals have been accessed for specialized services (300 female and 68 male).

**Activities related to Result 2.5 (Activities 2.5.1-3): 1,100 individuals participate in group and/or individual psychosocial services (IISCP/CBI and CGT) led by Community Psychosocial Workers (CPW), resulting in significant improvement in symptoms**

1,018 individuals have participated in group and/or individual psychosocial services (IISCP/CBI and CGT). According to the data analysis by CISALVA, there has been significant improvement in symptoms, continuing even after the end of treatment. Both centers plan to begin community group therapies with new, additional groups next quarter. Buenaventura staff expect to start working with a group of 50 participants, possibly split in two sub groups of 25.

**Activities related to Result 2.6 (Activities 2.6.1-4): Certification for Training on Mental health and Psychosocial Interventions (CBI and CGT) for Community Leaders and Health Professionals developed in alliance with local formal education institution**

Please refer to Activity 2.1.1. The unified curriculum is the basis for the proposal of a course led by Universidad del Valle through which community leaders and health professionals would receive certification.

**ACTIVITY SUMMARY STRATEGIC OBJECTIVE 3**

**Activity 3.1.1 Department of Health medical staff trained**

In August, HAI will hold group discussions to identify topics and areas that the institutions have identified as priorities for training. In Buenaventura, this is planned for the upcoming meeting of the health committee and in Quibdó the institutions will be contacted through the Secretaría de Salud. On both occasions, HAI staff will administer surveys to inform the training curricula's content.

**Activity 3.1.2 Ongoing individual consultation and mentoring**

HAI will provide ongoing individual consultation and mentoring following its initial training under Activity 3.1.1.

**Activities related to Result 3.2(Activities 3.2.1-2): Staff from local authorities and organizations who provide care for children and adolescents (ICBF, others) trained in Children and Mental Health: a differential approach for children victims of conflict**

HAI has begun to develop a curriculum outline and has contacted prospective trainers. HAI anticipates the training taking place next quarter.

**3.3.1 Survivors referred to (and accompanied when necessary) emergency and social services**

Ongoing.

**3.4.1 Workshops (3 sessions) on vicarious trauma and help-for helpers**

These sessions will occur next quarter.

**3.5.2 Financial Management Systems & Controls training. Development of manuals of procedures**

The revision of the procedures manual is ongoing.

**3.5.3 Organizational Program Development tools**

This activity will take place next quarter.

**3.5.4 Audits**

The audit took place in the second and third week of May.

**3.5.5 Develop a strategic plan for assisting Afro-Colombian victims of torture and political violence with information from conference**

This activity will take place in future quarters.

**3.6.4 Develop transition plan by Year 5 regarding continuing education and professional development of mental health workers trained by this project, in order to provide for career mainstreaming for mental health workers trained as part of this project**

As mentioned above, HAI and CISALVA are currently revising the curriculum to present to the Universidad del Valle for a training course in community-based provision of mental health services. While the curriculum is primarily directed towards community agents, HAI is recommending that community mental health agents be embedded within larger public mental health institutions. Certification from Universidad del Valle will help advance this integration by providing community agents with formal recognition as auxiliary mental health workers.

**5. USAID Branding and Marking: Did any of your activities during this quarter result in printed materials, training events, web page development or other instances where the application of USAID logo/brandmark may be required? If so, please list and include examples of each.**

As specified in the approved marketing and branding plan for this project, for purposes of security, HAI will not use signs of any sort for field operations or the torture treatment program in Buenaventura and Quibdó as both cities continue to experience civil unrest and violence, largely associated with right-wing paramilitary groups. This includes ACOPEL Center staff uniforms for going to the neighborhoods. However, the USAID logo will be used in all manuals and materials used for internal purposes and targeting specific audiences.

**6. Please complete the Quarterly Technical Report Workplan Table (see below). Please note that this table has to be derived from the Annual Workplan. For activities planned for the previous quarter, indicate (yes/no) whether or not the activities were completed. Place any comments in the last column. Indicate what activities are planned for the coming quarter by marking an “X” in the Workplan Table.**

Please refer to Appendix 1 for detailed information.

**7. Please provide data for the following common indicators:**

**Key indicator Number 1: 3.3.2-8 Number of vulnerable people benefitting from USG-supported social services**

Type of Service	Target	Total This Period		Last Period Cumulative Reported		Cumulative to Date		Total: Cumulative to Date
		(a) Female	(b) Male	(c) Female	(d) Male	e=(a+c) F342emale	f=(b+d) Male	g=e+f
Specialized Clinic-based services	500	14	0	286	68	300	68	<b>368</b>
IISPC (previously CBI)	1100	25	1	309	39	334	40	<b>374</b>

Community Therapy		64	6	342	61	406	67	<b>473</b>
Other Services		0	0	149	22	149	22	<b>171</b>
Social Work	180	7	6	94	16	101	22	<b>123</b>
<b>People who received more than one service</b>		5	0	98	16	103	16	<b>119</b>
<b>TOTAL N° PARTICIPANTS</b>	1600	105	13	1082	190	1187	203	<b>1390</b>

Key Indicator Number2: 3.3.2-13 Number of service providers trained who serve vulnerable persons

	Target	Total This Period		Last Period Cumulative Reported		Cumulative to Date		Total: Cumulative to Date (combined M+F)
		(a) Male	(b) Female	(c) Male	(d) Female	e=(a+c) Male	f=(b+d) Female	g=e+f
CPW	28	0	0	24	42	0	0	<b>66</b>
Other ACOPE Staff	10	0	1	4	9	4	10	<b>14</b>
Other health officials / government / organizations / Surveyors	145	0	0	30	64	0	0	<b>94</b>
<b>TOTAL</b>	<b>183</b>			<b>58</b>	<b>115</b>	<b>58</b>	<b>115</b>	<b>174</b>

Key Indicator Number3: 3.1-6 Number of civil society organizations (CSOs) receiving USG assistance engaged in health advocacy

	Faith Based	Government	Non-Governmental	Community Based	Other (Academic, private)	Total
Total This period	0	0	0	0	0	0
Last Period Cumulative Reported	0	5	15	5	0	25
<b>Cumulative to Date</b>	<b>0</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>25</b>

GNDR-3 Proportion of females who report increased self-efficacy at the conclusion of USG supported training/programming

HAI previously reported on this indicator and will update the results according to the M&E plan in the final quarter.

8. ONLY IF IT DOES NOT COMPROMISE CONFIDENTIALITY OR SAFETY, please include a few photographs taken of project activities during this reporting period.

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Help-for-Helpers workshop for CPWs, including good practices in operations and self-care facilitated by the local psychologist. Quibdó, Vereda la Paloma, April 10, 2015



**9. Please compare the expected estimated budgeted cumulative USAID project expenditures to-date with the actual cumulative expenditures as follows:**

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- (a) Total Obligated Budget (USAID funded portion): \$ 3,399,998
- (b) Expected estimated budgeted cumulative project expenditures through the end of this quarter as per the grant budget: \$ 3,199,999<sup>(1)2</sup>
- (c) Actual cumulative. USAID funded project expenditures to-date: \$ 2,857,040<sup>(2)3</sup>
- (d) Subtract (c) from (b): \$ -\$342,959
- (e) Divide (d) by (b) and express as a percent: -10.72%

Please refer to Appendix 2 for breakdown per major budget category.

**If (e) is more than 15% please briefly explain the reasons for the variance (Describe why the cumulative expenses as per the plan vary widely from the actual cumulative expenditures):**

N/A

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(1) Total project budget divided by number of months in the project, multiplied by the number of months elapsed as of this report date.  
(2) Actual cumulative USAID expenditures should match the amount shown on the accompanying Quarterly Financial Report.

## Certification

I certify that the above information is accurate and correct.

Molly Castillo-keefe on behalf of

Eva Duarte Davidson  
Grantee's Authorized Official Printed Name

Colombia Country Director  
Title

J. Castillo-Keefe  
Signature

07/29/2015  
Date

Regional Director  
Latin America + the Caribbean

## APPENDIX 1: Quarterly Work Plan Report Table

Quarter Covered by Report: April 1st to June 30th, 2015

<b>MAJOR ACTIVITIES PLANNED FOR THIS REPORTING QUARTER</b>	<b>ACTIVITY COMPLETE?</b>		<b>FACTORS/ COMMENTS IF ACTIVITY NOT COMPLETED</b>	<b>MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER</b>
	Yes	No		
<b>Strategic Objective 1</b>				
1.2.2 Assessment of the skills and knowledge of MoH personnel	(Partially)			Complete activity and establish training during this and next quarter.
1.3.2 Data collection using same survey and assessment tool as original Research study	x			
1.3.3 Data analysis and write-up	x		All data has been analyzed and the report is finished	
1.3.4 Publish article with findings from second phase		x	As CISALVA is still in the process of submitting the findings from the first phase, it would not be strategic to publish the consecutive article	

MAJOR ACTIVITIES PLANNED FOR THIS REPORTING QUARTER	ACTIVITY COMPLETE?		FACTORS/ COMMENTS IF ACTIVITY NOT COMPLETED	MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER
	Yes	No		
<b>Strategic Objective 2</b>				
2.1.1 Desarrollo Curriculum Inicial / Adaptación	(Partially)		The CGT protocol and Training Modules were revised, however, HAI and CISALVA currently have two different versions of the curriculum that need to be combined.	Combine/adapt the curriculum advanced by HAI to ensure it was more in line with CISALVA/Univalle standards and requirements.
2.1.4 Further training - Quibdo and Buenaventura		x	Ongoing. Buenaventura and Quibdó Center staff are giving constant revision to basic concepts in mental health with CPW.	Ongoing
2.1.6 CPW sharing of experiences	x			
2.2.4 Signing of agreements with local public institutions interested in receiving capacity building on interventions	(Partially)		Progress was made with SSV last year, after difficulties during the first quarter, the communication was taken up again this quarter.	Sign agreement in July
2.2.5 Training of trainers on EMERS+ (IISPC and CGT)		x		Programmed for next quarter
2.2.6 Replication of trainers of trainers on CBI and CGT		x	Depends directly on 2.2.5	Programmed for the last quarter of 2015
2.3.1 Train Treatment Center Staff	x		The positions of Psychologist was filled in Buenaventura with new staff who received training in the week June 9-13.	

2.3.2 In Quibdó, follow-up and bring to successful conclusion Interagency Agreement with Secretaría de Salud Municipal for lease agreement for ACOPLÉ in Hospital Ismael Roldán		x	Quibdó has been in contact with the Secretaría de Salud Municipal and was asked to renew the proposal for collaboration.	Continue in efforts to establish agreements during the next quarter. Even though the "Ley de Garantías" has started, officials affirm that they can sign agreements.
<b>MAJOR ACTIVITIES PLANNED FOR THIS REPORTING QUARTER</b>	<b>ACTIVITY COMPLETE?</b>		<b>FACTORS/ COMMENTS IF ACTIVITY NOT COMPLETED</b>	<b>MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER</b>
	<b>Yes</b>	<b>No</b>		
<b>Strategic Objective 2 (continued)</b>				
2.3.3 In Buenaventura, negotiate lease agreement for at least last year of project so ACOPLÉ can function from public institution		x	Efforts have been made through the Health Cluster and directly with the hospital. Currently, the administration is in the process of establishing a Health Unit and providing more office/practice space. We hope for ACOPLÉ to be receive one of the new spaces.	Continue in efforts to establish agreements during the next quarter.
2.3.5 Develop, agree on and formalize transition ACOPLÉ Centers to local public/private health structures		x	Depends directly on 2.3.2 and 2.3.3	Continue in efforts to establish agreements during the next quarter.
2.4.1 Provide individual mental health services to torture survivors (specialized services)	(Partially)		Ongoing	Ongoing
2.5.1 Provide community-led psychosocial services to torture survivors (CBI and TCG)	(Partially)		Ongoing	Ongoing
2.5.2 Continue training CPWs on effective interventions(s)	(Partially)		Buenaventura and Quibdó Center staff are giving constant revision to basic concepts in mental health with CPW.	Ongoing
2.5.3 CPW receive help-for-helpers support (workshops, individual sessions if required)	(Partially)		Ongoing	Ongoing
2.6.1 Meetings with different local institutions (academic, SeNA, etc.) to revise procedures and options for formalizing training and certification		x	Meeting took place with COLPSIC on March 26 where we revised main curriculum content. However, CISALVA's interest in becoming involved in the process has led us to prioritize	Ongoing

2.6.3 Develop formal curricula for training. Pass through correct internal channels of certifying body for revision and approval	(Partially)		In revision with the CISALVA team.	Currently constructing a joint version of the curriculum with CISALVA, to be finished in July. If deemed viable, start administrative process of certification through Univalle before end of quarter..
<b>MAJOR ACTIVITIES PLANNED FOR THIS REPORTING QUARTER</b>	<b>ACTIVITY COMPLETE?</b>		<b>FACTORS/ COMMENTS IF ACTIVITY NOT COMPLETED</b>	<b>MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER</b>
	Yes	No		
<b>Strategic Objective 3</b>				
3.3.1 Survivors referred to (and accompanied when necessary) emergency and social services	(partially)		Ongoing	Ongoing
3.5.2 Financial Management Systems & Controls training. Development of manuals of procedures	(partially)		Ongoing	Ongoing

## APPENDIX 2: Total Expenses in USD

Period Covered by Report: April 1st to June 30th, 2015

Budget Summary	Total Expenses as of June 30, 2015			
Object Class Categories	QTR. 19 Expected Expenses	QTR. 19 Actual Expenses	QTR. 19 Dif.	QTR. 19 Variance
<b>A. LABOR</b>				
<i>Subtotal Personnel</i>	\$870.884,87	\$767.277,58	\$103.607,29	11,90%
<b>B. FRINGE BENEFITS</b>				
<i>Subtotal Fringe Benefits</i>	\$321.375,40	\$282.071,38	\$39.304,02	12,23%
<b>C. TRAVEL AND PER DIEM</b>				
<i>Subtotal Travel</i>	\$198.083,16	\$140.390,59	\$57.692,57	29,13%
<b>D. OTHER DIRECT COSTS</b>				
<i>Subtotal Other Direct Costs</i>	\$1.545.560,29	\$1.439.047,75	\$106.512,54	6,89%
<b>E. G&amp;A/Overhead</b>				
<i>G&amp;A/Overhead Costs per NICRA</i>	\$264.094,95	\$228.253,03	\$35.841,92	13,57%
<b>TOTAL COSTS</b>				
<b>PROGRAM TOTAL</b>	\$3.199.999	\$2.857.040,33	\$342.958,67	10,72%

## APPENDIX 3 – Abbreviations

ACOPLE	Asociación Con Organizaciones Para Lo Emocional ACOPE (in English, Association of Organisations for Emotional Support)
AFRODES	Asociación Nacional de Afrocolombianos Desplazados (in English, National Association of Afro-colombian Internally Displaced People)
CBI	Components-based intervention (as from June 2014, IISPC)
CD	Country Director
CE	Cost Extension
CIH	Comité Internacional Humanitario (in English, International Humanitarian Committee, equivalent to EHL but at the municipal level)
CISALVA	Instituto de Investigación y Desarrollo en Prevención de Violencia y Promoción de la Convivencia Social (Research and Development Institute in Prevention of Violence and Promotion of Social Coexistence)
CGT	Community Group Therapy
CMHW	Community Mental Health Workers (now CPW)
COALICO	Coalición contra la vinculación de Niños, Niñas y Jóvenes al conflicto armado en Colombia (in English, Coalition against the recruitment of children and youth in the Armed Conflict of Colombia)
CPW	Community Psychosocial Workers (previously CMHW)
DFA	Director of Finance and Administration
DPS	Departamento para la Prosperidad Social (in English, Department for Social Prosperity)
EMERS+	Estrategia Metodológica para el Establecimiento de Relaciones Sociales y Comunitarias Positivas (in English, Methodological Strategy for the development of positive Social and Community-based Relationships)
EPS	Entidad Pública de Salud (in English, Public Health Entity)
FARC	Fuerzas Armadas Revolucionaria de Colombia (in English, Revolutionary Armed Forces of Colombia)
FAS	Finance and Accountancy Services
FUCLA	Fundación Universitaria Claretiana (In English, Claretian University Foundation)
FUNCHA	Fundación Chocó en Acción (in English, Chocó in Action Foundation)
FUNOF	Fundación para la Orientación Familiar (in English, Foundation for Family Orientation)
GAPD	Grupos Armados Post-Desmovilización (in English Armed Post-Demobilization Groups.
GBV	Gender Based Violence
HAI	Heartland Alliance International
HQ	Headquarters
HR	Human Resources
ICBF	Instituto Colombiano de Bienestar Familiar (in English, Colombian Family Welfare Institute)
ICRC	International Committee Red Cross
IE	Institución Educativa (Educational Institution)

IISPC	Intervención Psicosocial Individual basado en Sentimientos, Pensamientos y Comportamientos (in English, Individual Psychosocial Intervention based on Sentiments, thoughts and behavior) (previously CBI)
IOM	International Organization for Migrations
IPS	Institución Prestadora de Salud (in English, Health Providing Institution)
IRB	Institutional Review Board (Comité de Asuntos Éticos)
JAMA	Journal of the American Medical Association
JHU	John Hopkins University
Kovler Center	Marjorie Kovler Center for Torture Treatment
NCE	No Cost Extension
OVP	Office of Vulnerable Populations
PAPSIVI	Programa de Atención Psicosocial y Salud Integral a Víctimas (in English, Program of Psychosocial Care and Integrated Healthcare for Victims)
PMA	Programa Mundial de Alimentos (in English, World Food Program)
PRODES	Programa para la Promoción y el Desarrollo Buenaventura (Program for the Promotion and Development of Buenaventura)
PSA	Public Service Announcements
SJR	Servicio Jesuita de Refugiados (Jesuit Refugee Service)
SO	Strategic Objective
SSDB	Secretaría Salud Distrital de Buenaventura (in English, District of Buenaventura Health Authority)
SSV	Secretaría Salud Departamental del Valle del Cauca (in English, Departmental Health Authority Valle del Cauca)
UAO	Unidad de Atención y Orientación a las Víctimas (in English, Victims Care and Guidance Unit)
UARIV	Unidad para la Atención y Reparación Integral a las Víctimas (in English, Care and Integral Reparation Unit for Victims)
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development

## **APPENDIX 4 – Annexes**

Annex I	Two Community-Based Mental Health Interventions for Afro-Colombian Conflict Survivors-Phase II Analysis
Annex II	Final Research Report-Phase II
Annex III	Final Research Report-Phase II (Abridged Version)
Annex IV	HAI Audit Report
Annex V	AFRODES Audit Report
Annex VI	CISALVA Audit Report
Annex VII	COLPSIC Publication with HAI Chapter (page 80)