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# **USAID'S VICTIMS OF TORTURE FUND MONITORING VISIT: CENTRE FOR THE STUDY OF VIOLENCE AND RECONCILIATION**

**March 31 – April 11, 2014**

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## **ACRONYMNS**

CSVV	Centre for the Study of Violence and Reconciliation
IPID	Independent Police Investigative Directorate
JICS	Judicial Inspectorate of Correctional Services
M&E	monitoring and evaluation
UNHRC	The Office of the United Nations High Commissioner for Refugees
USAID	U.S. Agency for International Development
VOT	Victims of Torture fund

## **I. INTRODUCTION**

Kristin Poore and Cathy Savino of the Victims of Torture fund (VOT) visited Johannesburg, South Africa from March 29 – April 4, 2014 to assess the VOT-funded program **Centre for the Study of Violence and Reconciliation (CSVR)**. The team met with USAID/South Africa’s Laura Berger and Bertha Sihlahla who manage the program and discussed options for further support to torture survivors in South Africa.

## **II. BACKGROUND**

USAID’s Victims of Torture fund, started in 2000, is a dedicated source of funding for the treatment and healing of people who have been tortured or traumatized as a result of war or conflict. The fund works through local organizations that serve these populations and uses function as a measure of impact. The fund makes the assumption that people who are tortured improve their function through individual resilience, family, and community. Since it began, approximately \$8-10 million has been reserved for these programs every year. Overall, management is located with USAID’s Center of Excellence on Democracy, Human Rights and Governance under the direction of Kristin Poore. Funds are accessed through competitive awards that are largely USAID mission-managed at the country level with technical support provided from the fund.

With few funds devoted to mental health worldwide, and even less to the effects of trauma and torture, the fund has supported research as part of its programmatic activities since 2000. Of equal importance, the ability of organizations to function effectively in harsh environments is recognized, and technical support addresses this need as well.

A report from USAID’s Inspector General in 2010 found that some funds in country programs veered away from the Congressional intent noting that the limited funds supporting these activities may not be placed where there is the greatest need. As examples, the report listed awareness campaigns, advocacy, victims of violence (vs torture/trauma), study tours for legislators, economic reform, conflict resolution, or promotion of human rights activities. To address this, VOT guidelines are widely referred to and placed in all procurements and subsequent discussions of awards. Technical support also includes discussions of the fund’s parameters.

## **III. SOUTH AFRICA AND THE CENTRE FOR THE STUDY OF VIOLENCE AND RECONCILIATION (CSVR)**

### **A. BACKGROUND**

According to the *2014 UNHCR country operations profile - South Africa*, dated March 2014, continues to receive “an extremely large number” of asylum applications, the majority originating from Zimbabwe, Somalia, Ethiopia, Democratic Republic of the Congo, Rwanda, and Burundi. The current estimate of asylum-seekers is 230,000 but most of these applicants have not had even a preliminary review. The number of recognized refugees stands at 65,000.

As CSVR notes, “In the past, victims of torture in South Africa were mostly comprised by anti-apartheid activists and warranted sympathy from the public.” The face of current torture survivors in South Africa has changed to include young men who may or may not be in conflict with the law and non-nationals. This is exacerbated by high rates of violent crime and the militarization of the police. South Africa has no refugee camps and refugees are most often living in urban areas. In addition to high unemployment, and poverty, gross human rights abuses are reported by The Office of the United Nations High Commissioner

for Refugees (UNHCR) including rape, theft and violence. South Africa continues to experience a high level of xenophobic violence.

## **B. THE CENTRE FOR THE STUDY OF VIOLENCE AND RECONCILIATION CURRENT AWARD**

USAID/South Africa awarded CSVR a Fixed Obligation Grant for \$1.5 million from October 1, 2011 to Sept 30, 2014. The project, entitled *Toward Accessible Effective and Holistic Rehabilitation Services for Victims of Torture in South Africa*, was designed to

- Increase access to rehabilitation services,
- Develop a comprehensive monitoring and evaluation (M&E) system,
- Disseminate and generate knowledge toward effective treatment of torture survivors, and
- Ensure regional and national advocacy initiatives reflect the needs of survivors.

The project is implemented in Johannesburg for the trauma clinic and community work, with national and regional locations for advocacy.

CSVr provides rehabilitation services to approximately 150 clients per year; to date (March 2013), 352 torture victims have been treated. (These are only clients that come to the clinic, not those seen in the communities.) Clinically, they have developed a working psychosocial rehabilitation model that can guide treatment regimens for counselors and therapists. Related to that is a rigorous monitoring and evaluation component that provides feedback as well as verifiable and replicable results. These core functions make up the bulk of CSVr's work and along with organizational development, are the key components to their continued success.

Part of the services that CSVr provides is referrals. This is an important aspect in all torture treatment facilities, and a recognition that one organization cannot provide for all needs. CSVr's referral network includes agencies that cover basic needs such as food, shelter, and legal support. Though the network is made up of stellar organizations, the need is much greater than their collective capacity. In addition, the broad geographic distribution of people makes transportation a continuous challenge.

Lastly, CSVr's broad mission to educate people to understand torture and its manifestation varies from working with communities to government as well as with survivors and their families. CSVr's advocacy work in the policy arena links the needs of torture survivors with treatment needs including redress and rehabilitation.

## **C. CSVR ACTIVITIES**

### *1. CLINICAL WORK*

CSVr considers clinical work—seeing clients one-on-one in their offices for counseling sessions—as its core business. Clients hear about the clinic through word of mouth from other clients, or they may also come from the referral network (lawyers, doctors, homeless shelter workers who have been trained to identify people who may need special help). Community awareness sessions are also a source of clientele.

People interested in receiving counseling must first come to the CSVr office in Johannesburg and once eligible, commit to return to the office regularly for the course of their treatment. This is often a difficult barrier to overcome as many survivors are poor, homeless, and live far from the clinic. In some cases, CSVr provides a transportation allowance to clients. At the first appointment, a clinician conducts a standardized one- to two-hour intake to determine challenges the client is experiencing and to explain

CSVV's role. People often arrive at their offices seeking treatment for issues that are outside CSVV's scope (for example, alcoholism or domestic violence issues without association to trauma or torture). In these cases, referrals are made to other clinics. About 70–80 percent of clients have experienced torture or trauma in other countries, sometimes as long as 6-10 years before arriving at CSVV. However, the pervasive culture of violence in South Africa, particularly extreme xenophobia, often results in these individuals being re-victimized within South Africa, triggering symptoms of trauma.

CSVV goal has been to serve 150 clients a year in its clinical practice but this goal had been lagging slightly due to difficulties identifying torture survivors who are ready to commit to counseling, as well as a limited number of skilled, professional clinicians to provide the service. In response, they successfully solicited their referral networks to help identify motivated clients. Now, CSVV is running a waiting list for the first time in its history. They are contemplating increasing their yearly goal to 200 clients per year. The clinical team has also been actively involved in capacity building for frontline workers and students. In FY 2013 196 frontline workers received training exceeding the target of 60 and 110 students were trained exceeding the target of 75.

## 2. RESEARCH

CSVV repeatedly emphasizes the crucial link between research and its other activities, including clinical work. They are unique in allowing high-quality research to inform their clinical interventions and feeding back data gathered from interventions to inform the research. Research results are also used as the evidence base for both public awareness raising efforts and engaging in national and regional policy debates.

USAID funded the development of CSVV's monitoring and evaluation (M&E) system, which it currently uses throughout its clinical work. The Center for Victims of Torture, based in Minnesota, also contributed substantial technical expertise in its development. The current M&E system requires clinicians to perform a standardized intake form the first time they see a client, write process notes after each clinical session, and to conduct a prescribed assessment with clients every three months. The CSVV clinicians themselves went through an extensive process of identifying the key questions that measure progress for their clients, which now includes a standard set of indicators pulled from the **Harvard Trauma Questionnaire, the Locus of Control Scale, the Hospital Anxiety and Depression Scale and the International Classification of Functioning**. Data from all of these sources are stored electronically. All of this standardized data across the client base allows CSVV to analyze trends and provide feedback on these trends to clinicians. Clinicians receive aggregated information on everything from what clinical approaches tend to show improvement for clients to whether clinicians tend to self-select toward particular kinds of clients. Clinicians universally espoused strong support for the M&E system, citing the great benefit they have found in being able to objectively reflect on their own effectiveness in meeting clients' needs and improving their functioning. Clinicians emphasized that their involvement in developing the M&E system, identifying the key questions to ask and agreeing on the length of the assessment instrument was key in clinicians feeling a level of ownership over the instrument and in ensuring continued adherence to the protocol.

CSVV utilized the research emanating from its clinical practice in the development of its own model for treating torture and trauma victims. Over the course of the USAID grant, CSVV staff analyzed clinicians' process notes for trends in clients' concerns and effective interventions, then compared these findings with a small set of other professionals providing treatment for torture or trauma victims. They organized the resulting findings into a published manual to which clinicians can refer when treating clients. The model provides ample flexibility, allowing clinicians to identify the most important issues to address with clients and the most appropriate approach for addressing them, while at the same time ensuring continuity

among clinicians. This year CSVR plans to utilize its clinical waiting list as a control group to begin to test the model's effectiveness. The model is available on CSVR's website (<http://www.csvr.org.za/>).

### 3. COMMUNITY WORK

CSVr's community team conducts outreach and awareness raising activities about torture, trauma and the impacts across a wide cross-section of the population. From this work, CSVr believes that it is helping people, non-nationals and South Africans alike, to understand torture as an issue that continues in present day rather than something that ended after apartheid.

Some of CSVr's community work has resulted in groups of torture survivors organizing themselves to strengthen their work within communities. One example of this is a group of refugee women, all torture survivors, who asked CSVr to meet together as a group of women to share experiences. With CSVr's facilitation, this group organized itself to "provide a shoulder to cry on" for other women in the community and to improve their own livelihoods. This group was able to advocate together for access to unused land, created a vegetable garden to feed their families, and successfully obtained equipment to start a small sewing enterprise. Another example is a group of young men who typically hang out on street corners drinking and doing drugs and are often the victims of police violence. CSVr community workers approached these young men, helped them to realize the illegality of the violence they experienced, and created a facilitated space for them to heal. Over time, these young men have organized themselves and now meet regularly. CSVr also sent community staff to Marikana (scene of the wildcat miner's strike in August 2012) after authorities resorted to violence in trying to end the strike. In each of these situations, CSVr is piloting approaches to address collective trauma and healing.

### 4. ADVOCACY

The main goal of CSVr's efforts in this area is to ensure that advocacy around torture and trauma reflects the needs of victims. Many torture advocacy efforts do not directly relate to the needs of victims. CSVr aims to impact policy and institutions on behalf of those who have been tortured, increase public and policymakers' awareness that torture exists, and provide technical support to policymakers' who implement policies relevant to torture survivors. CSVr is a member of *The South Africa No Torture Consortium*, a group of activist organizations that successfully lobbied for legislation outlawing torture in South Africa. Now that national legislation condemns torture, their advocacy work continues to ensure that victims' needs are prioritized in implementing this legislation.

### 5. GENDER AND YOUTH

CSVr used to run separate, stand-alone programs on both gender and youth. Under a new strategy, gender and youth are themes mainstreamed throughout all activities, while maintaining them as specified targeted groups. The emphasis is on enabling women and youth to speak for themselves, including building individuals' capacity to do so. Activities include school youth programs to prevent school violence and integrating youth throughout all other CSVr programs.

## D. CSVR'S FUTURE WORK

CSVr recently completed a strategy development process, resulting in an new organizational strategy for 2014-16. In this strategy, they identify the four focal areas of their work as: Collective Violence, Drivers of Violence, State Violence (including torture), and Sexual and Gender Based Violence. CSVr also identified seven key organizational principles/values, as follows:

1. Using evidence for interventions and service delivery,
2. Working in partnership with communities,
3. Mainstreaming gender equality,
4. Shaping national and regional policy through learning and sharing,
5. Putting victims' and communities' needs and experiences at the center of their work,
6. Documenting the work they do, and
7. Governing themselves with principle and intent

## **IV. FINDINGS AND RECOMMENDATIONS**

The team's overall impression is that CSVR is a very capable and experienced organization with great potential to realize their ambitious goals. From a technical viewpoint (the perspective of this whole report), the team supports their overall efforts to continue, expand, and deepen work in most areas.

Because CSVR has already been a successful USAID partner, has a long established history, and an outstanding reputation for quality work, future USAID-funded work will come with increased responsibilities. Both technically and organizationally, CSVR will have to make clear commitments that further their horizons. With larger awards, USAID requirements, with respect to workplans, rules and regulations, and overall accountability, are stringent but contribute to organizational strength. To reiterate the points made in the final debrief, there is much to be said that is positive about CSVR. Among our observations:

- Thoughtful, dedicated staff eager to learn and share
- Strong clinical expertise
- Advanced M&E and research activities
- Exemplary advocacy and community work

On an organization level, CSVR reflects its university roots. Its beginnings were not in grass roots activism as are many torture treatment groups but comes from a more academic base. For instance, there's a question as to why community work would be considered separate from clinical endeavors when they seem to be along the same continuum. CSVR understands and has noted this anomaly. Having recently re-organized, developed a new strategy, and redefined job descriptions, they are already adjusting to many changes and we anticipate more changes as the organization evolves.

### **Recommendations**

In all objectives, it is important to demonstrate a good understanding of the Victims of Torture guidelines and how they link to proposed interventions. For instance, the implicit link between treatment and healing should be made explicit where there is any question of relevance. Some areas, like clinical support, are understood to fit within the fund without explanation.

**Increase numbers** - This area may be the most misunderstood recommendation. In reviewing the Center for Victims of Torture quarterly report of Oct-Dec 2013, the VOT Common Indicators listed the previous number of clients directly served by partners, (Oct 2012-Sept 2013). Of 11 country programs, CSVN lists 239 clients served. Independent of where this falls among those programs, (in itself a meaningless comparison but for VOT funding, a strong Agency-related impact variable), considering the need, the number is low for the amount of funding. It comes up in CSVN's own reports and conversation, as well as among others. In discussions, it seems this may be an artifact of the definition being used, since counting family members and education/advocacy sessions, and training participants can also be a part of "number of people served" indicator. CSVN does not appear to keep good records of the numbers of people treated in the communities and thus those people do not appear to be reflected in indicators. Lastly, with no denominator, it is impossible to judge this in context. Nonetheless, at 1.5 million over three years, it is important to realize that nothing will be sustainable unless costs are somewhat reflective of results. Any discussion of scaling up is a result of CSVN's good ground work and strong skills, but given the great need, it is a pressure that CSVN feels as much as anyone and will need to address.

**Research** - Though a detailed annual workplan is routinely required for most VOT grantees, with impact indicators, milestones, time lines and expected number of beneficiaries for research, it is important to lay out the protocols and ensure that there is a clear link to or technical expertise that, as independently as possible, verifies the plan throughout the process. It is clear that CSVN has that now with CVT, and will likely want it continued but making it explicit within CSVN's terms of reference will be necessary.

**Regional Activities** - This represents a growth area for CSVN and given the proximity and close relationship with surrounding countries, it makes sense for CSVN to explore and share their expertise as well as learn from regional colleagues. It is unclear how CSVN views this expansion. What goal is envisioned? What level of effort and how will partnerships be formed? What costs are envisioned, timelines and products will there be? If a regional workshop is proposed, please define as many variables as possible, noting VOT's overall interest in this area. In light of the heavy domestic responsibilities, it is worthwhile to consider how to expand, but caution and deliberateness are encouraged here as we note the pitfalls of growing too fast.

**Organizational Development** – Another constant of VOT support is that organizational growth and strength are necessary for strong clinical programs to take place. Whether through a local group with this expertise or through a USAID supported group, CSVN will be expected to commit to and deliver on benchmarks in this area. Also included in this recommendation are attention to a specific staff care, security, for people and data, training on compliance with USAID rules and regulations, and lastly, a clear understand of the terms of Victims of Torture support noting in program descriptions, how interventions apply to VOT guidelines.

#### Questionable Areas

- Work with Police, Prisons- must be clearly defined
- Prevention - not covered under VOT guidelines (but is often a form of education)
- Advocacy – not covered under VOT guidelines (but is often a form of education)
- Awareness – must be linked to treatment and healing
- Policy – must make the case for VOT links to survivors' need for rehabilitation

## **IV. PARTNERS**

### **A. MEETING WITH UNIVERSITY OF WITWATERSRAND SCHOOL OF SOCIAL WORK**

The team met with Dr. Francine Masson, deputy head of the School of Social Work, University of Wits School of Social Work, CSVr partner for community work internships. The school provides social work students in their fourth year with jobs in identifying community needs, conducting group discussions around specific topics, and researching small projects. Future plans involve working more closely with the clinical team on community work. In general, the observation was made that professionals from different disciplines tend to not work together closely but there were also many examples of CSVr participating in team meetings that combine legal, medical, social, and clinical methodology. The program has many students who are interested in social work but the work with torture treatment is less popular. However, students who do internships with CSVr are very prepared for future social work.

### **B. MEETING WITH UNIVERSITY OF WITWATERSRAND SCHOOL OF PSYCHOLOGY**

The team met with Dr. Malose Langa, the senior lecturer in the School of Community and Human Development. He is also the Senior Researcher at CSVr. Dr. Langa focuses on collective violence in post-apartheid South Africa. Under CSVr auspices, he recently published *An Analysis of Existing Data on Torture in South Africa*, using data from two government oversight bodies—the Judicial Inspectorate of Correctional Services (JICS) and the Independent Police Investigative Directorate (IPID)—to understand patterns. Dr. Langa discussed the links between his university work and CSVr. He provides a conduit between students at the University looking for practical experience and CSVr where human resources are always needed. He is a valuable resource to the program, who is well respected in the field; he lends credibility and gravitas to the program.

### **C. MEETING WITH BIENVENUE SHELTER**

The team met with Ms. Adilia de Sousa, director of the Bienvenue Shelter, CSVr partner for shelter. This place provides safe and secure accommodation and assistance for refugee women and children. Opened in 1998 by the Calabrian Missionary Sisters, the shelter can hold 45 women and children. The executive director cannot recall a time when there was a bed free for any length of time. Referrals are made from CSVr, other agencies, the police, and occasionally there are walk-ins. Women who come to the shelter come from desperate circumstances. Many have been tortured or traumatized by their experiences. To stay at the shelter, women participate in English classes, agree to let their children go to school, and are allowed to stay three months, though there is flexibility on that time frame. Most often, mothers and their children are invited by friends to stay in Johannesburg but after two or three nights under crowded conditions and strained resources, they must leave. Trafficking concerns add to the complexity of the circumstances. There are not enough providers of this kind of service.

### **D. MEETING WITH LAWYERS FOR HUMAN RIGHTS**

The team met with Ms. Federica Mikoli, a lawyer from Lawyers for Human Rights. Ms. Mikoli mentioned that she works personally very closely with CSVr due to her personal interest in such work, but that the rest of her law firm is not as interested in cases dealing with torture victims. Her

personal engagement is considered a project in partnership with CSVR entitled, "Psychosocial Rights of Refugees and Asylum Seekers." The project came about as Ms. Mikoli noticed that victims of trauma exhibited particular behaviors and were sometimes difficult for lawyers to work with when they arrived at her legal clinic. Clients would not show up for scheduled appointments, could become aggressive, showed signs of substance abuse or simply were not attentive. Ms. Mikoli thought that the legal staff could use some specialized training to deal with these clients. In addition, she was seeking a place to refer these clients if they wanted additional psychosocial support. Before the partnership between CSVR and Lawyers for Human Rights, there was no holistic approach to supporting the various needs of torture and trauma survivors. This year alone, Ms. Mikoli estimated she referred 60-70 clients to CSVR. She noted that she considers herself part of the treatment team with the counselors. Ms. Mikoli is interested in expanding the reach of her legal services for torture survivors. Currently, she only receives clients who come personally to her office or who are referred by CSVR. She would like to identify focal points within communities for referrals.

## **APPENDICES**

## **A. SCOPE OF WORK**

### **VOT South Africa SOW**

**Goal:** To develop a clear understanding of The Centre for the Study of Violence and Reconciliation (CSV) and determine what future Victims of Torture (VOT) support there can be in the future

**Locations:** South Africa

**Travel Dates:** One week - March 31 – April 4, 2014

**Travelers:** Kristin Poore and Catherine Savino

### **Background**

CSV is a fixed obligation grant (AID-674-G-11-00076) for \$1,500,000 for increasing access to rehabilitation services for victims of torture including monitoring and evaluation, developing and dissemination best practices and ensuring needs of survivors are well represented in national and regional initiatives. The grant ends on Sept 30, 2014. Key partners include CSV and network members.

### **Trip Objectives**

1. Discuss current CSV award, document victims of torture fund contributions, including CVT and LMG components
2. Discuss VOT with Mission, including compliance with IG guidance
3. Recommend best practices and Agency requirements that would be necessary in new proposal

### **Background Information to be collected prior to trip:**

- Reports and evaluations
- Summary of investments to date
- Background interviews

### **Tentative Travel Itinerary**

- Meet with USAID Mission to discuss overview of situation, plans and itinerary;
- Meet with CSV to understand their perspectives on challenges and opportunities, their clientele,
- Meet with representatives from other CSV-funded activities

### **Deliverables:**

- Trip report with assessments of challenges and opportunities in the treatment and healing of torture survivors along with recommendations;
- One pager debrief document for Mission

## B. VICTIMS OF TORTURE GUIDELINES

The goal of the Victims of Torture Program is to enable torture affected persons and communities to resume their roles within family and community.

The objectives under this goal are:

1. Improved access to services that improve functioning in torture affected individuals and communities.
2. Improved quality of interventions for torture affected individuals and communities through the study of the impact of interventions.

### **Objective 1: Improved access to services that improve functioning in torture affected individuals and communities.**

*To achieve this objective, consideration should be given to an integrated service delivery program that meets the expressed needs of torture-affected persons and communities, and includes interventions designed to improve the functioning of torture-affected survivors and torture-affected communities in selected areas. The program should include linkages to existing local NGOs and CBOs which are providing medical, psychological, social, protection (human rights, legal) or economic assistance to communities that have been affected by torture.*

Individuals who have experienced torture directly or indirectly often need specialized medical and/or psychological assistance to meet their unique needs. A broader range of interventions also may be needed to help improve function, particularly in the context of rehabilitation following treatment where individuals returning to communities need to meet the challenges of everyday life.

Linkages among the key local organizations are essential to building a successful community-based program that addresses treatment through a tiered approach and provides opportunities for social and economic reintegration or rehabilitation once treatment is concluded. An active psychological education and outreach program might be considered to inform others about the medical and psychological effects and symptoms associated with torture (such as, insomnia, psychosomatic complaints, anxiety, depression) and how to access assistance.

### **Objective 2: Improved quality of interventions for torture-affected individuals and communities through training, monitoring and evaluation.**

*To achieve this objective, the program should measure the effectiveness of interventions in terms of improving function as part of an overall Monitoring and Evaluation strategy.*

Torture treatment centers and programs can strengthen services by (1) building evidence-based treatment protocols, (2) elevating capacity of counselors and therapists through training, (3) strengthening linkages with other service providers to complement mental health services in the treatment of survivors, and (4) evaluating the effectiveness of interventions.

Successful programs are able to present clear criteria for selecting mental health interventions for training, describe interventions and their suitability to the culture and needs of populations being served, develop training programs (which include follow up and clinical supervision), and utilize a strategy for measuring the effectiveness of interventions selected for training. Training for service providers can include linkages with local or regional universities, certification programs, mentoring, and in-country training institutes.

There is a widely held belief that psychosocial interventions should be an essential component of a treatment program for torture-affected individuals and communities. However, the field is challenged by the appearance of numerous approaches and methods without clear evidence of what works in low resource environments. This situation has resulted in a wide range of interventions, titles, and training models, but

little agreement on the efficacy of various psychosocial interventions and, therefore, the appropriate training needs for such interventions.

Based on these concerns, and because of a dearth of scientific evidence of the effectiveness of psychosocial interventions for torture victims, as well as a lack of standardization of these same interventions, Objective 2 is an analytical component to accompany service delivery in order to investigate the true effectiveness of interventions. This component will require the applicant to select and test those interventions they believe are most likely to be effective in helping restore function. In the context of these guidelines, 'function' refers to the tasks that persons in the affected communities do on a regular (daily or weekly) basis in order to care for themselves, their families and their communities. USAID is interested in the extent to which the ability to do these tasks is affected by torture, and the extent to which psychosocial/counseling and other interventions can help to restore functioning.

#### **IV. USAID PRINCIPLES OF PRACTICE IN ASSISTING TORTURE SURVIVORS**

USAID believes that a number of fundamental principles must be incorporated in the implementation of all programs for torture-affected populations. These principles derive from an underlying commitment to (1) increase access to services that treat and thus improve the status and function of victims of torture and promote healing; and, (2) improve the quality of interventions for torture-affected individuals through the study of the impact of interventions.

Recipients shall adhere to the following USAID principles in programming for victims of torture:

**Community-based.** To be accessible, interventions need to be based in communities where survivors live. Referral networks incorporating professionals at all levels of technical expertise in rural and urban settings improve coverage and opportunities for survivors to receive the services they most need.

**Culturally grounded.** USAID recognizes the importance of understanding local definitions of function and well-being. Ethnographic assessment methods can help identify local meanings, evolve appropriate strategies and interventions to improve the status of torture survivors, and contribute to a baseline of information that can serve as a marker of progress.

**Evidence-based.** The organizations that USAID supports must demonstrate the effectiveness and impact of interventions to improve the functioning and well-being of victims of torture and build an evidence base for practice.

**Holistic.** Affected populations have multiple needs and not all survivors may suffer the long-term effects of trauma. Trauma specific interventions should be applied only if indicated through appropriate screening. Counseling can effectively link individuals with appropriate services, based on assessment of need.

**Collaborative.** Collaboration with and among other organizations is critical to ensuring a holistic and integrated approach. USAID supports interventions that build and strengthen existing community networks and resources.

**In-country capacity.** The human factor is the key to sustainable, quality care and services. Appropriately trained, supervised and supported service providers are essential to success.

**Sustainable practice.** Follow-up is vital to the success of any program, during implementation and after a project cycle has ended. Programs should demonstrate a clear and feasible exit strategy or plan for continuance after the initial grant.

For additional information, please contact Victims of Torture program manager, Kristin Poore [kpoore@usaid.gov](mailto:kpoore@usaid.gov).

## C. CSVR DEBRIEF

April 3, 2014

*Overall Impression – high level organization with potential for larger regional role. Overall recommendation to continue, expand and deepen work in most areas.*

### *Observations*

- Thoughtful, dedicated staff eager to learn and share
- Strong clinical expertise
- Advanced M&E and research activities
- Exemplary advocacy and community work
- Organization reflects university roots
- Community work not clearly linked to clinical

### *Recommendations*

- Increase numbers
- Supportable Areas
  - Clinical work
  - Monitoring and evaluation
  - Link to Community Work
  - Training
  - Research
  - Education
  - Regional Activities
  - Organizational Development
- Questionable Areas
  - Work with Police, Prisons
  - Prevention
  - Advocacy - using work under VOT to inform
  - Awareness
  - Policy - making case for VOT rehab
- Strengthen Organizational Development
  - Goal of sustainability
  - Staff care
  - Security
  - Compliance with USAID rules and regs
  - Understand terms of VOT and note how interventions apply

## **D. CONTACT LIST SOUTH AFRICA**

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## E. PROGRAM FOR USAID VISIT TO CSV: 3/31 – 4/04/14

Dates	Time	Activity	Who
Day 1	31 March		
	Morning	USAID meetings	USAID
	13h00-	Discussion of the week's schedule	Nomfundo
	13h30- 14h30	<b>Overview of the organization</b> -Organization's strategy -Organizational structure	Delphine and strategic team
	14h30- 15h30	<b>Overview of organization's activities</b> -Research -Advocacy -Psychosocial -Gender/Youth	Strategic team members/team leaders
Day 2	01 April		
	09h30- 11h30	<b>Overall torture context in SA (Key issues and shift for the past 2.5 year)</b> <b>Overall impact and contribution of the Project</b> Presentation of each section of the Project including:	Project team (Shuvai, Nomfundo, Monica, Research rep (Malose or Hugo); Jabu; Dom)
	11:00- 12:00	<b>Meetings with various teams involved in the project</b> -Clinical team	Clinical team
	13.00- 15.00	<b>Meetings with various teams involved in the project continued</b> -M&E Team -Model Development team	M&E team Monica/ clinicians
Day 3:	02 April		
	09h00-10	Meeting with community team	Community team
	10-12	Launch of the research reports	Malose and Monica
	13.00- 16.00	Open time for other USAID meetings	USAID
Day 4:	3 April 2014	Meeting with various stakeholders and beneficiaries	
	09.00- 14.00	Referral network members: LHR, Beinvenue Shelter, UNHCR, Wits Students	Marivic and Gugu
	14.00- 16.00	Wrap up and way forward	Strategic & Project team

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