

TC Document

I. Basic Information for TC

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| ▪ Country/Region: | COLOMBIA |
| ▪ TC Name: | Support to Semillas de Apego Program |
| ▪ TC Number: | CO-T1552 |
| ▪ Team Leader/Members: | Cardona Rivadeneira, Jaime Eduardo (SCL/SPH) Team Leader; Bermudez Plaza, Neili Carolina (SCL/SPH); Cardenas Garcia, Claudia Mylenna (VPC/FMP); Centeno Lappas, Monica Clara Angelica (LEG/SGO); Martinez Rodriguez, Laura Jeanet (SCL/SPH); Rojas Acuna, Monica (CAN/CCO); Silveira, Sheyla (SCL/SPH) |
| ▪ Taxonomy: | Research and Dissemination |
| ▪ Operation Supported by the TC: | . |
| ▪ Date of TC Abstract authorization: | 16 Sep 2020. |
| ▪ Beneficiary: | Instituto Colombiano de Bienestar Familiar |
| ▪ Executing Agency and contact name: | Inter-American Development Bank |
| ▪ Donors providing funding: | Early Childhood Development Innovation Multidonor Fund(ECD) |
| ▪ IDB Funding Requested: | US\$672,423.00 |
| ▪ Local counterpart funding, if any: | US\$0 |
| ▪ Disbursement period (which includes Execution period): | 36 months |
| ▪ Required start date: | December 7, 2020 |
| ▪ Types of consultants: | Firm |
| ▪ Prepared by Unit: | SCL/SPH-Social Protection & Health |
| ▪ Unit of Disbursement Responsibility: | CAN/CCO-Country Office Colombia |
| ▪ TC included in Country Strategy (y/n): | No |
| ▪ TC included in CPD (y/n): | No |
| ▪ Alignment to the Update to the Institutional Strategy 2010-2020: | Social inclusion and equality; Productivity and innovation; Gender equality |

II. Objectives and Justification of the TC

- 2.1 The goal of this technical cooperation (TC) is to provide evidence of the potential for scale-up and cost-effectiveness of *Semillas de Apego*, and an implementation field manual and protocols for scaling-up the program. This technical cooperation supports three specific activities: (i) design of path for scale-up; (ii) implementation of the program in three municipalities; and (iii) evaluation of the implementation. Throughout the three activities, the team will disseminate progress and results and engage with key stakeholders (like Instituto Colombiano de Bienestar Familiar - ICBF) in Colombia to move towards scaling up together.
- 2.2 Around half a million children between 0 to 5 years of age have been affected by violence and displacement in Colombia and are registered in the Victims National Registry.¹ Exposure to violence and forced displacement during early childhood has devastating consequences on cognitive and socio-emotional development and has persistent and long-run consequences. Violence affects Early Childhood Development

¹ Unidad de Víctimas Colombia, n.d. <https://www.unidadvictimas.gov.co/es/registro-unico-de-victimas-ruv/37394>

(ECD) through two psychological mechanisms: First, through toxic stress that results from the exposure to violence and overruns the biological mechanism to regulate stress and disrupts the appropriate development of brain architecture². Second, by affecting caregivers' mental health, violence hinders their ability to provide secure and healthy emotional bonds (attachments), which are essential for proper early childhood development.³ Together, children exposed to violence have greater obstacles to meet development milestones leading to lifelong implications for educational attainment, physical and mental health, and socioeconomic trajectories.⁴

- 2.3 Protecting children from the negative consequences of violence and displacement is therefore one of the key challenges as Colombia transitions into a post-conflict stage and for the construction of a more equal and peaceful society. Unfortunately, there current policy framework does not incorporate specific programs for children exposed to violence and there are significant evidence gaps on which programs can mitigate the negative effects of violence on maternal mental health and early childhood development.
- 2.4 The Colombian State has made separate progress to promote early childhood development among more vulnerable populations and to provide psychosocial support to the victims of the civil conflict. On the one hand, the strategy From Zero to Forever (*De Cero a Siempre*) and the Law 1804 of 2016 define the actions and priorities for early childhood education and development to children 0 to 5.⁵ Currently, over 1,300,000 children currently have access to early education services as part of this strategy. On the other hand, the Victims Law (Law 1448 of 2011) established a comprehensive set of programs to protect victims of the civil conflict and support their socioeconomic and psychological recovery.⁶ As a result, the Ministry of Health designed the PAPSIVI (*Programa de Atención Psicosocial y Salud Integral a las Víctimas*), which by early 2020 had provided support to over 800,000 victims (less than 10% of all victims registered in the Victims National Registry). Despite progress in these two dimensions, neither strategy includes specific programs to mitigate the negative effects of violence on early childhood development and there is no evidence on the effectiveness of the PAPSIVI to mitigate psychological trauma.
- 2.5 To close the implementation and evidence gaps in the protection of early childhood development in contexts of violence, in 2014 the Universidad de los Andes partnered with the Child Trauma Research Program at the University of California, San Francisco (UCSF). Together, they developed *Semillas de Apego*, a psychosocial group-based support program to protect and promote Early Childhood Development (ECD) in families exposed to violence in Colombia. The program seeks to promote maternal mental health and healthy child-parent emotional bonds as a pathway to foster early childhood development among children and families exposed to violence in Colombia.

² Johnson, S. B., et al. (2013). The science of early life toxic stress for pediatric practice and advocacy. *Pediatrics*, 131(2), 319-327. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074672/>

³ Lieberman, A. F et al. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(12), 1241-1248. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(12), 1241-1248 <https://pubmed.ncbi.nlm.nih.gov/16292115/>

⁴ Shonkoff, J. P. et al. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.

⁵ Law 1804 of 2016 https://www.icbf.gov.co/cargues/avance/docs/ley_1804_2016.htm

⁶ Law 1448 of 2011 <https://www.unidadvictimas.gov.co/sites/default/files/documentosbiblioteca/ley-1448-de-2011.pdf>

- 2.6 The program is implemented through 15 group sessions with 12-18 participants, all of them mothers or primary caregivers of children aged 0 to 5. Sessions last between 2 to 3 hours and are implemented once per week by two lay workers, often members of the communities where the program is being implemented. Prior to the program implementation, facilitators are trained over a 2-month period by the program's Training and Supervision Team. Throughout the program's implementation, they participate in a weekly supervision system that seeks to mitigate burnout and symptoms of vicarious trauma and ensure the quality and fidelity of the implementation. The curriculum is based on an evidence-based theory of change and on the technical framework of the Child-Parent Psychotherapy, which was designed by the UCSF team and has demonstrated effectiveness in different clinical trials.⁷ Sessions focus sequentially on the following topics: Session 1: Build trust and create social ties among participants and facilitators; Sessions 2-5: Understand how violence and trauma affect participant's daily lives and emotions; Sessions 6-8: Understand how violence and trauma affect children, and their emotional and cognitive development in particular; Sessions 9-14: Enhance parenting practices and healthy child-parent emotional bonds; Session 15: Setting the stage for independent post-program emotional growth. Throughout the 15 sessions, participants practice different strategies for emotional regulation, including mindfulness, to mitigate symptoms of trauma and thus contribute to the emotional wellbeing that is necessary for them to be able to provide healthy and secure emotional bonds with their children. Therefore, *Semillas de Apego* innovates beyond standard parenting programs by explicitly addressing caregivers' mental health.
- 2.7 In 2015, the team led a pilot test of the program in Bogotá with 64 participants, all of them victims of forced displacement, and the financial support of the Ministry of Health and Social Protection. The pilot demonstrated the validity and appropriateness of the curriculum and acceptability and adherence from the participants. Between 2018 and 2020, the team implemented an impact evaluation in 18 Public Early Childhood Development Centers in Tumaco, Nariño a municipality torn by violence and displacement. To assess the impact of the program, 1,400 primary caregivers were assigned to a treatment or control arm and a comprehensive battery of surveys and scales were administered at baseline, end line, and an 8-month follow-up. The data from the impact evaluation indicates that the program has positive impacts on caregiver's mental health, quality of child-parent relations and interactions, and children's mental health and socioemotional development.
- 2.8 Together, the pilot test and impact evaluation highlight that *Semillas de Apego* responds to the needs and characteristics of families with young children and that it can mitigate the negative effects of violence on maternal mental health and early childhood development. Specifically, the curriculum's conceptual framework and activities along with the cultural adaptation in each context address the needs and characteristics of the target population regarding access to psychosocial support to cope with the negative psychosocial effects of violence and promote healthy child-parent relationships as discussed above (§2.6). Thus, *Semillas de Apego* has provided caregivers with the adequate tools for emotional regulation and for the understanding of positive child rearing practices and child development. As a result, the

⁷ Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2006). Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(8), 913-918.

implementation of *Semillas de Apego* at a larger scale can contribute to close the gaps in implementation and evidence-based policies to protect families and children exposed to violence and forced displacement and to fulfilling the objectives laid out in the National Early Childhood Development Strategy and in the Victims Law.

- 2.9 However, before an actual scale-up of the program through public or private services, it is important to design the path for scale-up and assess the scalability of the program; in particular, whether the program can be implemented at a larger scale in a similar setting (scale-up) or at a different setting (scale-out) while ensuring its quality, fidelity, and cost-effectiveness. This is important because available evidence from other ECD programs indicates that impacts at scale are often below those of controlled studies (as impact evaluations) because of low adherence, lack of fidelity, and poor quality in the implementation of the program and in the training and supervision of the facilitators.⁸ The *Semillas de Apego* team therefore considers the need to take an intermediate step before scaling up in which a implementation plan is designed to ensure fidelity and quality and the program is implemented as if at scale.
- 2.10 **Strategic alignment.** The TC is consistent with the Second Update to the Institutional Strategy (AB-3190-2), which is strategically aligned with the development challenges of: (i) Social Inclusion and Equality, by designing, implementing and evaluating the scale-up of a program that seeks to promote maternal mental health and healthy child-parent emotional bonds as a pathway to foster early childhood development among children and families exposed to violence in Colombia; and (ii) productivity and innovation; by developing quality human capital with the support of programs that strengthen investments in child development and therefore human capital throughout the lifetime. The operation is also aligned with the cross-cutting theme of gender equality and diversity, by promoting maternal or primary caregiver's mental health. Additionally, the objective of this TC is also consistent with the IDB Group Country Strategy with Colombia 2019-2022 (GN-2972), through the strategic objectives of reducing poverty and eliminating extreme poverty through strengthening early childhood development. Finally, the TC is aligned with the Early Childhood Innovation Fund's objectives, in particular, with the Funds' results framework outcome Improve the capacity of governments to innovate and bring to scale approaches that enhance the quality of services in early childhood. The partners of the ECD Fund selected this project as part of a competitive process. The project met the Fund's eligibility criteria and stood out for its relevance, innovation, and contribution to close knowledge gaps in the ECD field.

III. Description of activities/components and budget

- 3.1 **Component 1. Design, implementation, and evaluation of *Semillas de Apego* scale-up.** This component will fund the design, implementation, and evaluation of *Semillas de Apego* scale-up. In the design phase, the team will design the structural, organizational, and procedural processes for the adoption, appropriate adaptation, and high-fidelity delivery of *Semillas de Apego* in territories affected by violence in Colombia. First, the team will conduct a process and output evaluation of the implementation in Tumaco to highlight mechanisms that enable or hinder the processes that are required for a cost-effective implementation. This implementation

⁸ Attanasio, O., Baker-Henningham, H., Bernal, R., Meghir, C., Pineda, D., & Rubio-Codina, M. (2018). *Early Stimulation and Nutrition: the impacts of a scalable intervention* (No. w25059). National Bureau of Economic Research. <https://www.nber.org/papers/w25059>

assessment will use quantitative and qualitative data previously collected throughout the program's implementation in Tumaco using a monitoring system designed specifically for the program. In addition, qualitative data will be collected through online Key Informant Interviews (KIs), to complement existing information. Second, following the results from Tumaco, the team will design the implementation strategy for the program that includes the set of structural, organizational, and procedural processes that guarantee high fidelity and promoting future sustainability. The result of the designing stage will be the program's field manual for scale-up that will include guidelines for each strategy including: (i) recruitment, training, and selection of community health worker; (ii) processes to engage with target communities and participants; (iii) implementation; and (iv) guidelines for the monitoring system.

- 3.2 The second phase corresponds to the execution of the implementation strategy at scale. The scale-up encompassed in the current project will be implemented in two or three "PDET municipalities" (*Programas de Desarrollo con Enfoque Territorial*), which host communities prioritized by the Peace Agreement between the Colombian Government and the FARC. With a very high probability, the set of municipalities will include Tumaco and Bogotá. Additional municipalities will be added depending on the scope and timeline defined in the roll-out strategy and the capacity to leverage additional resources. This phase has the following six specific activities: (i) stakeholder identification and engagement at each implementation site; (ii) curriculum adaptation at each site; (iii) team selection, training, and supervision; (iv) high fidelity implementation; (v) implementation of the monitoring system; (v) assessment of implementation quality (processes and outputs); and (vi) dissemination of scale-up outputs and outcomes, with key stakeholders.
- 3.3 The third phase consist of the process and output evaluation of the scale-up phase of *Semillas de Apego*. The team will use an implementation science framework to assess implementation quality and understand the program's scale-up barriers and enabling mechanisms. However, this evaluation has a prospective nature and is embedded in the execution of the implementation strategy. Thus, this evaluation can be framed as a non-randomized within- and between-site comparison study, where variations in contextual factors and implementation processes can be exploited to enhance program design and implementation strategy. The details are described in [Appendix 1](#). The specific activities are: (i) Systematize quantitative and qualitative data collected through an updated monitoring system (Kobo Toolbox); (ii) Levy, process, and analyze qualitative data to complement the existing monitoring data from the implementation at scale phase; (iii) Study within- and between- site and cohort differences in implementation quality and results; (iv) consolidate, in a working paper⁹ lessons learned in the implementation at scale phase; and (v) finetune the field manual for scale-up. The team will also engage with the ICBF and non-governmental to disseminate results and (if positive) assess the financial model that ensures the program's sustainability beyond this phase.
- 3.4 The total cost of this TC will be US\$672,423 from the Early Childhood Development Innovation Multi-Donor Fund (ECD Fund). The total execution and disbursement period will be 36 months.

⁹ The document will be published in digital measures.

Indicative Budget (US\$)

| Component | Description | IDB/ECD Fund | Total Funding |
|--|---|----------------|----------------|
| Component 1. Design, implementation, and evaluation of Semillas de Apego scale-up | Design of implementation strategy for scale-up | 25,000 | 25,000 |
| | Implementation at scale | 497,423 | 49,423 |
| | Process and output evaluation of the scale-up phase | 150,000 | 150,000 |
| TOTAL | | 672,423 | 672,423 |

- 3.5 TC execution, supervision and annual reporting will be under the responsibility of the SCL/SPH sector specialist Jaime Cardona (jaimecar@iadb.org). SCL/SPH will cover additional supervision costs, if any, for local supervision travel or supervision meetings with annually assigned transactional budget resources. The Country Office will provide supervision resources in the form of time dedicated by the operational analyst and fiduciary staff assigned to this project.
- 3.6 The monitoring arrangements include the continuous supervision of the contracted firm, revision of their products and payments, bi-monthly supervision meetings with the beneficiary, and the elaboration of annual reports on the TC execution progress and performance.

IV. Executing agency and execution structure

- 4.1 The Inter-American Development Bank (IDB) through the Division of Social Protection and Health (SCL/SPH) in Colombia Country Office, will be the executor of this TC since it is a TC classified as research and dissemination. According to Annex 10 of document GN-2629-1 "Research and Dissemination (RD) TCs by definition are Bank initiatives, hence it is responsible for the selection and hiring of consultancy services; no justification is required (there should be no counterpart)."
- 4.2 **Procurement.** All activities to be executed under this TC have been included in the Procurement Plan and will be contracted in accordance with Bank policies GN-2765-4 and Guidelines OP-1155-4 for Consulting Firms for services of an intellectual nature.
- 4.3 The procurement plan includes the single-source selection of Universidad de los Andes, which will develop all TC activities, because they conceived the *Semillas de Apego* program back in 2013, wrote the curriculum in partnership with the University of California, San Francisco, and they implemented a pilot test of the program in Bogotá in 2015 and the impact evaluation in Tumaco between 2018-2020. This next phase was outlined in their proposal to the Early Childhood Development Innovation Fund and has the objective of demonstrating the effectiveness of the program at scale and that should results in the program being implemented in different municipalities of the country.
- 4.4 The team includes the Principal and Co-Principal Investigators from Universidad de los Andes, a Researcher at Boston College who is an expert on implementation science, the technical team at UCSF, and the Training and Supervision Team from Universidad de los Andes (4 psychologists). The team will coordinate with Government counterparts the implementation, evaluation, and dissemination of the results.
- 4.5 Furthermore, ICBF has agreed to organize a technical committee with the research and implementation team to assess the implementation and knowledge transfer processes and provide feedback towards ensuring the sustainability of the program and identifying at-scale implementation strategies. Universidad de los Andes, BID, and ICBF will define the municipalities in which *Semillas de Apego* will be implemented, as

well as the local ECDC operators that will support the implementation and grant access to potential participants.

- 4.6 Under IDB execution, the financial management of the TC follows the Bank's internal financial procedures and will not include the contracting of external auditing services. There are no conditions established prior to disbursement and the project does not foresee any reimbursement of expenses.
- 4.7 The Bank will have the ownership rights to the products developed by this TC and will have the possibility to grant Universidad de los Andes royalty-free, irrevocable, non-exclusive, worldwide, and perpetual licenses to use, publish or distribute all the products or materials developed with resources from this TC.

V. Major issues

- 5.1 The main risk affecting the project relates to the challenges of implementing programs in contexts of violence and forced displacement. Violence erodes out-group trust, leading to an increase in participants' absenteeism and attrition rates. In addition, violence brings about burnout and vicarious trauma among community health workers, and thus hinders the quality of the implementation of the program. Finally, the psychological toll of concurring violence may overwhelm participants and community health workers and demand more specialized attention. A second risk relates to the capacity to implement the program during the COVID-19 pandemic, which has disrupted all activities in the field and delivery of essential services, such as Early Childhood Development Centers (ECDC).
- 5.2 The team will mitigate these risks by following the protocols and procedures laid out during the implementation of the program in 2018 and 2019. First, the team designed a framework to build community trust by collaborating with operators of ECDC, community leaders, and local officials from the ICBF and by running multichannel informational campaigns two months prior to enrollment. In addition, the team will make partnerships with local operators that have strong ties to the communities and a track record of working in these underserved environments to enhance participation and adherence and understand more effective mechanisms and channels to engage with the communities (for example, implementing through public ECDC or through services for victims of violence).
- 5.3 Second, the team will finetune the training, supervision, and support systems to ensure that facilitators had appropriate tools to deal with symptoms of vicarious trauma and burnout. This system in addition, identifies critical cases that may be beyond the community health workers' training and to provide support through the team of psychologists, which is of importance given the lack of specialized mental health services in the communities served. Third, non-compliance and attrition will be mitigated using incentives to participation in the sessions and in the data collection. Finally, the team will work closely with the community to understand local dynamics and risk factors on a daily basis to ensure the safety of the participants and of our team.
- 5.4 Finally, the team will assess capacity to operate as long as the pandemic continues. There is some margin of time to understand how to operate while the pandemic subsides because the activities for Component 1 should take 6 months approximately. This time will be used to assess plans and protocols to implement the program fulfilling biosecurity standards or alternatives for delivery, in case that the pandemic continues, or it can allow conducting fieldwork securely when the pandemic subsides. In addition, operation of the program will run in partnership but independently from existing

services to ensure the continuity of the program, especially in a context where ECDC close frequently and unexpectedly

VI. Exceptions to Bank policy

- 6.1 This TC does not include any exceptions to Bank policies.

VII. Environmental and Social Strategy

- 7.1 According to the Environmental and Safeguards Compliance Policy (OP-703), Indigenous Peoples (OP-765), and Gender Equality (OP-270). The TC will not finance infrastructure or civil works. The proposed interventions are expected to cause minimal to no negative impacts. This TC is classified as category “C”, see [SPF](#) and [SSF](#).

Required Annexes:

[Request from the Client - CO-T1552](#)

[Results Matrix - CO-T1552](#)

[Terms of Reference - CO-T1552](#)

[Procurement Plan - CO-T1552](#)