



make mental health a priority

We aim to improve the psychological well-being of war-affected persons, their families, and the communities they live in



CCVS-UGANDA ANNUAL REPORT 2024



Fonds au Profit des Victimes
The Trust Fund for Victims



ORGANISATIONAL CONTEXT

CCVS Uganda started 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, an interuniversity cooperation was started to conduct research on support for and the 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.

CCVS aims to improve the psychological wellbeing of war-affected persons, their families, and the communities they live in. We work for a future where individuals, families and communities who have been affected by collective violence, become mentally healthy and self-driven.

To work towards our aim, we focus on enhancing access to professional mental health services, strengthen the resilience and coping mechanisms of people with mental health challenges, expand and empower community support structures and increase awareness about the impact of war and violence on the mental health of individuals and best practices to deal with this impact.

The Lord's Resistance Army (LRA) war in northern Uganda, which lasted from the 1980s to the early 2000s, caused significant trauma and suffering for the people of Northern Uganda. Many were directly affected by the violence and human rights abuses committed by the LRA, including child abductions, forced enrolment in the LRA, and sexual violence. The trauma caused can have a long-lasting impact on the mental and emotional well-being of people and can also affect their children.

Since 2008 CCVS has been offering mental health care services to individuals and families who have been affected by collective violence, so they become mentally healthy and self-driven. We have been supporting individuals and families to deal with trauma through group, individual, couple and family counselling. Additionally, we informed and educated communities to understand the importance of being mentally healthy, what the influence is of trauma on daily life, and how best to support people with mental health challenges.

In our approach, we make use of the strengths and resources of the communities we work with, so interventions become sustainable and social support networks are rebuilt. The following approaches are embedded in all our activities:

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

In 2024 we have also received funding from PAX Netherlands to support the psychological counselling component of a large-scale reintegration programme for an extensive group of returnees (formerly abducted children/men, wives, and children) from the Lord's Resistance Army (LRA). CCVS has been responsible for the psychological counselling component of the programme, offering counselling services to 140 men, women and children.

IMPLEMENTATION AREAS

CCVS-Uganda implemented its activities in 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 2024 the project took place in the following locations:

District	Sub County	Communities
Oyam	Abok Ngai	• Aduk • Acut A
Kitgum	Kitgum Matidi Mucwini Lagoro Laguti	• Mulago B Alango Village • Pajong A Lagot A • Oyika Tekikwa Pacho

ACTIVITIES & ACHIEVEMENTS

PSYCHOLOGICAL REHABILITATION

CCVS-Uganda reached out to 831 beneficiaries with psychological counseling sessions in the districts of Oyam and Kitgum. From these 831 beneficiaries, 579 were female, while 252 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.

SCREENING AND INTAKE

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, eleven (11) for group counselling and 4 sessions for Trauma Resilience Workshops.

COUNSELLING

In 2024, 831 beneficiaries were supported through group-, individual-, couple- or family counselling. Indirect beneficiaries of these 831 are their families, a total number of 4155 indirect beneficiaries.

Some of these beneficiaries are referred to us by the ICC. Seven of these received individual sessions, as all were presented with symptoms of severe depression with comorbidity to other conditions such as PTSD, anxiety and feeling malaise. Four of them were, besides receiving counselling from CCVS, referred to a health centre for psychiatric interventions. One had couple therapy included in her session. Their families received counselling for emotional support, stabilization, coping and building resilience.

Our Approach to Psychological Counselling



systemic-oriented approach

This system-oriented approach supports the rebuilding and strengthening of the social fabric in communities, which are often impacted by warfare, ongoing armed conflicts, and the warfare strategies used, and addresses the long-term tensions and interpersonal problems in communities. This approach is more sustainable on the long run because of its inclusion of the support network of the participants, it usually improves on the ways of communication between different members involved and is closely "related" to the "traditional" collective Sub-Saharan African "ways" of problem solving.



collaborative approach

TA collaborative approach allows the beneficiaries to remain or become the experts in their own lives and stimulates empowerment.



solution focussed

Solution-focused work is helpful in re-discovering focus and resources in the here and now.

FOLLOW-UP

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.

Table 3: Progress Analyses - Comparison of psychological challenges of clients from intake to final assessment at 6 months after therapy					
Psychological Challenges	Problem ratings	During Intake	6 months after therapy	Difference	Status
Physical Symptoms.	Mild	8.40%	59.60%	51.20%	Increase
	Moderate	25.00%	29.30%	4.30%	Increase
	Severe	68.30%	4.20%	-64.10%	Decrease
Anxiety Symptoms	Mild	9.20%	64.90%	55.70%	Increase
	Moderate	23.70%	47.10%	23.40%	Increase
	Severe	71.20%	1.80%	-69.40%	Decrease
Depression symptoms	Mild	1.60%	62.80%	61.20%	Increase
	Moderate	34.20%	43.20%	9.00%	Increase
	Severe	79.60%	1.90%	-77.70%	Decrease
Post-traumatic stress symptoms	Mild	0.80%	71.50%	70.70%	Increase
	Moderate	17.80%	31.50%	13.70%	Increase
	Severe	82.40%	2.40%	-80.00%	Decrease
Behavioural Functioning	Mild	24.20%	79.20%	55.00%	Increase
	Moderate	29.80%	24.60%	-5.20%	Decrease
	Severe	41.10%	1.40%	-39.70%	Decrease
Alcohol and substance abuse symptoms	Mild	45.10%	79.30%	34.20%	Increase
	Moderate	13.70%	4.20%	-9.50%	Decrease
	Severe	56.30%	2.80%	-53.50%	Decrease

INCREASING AWARENESS

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 2024. 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.

RADIO SHOW

CCVS and Radio Peace 93.7 F.M in Kitgum signed a contract to run a radio program dubbed "Mado Cwiny", which means "Nursing the Emotional Wounds". This programme is aired every Thursday from 7:00 PM to 8:00pm where our staff facilitates talk shows on a given psychological topic relevant to the communities that has been planned and researched on in advance. During the radio talk show, listeners are given a chance to call in the studio to make contributions, ask questions, seek clarifications, and book space to be supported through counselling. Those who would prefer using social media handles for instance Twitter, Facebook, SMS and other platforms managed by the radio station are given equal chances of participation.

Some of the topics discussed are: Parenting Styles and consequences of each of them, psycho-educate the community on treatment options and management of addiction, family and societal roles in addiction management and treatment, the areas of Emotions, Emotional intelligence, emotional wellbeing and Anger Management, parenting-rights and responsibilities of parents and children, conflict Resolution and Peace building, among other topics..

In 2024 the radio program garnered up to 319 listeners who actively contributed to psychosocial and mental health topics broadcasted on radio Peace 93.7 FM every Thursday from 7pm to 8pm. This radio program witnessed increasing call-backs from listeners and trending discussion of various social media platforms.

COMMUNITY SENSITIZATION

This year, close to 2800 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 remains playing an instrumental role in giving mental health support through local governments in the districts where we are active and plays a key role in NGO fora.

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 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.

- CCVS participated in the regular meetings that were organised by both District Steering Committees targeting performance and partner contributions to 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. This will help in situations where community members require medical intervention for the conditions inflicted during the LRA war.
- CCVS conducted training for 110 stakeholders (55 male and 55 female) to educate them in Psychological First Aid and referral pathways.
- CCVS conducted joined activities in different communities with different Local Governments in respective districts attached to both offices notably during the 16 Days of activism, Mental Health Day of which some were conducted after a request from the local governments, especially to areas with high suicidal ideations.
- CCVS also conducted outreach to Kitenyi in Kitgum to support communities who are dealing with Karamojong cattle rustling in their communities.
- CCVS Uganda has strengthened its referral pathways through liaison with other organisations within the project coverage areas which includes Health Rights International among others including local structures. This has helped in situations where a community member requires medical intervention for the conditions inflicted during the LRA war.
- CCVS has strengthened collaboration with ACTV to support victims of torture. We participated in training on assessment of victims of torture and referral pathways. CCVS works closely with ACTV for referral of our beneficiaries, mainly for psychiatric and physical health issues. CCVS is also included in the network of organisations of ACTV to identify, refer, and offer services to people who have experienced torture.

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 devise 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.

STAKEHOLDER TRAINING

In 2024, regular stakeholder feedback meetings were conducted in Kitgum and Oyam with a total of 242 participants (M134, F108). We also implemented a stakeholder training for 80 individuals (M61, F19). The training aimed to equip community leaders, opinion leaders, cultural leaders, and sub-county staff (such as CDO, Sub-County chief, LC111, LC11, LC1s, Parish chief, Police, Clan leader, Religious Leaders, GISU, In-charges health centre, health Assistants, mobilizers, and Headteacher) with the necessary skills and knowledge.

The key issues the stakeholders pointed out were recognizing that CCVS Uganda is performing a great job by bridging the gap in mental health service provision that the government of Uganda can't adequately perform due to constraints. They confirmed that the level of suicide tendencies have tremendously reduced in places of CCVS Uganda intervention given the history of war. Additional tools were designed and distributed to them to ease their delivery towards sustainability and a full discussion into their challenges were harmonised to their understanding. The key challenges experienced were that the earlier developed tools were not left at CDO's office and stakeholders weren't notified therefore work done wasn't much documented, and we are not made clearly to know where to report. They also faced challenges identifying themselves as trained PFA counsellors within communities they live besides being faced with many issues to offer counselling services for in communities major ones being GBV, drugs, alcohol and subsistence abuse amongst male population. They also mention facing resistance and negative comments from some community members. Last but not least, there exist transport challenge when required to move in far places.



COMMUNITY EVENTS

WORLD MENTAL HEALTH DAY

The celebration of the World Mental Health day was led and organised by CCVS. It was celebrated at the district level for the first time, and the theme was: 'It's time to prioritise mental health at work places'. The event hosted over two hundred participants which included, members of the community as well as government and non-governmental organisations. The mental health day celebration took place on 19th November 2024 and attracted 468 participants (174M, 294F).

The objectives of the event was to raise awareness about the importance of mental health at workplaces, to promote mental health support and resources at workplaces, and to highlight the importance of creating a safe and supportive working environment and encourage employers to prioritize employee mental health and wellbeing. We also used the event to create awareness to the general community about mental health, self-care strategies and coping skills.

The activity begun at 9:00 am with marching together with the brass band from Kitgum general hospital to the middle of Kitgum town and back, with a stop at the main market to sensitize the members about mental health. Several Speeches were made by the Chairman Organizing Committee, the Clinical Director CCVS, KINGFO, representative from ADRA, Labor officer, and the Chief Guest representative.

The day also featured a number of engaging games and activities that were played and interpreted to the participants. This aimed at promoting mental health awareness and prioritizing mental health at workplaces. The games were engaging, informative and fun, designed specifically to educate the participants about mental health awareness, and provide them with valuable tools and resources to manage stress and anxiety that may arise at workplaces.



MONITORING, EVALUATION AND LEARNING

There is a design for continuous monitoring of all project activities being conducted at all levels through several processes. Through the management structure, including supervision and monitoring activities as planned and managed by Clinical Team Leader (CTL) and the M&E Officer, at field level where data is generated, compiled and validated for quality reporting. A quality management plan is used to track the standards and processes defined in the project blueprint.

Regular internal management monitoring through field visits, participation in activities and field support supervisions with CTL's have been continuous during this quarter. This monitoring role extends to offering technical support to stakeholders at all levels.

CCVS Uganda started scheduled joint monitoring together with stakeholders at different levels to promote understanding of project progress on deliverables.

The project activities of CCVS fall under the Core Program Areas (CPAs) of the Ministry of Gender, Labour and Social Development (MGLSD) whose data are fed into the quarterly database through her Vulnerable Children Management Information & Evaluation System (OVCMIS). This submission is through the District Local Government offices of which CCVS-Uganda is one of the largest timely data suppliers in the Districts of Oyam and Kitgum.

CHALLENGES & LESSONS LEARNT

The major challenges that impacted activities of CCVS and lessons learnt in 2024 were:

- CCVS Uganda still continuously seeing high risk of losing well-trained staff to other organizations because of the increased demand for counsellors. Paired with the tight budget this creates a challenge in the area of keeping up with the quality and quantity resulting from activities.
- High expectation from the district stakeholders for support for activities in the district, and difficult to get their collaboration in agreeing on MoU's and accountability processes. CCVS keeps on working closely with district and sub-county governments to motivate such engagements.
- The clients referred to us by the ICC are extreme cases that have been ignored for a long time. This is a challenge for us as we can only support them by using our best counsellors and make full use of referral networks. This is time-consuming and takes a lot of resources from the organisation. Although most clients show positive changes during the time we see them, it is clear that if we really want to support these individuals and their families, long-term support is needed. The treatment period is too short for complete healing. Ethically, the recommended period would be at least two years. As our resources are limited, we are currently assisting each referred client and their family for 3 to 6 months (depending on the seriousness of the issues and the progress made).
- There are very many clients in need of extensive trauma counselling and therefore there is need for CCVS to focus on extensive group-, individual, and family & Couple counselling instead of Trauma Resilience Groups.



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