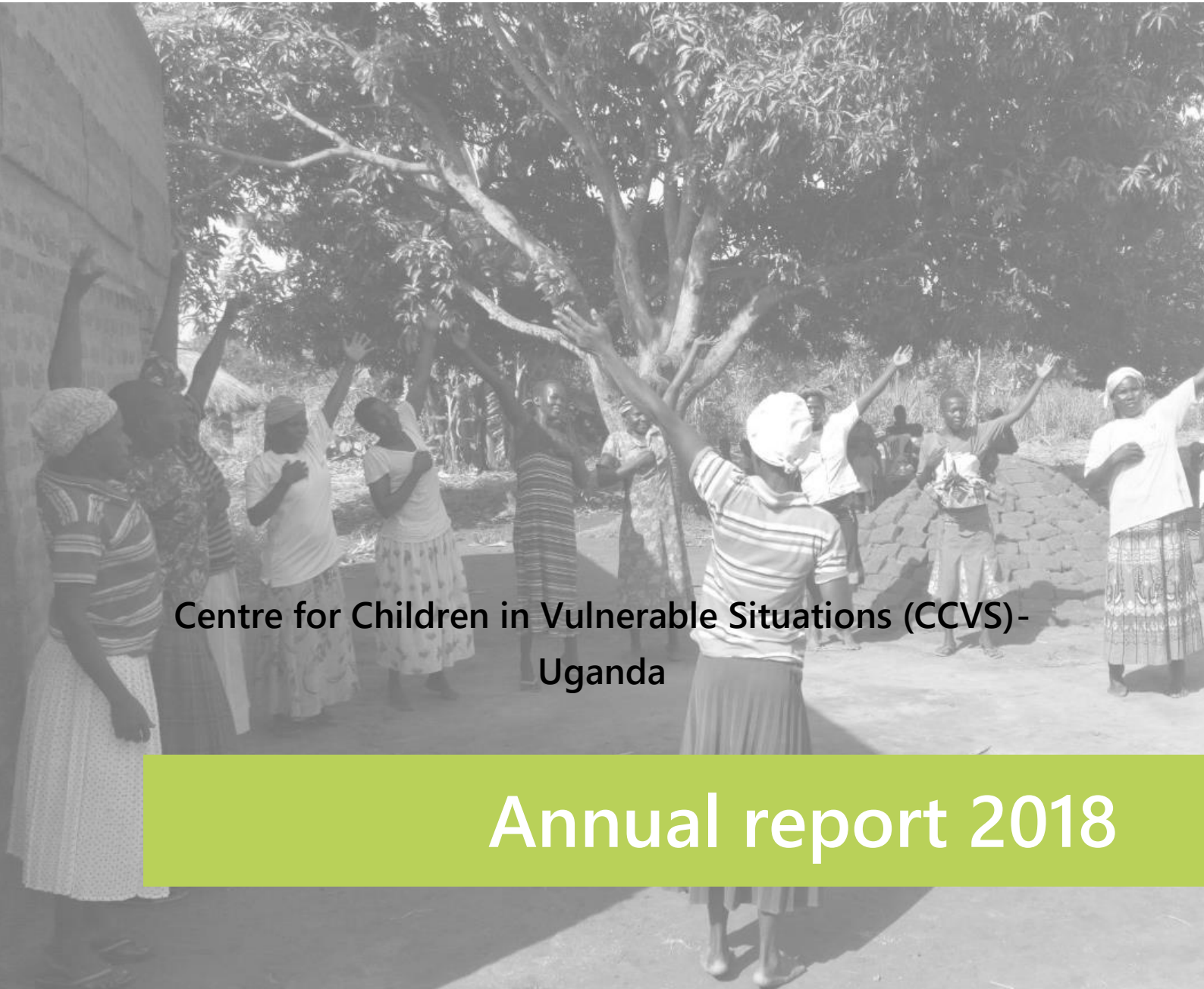




**CCVS**  
centre for children  
in vulnerable situations



## Centre for Children in Vulnerable Situations (CCVS)- Uganda

# Annual report 2018

In cooperation with:



With support from:



## ORGANIZATIONAL CONTEXT

**Centre for Children in Vulnerable Situations (CCVS)-International** was initiated in September 2008 after the closure of the Rachele Rehabilitation Centre for former child soldiers in Lira, Northern Uganda. Following a request from the Belgian Ministry of Foreign Affairs, an interuniversity research cooperation was founded to conduct research on and provide support for the wellbeing, rehabilitation and reintegration of formerly abducted children. Three Belgian universities gave form to this centre: Ghent University (Department of Social Work and Social Pedagogy) with Prof. dr. Ilse Derluyn, Vrije Universiteit Brussel (Research Unit Interpersonal, Narrative and Discursive Studies) with Prof. dr. Gerrit Loots, and the University of Leuven (Research Unit Education, Culture and Society) with Prof. dr. Lucia De Haene.

This **interuniversity cooperation**, the Centre for Children in Vulnerable Situations (CCVS)-International, aims at enhancing the psychosocial wellbeing of children, youth, families and communities living in vulnerable situations in Southern countries. Currently, CCVS-International is active in eight countries: Bolivia, Uganda, DR Congo, Colombia, Palestine, Uruguay, South Africa and India. Its activities are built around three central axes which are closely related to one another:

1. **Research** studying the psychosocial wellbeing of children and adolescents in vulnerable situations in the South: These studies are practice-oriented, which means that the research questions are relevant for practitioners, and that the study results are disseminated as widely as possible. Studies are conducted in collaboration with local universities, researchers and institutions;
2. **Support** for children and youth in vulnerable situations in the South: In particular, two psychological support centres have been established, one in Eastern DR Congo (Bunia), CCVS-DR Congo, and one in Northern Uganda (Lira), CCVS-Uganda, where local staff is involved in a range of diverse activities, all aiming at supporting the psychosocial wellbeing of war-affected children, youth and adults, such as professional psychotherapeutic counselling, training of community stakeholders on mental health, sensitization on mental health, community therapy, etc.; and
3. Large **dissemination** of practices and knowledge, via, amongst others, the organizations of local workshops, publications and international conferences.

Since November 2010, the Ugandan registered International NGO **Centre for Children in Vulnerable Situations (CCVS)-Uganda** has been playing an active, supportive role in promoting the mental health of children, youth and adults living in post-war Northern Uganda and, more specifically, in Lira District through the execution of mental health sensitizations, a range of different specialized psychotherapeutic counselling activities and diverse trainings. With support from the CCVS interuniversity research cooperation, the Peace Building Department (Belgian Ministry of Foreign Affairs), Trust Fund for Victims, and Vlir-UOS, CCVS-Uganda has grown to become an established expertise and learning centre regarding psychological support for war-affected children, youth and adults.

For more information, please refer to our website [www.centreforchildren.be](http://www.centreforchildren.be).

## PROBLEM STATEMENT

First, the **psychological impact of over twenty years of civil war in Northern Uganda** on individuals, families and communities is still continuing up to today. These effects become evident in the number of physically and mentally wounded people in Northern Uganda<sup>1</sup>. Additionally, the **breakdown of communities and social networks** by war, displacement and high poverty rates in Northern Uganda caused – and still cause – increased psychological stress in individuals, families and communities, resulting in a high prevalence of various mental health problems (e.g., trauma, depression, anxiety, ambiguous loss), social challenges (e.g., stigmatization of former child soldiers), alcohol abuse, domestic and gender-based violence, and family breakdowns<sup>2,3</sup>. Furthermore, the impact of war onto the social fabric of communities could potentially evoke the risk that long-term tensions in communities, which form the silent background of the conflict-related events, may resurge again and **potentially cumulate into new violence and armed conflicts**. Given this prolonged and far-reaching impact of war and armed conflict in Northern Uganda, and the importance of long-term peace and stability, it is important to both target individuals and families who have been **directly and indirectly affected by collective violence** and who are in need of specialized psychological support services. In addition, several studies have indicated that people's long-term mental health is shaped by both war experiences and post-conflict factors<sup>4</sup>. Therefore, given that rehabilitation, reconciliation, peace-building and restoration are all **long-term processes**, it remains vital to continue to provide and strengthen psychological service provision within post-conflict Northern Uganda<sup>5</sup>.

Second, the World Health Organization (WHO) published its Mental Health Global Action Plan (mhGAP) in 2013 indicating that about one out of four people will be affected by a mental health disorder at some point during their life. Moreover, by 2030, depression will become the leading cause of disability worldwide<sup>6</sup>. However, given these important findings, about three quarters of people suffering from mental health disorders and challenges have no access to services, especially in low-income countries<sup>7</sup>. This is also true in Northern Uganda where, despite high rates of psychological stress and mental health problems due to collective violence, there is a serious **lack of psychological support services** because of, amongst other reasons, a lack of qualified counsellors and psychotherapists to support individuals,

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<sup>1</sup> Advisory Consortium on Conflict Sensitivity. (2013). Northern Uganda conflict analysis. Retrieved from <http://www.saferworld.org.uk/>

<sup>2</sup> Refugee Law Project. (2004). *Behind the violence: Causes, consequences and the search for solutions to the war in Northern Uganda* (Working Paper No. 11). Retrieved from <http://refugeelawproject.org/>

<sup>3</sup> Vindevogel, S., Coppens, K., Derluyn, I., De Schryver, M., Loots G., & Broekaert, E. (2011). Forced conscription of children during armed conflict: Experiences of formed child soldiers in northern Uganda. *Child Abuse & Neglect*, 35, 551-562.

<sup>4</sup> Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70, 7-16.

<sup>5</sup> Derluyn, I., Vindevogel, S., & De Haene, L. (2013). Toward a relational understanding of the reintegration and rehabilitation processes of former child soldiers. *Journal of Aggression, Maltreatment & Trauma*, 22, 869-886.

<sup>6</sup> World Health Organization. (2013). *Mental health action plan 2013-2020*. World Health Organization: Geneva.

<sup>7</sup> Tsai, A. C., Tomlinson, M. (2015). Inequitable and Ineffective: Exclusion of mental health from the post-2015 development agenda. *PLoS Medicine*, 12(6).

families and communities to deal with these problems<sup>8</sup>, many aid organizations closed office after the overt collective violence came to an end<sup>2</sup>.

Third, most psychological support programmes solely focus on individual clients, leaving out a wider **contextually-oriented perspective**. Such an approach risks to neglect the possible strengths and resources of the wider social network of the individual client, hereby putting the sustainability of the intervention under pressure<sup>9</sup>.

## OBJECTIVES

Given the problem statement above, CCVS-Uganda developed a psychological rehabilitation project in cooperation with Trust Fund for Victims (International Criminal Court) and CCVS-International. The **overall goals** of the project are twofold, although both are closely related to each other:

1. *To improve the psychological health of war-affected children, youth and adults in Northern Uganda, with a focus on direct war victims; and*
2. *To increase the local capacity and know-how of key community stakeholders in the provision of (basic) psychosocial support services and facilitating community therapy groups.*

These overall project objectives were translated into the following **specific objectives**:

1. Offering psychotherapeutic counselling to 500 children, youth and adults with mental health problems who are directly and indirectly affected by war and armed conflict, with a special focus on direct war victims, in 25 communities, 15 schools, 2 health centres, Lira Mental Health Unit (Lira Regional Referral Hospital), Lira Main Prisons and at the CCVS-Uganda office;
2. Strengthening the local capacity of 120 key community stakeholders and 16 community therapy facilitators on, respectively, offering (basic) psychosocial support and facilitating 8 community therapy groups reaching 160 community members; and
3. Creating increased awareness and knowledge of the impact of war and armed conflict onto the psychological health of individuals, families and communities through broadcasting 35 radio programmes, organizing 45 sensitization and psychoeducation activities (in 5 communities, 20 schools, 2 health centres and Lira Main Prisons), organizing 2 local dissemination workshops and publishing a survey report on mental health support and needs in Lira District and surroundings.

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<sup>8</sup> Molodynski, A., Cusack, C., & Nixon, J. (2017). Mental healthcare in Uganda: Desperate challenges but real opportunities. *BJPsych International*, 14(4), 98-100.

<sup>9</sup> Vindeogel, S. (2017). Resilience in the context of war: A critical analysis of contemporary conceptions and interventions to promote resilience among war-affected children and their surroundings. *Peace and Conflict: Journal of Peace Psychology*, 23(1), 76-84.

## IMPLEMENTATION AREAS

Lira District was the location for all of CCVS-Uganda's activities because this district was largely affected by the armed conflict in Northern Ugandan, and received relatively little support from national and international (non-governmental) organisations and institutions. During the past project years, we have mainly extended our services to programme areas including individuals, families and communities that bore the brunt of the collective violence.

During 2018, we were able to implement our services in 27 communities, 12 schools and 2 health centres within the Sub-Counties of Aromo, Agweng, Bar, Ngeta and Ogur, and Lira Municipality. Furthermore, we have been providing mental health services in Lira Mental Health Unit (Lira Regional Referral Hospital) and Lira Main Prisons.



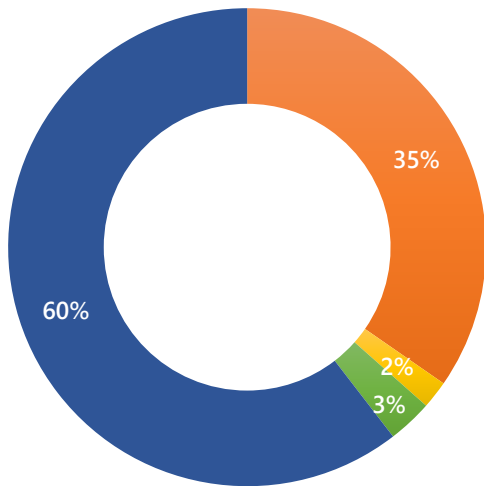
## ACTIVITIES & ACHIEVEMENTS



### PSYCHOTHERAPEUTIC SUPPORT

First, CCVS-Uganda provided specialized psychotherapeutic counselling services to children, youth and adults affected by the LRA insurgency in Lira District. Depending on the needs of the client individual, couple, family and/or group psychotherapeutic counselling<sup>10</sup> was offered in order to improve the psychological health of war-affected persons. In 2018, a total of **531 beneficiaries** (295 women and 236 men)

<sup>10</sup> In *individual* psychotherapeutic counselling, the person is seen one-on-one to work through his/her mental health problems. Often, the client's partner or family members have to be involved to tackle the mental health problems and this can give rise to initiating *couple* or *family psychotherapeutic counselling*. Lastly, clients who are experiencing similar mental health problems or symptoms can be seen in *group psychotherapeutic counselling*, an intervention which can also foster social support among members next to alleviating mental health problems.



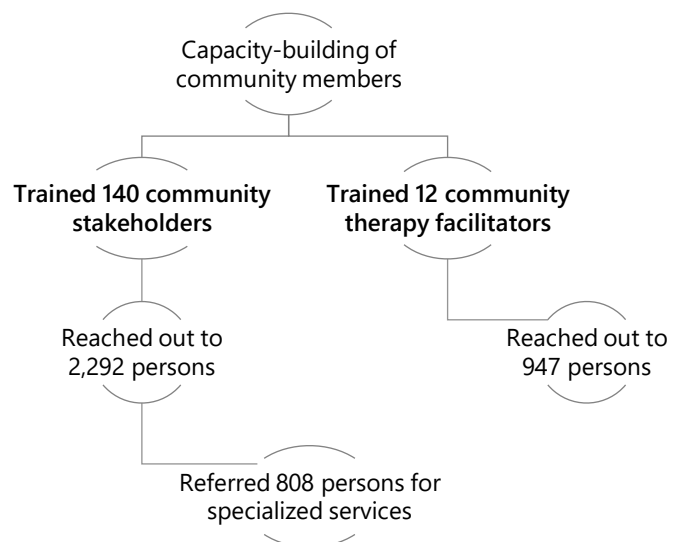
- Individual counselling
- Couple counselling
- Family counselling
- Group counselling

were reached through individual, couple, family and/or group psychotherapeutic counselling in 20 communities, 6 schools, 2 health centres, Lira Mental Health Unit (Lira Regional Referral Hospital) and at the CCVS-Uganda office (184 individual clients, 10 clients in couple counselling, 16 clients in family counselling and 321 clients in group counselling). In total, 577 sessions were performed (458 individual sessions, 12 couple sessions, 3 family sessions and 104 group sessions). To follow-up on the progress of our clients and the impact of our interventions, CCVS-Uganda invested a lot of resources to **finalise, harmonise and operationalize different documentation tools** to streamline its counselling protocol. Furthermore, in order for our field staff to provide qualitative and innovative intervention methods, **internal staff trainings, capacity building, supervision and mentoring** took place on group therapy in schools, community therapy, trauma counselling, Acceptance and Commitment Therapy (ACT)<sup>11</sup>, and Eye Movement Desensitization and Reprocessing (EMDR)<sup>12</sup>.

### STRENGTHENING LOCAL CAPACITY

The psychological health of war-affected children, youth and adults within the region was also indirectly targeted through the organization of two training programmes.

First, **140 community stakeholders** (33 women and 107 men; i.e., community contact persons, teachers, government leaders, traditional leaders, religious leaders) from four (4) Sub-Counties (Aromo, Agweng, Bar and Ogur) were trained on psychological wellbeing, (basic) psychotherapeutic assessment and referral



<sup>11</sup> Acceptance and Commitment Therapy (ACT) is a fairly recent, evidence-based psychotherapeutic intervention that focuses on supporting clients to influence their behaviour in order to alleviate mental health problems and symptoms.

<sup>12</sup> Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapeutic intervention technique that is mostly used with people who experienced trauma. The technique uses eye movements to process unresolved traumatic experiences.

pathways for war-affected children, youth and adults. In August 2017, these stakeholders were trained for the first time. To follow up on their progress and the impact of the training, this group was **followed up** in March 2018. The results indicated that these community stakeholders are actively incorporating the knowledge and skills learned such as empathetically talking to people, active listening and knowing where to refer people for professional services. Between August 2017 and March 2018, all of the trainees were able to support a combined total of 2,292 persons (1,140 women and 1,152 men). Furthermore, they were able to refer, out of the above, 808 persons (464 women and 344 men) to health centres, local councils, clan leaders, religious leaders, police, Community Development Officers, CCVS-Uganda and other non-governmental organisations working in their respective communities for specialised services and support. To further support the capacity building of these trained stakeholders, a **practical follow-up training** was performed in August 2018.

Second, **twelve (12) community therapy facilitators** (8 women and 4 men) from three (3) Sub-Counties (Agweng, Bar and Ogur) were **trained** on facilitating community therapy groups<sup>13</sup> in March 2018. Throughout training these facilitators, we aim to support the rebuilding of social relationships, support and networks among war-affected children, youth and adults, ultimately supporting reconciliation and peace building within communities. Training community members to facilitate these groups enhances community ownership, continuity and sustainability of the intervention. After the initial training, the facilitators were **supervised** by our staff members to facilitate six (6) community therapy

groups. A **follow-up training** was executed in October 2018 to facilitate the further integration of the knowledge and skills developed over the previous months and to address emerging training needs. Between March 2018 and November 2018, a total of 974 community members (640 women and 334 men) took part in 96 community therapy sessions. At the end of November 2018, the community therapy groups were handed over to the respective communities and their facilitators.



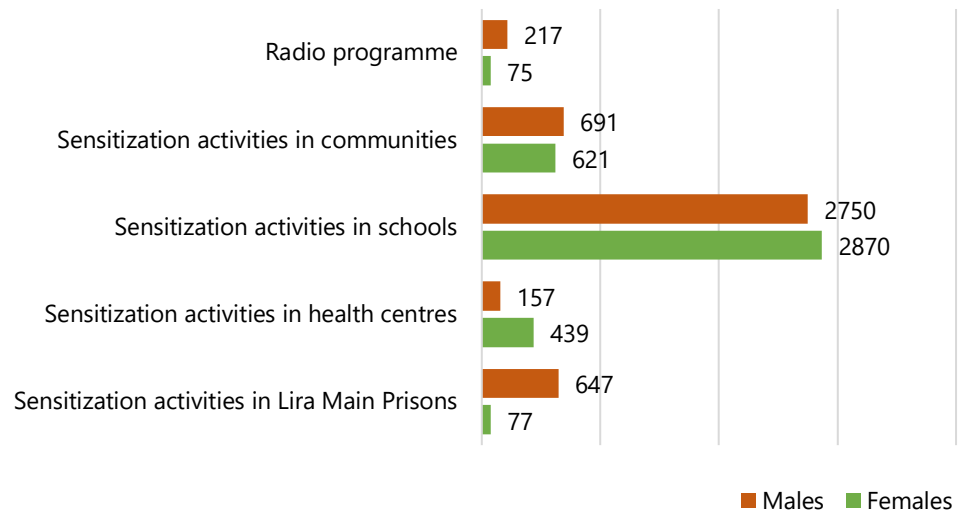
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<sup>13</sup> Community therapy is a group intervention that combines psychological theories and cultural norms directed towards emotional healing and increasing social support. It is a solution-focused approach that starts from a certain psychosocial challenge presented by a member of the group. Each member is given the chance to witness, share and learn from others. The session can take place within various networks of social relationships, including family, neighbours and friends. Its main focus is on (1) strengthening social relationships among people and respecting their cultures to promote mental health, (2) building social networks of protection and integration to develop a culture of peace within the community, and (3) creating a “new world”, a safe space, among people despite problems or challenges.

## CREATING INCREASED AWARENESS AND KNOWLEDGE OF THE IMPACT OF WAR AND ARMED CONFLICT ONTO PSYCHOLOGICAL HEALTH

Our awareness and knowledge creation activities for war-affected individuals, families and communities targeted stakeholders on community and national level.

On community level, this included the broadcasting of 47 radio programmes in cooperation with Radio Wa and the organization of 47 sensitization sessions on mental health reaching out to 1,312 community members (621 females and 691



males) in 12 communities, 5,620 students (2,870 females and 2,750 males) and teaching personnel in 11 schools, 596 persons (439 women and 157 men) in two (2) health centres, and 724 inmates (77 females and 647 males) in Lira Main Prisons' female and male section.

On the national level, CCVS-Uganda held its annual dissemination workshops in Kampala and Lira in February 2018. The Kampala workshop was attended by 42 participants (23 women and 19 men), including representatives of 20 national and international organizations and institutions in the field of mental health. The Lira Workshop was attended by 55 participants (29 women and 26 men) and was co-organized with Lira District Local Government and Lira NGO Forum. Both workshops had three objectives, namely (1) to disseminate CCVS-Uganda's results and good practices of 2017; (2) to provide a platform for other partners/stakeholders to perform inspiring presentations on mental health research and practice; and (3) to provide a networking platform for national (i.e., Kampala workshop) and District



(i.e., Lira workshop) partners and stakeholders in the field of mental health. Furthermore, a survey report was published based on data collected in November 2017. The survey served a dual purpose: (1) to conduct an evaluation of the psychological rehabilitation services implemented by CCVS-Uganda in closed and ongoing project sites (i.e., Lira Municipality, Bar Sub-County, Aromo Sub-County, Agweng Sub-County and Ogur Sub-County in Lira



District) and (2) to map out (remaining) needs for psychological rehabilitation services in ongoing (see supra) and possible new project sites (i.e., Ngai Sub-County and Abok Sub-County in Oyam District). In total, 155 respondents participated in the survey including former and potential beneficiaries, government and community leaders, and non-governmental organisations. Interestingly, 47% of the participants in closed and ongoing project sites, and 64% of the participants in the new project sites connected the causes of psychological problems to the effects of war, armed conflict and ongoing (domestic) violence. To address these psychological problems, respectively 53.5% and 69% pointed to the need to scale up counselling, guidance and psychological interventions. These interventions should mostly target war victims (respectively 30.7% and 50.8%) through group-based interventions (respectively 48.8% and 35%) and continuous follow-up of clients (respectively 15.5% and 28%). Lastly, participants also recommended to work closely together with local leaders (respectively 55% and 37%), religious leaders (respectively 10% and 19%) and health workers (respectively 13% and 19%).

## PARTNERSHIPS

CCVS-Uganda continued to thrive through **partnerships on regional, national and international level**, such as the Uganda Mental Health and Psychosocial Support (MHPSS) working group, Ministry of Health, Lira District Local Government (including government schools, health centres, police, Lira Mental Health Unit and Lira Main Prisons), Radio Wa, Uganda Prisons Service, Center for Victims of Torture, Ghent University, Katholieke Universiteit Leuven, Vrije Universiteit Brussels and the International Society for Health and Human Rights.

