Peacebuilding and psychosocial intervention: the critical need to address everyday post conflict experiences in northern Uganda

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The complex set of phenomena posed by societies affected by violence has prompted calls for integration and coordination between peacebuilding and psychosocial work. The ways in which psychosocial support interventions are implemented can contribute to, or impede, the peacebuilding process. In northern Uganda, a rise in cases of suicide, domestic violence and substance abuse has pointed to the pressing need to better understand the experiences and stressors of individuals and communities navigating post conflict life. Drawing on the perspectives of community leaders, traditional authorities, local government officials, and nongovernmental organisations, this article offers a critical analysis of mental health and psychosocial interventions in northern Uganda. It that demonstrates that psychosocial interventions have largely been: (1) short lived; (2) targeted specific groups at the expense of others; (3) failed to respond to the daily needs of the population; and (4) remained relatively disconnected from the wider post conflict recovery process. To address the full range of conditions affecting societies emerging from complex emergencies, psychosocial interventions must be responsive to the needs and changes that arise during the delicate war-to-peace transition.

Keywords: mental health and psychosocial support, peacebuilding, post conflict recovery, Uganda

> *'The biggest problem then was the war. We don't have armed war now; we have war with poverty, war with access to services, war with attitudes of people.'*
> Quote from a community leader in Gulu, Uganda

Key implications for practice

- Brings attention to the ways in which MHPSS interventions could influence peacebuilding and processes of recovery and social change
- Highlights the importance of addressing the full range of needs of conflict affected societies, including daily stressors of post conflict life
- Provides a systematic review and evaluation of psychosocial interventions in northern Uganda

Introduction

Recent studies have shown the importance of integrating psychosocial interventions with peacebuilding and post conflict recovery efforts (Hamber, Gallagher, & Ventevogel, 2014; Vinck, Pham, Stover, & Weinstein, 2007; Lopes Cardozo, Vergara, & Agani, 2010; Pham, Weinstein, & Longman, 2004; Pham, Vinck, Kinkodi, & Weinstein, 2010). Within the peacebuilding framework, psychosocial support is presupposed to be one of the main components necessary for establishing sustainable peace, along with security, good governance, justice and rule of law and economic development. In practice, however, mental health and psychosocial support (MHPSS) is often sidelined in peacebuilding practice by more tangible and macro level activities. As evidenced by the case of post conflict Uganda, humanitarian and peacebuilding interventions have

made significant contributions to the political and economic reconstruction of the country, while the psychosocial aspects of recovery have remained cursory and limited. The effects of these psychosocial consequences can be seen today.

In the aftermath of a 20-year civil war, northern Uganda experienced a significant rise in cases of suicide, domestic violence, substance abuse and criminal violence (Roberts, Ocaka, Browne, Oyok, & Sondorp, 2011; Liebling-Kalifani, Ojiambo-Ochieng, Marshall, Were-Oguttu, Musisi, & Kinyanda, 2008; Vinck et al., 2007). These worrying trends raise questions about the extent to which psychosocial needs of individuals and communities have been addressed. Research has shown the complex link or comorbidity that arises with traumatic experiences and risk factors, such as substance abuse, aggression and domestic violence (Perkonigg, Kessler, Storz, & Wittchen, 2000). Studies documenting the correlation between trauma exposure and substance abuse, for example, have found that up to 59% of young people with posttraumatic stress disorder (PTSD) subsequently developed substance abuse problems (Oimette & Brown, 2003). As study specifically focuses on the perspectives and experiences of individuals, it does not make a statistical correlation between the lack of psychosocial support and the rise in suicides, substance abuse and domestic violence. Respondents questioned the rise of these troubling tendencies and explained them as remnants of unresolved emotional, spiritual and psychological issues. They attributed certain maladaptive behaviours to the paucity and shortcomings of psychosocial interventions and felt that in some cases they precipitated these behaviours, supporting conclusions made by a study by Branch (2011).

These perspectives urge us to examine the ways in which psychosocial interventions are implemented and how they influence the post conflict recovery context. The northern Uganda case points to the pressing need to understand the complex dynamics and experiences that individuals and communities face in the aftermath of armed conflict. In the *Introduction of this Special Issue*, the authors bring attention to the need to understand how MHPSS interventions contribute to, or hinder, peacebuilding and processes of societal change. This paper responds to this call by looking at the consequences of psychosocial interventions in northern Uganda and the discrepancies and limitations that arise between conceptual frameworks and the daily experiences of post conflict communities. Drawing on interviews with community leaders, government officials, psychologists, social workers, women's associations, religious authorities and nongovernmental organisations (NGOs), the ways in which different entities addressed or failed to address the psychosocial needs of northern Ugandans are explored. Questions, such as: to what extent have the psychosocial effects of war been addressed in northern Uganda; how do different actors approach psychosocial support; and have MHPSS interventions adapted to the changing needs of the population are asked. Further, it will be demonstrated that psychosocial interventions in northern Uganda were: (1) short lived; (2) prioritised specific groups; (3) failed to respond to the daily stressors and needs of the population; and (4) remained relatively disconnected from the wider post conflict recovery process.

Methods

This study stems from 14 months of ethnographic research in Uganda, particularly in the northern districts of Gulu, Pader, and Lira.[1] The first stage of data collection included a systematic review of all registered peacebuilding organisations in northern Uganda, totalling 80 international and community based NGOs. These data were then triangulated with information from the

Uganda National NGO Forum and insightonconflict.org. The second stage of research included 20 key informant interviews with providers of psychosocial support services as well 30 informal interviews with leaders of the community, women's and religious groups, and traditional authorities. These interviews covered questions about the priorities and practices of MHPSS interventions and elicited critical reflections on how programming changed over time. Focus group discussions were also held with local government officials and community leaders to collect community perspectives on incidences of crime, suicide and domestic violence.

This research is also informed by the author's own experience of working for an international peacebuilding NGO based in Kampala. Within this purview, I worked closely on the monitoring and evaluation of the Peace, Recovery and Development Plan (PRDP), a comprehensive peacebuilding and development plan implemented by the Government of Uganda to support the transition process in Northern Uganda. My role as a participant/observer is what led to an ethical reflection and critical analysis of the post conflict recovery project to analyse how psychosocial work impacted the ways in which conflict affected peoples coped with conditions of distress in the aftermath of war.

Definition and discussion of terms: peacebuilding and psychosocial support

Peacebuilding is generally understood as a comprehensive process that encompasses a range of approaches, activities, and actors that aim to prevent, manage, resolve, and transform conflict. However, within this broad scope lies an operational quandary as peacebuilding is both a process and an outcome, is multi-levelled, multi-sectoral, and multi-staged. Consequently, for analytical and operational clarity, peacebuilding activities are usually organised into thematic categories or sectors. These sectors are most commonly divided into security and public order, institution-building and governance, justice and rule of law, economic development, and psychosocial recovery and healing (Peacebuilding Initiative (PBI), 2008). There are various iterations of these categorisations, one of which is depicted in Figure 1.

It is widely accepted that the complex set of phenomena affecting conflict and post conflict societies requires integrated and multi-sectoral peacebuilding (Philpott & Powers, 2010; LeBaron & Pillay, 2006; Lederach, 1997). A strategic and sustainable approach to peacebuilding thus posits that both the material aspects, as well as the psychosocial dimensions, of conflict need to be addressed in order to achieve lasting peace (Philpott and Powers, 2010). As Lambourne and Gitau (2013, [p. 24]) put forth, *'psychosocial services should, therefore, be seen as an integral part of a holistic approach to peacebuilding that addresses individual psychological and community relational needs in addition to physical needs.*'

Despite recognition of the importance of mental health and psychosocial support, too often the psychosocial needs of individuals and communities are sidelined in favour of macro level outcomes, such as infrastructure, governance, and development (Kirmayer, 2010; Lambourne & Gitau, 2013; Pham et al., 2010). Moreover, donor agencies are more likely to fund projects with more tangible deliverables or regard psychosocial programmes beyond their purview (Vinck et al., 2007). Due to funding and time constraints, the deeper psychosocial consequences are not addressed, rendering change at the material level to be superficial and fleeting.

So why is psychosocial support pushed to the side or regarded as an idealistic aspiration separate from the more pragmatic aspects of peacebuilding? Part of the reason lies in the theoretical debates and conceptual

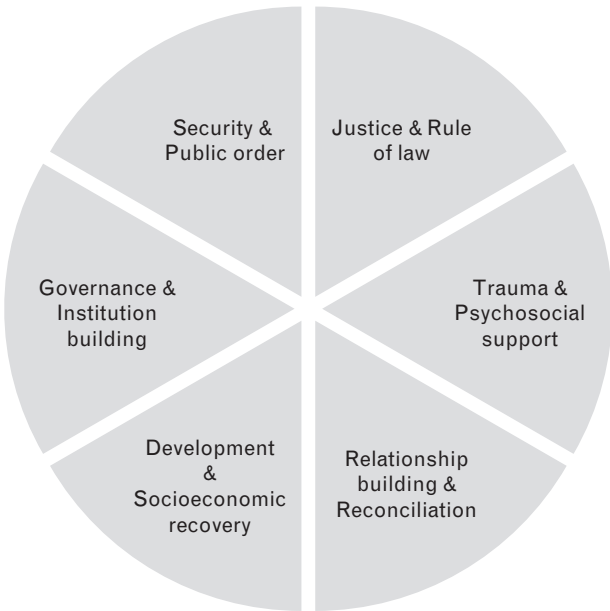

Figure 1: Strategic Peacebuilding Wheel. (adapted from: John Paul Lederach and Katie Mansfield, Kroc Institute for International Peace Studies).

challenges within the psychosocial field. As Pouligny, Chesterman & Schnabel (2007, p.4) put it:

> *'Peace studies is almost completely disconnected from mental health studies, which in turn bifurcates along individual and collective perspectives, as well as between the camps that endorse and reject posttraumatic stress approaches.'*

The fields of psychology, public health and medical anthropology have made significant contributions to our understanding of traumatic effects of violence. These theoretical orientations have different approaches, scope, and treatment, inadvertently producing particular conceptualisations of trauma (see Table 1).

For example, the biomedical approach favours clinical treatment for individuals while public health and medical anthropological approaches emphasise collective and locally driven strategies. These frameworks also have competing views on what to prioritise, past traumatic memories or daily stressors that accompany post conflict transition. The different trauma theories have led to what Abramowitz (2005, p.2106) calls a *'false paradigmatic opposition'* between individualistic, biomedical frameworks on the one hand and collective, socially driven approaches on the other.

In an effort to move beyond these debates, the MHPSS approach has stressed the importance of interdisciplinary and integrated models for psychosocial intervention. Drawing from psychological and anthropological approaches, the MHPSS framework emphasises the inextricable link between mental health and wider social experience (Action for the Rights of Children (ARC), 2009; Psychosocial Working Group, 2003; Abramowitz, 2014). The term psychosocial *'attempts to express the recognition that there is a close, ongoing circular interaction between an*

Table 1. Trauma frameworks

Theoretical orientation	Approach	Scope & subjectivity	Modes of intervention	Advantages	Critiques
Psychology and psychiatry	Posttraumatic stress disorder	Individual medicalised subject	Psychotherapy cognitive behavioural therapy, prolonged exposure therapy, eye movement, desensitisation and reprocessing	Comorbidity social ecological model of human development, intergenerational trauma via epigenetic processes	Exclusively relies upon biomedical measures, pathologises distress, targets the individual, lacks cross-cultural coherence and validity, ignores community and local approaches
Public health	Mental health and psychosocial support	Individual, family and community, socially productive subject	Resilience and skills development group counselling, livelihoods support, narrative based therapy, community reconciliation and development, drama and art therapy, folk medicine and traditional healing	Mental health and social wellbeing, relational community driven interdisciplinary	Broad definition and application, operates as a black box, disconnection between theory and practice
Medical anthropology	Social suffering	Links individual with the social context suffering subject	Locally driven approaches	Human experience addresses the effects of political, economic and institutional power	Lacks practical application, difficult to operationalise

individual's psychological state —the realm of the mind, cognition, and emotions —and his or her social environment, especially relationships with others in the family/community system' (Bergh & Jareg, 1998, p.16). In other words, the individual cannot be separated from his/her social system and relation to others. To call experiences of suffering '*social*' is to move beyond psychopathology and orient distress within the social context from which it arises (Kleinman, Das, & Lock, 1997).

That said, attending to both the '*psychological*' and the '*social*' has proven to be challenging as MHPSS practitioners are often left to choose between the two because of programming and funding constraints (Ager, 1997). Operating as an umbrella concept, much like peacebuilding, psychosocial interventions cover a range of different approaches: psychotherapy, rehabilitation and reintegration, community dialogue and reconciliation, development assistance and livelihoods support (Hamber et al., 2014). As a result of this psychosocial black box[2], there is little agreement about what counts as psychosocial support and even less consensus on parameters and objectives (Clancy & Hamber, 2008). In recent years, there have been calls for a clear and universal definition of psychosocial support to address points of contention and ambiguity (Inter-Agency Standing Committee (IASC), 2007; Psychosocial Working Group, 2003; Galappatti, 2003).

Although a common working definition of MHPSS is much needed, more concern should be given to how interventions are implemented. Psychosocial interventions should embody the concepts that undergird its framework: holistic, context specific, locally driven and sustainable. The question is not whether income generating activities or cognitive based therapies are better suited to contribute to psychosocial wellbeing, but rather, whether or not MHPSS interventions address the needs of individuals and communities in meaningful ways. Prioritising certain aspects of the '*psychological*' and the '*social*' is antithetical to the complexity and plasticity of human experience. The ways in which psychosocial interventions are designed and implemented can have major implications in either facilitating or impeding the peacebuilding process.

Peacebuilding and psychosocial intervention in Uganda's post conflict recovery context

The 20 year civil war between the Government of Uganda's National Resistance Army (NRM) and the Lord's Resistance Army (LRA) posed significant psychosocial challenges to civilians. Northern Uganda, especially the Acholi districts of Gulu, Kitgum, and Pader, was particularly hard hit by the war, adding to a long history of marginalisation and exclusion from the rest of the country (Branch, 2011). An intense campaign of human rights abuses against civilians, that ranged from murder, rape, mutilation, torture, forced labour and the abduction of over 25,000 children left the region facing high levels of insecurity, morbidity, mortality, poverty and distress (Human Rights Watch 2005; Isis-WICCE, 2006; Liebling-Kalifani et al., 2008). Large scale devastation resulted in the displacement of two million people into internally displaced persons (IDP) camps, which was approximately 94% of the population in Gulu (Human Rights Watch, 2005). Although often portrayed as solely a northern problem, the war had a considerable impact on the social and economic development of the country as a whole, costing Uganda $1.7 billion USD (Civil Society Organisations for Peace in Northern Uganda, 2006). Entire communities suffered as their means of livelihoods and access to land was destroyed. Northern Uganda became a painful illustration of Bracken's notion of modern warfare where:

> '*. . civilians are no longer "incidental" casualties, but the direct target of violence. Mass terror becomes a deliberate strategy.*

> *Destruction of schools, houses, religious buildings, fields and crops as well as torture, rape and internment become commonplace. Modern warfare is concerned not only to destroy life, but also ways of life. It targets social and cultural institutions and deliberately aims to undermine the means whereby people endure and recover from the suffering of war'* (Bracken & Petty, 1998, p.3).

Epidemiological surveys carried out in 15 districts in northern Uganda found locally defined syndromes that corresponded to PTSD, depression, anxiety and behavioural problems (Betancourt et al., 2013; Vinck et al., 2007). Numerous studies found that life following IDP resettlement was characterised by increasing incidences of suicide and alcoholism (Roberts et al, 2011; Liebling-Kalifani et al., 2008). While the effects of the war raised concerns over the psychosocial health of civilians, the peacebuilding venture in northern Uganda largely neglected the psychosocial needs of the wider population (Betancourt et al., 2013; Liebling-Kalifani et al., 2008; Isis-WICCE, 2001).

Community leaders, NGO staff, psychologists and religious authorities unanimously expressed that the psychosocial needs of communities were not adequately addressed in the post conflict recovery process. In response to the question to what extent have the psychosocial effects of war been addressed in northern Uganda, participants' responses ranged from *'very limited'* and *'a small percentage'* to *'not at all'.* This was largely because interventions by NGOs and government programmes focused on stabilisation and the economic development of the region. While there were few MHPSS programmes, most of them were short lived, targeted a very narrow segment of the population, and failed to address and adjust to the changing needs and context of the north. In the following paragraphs a critical analysis of psychosocial interventions, their limitations and consequences, with particular attention to the role of NGOs, civil society organisations, traditional and community leaders, and government programmes is provided.

Lack of contextual analysis of the needs of the population

Contextual and cultural relevancy are cited as two important requisites for MHPSS interventions (IASC, 2007). In the case of Uganda, however, the majority of MHPSS interventions were implemented without clear analysis of the needs of survivors, families and the wider community. Respondents stated that those providing psychosocial services failed to respond to the multifaceted dimensions of distress affecting the region. A community leader in Gulu asserted:

> *'Assessment has not been properly done, when it comes to trauma you need to go deeper and see what the cause of trauma is, the degree of trauma…those need to be addressed in order to know what kind of support needs to be applied.'*

Many informants had similar sentiments expressing that NGOs and government programmes provided blanket solutions that clumped together peacebuilding, reconstruction and development, hoping one would stick. The Government of Uganda implemented a number of measures aimed at supporting recovery and reconstruction in the region. For example, in 2007, the government established the *Peace, Recovery and Development Plan* (PRDP) to address development gaps and coordinate initiatives aimed at peacebuilding and rehabilitation. It covered 55 districts in the north and ran from 2009 until 2015 (International Alert, 2015). Of the four core objectives: (1) consolidation of state authority; (2) rebuilding and empowering communities; (3) revitalisation of the northern economy; and (4) peacebuilding and reconciliation, the fourth saw the least results and impact pointing to the mismatch between the programme and community needs (International Alert, 2015).

Although the PRDP had facilitated economic reconstruction, the capacity of local government to carry out post conflict recovery measures, particularly in regards to psychosocial support and legal assistance, was very low (International Alert, 2012). As the director of a community based organisation working on justice and reconciliation in Gulu put it:

> *'We're not addressing one of the core problems that is needed in peacebuilding. At the moment, people who talk about peacebuilding just want to look at material support or livelihoods, but an important aspect is psychosocial support, such as providing counselling centres in every district.'*

The operational challenges with such programmes brings to fore the limitations of the government's capacity in providing services, security and long-term stability to the north. The lack of access to basic resources and opportunities coupled with the perceived neglect of community needs exacerbated longstanding grievances in the region. Moroever, survivors of often felt that they were denied justice and that traditional rituals like *mato oput* (drinking the bitter root), *lwako pik wang* (washing away the tears), *tamu kir* (cleansing for an abominable act), *ryemo gemo* (chasing spirits from a wide area), and *kwero merok* (cleansing someone who has been killed in war) could not adequately address certain acts of violence like sexual gender based violence or domestic violence. As one women's association leader put it, *'traditional rituals don't address rape or other sexual acts of violence because it's an abomination. People don't want to talk about it, thus bending the spheres of traditional and spiritual ways of healing.'*

The use of traditional rituals and local support mechanisms are critical for laying the foundations of community driven and locally owned peace processes, but they too must be subject to analysis and practical saliency. According to a traditional leader: *'rituals such as drinking the bitter root or stepping on the egg is just the beginning, it prepares the person for the journey of healing, but healing takes time and needs follow-up.'*

These examples illustrate the need for ongoing assessment of the psychosocial needs of the population as well as coordination between the different actors and entities engaged in peacebuilding and MHPSS. Uganda's Ministry of Finance, Planning and Economic Development (2003, p.4) highlights similar findings: *'at the same time, it is evident that not all districts in the North are more disadvantaged than other districts in other parts of the country, except in selected aspects. Strategies for post conflict reconstruction should, therefore, not be blanketed, but tailored to suit the circumstances of individual regional entities.'*

As a community leader expressed:

> *'I would say only a small percentage of the psychosocial effects of war have been addressed in northern Uganda, because look at the issues we have in the post war context, it's much more than during the war period. Everyone is worried about social needs like land and livelihood.'*

Trauma, daily stressors and post conflict life

One of the major limitations of psychosocial interventions cited by respondents was that they did not take into account the impact of daily stressors and challenges that post conflict life posed, specifically following IDP resettlement. In northern Uganda, the direct effects of war were addressed immediately following the cessation of hostilities through an influx of humanitarian assistance and emergency relief, but as the post conflict context changed and evolved over the span of the next five years, strategies and programmes failed to adapt to those changes. Conditions and needs changed as people moved back from the IDP camps and were faced with

socio-economic struggles and stressors like unemployment, malnutrition, broken support systems and lack of opportunities to change their life circumstances. Take for example, one respondent's views:

> *'It's not about the ancient trauma, but the current conditions of marginality and vulnerability and the social boundaries that have been disrupted. People's conditions are shaped by the environment to which they return'*

Respondents claimed that dependence on external aid, lack of employment, and changing family dynamics in the aftermath of the war was humiliating for many and led some men to destructive social behaviours and alcohol abuse. Such conditions exacerbated past traumas and served as grounds for domestic violence and conflicts within families (Harlacher et al., 2006).

Consequently, the psychosocial programmes that worked in the immediate aftermath of war were no longer relevant nor effective a few years later when dynamics had changed. A psychologist poignantly paints a picture of the situation:

> '*There are different needs and contextual changes in the situations of peoples and those changes require different approaches. With the movement in and out of IDP camps, some people ave become more affected with trauma while others have been alleviated. And moving people back to homes, there is a sense of peace with freedom, but recently the escalating rates of suicide have confused us because when people were in the worst situation in the IDP camps, suicides were not that much, but now people are back home with freedom of movement. We haven't done enough to find out why suicides are increasing now. I can't understand why people are giving up after passing the worst situation of life.*'

These reflections point to a critical need to address needs that arise in the war-to-peace transition period, with attention to both past traumatic experiences and current stressors. According to a social worker, *'people are more traumatised by living conditions than by memories.*' Determining where to focus attention on, past trauma or daily stressors, has sparked a similar debate in the trauma literature. Miller and Rasmussen (2010) argue that while approaches under the PTSD framework give priority to the direct effects of war related trauma, the social and material conditions that follow armed conflict oftentimes pose a greater threat to mental health and psychosocial wellbeing. The PTSD approach conceptualises trauma as *'an event existing outside the range of usual human experience*' (American Psychiatric Association, 1980, p.236), making the assumption that distress is caused by major life events or circumstances with a clear beginning and an end. However, in post conflict societies, studies have shown that trauma persists long after individuals return to violence free, post conflict life (Isaacs, 2009).

This, however, is not an argument for triaging and giving priority to daily stressors over war related trauma, but rather a call for MHPSS interventions to take into account the full range of conditions and dynamics that shape the context of everyday post conflict life. A contextually appropriate understanding of the everyday experiences of living, struggling and coping with post conflict life has important implications for the peace and recovery process. As in the case of Uganda, the risk of new forms of violence replacing war related violence is very real. Branch (2011) goes as far as to argue that the legacy of violence in Acholiland has not ended.

Smith (2004) poignantly asserts that peacebuilding must be responsive to the context and adapt to conditions and requirements as the context changes. Therefore, the author asserts that our current peacebuilding and MHPSS approaches have yet to address the dynamic landscape that characterises post conflict contexts. Societies navigating the precarious war-to-peace transition move

through shifting terrain, Vigh (2003) facing the direct and indirect effects of violence while simultaneously rebuilding society and regaining a sense of *'normal'*. Psychosocial work must view recovery as a dynamic and emergent process of social transformation.

Narrow targeting of specific groups

Another problem with the way in which psychosocial work was implemented in northern Uganda was the narrow targeting of specific groups. The majority of psychosocial interventions following the end of the war in 2006 focused primarily on formerly abducted children and child ex-combatants. These programmes provided counselling, vocational training and livelihood support to former combatants with the aim of re-integrating them back into society. Although the deliberate focus on vulnerable populations, such as child ex-combatants, fulfilled a critical need, it also inadvertently neglected the wider community and exacerbated an already fragmented and marginalised society.

The exclusionary focus on children and children's rights has led to what Edmondson (2005) calls a master narrative serving not only as a compelling fundraising strategy, but also a justification for military action (Branch, 2011). The narrow targeting of interventions often deemed former LRA fighters as the *'most traumatised'*, giving the impression that there were distinct levels of trauma and some individuals more deserving or in need of psychosocial support (Dolan, 2002; Branch, 2011). This sort of classification not only fails to capture the complexity of people's experiences, but also leads to unequal access to services and aid. As one respondent who works on issues of reconciliation and psychosocial recovery explained:

> *'There's a big gap in psychosocial support, over 80 percent of those who need psychosocial support cannot access it because actors have targeted only a specific group of people [formerly abducted people]. That gives the false assumption that they're the only ones affected. They forget that the wider community has witnessed and experienced horrible things and also need help. There has not been a programme that is open to anybody who needs psychosocial support.'*

This was a common sentiment shared among respondents. People felt that child centred interventions did not take into consideration the wider context to which children and ex-combatants were returning. A community leader explained how his organisation built schools and counselling programmes for conflict affected children and orphans in Lira. After initiating their education programme, however, they realised that although there was a need for schools in the community, the entire community needed to be involved in the process and children would be more likely to participate in programmes if they had the support of their parents and families. Another example portrays how implementing a programme just for women ended up negatively affecting gender and family dynamics, perpetuating other types of violence:

> *'Before the war, men were the breadwinners then after the war they couldn't provide for their wives because they lost their land. They are frustrated, so they resort to drinking alcohol and domestic violence. Most NGOs have focused on women, leaving aside men. . . men are suffering a lot. Society hasn't completely healed, we cannot discourage people from moving forward, we must help those that are not yet healed.'*

The proliferation of stand-alone services, such as those dealing only with ex-combatants or women, can create a highly fragmented system of care and fuel competition and grievances within an already divided society. Psychosocial interventions should,

therefore, engage the wider community in recovery efforts and carry out assessments of the short-term and long-term effects of programmes on different groups in order to foster collaborative social relations and structures of recovery.

Sustainability

A prevailing factor that respondents attributed to the shortcomings of MHPSS interventions was the lack of sustained effort and funding. At the time of this study, there were 80 community based organisations and NGO that had peacebuilding as their main scope of work. Less than 20 of these organisations had implemented some form of psychosocial support as part of their services in the immediate aftermath of the war. These included: World Vision, CARE International, Catholic Relief Services, Transcultural Psychosocial Organization, War Child Uganda, THETA-Uganda, Terra Renaissance, Refugee Law Project, Gulu Support the Children Organisation, Justice and Reconciliation Project, African Youth Initiative Network, Grassroots Reconciliation Group, Focus On Northern Uganda, Victim's Voice, Through Art Keep Smiling, and African Centre for Treatment & Rehabilitation of Torture Victims. As the years went on, however, few maintained active psychosocial support programmes, as more and more organisations diverted their attention and funds into different projects.

Although MHPSS interventions addressed the needs of particular groups, they were not sustained over time and failed to monitor the impact on participants. A clinical psychologist expressed:

> *'Specific interventions like the re-integration of children were not sustained. I don't expect them to be, but there is supposed to be some follow through. For instance, we have girls who were trained in tailoring and given start-up kits, but the situation changes once they go back home. There are life pressures, they don't get customers, and at the end of day they realise they cannot depend on tailoring. So many end up abandoning it and turning to something else, like brewing alcohol or prostitution.'*

Along the same lines, the program manager of a psychosocial project professed:

> *'People need longer-term support and mentoring. It's not enough to give livelihoods training and expect them to move on. People need support, but that support stops immediately after they graduate from the programme. The reality out there is different than the institutional reality. We have failed to make that link and do the follow-up to support our clients.'*

These sentiments point to the exigent need for sustainable approaches aimed at long-term support and transformation. However, a prominent factor in shaping the priorities of MHPSS interventions is funding. Today, few grants remain for mental health and psychosocial support. At the time of this study, most call for proposals were geared towards projects on agriculture, land management and health, leaving those who wanted to address psychosocial issues to *'dance to the tune of the doners'* as the head of an NGO expressed. The lack of interest, willingness and funds to support psychosocial recovery has resulted in subpar MHPSS capacity and resources. In 2012, there was one Regional Referral Hospital in Gulu District, one Government District Hospital and faith based Hospital in Kitgum, and a health centre in Pader District. Benjamin Alipanga, a clinical psychologist at Gulu University's Psycho-Traumatology division explained: *'the magnitude of the problem is so high in northern Uganda, but we do not have enough psychiatrists to help people suffering from trauma. We have only three psychiatrists serving the entire war affected northern Uganda, some two million people.'*

The scholarly data support the claim that psychosocial wellbeing is determined largely by the context from which distress arises.

Thus, a central theme emerging from this research is that psychosocial recovery requires long-term engagement and must account for the needs that arise in the post conflict context. Funding schemes for interventions should be sustained and consider that *'it takes time to heal from trauma.'*

Conclusions

The ways in which MHPSS interventions are implemented can shape the post conflict recovery process, affecting the capacity and willingness of individuals and communities to participate in peacebuilding efforts. In northern Uganda, bridging the MHPSS gap has remained a challenge, posing a threat to post conflict recovery and lasting peace. Increasing cases of suicide, domestic violence, substance and alcohol abuse, child neglect and criminal violence have lead community members to attribute one of the causes to be the lack of sustainable, inclusive and contextually relevant MHPSS interventions. Psychosocial practitioners providing psychosocial support have prioritised specific groups and approaches largely because of programming and funding constraints. Moreover, choosing between competing priorities or more *'psychological'* versus *'social'* activities in interventions has obscured a holistic understanding of the complexity, dynamism and multifariousness of post conflict experiences.

As practitioners, we should be cognisant of the impact of our work and ask who and what it prioritises, whether it focuses on past memories or daily stressors, and how it speaks to wider peacebuilding and community building efforts. It also opens up a discussion regarding the timing of psychosocial support and how long services should be provided. Should psychosocial support end after a few years of post conflict stability and how do know when we have reached a point of success or *'recovery'*? Building on previous calls to shift away from short-term, reactionary based psychosocial aid to long-term and community based support (Ventevogel DeMarinis, Perez-Sales, & Silove, 2013), this article proposes that MHPSS should adapt to, and evolve with, the contours of everyday post conflict life. Ongoing assessments and contextual analysis would ensure appropriate strategies to respond to the changes and needs that arise within the post conflict context. Best practice for MHPSS should involve an aspect of capacity building to support and improve local mental health care and services.

The future of the psychosocial field is contingent upon how interventions address the needs of those navigating the precarious war-to-peace transition. Efforts aimed at achieving sustainable peace in Uganda and other conflict inflicted societies should take into account the full range of conditions affecting individuals and communities, including the unresolved consequences of armed conflict, the concomitant and daily stressors of post conflict life, and the underlying causes and structures of power that led to conflict. Peacebuilding and psychosocial support mechanisms should be driven by the foundational concepts that guide them: holistic and inclusive, contextually specific, locally driven and sustainable. Only then can we say our efforts to build lasting peace attends to the on-the-ground realities of human experience.

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[1] Although this research is informed by the author's work in different districts all over the country, the interviews were predominately conducted in northern Uganda and Kampala.

[2] A term dubbed by Abramowitz (2010, p. 363) to refer to a process or system, whose inputs and outputs (and the relationships between them) are known, but whose internal structure or working is not well understood http://www.businessdictionary.com/definition/black-box.html.

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