Reach Alliance

Seeding Change:
Semillas de Apego and Reaching Caregivers Impacted by Conflict in Colombia

Akanksha Agarwal, Ajak Diing, Sujeetkumar Ranjeet Kadam, Brigalow McIntosh, Shifa Nathani, Jacinta Patel, Carolina Bermúdez, Maria Rodrigues

The Reach Alliance

The Reach Alliance is a consortium of global universities — with partners in Ghana, South Africa, Mexico, Canada, United Kingdom, Australia, and Singapore — developing the leaders we need to solve urgent local challenges of the hard to reach — those underserved for geographic, administrative, or social reasons. Working in interdisciplinary teams, Reach's globally minded students use rigorous research methods to identify innovative solutions to climate, public health, and economic challenges. The UN's Sustainable Development Goals (SDGs) provide inspiration and a guiding framework. Research is conducted in collaboration with local communities and with guidance from university faculty members, building capacity and skills among Reach's student researchers.

The Reach Alliance was created in 2015 by the University of Toronto's Munk School of Global Affairs & Public Policy, in partnership with the Mastercard Center for Inclusive Growth.

ASHESI UNIVERSITY OF CAPE TOWN UCL THE UNIVERSITY OF MELBOURNE

Tecnológico de Monterrey UNIVERSITY OF OXFORD SMU SINGAPORE MANAGEMENT UNIVERSITY UNIVERSITY OF TORONTO

Note: Authors are listed alphabetically with the faculty mentor listed last.
Cover photo: Kindergarten classroom with tables and chairs. (photo by iStock)

Acknowledgements

Authorship Contribution Chart

Contribution	Contributor
Conception or design of the work	A.D, A.A, B.J.M, J.P, S.N, S.R.K, M.R, C.B
Data collection	A.D, A.A, B.J.M, J.P, S.N, S.R.K, C.B
Data coding	A.D, A.A, B.J.M, J.P, S.N, S.R.K
Data analysis and interpretation	A.D, A.A, B.J.M, J.P, S.N, S.R.K
Drafting of the case study report	A.D, A.A, B.J.M, J.P, S.N, S.R.K
Critical revision of the case study report	A.D, A.A, B.J.M, J.P, S.N, S.R.K, M.R, C.B
Final Approval of the version to be submitted	A.D, A.A, B.J.M, J.P, S.N, S.R.K, M.R

Reach Alliance

Contents

Figure 1. Reach student researcher with one of the research assistants of *Semillas de Apego* and the community facilitator team

Executive Summary

Colombia, beset by persisting armed conflict, is home to the largest number of internally displaced people (IDPs) in the world and a primary host for Venezuelan migrants. At the heart of both crises are millions of young children forced to endure extreme violence and traumatic relocation. The developmental consequences of these adverse experiences, especially during early childhood, are dire, producing toxic levels of stress that affect brain architecture and mental health. These children's families and caregivers remain at the epicentre of this developmental crisis, unable to provide sufficient and consistent support to their children as a result of intergenerational trauma. This population continues to remain underserved because of factors such as gender roles, educational barriers, geographic isolation, stigmatization, and socio-political instability, making them some of the most vulnerable and hard-to-reach groups.

To address these barriers, the Center for Economic Development Studies (CEDE) at the University of Los Andes has developed, implemented, and evaluated *Semillas de Apego* ("seeds of attachment" or SdA), a not-for-profit, nongovernmental, community-based group psychosocial model that promotes the mental health of primary caregivers of young children from the ages of birth to five years old. The program works with the support of a team of community facilitators to provide tools to caregivers and opportunities for introspection to foster secure attachment styles and strengthen parenting teams. Since it was founded in 2014, SdA has expanded its reach to 2,972 caregivers who have participated in the program in over seven departments including: Bogotá, Nariño, Norte de Santander, Valle del Cauca, Atlántico, Córdoba, and Antioquia.[1]

Our research focused on SdA's implementation in the nation's capital, Bogotá, to better understand which aspects of the program foster retention

---

1   In Colombia "departments" or *departamentos* refer to the administrative regions of the country.

rates and how it has scaled with sustainability in mind. Despite challenges such as limited resources, traditional gender roles, and economic instability, SdA effectively addresses the organizational and interpersonal determinants within the hard-to-reach populations in the Colombian context.

Our findings highlight four key lessons on how Semillas's intervention contributes to healthy child-parent development by: creating a space for emotional and psychological healing, using the community to build an environment of trust and empowerment, reducing stigma and encouraging help-seeking behaviours, and embedding lived experience into their program delivery model to ensure self-sustainability.

Context: Violence, Displacement, and Intergenerational Trauma

Colombia has undergone decades of internal armed violence, largely as a result of continual political unrest and the drug trafficking industry.[2] Although in recent years violent conflict has steadily declined, in rural regions it still persists and has resulted in mass displacement events from rural to urban areas. As of 2024, Colombia is first in the world for the highest number of internally displaced persons (IDPs), estimated at 8.4 million.[3] Children from families who have been displaced due to violence in rural areas have been forced to relocate to urban scenarios where armed-paramilitary narco-traffickers control the communities. With the normalization of these groups, including through deals made with the government and entrenchment in community leadership positions, inescapable violence seems to permeate cities.[4]

Colombia's history of violence has existed since colonization with acts of violence toward Indigenous groups, slavery, and land disputes from Spanish colonists setting a pretext for the country's future. Resistance to Spanish rule in Colombia saw many violent uprisings in the country before it gained independence in 1810.

Following this, many civil wars erupted in the wake of the political and leadership vacuum left by Spanish rule. Political violence has been rife throughout Colombia's history with many groups vying for political dominance.[5] Most recently, this has culminated with a rise in guerrilla warfare from communist groups who attempt to control rural areas, paramilitary groups who oppose them, and government forces who seek to diminish violence from both sides. Much of this warfare and violence has led to the displacement of millions of Colombians. Such violence continues today, particularly in rural areas where military and government influence can't reach.

The situation has been exacerbated by the social and political unrest taking place in neighbouring Venezuela. For those escaping violence, Colombia is the number one destination for approximately 2.9 million Venezuelan refugees.[6] There are a multitude of studies attempting to evaluate the psychological impact of this violence and the interventions necessary. Caregiver support programs have been identified as

---

2   Roberto Chaskel, Silvia L. Gaviria, Zelde Espinel, Eliana Taborda, Roland Vanegas, and James M. Shultz, "Mental Health in Colombia," *BJPsych International* 12, no. 4 (2015): 95–97. 🔗

3   Unidad Para Las Víctimas, 2023. 🔗

4   Hillary Franke, "Toxic Stress: Effects, Prevention and Treatment," *Children* 1, no. 3 (2014): 390–402. 🔗

5   Ibid.

6   "Colombia: Esperanza Bajo Riesgo: La Falta de Un Espacio Seguro Para Defender Derechos Humanos En Colombia Continúa," Amnistía Internacional, 23 November, 2023. 🔗

Toxic Stress Environment in Colombia

Toxic stress is recognized and defined as the prolonged stimulation of stress responses which can impact the central nervous system, brain networks, and other vital organs. Considering the highly stressful and prolonged nature of displacement, young people and children are exposed to higher risks of suffering from toxic stress.[8] The process of displacement from initial stressors, including exposure to violence and poverty, the act of leaving a familiar environment, the dangerous journey to a new place, and finally settling into a new environment where there are new threats and unfamiliarity, can drive rates of toxic stress in children.[9]

In Colombia, particularly in the case of Venezuelan migrants where journeys can involve transnational illicit human trafficking, the exposure to harmful stressors are multiplied as there comes increased risks of physical, psychological and sexual abuse at the hands of criminal organizations.[10] Caregivers from Venezuela have been particularly worried about leaving behind children in their home country, although this may be necessary in some cases given the risks of immigration to Colombia. The impacts of toxic stress further perpetuate intergenerational poverty cycles. Adverse effects to brain development at early years devastatingly impacts the ability to thrive in the education system and gain employment in the workforce.[11] Additionally, exposure to violence may lead young people to normalize such actions, effectively continuing violent cycles that have gripped Colombia for generations.[12] With a decreased ability to gain education and employment, some young people may join criminal groups as a means of obtaining an income or for security reasons, exacerbating the cycle of violence.

Sustainable Development Goals

The United Nations 17 Sustainable Development Goals (SDGs) are a call to action to positively transform the world and move toward a sustainable future.[13] There are 17 SDGs.

Semillas de Apego addresses the following SDGs in their program.

SDG 11 Sustainable Cities and Communities — Make cities and human settlements inclusive, safe, resilient, and sustainable.

SDG 3 Good health and well-being — Ensure healthy lives and promote well-being for all at all ages.

---

7   Juliana Sánchez-Ariza, Jorge Cuartas, and Andrés Moya, "The Mental Health of Caregivers and Young Children in Conflict-Affected Settings," *AEA Papers and Proceedings* 113, May (2023): 336–41.

8   Franke, "Toxic Stress."

9   Christopher P. Salas-Wright, Trenette C. Goings, Michael G. Vaughn, et al., "Health Risk Behavior and Cultural Stress among Venezuelan Youth: A Person Centered Approach," *Social Psychiatry and Psychiatric Epidemiology* 56, no. 2 (2020): 219–28.

10 Emily M. Cohodes, Sahana Kribakaran, Paola Odriozola, et al., "Migration-Related Trauma and Mental Health among Migrant Children Emigrating from Mexico and Central America to the United States: Effects on Developmental Neurobiology and Implications for Policy," *Developmental Psychobiology* 63, no. 6 (2021).

11 Charles A. Nelson, Zulfiqar A. Bhutta, Nadine Burke Harris, Andrea Danese, and Muthanna Samara, "Adversity in Childhood Is Linked to Mental and Physical Health throughout Life," *BMJ* 371, no. 371 (2020).

12 Terrie E. Moffitt, "Childhood Exposure to Violence and Lifelong Health: Clinical Intervention Science and Stress-Biology Research Join Forces." *Development and Psychopathology* 25, no. 4pt2 (2013): 1619–34.

13 The 17 Sustainable Development Goals, United Nations.

SDG 1 No Poverty — End poverty in all its forms everywhere.

SDG 16 Peace, Justice, and Strong Institutions — Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels.

Hardest to Reach: Children and Caregivers Affected by Violence

Children and their caregivers are some of the most vulnerable and hard-to-reach groups affected by this violence within Colombian society, especially those living in environments severely affected by armed conflict, forced displacement, and migration. This includes refugees and migrants, regardless of their legal status, who often don't have access to the same social welfare programs available to Colombian citizens. Most caregivers in Colombia are women because of societal norms following the traditional gender roles. In Bogotá alone, 90 per cent of full-time caregivers belong to low-income households, and 70 per cent have not completed their education beyond secondary school.

Caregivers face a multitude of challenges that make them particularly hard to reach. They are burdened with extensive unpaid work and the overwhelming responsibilities of caregiving, often accompanied by poor economic and social conditions, stressors from displacement, and

ongoing conflict. The municipalities where these caregivers reside are frequently characterized by poor infrastructure, limited access to healthcare, and ongoing violence, all of which exacerbate the lack of emotional and psychological support available to them.

This population of caregivers is continually underserved because of the confluence of factors such as gender, age, geographic isolation, socio-political instability, and their complicated needs along with their children's needs. To make matters worse, access to information and services is often restricted to citizens so migrants and refugee families are left to fend for themselves. Additionally, cultural norms that stigmatize mental health and discourage help-seeking behaviours impede outreach efforts.[14] These families have been physically and mentally uprooted by the ongoing violence, but simultaneously their social networks and community support systems have also been disrupted, increasing their vulnerability to trauma. All these factors — gender roles, isolation, socio-political instability, educational barriers, and stigmatization — collectively make this group exceptionally hard to reach.

Psychosocial Models and Attachment Styles

Trauma can have a profound and lasting effect on individuals, particularly when it's experienced during their lives' early stages. These experiences and their impacts go beyond the individual, affecting family and societal structures and so on to being passed down through generations, creating a cycle of intergenerational trauma. Intergenerational trauma — defined as the

---

14   Jassir Acosta, Maria Paula, María Paula Cárdenas Charry, et al., "Characterizing the Perceived Stigma Towards Mental Health in the Early Implementation of an Integrated Services Model in Primary Care in Colombia. A Qualitative Analysis," *Revista Colombiana de Psiquiatría* (English ed.) 50 (July 2021): 91–101. 🔗

accumulated emotional and psychological damage passed down from one generation to the next — affects the health and well-being of individuals in subsequent generations.[15] A myriad of factors such as genetic predispositions, imitation of behaviours, and shifting caregiving practices can contribute to the presence of this type of trauma. Caregivers of children who have experienced trauma often find it difficult to regulate their emotions, which can result in inconsistent or insufficient reactions to their own and the children's needs. This results in the perpetuation of toxic parenting/caregiving behaviours and patterns across generations such as physical or verbal abuse, excessive punishment, overprotection, and more, all influencing the child's development.

The relationship between intergenerational trauma and conflict in Colombia is deeply intertwined, with the country's decades-long armed conflict leaving profound psychological trauma on multiple generations. A society that has lived and experienced war as profoundly as Colombia has had their mental health and well-being significantly impacted. Children growing up in such environments may struggle with attachment issues, behavioural problems, and a pervasive sense of insecurity. Addressing this intergenerational trauma is essential, specifically in situations where violence and conflict lie at the epicentre of development.

Caregivers often lack the tools to adequately deal with the underlying trauma their children face as a result of the displacement they experienced. They need support and resources to deal with this trauma because they themselves may be grappling with their own unresolved trauma and related stresses. However, few are getting adequate services and resources. Most research

has focused on the direct work with children, considering them as primary stakeholders. Much less research has examined the caregivers and their needs on how to better care for their children and break this toxic cycle from continuing to the next generation.

About Our Research

Our central research question sought to investigate how *Semillas de Apego* (Seeds of Attachment or SdA) was able to scale their operations sustainably into five departments within just six years. As they endeavour to further scale in the next two years, we focused on their participant retention efforts to identify the strategies and interventions that were most successful in maintaining caregiver engagement and which conditions produced drop-outs. Our field work was conducted in Bogotá, the organization's headquarters.

We first began by conducting a literature review of the socio-cultural dynamics in Colombia and the psychosocial theories underpinning the program rationale. This framed our conceptual approach which integrated both managerial and lived experience to construct a holistic inquiry.

Semi-structured Interviews and Focus Groups

We conducted a series of six in-person and online semi-structured interviews and two focus groups with the management and administration staff of SdA and community facilitators (CFs) involved in the program. The guiding themes and questions were predominantly about program evaluation mechanisms, staff training, gender variances, and personal experience of the program. For CFs

---

15   Jessica P. Cerdeña, Luisa M. Rivera, and Judy M. Spak, "Intergenerational Trauma in Latinxs: A Scoping Review," *Social Science and Medicine* 270, no. 113662 (2021): 113662. 🔗

Legend:
- School District Mazuera Fern...
- IED El Porvenir Sede B
- Jardín Infantil la Estancia
- Cl. 51 Sur #91d 56
- Cl. 58 Sur #105a-1
- Colegio Nuevo Chile Sede A
- Jardín Infantil Mi Infancia Cr...
- Grupal Generación Creativa
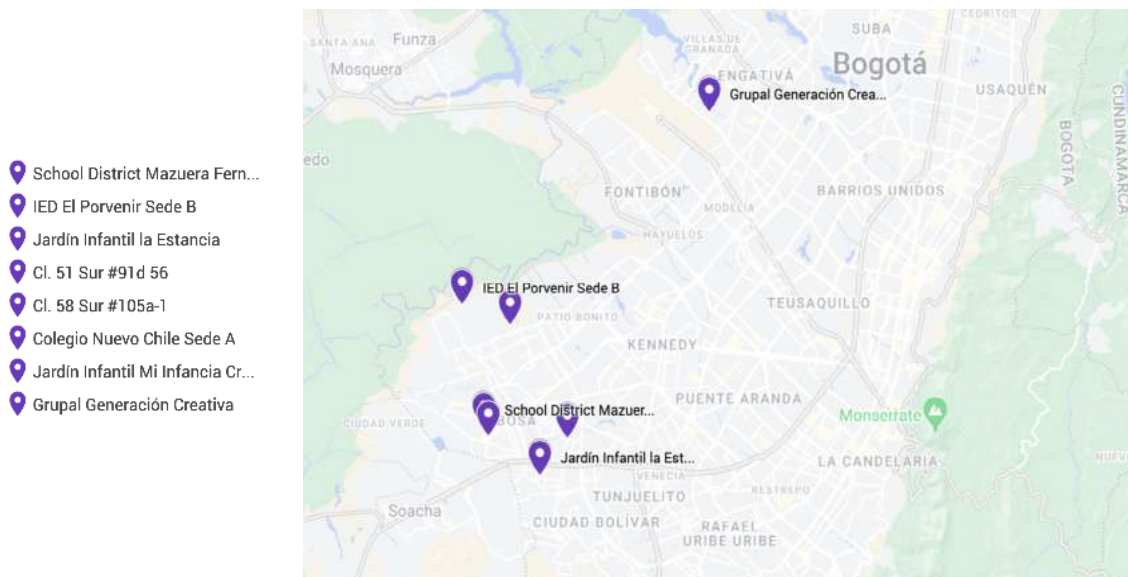
Figure 2. Sites visited in Bogotá

who were unable to meet in person or attend the online focus group, a short-answer survey was disseminated. Nineteen facilitators from all five departments the program operates in responded to the survey.

In total, 29 CFs were interviewed, surveyed, or participated in a focus group, while nine members of the managerial and administrative team were interviewed or participated in a focus group. This included four research assistants, the technical director and developers, the implementation lead, and the executive director and founder. All interviews and focus groups were supported by two-way, simultaneous translation delivered by live interpreters.

Observation: Socialization Session

We also observed CFs in action by sitting in on seven "socialization" or orientation sessions located in two suburban districts, Bosa and Engativá in Bogotá, where the next cohort will operate. We paid particular attention to how the program was presented and framed to potential participants, the structure and duration of the session, and the rate of registration. At every session we were accompanied by at least one member of the SdA staff and an interpreter.

About Semillas de Apego

Psychosocial Model

The Semillas de Apego (Seeds of Attachment or SdA) program was first designed in 2014 in partnership with the Childhood Trauma Research Program at the University of California San Francisco, building upon the framework and structure of Child-Parent Psychotherapy (CPP). CPP is an evidence-based intervention for children who have gone through at least one traumatic incident and/or struggle with mental health, attachment, or behavioural

issues.[16] In addition to including social learning, psychodynamic, developmental, trauma, and cognitive behavioural theories, the treatment is grounded in attachment theory.

CPP's foundation is the belief that secure attachment relationships are fundamental for healthy emotional and psychological development. When the caregiver offers support and protection during moments of stress, a secure base is created, and the expectation of feeling safe and protected is developed.[17] While CPP often employs a dual approach in which the therapist works with both the carer and the child, SdA focuses on providing the caregivers with tools to better recognize and respond appropriately to their children's emotional and psychological needs. Taking the Colombian context into account, the model was adapted to acknowledge the unique circumstances of internal conflict, forced displacement, socioeconomic insecurity, and culture.

Operational Model

SdA currently offers their services for free in five departments and seven cities with plans to reach two more departments by the end of 2024. Although most program participants have been impacted by adversity, the type and scale of violence and other adverse events differ from region to region. On the pacific coast in cities like Tumaco violence is largely attributable to the presence of narco-trafficking and guerrilla organizations but in Bogotá, they hold a lesser presence. However, that city hosts a significant portion of forcibly displaced people — from the Indigenous Embera community to Venezuelan refugees. SdA therefore adjusts aspects of its program to reflect the differing nuances of each region, whether cultural or related to community organization and structure.

While adapting to each unique context, SdA maintains the following three core tenets:

1. *Psychological philosophy.* All aspects of the program, from theoretical design to implementation, are guided by psychosocial theories that centre secure attachment. It also brings to the forefront the material conditions that affect participant mental health and in turn their relationship with their children

2. *Community model.* The SdA program is carried out by local champions, also known as community facilitators (CFs), who have relevant lived experience. In conflict settings especially, this model enables access to a vulnerable and difficult-to-reach segment of the population in a contextually appropriate way. It is also premised on the perspective that communities, when empowered with tools and resources, have the agency and capacity to enact positive change.

3. *Group learning.* The bulk of the program consists of collaborative group sessions where participants bond, share their stories, and take part in various activities. This contributes to tackling stigma surrounding mental health challenges by acknowledging its prevalence, especially in such precarious circumstances. It also provides a network for caregivers who are often disenfranchised from community to form strong support networks in a judgment-free space.

---

16   Alicia F. Lieberman and Patricia Van Horn, *Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment* (New York: Guilford, 2011).

17   National Collaborating Centre for Mental Health (UK), "Children's Attachment: Attachment in Children and Young People Who Are Adopted from Care, in Care or at High Risk of Going into Care," National Institute for Health and Care Excellence (NICE), 2015.

Site Selection: Municipalities and Neighbourhoods

Locations for SdA engagement are chosen after evaluating the intervention's need and then the feasibility of introducing it. In 2018 caregivers in Tumaco were the first recipients because it remains the region most impacted by internal violence. At the neighbourhood levels, SdA operates in the most socially and economically insecure localities that are typically where internally displaced people (IDPs) and refugee families live.

Participant Targeting

Word-of-mouth promotion, typically from past participants, is the leading way new caregivers are recruited into the program. SdA also places promotional materials such as pamphlets in target communities and on social media platforms like Facebook and X (formally known as Twitter), though with less success.

During our field work, we encountered two ways that SdA introduces their program to potential participants. The first involved setting up socialization sessions (introductory information sessions) in locations where eligible caregivers would be present. This included parent-teacher conferences at primary and middle schools. This group was not previously aware of the program, so SdA enlisted the help of school administrators to inform caregivers about the sessions. The second approach involved inviting eligible caregivers to attend a socialization session at a set time and location. In this scenario attendees were already interested in the program and aware of its function.

Program Structure and Timeline

Socialization is the first encounter caregivers have with the program. Sessions vary depending on a given CF's approach but they follow a consistent structure:

- Formal welcome — Attendees are formally welcomed with an acknowledgement of the time taken to attend the session and encouraged to be present by turning off mobile phones and other distractions.

- Breathing exercise — CFs host a full-body meditation from the head to the tip of the toes. They are then prompted to consider the following question: "How long has it been since I have taken care of myself?"

- Explanation of the program — The CF describes the program including the tangible outcomes of participation (emotional regulation, improved relationship with children, and self-care) and the nature of the commitment (2.5 hours once a week for 15 weeks). Facilitators emphasize that SdA is not a parenting course but rather an opportunity for caregivers to better connect with their children.

- Debrief — At the end of the session caregivers who are interested in taking part are invited to fill out a registration form.

These sessions are held in locations within the community that are easily accessible to caregivers such as early childhood centres, schools, and community centres.

Sessions. SdA's 15-week program for caregivers features weekly group sessions addressing caregiver trauma, child development, and positive parenting. The curriculum is designed to centre physical activities where participants are able to build something tangible. For example, they create artwork using plaster and clay which can later be replicated with children in their care.

- *Session 1: Establishing trust with a unique group contract*

    - There are a set of universal rules every group adheres to (no unwarranted advice, no phones, no children, no
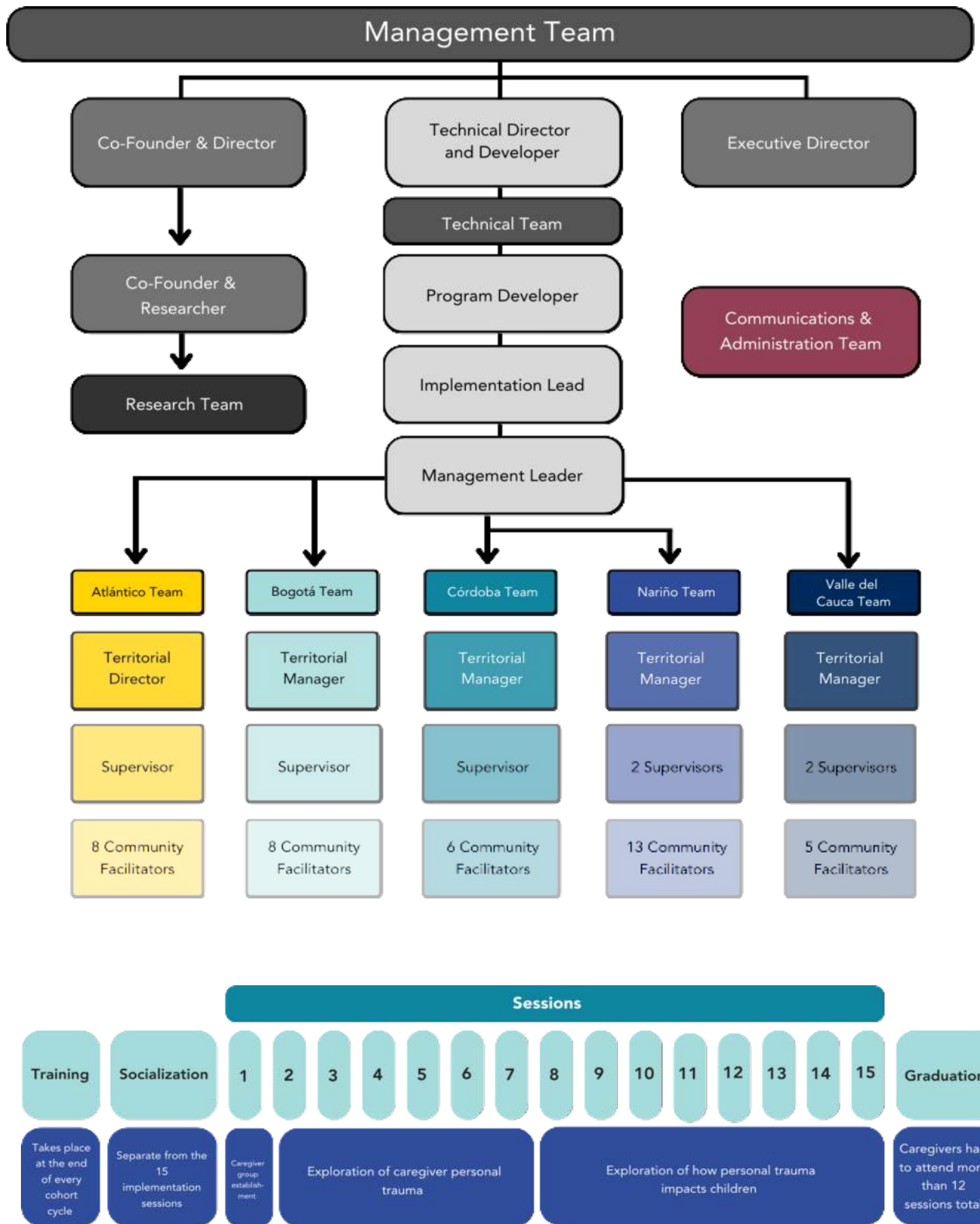
Figure 3. (*Top***)** SdA organizational structure; (***bottom***) SdA program timeline

Figure 4. Two CFs in Bosa running a socialization session for potential program participants inside a kindergarten classroom

politics or religion, and committed attendance — caregivers who commit to the program can miss only two sessions before they are asked to leave).[18] These rules are usually written and posted on the wall for everyone to see.

- *Sessions 2 to 7: Caregivers delve into their personal trauma*

- *Session 7 onward: Sesame Street Workshop*

  - Emotional learning videos that feature Sesame Street characters are sent to caregivers.[19] They work to provide positive modelling for healthy co-regulation for both caregiver and child.

- *Sessions 8 to 15: Caregivers' trauma and how behaviours affect their children*

- *Session 16: Graduation.* After successfully completing all 15 sessions, caregivers are invited to attend a graduation ceremony and receive a certificate.

Becoming a Community Facilitator

To deliver the program at SdA one has to experience the program, whether that be as a previous participant or through a 15-day induction module. In replication of the 15 weeks future participants will undergo, CFs in training go through mock sessions as participants in the morning. In the afternoon, this is supplemented by educational courses that explain the theoretical underpinnings of the program and the specific activities they experienced. They uncover the psychological function of trauma, attachment theory, social learning, and bio-ecological development. When we asked a senior staff member which aspects of the SdA program were

---

18   Mothers of infants of breastfeeding age are allowed to bring their child to sessions.

19   Caregivers are provided with a range of social-emotional videos that feature Sesame Street characters. Pilot trials in Tumaco and Jamundí indicate that they assist caregivers in modelling and practising positive social-emotional management techniques with their children.

most valuable they emphasized: "the theoretical and academic backing of the program manages to spur very deep-delving reflection moments that bring about a great deal of understanding." Essentially, these classes serve as a reinforcement of the program's philosophy and quality control. At the end of each cohort retraining takes place for all community facilitators.

There are two ways staff are recruited:

1. Traditional job listings for people with qualifications in psychology or education

2. Former program participants with leadership qualities are invited to run the program post-graduation, though only two or three of every 2,000 participants are recruited through this mechanism.

Semillas de Apego's Impact: Why Do Caregivers Stay?

An Environment of Trust and Empowerment

Using existing community networks and connections to build trust and encourage participation is especially effective in conflict-affected settings where people often lack faith in institutions. By involving community members as facilitators and supervisors, the program ensures that it is contextually appropriate and responsive to each community's specific needs. This people-first philosophy not only addresses immediate emotional and psychological needs but also nurtures long-term resilience and unity among participants.

One of the Semillas de Apego program's key features is the creation of a trusting environment for maintaining participant involvement. By gathering at the same time, location, and with familiar faces, caregivers feel comfortable sharing their experiences openly without fear of criticism. Though community facilitators (CFs) play an integral role in fostering this environment of self-care, the group itself collectively negotiates how its culture is determined, how potential clashes get resolved, and how experiences are exchanged. In the words of one caregiver who graduated, "knowing a program where you feel loved — where you are understood and not judged every session — is very significant."[20] This approach plays a crucial role in fostering a sense of security and trust among participants, which is important in programs like SdA that deal with sensitive topics like trauma and mental health.

When participants know that they will be returning to the same environment each week, it reduces the anxiety associated with the unknown and creates a safe space for building relationships. Another participant highlighted how, "it was not a place where I would receive a parenting workshop but a space in which you could express yourself without being judged." The program's predictable nature allows participants to concentrate on their own development and the material being presented, rather than being sidetracked or unsettled by concerns about meeting new people or dealing with logistical changes. Community facilitators shared how, over time, this consistency helps to build a strong, cohesive group dynamic, which is important for maintaining productive engagement and ensuring that participants remain committed to the program throughout its duration. The program's structure supports both emotional safety and effective learning.

A Space for Emotional and Psychological Healing

At the heart of SdA is an understanding that nurturing children in their first years of life begins with taking care of the caretaker. In an institutional

---

20   Translations by interpreters.

landscape where interventions place children's needs at the forefront, caregivers often experience their complex needs being addressed for the first time. This can initially feel unnatural. One survey respondent, for example, described feeling "struck" at a socialization session upon learning what SdA was offering: a space to "recognize ourselves and give ourselves the place as women and not just that we are mothers."

We observed that caregivers at the socialization stage may not even be aware of personal neglect. This small recentring then creates an environment for change and growth to take place. Many caregivers report enhancements in their emotional well-being and coping mechanisms for stress and trauma. One participant noted, "Semillas de Apego is wonderful! What I highlight the most is being able to heal, breaking the intergenerational transmission of trauma, understanding and managing emotions." For others, the greatest gift was simply "learning to breathe." In fact, this notion of breathing and mindfulness more generally was an unforeseen aspect of SdA's impact that we observed. Interwoven at all levels — in socialization, in sessions, and during staff training — the tools required for transformative psychological change are sometimes the most fundamental (a luxury in these conflict-affected settings).

Beyond the individual level, SdA works to break the cycle of intergenerational trauma. Caregivers learn how to manage their emotions and stress, creating a more stable and nurturing environment for children. By supporting caregivers, the program indirectly supports the healthy development of children, contributing to long-term community resilience.

Championing Gender Inclusivity

The program's impact extends to challenging gender norms and promoting men's involvement, though this still poses a significant hurdle. SdA

has noted a particular difficulty in engaging male caregivers who, despite showing initial interest, often don't participate because of societal expectations and stigma. To address this obstacle, the program strives to challenge the dominant masculine roles in families and communities. This includes advocating that caregiving is not solely a female duty and encouraging women to entrust caregiving responsibilities to their partners.

Language is an important arena where gender norms are confronted. SdA makes a concerted effort to present themselves as a program for "caregivers" of all gender identities rather than for mothers or fathers. Though in practice their progressive approach sometimes clashed with unwavering social practices, SdA remains committed to their vision. The effect is a space designed for all who feel called to improve their engagement with children in their care.

Sustainability: Impact Beyond the Program

Breaking Intergenerational Trauma

Inherently, a program that attempts to rupture intergenerational trauma is invested in the future. In conversation with former program participants we heard that for the vast majority of caregivers Semillas de Apego (SdA) provided them a philosophy through which to navigate their interpersonal relationships and challenges for life — whether it involved tools to manage daily stress through mindfulness exercises or fostering empathy by giving insight into the emotional world of children. They began by first addressing their own trauma and how it manifests in their emotional and physical health. Only after this stage are caregivers prompted to consider their own past in relation to their children. The

opportunity to centre themselves, not as a caretaker but as a human being, is evidently an empowering and radical experience.

A senior staff member in Bogotá shared with us: "based on my experience, in implementing psychosocial interventions, SdA transforms not just a person, but the generations that follow." This notion of continual growth was something all former participants and current facilitators that we spoke with shared.

A Caregiver Network

SdA operates in neighbourhoods home to a large number of refugees and IDPs whose social reality involves fragmentation and disruption. Displacement means a disconnection from a pre-established community and subsequently the task of negotiating a new one against a backdrop of caretaking, work, and unresolved trauma. SdA introduces people to a network when it is most crucial. For caregivers who may be experiencing a sense of isolation, this network redefines their parenting journey to one that is more collective and shared. And because the program takes place in the community, the network remains even after people complete the program. After their 15 weeks, caregivers still have access to emotionally safe connections and, more broadly, an increased sense of belonging in the wider community.

Knowledge Transfer

An integral component of SdA's sustainable success involves the cyclical transfers of knowledge. This process is decidedly reciprocal and not top down, given the way lived experience informs the program philosophy. In their training design we identified a commitment to equip CFs with a holistic perception of both a first-hand experience of the 15 sessions and their theoretical basis. This ensures that when they make contact with caregivers they are able to pass on their own learnings from a place of

compassion rather than advice. But it does not end there.

Caregivers take their learnings back into the community. They share with friends and family and model for their children healthy relationship styles. In one case a current community facilitator and former participant of the program witnessed her husband use a breathing technique she learned from SdA with their son. Although he was not a part of the program he embraced the positive changes it brought about, sparking a household shift.

Sustainability in Scaling

In just six years, SdA has scaled their operations from one department (Nariño) to five with plans to reach two more by the end of the year. Their ability to maintain reach without impeding on impact is predicated on three key factors:

1. *Mindful growth.* Unfortunately the story of displacement and experience of violence is not unique in Tumaco so a program like SdA would be beneficial in a number of neighbourhoods and municipalities across the country. SdA therefore faces the challenge of deciding which specific communities they should introduce the program to. During a debrief session, co-founder Andres Moya detailed their success in Tumaco and the subsequent calls to expand operations throughout the department. However, SdA decided to keep their operations limited so as to not hinder the quality of the service. This is also an important consideration when considering why the program does not incorporate other hard-to-reach caregivers like teen parents or incarcerated women

2. *Rigorous program evaluation.* Since inception, SdA has relied on empirical investigations to inform their curriculum design and adaptations. The first large-scale impact evaluation occurred between 2018 and 2020 and involved 1,370 caregivers in

Tumaco. Aspects of the program that enabled retention and adoption of SdA tools included cultural tailoring, experiential learning methods, and mindfulness activities.[21] In 2022, they learned that Sesame Street videos aided in emotional co-regulation between child and parent. Subsequently, the Sesame Workshop was integrated into the curriculum and remains a resource caregivers have access to following their participation.[22] This evidence-driven, research-forward framework is also reflected in their staffing structure. SdA currently has six in-house researchers who work to continually evaluate and monitor their operations. This positions the organization to be innovation oriented and proactive about their limitations. It also prevents the need for costly, outsourced evaluations in the future.

3. *Internal recruitment.* SdA has set up a recruitment structure whereby former program participants can be invited to become CFs. As they continue to expand their operations this structure provides a cost-effective and stable avenue for lived experience to be embedded into program delivery. Staff members who are from the community contribute to tailoring the service to have greater cultural relevance and effectiveness. On a wider scale, CFs are one of the key ways SdA maintains strong local footing and acceptance.

Barriers to Success: Why Do Caregivers Drop Out?

Social and Familial Context

Traditional patriarchal gender roles around caregiving still place the burden of care on women. When a mother is not available, another woman, such as an aunt or grandmother, tends to step into the role of caregiver. SdA's database from previous cohorts shows that 97 per cent of caregivers in the program were women.

Men are not traditionally expected to engage in child-rearing activities. These patterns of care are generally shaped by social and economic structures that uphold these norms, such as Colombia's machismo culture. As a community facilitator noted in our survey, "Most men do not attend the program because they do not want to be a source of ridicule from society for machismo." Many men in Bogota still hold traditional views about homemaking, even today.[23]

Men are not encouraged to contribute their share of caregiving, either by society or their families. Recognizing this, SdA aims to reframe the male role in care work, encouraging their participation and building their partners' trust. It is critical to provide fathers and male carers with a learning environment that emphasizes the importance of their caregiving so that their partners have confidence in them to care for their children. In one of the modules, CFs explain to caregivers that they have to learn to trust their partner and other family members to give care for their child.

Male caregivers who do join the sessions often contribute positively by sharing their unique

---

21 Arturo Harker Roa, Natalia Córdoba Flechas, Andrés Flechas, and María Pineros-Leano, "Implementing Psychosocial Support Models in Contexts of Extreme Adversity: Lessons from a Process Evaluation in Colombia," *Frontiers in Psychology* 14 (2023). 🔗

22 See Sesame Workshop website. 🔗

23 Peter Yeung, "Challenging Machismo Culture: Colombia Is Sending Men to School to Learn How to Care," CNN, 2024. 🔗

perspectives. In many cases, the other women in the cohort appreciated their effort and valued their opinions. Yet men sometimes experience prejudice and disrespect from their peers, impacting their willingness to continue with the program. One such case a CF and supervisor told us about was in Bosa, where a man faced prejudice as a single father and was stereotyped for his appearance and occupation as a mixed martial artist by women in his cohort. Many doubted his ability because he did not fit the stereotypical image of a carer. When reassured by CFs, he said he had felt disrespected and discouraged. However, following the program's conclusion, attitudes had fundamentally shifted: female carers expressed remorse for any previous biased views and even offered him gifts. Nationally, opinions about male participation in household work and possibly caregiving are also shifting, with more people perceiving equal or greater male involvement in 2023.[24]

There may also be a general societal resistance to acknowledging and addressing childhood trauma. A regional supervisor observed that some participants may not be ready for emotional revelations the program may prompt, making them uncomfortable, and thus, deterring their involvement. Crucially, the CF has a system to help them identify caregivers who require additional psychological support, and may refer them to psychologists with SdA's partnered organizations, which at least delays their dropout if not prevents it. One of the session's activities encourages carers to talk about their emotional world, and their coping mechanisms. This coincides with an increasing interest in mental health in South America and Colombia, which may encourage more people to open up about their mental well-being.[25]

Economic Context

Work obligations and economic instability make it challenging for caregivers to prioritize the program over their immediate needs. As a CF best described, when primary needs are not met (like reliable shelter, food, and stable income) it becomes difficult to prioritize self-care. In 2022, about 57 per cent of Colombia's population was employed, with men dominating the labour market representing 61 per cent of total employment and only 39 per cent of women working outside the home.[26]

Many people in SdA's target neighbourhoods have temporary jobs or work in the informal economy, making them vulnerable to job insecurity. Many caregivers who attended the sessions were not the main source of income for their households and at least 10.6 per cent worried about food. The refugee crisis has forced many Venezuelans into mainly temporary informal jobs or self-employment, living day-by-day.[27] As a result, employed caregivers face significant hurdles balancing work and program commitments. Homemakers therefore find it easier to attend and complete the program compared to those with jobs. Because of economic situations and unrest, there is high mobility within Colombia, and people frequently move between neighbourhoods and cities, complicating consistent program participation.

Logistical hurdles like transportation issues and communication challenges in remote areas present other substantial obstacles

---

24   Ibid.

25   Roberto Chaskel, et al., "Mental Health Law in Colombia."

26   "Labour Market Profile Colombia 2023/2024," Danish Trade Union Development Agency and Norwegian Confederation of Trade Unions, 2024. 🔗

27   Martha Ble, "A Forgotten Response and an Uncertain Future: Venezuelans' Economic Inclusion in Colombia," Refugees International, 30 November, 2023. 🔗

to implementing the program. Many of the communities served by SdA are located in geographically isolated or underserved areas lacking public road infrastructure. In these areas, caregivers and CFs face difficulties in travelling to the program sites, which are often far from their homes and require multiple modes of transport to reach the venue. This can lead to inconsistencies in attendance and reduced participation, particularly for those with limited financial resources, in this case most of the participants. This challenge is further compounded by SdA's strict attendance policy, which permits only two absences throughout the 15-week program. Unreliable communication networks in these remote areas delay the program's ability to effectively coordinate sessions.

To address some of the challenges that carers face, SdA provides monetary relief to caregivers every three sessions. Often in the form of coupons that can be used at selected supermarkets, it is designed to alleviate only some of the economic pressures and make it easier for caregivers to prioritize their presence in the program. Involvement in the program is entirely voluntary — the free program is structured to encourage committed participation from those who choose to engage and ensures a spot to those who need it.

Organization Structure and Operations

The lack of male facilitators in the program could be directly linked to lower male caregiver participation and retention. Seeing a socialization led exclusively by women with a majority of women participants might discourage potential male participants. Without male caregivers in the program, SDA has and will face challenges in recruiting potential male caregivers to become future CFs.

The attendance policy allowing only two absences (that is supposed to emphasize commitment to the program) may actually create a barrier for participants who have extenuating circumstances at home. This rule particularly affects employed individuals, diminishing their motivation to join and remain in the program. With the program being on weekdays only, afternoon sessions clash with parental duties such as picking up children from school. Participants have requested weekend sessions to better fit their schedules.

Figure 5. A community facilitator signs a caregiver up to the program

During our observations, CFs felt pressured to rush through socializations so that the parent-teacher conference could run on time. This haste left less room for meaningful interactions, hampering the opportunity to strengthen relationships between caregivers and facilitators. As a result, the valuable opportunity for community bonding and constructive and collaborative discussion was greatly diminished, particularly during the question-and-answer period.

In addition to citizens of low economic status, those from rural areas, displaced individuals, and refugees, many caregivers are still left out and could potentially benefit from the sessions. The program excludes caregivers under the age of 18, despite the region's significant number of teenage parents. This exclusion results from legal and ethical constraints, even though teenage pregnancies are prevalent in Colombia. Other groups, such as incarcerated caregivers and institutionalized children, are also not accommodated by the program.

Currently, parents are encouraged not to bring their children to the sessions but there are some exceptions such as breastfeeding babies. Caregivers with multiple children may struggle to attend sessions due to the absence of local childcare facilities and support networks in some areas. This lack of reliable childcare or other support makes it difficult for them to participate fully, especially for new migrants with no established social networks. These constraints hinder SdA's ability to expand and adapt the program to meet the needs of all potential participants.

Funding and Resources

Ideas aren't barriers but sustainable funding is. SdA operates among many similar programs across Colombia, competing for participants and resources. Although it is one of the few programs to target caregivers' mental health and its impact on their children's development, its expansion is constrained by financial limitations. Current funding comes from the Hilton Group, but a formal strategy for fundraising and accepting donations is in development. The organization is currently applying for various grants.

Standardizing the program across different regions is proving to be another challenge, since local needs vary significantly. Many facilitators note that the diverse cities in Colombia require

tailored approaches, making standardization difficult. As the program scales, it is crucial to recognize that there may be a disconnect between administrative staff and CFs. Addressing this gap is essential for the program's effective implementation and growth. This disconnect could stem from differences in perspectives, communication gaps, or a lack of shared understanding about the program's on-the-ground realities.

As it continues to scale to accommodate a more diverse audience, in the future, SdA's knowledge-transfer methods may need to evolve to ensure that all team members remain aligned. Expanding the program too rapidly and without appropriate tactics could reduce its sustainability and cause management challenges. SdA acknowledges that more research will be necessary to scale the program further without sacrificing the strong community connection that is currently the program's hallmark. Nevertheless, SdA has grown from seven staff members in 2018 to 83 in 2024, and has reached 2,972 caregivers since 2014.

Gender

In a nation beset by significant socio-political challenges, women face pervasive issues, including systemic violence, discrimination, and limited access to essential resources and opportunities. These problems are exacerbated by ongoing conflicts, which have disproportionately affected women. This highlights the urgent need for interventions like SdA to help and empower women, and safeguard them from violence by supporting programs that offer legal aid, psychological counselling, and safe spaces for women who have been affected by conflict and gender-based violence.

Such measures are designed to address both the immediate and long-term needs of survivors, ensuring their protection and facilitating their recovery. Additionally, prioritizing the creation of economic opportunities for women as a critical component of empowerment enhances women's economic independence by providing vocational training and supporting women-led enterprises. Initiatives like SdA aim to improve women's economic status and contribute to broader socioeconomic development by fostering greater participation in the labour market and entrepreneurial activities. SdA's origin from an economic faculty background at the Universidad de los Andes means that they're in a position to be well supported by academia and research.

Lessons Learned

Mental health remains a key focus area for Colombia, with displacement, poverty, and historical conflict all affecting caregiver mental health. Semillas de Apego (SdA) is positioned uniquely within the country's mental-health service landscape since the organization focuses on parental mental health as a mechanism to foster healthy parent-child attachments. Because the organization directly involves members from the community to implement the program, it establishes trust and empathy. We identified the following key aspects of the program's ability to reach and engage participants.

Cultural Competence in Program Delivery

SdA demonstrates a strong commitment to cultural sensitivity in their mental health intervention programs by working directly with communities that have experienced displacement, such as Tumaco. In his paper "The Covid-19 Pandemic and a Deep Dive Into My Emotional World," SdA co-founder Andres Moya shares an example from SdA's work:

> Similar to what happened in Altos de Cazucá, this field work made me probe deeper into the reality and the lives of people who have survived violence and displacement in Colombia. This experience also reinforced the idea that as an academic in Colombia I have a responsibility to conduct quality research that uncovers some of the hidden consequences of violence and displacement, but also to take a step forward and contribute to programs and policies that make it possible to repair some of these consequences. This has been the focus of my work in recent years.[28]

This approach of engaging directly with affected communities, empowering them to lead sessions, and creating a feedback loop for continuous improvement, exemplifies the program's commitment to cultural competence.

One CF similarly explained how their "involvement began through a very humane and smooth job offer process. It started as a pilot project on the Atlantic coast, and I even went through the program with my own children. This first-hand experience made it easier to connect with others during the recruitment process. We reached out for support from schools, kindergartens,

---

28   Andrés Moya, "The Covid-19 Pandemic and a Deep Dive into My Emotional World," *ReVista* 21, no. 3 (2022): 1-20. 🔗

community leaders, and even former convicts from my previous community work."

During the focus group, participants emphasized the program's cultural sensitivity, humane hiring practices, and the organization's supportive environment.

Emphasis on Lived Experience

The program's success is also a testament to the emphasis it places on lived experience. Some CFs are first participants, which allows them to relate directly to the challenges and benefits of the program. This approach ensures that those leading the program have a deep understanding of its impact and can empathize with participants. One CF captured her experience of going through the program and the impact on facilitating sessions:

> I also experienced the full process as a participant, and now I am living it as a facilitator. I feel the program has positively impacted my life because, well, I have a daughter. And I live with her on a day-to-day basis, the sessions … revealed the things that perhaps I previously had little or no knowledge about. For example, in terms of mental health, I now understand that if I am in a good place, my daughter will be in a good place.

This emphasis on lived experience also indicates that SdA has a self-sustaining model with facilitators constantly being trained, and delivering new programs.

A Cycle of Trust

Another core focus of the program is to build resilience by creating an environment of trust and nonjudgmental support. When caregivers manage their own mental health, and foster improved relationships with their children, they can develop long-term psychological well-

being. In an interview a staff member shared how "Semillas De Apego is a trust-based program, relying on trust in the communities and among our facilitators. We are not looking for very structured responses but for real impacts on people's lives. The most powerful aspect is helping with community change." Through building trust within the community, and also valuing qualitative change among participants, trust is a key element in supporting parents with breaking intergenerational trauma.

Reducing Stigma

An insidious barrier to accessing mental health treatment is stigma. By creating a safe space for conversations around caregiver mental health, SdA promotes a more open and accepting environment for participants. This helps to normalize the conversation around mental health and caregiver needs. During an observation session in Bosa, one facilitator created a safe space where a participant was able to open up about separation anxiety with their child, in this case, by openly discussing mental health and the importance of psychological well-being. This dialogue and the facilitator's ability to spread awareness about support mechanisms in place for working parents resulted in the caregiver signing up for the program.

Robust Monitoring and Evaluation

SdA's foundation is strong empirical support for the program's efficacy. By employing a thorough monitoring and evaluation system, the organization can track progress. Regular feedback mechanisms, such as surveys and focus groups, help in refining the program and maintaining high standards of delivery. Its theoretical framework and session resources are also conducive to regular feedback touchpoints.

However, like many grassroots organizations, SdA also faces barriers when it comes to reaching and

engaging participants. For instance, the variability in Bogotá's cultural and socioeconomic landscape poses challenges for generalizing findings to other regions, making it difficult to apply successful strategies universally.

Key Considerations to Further Scale Impact

Program design. The design of SdA offers a solid foundation for scaling. Participants often drop out because of factors such as health conditions, job requirements, or family issues. Trialling changes such as more flexible scheduling options and personalized support could be helpful for SdA to monitor region-specific factors. Based on the program's strong monitoring system, this might be a possibility to test with participants.

Program engagement. Engaging more fathers in the program remains a challenge because of traditional gender roles. Developing strategies to include fathers, such as creating separate spaces for men, challenging gender stereotypes, or adjusting the location or availability of the initial socialization sessions could also be explored further to encourage male caregivers to have equal access to the program's benefits.

Program reach. To further scale SdA and continue to reach the hardest to reach, the organization might explore reaching specific marginalized groups within their programs or socialization sessions. For example, they could include teenage mothers. Navigating the myriad of factors such as laws, funding, and other social issues while also expanding their reach has been an area of ongoing discussion within SdA. Today SdA has a variety of partnerships with organizations such as Sesame Workshop and the LEGO Foundation. Building on these existing partnerships, or developing new collaborations with organizations that work with these specific marginalized groups, can also be tested for impact.

These difficulties provided valuable insights into the role grassroots initiatives play in supporting underserved communities and highlighted obstacles that similar organizations may face in sustaining or scaling long-term impact.

Figure 6. Banner outside a socialization session detailing requirements to participate in the SdA program

Limitations of the Study

While the research we conducted in Bogotá provided valuable insights, several limitations need to be acknowledged to provide a comprehensive understanding of the study's scope and constraints.

Geographical and contextual constraints. The study's primary limitation is its geographic and temporal scope. Our research was confined to Bogotá, conducted over a relatively short period (i.e., five days). Although affected by

internal displacement, Bogotá is one of the wealthiest cities in Colombia (Bogotá contributes around 25% of Colombia's GDP).[29] This focus and the narrow time frame limit the findings' generalizability to other regions that may experience different forms and intensities of conflict and displacement. Areas such as Tumaco, where violence is more directly attributable to narco-trafficking and guerrilla activities, were not included, which could have provided a more comprehensive understanding of the program's impact in varied contexts.

Observer effect. Although we were aware of its potential influence and took steps to minimize it, the presence of researchers during the socialization sessions may have affected the behaviour and responses of both participants and facilitators. Participants may have been more guarded or overly positive in their feedback because they were being observed, potentially leading to biased data. This observer effect is a common challenge in qualitative research, where the act of observation can alter the natural dynamics of the environment being studied.

Language and cultural barriers. Although we used translation services, language barriers could have affected the depth of communication between researchers and participants. Nuances in language and cultural expressions might have been lost in translation, affecting the accuracy and richness of the data collected. As non-native speakers and outsiders, researchers might have missed subtle cultural cues and contexts that are integral to fully understanding the participants' experiences.

Conclusion

The Semillas de Apego program exemplifies a vital, community-based approach to addressing the psychological and emotional challenges faced by caregivers of children in Colombia's conflict-affected regions. Despite the significant barriers in scaling with sustainability, including socioeconomic challenges, need for more funding and resources, and gender and culture norms, the findings underscore the program's significant impact in breaking these cycles of intergenerational trauma and creating stronger familial and parenting relationships. SdA has empowered a great number of individuals who otherwise lack access to mental health and parenting support to better care for themselves and their children, ultimately contributing to healthier and more resilient communities. As one community facilitator puts it so well, "The fact that children benefit through their caregivers — social programs always focus on minors — with Semillas de Apego, it is clear that fathers, mothers, and caregivers must be emotionally well, heal wounds caused by childhood traumas that may interfere with positive parenting with their children."

---

29   "Share of Gross Domestic Product (GDP) in Colombia in 2023, by District," Statista Research Department, 1 August 2024. 🔗

Research Team

Akanksha Agarwal recently completed her bachelor of science degree with a major in psychology from the University of Melbourne. She has worked with the Melbourne Neuropsychiatry Centre, Contemplative Studies Centre, as well as nonprofit organizations such as the International Women's Development Agency. Passionate about gender equity, during her role as a Women's Officer, she led a partnership with Libra to reduce period poverty on campus. She has also worked in the start-up and venture capital ecosystem to scale impact.

"Through my work with Semillas de Apego, I have come to understand the profound impact of intergenerational trauma on mental health, especially among caregivers and children. Engaging in qualitative field research has revealed to me the urgent need for culturally specific interventions that address these unique challenges. By embracing interdisciplinary collaboration and community insights, I believe we can design meaningful, culturally sensitive frameworks that not only recognize but also heal the scars of trauma, fostering well-being in the most vulnerable populations."

Ajak Diing is currently completing her bachelor of arts degree in criminology at the University of Melbourne. She is particularly interested in the process of policy implementation in today's climate of criminological challenge and reinvention. As a member of the South Sudanese diaspora she is invested in understanding sustainable development for refugee communities globally. In the past Ajak has worked in market research in a data analysis capacity for both private and public sector organizations.

"On a practical level Reach has enhanced my research skills by stipulating a rigorous process, encouraging interdisciplinary collaboration and professional introspection. On a psychological level, it has broadened my outlook by demonstrating the interconnectedness of global challenges and in turn global solutions. Through our work with Semillas de Apego, I hope the key lessons of culturally informed design and community integration can be further prioritized within mental health frameworks in Australia and beyond."

Sujeetkumar Ranjeet Kadam is a master of management (marketing) student at the University of Melbourne, awarded a prestigious scholarship from the Government of India for his academic excellence. With a background in business administration, his professional achievements include significantly improving client performance as a digital marketing associate and leading successful awareness campaigns as communications lead at Mobbera Foundation, a human rights organization in Hyderabad, India. Sujeet's multicultural background and roots in an underprivileged minority community in India have shaped his passion for community development and social impact.

"Working with the Reach Alliance has transformed my view on research and its impact. Coming from a minority background, I understand the importance of ensuring that innovative solutions reach those who need them most. As a marketing student, I find it fascinating that Reach focuses on making vital data and services accessible to marginalized communities. This experience has deepened my commitment to culturally sensitive approaches in addressing global challenges."
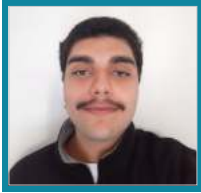
Brigalow McIntosh is a student researcher from the University of Melbourne who has recently completed his honours degree specializing in Indigenous studies. He has experience in the child and family welfare sector working as a policy officer at the Victorian Child and Community Agency in Melbourne. His research examines policy implications for Aboriginal youth, government accountability, and the field of criminology.

"The Reach Alliance program made me realize the importance of connecting outside of my field and internationally. Partnering with Semillas de Apego to create our case study emboldened me to consider how economically based community programs can evolve to help thousands of people. Furthermore, understanding the political, social, and historical contexts of Colombia and the surrounding regions more broadly has given me a deep appreciation of the people and culture we were able to work alongside."

Shifa Nathani is currently pursuing her bachelor of arts degree in psychology and sociology at the University of Melbourne. She is passionate about researching and exploring the intersection of mental health with socioeconomic factors in underprivileged communities. She has worked in various mental health organizations such as the Melbourne Neuropsychiatry Centre, investigating neural bases of anxiety in adolescents and at SANE Australia conducting data analysis and evaluating the impacts of incorporating lived experience into recovery models.

"Working with Semillas de Apego through the Reach Alliance program has not only strengthened my research skills through interdisciplinary and global collaboration but has also deepened my personal understanding of the psychosocial impacts of displacement and how it affects the mental health of caregivers and children. This experience has highlighted the importance of culturally sensitive community-based mental health interventions and I hope our findings will contribute to more inclusive frameworks that work to uplift the hardest-to-reach populations in both Colombia and globally."

Jacinta Patel is a master's degree student in biomedical engineering at the University of Melbourne with a bachelor's degree in biomedical science from Monash University. She has a strong grasp of biomedical and health research, ethics, and human research principles, particularly cultural sensitivity. Jacinta has experience with vulnerable populations, having volunteered at medical-related services in Fiji, Rotary clubs, and other grassroot organizations. Her strong interests in health, research, and a passion for helping people naturally led her to become deeply involved in this project.

"Working with Semillas de Apego has given me a holistic view of research and community-based impact that I would never have experienced within the boundaries of my field alone. The people, cultural exchange, and problem solving on the ground taught me how interdisciplinary collaboration can lead to meaningful connections and change. I've observed that while mental health approaches differ across places and must be culturally sensitive, the organization's passion for addressing them remains outstanding."

Carolina Bermúdez is the Colombia program manager for Kindred — an NGO focused on well-being and community mental health — and the Latin America representative for Community Works. She is an anthropologist and philosopher with a master of social policy degree, who has worked with Indigenous groups in Colombia and Australia over the last 12 years. She has developed skills as a mediator between cultural groups with different logics, needs, and interests and has also coordinated several governmental and nongovernmental projects focusing on education, cultural strengthening, and the development of economic alternatives for Indigenous groups.

"This process has been an incredible opportunity to experience the importance and relevance of weaving relationships between communities, programs (such as Semillas de Apego), NGOs, researchers, and other stakeholders. Also, it was beautiful and inspiring to see students not only do the research itself but also develop relationships with the people at each new place we arrived."

Maria Rodrigues is a director of Kindred, an international nonprofit organization with offices in Colombia and Australia. Maria's experience as a researcher, educator, and development practitioner spans over 15 years working at the intersection of mental health, social justice, and cross-cultural peacebuilding. She has completed field research, notably with Aboriginal communities in remote Australia, as well as postconflict settings in Kenya, Uganda, and Mozambique. Maria holds a BA in psychology from Elmira College and a PhD in applied ethics (global justice) from the University of Melbourne. Her research and consultancy work has contributed to toolkits, policy, and strategic documents for StrongMinds Uganda, the National Indigenous Australians Agency, the World Psychiatric Association, Relationships Australia, and Amnesty International.

"Supporting students on their research journey has been an energizing and eye-opening experience. My goal as a mentor was to show students what is possible when you truly collaborate with community partners to engage local people as active participants and put their priorities front and centre throughout the research process. Working with the students in this way deepened my own understanding of how productive research partnerships can be built."

Kindred

Kindred Collaborative's Reach Alliance 2023 initiative supported student-led research projects in India and Guatemala. Team India explored scalable solutions for addressing mental health disorders through a local nonprofit, while Team Guatemala focused on empowering education leaders to improve education quality in rural communities. The research was presented at the Reach Alliance Symposium in Mexico, which brought together global thinkers to discuss sustainable development goals and social inequality. The projects were conducted in partnership with local organizations Atmiyata and ConnectEd.
https://kindred.com.co/reach-alliance-2023/

THE UNIVERSITY OF MELBOURNE

The University of Melbourne, founded in 1853, is one of Australia's top public research universities, consistently ranked among the best globally. Located in Victoria, it offers a wide range of undergraduate and postgraduate programs across disciplines like arts, science, business, and medicine. Known for academic excellence, innovation, and global research impact, the university attracts a diverse student body and fosters strong industry partnerships. contributing significantly to global research and education.
https://www.unimelb.edu.au

Center for Inclusive Growth

The Center for Inclusive Growth advances equitable and sustainable economic growth and financial inclusion around the world. The Center leverages the company's core assets and competencies, including data insights, expertise, and technology, while administering the philanthropic Mastercard Impact Fund, to produce independent research, scale global programs, and empower a community of thinkers, leaders, and doers on the front lines of inclusive growth.
mastercardcenter.org

Reach Alliance