

Project summary report

2016/2017

April 2017

In cooperation with:



With support from:



BACKGROUND

Centre for Children in Vulnerable Situations (CCVS)-Uganda was initiated in 2008 after the closure of the Rachele Rehabilitation Centre for former child soldiers in Northern Uganda, a project funded by the Belgian Ministry of Foreign Affairs. Following a request of the Belgian Ministry of Foreign Affairs, an interuniversity cooperation was started to conduct research on support for and wellbeing of formerly abducted children and war-affected children in general. Three Belgian universities gave form to and took up the direction of 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.

Its activities are built around three central axes which are closely related. First, **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 and researchers. CCVS has been elaborating research in eight countries: Bolivia, Uganda, DR Congo, Colombia, Palestine, Uruguay, South Africa and India. Second, **support** for children and youth in vulnerable situations in the South: in particular, two counselling centres have been established, in Eastern DR Congo (Bunia) and in Northern Uganda (Lira), where local staff is involved in a range of diverse activities, all aiming at supporting the psychosocial wellbeing of war-affected youth and their contexts: psychotherapeutic counselling, training, sensitization activities, community therapy, etc. Third, **large dissemination** of practices and knowledge, via, amongst others, the organizations of local workshops, publications, website and international conferences and fora (e.g., an international conference on children and youth affected by armed conflict was organized in September 2013 in Kampala: www.kampala2013.ugent.be).

Since January 2011, CCVS-Uganda is playing an active, supportive role in Lira District in Northern Uganda. CCVS-Uganda has the mission to promote the psychological well-being of children and young people and their caretakers living in vulnerable situations in post-war Northern Uganda and, more specifically, in Lira district. After an initial phase of scepticism towards an offer of services directly linked to mental health counselling (therapy, sensitization and training), without providing any additional material support, people started to see the value of psychosocial support after success stories increasing. This is seen in the increasing questions for support that the Centre receives at present, exceeding by far the Centre's capacities, and also expressed in meetings and local workshops in Northern Uganda, where local partners and stakeholders give feedback on the Centre's activities.

Currently, CCVS-Uganda is working in different settings in Lira District, including different communities, schools (Primary, Secondary and Vocational), Lira Main Prison, the Mental Health Unit of Lira Regional Referral Hospital and Health Centres III and IV through individual, family and group counselling sessions (i.e., group therapy and community therapy). Also, we are also co-hosting a radio programme called "Healing Our Wounds", in cooperation with the local radio station Radio Wa, to sensitize people on different topics which were brought forward by the communities. Our team includes an International Board (Belgium), an Executive Director (Kampala), a Programme Officer, a Clinical Director and six well-trained mental health counsellors. After initially being supported by the Belgian Ministry of Foreign Affairs, funding is currently provided from Trust Fund for Victims, a trust fund from the International Criminal Court (April 2015-April 2018).

For more information, please refer to our website www.centreforchildren.be.

SUMMARY OF BENEFICIARIES

During this project year (i.e., April 2016 up to March 2017), we were able to reach this target as we provided psychological counselling and sensitization to **9,967 persons (5,324 females and 4,098 males)** including 9,442 direct beneficiaries (5,324 females and 4,098 males) and 545 indirect beneficiaries (199 females and 346 males).

In the following table, we will provide a breakdown of our activities and their respective beneficiaries we were able to provide our services to:

ACTIVITY	SESSIONS	BENEFICIARIES			AGE
		TOT	M	F	
Radio programme	44	545	346	199	18-60
Sensitization on mental health (<i>in communities, schools and prison</i>)	67	5,514	2,779	2,847	5-65
Individual counselling (<i>in communities, schools and prison</i>)	740	808	263	545	5-65
Group counselling (<i>in communities, schools and prison</i>)	84	1,980	597	1,383	15-70
Community dialogues (<i>in communities</i>)	12 groups	645	234	411	9-70
Support groups (<i>in communities, schools and prison</i>)	10 groups	475	82	393	13-70

EVALUATION OF TARGETED OBJECTIVES

This section briefly highlights how the set out objectives were achieved and setbacks faced.

1. **Creating increased awareness and knowledge in the civil population on the impact of war and armed conflict on children and their communities' mental health**

CCVS successfully empowered the Lira population through psycho-educational activities in 18 communities and 14 schools. We were able to sensitize 937 (383 men and 554 women) in communities, reached 3,812 (1,697 boys and 2,115 girls) school children and their teachers in schools, and 765 (711 men and 54 women) inmates of Lira Main Prison.

CCVS-Uganda participated in and facilitated 44 "Healing Our Wounds" radio programmes on Radio Wa FM and we have reached 545 persons (346 men and 199 women) who directly participated in the radio programme through phone calls and SMS, however, the radio covers the whole of the Northern region.

We reviewed and improved on the manual on mental health sensitization activities in communities, schools and prisons and this manual will be validated in the coming project year.

Challenges met:

- Due to issues of security and prison restrictions of partners to work with inmates, our engagement with inmates was not renewed despite need for services by the inmates. We are still working on how we can re-establish our working relationship with Uganda Prison Services.
- There still continues to be a huge need to reach more communities and schools, yet these are often in faraway locations making it difficult to reach such clients.

2. Offering systemic-oriented psychological therapy for children and adults in local government structures

CCVS-Uganda, being an active psychological support organization in Lira District, has enjoyed the privilege to collaborate with the local government of Lira and its departments. Subsequent meetings were held with Lira Main Prison, the District Health Department and the Community Based Services department and collaboration proposals were shared (i.e. Memorandum of Understanding between CCVS-Uganda and Lira District Local Government). CCVS-Uganda maintained collaboration with Lira Regional Referral Hospital's Mental Health Unit and 3 Health Centres of Barr, Ogur and Agweng. In the Mental Health Unit, 109 patients (51 males and 59 females) were counselled and 55 patients (11 males and 44 females) were targeted in the Health Centres. In Lira Main Prison, CCVS-Uganda provided psychotherapeutic counselling. As such, 80 inmates (31 males and 49 females) were counselled individually and 247 inmates (131 males and 116 females) were counselled in group therapy sessions.

Challenges met:

- There is an overwhelming need for psychological counselling in Lira Mental Health Unit and the Health Centres. The focus of the mental health service is largely on psychiatric support, involving mostly medicinal treatment.
- Most clients often only stay for short time in Lira Mental Health Unit and Health Centres (out-patients) and there is no any arrangement made with the CCVS team to organize this follow up while being back at home. Moreover, many clients live far away, rendering it difficult to organize the follow-up of these clients.
- Carrying out psychological counselling activities in the prison faced limitations of no closed counselling rooms, the large number of prisoners in need of this type of support, prison authority restrictions and difficulty to follow-up of released clients.

3. Improving the psychological wellbeing of children and adults with social, behavioural and psychological problems.

Psychological counselling (i.e. individual and group psychotherapy sessions) were performed in 18 communities, 15 schools, the Lira Mental Health Unit, Lira Main Prison, two Health Centres and at the CCVS centre reaching out to 2,788 persons (860 males and 2,788 females) this project year. Of these, 808 clients (263 males and 545 females) were counselled individually and 1,980 clients (597 males and 1,383 females) were counselled in group therapy.

Challenges met:

- Huge mental health needs are present in the communities and schools we are working in as well in other communities and schools CCVS-Uganda is not yet targeting. Therefore, there is a huge need to expand our activities to other localities, which demands a functional referral network and more resources amidst resource limits.
- Clients often only show up for one or two times in counselling, however, deter from further support once their symptoms have decreased, and they feel a little better. Yet, a long-term therapeutic process is often needed, which is then difficult to carry out because of the loss of contact with the client or the loss of interest from the client's side.
- Clients often express a mixture of both material and psychological needs. CCVS-Uganda staff sometimes get confronted with extreme material needs (e.g. lack of food, lack of

housing) which cannot be met, but which expose the staff to huge ethical questions. Yet, CCVS-Uganda does not meet these material needs, however, the lack thereof could impede the client's recovery process. We try to refer to other organizations although this is not an easy process in the Northern Ugandan context (e.g. organizations target specific beneficiaries, not knowing the mandate of partner organizations, lack of funds). To this effect, CCVS-Uganda organized a networking event in January 2017 in order to connect different organizations working in the psychosocial field.

- Other ways of working will be needed to target specific populations and their mental health challenges, such as family members of people with alcohol problems or relatives of missing persons. We also noted the need to increase our work with groups in communities in order to increase social support and thus strengthen the social network in communities themselves.

4. Increasing social support through community dialogues (in communities) and support groups (in communities, schools and prisons)

The twelve (12) community dialogues have benefitted 645 beneficiaries (234 males and 411 females) from the five selected communities of Bar Sub-County (Otono, Apii-kongo, Tegweng, Telela) and Barkwac in Ogur Sub-County. These dialogues helped in the formation of support groups for those who were suffering from mental health problems due to missing relatives and friends, those suffering from substance abuse and those struggling with other mental health challenges related to the LRA armed conflict in the region. Through support groups, we were able to reach out to 158 beneficiaries (47 males and 111 females) in communities, 120 (all females) in schools and 197 (35 males and 162 females) in Lira Main Prison.

Challenges met:

- Due to prison restrictions and delay to renew our engagement by prisons authority hampered implementation of support groups in prison.
- Limited knowledge on support group interventions and choosing from the need to adapt a single support group approach slowed down implementation of support groups in schools and communities. However, the team has been trained and a new format of combining the group counselling sessions (10 sessions) with support group sessions (4 sessions) is being developed to fit the needs of our beneficiaries.

5. Increasing the capacity of community contact persons, teachers and mental health workers (quantity and quality) in Northern Uganda to provide (basic) systemic-oriented psychological therapy to children and their communities

Thirty (30) community contact persons received a brief training/orientation on the work CCVS-Uganda is doing and received general information on psychological wellbeing and psychological therapy.

Forty (40) teachers were also trained on the basics of identifying mental health problems to help them support the children and adolescents in their psychosocial wellbeing and to implement psycho-educative activities themselves. Furthermore, all teachers trained during this and the last project year were invited for a refresher training.

The CCVS-Uganda team itself has received trainings on addiction therapy (in cooperation with Dr. Dorothy Kizza from Butabika National Referral Hospital), Acceptance and Commitment

Therapy (organized by Makerere University, Lira University and CCVS-Uganda), group counselling and trauma counselling (in cooperation with Centre for Victims of Torture).

Challenge met:

- Limited knowledge of community contact persons on available psychological service providers and their scarcity have negatively affected referral of clients for services. However, their orientation has greatly improved on this challenge.

6. Increasing the knowledge on systemic-oriented psychological treatment of children and their communities in war-affected contexts

A networking meeting was organized by CCVS-Uganda for all the partners in the field of psychological support, local government stakeholders and other partners to share experiences and expertise and create a platform for continual networking and referral of clients (see supra).

At the national level, CCVS organized a dissemination workshop in Kampala to disseminate research findings and CCVS expertise on (good practices of) systemic-oriented psychological therapy of children, youth, adults and their communities in war-affected contexts.

Challenge met:

- CCVS-Uganda is trying to cooperate with Lira University to work together in doing research on CCVS's collected data. However, as this process can take a lot of time, we are still trying to see how to find a way forward in processing our research data.

OVERALL CHALLENGES AND REFLECTIONS

One of the major challenge CCVS staff encounter arises from the conflict of interest in psychological services. Many of our clients are victims of torture, survivors of sexual and gender-based violence and former child soldiers who were exposed to forced labour, walked long distances while carrying heavy load, during their forced training nearly all were beaten, others escaped death when they were caught trying to escape or trying to resist rape or sexual assault. All these inflicted a lot of multiple injuries both in their bodies and souls and for years they suffered psychosomatic pain. Many came to us despite our sensitization on the quality of services, they still expect us to give drugs or offer physical rehabilitation. We have tried to make referrals, though, in vain and at the moment we are trying to link many to African Centre for Torture Victims and other organization with a similar physical rehabilitative component.

The level of poverty and desperation is still high as many organizations offering material support and livelihood schemes are phasing off and adopting community empowerment as compared to their former ways of handing out food and material things. The common man has not benefited from the multibillion resources that was lavished in the region from international donor/charity organizations due to high level of institutionalized corruption in Uganda, poor planning and lack of political will that has made the poor to be worse than they were during the war period. Many who come for psychological counselling persist on begging for material support, sometimes giving up the pursuit of commitment to therapy and drop off along the way.

It has been difficult to measure indirect beneficiaries within the population, especially those who are reached through the radio programme and those who are within the communities where we are working. CCVS-Uganda's counselling areas/communities are all located along the epicentre or bordering communities where LRA rebels committed a lot of atrocities. Many are still suffering from or easily

triggered into intrusive painful memory linked to the history of rebel activities within the entire population.

There are limited opportunities for networking with other partners and refer clients due to limited service providers in the field of psychological support, budget constraints and strict catchment areas of partners.

MAIN OBJECTIVES PROJECT YEAR 2017/2018

CCVS-Uganda plans to achieve the following during its 2017/2018 project year:

1. Continue to participate in the "Healing Our Wounds"-radio programme and engage others on the programme through social media;
2. Roll out the manual for sensitization of communities, schools and prison on mental health;
3. Expand our services to two new Sub-Counties and consolidate our existence in the areas we are already working in by capacitating the community contact persons, teachers and other local leaders to provide brief therapy (i.e. mental health first aid) and referral of clients;
4. Expand school psycho-education to the new communities and the schools in those areas;
5. Retain meetings with policy makers and local government structures;
6. Continue to provide our services to clients at the Mental Health Unit and the Health Centres;
7. Elaborate our new format for group counselling therapy which is adjusted to our clients' needs (i.e., need for therapy and strengthening of their social networks in support groups).
8. Implementing community therapy groups aimed at enhancing social support in communities;
9. Re-apply to prisons authority to be allowed to continue providing our services to the inmates at Lira Main Prison; and
10. Process our collected research data into open-access publications.