



CCVS-Uganda Annual report 2021



Fonds au Profit des Victimes
The Trust Fund for Victims



ORGANIZATIONAL CONTEXT

CCVS Uganda was initiated in 2008 after the closure of the Rachele Rehabilitation Centre for former child soldiers in Northern Uganda. Following a request of the Belgian Ministry of Foreign Affairs, 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 this centre: Ghent University (Department of Social Work & Social Pedagogy), Vrije Universiteit Brussel (Research Unit Interpersonal, Narrative and Discursive Studies), and the University of Leuven (Research Unit Education, Culture and Society).

Since then, CCVS-Uganda is playing an active role in promoting the psychological health of children, youth and adults living in post-war Northern Uganda. Our activities are built around three areas:

1. **Research** studying the psychological wellbeing of people in Northern Uganda, especially those in post-war communities. These studies are practice-oriented, which means that the research questions are relevant for practitioners, and study results are disseminated as widely as possible. Studies are conducted in collaboration with local universities and researchers.
2. **Support** for individuals and communities in Northern Uganda, all aiming at supporting the psychological wellbeing of war-affected persons, their families, and the communities they live in. These activities range from psychological trauma counselling, training in mental health care, and mental health sensitization, to community therapy, conflict resolution and peacebuilding.
3. **Dissemination** of practices and knowledge through the organization of local workshops, publications, social media, and participation in national and international conferences and fora.

With support from the CCVS interuniversity research cooperation, the Peace Building Department of the Belgian Ministry of Foreign Affairs, the 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.

PROBLEM STATEMENT

The psychological impact of over twenty years of civil war on individuals, families, and communities in Northern Uganda is continuing today. High numbers of physically and mentally wounded people in Northern Uganda have never received appropriate assistance since the end of the civil war. The breakdown of communities and social networks because of displacement, stigmatization, and broken families, and the high prevalence of various mental health challenges like (unresolved) trauma, depression, anxiety, and ambiguous loss results in increased abuse of alcohol, domestic and gender-based violence, and further family breakdowns. The impact of war on the social fabric of communities can potentially evoke the risk of continuous long-term tensions in communities.

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. About three-quarters of people suffering from mental health disorders and challenges have no access to services, especially in low-income countries. This is also true in Northern Uganda where, despite high rates of psychological stress and mental health problems, there is a serious lack of psychological support services.

Given the prolonged and far-reaching impact of war and armed conflict in Northern Uganda, it is important to target both individuals and families who have been directly and indirectly affected by collective violence and who need (specialized) psychological support services. As people's long-term mental health is shaped by both war experiences and post-conflict factors like COVID and poverty, it remains vital to provide and strengthen psychological service provision within post-conflict Northern Uganda. The services should use a wider contextually oriented perspective in order to make as much use of the strengths and resources of the wider social network of the individual clients, hereby increasing the sustainability of the interventions and rebuilding social community support networks.

OBJECTIVES

Given the problem statement above, CCVS-Uganda developed a psychological rehabilitation project in cooperation with the Trust Fund for Victims (International Criminal Court) and CCVS-International. The project envisages to enhance the psychological rehabilitation of victims of war crimes, with a particular emphasis on former child soldiers, victims of sexual and gender-based violence and people suffering from both physical wounds and psychological problems. It also will promote community reconciliation, peacebuilding, reintegration and social acceptance through enhancing social support and cohesion among community members and addressing issues of stigma and discrimination. Lastly the project will mobilize local resources and partners to help victims rebuild their lives through awareness-raising, providing (basic) psychosocial support and referral pathways, and raise awareness nationally and internationally on the situations of victims of war crimes and to share best practices to support them.

The overall goals of the project are twofold, although both are closely related to each other:

1. To offer psychological rehabilitation services to war-affected children, youth, and adults through providing specialized psychological counselling and supporting the rebuilding of social relationships and networks, and
2. To increase the local capacity and know-how of key community stakeholders on mental health, providing (basic) psychosocial support and referral pathways

IMPLEMENTATION AREAS

CCVS-Uganda implemented its activities in Alebtong, Lira, Oyam and Kitgum Districts as these were largely affected by the armed conflict in Northern Ugandan and received relatively little support from national and international (non-governmental) organisations and institutions.

In 2021 the project took place in the following locations:

DISTRICT	SUB-COUNTY	COMMUNITIES
Lira	Lira Municipality	Centre-based: CCVS-Uganda office
	Aromo	Communities (n=4): Adyere, Omolo, Akulu Luba, Akwenyo
Oyam	Abok	Communities (n=3): Ibur, Ajaka central, Ibule
	Ngai	Communities (n=3): Bar Iwalu, Alere, Arieke
Alebtong	Abia	Communities (n=3): Abaimany, Ngobadi, Olarocike
	Apala	Communities (n=3): Aduro, Angirodyang, Telela
Kitgum	Orom	Communities (n=2): Ladotonen, Ladotonen central
	Mucwini	Communities (n=2): Yepa "A", Owiny
	Lagoro	Communities (n=2): Pacudo, Akecha "A", Akecha "B"

ACTIVITIES & ACHIEVEMENTS

PSYCHOLOGICAL REHABILITATION

CCVS-Uganda reached out to 744 beneficiaries with psychological counseling sessions in the districts of Lira, Alebtong, Oyam and Kitgum. From these 744 beneficiaries, 570 were female, while 174 were male.

CCVS offers well-structured psychological rehabilitation services to victims of the LRA war. Through group-, individual-, family-, and couple therapy psychological challenges such as trauma, depression, anxiety, loss and grief, stigma, and post-traumatic stress symptoms (PTSD) among other mental health-related challenges are addressed.

CCVS-Uganda first performs screenings to assess if the person is eligible for the psychological rehabilitation services offered and/or if there is need for a referral. Intake assessments are done for those clients that meet the criteria. The intake assessment is used to decide which kind of therapy the client qualifies for. Individual, couple, family, or group psychological therapy or trauma resilience service is offered in various project sites to improve the psychological health of war victims. In individual counseling, the person is seen one-on-one to work through his/her mental health problems. Often, the client's partner or family members must be involved to tackle the psychological problems (cf. systemic-oriented perspective) and this can initiate couple or family counseling. Clients who are experiencing

similar mental health problems or symptoms can be seen in group counseling, an intervention which can also foster social support among members next to alleviating mental health problems. Within our services, we strive to provide a minimum of six (6) counselling sessions for individual counselling, five (5) sessions for couple and family counselling and ten (10) for group counselling.

In 2021, 622 beneficiaries were supported through group counselling in a total of 79 community groups. 114 beneficiaries were supported through individual counselling. 2 families and 8 couples were supported through family and couple counseling.

CCVS also reached 4,553 beneficiaries through community mental health sensitizations, radio talk shows on mental health, and Psychological First Aid sessions.

All clients going through therapy sessions are followed up at 3-month and 6-month after start of therapy. These follow-ups are showing improvements in the psychological and social challenges of our beneficiaries and the communities we work in. Clients have shown improvement in symptoms of anxiety, depression and PTSD that were all severe during intake and changed to mild after six-months of therapy completion.

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

To increase awareness and knowledge about the impact of war and armed conflict, a range of mental health sensitization and psychoeducational activities have been implemented in 2021. All sensitization activities addressed the impact of war-related violence on children's and communities' mental health, the impact of problems of stigma and discrimination on people's psychological health, and the way individuals, families and communities can support children and adults with social, behavioural and psychological problems. Our sensitization manuals will guide us in executing these activities. Increased knowledge and awareness about mental health and mental health problems will help communities and their members to deal with psychological challenges, also in the long term.

In 2021 the radio program garnered up to 346 listeners who actively contributed to psychosocial and mental health topics broadcasted on radio Wa 89.8 FM. This radio program witnessed increasing call-backs from listeners and trending discussion of various social media platforms.

This year, 3,589 persons were successfully sensitized and psycho-educated in communities and CCVS-Uganda had the privileges of being invited by stakeholders to conduct dialogues in a community with a very high rate of suicide. CCVS has also played an instrumental role as one of the lead organizations in Lira and Kitgum in psychological assistance towards people dealing with mental health issues related to the COVID pandemic and related lockdowns.

PARTNERSHIPS

CCVS-Uganda has actively partnered with all districts through the signing of MOUs with the local governments and actively engaging with the various district committees and COVID task forces at all levels. CCVS, together with other partners, coordinated through regular district meetings for the promotion of improved psychological health services delivery to beneficiaries. This partnership has been further strengthened in the limelight of the pandemic where CCVS is mandated to offer technical support to psychosocial committees set in the four districts. CCVS-Uganda undertook the design and aiding of remote counselling to COVID19 patients and their families in the following ways:

- CCVS is participating in the regular meetings that are organised by all the four District Steering Committees targeting performance and partner contributions to various communities.
- CCVS partnered with the districts of Kitgum, Lira, Oyam and Alebtong during the onset of the second wave of the pandemic to help in designing the best response of the task force for a positive impact on various communities.
- CCVS closely engages Community Stakeholders and mobilisers in the project areas to support the implementation of activities of sensitization and monitoring communities on mental rehabilitation services provided by the organisation. CCVS-Uganda has also strengthened its referral pathways through liaison with Health Rights International through working visits and mutual agreement and by participating in regular meetings with other TFV partners. This will help in situations where community member requires medical intervention for the conditions inflicted during LRA war.
- CCVS conducted joined activities in different communities with different Local Governments in respective districts attached to both offices notably during the 16 Days activism, Mental Health Day, and youth psychoeducation of which some were conducted after a request from the local governments, especially to areas with high suicidal ideations.

CCVS conducts regular joint monitoring of activities where stakeholders are invited to listen to testimonies from direct clients during closure of counselling cycles and where motivational speeches are made.

CCVS is continuously engaging all the key district offices to device best ways to strengthen project data reporting while being mindful of the confidentiality of the clients reached and supported in the core area of psychotherapy in all the four Districts of Oyam, Lira, Alebtong and Kitgum. This will be through creation dashboards at district level and supplying data through the OVCMIS tool under the Ministry of Gender, Labour and Social Development of Uganda.

LESSONS LEARNED

The major challenges that impacted activities of CCVS in 2021 were:

- 1- In Kitgum, clients, during ongoing harvest season, would migrate to far places nearing the border with South Sudan. By the time of 3-month assessment, we found a few of them out of reach. Eventually all were followed up after replanning on the activities. These economic activities are likely to reduce client's concentration and making them to come for sessions late and or when they are tired.
- 2- COVID19 threat and vaccination promotion activities caused high anxiety amongst communities and changes in priority setting by local government leaders.
- 3- Insecurity, especially in Kitgum district, in areas where we work caused by Karamojong cattle rustlers.
- 4- Lack of government and NGO support for the communities we work in other sectors, especially in the areas of health, child safety and livelihoods. High expectation of clients towards livelihoods due to poverty. Since our clients are mostly subsistence farmers, this fact skews clients to look at material support as most preferable after therapy sessions. Besides the above, many parents are seeking support for their children who suffered abuse, especially child labour, sexual abuse, neglect, and early pregnancies. The communities we work in are very remote with minor to no other support from outside. Therefore, referring our clients for follow-up services is a challenge.
- 5- Funding reduction that has led to a reduction in the number of Psychological Counsellors before targets were realized. This is the first year CCVS is implementing activities from two offices, Kitgum and Lira. During this project year, we realized that the current budget makes it very challenging to maintain the 2 offices and all the staff. Decisions have been made therefore to reduce the staff to be able to implement the services as per the proposal.
- 6- CCVS incorporated all measures to curb the spread of COVID19 in all activities conducted with clients as well as in the work environment. These include administering clients washing their hands using the handwashing facility provided at the venue, temperature checks, sensitization, and ensuring physical distancing before sessions start. These restore clients' confidence to continue participating in all sessions. This though required more resource allocation to cover these additional activities on sensitization about COVID19 and extra investment in PPE's.



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