

Centre for Children in Vulnerable Situations (CCVS)-Uganda

**A survey on
psychological support needs in
closed, ongoing and new project sites
in Lira and Oyam Districts, Uganda**

June, 2018

Drafted by Lone International Development Agency Ltd (Lida Africa) and reviewed by Leen De Nutte (CCVS-Uganda) and prof. dr. Ilse Derluyn (CCVS-International).

With support from all CCVS-Uganda team members; Vincent Alele, Ponsiano Okalo, Denis Eyalu, Jennifer Atenga, Rebecca Rachel Akadu, Harriet Awor, Sheila Ochan Apio, Lawrence Ogwal, Hanne Vindevogel and Ruwayda Said Salem.

1. INTRODUCTION

1.1 Background of Centre for Children in Vulnerable Situations-Uganda (CCVS-Uganda)

CCVS-Uganda is an International NGO located in Lira District, Northern Uganda, providing psychological support and rehabilitation services to war-affected individuals, families and communities. CCVS-Uganda is part of the overarching research centre, CCVS-International. CCVS-International is an interuniversity research centre that started in 2008 to conduct research on support for and wellbeing of formerly abducted children and war-affected children and their communities in Lira District. The overall aim of the activities of the CCVS-Uganda is the promotion of the well-being of children living in vulnerable situations in the Global South.

1.2 Objectives of the survey

The overall goal of the survey was twofold:

- i. To conduct an evaluation of the psychological support and rehabilitation services implemented by CCVS-Uganda in closed and ongoing sites; and
- ii. To map out the (remaining) needs for psychological support and rehabilitation services in ongoing and new project sites.

Specifically, the survey was undertaken to:

- i. Ascertain the extent to which CCVS-Uganda has so far contributed to the psychological support and rehabilitation service delivery (activities);
- ii. Establish if the services are still needed, for whom (target groups) and in what places (locations); and
- iii. Develop specific and reasonable actionable recommendations for ways in which gaps and bottlenecks can be addressed regarding psychological support and rehabilitation.

2. METHODOLOGY

2.1 Study design and population of study

This study was based on a descriptive research design. The descriptive research design was used to obtain information concerning the current status of the phenomena and to describe "what exists" with respect to variables of interest to CCVS-Uganda. This study was limited to residents of Aromo, Ogur, Bar and Agweng Sub-Counties in Lira District, and Ngai and Abok Sub-Counties in Oyam District, inclusive of schools in these locations, selected government departments and NGOs within Oyam and Lira Districts. The study population included former beneficiaries, potential beneficiaries, government department officials, community leaders and selected non-governmental organisations (NGOs).

2.2 Sampling size and selection procedure

The target sample size was 172 respondents drawn from former beneficiaries, potential beneficiaries, government department officials, community leaders and selected NGOs. Selection was based on purposive sampling where respondents were only interviewed if they fell in the categories of interest highlighted above. 17 persons were not surveyed as they were out of scope that's, didn't fall within the sample criteria. Eventually, the survey was administered among 155 respondents that met the groups of interest.

2.3 Data collectors and data collection methods

Data was collected with the support of all CCVS-Uganda staff members, interns, community mobilisers and district officials. The semi-structured survey itself was administered by CCVS-Uganda staff members and interns.

2.4 Data entry and analysis

The collected data were checked for completeness, coded, entered and analyzed using MS Excel software. Data were analyzed at two levels, namely at (1) univariate that involved generation of summary (frequency) tables and graphs, and (2) bivariate level that involved cross tabulations of two variables.

3. FINDINGS AND INTERPRETATIONS

3.1 Introduction

The survey was based on a total sample of 155 respondents. Of these, 57.4% were from the closed and ongoing project sites and 42.6% were from the new project sites as seen in table below (see Table 1).

Table 1: Sample distribution of respondents

CATEGORY	FREQUENCY	PERCENTAGE
Closed and ongoing project sites (i.e., Bar, Ogur, Agweng and Aromo Sub-Counties in Lira District)	89	57.4%
New project sites (i.e., Ngai and Abok Sub-Counties in Oyam District)	66	42.6%
TOTAL	155	100%

3.2 Demographic characteristics

In both sites, majority of the respondents were female, namely 64% in ongoing/closed project sites and 60.6% in new sites. The survey only considered adults and the majority of the respondents were at least 25 years of age. Only 4% and 2% of youth aged 18-24 in ongoing/closed sites and new sites respectively participated in the study as seen in Table 2 below.

From the results, 25.8% and 29% of the respondents were local leaders¹ in ongoing/closed sites and new sites respectively. In the closed/ongoing project sites, 29.2% were former beneficiaries, while in the new project sites, 23% were potential beneficiaries.

Table 2: Demographic characteristics and employment status of respondents

	ONGOING/CLOSED SITES		NEW SITES	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
SEX				
Male	32	36.0%	26	39.4%
Female	57	64.0%	40	60.6%
AGE GROUP				
18 to 24	4	4%	2	3.0%
25 to 50	65	73%	46	69.7%
Over 50	20	22%	18	27.3%
EMPLOYMENT STATUS				
Local leader	23	25.8%	19	29%

¹ Local leaders include Local Council I, II and III, Parish Chiefs, Sub-County Chiefs, Community Development Officers and other political leaders at the local government level.

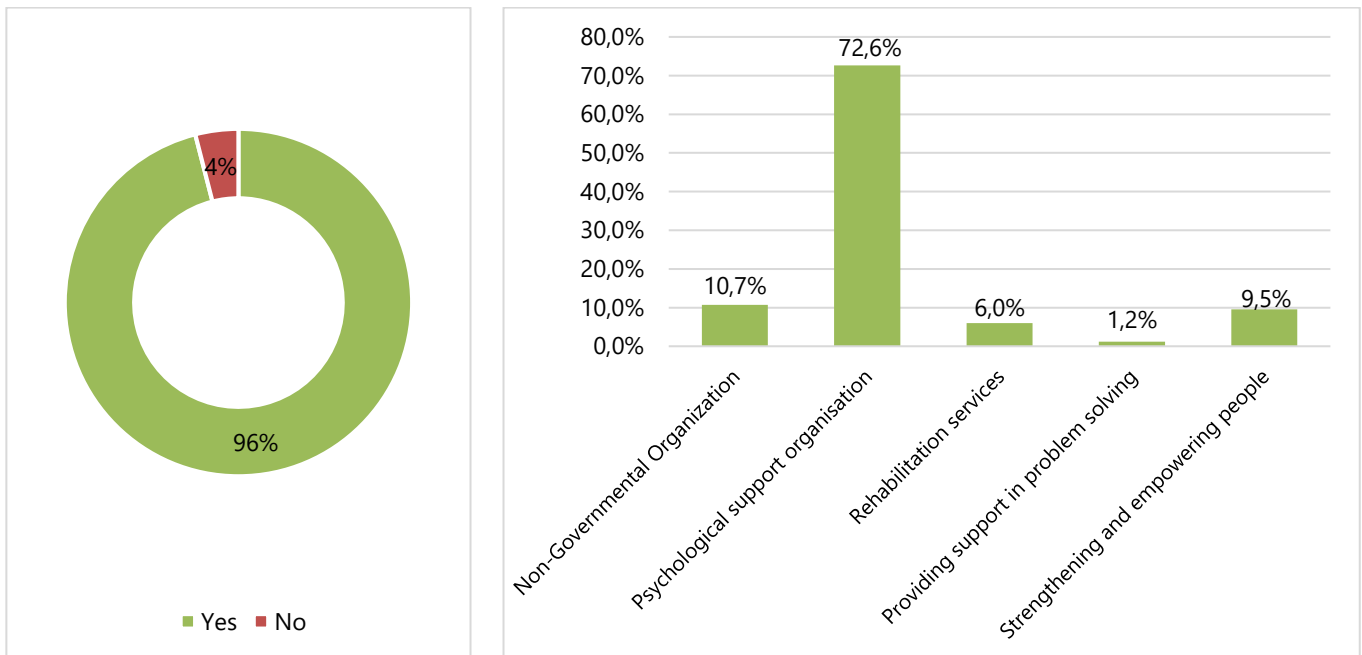
Former beneficiary	26	29.2%	5	8%
Potential beneficiary	2	2.2%	15	23%
CCVS-Uganda community mobiliser ²	11	12.4%	1	2%
Cultural leaders ³	1	1.1%	5	8%
Others ⁴	26	29.2%	21	32%
TOTAL	89	100%	66	100%

3.3 Results based on responses collected in closed and ongoing project sites (i.e., Bar, Ogur, Agweng and Aromo Sub-Counties in Lira District)

3.3.1 Knowledge about CCVS-Uganda

The majority of the respondents (96%) had already heard about CCVS-Uganda before the survey was conducted. Of these, the majority (72.6%) perceived CCVS-Uganda as an organization providing counselling/ Psychological support services while 10.7% knew CCVS-Uganda as an NGO as seen in Figure 1 below.

Figure 1: Knowledge about CCVS-Uganda



² The CCVS-Uganda community mobiliser connects the mental health counsellor of CCVS-Uganda to potential clients, and mobilizes target groups when specific activities are being performed (e.g., group therapy, sensitization session, psychoeducation, community therapy).

³ Cultural leaders are traditional leaders with hereditary royal titles that have the meaning of "king".

⁴ "Others" includes teachers, health officers, opinion leaders, media house member and social workers.

3.3.2 *Support services provided to clients*

From the results, about 90% of those who knew about CCVS-Uganda acknowledged to have received or to be receiving support from the organisation, as seen in Table 3 below. Of these respondents, 38.3% reported to have benefited from counselling and guidance on different aspects, 35.8% said they received skills trainings, while only about 4.9% said to have received material support. Counselling and guidance largely concentrates on war victims, people experiencing health problems and/or social problems. The counselling and guidance sessions chiefly support persons in coping with their mental health challenges, however, they also indirectly impact on clients' economic status, physical health, parenting and living in harmony with their family and community members. Skills development includes equipping clients with various coping strategies. Furthermore, some of the respondents also stated that they received skills to provide basic mental health support to other people.

Of the 38.3% that benefited from counselling and guidance services, 54.8% were female and 45.2% male and also, majority of these (77.4%) were aged between 25 to 50 years.

Similarly, of 35.8% that said they received skills trainings, majority were male 68% were male and also, majority of these (76%) were aged between 25 to 50 years, as seen in Table 4.

Of those whom received no support, it was largely because they did not qualify for the services provided. To qualify for the services provided by CCVS-Uganda, one has to experience psychological problems, which is assessed during screening and intake. As such, several persons who come to seek help from the organization looking for material support (e.g., school fees for their children) do not qualify for its services and are referred to other organizations and institutions. The second reason for failure to access services was because the programme didn't extend to the participants' living area.

Table 3: *Support services provided to clients*

CCVS SUPPORT	FREQUENCY	PERCENTAGE
Yes	80	89.9%
No	9	10.1%
TOTAL	89	100%
TYPE OF SUPPORT	FREQUENCY	PERCENTAGE
Counselling and guidance on different aspects	31	38.3%
Training in skills development	29	35.8%
Problem solving through mental capacitating	11	14.8%
Empowerment/capacity building	5	6.2%
Material support	4	4.9%
TOTAL	80	100%

REASON FOR NO SUPPORT	FREQUENCY	PERCENTAGE
Never qualified/out of scope	5	55.6%
Less sensitization and/or limited coverage of CCVS programme	3	33.3%
Received a job transfer ⁵	1	11.1%
TOTAL	9	100%

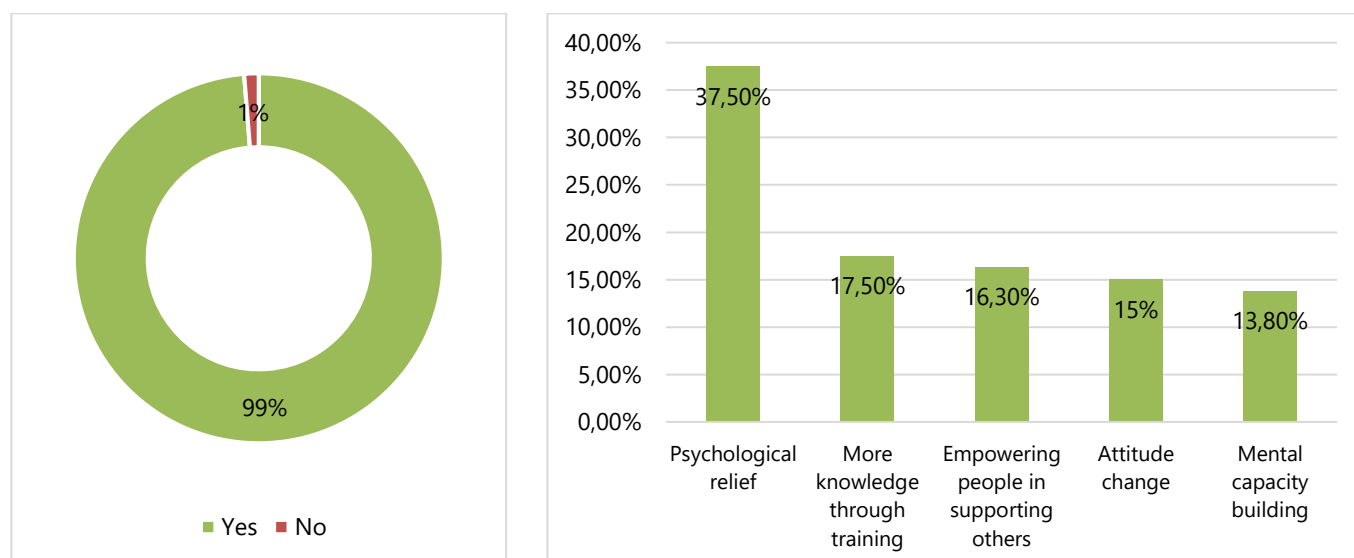
Table 4: Cross tabulation between support services provided to clients, sex and age group

NATURE OF SUPPORT	SEX		AGE GROUP		
	FEMALE	MALE	18 TO 24	25 TO 50	OVER 50
Counseling and guidance on different aspects	54.8%	45.2%	6.5%	77.4%	16.1%
Empowerment/capacity building	20.0%	80.0%	0.0%	60.0%	40.0%
Material support	66.7%	33.3%	0.0%	33.3%	66.7%
Problem solving through mental capacitating	33.3%	66.7%	8.3%	66.7%	25.0%
Training in skills development	32.0%	68.0%	4.0%	76.0%	20.0%

3.3.3 Improving clients' psychological wellbeing

Almost all the respondents that have ever received CCVS-Uganda's services (98.73%) agreed that CCVS-Uganda has helped to improve their psychological wellbeing, as seen in Figure 2 below. Of these respondents, the gain has been more of psychological relief (37.5%), gaining more knowledge (17.5%), and attitude change (15%). Important to note is that some of the respondents (16.3%) have been empowered to help other victims in their communities.

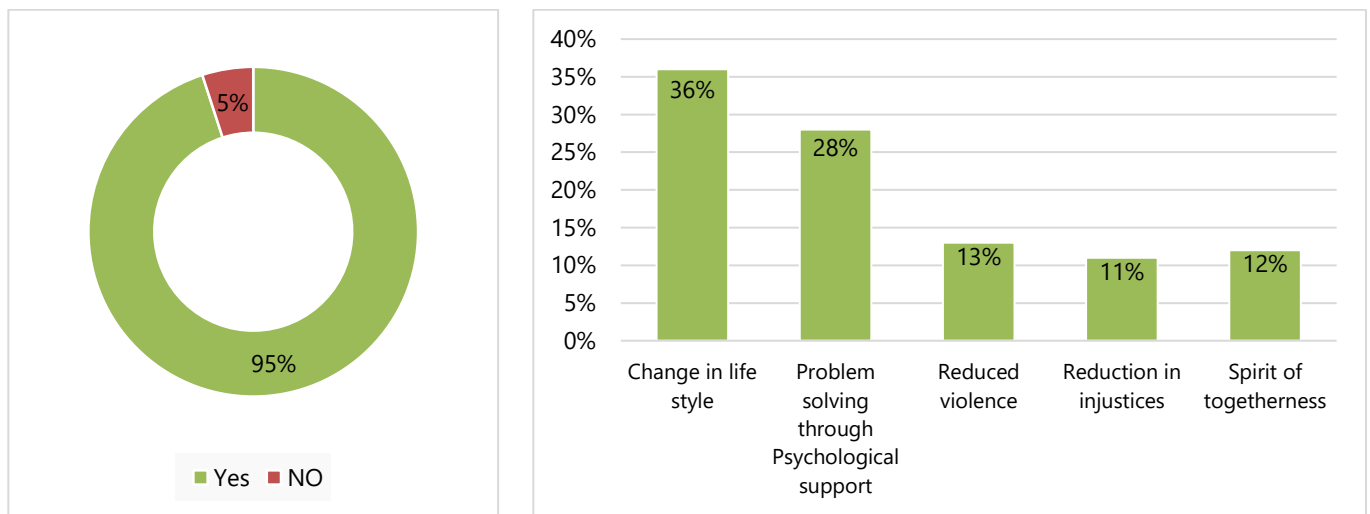
Figure 2: Improving clients' psychological wellbeing



⁵ Changed the place of residence because of a job transfer. This made it difficult to access the CCVS-Uganda's services.

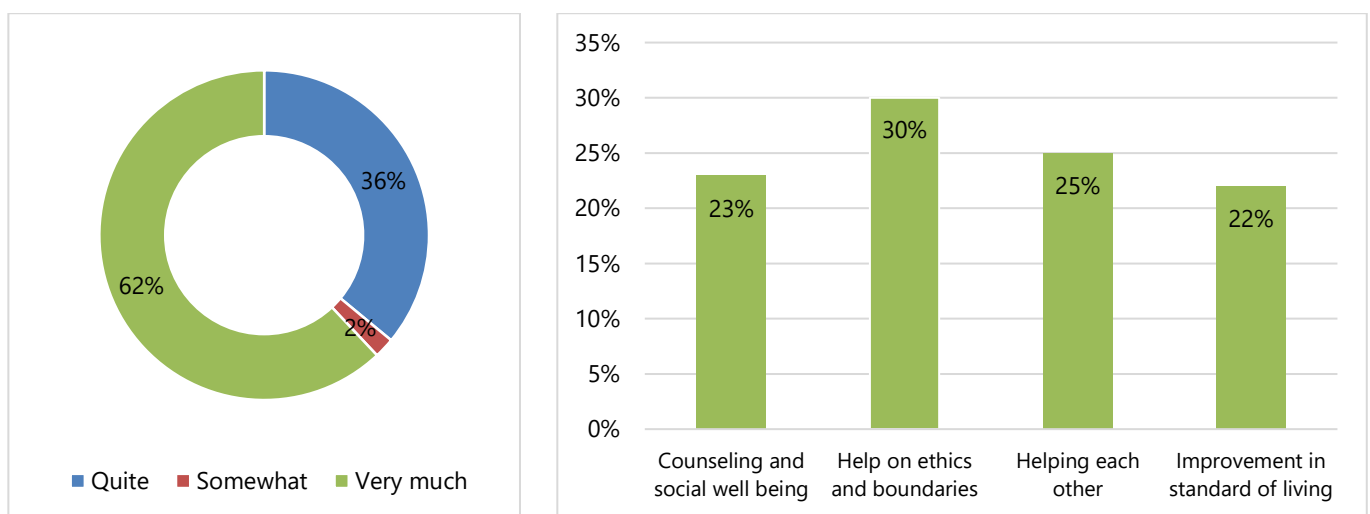
Similarly, 95% of the respondents believed that CCVS-Uganda has not only improved their individual psychological wellbeing but also impacted on the psychological wellbeing of their society members. To society, respondents believed that CCVS-Uganda's intervention has helped in changing their life style (36%), psychological wellbeing (28%) and reduced violence (13%), as seen in Figure 3 below.

Figure 3: CCVS-Uganda's impact on the psychological wellbeing of community members



All the respondents indicated that they would be willing to recommend CCVS-Uganda's services to other community members with 62% saying that they would be very likely to do so. The principle reasons to recommend CCVS-Uganda are: (1) they see it as a channel to improve standards of living (30%) and (2) it is a way to help others (25%), as seen in Figure 3 below.

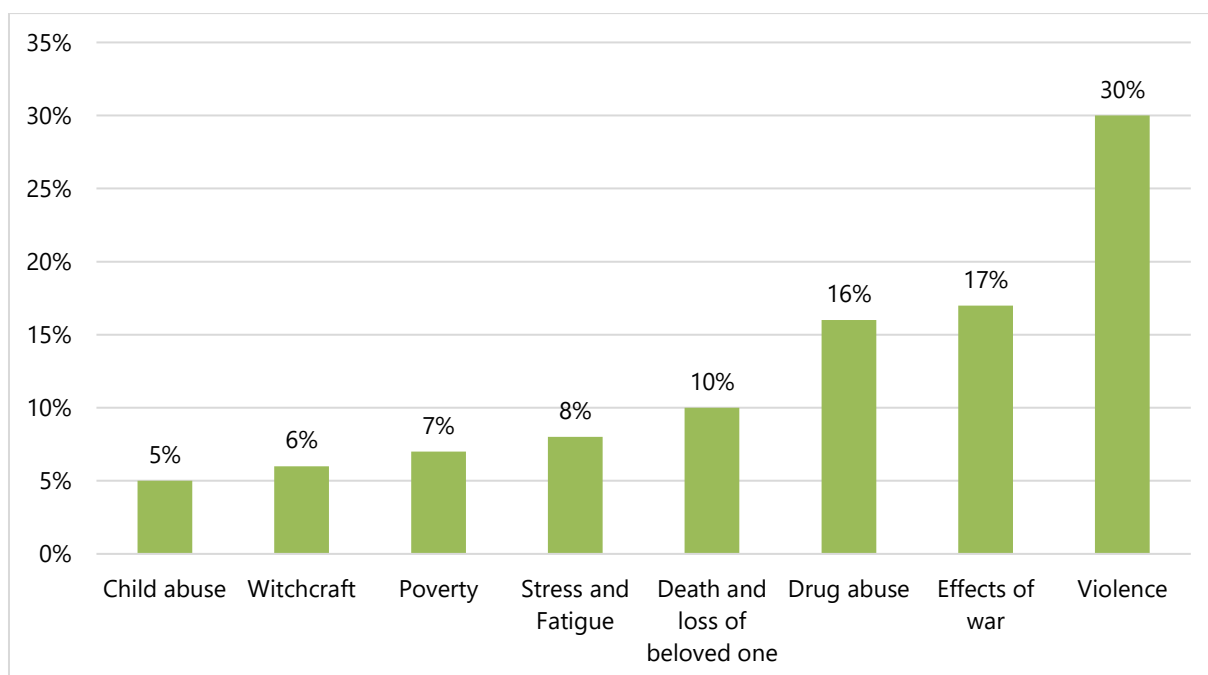
Figure 4: Recommending CCVS-Uganda to others



3.3.4 Causes of psychological problems in society

The major causes of psychological problems in society indicated by the respondents included (1) violence (30%), both due to domestic violence and war violence, (2) effects of war (17%) and (3) drug abuse where, for example, people are tortured by drug addicts (16%), as seen in Figure 5 below.

Figure 5: Causes of psychological problems in society



Respondents stated that people in their communities support those experiencing psychological problems by counselling them and providing guidance (59%), referring them to organizations, such as CCVS-Uganda, that are dealing with such victims (17%) and through encouraging them to associate with other members of society (12%) as seen in table 5 below.

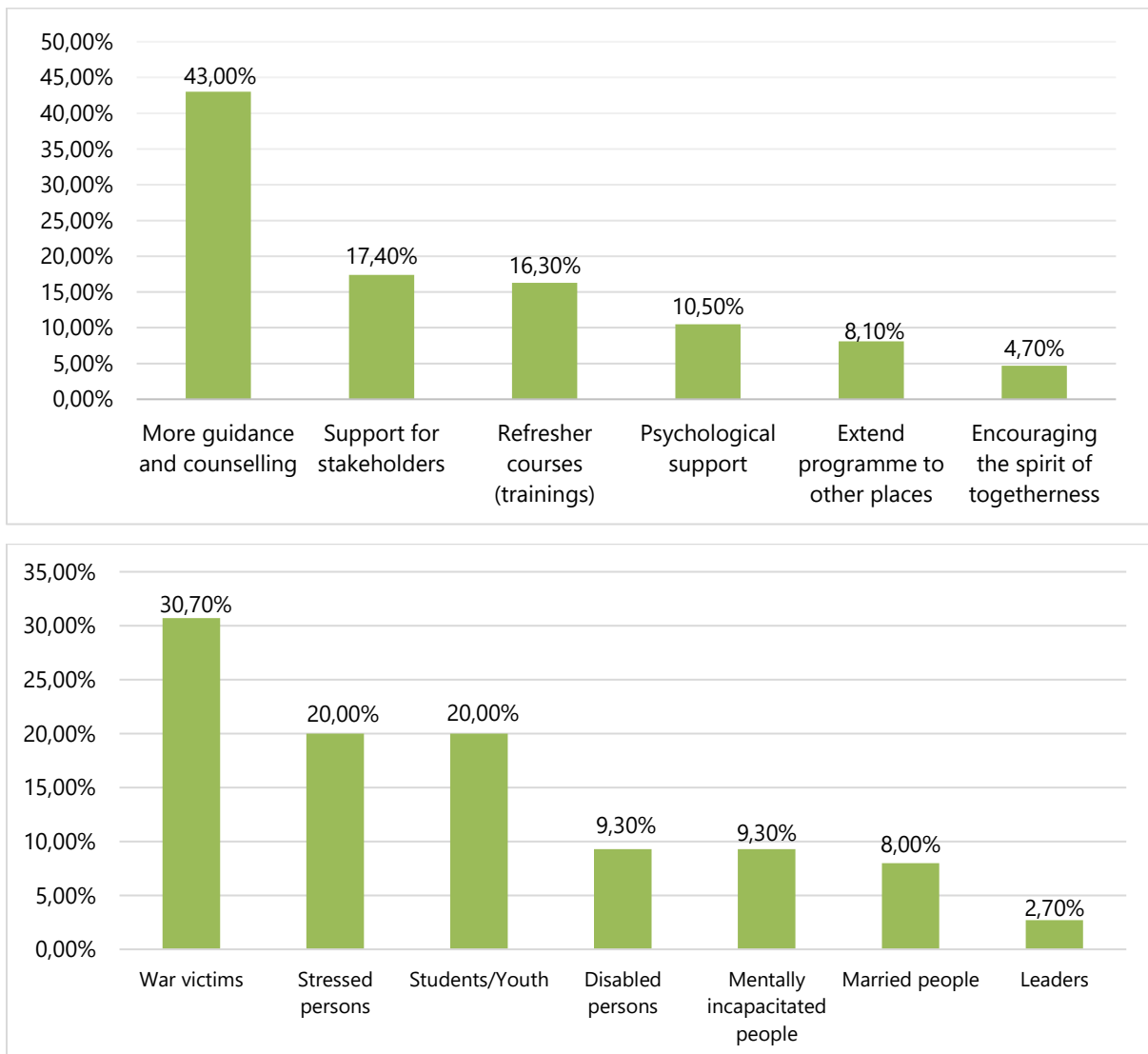
Table 5: Respondents' opinions on methods used in society to support victims

METHOD OF SUPPORTING OTHERS	FREQUENCY	PERCENTAGE
Counselling and guidance	51	59%
Referral	15	17%
Associating with others	10	12%
Prayers	6	7%
Personal motivation/emotional support	3	3%
Improving standards of living	1	1%
TOTAL	86	100%

3.3.5 Recommendations for future project planning

Going forward, 43% of the respondents stated that CCVS-Uganda needs to continue to offer its counselling and guidance services. Also, CCVS-Uganda needs to get more support of key stakeholders such as local leaders (17.4%), should offer refresher courses to those that already benefited from its services (16.3%) and should offer more psychological support services (9.3%). Furthermore, the respondents indicated that war victims, “the stressed”⁶ and students/youth should be the major future beneficiaries of CCVS-Uganda’s services, as seen in Figure 6 below.

Figure 6: Recommended future focus areas and target groups



⁶ “The stressed” includes persons experiencing psychological stress resulting from various problems such as domestic violence, loss of loved ones, war, loss of property, joblessness, etc.

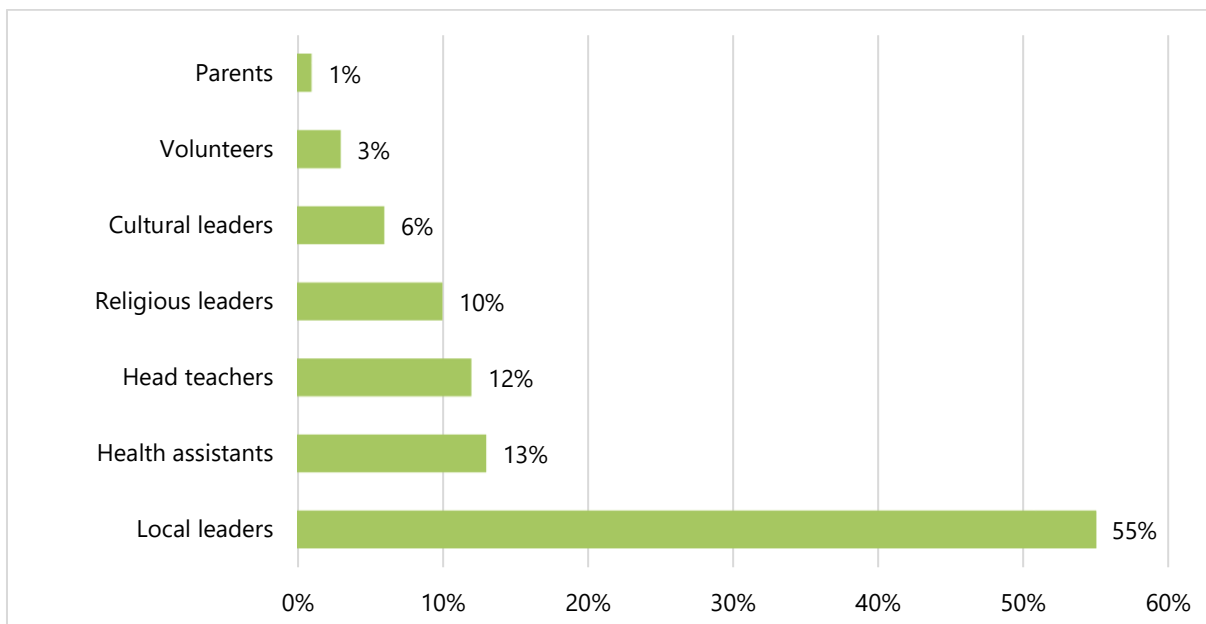
Participants also recommended that the best way for CCVS-Uganda to support people with psychological problems is through group discussions (48.8%), providing material support (16.7%), constant visits (15.5%) and refresher courses (13.1%), as seen in Table 6 below.

Table 6: How to better engage victims

METHOD TO BE USED	FREQUENCY	PERCENTAGE
Group discussion	41	48.8%
Material support	14	16.7%
Constant visits	13	15.5%
Refresher courses	11	13.1%
Extend further to other areas	4	4.8%
Individual discussion	1	1.2%
TOTAL	84	100%

Over half of the respondents recommended CCVS-Uganda, to work closely with local leaders so as to better provide services to victims, as seen in Figure 7 below.

Figure 7: Key stakeholders with whom CCVS-Uganda can cooperate

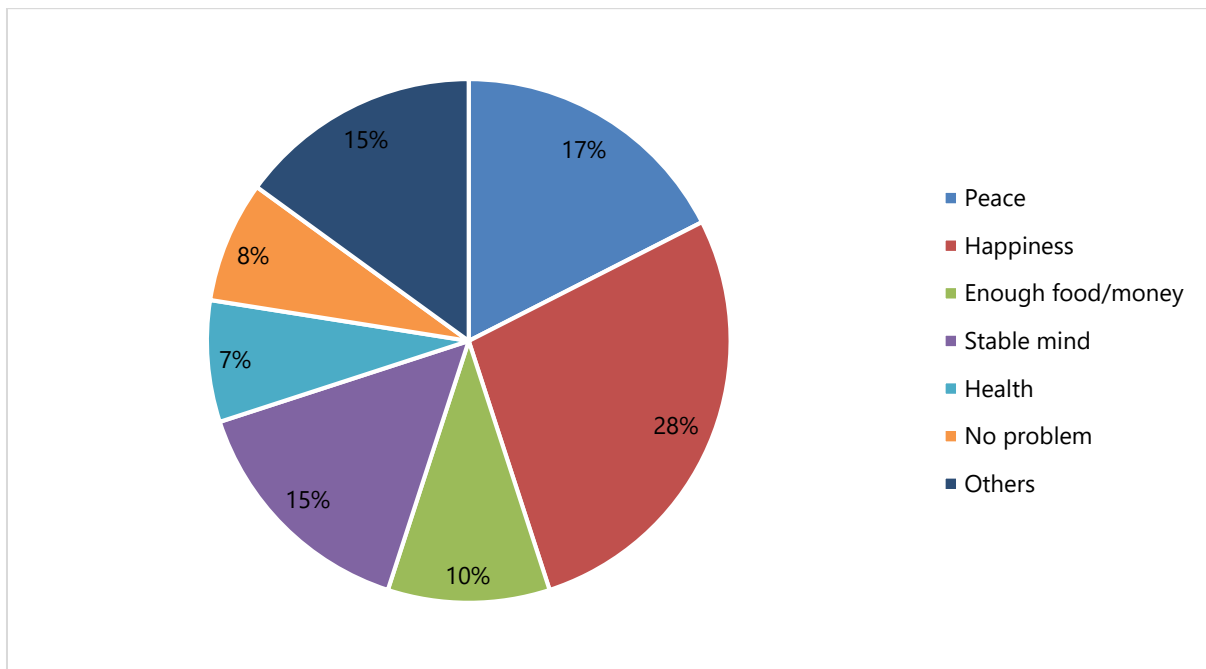


3.3 Results based on responses collected in new project sites (i.e., Ngai and Abok Sub-Counties in Oyam District)

3.4.1 Understanding of psychological wellbeing and psychological problems

Respondents from the new project sites defined psychological wellbeing in various ways. About one-third of them referred to it as a state of “being happy”, having a free and stable mind (15%), peace (17%), or a situation where one has no problems or experiences no difficulties (8%). Some of the respondents (10%) related psychological wellbeing to having money and being able to meet the basic needs of life, such as school fees and food, among others, as seen in Figure 8 below. Other meanings given include self-awareness, having help, and having difficulties among others.

Figure 8: Understanding of psychological wellbeing



Psychological problems were also understood differently by the respondents. The majority connected it to a situation where one experiences something disturbing in his or her mind (31.7%), and 28.6% of the respondents understood psychological problems as any one that is a war victim. Others related psychological problems to poor interpersonal relationships (3.2%), death of loved ones or when being sick (6.3%), while 23.8% cited other interpretations, such as crying, torture and heart burn, among other things. See details in Table 7 below.

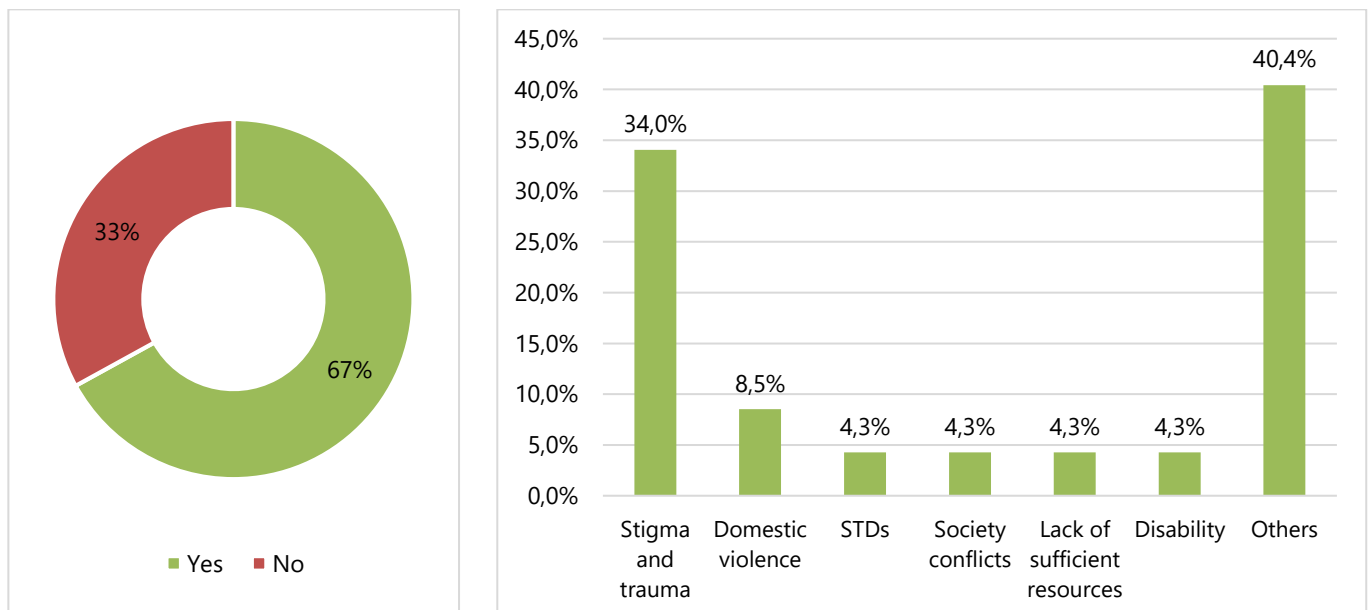
Table 7: Understanding of psychological problems

UNDERSTANDING OF PSYCHOLOGICAL PROBLEMS	FREQUENCY	PERCENTAGE
One's mind has something disturbing it, fear, anxiety	20	31.7%
Sexual abuse, domestic violence	4	6.3%
War victims	18	28.6%
Death of a loved one, sickness	4	6.3%
Poor interpersonal relationship	2	3.2%
Others	15	23.8%
TOTAL	63	100.0%

3.4.2 Knowledge of psychological problems

About 67% of the respondents in the new project sites believed that people in their communities knew what psychological problems are, while 33% said their community members don't know. Of those that believed that members of the society know, the majority said that psychological problems relate to the stigma/trauma arising from the loss of loved ones during the war. Other respondents referred to, among others, domestic violence and chronic diseases such as Sexually Transmitted Diseases (STDs), society conflicts such as land wrangles and lack of resources to meet basic needs.

Figure 8: Community knowledge of psychological problems⁷



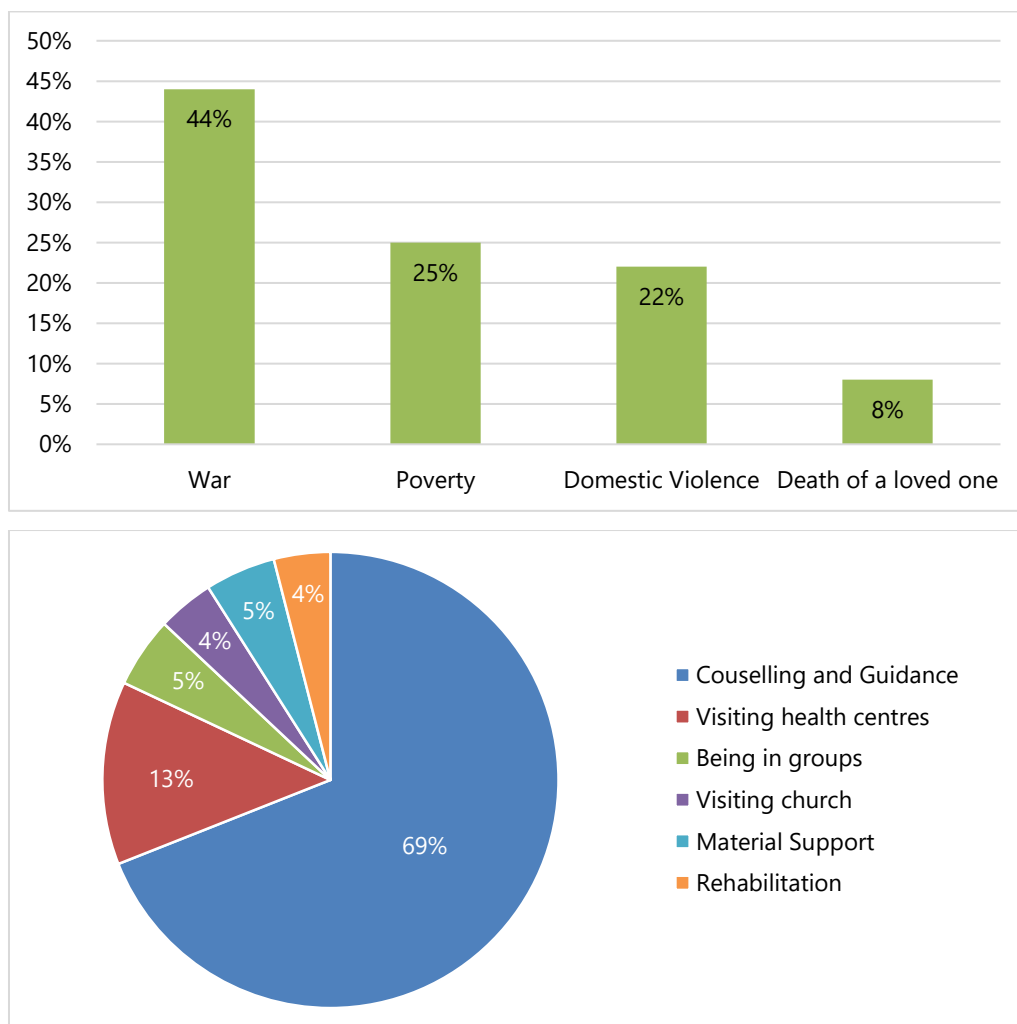
⁷ "Others" include responses such as child marriages, thoughts of lost loved ones, failing to have friends, anger, loss of hope, destruction of their property by others among others.

The respondents that believed that community members are not aware of what psychological problems are attributed this to a lack of information, due to the fact that there were no active organizations sensitizing their communities on psychological wellbeing and problems.

3.4.3 Causes and suggested remedies of psychological problems

To a great extent, the war that persisted for two decades in Northern Uganda was highlighted as the major cause of psychological problems in the communities. This was followed by high poverty levels (25%), domestic violence (22%) and death of loved ones (8%), as seen in Figure 9 below. Respondents further suggested that victims of psychological problems can be better helped through counselling and guidance (69%) and by visiting health centres (13%).

Figure 9: Causes and suggested remedies of psychological problems



3.4.4 Psychological support service providers

The majority of the respondents (64.6%) said that victims of psychological problems in their localities are not receiving any support, as seen in Table 8 below. Of the 35.5% that said that their community members suffering from psychological problems are receiving support, much of this support is coming from fellow community members (26.1%), local leaders (21.7%) and religious leaders (21.7%). Only 13% said that non-government organizations are providing support, specifically referring to AYINET and CCVS-Uganda.

Table 8: Service providers of psychological support services

RECEIVING PSYCHOLOGICAL SUPPORT	FREQUENCY	PERCENTAGE
Yes	23	35.4%
No	42	64.6%
TOTAL	65	100%
SERVICE PROVIDER	FREQUENCY	PERCENTAGE
Local Leaders	5	21.7%
Religious leaders	5	21.7%
Organizations (i.e., AYINET & CCVS-Uganda)	3	13.0%
Community members	6	26.1%
Health centres	4	17.4%
TOTAL	23	100%

3.4.5 Recommendations for future project planning

Almost all respondents from the new project sites called for the extension of support services to victims in their communities. For example, a lion share (74%) said these services are very much needed in their localities, while 24% said the services are quite needed. Only one respondent said the services are not needed, as seen Table 9 below. The reasoning was that the trauma of losing loved ones during the war is still high and has caused many people to adopt destructive coping mechanisms such as suicide. Also, many victims have resorted to alcohol and drug abuse which further fuels the problem through increasing cases of domestic violence and poverty. The one that said the services are not needed stated that CCVS-Uganda can't do much now as people are already deceased and he perceived himself to be too old to be regarded as a beneficiary.

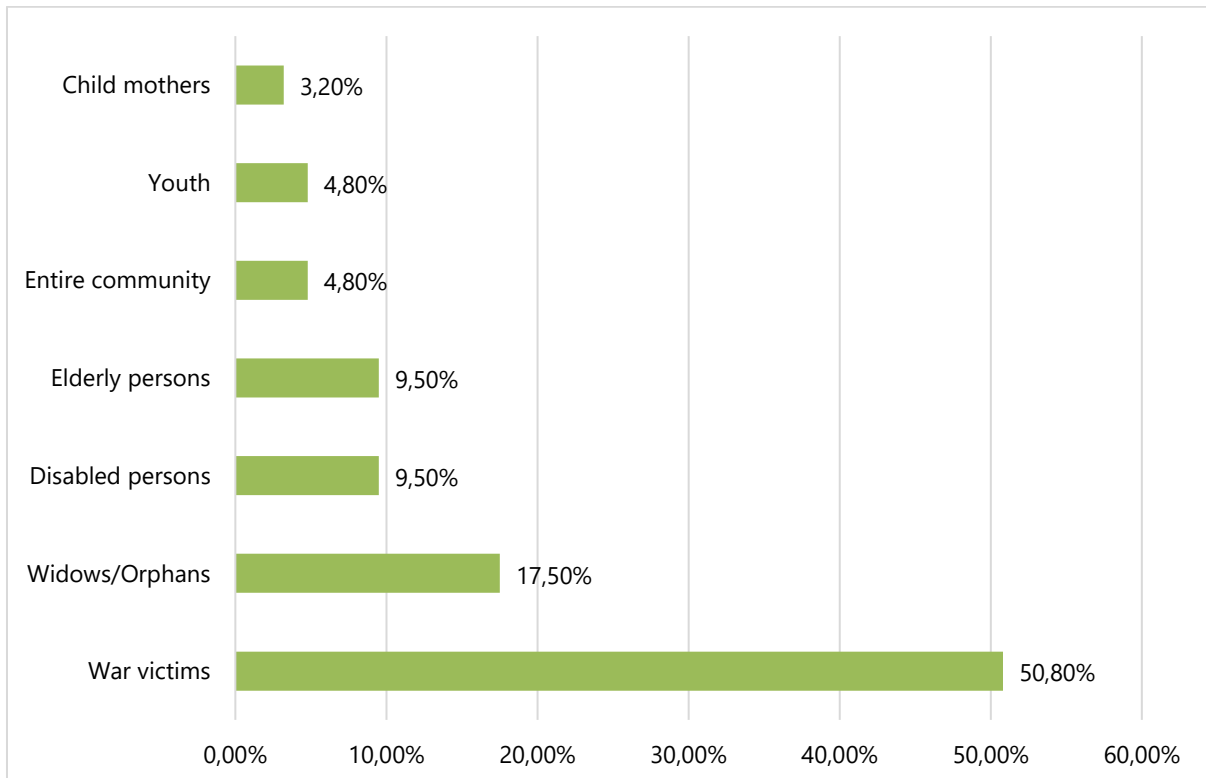
Table 9: Need for psychological support services to respondents' communities

NEED FOR PSYCHOLOGICAL SERVICES	FREQUENCY	PERCENTAGE
Not at all	1	2%

Quite	16	24%
Very much	49	74%
TOTAL	66	100%

Similar to what was proposed by the respondents in closed and ongoing sites, the majority of the respondents in the new project sites (50.8%) recommended that the support services of CCVS-Uganda could be directed to direct war victims first, specifically those that were either impaired or lost their loved ones due to the war. Other suggested that CCVS's target groups include vulnerable children whose parents have died due to HIV/AIDS, disabled and the elderly, as seen in Figure 10 below.

Figure 10: Proposed beneficiaries to be supported



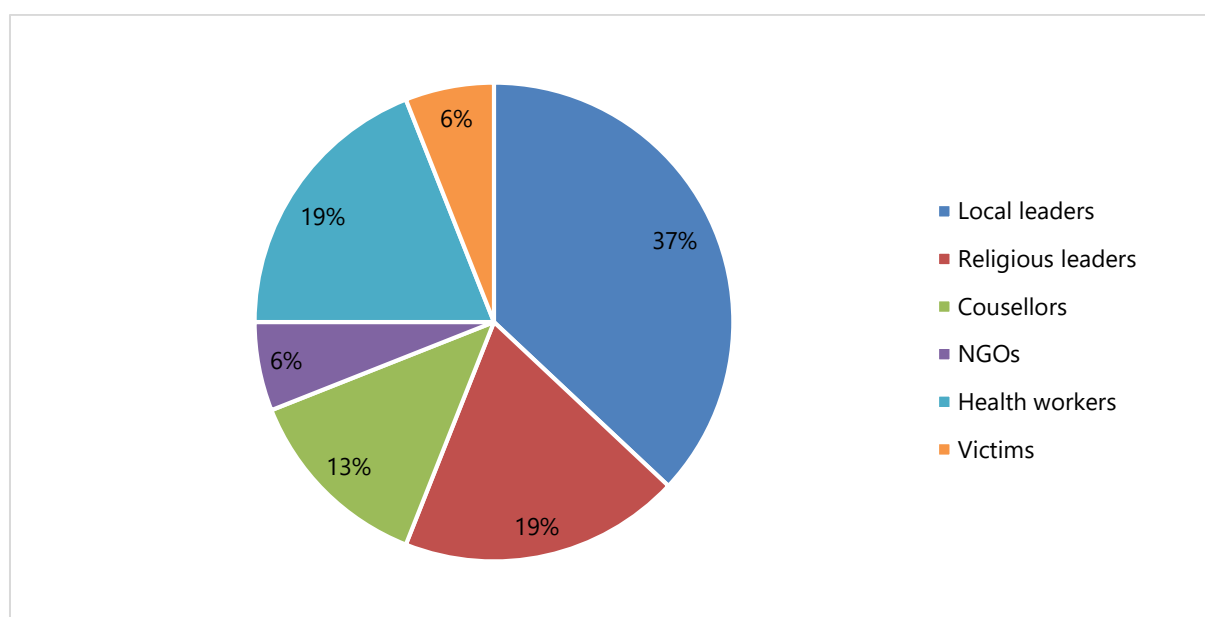
In terms of approach, respondents suggested that the best method to support beneficiaries would be to put them in groups as this would facilitate them to create friendships amongst themselves as well as being able to reach a wider audience. Also, they suggested that counselling services need to be continuous, preferably on a weekly basis, as seen in Table 10 below.

Table 10: Best approach to be adopted by CCVS-Uganda

BEST APPROACH TO BE ADOPTED	FREQUENCY	PERCENTAGE
Work in groups	21	35%
Weekly counseling for a period of time	17	28%
Community outreach	3	5%
Counseling clubs at schools	3	5%
Through leaders	4	6%
Working hand in hand with the local people	2	3%
Home visits	2	3%
Train the community	2	3%
Utilizing the service of social workers	1	2%
Organizing Counselling sessions in Town centers/health centers (Most visited places)	1	2%
Being in partnership with schools	1	2%
Form peace clubs in the parishes and train focal point persons	1	2%
Through working together with the government	1	2%
Build centers	1	2%
TOTAL	60	100%

In terms of stakeholders, the majority of the respondents (37%) suggested that CCVS-Uganda should work with local leaders, 19% suggested religious leaders and 13% suggested counsellors, as seen in Figure 11 below.

Figure 11: Proposed stakeholders for partnership



4. CONCLUSIONS AND RECOMMENDATIONS

4.1 *Conclusions*

CCVS-Uganda is already known to residents of both Lira and Oyam Districts and explicitly as an organization providing psychological support services. Its services have also reached a majority of the population and it's acknowledged that these have had an important impact onto people's psychological wellbeing in these communities where its programme has been implemented. However, for residents in new project sites, it seems out that a great deal of those suffering of psychological problems – of which a major share is attributed to the conflict situation in Northern Uganda – are not yet receiving any support.

While the war caused and continues to inflict more psychological problems to residents in these communities, domestic violence and drug abuse are also strongly contributing to an increase in psychological problems.

4.2 *Recommendations*

First, CCVS-Uganda's counselling and guidance services need to be continued and in fact to be scaled to other new beneficiaries. However, special emphasis needs to be given to war victims and families with domestic violence.

Second, for a wider coverage, holding group discussions as compared to individual sessions will be more effective.

Third, it's further recommended that CCVS-Uganda should closely engage local leaders and religious leaders in this approach.