

**S.L. Gimbel Foundation Fund  
Grant Evaluation Form  
Docket 4  
Grant Number 20170142**

**Organization Name:** Center for Victims of Torture -20170142

**Grant Period:** April 15, 2017 – April 15, 2018

**Location of Services:** Nairobi, Kenya

**Evaluation Due Date:** May 15, 2018

**Contact Name:** Anne Maertz, Institutional Relations Manager

**Phone:** 612-436-4817 **Email:** amaertz@cvt.org

**Award Amount:** \$50,000

**Total number of clients served this grant period:** 440 (Male and female)

- 
- Describe the project's key outcomes and results based on your goals and objectives.

**Objective I: Provide mental health counseling for 120 female survivors of torture/war trauma.**

**Evaluation:** CVT will identify, assess, and provide intensive group and individual psychotherapy. At least 75% of clients will demonstrate an improvement in one or more area of psychological and behavioral symptoms between intake and six months. An extensive intake survey provides a baseline evaluation of clients' psychological symptoms and behavioral functioning. Follow-up assessments are conducted at 3, 6, and 12-month intervals to gauge progress.

**Expected Outcomes:** 120 clients will experience a reduction in symptoms, such as flashbacks and nightmares, improved functioning in family and community life, less dependence on outside services to solve problems, and more stable family relationships.

**Results:** This grant year, CVT assessed 440 new clients, 245 of whom were women. Please see Table 1.1 for a breakdown of female clients by age range.

<b>1.1 2017-2018 Female Client Demographics</b>	
<b>Age Range (Years)</b>	<b>Number of Female Clients</b>
0 – 15	5
16 – 17	16
18 – 25	63
26 – 35	82
36 – 45	55
46 – 60	19
61 and older	5
<b>Total</b>	<b>245</b>

Due to the transitory nature of refugees' lives, CVT is not able to locate all clients for follow-up assessments. Among the 151 female clients with both intake and 6-month follow data in the grant year, 99.3% demonstrated an improvement in at least one area of psychological symptoms and behavioral problems between intake and

six months. Please see Table 1.2 below for a more disaggregated breakdown of outcomes for each symptom area.

1.2 Decrease in Mental Health Symptoms after 6 months among Female Clients Receiving Counseling Services												
Clients with Both Intake & 6-month Assessments (N)	Depression		Post-Traumatic Stress		Somatic		Anxiety		Behavioral Functioning Difficulties		% of Clients with Decrease in at least one Symptom Area between Intake and 6 months	
	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d	% Showing Decrease	Cohen's d		
151	92.1%	2.20**	94.7%	2.54**	76.2%	0.86**	86.8%	1.28**	84.8%	1.09**	99.3%	

The effect size (Cohen's d) approximates the magnitude of observed changes over time: +/- .2 is small, +/- .5 is medium, and +/- .8 or higher is large.

No stars – Confidence level of less than 95% that there was a decrease in symptoms.

\* Confidence level of more than 95% that there was a decrease in symptoms.

\*\* Confidence level of more than 99% that there was a decrease in symptoms.

**Objective II: To provide training and development of three female psychosocial counselors (PSCs) and one clinical supervisor.** (The clinical supervisor also provides some direct services.)

**Evaluation:** One clinical supervisor and three PSCs will receive monthly trainings to build clinical knowledge and practical skills. PSCs will demonstrate on average a 25% increase in knowledge following trainings. They will demonstrate competence in counseling skills as determined by pre- and post-tests, as well as evaluations conducted by an expert mental health clinician.

**Expected Outcomes:** PSCs gain knowledge and competence in counseling skills, which will contribute to their effectiveness and employability by CVT and other employers. PSCs working for CVT also typically have high job satisfaction.

**Results:** One female counseling supervisor and three female PSCs are on staff and received regular capacity-building trainings and clinical supervision during the grant year.

CVT held 50 trainings to further develop clinical knowledge and practical skills during the grant year. These trainings were provided to all clinical staff, including the three female psychological counseling staff members and clinical supervisor. About half of the trainings were focused on physiotherapy (physical therapy) or the intersection between physical and mental health effects of trauma, as well as trainings related to new programming for LGBTI and parenting/caregiver aftercare.

On average, 96.8% of clinical staff demonstrated improvement on post-training tests, or an increase in knowledge, for the trainings in which pre- and post-tests were administered. Please see table 2.1 below for additional information.

2.1 Trainings to CVT Nairobi Clinical Staff					
	Date	Topic	# of Participants	Length in Hours	% of Participants who Show Improvement on Post-Training Tests
1	04/21/2017	Disability Rating Index Assessment	3	2	100%
2	04/25/2017	Medical Screenings	3	3	100%

3	05/04/2017 – 05/09/2017	Basic training and orientation	1	5	100%
4	05/24/2017	Working with People Living with Disability (PLWD)	3	2	100%
5	05/26/2017	Interpretation and Ethics	3	3	100%
6	06/02/2017	Personality and it's relevancy in counselling	9	3	100%
7	06/07/2017	Concrete methods to help clients with chronic pain	3	3	100%
8	06/09/2017	Trauma Resilience Model	15	2	100%
9	07/12/2017	Introduction to home visits	3	1.5	N/A
10	07/12/2017	Fear and avoidance behaviors in clients with chronic pain	3	2	100%
11	09/26/2017	CVT overview, peer facilitation and language interpretation for torture/trauma survivors	3.5	4	100%
12	09/27/2017	Basic Counselling Skills	3	4	100%
13	09/28/2017	Ethics	2	4	100%
14	09/28/2017	Introduction to community sensitizations, home visits and clinical follow ups	2	4	100%
15	09/28/2017	Trauma and self-care	2	4	50%
16	10/03/2017	Introduction to assessments	2	3	100%
17	10/02/2017 – 10/05/2017	Introduction to basic physiotherapy skills	10	4	100%
18	10/09/2017 – 10/11/2017	Physical effects of torture, resource mapping, referrals and group facilitation	3.5	4	100%
19	10/10/2017	Conflict and conflict resolution styles	2	9	100%
20	10/11/2017	Subjective examination	3	3	100%
21	11/03/2017	LGBTI Aftercare Manual training	3	4	N/A
22	11/06/2017	LGBTI Aftercare Manual training, continued	3	4	N/A
23	11/16/2017	LGBTI Aftercare Manual training, continued	3	4	N/A
24	11/22/2017	Implementing pain education materials	3	3	100%
25	11/24/2017	Ethics & Counselling	2	3	100%
26	12/05/2017	Trauma and Alcohol & Drug Abuse	3	12	100%
27	12/05/2017	Political climate in Ethiopia & how Ethiopian clients present trauma	2	12	100%
28	12/19/2017	Pelvic floor dysfunction	3	5	80%
29	01/10/2018	Supervision and Parenting/Caregiver Manual training	2.5	1	100%
30	01/11/2018	Parenting/Caregiver Manual training, continued	2.5	1	N/A
31	01/12/2018	Parenting/Caregiver Manual training, continued	3	2	N/A
32	01/23/2018	Spirituality in counselling	4	10	100%
33	01/29/2018	Defense mechanisms	2.5	3	80%
34	01/30/2018	Compassion fatigue	3	6	80%
35	02/27/2018	LGBTI Aftercare Manual	1	1	N/A
36	02/27/2018	Learning styles and their implication to counselling	3	10	100%
37	02/02/2018 – 02/06/2018	Introduction to physiotherapy for survivors of torture, chronic pain, relaxation, body awareness, and physiotherapy manual	24	1	100%

38	02/28/2018	Sleep hygiene	3	4	100%
39	03/23/2018	Basic Counselling skills	3	3	87%
40	03/27/2018	Suicidality	3.5	10	100%
41	03/14/2018	Examining a client with chronic pain	3	1	100%
42	03/12/2018	Qualities of Peer Facilitator; Ethics and boundaries in counselling	3	1	N/A
43	03/15/2018	LGBTI Aftercare Manual training	2	1	100%
44	03/14/2018	Introduction to torture	2	1	100%
45	03/22/2018	LGBTI Aftercare Manual training, continued	2.5	1	100%
46	03/21/2018	Interpretation for torture/trauma survivors	2.5	1	100%
47	04/05/2018 – 04/06/2018	Protection and self-reliance for urban refugees	15	3	N/A (External Facilitator)
48	04/17/2018	Birth Order	2.5	8	100%

- **Describe any challenges/obstacles the organization encountered (if any) in attaining stated goals & objectives.**

From mid-2017, the Kenyan Refugee Affairs Secretariat assumed responsibility for Refugee Status Determination from UNHCR, which has given the GoK full responsibility and control over this sensitive process. The registration of new refugee arrivals, also conducted by the GoK and assisted by UNHCR, has been sporadic and occasionally suspended depending on the Government's agenda during particular periods. Significant UNHCR budget cuts also had a negative effect on already scarce services offered to refugees, as many implementing partners had to suspend normal services due to lack of funds. Finally, the national elections in August 2017 and presidential election rerun in October 2017 were also a source of great distress and uncertainty for both CVT staff and clients. As a result of these events, the refugee population in Kenya, especially women and girls, were severely exposed to threats and experienced difficulties in their daily life – refugees experienced difficulties in renewing or registering their refugee status making them ineligible for certain services, overall limited access to fewer available services, and an election period with political rhetoric against refugees that led to heightened violence against refugee women.

- **How did the organization overcome and/or address the challenges and obstacles?**

CVT is a member of the Urban Refugee Population Network under the coordination of UNHCR. This network meets on a monthly basis in order to organize, coordinate and provide a better service provision to refugees in Nairobi. To address the reduction in available services in part, CVT also engaged a social worker to strengthen the current referral system for clients who need complementary services that fall outside CVT's scope such as housing, livelihoods or medical care.

Additionally, during the election period, to mitigate risks and minimize staff and client movement during a volatile time, CVT deliberately coordinated group treatment cycles such that activities ended a week prior to the election and suspended activities during both periods. CVT compiled an extensive election preparedness plan, which was shared with staff and clients. Clients were given clear recommendations on how to stay safe during the electoral period and in the aftermath. CVT clients expressed appreciation for this valuable information in a period of uncertainty.

- **Describe any unintended positive outcomes as a result of the efforts supported by this grant.**

CVT continues to experience great demand for services from female refugees. Counseling and physiotherapy services have contributed immensely to transforming lives of women and girls who report feeling useful and productive to themselves and their families and communities, as they are able to engage in income-generating activities such as cooking.

Through CVT's mental health services provided to refugee women and youth (and through training women to serve as mental health counselors), CVT can change the direction of an entire family, as when the primary caregiver in a family heals from her traumatizing experiences, she can become an effective mother and spouse again, and the family can together move forward to address their own problems and participate effectively in the community.

CVT also developed and implemented an evidence-informed parenting/caregiver aftercare program designed to help caregivers, who have completed CVT counseling, to cope successfully with the parenting challenges presented to families experiencing war and refugee transitions. The vast majority of participants have been young mothers, many of whom are 'ambivalent parents,' as their children are often babies from rape or sexual exploitation, and/or the young women feel too young and hesitant to fully embrace the mother role. This new programming component has been very well received in the community.

- **Describe the impact this grant had had on the organization and community served.**

This grant has given CVT the opportunity to increase awareness about the effects of torture and war trauma among the female refugee population, especially among those more vulnerable due to their legal status and/or social conditions. Additionally, CVT was able to provide a supportive and conducive environment for clients to express themselves and address their shame and guilt. This grant has also allowed CVT to enhance the professional development of female PSCs through trainings to address new challenges faced when working with refugees in an urban setting.

- **Provide a narrative on how the funds were used to fulfill grant objectives.**

From April 2017 to April 2018, the salaries of three psychosocial counselors and one clinical supervisor working in Nairobi were charged to Gimbel, in addition to a portion of client transportation stipends, per the budget.

- **Success story**

The client is a 16 year old girl from Congo who received refuge at RefuShe (CVT training and referral partner). When she began CVT counseling services, she looked sad and tearful, and she spoke with a soft voice and avoided eye contact. The client reported having nightmares of soldiers chasing her or shooting her and was fearful of men. She was also struggling with her baby daughter borne of rape and ashamed to be a mother at such a young age.

After ten group sessions of psychotherapy, the client was laughing more and no longer isolating herself to cry. She was also learning to love her baby and mixed freely with the other girls in her therapy group. She said CVT walked with her without judging her and gave her hope at time when she had lost hope.

Following the completion of the group sessions, the client received three, six, and twelve-month follow-up assessments from CVT clinical staff. At the twelve-month follow-up, clinical staff noted that the client was strong and happy, as well as reported feeling hopeful about her future and more connected to her child. She was well dressed and wore make-up. RefuShe occasionally holds fashion shows, and the client was also part of the modelling team.

**2016 S.L. GIMBEL FOUNDATION FUNDS FINANCIAL REPORT**

GRANT NUMBER: **20170142**  
 RECIPIENT: **CENTER FOR VICTIMS OF TORTURE**  
 OBJECTIVE: **MENTAL HEALTH COUNSELING FOR WOMEN TORTURE SURVIVORS IN NAIROBI, KENYA**  
 PERIOD: **APRIL 15, 2017 TO APRIL 15, 2018**  
 AWARD AMOUNT: **\$50,000**

<b>EXPENSE DESCRIPTION</b>	<b>US DEPT OF STATE, PRM ACTUALS &amp; Private</b>	<b>GIMBEL FOUNDATION ACTUALS</b>	<b>TOTAL PROJECT COST</b>
Counseling Supervisor Salary	\$ 11,933.46	\$ 10,807.82	\$ 22,741.28
Psychosocial Counselors' Salaries	\$ 43,528.44	\$ 36,900.85	\$ 80,429.28
Transportation Stipends for Clients	\$ 1,887.00	\$ 2,291.40	\$ 4,178.40
<b>TOTALS:</b>	<b>\$ 57,348.90</b>	<b>\$ 50,000.00</b>	<b>\$ 107,348.96</b>