

# Psychosocial support to vulnerable youth in vocational schools in northern Uganda

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*This report describes the psychosocial interventions of AVSI [an international nongovernmental organization (INGO) operating in Uganda since 1984] in Kitgum District of northern Uganda. These interventions are part of the educational programmes aimed at supporting vulnerable youth through vocational training. Apart from the educational support, the beneficiaries of the programme are also offered psychosocial support. This support is meant to help youth who have undergone difficult, and at times, traumatic experiences during the insecurity that has lasted for two decades and affected almost all families in northern Uganda. For many of the youth, access to education cannot be the only means to empower them to overcome psychosocial problems; but in combination with counselling, they can be supported to gain self confidence and to redefine their roles as independent and important members of their communities.*

**Keywords:** psychosocial interventions, vocational training, northern Uganda, vulnerable youth

## Introduction

More than two million people in northern Uganda were displaced from their homes as a result of the conflict between the Lord's Resistance Army (LRA) and the Government of Uganda (International Crisis Group, 2004) that lasted from 1986 to 2006. Recent estimates of the number of abductions carried out by the LRA appear to be

higher than previously suggested, and the whereabouts of most of those abductees who have not already returned from captivity, remains unknown. The Berkeley Report estimates that the LRA has abducted 24 000 – 38 000 children and 28 000 – 37 000 adults, as of April 2006 (Pham, Vinck & Stover, 2007). The Survey of War Affected Youth (Annan, Blattman & Horton, 2006) estimate 66 000 children and youth were abducted, more than 10 000 people were killed, and many thousands more mutilated, during the conflict (Annan, Blattman, Carlson & Mazurana, 2008). Although an exact number will most likely never be known, it is obvious that very many have suffered, and continue to experience the consequences of the conflict to date.

While there has been no official end to the conflict, the Juba peace talks between the Government of Uganda and the LRA created a relative peace (International Crisis Group, 2007) that continues despite recent attacks of the LRA in the Democratic Republic of Congo. No longer bound by movement restrictions that forced almost the entire population into camps for internally displaced people, people are now moving back to their villages of origin. However, in many return areas they face a lack of basic services.

Recognizing the importance of supporting the war affected population in this period

of recovery and return to 'normal life', several studies have been undertaken to assess their particular needs, and to identify sustainable and community based approaches that can guide practitioners in designing programmes.

Focussing on vulnerable youth in northern Uganda, the Survey of War Affected Youth recommends livelihood assistance combined with a focus on alternative, age appropriate and accelerated education and economic development (Annan et al., 2006; Annan et al., 2008). Vocational training is one education method that can provide skills for livelihoods and for employment. According to the Women's Commission for Refugee Women and Children (2008), vocational training is *'at the crossroads of economic recovery, education and rehabilitation and reintegration, and can be a key component of development, a method for upgrading the labour force and a factor in the holistic development of youth.'*

While a number of studies show levels of mental distress amongst conflict affected populations in northern Uganda (Ovuga, Boardman & Wasserman, 2005; Bayer, Klasen & Adam, 2007; Bolton et al., 2007), the Survey of War Affected Youth finds that *'serious emotional distress and family estrangement are the exception rather than the norm.'*

The study also suggests that violent behaviour among young former abductees is not any more frequent than violent behaviour among youth who have not been abducted. Instead, the investigators find that *'they are actually more likely to be active and productive citizens and leaders than those youth who were never abducted.'*

Psychosocial interventions with conflict affected populations, including in northern Uganda, can have proven effectiveness (Williams, et al., 2001; Bolton et al., 2007). However, caution is needed in provision of the type and quality of services given (Allen

& Schomerus, 2006; Akello, Richters & Reis, 2006; Annan et al., 2008).

Recently, more attention has been given to the need for quality psychosocial and mental health interventions. In 2007, the *Inter-Agency Steering Committee (IASC) Guidelines for Mental Health and Psychosocial Support in Emergencies* were introduced in Uganda (IASC, 2007). The World Health Organisation started a mental health working group in Gulu in the same year. In April 2009, the Uganda Association of Psychiatry and Gulu University organized a three day conference on mental health in a post conflict era in northern Uganda, bringing together mental health practitioners from all over the country.<sup>1</sup>

AVSI, an international NGO, has been working in northern Uganda since 1984. Since 1998, the organization implements psychosocial programmes in vocational schools, which include counselling (AVSI, 2005). The term *'counselling'* is not clearly defined in Uganda, and often includes elements of teaching and advising (Akello et al., 2006), and is also often associated with HIV/AIDS testing. The training for *"counsellors"* varies from a two day certificate training by local organizations to a full university Master degree.

The aim of AVSI's counselling activities is to assist students with psychosocial and mental health problems, identify coping strategies, reduce psychological distress and encourage referral and further treatment when necessary. In the authors' opinion, these services can only be provided by well trained and experienced counsellors. Therefore, the project only uses qualified counsellors, with a diploma or degree in counselling or clinical psychology, from a recognized university. The counsellors use a problem solving counselling approach, in which they combine cognitive and behavioural methods with

interpersonal skill training. Trauma focused counselling is only provided by clinical psychologists in cases of persisting symptoms such as flashbacks, nightmares combined with other symptoms of posttrauma and acute stress.

The counselling is part of a holistic approach towards education, which includes rehabilitation and construction of schools, training of teachers to improve the quality of teaching and learning (including psychosocial support), supporting industrial training, provision of tools and sponsorship for students, business skills training and income generating activities, among others.

In this article, we focus on the psychosocial programme in vocational schools in 2008/9.

### **Identification of beneficiaries**

The beneficiaries of AVSI's support are among the most vulnerable youth. Vulnerability is defined by AVSI as a combination of factors that cannot be reduced to categories (i.e. people living with HIV/AIDS, formerly abducted children/youth, people with disabilities, child mothers, etc.) but instead is determined by the living situation of each individual. Therefore, the selection of beneficiaries is based on an assessment of the overall wellbeing of the person, using indicators of health, economic and psychosocial wellbeing. The youth are usually referred by local authorities and leaders from the community. After receiving referrals, AVSI conducts assessments, in partnership with local leaders. The assessments are done at the home of each youth, where family and other community members are interviewed as well. This door-to-door approach greatly contributes to a thorough verification of whether a person who has been referred by local leaders is truly vulnerable, or not. The assessment includes data collection on personal and household information, edu-

cation, livelihood, health, and motivation. It not only focuses on challenges and deficits, but evaluates the available resources and opportunities, looking at both strengths and weaknesses.

### **Support to vulnerable youths**

After assessment, a team, including AVSI staff and local leaders, selects the most vulnerable and motivated youths. This is followed by a discussion with the youth and his/her family members and local leaders, clarifying the modalities of the support for vocational training. This support is always combined with training in business skills. Depending on the most urgent needs, the school where the youths follow their courses receive support, such as tools for instruction, textbooks, and furniture. In case of rehabilitation work required at the school, constructive activities are carried out by the students during their practical lessons. Instructors are invited for trainings in quality education, psychosocial support, HIV/AIDS awareness, and the code of conduct. Early in 2008, counsellors were sent to the schools for initial assessment.

In 2008, 184 students were supported in five different training courses. The average age of the students was 19.4 years. The gender distribution is relatively equal, with 47% females and 53% males. Half of the students completed primary education (51%), while 22% attended at least one year of secondary school. The average household size is four. Over 60% have lost both parents, 12% had been abducted by the LRA, 10% head a child headed household, 10% are a child mother, 14% are disabled, while other vulnerabilities include youths in risk of abuse, or staying with elderly or sick guardians, amongst others.

Problems identified by the counsellors included stigmatization and discrimination

of formerly abducted children/students, and hallucinations and nightmares among some of the students who have experience traumatic events.

In response to the findings of the assessment, counsellors carried out group and individual counselling for students. From June 2008 to March 2009, counselling was provided for 90 youth, in three vocational training schools, by two professional counsellors, under supervision of a clinical psychologist. In addition, 30 instructors were trained in psychosocial support.

### **Findings psychosocial support**

At the beginning of the counselling, a symptom checklist was introduced and is currently being reissued in follow up visits. Symptoms are measured by a Likert scale that includes symptoms of the most common psychiatric disorders and psychosocial problems. The scale used included the categories never, less than once a month, once a month, more than once a month, once a week, more than once a week, and every day.

The total school population of the three schools consists of 597 students (106 female and 491 male). In total, the counsellors worked with 90 students (51 male, 39 female), representing 15% of the school population. The average age of the students seen for counselling is 19 years. The majority finished Primary 7. The average household size of the clients was 5. The average household income was 4 US\$/month. Clients reported receiving social and financial support from family/relatives, friends, and nongovernmental organizations (NGOs).

The main problems that the students experienced daily, or more than once weekly, included (see Table 1): worries about their family (83%), income (79%), future (77%), sleeping problems (69%), psychosomatic

symptoms (59%), flashbacks (44%), concentration problems (43%), nightmares (35%), and lack of energy (34%). In total, 28 students (31%) experience hallucinations (auditory, visual, or both). Suicidal ideas and plans were limited to 20 students (22%). Six of these students had attempted suicide.

Individual counselling was aimed at enhancing the coping mechanisms of the youths and looked at interventions that could assist the students in addressing their problems, on an individual, as well as on school and community level. Students with severe psychiatric symptoms, including hallucinations and suicidal thoughts, were referred to a health centre or hospital with psychiatric staff and medical supplies. AVSI would provide the costs for transport and treatment of the student if the services were not free.

In 2008, 30 instructors of the three schools, where the counselling was implemented, were trained in psychosocial support, covering topics such as developmental growth of youths, trauma, recovery process, listening and basic counselling skills. The training is not aimed at training instructors to become counsellors, but rather to develop their skills to identify and refer youths with psychosocial problems. The instructors are encouraged to practise the acquired skills in class, and also to involve the family and community of the students in education and support. The trained instructors support the counselling activities through assisting the counsellors in identifying general problems of the students, but also refer students who may benefit from individual counselling.

An evaluation of the training of teachers in psychosocial support showed that instructors who have completed the training feel empowered to better understand the individual problems of students, and feel able to

**Table 1. Psychiatric and psychological symptoms/problems experienced on a daily, or more than once weekly, basis by students receiving counselling in Kitgum district, Uganda (n = 90)**

Symptom	>1/week Freq. (%)	Daily Freq. (%)	Total Freq. (%)
Difficulties concentrating	13 (15)	26 (29)	39 (43)
Easily agitated	12 (14)	14 (16)	16 (30)
<b>Sleeping problems</b>	29 (32)	33 (37)	<b>62 (69)</b>
Nightmares	14 (16)	17 (19)	31 (35)
Anxiety	11 (13)	10 (11)	21 (24)
Flashbacks	13 (15)	26 (30)	39 (44)
Hallucinations	12 (13)	16 (18)	28 (31)
<b>Psychosomatic symptoms</b>	25 (30)	28 (31)	<b>53 (59)</b>
Change in appetite	18 (20)	10 (11)	28 (31)
Feeling low	14 (16)	10 (11)	24 (27)
Lack of energy	19 (22)	11 (13)	30 (34)
Lack of interest	5 (6)	6 (7)	11 (12)
Feeling of worthlessness	10 (11)	11 (12)	21 (24)
Suicidal ideas and/or plans	10 (11)	10 (11)	20 (22)
<b>Worries about future</b>	15 (17)	54 (60)	<b>69 (77)</b>
<b>Worries about family</b>	15 (17)	60 (67)	<b>75 (83)</b>
<b>Worries about income</b>	19 (21)	51 (57)	<b>70 (79)</b>

respond appropriately in difficult situations, both with students in the school, as well as outside. Many of the instructors also felt the training improved their understanding of the general developmental growth of youth, something they were never trained in, as many of the instructors are not formally trained teachers, but craftsmen that instruct in a certain vocation.

**Discussion**

The intervention in Kitgum is based on research findings and experience. Activities to support vulnerable youths were implemented after assessment, and in discussion with youths, focusing on age appropriate education, livelihoods opportunities, and specialized psychosocial support and mental

health interventions. Vulnerable youths were not categorized into classical categories of ex-child soldiers, child mothers, and others, in order to avoid stigmatization and hinder the process of reintegration. This follows recent research that advocates for an integrated approach for vulnerable children and youth rather than to single out any one category (Allen & Schomerus, 2006; Women’s Commission for Refugee Women and Children (WCRWC), 2008). Thus, the intervention does not pretend to actively reintegrate formerly abducted youth into society, as many other programmes do, an approach that has been criticized (Akello et al., 2006). Rather, it tries to enable vulnerable youths, including those who were abducted, to develop vocational and life

skills to improve their own economic and psychosocial wellbeing.

After introduction of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergencies*, 25 African field practitioners including AVSI staff, were trained in Nairobi (Wheaton, Alumai & Onyango, 2008). The guidelines and training outcomes were used in the development of AVSI programming. This is easier in programmes that have a health and education focus, as funding is more easily accessible for additional mental health and psychosocial considerations, than in other sectors. The intervention described in this paper specifically focuses on education, and includes key actions as described in the IASC guidelines: *'making education more supportive and relevant through promoting mental health and psychosocial wellbeing'*, *'capacity building of the education system'* and *'encouraging support by educators'* through training of teachers in psychosocial support, as well as *'promoting equal access'* through support to the most vulnerable.

As Betancourt & Williams (2008) explain, mental health cannot be separated from general health. Therefore, interventions were linked to existing programmes in hospitals and health centres, and referrals were eased by their existence. At the same time, youths that were counselled and/or sponsored for vocational skill training benefited from hygiene promotion and HIV/AIDS sensitization under other programmes, while health workers benefited from specific trainings on mental health.

A challenge in using the IASC Guidelines for MHPSS, as pointed out by Baingana (2008), is that reference is only made to severe mental disorders in the health section. In our intervention in the schools in Kitgum, we found that most psychological distress is caused by minor symptoms (in line with

findings from Annan et al., 2006), for which interventions such as counselling in schools and training of teachers on psychosocial support for students are more appropriate, rather than a more medical *'psychiatric'* response.

Over the past years, both NGOs and independent researchers have carried out various short assessments in Kitgum district. Most of this research has focused on existing problems, request from the population in focus group discussions, and individual interviews to explain the challenges they face, and summarizes the most common problems that need to be addressed. Strengths and opportunities are rarely explored. AVSI's experience, in identification and working with vulnerable youth, is that a large group of the youths are ambitious, motivated to take up vocational training and education opportunities and use counselling to improve their coping mechanisms to develop a better future for themselves and their families. School administrators and the district education offices request psychosocial support trainings for teachers to provide adequate services at school level for war affected youth. The intervention in Kitgum aimed to provide an integrated multi-layered approach for war affected youths. The vocational training, support to the schools, and psychosocial trainings for teachers are primarily psychosocial interventions that benefit all youth in the project. Other interventions were targeted to those who needed more specialized support through counselling. The clinical psychiatric approach (referral to a medical facility and provision of specialized care) only came at the end of the process, for the few youth who required more specialized care. We believe that this combination of approaches will lead to better outcomes for mental health and psychosocial

and economic wellbeing of war affected youth.

## **Conclusion**

This field report from Kitgum, northern Uganda, describes the approach of an international NGO towards psychosocial support for vulnerable youth in vocational schools. Rather than focusing on the specific groups of *'formerly abducted children'* they advocate for an integrated approach for vulnerable youth, rather than single out one category. In response to the need for age appropriate education, economic opportunities and specialized psychosocial and mental health support for youth in northern Uganda, the intervention in Kitgum provided a combination of vocational training and psychosocial support for youth.

The field study shows that worries about family, future, income, sleeping problems, and psychosomatic symptoms disturb most of the youths. Through vocational training, training of teachers in psychosocial support and counselling, an attempt is made to address these symptoms.

Following a holistic approach that includes programmes in health, education, and other areas of programming, referrals are eased for those with serious psychiatric symptoms and conditions that do not improve. One of the *'good practices'* defined by the monthly vocational training coordination meeting in Kitgum district (attended by school administrators, NGO staff and district representatives) is that vocational training support to vulnerable youth should go beyond payment of school fees. Agencies supporting youth should recognize the need to provide qualified psychosocial support for students and teachers. Instead of focusing on large numbers of vulnerable beneficiaries, qualitative support to both the individual and his/her surroundings is required,

which not only answers immediate needs, but also empowers the youth in their personal development.

## **References**

- Akello, G., Richters, A. & Reis, R. (2006). Reintegration of former child soldiers in northern Uganda: coming to terms with children's agency and accountability. *Intervention, 4*(3), 229-243.
- Allen, T. & Schomerus, M. (2006). *A Hard Homecoming: Lessons Learned from the Reception Center Process in Northern Uganda*. USAID & UNICEF.
- Annan, J., Blattman, C. & Horton, R. (2006). *The State of Youth and Youth Protection in Northern Uganda: Findings from the Survey of War Affected Youth*. Kampala: UNICEF: Uganda.
- Annan, J., Blattman, C., Carlson, K. & Mazurana D. (2008). *The State of Female Youth and in Northern Uganda: Findings from the Survey of War Affected Youth, Phase II*. Kampala: UNICEF: Uganda.
- AVSI (2005). *The Psychosocial Support Program of AVSI in Uganda, a case study 1999-2005*. AVSI Uganda, Kampala.
- Baingana, F. (2008). A Public mental health perspective: the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. *Intervention, 6*(3/4), 236-238.
- Bayer, CP., Klasen, F. & Adam, H. (2007). Association of trauma and PTSD symptoms with openness to reconciliation and feelings of revenge among former Ugandan and Congolese child soldiers. *Journal of the American Medical Association, 298*(5), 555-559.
- Betancourt, T. & Williams, T. (2008). Building an evidence base on mental health interventions for children affected by armed conflict. *Intervention, 6*(1), 39-56.

- Bolton, P., Bass, J., Betancourt, T., Speelman, L., Onyango, G. & Clougherty, K. (2007). Interventions for Depression Symptoms Among Adolescent Survivors of War and Displacement in Northern Uganda: A Randomized Controlled Trial. *Journal of the American Medical Association*, 298(5), 519-527.
- IASC (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: Inter-Agency Standing Committee (IASC).
- International Crisis Group (2004). *Northern Uganda: Understanding and Solving the Conflict*. International Crisis Group: Nairobi/Brussels.
- International Crisis Group (2007). *Northern Uganda: Seizing the Opportunity for Peace*. International Crisis Group: Kampala/Nairobi/Brussels.
- Ovuga, E., Boardman, J. & Wasserman, D. (2005). The prevalence of depression in two districts of Uganda. *Social Psychiatry and Psychiatric Epidemiology*, 40(6), 439-445.
- Pham, P., Vinck, P. & Stover, E. (June 2007). *Abducted: The Lord's Resistance Army and Forced Conscription in Northern Uganda*. Berkeley-Tulane Initiative on Vulnerable Populations. Human Rights Center, University of California, Berkeley and Payson Center for International Development, Tulane University.
- Wheaton, W., Alumai, F. & Onyango, G. (2008). Training of trainers on mental health and psychosocial support in emergencies, Africa. *Intervention*, 6(3/4), 298-303.
- Williams, G., Obonyo, C. A. & Annan, J. (2001). *Resilience in conflict: A community-based approach to psychosocial support in Northern Uganda*.
- Women's Commission for Refugee Women and Children (WCRWC) (2008). *Youth and Sustainable Livelihoods: Linking Vocational Training Programs to Market Opportunities in Northern Uganda*. Colombia University.
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- <sup>1</sup> Uganda Psychiatric Association (2009) Mental Health: Crisis in Post Conflict Era. *4th Uganda Psychiatric Association Scientific Conference*, Gulu, Uganda, 15th – 17th April 2009.

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