

Centre for Children in Vulnerable Situations (CCVS)- Uganda

Annual report 2017



In cooperation with:



With support from:



Fonds au Profit des Victimes
The Trust Fund for Victims



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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.

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^{1,2}. 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^{3,4}. 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 factors⁵. 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 Uganda⁶.

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 worldwide⁷. 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^{9,8}. 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

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

² Internal Displacement Monitoring Centre. (2014). *New displacement in Uganda continues alongside long-term recovery needs*. Retrieved from <http://www.internal-displacement.org/>

³ 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/>

⁴ 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.

⁵ 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.

⁶ 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.

⁷ World Health Organization. (2013). *Mental health action plan 2013-2020*. World Health Organization: Geneva.

⁸ Tsai, A. C., Tomlinson, M. (2015). Inequitable and Ineffective: Exclusion of mental health from the post-2015 development agenda. *PLoS Medicine*, 12(6).

of, amongst other reasons, a lack of qualified counsellors and psychotherapists to support individuals, families and communities to deal with these problems^{9,10,11}, many aid organizations closed office after the overt collective violence came to an end^{3,12}.

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^{13,14}.

OBJECTIVES

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

1. *To increase the psychological wellbeing of children, youth and adults (indirectly) affected by war and armed conflict in Northern Uganda, with a special focus on direct war victims (e.g. formerly abducted youth, persons with both physical wound and mental health problems); and*
2. *To increase the local capacity (quality and quantity) of various community stakeholders in Northern Uganda.*

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

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 through broadcasting 35 radio programmes, elaborating a sensitization and psychoeducation manual for internal use, and organizing sensitization and psychoeducation activities (in 20 communities, 20 schools and Lira Main Prisons);
2. Offering systemic-oriented psychological therapy for children and adults in three local government structures (i.e., Lira Mental Health Unit, health centres and Lira Main Prisons);

⁹ Blattman, C., & Annan, J. (2010). The consequences of child soldiering. *The Review of Economics and Statistics*, 92(4), 882-898.

¹⁰ Mazurana, D., Marshak, A., Opio, J. H., Gordon, R., & Atim, T. (2014). *Recovery in northern Uganda: How are people surviving post-conflict?* (Secure Livelihoods Research Consortium, Briefing Paper 4). Retrieved from <http://securelivelihoods.org/>

¹¹ Molodynski, A., Cusack, C., & Nixon, J. (2017). Mental healthcare in Uganda: Desperate challenges but real opportunities. *BIPsych International*, 14(4), 98-100.

¹² Denov, M., & Lakor, A. A. (2017). When war is better than peace: The post-conflict realities of children born of wartime rape in northern Uganda. *Child Abuse & Neglect*, 65, 255-265.

¹³ Derluyn, I., Vandenhole, W., Parmentier, S., & Mels, C. (2015). Victims and/or perpetrators? Towards an interdisciplinary dialogue on child soldiers. *BMC International Health and Human Rights*, 15(28).

¹⁴ Vindevogel, 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.

3. Improving the psychological wellbeing of 500 children and adults with social, behavioural and psychological problems (in 20 communities, 14 schools, 2 health centres, Lira Mental Health Unit, Lira Main Prisons and at the CCVS-Uganda office);
4. Increasing social support and psychological wellbeing through facilitating 20 community therapy groups (in 10 communities) and 20 group therapy groups (in 5 communities, 3 schools and Lira Main Prisons);
5. Increasing the capacity (quantity and quality) of 160 community stakeholders in Northern Uganda to provide (basic) systemic-oriented psychological therapy to children and their communities; and
6. Increasing the knowledge on systemic-oriented psychological counselling of children and their communities in war-affected contexts through organizing 2 local dissemination workshops and publishing 2 (scientific) reports.

IMPLEMENTATION AREAS

Lira District is the location for all activities because this district was largely affected by the armed conflict in Northern Uganda, 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 2017, we have been working in selected communities, schools and a health centre within the Sub-Counties or Aromo, Agweng, Bar, Lira, Ngeta and Bar. Furthermore, we have been providing mental health services in close collaboration with Lira Mental Health Unit (Lira Regional Referral Hospital).



ACTIVITIES & ACHIEVEMENTS

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 counselling¹⁵ was offered in order to improve the psychological health of war-affected persons. In 2017, a total of 783 beneficiaries (418 females and 365 males) were reached through individual, couple, family and/or group psychotherapeutic counselling in 36 communities, 14 schools, the government regional Mental Health Unit, two (2) health centres and at the CCVS-Uganda office. Furthermore, in order to provide quality services, our field staff was continuously supervised, mentored and trained in their clinical work.

Second, CCVS-Uganda supported the rebuilding of social relationships, support and networks among war-affected children, youth and adults through **community dialogues**¹⁶. In 2017, seven (7) dialogues were organized including 439 members (248 females and 191 males) from seven (7) different communities.

Third, the psychological health of war-affected children, youth and adults within the region was also indirectly targeted through the organization of a **training including 141 community stakeholders** (i.e., community contact persons, teachers, government leaders, traditional leaders, religious leaders) on psychological wellbeing, (basic) psychotherapeutic assessment and referral pathways for war-affected children, youth and adults in August 2017. The trainees will be followed up in the first quarter of 2018. Furthermore, **32 teachers who were trained in a similar training in 2016 were followed up** in September 2017. The results indicated that these teachers are actively incorporating the knowledge and skills learned as they were able to provide psychosocial support to 495 students, colleagues and community members (300 females and 195 males).

Third, our awareness and knowledge creation activities for war-affected individuals, families and communities targeted stakeholders on three levels: (1) the local level, (2) the national level; and (3) the international level. On the local level, this included the broadcasting of 43 **radio programmes** in cooperation with Radio Wa and the organization of 27 **sensitization sessions on mental health** reaching out to 1 131 members (673 females and 494 males) in 18 communities, 1 648 students and teaching personnel in seven (7) schools, and 106 persons in two (2) government health centres. On the national level, about 70 persons from national and internal NGOs and institutions, academia, etc. participated in our **two dissemination workshops (Lira and Kampala)** in January 2017 in which CCVS-Uganda discussed its 2016 results and good practices. On the international level, in September and October 2017, CCVS-Uganda was invited by Ghent University (Belgium) to present at the **CCVS's sensitizing event**, including

¹⁵ 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 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.

¹⁶ A community dialogue is a one-off intervention in which a specific psychosocial issue (i.e., alcohol and drug abuse, social cohesion, trauma) is addressed and explored by members of various communities. Community dialogues are mostly directed towards (1) enhancing social support among members of different communities and (2) supporting the discussion and exploration of psychosocial issues in a constructive and peaceful manner.

220 participants, and also presented at the **ISHHR conference in Serbia** focusing on mental health in (post-)conflict contexts.

Fourth, a **survey** including 157 respondents was administered in November 2017 aimed at (1) evaluating our psychological support services in closed and ongoing project sites, and (2) mapping out the (remaining) needs for psychological support and rehabilitation services in ongoing and new project sites. The data is currently being analysed and the report will be available in the first quarter of 2018.

Fifth, in order for our local staff to provide the employ qualitative and innovative intervention methods, **internal staff trainings, capacity building, supervision and mentoring** took place on trauma counselling for war victims, addiction and substance abuse, Acceptance and Commitment Therapy¹⁷, and community therapy¹⁸.

Sixth, CCVS-Uganda continued to thrive through **partnerships on regional, national and international level**, such as Lira District Local Government (including government schools, health centres and the Lira Mental Health Unit), Center for Victims of Torture, Ghent University, Katholieke Universiteit Leuven, Vrije Universiteit Brussels and the International Society for Health and Human Rights.

Lastly, CCVS-Uganda was **registered as an International NGO** at the Uganda National Bureau for NGOs.

CHALLENGES AND WAYS FORWARD

First, the **delayed renewal of the MoU with Uganda Prisons Services** has stalled the provision of our psychological support services within Lira Main Prison. In the meantime, CCVS-Uganda has continued to work with several police departments at the community level to provide psychological counselling services to victims and perpetrators of domestic violence, child neglect and other family-related issues. Often, we observe that these cases are related to the LRA insurgency. Fortunately, on February 8th, 2018, we have received the information that Uganda Prison Services has renewed our engagement within Lira Main Prison and we are planning to again reach out to war-affected inmates at the beginning of March 2018.

¹⁷ Acceptance and Commitment Therapy 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.

¹⁸ Community therapy is a group intervention that combines psychological theories and cultural norms directed towards psychosocial healing and increasing social support. It is a solution-focused approach that starts from a certain psychosocial problem or challenge presented by a member of the group. Then, each member is given the chance of witnessing, sharing, and learning from others. The session can take place within various networks of social relationships, including family, neighbour and friends to support each other in crisis situations. 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.

Second, given the **enormous need of psychological support services** within the region and the lack of specialized mental health service providers and practitioners in the field, CCVS-Uganda is still to reach out to very many direct beneficiaries within the region. We have been trying to tackle this problem by (1) reaching out to new communities as we close activities in others, in close discussion with local leaders; (2) providing transport refund to clients who are not living within our current selected/targeted communities; (3) training community stakeholders in providing basic mental health services; and (4) developing and strengthening partnerships on mental health within the region.

PROPOSED ACTIVITIES FOR 2018

In 2018, CCVS-Uganda plans to focus on the following activities:

1. Continue to offer individual, couple, family and group psychotherapeutic counselling to 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;
2. Organize a follow-up training for previously trained community stakeholders (e.g., community contact persons, government leaders, traditional leaders, religious leaders) and teachers to enhance their knowledge and capacities regarding providing psychosocial support;
3. Pilot the implementation of community therapy to increase social support among community members, and train and supervise community-based facilitators to facilitate these groups;
4. Organize awareness programmes that will target communities and potential clients on the regional level including a range of both open (i.e., radio programmes) and targeted (i.e., specific programme areas and target groups) mental health sensitization and psychoeducational activities; and
5. Widely disseminate the 2017 survey report when it becomes available.