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**Trauma and Humanitarian Assistance in
Croatia and Bosnia-Herzegovina**

(USAID Cooperative Agreement No. DHR-0016-A-00-5055-00)

**FINAL TECHNICAL REPORT
(including Year 3 Annual Technical Report)**



November 30, 1998
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Croatia and Bosnia-Herzegovina**

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PART ONE - Final Technical Report

I INTRODUCTION

From May 1995 to August 1998 the Harvard Program in Refugee Trauma (HPRT) worked with local partners in Croatia and Bosnia to, in the words of the cooperative agreement, “ameliorate the conditions of suffering and disability of highly traumatized populations by enriching and developing existing community mental health resources through training and technical assistance” Through the course of the project HPRT and its partners trained 130 health and mental health professionals in the assessment and care of traumatized persons, developed and disseminated culturally appropriate training curricula, a repatriation manual, and mental health assessment instruments, and, evaluated the health and mental health of 540 refugees living in the Varazdin refugee camps and disseminated the findings

While the USAID funded project has ended, the commitment by HPRT to a strengthened mental health system in both countries continues HPRT has identified other sources of funding to ensure that the results obtained during the project are sustained and expanded upon This report outlines the achievements of the USAID project which recently ended, but also describes the ongoing activities and future direction of mental health in Croatia and Bosnia

II PROGRESS IN ACHIEVING OBJECTIVES

OBJECTIVE 1 Develop a coordinated system of mental health evaluation and care

HPRT worked with three local partners Ruke (a Croatian NGO), Merhamet Medical Team based in Rijeka, and the Rijeka Veteran’s Clinic at the University of Rijeka

Ruke (HPRT local partner)

- Repatriation Guidebook, “Trauma of the Return”, was jointly produced by HPRT and Ruke It discusses the major mental health themes surrounding repatriation Fourteen principles provide a framework for understanding and addressing the needs of refugees and displaced persons who are returning to their town or region of origin
- Participated with HPRT in the analysis of data from the 540-household survey of refugee families Dr Sarajlic presented findings at the international symposium, “Trauma and Reconstruction in Kobe, Bosnia-Herzegovina, and Cambodia” in May of 1997 (**conference not funded by USAID**) The results from the study have been reported in “Trauma and Disability Long-Term Recovery of Bosnian Refugees”

- Debriefed and counseled on repatriation over 500 families living in the Varazdin refugee camps
- Dr Sarajlic participated in the TCP trainings as leader of the four small-group workshops for all six trainings of mental health workers She also translated into English trauma story assignments for the 65 trainees
- Ruke consulted on the Bosnian Screening Instrument project (HTQ and HSCL-25) on item selection and translation issues

Merhamet Medical Team (HPRT local partner)

- Supported community based mental health care of Bosnian refugees through general medical practice in Rijeka
- Provided over 700 medical and mental health consultations to refugees in the Rijeka vicinity
- Developed repatriation counseling model which was incorporated into their public health report, "Final Report of Merhamet Medical Team"
- Developed Bosnian versions of Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 which were incorporated into "Harvard Trauma Manual, Bosnia-Herzegovina Version"
- Merhamet staff participated in all six TCP trainings and received certificates of successful completion Dr Verem participated as a member of the TCP advisory planning committee
- Formed and trained two repatriation teams (a medical/psycho-social team and a professional team) which made community assessments and provided support to communities as refugees return and attempt to reintegrate
- Organized three women's psycho-social support groups to provide group therapy and discussion once a week A total of 58 group meetings were held in Year 3 Group size ranged from 12 to 20 women
- HPRT formally concluded its partnership with Merhamet in February of 1997 due to USAID's reduction of funding

Croatian Veterans Project (CVP) at the University of Rijeka (HPRT local partner)

- Supported improved clinical care at a major center for mentally ill veterans in Croatia (Rijeka) Center provided group therapy to 273 veterans symptomatic for serious physical and emotional problems
- Rijeka Veteran's Clinic (at the University of Rijeka) opened under the leadership of Dr Moro HPRT helped facilitate the clinic's founding through its fee for service contract with the University of Rijeka The clinic has been designated as one of four National Trauma Centers in Croatia
- Croatian veteran versions of Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 were developed as part of, "Harvard Trauma Manual, Croatian Veterans Version"
- HPRT's information specialist developed a computerized clinical database software for clinical, demographic, and trauma-related information about veterans
- Completion of model of care report, "Final Report of Croatian Veteran Project"
- Dr Moro and her staff participated in PCP and TCP trainings They lectured and chaired wrap-up plenary meetings for all six TCP trainings
- Due to USAID's reduction of funding to the project, HPRT formally concluded its partnership with the Croatian Veterans Project in March of 1997

Post-Graduate Curriculum in Trauma and Reconstruction

The University of Sarajevo invited HPRT to develop a multi-disciplinary curriculum for young professionals interested in the field of trauma, development, and post-conflict situations Although not funded by USAID, this effort resulted from HPRT's training of health and mental health providers in the region, and our collaboration with the University of Sarajevo during the USAID project

OBJECTIVE 2 Develop training programs for community leaders, educators, and health and mental health professionals,

Training of Primary Care Physicians

- Approximately 65 physicians from Croatia and Bosnia took part in HPRT's three-part training program on the theory and practice of treating trauma-related mental disorders Sixty-five participants received completion certificates at the graduation ceremony held in November 1996 Croatian participants received continuing education credits for their successful completion of the training

- Participants responded very favorably to the training according to the evaluation questionnaire responses. The training received high ratings for helping participants understand the trauma story, understand the causes and consequences of trauma, and develop professional networks with other health providers. To the question “Overall, how well did the training meet your expectations”, the mean scores ranged from 5.12 in session one to 5.38 in session three (on a scale from 1 to 6, with 6 being most satisfied). Participant confidence scores showed the greatest increases in the following areas: prescribing drugs for head injury, counseling patients with trauma-related emotional illness, diagnosing physical problems due to trauma. There were also substantial gains in confidence treating vulnerable groups: traumatized children, traumatized adolescents, and female victims of sexual violence.
- PCP training experience was summarized in “Harvard Collaborative Training in Trauma-Related Mental Disorder for Primary Care Physicians”

Training of Mental Health Professionals

- The six sessions of TCP training for mental health professionals were conducted with 65 participants who graduated with certificates from Harvard University and the Universities of Rijeka and Sarajevo, with 240 hours of postgraduate education. The graduation was attended by Katica Ivansevic (Rector, University of Rijeka and president of the lower house of the Croatian parliament), Vera Danes (Assistant to the Bosnian Minister of Health), Ismet Ceric (University of Sarajevo), Charles Aanenson (USAID/Zagreb), and Eugene Brody (Secretary General of the World Federation of Mental Health), among others. Evaluation results were very favorable, with a mean rating of 5.18 (on a 1 to 6 scale, with six being the highest) for how the training met their overall expectations. Croatian participants received continuing education credits for their successful completion of the training.
- The demographic and professional background of TCP participants are summarized below:

CHARACTERISTIC	PERCENTAGES
Gender	36% male, 64% female
Ethnicity	48% Croatian, 49% Bosnian, 3% other
Qualifications	36% psychiatrists, 20% psychologists, 16% social workers, and, 28% other
Average Age	40 years

- TCP training experience is documented in two places: “Training for Mental Health Professionals – Training Goals, Rationales, and Curriculum Summary” and a three-volume comprehensive curriculum “Trauma and Human Development”

- Dr Slobodan Lang and Dr Katica Ivanisevic expressed an interest in Harvard continuing to collaborate with HPRT in Croatia in order to integrate the HPRT curriculum into the Croatian medical education system over time

OBJECTIVE 3 Develop and implement a “train the trainers” model from within the community,

This component was planned for Year 3 It did not occur because of reduction in the overall funding for the project

OBJECTIVE 4 Provide technical assistance to health and mental health providers,

- HPRT collaborated with and advised our three local partner organization, Merhamet Medical, CVP, and Ruke in the development of curricula and implementation of TCP and PCP training The participation of these three organizations enhanced their skills in training development
- HPRT’s information technology specialist, Daniel Stephanos, traveled to Rijeka to conduct a needs assessment and develop the clinical database for tracking evaluation, treatment, and demographic data on mentally ill Croatian combat veterans
- Guided Ruke in the methodologies of key informant surveys, and later community epidemiological survey HPRT’s epidemiologist trained Ruke staff in survey research topics including instrument development, sampling, inter-rater reliability, interviewer training, informed consent, and data collection Other HPRT staff worked with Ruke on presentation of complex survey data Ruke subsequently presented its data to an international meeting of policy makers from government and academia, including the Croatian Ambassador to Japan (**this policy meeting was funded by sources other than USAID**)
- HPRT, in collaboration with the University of Sarajevo’s Department of Psychiatry, conducted a needs assessment through interviews with Bosnian health and mental health providers From this needs assessment, HPRT is helping to formulate a strategy for community based mental health services in Bosnia
- All three partners received technical assistance in the development of screening instruments to evaluate respondents’ health and mental health This assistance resulted in the production and dissemination of two trauma manuals, one Bosnian and the other Croatian (see Objective 5, below)

OBJECTIVE 5 Document lessons learned and foster exchanges

Document Lessons Learned

- HPRT and its partners developed 9 products which describe the work of HPRT and its partners in the region, provided curricula and other information for addressing health and mental health problems created by war trauma, and documented lessons learned from the three-year collaboration with local mental health providers. A list of products is provided below. A more detailed description of these documents is provided in the Year 3 Workplan.

HPRT and Partner Products Completed (and approximate number of copies disseminated)

- 1 Trauma and human development curriculum (300 copies)
- 2 Primary Care Physician curriculum (300 copies)
- 3 Croatian mental health screening instruments and manual (500 copies)
- 4 Bosnian mental health screening instruments and manual (500 copies)
- 5 Computerized database for Croatian veterans delivered to Rijeka Trauma Clinic
- 6 Merhamet public health report (100 copies)
- 7 Croatian Veterans Project model of care (100 copies)
- 8 Ruke Report of findings from Varazdin camps survey (200 copies)
- 9 Repatriation manual (100 copies)

- To disseminate lessons learned, and create a policy dialog on violence and natural disasters, HPRT and Waseda University organized an international symposium, "Trauma and Reconstruction," in Tokyo on May 30 and 31, 1997. The meeting brought together experts and policy makers to address economic and social recovery of communities extensively damaged by human and natural disaster. Dr. Sarajlic presented the findings from Ruke survey of Varazdin refugee camp residents. Equal time was given to the situations in Bosnia, Croatia, and Kobe, Japan. **Funded from non-USAID sources**
- The mid-term evaluation of the project was conducted in February and March of 1997 by external evaluators from Education Development Center (EDC). Among other things the evaluation team reviewed the project's success in documenting lessons learned and fostering exchanges. HPRT received a very favorable evaluation.

Foster Exchanges

- Despite reduced funding for the further development of exchanges, HPRT was successful in developing a professional network through the training that was conducted in Croatia. Professional contacts were fostered in the PCP and TCP trainings. Evaluation questionnaire responses from the PCP training, for example, indicate near unanimous (98%) sentiment that the training helped in the development of professional contacts. On average, the respondents reported they had made six new professional contacts from the training. Participants expected to use their contacts to help each other with difficult cases and exchange information on caring for traumatized persons. Two PCP participants indicated an interest in using contacts from the training to collaborate on the establishment of new clinics.
- Physicians and mental health professionals for the PCP and TCP training were recruited using a “buddy” system, designed to identify, in each town or region selected, two or more participants who were geographically close to each other. This facilitated networking and exchanging information.
- HPRT consulted with PCP and TCP trainees during its needs assessment in Bosnia to help develop a community based mental health system. This has had the effect of reinforcing the network of professionals.
- The Trauma and Reconstruction Symposium, mentioned in Lessons Learned section above, served as a forum for exchange of training and research results from three countries.

In Croatia HPRT collaborated with and exchanged information through a series of seminars (following each of the TCP trainings) with representatives of the Ministry of Health, including Dr. Klan, in Zagreb. HPRT also developed important links with the University of Sarajevo, Department of Psychiatry, which were helpful in the needs assessment for community based mental health services (described earlier).

III KEY ACCOMPLISHMENTS AND OBSTACLES

The training of 65 health and 65 mental health providers was a major accomplishment, especially given the recent end of the war and the potential volatility of combining Croatian and Bosnians in the same training. The training not only imparted important skills and knowledge for caring for those persons traumatized by violence, but also created a cadre of professionals in both countries who now consider themselves trauma specialists. These professionals are already assuming leadership roles in this budding field. Significantly, the majority of participants reported in their evaluations that the training provided a good opportunity to develop professional relationships.

This project completed one of the first community studies of the health and mental health of Bosnian refugees and Croatian displaced persons. The analysis of the data from this

534-person sample indicated a strong association between psychiatric symptoms (depression and PTSD) and poor physical functioning. Approximately 40 to 70 percent of the sample was symptomatic for depression, and 22 to 26 percent was symptomatic for Posttraumatic Stress Disorder (PTSD). Those persons who were symptomatic for both depression and PTSD were two to five times as likely to report poor physical functioning, compared to those who were asymptomatic. Another important finding was the special vulnerability of the middle-aged and elderly. Respondents who were 55 years old and older were much more likely to be symptomatic for depression and PTSD, to have poor self-perception of health, to describe their physical functioning as poor, and to experience more chronic medical problems than their younger counterparts. This age-group appears to be at high risk for continued poor functioning and difficulty reintegrating and participating in post-war life in Bosnia and Croatia.

In addition to the achievements outlined in earlier sections of this report, HPRT was able to make strides toward sustainability, despite a reduction in overall funding for this project. Based on the results of its training, and its reputation in the region, HPRT was awarded a grant by a local foundation to build upon the training completed under the USAID project. HPRT was asked to develop a post-graduate curriculum for professionals interested in pursuing careers in trauma and development. This curriculum is intended for use at the University of Sarajevo. Another U.S. government agency has funded HPRT to continue the assessment study of refugees and displaced persons begun under this project. The National Institute of Mental Health (NIMH) has funded HPRT to locate and re-interview as many as possible of the original 534 respondents interviewed in the Varazdin camps. For the next six to eight months a team of interviewers will spread throughout Bosnia and parts of Croatia to conduct the second interviews. Data from the original study, and the follow-on will be provided to local and national health and mental health providers in order to improve planning and delivery of needed services and programs.

There were several obstacles to the project, but none seriously detracted from the achievements. The continuing tensions between Croatia and Bosnia made it difficult to maintain relationships and networks between the two countries. While health providers within each country developed strong personal and professional bonds with their colleagues, the same cannot be readily said about professional networks between the two countries.

The reduction in funding halfway through the project limited the total impact, by reducing the numbers of professionals trained (additional training had been planned), and preventing the completion of a "train the trainer" approach. Some of these shortcomings, however, have been overcome by the support from other funding agencies, as described earlier.

IV RECOMMENDATIONS

This project has made substantial contributions to the health and mental health systems in two countries, through training of health providers, strengthening of local service providers, and the development of culturally appropriate screening instruments. Much remains to be done to continue supporting the health care systems which are overloaded with physically and emotionally traumatized persons. Areas for continued support are outlined below.

1. The 130 providers who were trained during this project will need site visits, supervision, and case discussions. Caring for the many traumatized persons will simply lead to burnout or return to more superficial care unless there is continued support, resources to turn to for discussion of complex cases, and occasional conferences or symposia to renew professional ties and refresh recently acquired skills.
2. In both countries, the role of mental health and primary care health needs to be assessed in light of the post-conflict society. Needs assessments should be conducted at all levels, especially the community level, to determine how the first line providers are coping with the needs of a population which has experienced large scale trauma and migration, and remains under tremendous stress.

PART TWO -Year 3 Annual Technical Report

I INTRODUCTION

The final year of the project was devoted to completing products begun in years one and two, consolidating lessons learned, and disseminating results throughout the region. The project culminated in a three day Dissemination and Networking Meeting – products were disseminated, professional ties among the HPRT trainees were strengthened, and the future of mental health policy in both countries was discussed. Also in this year HPRT took steps to ensure that the trainees would be supported in their new skills in the coming years. HPRT started two initiatives, with non-USAID sponsorship, which will continue the progress made during this project.

II FUNDING REALITIES

In early 1997 the Harvard Program in Refugee Trauma (HPRT) was notified by USAID that it would not be receiving the second tranche of \$3 million for the project. This led to substantial scaling back of activities which had been planned for Year 3. As a result the Rijeka project office closed June 30, 1997 and the staff were terminated. To oversee HPRT's remaining activities, Drs. Milan Kosuta and Aida Kapetanovic continued to work on a part time basis, out of their own offices.

In the spring of 1997 HPRT requested that AID, in light of the 50 percent funding cut, to consider providing \$814,000 in funding to complete three projects: the dissemination of deliverable products, the policy analysis of Bosnian refugee survey data, and, the refinement and university utilization of mental health training curricula through a series of meetings and symposia. USAID agreed to provide \$316 thousand for the first of these activities only (dissemination).

III COMPLETION OF DELIVERABLES

The deliverables begun in Years 1 and 2 were completed and disseminated throughout Croatia and Bosnia. The nine products are described below.

Trauma and Human Development Curriculum - developed out of the 6 TCP training sessions held in 1996 and 1997, reviews the literature and theory behind the training, describes the rationale and process of the training development, summarizes the training content, and provides evaluation results and lessons learned.

Primary Care Physician Curriculum - developed out of the 3 PCP training sessions held in 1996, reviews the literature and theory behind the training, describes the rationale and process of the training development, summarizes the training content, and provides evaluation results and lessons learned.

Croatian Mental Health Screening Instruments - the Croatian versions of the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist-25 (HSCL-25) developed by the Croatian Veterans Project Screen for symptoms of psychiatric illness in veteran, civilian, and refugee populations

Bosnian Mental Health Screening Instruments - the Bosnian versions of the HTQ and HSCL-25 developed by Merhamet and Ruke Screen for symptoms of psychiatric illness in civilian and refugee populations

Data Base for Croatian Veterans - allows clinicians and policy makers to enter and use clinical, demographic and trauma-related data about veterans

Merhamet Public Health Report - describes Merhamet's model and goals for providing medical and psycho-social services to Bosnian refugees, and their approach to repatriation counseling

Croatian Veterans Project Model of Care - describes CVP's treatment and evaluation methods used by CVP to treat combat veterans suffering from symptoms of violence-related psychiatric illnesses

Ruke Part 1 Report - summarizes the results of the 100-person key informant survey and the 550-person survey of refugees Describes the demographics, trauma experiences, psychiatric symptoms, and functional status of the inhabitants of the Varazdin refugee camps, in early 1996

Repatriation Manual - developed out of Ruke's experience working with refugees in the Varazdin camps, describes the model and practical steps to assist the resettlement and reintegration of returning refugees

IV DISSEMINATION OF PRODUCTS

One of the primary means of dissemination was through a **Dissemination and Networking Meeting** held June 11-13, 1997 in Dubrovnik Over 100 participants attended the meeting representing alumni from HPRT training of primary care providers and mental health professionals from Croatia and Bosnia In addition representatives of government, universities, donor agencies, and other non-profits involved in health and mental health policy in the region attended Among those represented were ministries of health, WHO, and World Bank, to name a few A complete list of participants was provided in the 12th Quarterly Report

The goal of the meeting was to disseminate the products developed by the project, and to permit participants to continue networking to strengthen professional ties within and between countries and professions On both counts the meeting was a success Evaluation questionnaires were completed and indicated a high level of satisfaction from the participants

Another purpose of the meeting was to stimulate discussion of mental health policy in the region. Policy makers from both countries led panel discussions and described the lack of comprehensive mental health policy in both Croatia or Bosnia. A need that emerged from the discussion, and which HPRT is interested in promoting, is for post-graduate education, for mental health and other health and social science professions, in mental health skills for a post-war society and assessment and care of persons traumatized by violence. HPRT administered an evaluation questionnaire to participants, the results of which are summarized in the Box 1, below. The complete evaluation report was contained in the final quarterly report (July 1 - August 31, 1998).

Box 1 Dissemination and Networking Meeting - Summary of Evaluation Results

Question 1 Summary

Question 1 contained five parts (one for each of the five conference objectives, rated on a five-point scale where 5= "extremely well" and 1= "not at all") asking how well different conference goals and objectives were met. Mean scores on these questions ranged from 4.08 to 4.37, suggesting a high degree of satisfaction that objectives had been met. The highest mean score went to "disseminating major products developed by HPRT faculty, staff, and trainees." "Next steps to promote postgraduate needs of Harvard trainees" also scored well. The lower mean score went to "clarifying the role of primary care physicians and mental health professionals in the reconstruction process," and "expanding the educational model to their medical and mental health professionals."

Question 2 Summary

This question asked participants to pick the two events that were most helpful or interesting to them from a total of eight listed panels and workshops. The workshop on mental health and ethics scored highest with 19 endorsements, followed by the "Repatriation Counseling – Family Approach" workshop with 17. "Trauma Story and Wounded Healer" (13) and "BiH Mental Health Policy" (14) clustered together with good scores, as did "Clinical Issues – Diagnosis and Treatment" (11), "Croatian Mental Health Policy" (11), and "Recommendations for the Future" (10) in the lower band.

Question 3 Summary

Question 3 asked participants to rate on a five-point scale (5= "extremely" and 1= "not at all") how well the meeting contributed to their understanding of what they can do for public health policy in their country. This item received only a moderately high mean score of 3.7. Question 3 also offered space for comments; the responses indicated that many participants are unsure how to influence public policies. Given the authoritarian form of government which existed until recently, this outcome is not surprising. Some respondents mentioned individual clinical or hospital changes they would make, or stressed the need to try to attract government attention.

Question 4 Summary

Question 4 asked whether or not respondents had met anyone at the meeting who they think will be helpful to them in working to influence public health policy in their country. The question used a four-point range, 1= "No, I have not," 2= "Yes, 1-2 people," 3= "3-4 people," and 4= "5 or more people." On this four-point scale, the mean response was 2.50, or one to three people – a reasonable number for the conference given the diverse areas of the attendees, the cantonal level of most current health policy, and the communications and transport difficulties of the region.

Question 5 Summary

Question 5 asked respondents to evaluate the usefulness of the skills and knowledge gained at the conference on a five-point scale (5= "very useful," 1= "not at all"). The mean score was 4.58 between "quite useful" and "very useful." No respondents entered a score lower than 4.

V RUIKE PART 1 REPORT HEALTH AND MENTAL HEALTH OF REFUGEES

Data analysis of the 534 household survey of refugees continued, and a report was prepared summarizing the results. The report was disseminated at the Dissemination and Networking Conference, and the results are summarized in the Box 2, below

Box 2 Summary Results Ruke Survey of Refugees and Displaced Persons

- **Sample** 534 adult residents of the Varazdin refugee camps, Croatia, February, 1996
- **Summary Statistics**
 - Gender 40% male, 60% female
 - Age 50 years (mean), ranges from 18 years to 87 years
 - Trauma events (mean) 6.5
 - Torture events (mean) 0.5
 - Have home to return to = 26% (64% said don't know)
- **Depression symptoms present among 40%-70% of the sample**
in U.S., the prevalence ranges from 5%-10%
- **PTSD symptoms present among 22%-26% of the sample**
in U.S., the prevalence ranges from 3%-6%
- **High comorbidity of PTSD and depression (21% of sample have both)**
- **Poor physical functioning is linked to depression and PTSD**
combined depression and PTSD are associated with 2-fold increase in likelihood of poor functioning, compared to no symptoms (controlling for demographic variables)
- **Employment levels dropping from before war, especially among those over 55**
only 30% of 55-64 year olds plan to work after going home, compared to 88% for 18-34 year olds
- **Self-perceived health status is relatively poor**
62% report poor or fair, 38% report good or excellent
- **Age is highly correlated with depression, PTSD, and poor physical functioning**
depression, PTSD, and poor functioning are, respectively, 3.3, 3.6, and 5.6 times more likely in those 55-64 years old than in those 18-34 years old (univariate analysis)

VI CURRICULUM DEVELOPMENT (not funded by USAID)

While this Year 3 activity is not funded by USAID, the completion of the project is described here, since it was initiated with USAID funds. With the help of the Department of Psychiatry at the University of Sarajevo, and the Bosnian Ministry of Health, HPRT began developing a multi-disciplinary training curriculum for young professionals interested in the field of trauma and recovery. The curriculum is intended for use at Sarajevo University and is expected to be offered in a year-long course beginning in 1999 or 2000.

VII VARAZDIN REFUGEE AND DISPLACED PERSONS STUDY - FOLLOW ON (not funded by USAID)

While this Year 3 activity was not funded by USAID, the completion of the project is described here, since it was initiated with USAID funds.

In Years 1 and 2 HPRT, in collaboration with the NGO Ruke, conducted an epidemiologic study of the residents of the Varazdin refugee and displaced persons camps. That study led to important findings concerning high levels of psychiatric symptoms, relatively high levels of functioning, and types of trauma experienced. In Year 3, HPRT received funding from the National Institutes of Health (NIMH) to conduct a follow-on survey of the respondents first interviewed in Varazdin. HPRT and Ruke will collect data, post-repatriation, on trauma, psychiatric symptoms, functional status, and ability to engage in economic activity. A model of the impact of trauma on populations over time will be developed. The research fills a major gap in understanding the impact of trauma on a person's ability to function and to participate in economic activity, by analyzing the duration and character of the dose-effect relationship.

VIII PROJECT CLOSE-OUT

In the final two months of the project HPRT's financial manager completed payment of local consultants, closed bank accounts, transferred project property, and prepared final reports on technical and financial activities.

PART THREE - Annex: Year 1 and Year 2 Annual Technical Reports

**Trauma and Humanitarian Assistance in
Croatia and Bosnia-Herzegovina**

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**ANNUAL TECHNICAL REPORT
Year 1**



July 31, 1997
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ANNUAL TECHNICAL REPORT - Year 1 - May 1995 to April 1996
Harvard Program in Refugee Trauma

I INTRODUCTION

In 1994 USAID selected the Harvard Program in Refugee Trauma (HPRT) as one of seven US-based university and non-governmental organizations to work in partnership with local organizations in the Balkans. The USAID Trauma and Humanitarian Assistance Program is based on three principles: 1) violence is intergenerational, 2) eventually those involved will want to stop the conflict, and 3) there must be viable alternatives to the prevailing conditions which create the conflict. HPRT's program, which began in May 1995, seeks to ameliorate the conditions of suffering and disability of highly traumatized populations in Croatia and Bosnia-Herzegovina by enriching and developing existing community mental health resources through training and technical assistance. HPRT's program has five primary objectives. HPRT will

- 1 Work with local groups to develop a coordinated system of mental health evaluation and care,
- 2 Develop training programs for community leaders, educators, and health and mental health professionals,
- 3 Develop and implement a "train the trainers" model from within the community,
- 4 Provide technical assistance to health and mental health providers,
- 5 Document lessons learned and foster exchanges

II PROGRESS IN ACHIEVING OBJECTIVES

Objective 1 Work with local groups to develop a coordinated system of mental health evaluation and care

Ruke (HPRT local partner)

- Conducted needs assessment at Varazdin refugee camps to determine mental, medical, and socio-economic needs of refugees and displaced persons. Interviewed 100 self-help workers and social service providers in the Varazdin camps (61% female, 40% male)
- Conducted 540 household survey of refugee families to assess level of trauma and to provide more detail about mental, medical, and socio-economic needs of refugees and displaced persons. Data to be used by national and international agencies in the development of repatriation policies and assistance
- Provided debriefings and repatriation counseling to approximately 400 refugees and displaced persons

Merhamet Medical Team (HPRT local partner)

- Supported community based mental health care of Bosnian refugees through general medical practice in Rijeka
- Provided medical and mental health services to 240 refugees in the Rijeka vicinity
- Developed repatriation counseling model
- Conducted assessment of mental medical and socioeconomic needs of 150 Bosnian refugees living in Rijeka
- In process of developing Bosnian versions of Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 to screen for trauma-related mental disorders

Croatian Veterans Project at the University of Rijeka (HPRT local partner)

- Supported improved clinical care at a major center for mentally ill veterans in Croatia (Rijeka) Center provided group therapy to 102 veterans symptomatic for PTSD
- Facilitated the Rijeka veteran's clinic being designated as one of four national trauma centers in Croatia
- In process of developing a Croatian veteran version of Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25

OBJECTIVE 2 Develop training programs for community leaders, educators, and health and mental health professionals,

Training of Primary Care Physicians

- A key informant survey was conducted to assess primary care physicians' knowledge and needs in the areas of screening, diagnosing, and treating traumatized patients and identifying trauma-related disorders Fifty key informants were interviewed in Rijeka and Zagreb, as well as numerous health care recipients of all ages
- Approximately 70 physicians from Croatia and Bosnia have received the first of three three-day trainings, held in March 1996 in theory and practice of treating trauma-related mental disorders The second and third training programs are planned for Year 2, in July and November 1996, respectively

- Participant Background

CHARACTERISTIC	PERCENTAGES
Gender	23% male, 77% female
Ethnicity	51% Croatian 41% Bosnian, 8% other
Qualifications	92% M D , 5% nurse, 3% other
Age	50% 20-40yrs, 47% 40-60 yrs, 3% over 60 yrs

- One of the first primary care physician trainings in post war Croatia to include Bosnians and Croatians
- Development of first (of three) course books (in Croatian/Bosnian and English) and syllabus
- International and local speakers (Croatians and Bosnians), and academic collaboration among Harvard University, and Universities of Rijeka, Zagreb, and Sarajevo
- Participant evaluations of training were consistently high, and participant confidence levels in psychosocial skills and the diagnosis and treatment of trauma related problems have increased

Training of Mental Health Professionals

- Approximately 65 mental health specialists from Croatia and Bosnia will complete 240 hours of postgraduate education (six sessions of three days each) in the theory and practice of treating trauma-related mental disorders The trainings will occur in Year 2
- Development of course outline

Training of Educators

- Key informant survey was conducted to assess the trauma-related training needs of teachers and other educators Over 100 key informants were interviewed, including teachers, school administrators, social service providers, elementary and high school students and parents
- Due to sufficient activity in the school system by sister programs in the umbrella grant, and funding uncertainties conveyed by USAID/Zagreb, this project was put on hold

OBJECTIVE 3 Develop and implement a “train the trainers” model from within the community,

This component was planned for Year 3. It is unlikely to occur because of reduction in the overall funding for the project.

OBJECTIVE 4 Provide technical assistance to health and mental health providers,

- HPRT worked very closely with Ruke and Croatian Veterans Project in the development of the curricula for PCP and TCP trainings. Their participation enhanced their skills in training development.
- HPRT’s epidemiologist and other staff provided technical assistance to Ruke and Merhamet in assessment and survey techniques. As a result Ruke successfully conducted the first household survey of Bosnian refugees, with a sample size of 540. Merhamet developed a questionnaire and surveyed 150 refugee families.
- All three partners received technical assistance in the development of screening instruments to evaluate respondents’ health and mental health. Through this assistance the partners are developing Bosnian and Croatian versions of the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist.

OBJECTIVE 5 Document lessons learned and foster exchanges

Document Lessons Learned

- The results of HPRT’s curriculum development are documented in the coursebook for the first PCP training which was held in March 1996.
- To a large degree lessons learned will be documented towards the end of Year 2 and during Year 3. Documentation planned for Years 2 and 3 are outlined below.

Merhamet

Public Health Report of Model and Repatriation Counseling
Bosnian HTQ, HSCL-25, and Manual

Croatian Veteran’s Project

Manuscript of Model of Care for Traumatized Veterans and Their Families
Clinical Database for Veterans and Their Families Receiving Treatment
Croatian HTQ, HSCL-25, and Manual

Ruke

Repatriation Guidebook
Summary of Findings from Phase II Epidemiologic Study

PCP Training
PCP Manual

TCP Training
TCP manual

Foster Exchanges

- Professionals exchanges and consultations have been fostered in the first primary care physician training and will be further developed in the remaining two PCP trainings and in the set of six trainings for mental health professionals
- Physicians for the PCP training were recruited using a “buddy” system, designed to identify, in each town or region selected, two or more participants who were geographically close to each other This is intended to enhance the possibilities for networking and exchanging information and expertise during and after the training TCP participants will be recruited using the same system
- The collaboration with participants from two states (Croatia and Bosnia-Herzegovina), and with the Universities of Rijeka and Sarajevo is expected to result in a high degree of cross-border communication and exchange of information
- HPRT’s PCP and TCP projects are the first mental health trainings to bring together professionals from Croatia and Bosnia to work together to solve shared problems

III KEY ACCOMPLISHMENTS AND OBSTACLES

Accomplishments are described in the previous section, “Progress in Achieving Objectives” The main obstacle to the project was the delay in start-up due to the difficulty in HPRT becoming registered as a University program with the Croatian authorities The delay, however, did not prevent HPRT from achieving its objectives

IV STAFFING PATTERNS

Staffing patterns are shown in the attached Figure 1

V ACTIVITY TIMELINES

Timeline for Year 1 activities is shown in the attached Figure 2

VI STRENGTHS AND WEAKNESSES OF HPRT COMMUNITY MENTAL HEALTH APPROACH TO ETHNIC RECONCILIATION

There are two contrasting approaches to meeting the training needs of health and mental health providers a) provide brief training to a larger number of providers, introducing them to trauma-related health and mental health, or b) provide in-depth training to a smaller number of providers, equipping them to become trainers themselves HPRT decided, based upon its strengths as a university, to pursue the latter strategy

The PCP training, which began in March of Year 1, highlights many of the strengths of the community mental health approach to ethnic reconciliation

- Participants receive three sessions of intensive training and ongoing support The repeated meetings foster networking among participants
- HPRT implements a partnership model in the training, with faculty members coming from the local partners, universities in Rijeka, Zagreb and Sarajevo
- The university to university collaboration (Harvard and Rijeka Universities) enhances sustainability
- Ethnic reconciliation begins with providers, from Croatia and Bosnia, working together on the same goals Health and mental health professionals are in a good position to foster reconciliation in their own communities because of their good interpersonal skills and their leadership roles in the community Reconciliation is more likely to succeed and flourish if it starts at the community level
- HPRT encourages an interdisciplinary approach to providing health and mental health care The trainings bring together physicians social workers psychologists, and psychiatrists

HPRT's Allocation of Personnel Time to Different Project Activities - USAID Croatia Project (a)									
Year 1 - May 1995 to April 1996									
Person	Days/wk (b)	Admin	Training	Admin	TA	Dissemt	Building	Evaluation	Research
Principal Investigator (R Mollica) *	2 5	25%	30%	5%	15%	Year 3	15%	5%	5%
Training Director (J Lavalle) *	3 35	25%	35%	10%	10%	Year 3	15%		
Administrative Assistant (M Ross)	2 5	20%	35%	35%		Year 3	10%		
PCP Project Director (K Ailden) *	0 25		65%	5%	10%	Year 3	20%		
Program Evaluator (K McInnes)	4 25	15%			10%	Year 3		70%	5%
Financial Assistant (D Bolles)	5	100%				Year 3			
Financial Manager (C Cronin)	4	80%			20%	Year 3			
Secretary (A Ryan)	5	100%				Year 3			
Rijeka Personnel									
Project Manager (J Woodall)	5	30%	40%		10%	Year 3	15%	5%	
Administrative Assistant (M Kresoga)	5	40%	40%		20%	Year 3			
Accountant (V Lulic)	5	65%	20%		15%	Year 3			
Office Manager (N Vukonic)	5	45%	45%		10%	Year 3			
Bosnian Co-Director (A Kapetanovic)	3	10%	40%		10%	Year 3	40%		
Croatian Co-Director (M Kosuta)	3 5	15%	40%		10%	Year 3	35%		
* The person days per week only cover the budgeted amount under the cooperative agreement and do not capture the substantial additional effort by these staff, in particular, to ensure the high quality and smooth running of the project									
(a) Approximate time allocations based on activities in the 12 months from May 1995 to April 1996									
(b) Approximate based upon Cooperative Agreement Budget									

FIGURE 1

FIGURE 2
Trauma and Humanitarian Assistance in Croatia - Year 1 Activities Time Line

ACTIVITIES	1995												1996			
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr				
I Project Start Up																
a Staff recruitment	■■■■	■■■■	■■■■		■■■■	■■■■	■■■■	■■■■								
b Office setup	■■■■	■■■■	■■■■		■■■■	■■■■	■■■■	■■■■	■■■■							
c Croatian legal requirements	■■■■	■■■■	■■■■	■■■■		■■■■	■■■■	■■■■	■■■■	■■■■	■■■■					
II Primary Care Physicians Training																
a Develop curriculum and workbooks									■■■■	■■■■			■■■■			
b Recruit local faculty members						■■■■										
c Recruit participants								■■■■	■■■■	■■■■						
d Conduct trainings											■■					
e Evaluate training													■■■■			

FIGURE 2 (continued)
Trauma and Humanitarian Assistance - Year 1 Activities Time Line

ACTIVITIES	1995												1996			
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr				
III Training of Mental Health Professionals																
a Develop curricula and workbooks									■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■			
b Recruit faculty										■ ■ ■ ■	■ ■ ■ ■					
c Recruit participants										■ ■ ■ ■			■ ■ ■ ■			
d Conduct trainings																
e Evaluate training																
f Test participants																
g Round table seminars																
IV Training of Educators																
a Key informant survey					■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■	■ ■ ■ ■								

FIGURE 2 (continued)
Trauma and Humanitarian Assistance - Year 1 Activities Time Line

ACTIVITIES	1995												1996				
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr					
V Croatian Veterans Project																	
a Rehabilitation therapy						■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■
b Development of veterans screening instruments								■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■
VI Merhamet																	
a Medical and mental health care with refugees						■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■
b Repatriation counseling										■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■
c Screening instruments								■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■
d Needs assessment survey								■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■
VII Ruke																	
a Repatriation counseling						■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■
b Key informant survey					■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■
c Household survey				■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■	■■■

**Trauma and Humanitarian Assistance in
Croatia and Bosnia-Herzegovina**

(USAID Cooperative Agreement No. DHR-0016-A-00-5055-00)

**ANNUAL TECHNICAL REPORT
Year 2**



September 20, 1997
Harvard Program in Refugee Trauma
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ANNUAL TECHNICAL REPORT - Year 2 - May 1996 to April 1997
Harvard Program in Refugee Trauma

I INTRODUCTION

In 1994 USAID selected the Harvard Program in Refugee Trauma (HPRT) as one of seven US-based university and non-governmental organizations to work in partnership with local organizations in the Balkans. The USAID Trauma and Humanitarian Assistance Program is based on three principles: 1) violence is intergenerational, 2) eventually those involved will want to stop the conflict, and 3) there must be viable alternatives to the prevailing conditions which create the conflict. HPRT's program, which began in May 1995, seeks to ameliorate the conditions of suffering and disability of highly traumatized populations in Croatia and Bosnia-Herzegovina by enriching and developing existing community mental health resources through training and technical assistance. HPRT's program has five primary objectives. HPRT will

- 1 Work with local groups to develop a coordinated system of mental health evaluation and care,
- 2 Develop training programs for community leaders, educators, and health and mental health professionals,
- 3 Develop and implement a "train the trainers" model from within the community,
- 4 Provide technical assistance to health and mental health providers,
- 5 Document lessons learned and foster exchanges

II PROGRESS IN ACHIEVING OBJECTIVES

Year 2 achievements are described below

Objective 1 Work with local groups to develop a coordinated system of mental health evaluation and care

Ruke (HPRT local partner)

- Repatriation Guidebook was initiated (in place of a public health report or model of care, as were developed for Merhamet and Croatian Veterans Project respectively) and will be disseminated in Year 3 in Croatia and Bosnia, at the community level, for guidance in repatriation counseling. It is hoped it will spawn similar repatriation counseling projects.
- Participated with HPRT in the preliminary analysis of data from the 540-household survey of refugee families. Dr. Sarajlic presented findings at the international symposium, "Trauma and Reconstruction in Kobe, Bosnia-Herzegovina, and Cambodia" in May of 1997 (**conference not funded by USAID**)

- Continued debriefings and repatriation counseling family therapy or counseling to 30 families representing approximately 97 persons, and, group work to 53 families representing 153 individuals
- Dr Sarajlic participated in the TCP trainings as leader of the four small-group workshops for all six trainings of mental health workers She also translated into English trauma story assignments for the 65 trainees
- Ruke consulted on the Bosnian Screening Instrument project (HTQ and HSCL-25) on item selection and translation issues

Merhamet Medical Team (HPRT local partner)

- Supported community based mental health care of Bosnian refugees through general medical practice in Rijeka
- Provided over 700 medical and mental health consultations to refugees in the Rijeka vicinity
- Developed repatriation counseling model which was incorporated into their public health report which will be disseminated in Year 3
- Developed Bosnian versions of Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 which are now in draft form, to be refined and disseminated in Year 3
- Merhamet staff participated in all six TCP trainings and received certificates of successful completion Dr Verem participated as a member of the TCP advisory planning committee
- Formed and trained two repatriation teams (a medical/psycho-social team and a professional team) which began making community assessments and providing support to communities as refugees return and attempt to reintegrate
- Organized three women's psycho-social support groups to provide group therapy and discussion once a week A total of 58 group meetings were held in Year 3 Group size ranged from 12 to 20 women
- Due to USAID's reduction of funding, HPRT formally concluded its partnership with the Merhamet in February of 1997

Croatian Veterans Project at the University of Rijeka (HPRT local partner)

- Supported improved clinical care at a major center for mentally ill veterans in Croatia (Rijeka) Center provided group therapy to 273 veterans symptomatic for serious physical and emotional problems
- Rijeka Veteran's Clinic (at the University of Rijeka) opened under the leadership of Dr Moro HPRT helped facilitate the clinic's founding through its fee for service contract with the University of Rijeka The clinic has been designated as one of four National Trauma Centers in Croatia
- Croatian veteran' version of Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 continue to be revised and edited for dissemination in Year 3
- HPRT's information specialist developed the prototype computerized clinical database for clinical, demographic, and trauma-related information about veterans The database will be delivered to CVP in Year 3
- Completion of Model of Care report, which will be edited, translated, and disseminated in Year 3
- Dr Moro and her staff participated in PCP and TCP trainings They lectured and chaired wrap-up plenary meetings for all six TCP trainings
- Due to USAID's reduction of funding to the project HPRT formally concluded its partnership with the Croatian Veterans Project in March of 1997

OBJECTIVE 2 Develop training programs for community leaders, educators, and health and mental health professionals,

Training of Primary Care Physicians

- Approximately 65 physicians from Croatia and Bosnia participated in the second and third three-day trainings, held in July and November 1996, on the theory and practice of treating trauma-related mental disorders Sixty-five participants received completion certificates at the graduation ceremony held in November 1996 Croatian participants received continuing education credits for their successful completion of the training The training was covered by the Croatian press
- Participants responded very favorably to the training according to the evaluation questionnaire responses The training received high ratings for helping participants understand the trauma story, understand the causes and consequences of trauma,

and develop professional networks with other health providers. To the question "Overall, how well did the training meet your expectations", the mean scores ranged from 5.12 in session one to 5.38 in session three (on a scale from 1 to 6, with 6 being most satisfied). Participant confidence scores showed the greatest increases in the following areas: prescribing drugs for head injury, counseling patients with trauma-related emotional illness, diagnosing physical problems due to trauma. There were also substantial gains in confidence treating vulnerable groups: traumatized children, traumatized adolescents, and female victims of sexual violence.

- PCP training curriculum was drafted. It will be edited and disseminated in Year 3.

Training of Mental Health Professionals

- The six sessions of TCP training for mental health professionals were conducted with 65 participants who graduated with certificates from Harvard University and the Universities of Rijeka and Sarajevo, with 240 hours of postgraduate education. The graduation was attended by Katica Ivanisevic (Rector, University of Rijeka and president of the lower house of the Croatian parliament), Vera Danes (Assistant to the Bosnian Minister of Health), Ismet Ceric (University of Sarajevo), Charles Aanenson (USAID/Zagreb), and Eugene Brody (Secretary General of the World Federation of Mental Health) among others. Evaluation results were very favorable, with a mean rating of 5.18 (on a 1 to 6 scale, with six being the highest) for how the training met their overall expectations. Croatian participants received continuing education credits for their successful completion of the training. The training was covered by the Croatian print and television media.
- TCP Participant Background

CHARACTERISTIC	PERCENTAGES
Gender	36% male, 64% female
Ethnicity	48% Croatian, 49% Bosnian, 3% other
Qualifications	36% psychiatrists, 20% psychologists, 16% social workers, and 28% other
Average Age	40 years

- TCP curriculum manual is being drafted for completion and dissemination in Year Three.
- Dr. Slobodan Lang and Dr. Katica Ivanisevic have expressed an interest in Harvard continuing to collaborate with HPRT in Croatia in order to integrate the HPRT curriculum into the Croatian medical education system over time.

OBJECTIVE 3 Develop and implement a “train the trainers” model from within the community,

This component was planned for Year 3. It is unlikely to occur because of reduction in the overall funding for the project.

OBJECTIVE 4 Provide technical assistance to health and mental health providers,

- HPRT continued to work in collaboration with CVP and Ruke in the development of curricula and implementation of TCP and PCP. The participation of these two organizations continues to enhance their skills in training development.
- HPRT’s information technology specialist, Daniel Stephanos, traveled to Rijeka to conduct a needs assessment and develop the clinical database for tracking evaluation, treatment, and demographic data on mentally ill Croatian combat veterans.
- Guided Ruke in the presentation of complex survey data from their epidemiological survey. Ruke subsequently presented its data to a high level international meeting of policy makers from government and academia, including the Croatian Ambassador to Japan (**this policy meeting was funded by sources other than USAID**).
- HPRT conducted a major needs assessment in collaboration with the University of Sarajevo’s Department of Psychiatry. From this needs assessment, HPRT is helping to formulate a strategy for community based mental health services in Bosnia.
- All three partners continued to receive technical assistance in the development of screening instruments to evaluate respondents’ health and mental health. Through this assistance, the partners are developing Bosnian and Croatian versions of the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist.

OBJECTIVE 5 Document lessons learned and foster exchanges

Document Lessons Learned

- HPRT and its partners are in the process of writing, revising, and printing documents which will serve as vehicles to disseminate lessons learned and encourage the exchange of information in the region. The majority were compiled in Year 2 for final editing and dissemination in Year 3. A list of the nine expected products is provided below:
 1. TCP manual
 2. PCP manual
 3. Bosnian Screening Instruments (Harvard Trauma Questionnaire and Hopkins Symptoms Checklist-25)
 4. Croatian Screening Instruments (Harvard Trauma Questionnaire and Hopkins Symptoms Checklist-25)

- 5 Merhamet Public Health Report
- 6 Croatian Veteran's Report
- 7 Ruke Report of Varazdin Survey Results
- 8 Repatriation Manual
- 9 Clinical Data Base

- To disseminate lessons learned, and create a policy dialog on violence and natural disasters HPRT and Waseda University organized an international symposium, "Trauma and Reconstruction," in Tokyo on May 30 and 31, 1997 The meeting brought together experts and policy makers to address economic and social recovery of communities extensively damaged by human and natural disaster Dr Sarajlic presented the findings from Ruke survey of Varazdin refugee camp residents Equal time was given to the situations in Bosnia, Croatia, and Kobe, Japan **Funded from non-USAID sources**
- The mid-term evaluation of the project was conducted in February and March of 1997 by external evaluators from Education Development Center (EDC) Among other things the evaluation team reviewed the project's success in documenting lessons learned and fostering exchanges HPRT received a very favorable evaluation

Foster Exchanges

- Despite reduced funding for the further development of exchanges, HPRT has been successful in developing a professional network through the training that was conducted in Croatia Professionals contacts were fostered in the PCP and TCP trainings Evaluation questionnaire responses from the PCP training, for example, indicate near unanimous (98%) sentiment that the training helped in the development of professional contacts On average, the respondents reported they had made six new professional contacts from the training Participants expected to use their contacts to help each other with difficult cases and exchange information on caring for traumatized persons Two PCP participants indicated an interest in using contacts from the training to collaborate on the establishment of new clinics
- Physicians and mental health professionals for the PCP and TCP training were recruited using a "buddy" system, designed to identify, in each town or region selected, two or more participants who were geographically close to each other This facilitates networking and exchanging information
- HPRT consulted with PCP and TCP trainees during its needs assessment in Bosnia to help develop a community based mental health system This has had the effect of reinforcing the network of professionals
- The Trauma and Reconstruction Symposium, mentioned in Lessons Learned section above, served as a forum for exchange of training and research results from three countries

- In Croatia HPRT has collaborated with and exchanged information through a series of seminars (following each of the TCP trainings) with representatives of the Ministry of Health, including Dr Klain, in Zagreb HPRT has also developed important links with the University of Sarajevo, Department of Psychiatry, which have been helpful in the needs assessment for community based mental health services (described earlier)

III KEY ACCOMPLISHMENTS AND OBSTACLES

Key accomplishments have been described in the previous section, "Progress in Achieving Objectives" The obstacles to implementation have been

- Cut in funding by approximately 50 percent This resulted in HPRT having to phase out its relationship with the local partner organizations much more rapidly than originally planned HPRT had to revise its strategy for achieving its five goals which included scaling back the scope of some Year 3 activities Other Year 3 activities, which HPRT deemed essential to the project's integrity, will likely be funded non-USAID sources
- Due to funding cuts HPRT terminated its support of Merhamet's work in February 1997, limiting HPRT's goal of further developing the repatriation teams established by Merhamet It is hoped that Merhamet is able to secure other funding to continue this important effort
- HPRT scaled back its networking efforts due to funding cuts Other funding sources are being investigated to ensure that the achievements made in this area are sustained
- HPRT's relationship and communication with USAID was improved through a series of meetings held in Washington in the first part of 1997 between USAID and HPRT A compromise funding plan for Year 3 was agreed upon

IV STAFFING PATTERNS

Staffing patterns are shown in the attached Figure 1

V ACTIVITY TIMELINES

Timeline for Year 2 activities is shown in the attached Figure 2

VI STRENGTHS AND WEAKNESSES OF HPRT COMMUNITY MENTAL HEALTH APPROACH TO ETHNIC RECONCILIATION

There are two contrasting approaches to meeting the training needs of health and mental health providers a) provide brief training to a larger number of providers, introducing them to trauma-related health and mental health, or b) provide in-depth training to a smaller number of providers, equipping them to become trainers themselves HPRT decided, based upon its strengths as a university, to pursue the latter strategy

The PCP and TCP training, which began in March 1996 (Year 1) and continued through April 1997 (Year 2), highlight many of the strengths of the community mental health approach to ethnic reconciliation

- Participants receive multiple sessions (three for PCP and six for TCP) of intensive training and ongoing support The repeated meetings foster networking among participants
- HPRT implements a partnership model in the training, with faculty members coming from the local partners, and from universities in Rijeka, Zagreb and Sarajevo
- The university to university collaboration (Harvard, Rijeka, and Sarajevo Universities) enhances sustainability
- Ethnic reconciliation begins with providers from Croatia and Bosnia working together on the same goals Health and mental health professionals are in a good position to foster reconciliation in their own communities because of their interpersonal skills, and their leadership roles in the community Reconciliation is more likely to succeed and flourish if it starts at the community level
- HPRT encourages an interdisciplinary approach to providing health and mental health care The trainings bring together physicians, social workers, psychologists, and psychiatrists

FIGURE 1

HPRT's Allocation of Personnel Time to Different Project Activities - USAID Croatia Project (a)

Year 2 - May 1996 to April 1997

Cambridge Personnel	Person	Admin	Training	Training	T A	Dissemt	Network	Evaluation	Research
	Days/wk (b)			Admin			Admin		
Principal Investigator (R Mollica) *	2 5	25%	30%	5%	15%	Year 3	15%	5%	5%
Training Director (J Lavelle) *	3 35	25%	35%	10%	10%	Year 3	15%		5%
Administrative Assistant (M Ross)	2 5	20%	35%	35%		Year 3	10%		
PCP Project Director (K Allden) *	0 25		65%	5%	10%	Year 3	20%		
Program Evaluator (K McInnes)	4 25	15%			10%	Year 3		70%	5%
Financial Assistant (D Bolles)	5	100%				Year 3			
Financial Manager (C Cronin/ D Daly)	4	80%			20%	Year 3			
Secretary (A Ryan)	5	100%				Year 3			
Rijeka Personnel									
Project Manager (M Mathias)	5	30%	40%		10%	Year 3	15%	5%	
Administrative Assistant (M Kresoja)	5	40%		40%	20%	Year 3			
Accountant (V Lulic)	5	65%		20%	15%	Year 3			
Project Coordinator (L Lukic)	5	20%		20%	25%	Year 3	25%	10%	
Bosnian Co-Director (A Kapetanovic)	3	10%	40%		10%	Year 3	40%		
Croatian Co-Director (M Kosuta)	3 5	15%	40%		10%	Year 3	35%		

Note

* The person days per week only cover the budgeted amount under the cooperative agreement and do not capture the substantial additional effort by these staff in particular, to ensure the high quality and smooth running of the project

(a) Approximate time allocations based on activities in the 12 months from May 1996 to April 1997

(b) Approximate based upon Cooperative Agreement Budget

37

FIGURE 2

Trauma and Humanitarian Assistance in Croatia - Year 2 Activities Time Line

ACTIVITIES	1996								1997			
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
I Primary Care Physicians Training												
a Develop curriculum and workbooks	■■■■											
b Recruit local faculty members	■■■■											
c Recruit participants	■■■■											
d Conduct trainings			■■■■				■■■■					
e Evaluate training			■	■■■■			■	■■■■				

FIGURE 2 (continued)
Trauma and Humanitarian Assistance - Year 2 Activities Time Line

ACTIVITIES	1996												1997			
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr				
II Training of Mental Health Professionals																
a Develop curricula and workbooks	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■									
b Recruit faculty	■■■■	■■■■														
c Recruit participants	■■■■	■■■■														
d Conduct trainings				■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■
e Evaluate training					■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■
f Test participants										■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■
g Round table seminars					■■	■■				■■	■■	■■	■■	■■	■■	■■
III Croatian Veterans Project																
a Rehabilitation therapy	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■
b Database development				■■■■	■■■■											
c Development of veterans screening instruments				■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■	■■■■

