

Final draft report  
5.7.99

# **CENTRE-BASED AND COMMUNITY BASED PSYCHOSOCIAL PROJECTS FOR WAR-AFFECTED CHILDREN**

## **STEPS IN THE DEVELOPMENT OF A MONITORING AND EVALUATION SYSTEM**

Elizabeth Jareg, Redd Barna  
Lehnart Falk, Red Barnet

In co-operation with George Omona and his staff in Gulu Support the Children  
Organisation, Uganda April-May 1999.

## EXECUTIVE SUMMARY

This report is about a project which should never have existed in the first place had the rights of children not to be recruited into military action and to be protected from sexual abuse been respected. Many other rights have been violated. In stating this, one sees how armed conflict yet again steal resources from the development agenda and binds them instead to issues of repair and reconstruction. Having said this, it was also the deep concern of some of the citizens of Gulu township in Northern Uganda for the terrible abuses of the rights of their children which inspired the setting up of Gulu Support the Children Organisation (GUSCO) and the eventual establishment of the Reception Centre for abducted children.

Armed conflict afflicting the lives of thousands of the Acholi people of Northern Uganda for 12 years. Briefly, a rebel group calling themselves “The Lord’s Resistance Army” with roots in previous wars of the 60’s and 70’s in Uganda, mostly consisting of forcefully abducted children from about 13 upwards, attacks villages and “protected camps” from their bases in Sudan. Gulu and Kitgum districts are especially affected, having a combined total of 390,000 displaced persons living in “protected camps”.

An estimated number of 11,000 -14,000 children have been abducted since the war began, of these 2,849 have returned to their communities. Three thousand four hundred have gone through centre-based rehabilitation (GUSCO Reception centre and World Vision Centre in Gulu). The experiences forced upon these children represent complete breaks with the natural chain of life events as they normally unfold in the Acholi culture. The children in GUSCO have been captured by the Ugandan Peoples Defence Force and brought to the Gulu barracks for security check and interrogation, and finally “clearance” by the military.

One of the most enduring and pernicious effects has been on the social development of the children, especially those remaining in captivity over time. This has happened a result of LRA’s systematic undermining of trust in the original society to which the children belonged, together with the gradual binding of the children by an evil but effective combination of threats of death, rules, rituals, rhetoric and “rewards” into the “LRA” family system and mind-set. Thus the bending and warping of young minds in the service of a deeply tragic and self-destructive ideology has taken place.

Red Barnet has partnered GUSCO in its’ ongoing efforts to re-establish trust, the will to live and not least, health in some of the abducted children. The co-operation is framed within a three-year project agreement financed by DANIDA, lasting until 2001. The staff at GUSCO have been very aware of the need for follow-up of children returned to their communities, but lack of resources and the security situation has only made this possible to a small degree. Thus it is opportune that a new two –year project, financed by USAID, starting in July, will focus on enhancing the community’s ability to further assist and integrate war affected children with special focus on those who have been abducted.

Red Barnet and GUSCO, partly responding to conditions set by donors, partly due to professional necessity, engaged two consultants from Redd Barna and Red Barnet to participate with a core group from GUSCO centre/Uganda and led by the Project Manager of GUSCO to develop monitoring and evaluation systems for both the centre-based interventions as well as those to take place in communities. At the request of the Project Manager, the

consultants were also invited to make other suggestions concerning the professional work of the project arising from insights during the consultation.

The mission began on 16<sup>th</sup> April and ended on 4<sup>th</sup> of May 1999. It was based on a participatory process, including children, in which attention was given to defining fundamental concepts such as *trauma*, *psychosocial*<sup>1</sup>, *child development* and matching those with Luo words –in other words building a conceptual common ground. The process continued with identifying “Key Quality Aspects” fundamental to the success of a centre-based project working with psychosocial rehabilitation of children, thereafter defining phases in the process the children while at the centre, and linking these to aims and activities.

The results of these discussions allowed the formulation of indicators and the beginning of the development of appropriate monitoring tools. Although all the children show expected as well as culturally-mediated reactions to their traumatic experiences, the focus throughout was on their capacity to reform functional relationships (regardless of the continued existence of “symptoms”) as this was viewed as the most essential evidence of psychosocial progress and recovery, as well as reflecting the supportive attitudes and readiness of families and community members also affected by armed conflict.

To pilot the process of developing a monitoring and evaluation system in the community setting, the nearby protected camp of Pabo was chosen, since the staff of GUSCO had already carried out a recent Participatory Rural Appraisal in preparation for the planned 2-year community project.

The community process took three days, and included guided discussions with all sections of the community: leaders, religious leaders, elders, parents of abducted children, health workers and teachers, and children who had been abducted.

Key Quality Aspects for community-based psychosocial work with war-affected children were formulated on the basis of these discussions and further discussions took place regarding possible activities. It emerged that regarding monitoring and evaluation of the community project’s overall aim “to enhance the capacity of the community to integrate and care for children affected by the armed conflict” that the focus should be in two main “arenas” of child life. The obvious choices were the school and the home, selecting families with abducted children who have been through the Centre. On this basis, indicators and monitoring tools were proposed which will require further refinement in discussions with parents, children and teachers.

The establishment of branches of the “Concerned Parent’s Organisation”, if politically feasible, is regarded as central to maintaining the quality of psychosocial work with abducted and other war-affected children in the community.

The external consultants were also able to meet with other organisation involved in psychosocial rehabilitation of abducted children in Kitgum district, as well as the leader of the Concerned Parents Association, and the Executive Committee of GUSCO.

---

<sup>1</sup> ”Psychosocial translated to Luo: *Bedo kitam ma beco ma kelo kwo maber i kin dano* = having positive thoughts that cause harmony among people

**Some main insights emerging from this consultation were:**

- Children, who had spent some time at the centre, including being “cleared” by the military, appeared to achieve a better level of social integration and acceptance in the community. However, this remains to be confirmed by more systematic documentation.
- The level of negative attitudes from the community towards the abducted children in general was on the whole fairly negative, and definitely constitutes an “invisible” barrier towards their integration.
- Children had themselves on the whole very positive experiences of their stay in the centre, but many of the reunified children interviewed revealed hurtful and discriminatory treatment from relatives, peers and others in their near environment.
- Centre-based rehabilitation of children who have been used as soldiers can play a useful role as one of a series of interventions in assisting those children in their reintegration process, but requires the level of awareness of their role that the GUSCO staff appears to have acquired.
- Girls who have been with military groups have a set of special gender-related problems that need sensitivity and training to handle well.
- The need to develop a varied and realistic follow-up system is urgent.

**Recommendations on the further work to complete the production of suitable monitoring tools for verifying the indicators include:**

- The need for the staff to combine the further work with a retreat to a place outside Gulu, in view of the fact that they are exhausted.
- Development of instruments to monitor the state of physical health and nutrition, as well as educational progress and advocacy work in the Centre need to be refined.
- It was emphasised that the professional workers at the GUSCO Centre representing health, education and psychosocial aspects of the rehabilitation work need to work more closely as a team in assessing and following up the children.
- The development of a monitoring tool regarding indicators identified for following up education progress of children returned to their community needs to be carried forward.
- Roles and responsibilities, as well as time frames need to be discussed in piloting and implementing the further monitoring work, and in developing the steps into a system.
- GUSCO was advised to report on the further steps taken in the retreat.
- It is recommended that GUSCO receives external assistance in the further development of the M&E system.

**Regarding the future work at the centre, recommendations included:**

- An urgent matter is the co-ordination in Gulu district between all agencies, government and non-government who are or will play roles in assisting the war affected population.
- GUSCO should consider offering a shorter “workshop” of 10 days to groups of children who have special difficulties, in close co-operation with the community.
- More attention should be given to researching the situation of girls returned to the community, and the long-term effects on their integration, as well as children with disabilities gained while in captivity. There is also a need to document more systematically the situation of children who have gone straight to the community, while being aware of the ethical issues involved in doing so.

# CONTENT

## EXECUTIVE SUMMARY

ACKNOWLEDGEMENTS .....	7
1 THE CONTEXT.....	8
2. OBJECTIVES OF THE CONSULTATION .....	10
3. TERMS OF REFERENCE.....	11
4. THE PROJECTS-CURRENT AND PLANNED .....	11
4.1 Gulu Support Programme for War-Affected Children, run by GUSCO with support from Red Barnet.....	11
4.2. The community-based project supported by USAID .....	13
5. METHODS AND APPROACHES UTILISED.....	15
5.1. The team.....	15
5.2. Methodology and approaches as applied to the GUSCO Reception centre .....	15
5.3. Methodology and approaches as applied in the community.....	16
6. SUMMARY OF THE CENTRE-BASED PROCESS: INSIGHTS AND PRODUCTS .....	17
6.1. Introduction.....	17
6.2. Material from staff workshops at the GUSCO Reception Centre. ....	17
6.2.1. Clarifying objectives and terms.....	18
6.2.2. Defining Key Quality Aspects of a Centre-based Psychosocial Project .....	20
6.2.3. Session on monitoring and evaluation.....	20
6. 2.4. Session defining the different stages during the child’s stay at the Reception Centre. ....	21
6.2.5. Linking aims and activities to the different phases .....	26
6.2.6. Current approaches to evaluation in the Reception Centre .....	27
6.2.7. The psychosocial assessment guide .....	28
6.3. The children’s workshop.....	28
6.3.1. Individual interviews.....	30
6.4. Interviews with key staff at the Reception Centre.....	31
7. SUMMARY OF THE COMMUNITY-BASED PROCESS. ....	31
7.1. Introduction. ....	31
7.2. Initial discussions with administrator and teachers .....	33
7.3. Children’s meeting Pabo .....	33
7.4.The parents meeting .....	35
7.5.Community workshop with all sections present.....	36
7.6.Meetings with different sections of the community to define: .....	38
7.7.Teachers meeting .....	39
7.8. Suggested focus and tools for monitoring the progress of children in the community based programme .	40
8. RECOMMENDATIONS .....	42
8.1. Recommendations concerning the further development of the monitoring and evaluation system .....	42
8.2. Recommendations regarding the future work at the centre. ....	43

ANNEX 1	
TERMS OF REFERENCE.....	46
ANNEX 2 .....	
KEY QUALITY ASPECTS OF A CENTRE-BASED PSYCHOSOCIAL PROJECTS .....	51
ANNEX 3 .....	
SETTLING-IN PHASE –ACTIVITIES, AIMS AND INDICATORS .....	56
ANNEX 4 .....	
2 <sup>ND</sup> . PHASE: RE-BUILDING RELATIONSHIPS AND PREPARATION FOR GOING HOME .....	60
ANNEX 5 .....	
KEY QUALITY ASPECTS OF A COMMUNITY-BASED PSYCHOSOCIAL PROJECT .....	63
ANNEX 6.....	
PSYCHOLOGICAL ASSESSMENT FORM – PHASE 1 AND 2 IN THE CENTRE. ....	67
ANNEX 7 .....	
THE CHILDRENS’ WORKSHOP, GUSCO CENTRE.....	72
ANNEX 8 .....	
INTERVIEWS WITH KEY PERSONNEL AT THE CENTRE: SOCIAL WORKERS, TEACHERS, NURSE AND MATRON .....	79
ANNEX 9 .....	
FIELD NOTES FROM PABO PROTECTION CAMP: .....	86
ANNEX 10 .....	
A INDICATORS OF THE CHILD’S RE-INTEGRATION INTO THE FAMILY, SCHOOL AND COMMUNITY AS ASSESSED IN THE FAMILY SETTING. ....	98
B SUGGESTED MONITORING TOOL FOR FOLLOWING CHILDREN’S PROGRESS AT SCHOOL. ....	

## ACKNOWLEDGEMENTS

**Elizabeth Jareg and Lehnart Falk wish to give our sincere thanks to Mr. George Omona, Project Manager of GUSCO and to his staff for the excellent and sustained support given to us during our stay in Gulu. We wish also to acknowledge the significant and insightful contributions made by Mr. Omona and his staff in compiling the material for this report. Finally, we wish to thank the children in the Centre for enlightening us on important aspects of their lives.**

## **STEPS IN THE DEVELOPMENT OF A MONITORING AND EVALUATION SYSTEM FOR CENTRE-AND COMMUNITY BASED PSYCHOSOCIAL WORK WITH WAR-AFFECTED CHILDREN IN UGANDA**

Report from a consultation with GUSCO, (Gulu Support the Children Organisation)  
Gulu district, Northern Uganda, 14<sup>th</sup>. April-7<sup>th</sup>. May 1999.  
Elizabeth Jareg, Child Development Adviser, Redd Barna, Norway  
Lehnart Falk, Programme Officer, Red Barnet, Denmark.

*The consultants are a child psychiatrist and psychologist respectively.*

## 1. THE CONTEXT

The historical developments which led to the establishment of the rebel force in 1987, which in recent years have called themselves »The Lord's Resistance Army« have been discussed in many other reports (for example ref. Amnesty International report, September 1997: "Breaking God's Commands: the destruction of childhood by the Lord's Resistance Army") and will not be elaborated here. The focus of this report will be on recent developments and the current context.

Due to the 13 years of armed conflict in Northern Uganda, there are thousands of displaced persons particularly in the northern districts of Kitgum and Gulu. In Gulu district, about half of the population are displaced, the latest figures being 300,000 persons. Kitgum district has currently 96,000 displaced. Most of these people have fled to, or been encouraged by the Government to move into the 20 protected camps surrounding Gulu township –for relative safety. "Protected" implies that these camps have army detachments staying in them. However, some of the camps are so large-over 40,000 persons, that there are not adequate numbers of soldiers to patrol the parameters to ensure absolute freedom from attack.

During the last almost 5 months there have been no further attacks from the rebels, and apart from some isolated incidents involving small groups of rebels within the district, this has been the longest period of cessation of hostilities for several years. Naturally this has engendered speculation as to the reasons for this, as well as a measure of hope. It is difficult, however to ascertain exactly what is happening.

During a visit to the District authorities in Gulu on 5<sup>th</sup> May, the GUSCO and Red Barnet representatives were informed that discussions were underway between the Government of Uganda and the LRA, but that no details could be given. Newspaper reports during the time the consultants were in Gulu said that Joseph Kony had been put in house arrest by the Sudanese Government in Khartoum. However, these reports remain unconfirmed. The Sudanese Government, as well as the Government of Uganda, and not least the LRA have been under considerable pressure during the last two years from various sections of the international community, as well as the Concerned Parent's Association, advocating for the release of the abducted children.

It is only to be hoped that the lull in hostilities really does represent a new phase in the conflict. Many people in the protected camps are returning to plant their lands during the rains, although this does not yet represent a permanent return.

UNICEF operates a data base collecting information on children who have returned and children who are known to have been abducted, in all the northern districts in which this has been a problem. The current figures show 6652 children reported abducted of whom 2849 have been re-settled, leaving 3703 children are still missing, presumed to be in the hands of the rebels. However, these figures are not wholly accurate as not all cases have been registered. The actual number of children still alive in the LRA bases in Sudan is not known. A rough estimate is about 2000. The question of a contingency plan to deal with the hoped-for and possible release from captivity of many children all at once, is now emerging as an urgent issue for the concerned organisations. The two rehabilitation centres in Gulu, GUSCO and

World Vision, have between them re-settled around 3,400 children. In addition it is estimated that about 1000 children have come directly to the camps and town.

The apparent, yet uncertain “peace” provides a much-needed respite in which to look ahead to the immediate and future needs of the children returning to their communities and of course, the needs of the war-torn communities themselves. The improvement in security also allows for assessments to be made, and for better contact to be established among involved organisations. It is indeed an opportune moment for setting in motion the proposed community-based project (see Chapter 4.2.).

No matter how the present situation is understood, it is nonetheless important to continue with and increase the advocacy to have the children released, in view of the daily, even hourly, brutal violations of their rights they experience, and the agony of parents still missing their children.

A window into the challenge still lying ahead is evident from the following information given by B., a young mother of two children who had spent three years with the rebels after she had been abducted during an attack on her village, during which she witnessed her husband and several members of her family burnt to death in their home. B. was pregnant at the time, and gave birth to her child while in captivity. She was forced to become the wife of a commander, and eventually gave birth to her second child. She was taken back to Uganda with her husband, who intended to seek amnesty, and left her with a guard. He never returned, and B. Eventually escaped and presented herself at the barracks in Gulu. In May B. was interviewed by the external consultants interpreted through a female social worker she knew well. The subject of the conversation was the arrangements concerning girls with children in LRA captivity. B. tells us:

*There are two places where abducted girls with children are taken in Sudan: (LRA camps in Souther Sudan), Nsitu and Jabalain; in Nsitu, you are banned from coming back ; but it is sometimes possible to escape from Jabalain. Those mothers sent to Nsitu have more than one child. Those in Jabalain have only one child and can still be made to fight. The extent to which we are guarded varies; some of the girls were quite “free”, others are more heavily guarded. I was one of these-my “husband” did not even allow me to fetch water.*

*B. was asked what she thought could be done to free the girls: I have not thought of that; Kony is so indifferent.....but if some foreign government intervened in such a way that he agreed to come back to Uganda –then the others could be freed.*

*There are other girls who want to come back-even if it meant leaving their children behind. But others have become so much a part of the system that it makes no difference to them. The children are not taken to school, but placed under a commander who starts training them from 10 years old.*

*Does B. think that peace is now on it’s way? –There is no hope that peace will come. There is no fighting at the present because the spirits are saying “no operations”; the movements of the rebels are influenced by the Holy Spirit. Kony visits the camps where the girls are staying once a week –both camps join for this. He gives them a “spiritual briefing”. There is a distance of 15 miles between the two bases, with a camp for the Sudanese soldiers in between, at Juba. At Nsitu, when I left there were 70 mothers; most have three children-some four. Some of the children are big. We live in family huts made of mud. In Jablain, the huts are made of pol ythene sheeting.*

*What do you think are the most important factors in helping mothers with children back to normal life?B: Girls are often abducted when very young, and have grown into young women without their parents; we don’t have any sense of direction. When we come back-we need to have this kind of programme stretching over a longer time. B. thinks it is better that the boys and girls are kept together in the Centre.*

## **2. OBJECTIVES OF THE CONSULTATION**

During the last 15 years, it has been increasingly recognised that a necessary component of assistance to civilian populations experiencing brutal, lengthy civil war includes attending to their psychological and social needs. The nature of atrocities which children are witness to, and participate in and can have serious consequences for their further development, and in particular for their relationships with their families and communities, which are so vital for their well-being.

“Psychosocial programming” –the word “psychosocial” denoting the close interaction between an individual’s psychological state and capacity for social interaction – seeks in many ways to re-establish normal developmental processes and social integration. Over the years, and based largely on field experiences, a degree of consensus has emerged regarding the range of different approaches which are likely to be effective in assisting the recovery of normal developmental processes and well-being in children who have experienced multiple traumatic incidents and grown up in the midst of civil war.

Although there is much anecdotal evidence that children and their families can and are being helped, there have been few attempts at developing more systematic monitoring and evaluation systems which can guide psychosocial work more effectively. There are naturally many problems connected to “proving” that a programme/project has given a vital contribution to a child’s psychosocial well-being and successful re-integration. Many factors and variables, some known, some unknown, and which are outside the control of the project, play an important role. Furthermore, recovery of development momentum and social re-integration is not a linear process, but characterised by periods of progress interspersed with those of relative stagnation. There are, however, some fundamental activities which can be assumed to play an important role in the process of rehabilitation, for example, reuniting children with parents and siblings after long separations.

There has recently been increasing donor pressure on agencies carrying out psychosocial work in war-related emergencies to produce better documentation of the effectiveness of their work; at the same time there is a need among humanitarian organisations involved in psychosocial programming to learn more systematically and objectively from their activities in order to better identify the fundamentally important elements.

The concrete objectives of the present consultancy thus represents a combination of donor requirements, in this case DANIDA and USAID, and the interests of GUSCO and it’s partner organisation Red Barnet (Denmark).

### **3. TERMS OF REFERENCE**

The complete TOR er presented in Annex 1.

#### **The essential tasks requested of the team were as follows:**

1. To develop and describe a monitoring and evaluation system, including appropriate tools relating to:
  - a) the rehabilitation (psychological, social and physical) of previously abducted children in GUSCO centre
  - b) a community-based psychosocial programme for war-affected children with particular emphasis on social re-integration, rights and well-being of the previously abducted children.
  - c) The development of the system should be carried out through participation from all involved, in particular the staff at GUSCO and key persons in the community. Particular emphasis to be given to the participation of children.
  - d) To review all relevant project documents, conduct interviews with representatives from involved organisations, particularly those participating in the NUPSNA (Northern Uganda Psycho-Social Need Assessment )study and follow-up, GUSCO staff and board members, and other key persons in Gulu district.
  - e) To conduct a pilot information collection exercise in a relevant community and utilise the information in the development of the community-based monitoring and evaluation system.
  - f) To recommend on further steps to be taken in the development and implementation of the system.

### **4. THE PROJECTS-CURRENT AND PLANNED**

#### ***4.1 Gulu Support Programme for War-Affected Children, run by GUSCO with support from Red Barnet.***

This project has it's beginnings in 1994, when concerned individuals in the township of Gulu began to react to the plight of previously abducted children who were kept in the army barracks for the purpose of interrogation-and for want of suitable alternatives. At that time the children –boys and girls-lived under very bad conditions, with little food and care, often kept together with other adult military prisoners. The girls were at risk of further sexual abuse, and the children were denied contact with their parents. Gradually, through tactful negotiation, and the growth of local interest in the children's situation, the group managed to set up a small reception centre as an alternative to the barracks after the children had gone through initial military security procedures. This initiative by what was now a locally registered NGO – the Gulu Support the Children Organisation (GUSCO) - continued until 1997 with minimal support from Red Barnet and ANPCAN, until March 1997, when more substantial funding for the present project was secured through DANIDA by Red Barnet. GUSCO has also been assisted in developing the professional aspects of the project through 2 periods of support, in all 5 months, from a member of the Redd Barna stand-by group.

Accommodation and land was made available by the Gulu District authorities. DANIDA has provided funds for a further 3 from 1.7.98-31.7.2001 to support the GUSCO/Red Barnet partnership.

Today GUSCO has 20 members and the project is guided and supervised by a 9-member Executive Committee. The current staff comprises the Project Manager, his deputy, 5 social workers, two full-time teachers working on a voluntary basis, (but paid a full salary), a nurse, matron and two security guards (called «caretakers» to underline their relationship to the children), and secretarial staff. The staffs are all from Gulu District, and are thus well acquainted with the Acholi language and culture as well as the geography and general situation in the area.

As of end of June 1999, the centre has reunited a total of 1418 children, 313 females, 1105 males.

#### *The children's experiences*

The children who have passed through the centre have all, although to varying degrees and lengths of time, been exposed to multiple traumatic events, including being forced to kill others perceived as “the enemy” or even family members and friends. Almost all the girls have been forced into sexual slavery, as well as having had to participate in military action. All the children have been living under conditions of extreme hardship, and many have severe malnutrition, serious illnesses and life-threatening wounds on arrival. Besides these horrors, the children have been subjected to a well-planned “socialisation” process to subdue them into allegiance to Joseph Kony and his commanders. This process is regulated by a series of rules the transgression of which means severe punishment or death. The children are socialised into the LRA “family” operating through different hierarchical levels, progression from one level to a higher one being a reward for loyalty and obedience.

Thus the challenges involved in their “rehabilitation” include not only dealing with the psychological and developmental after-effects of multiple trauma and poor health, but also the learned social behaviour, often from a young age over several years within the military system of LRA.

#### *The approaches utilised in the rehabilitation process include:*

Medical and nutritional care, which is often life-saving, but also time-consuming and complicated; tracing and re-unification with parents, or relatives if the first alternative is not possible or unsafe; group and individual counselling; preparation for re-entry into school and educational assessment; vocational training; structured play and sports activities and traditional dancing; securing interaction and goodwill from the surrounding community, and advocacy through weekly radio programmes and a monthly magazine. Furthermore, and perhaps most importantly, all the staff, including the Project Manager, spend much informal time with the children, chatting, playing cards, listening to them and participating in their structured activities. The matron is an important person in organising the children around the preparation and serving of food, as well as caring for their everyday needs.

The children generally stay an average of about 6 weeks in the centre, but some who have been seriously wounded or sick may be under care for up to a year. The centre has a very good co-operation with the local hospitals in Gulu.

### *Fluctuating numbers*

The number of children in the project has varied considerably, fluctuating according to the number of children escaping or being captured in battles by the Ugandan People's Defence Force (UPDF). The project has never turned away children, and the highest number was 300 in November 1998. Usually the case-load has been between 50 –100 children. However, the problematic issue has been that the centre has had to receive up to 50 children all at once from the army barracks, obviously a very demanding task considering that these children are received into a group of children who have for some time been going through the rehabilitation process. All the children in the project pass through the army barracks in Gulu, and all are from Gulu district. Children from other districts and adults are sent to the World Vision centre, which runs a similar rehabilitation project, also in Gulu.

Currently, there were 10 children left in the project when the consultants left in the first week of May. Since there have been no further attacks and abductions by the LRA in the last 5 months, hope is being generated that peace may be underway, and that combinations of international pressure and national efforts to establish a dialogue with the LRA and the Sudanese government may be showing results.

### *Focus turning towards integration of children in communities*

The Support Programme for War-Affected Children run by GUSCO and its partner Red Barnet, is now entering its third year, and the focus is turning towards strengthening integration of children in their families and communities. Up until now, the project has been unable to fulfil their ambitions-and Uganda law-of providing regular follow-up visits to the children who have left the centre to stay with their families. This has been partly to do with lack of resources, and partly because of the enduring poor security situation which has now, however, changed for the better. The focus during the coming year, especially if peace prevails, will be in co-operating with the community-based project about to start (see below), vocational training and continuing advocacy. There is also the question of assisting large numbers of children in the event of them being released from captivity by the LRA should a peace agreement be reached.

## **4.2. The community-based project supported by USAID**

This project is planned to start in June 1999, and with a time frame of two years. The overall goal of the project is to improve the foundation for the reintegration of targeted areas in Northern Uganda, i.e. rehabilitation of war-ravaged communities. Within this goal, this project focuses particularly on the *reintegration of formerly abducted children into their families and communities*, while benefiting war-affected children and their families in general, in Gulu District.

In other words, the project recognises that the successful reintegration of the abducted children will require a wide range of support measures, psychosocial and material, to rehabilitate and hopefully resettle displaced communities. The project will be operating within a context where several agencies, including local authorities will also be contributing to the huge effort needed to rebuild districts in Northern Uganda, requiring close, ongoing co-ordination. For example, the second phase of the World Bank - supported Northern Uganda Reconstruction Programme is due to begin pending financial support.

Four main results are expected:

a) Enhanced capacity of families and communities (including adolescents) to recognise and respond to needs of children affected by armed conflict.

Activities suggested in connection with the above include:

- Situation analysis and needs assessment using PRA methodology in a representative sample of areas in order to develop a response strategy.
- It is suggested that this should take the form of a series of community workshops to develop a common understanding of the problems and resources related to the reintegration of children, and from these processes develop community action plans. There will be funds available in the project to give small sub-grants for proposed community activities related to the purpose of the project.
- Sensitisation and awareness building among the public in general in order to generate a more conducive environment for returning abducted children. Suggested activities include publications and radio broadcasts.
- The establishment on a pilot basis of selected members of the community to give more specialised assistance to families who are having particular difficulties in relation to their formerly abducted child (children). These persons are to be known as Psychosocial support practitioners (PSS).

b) Structured, (i.e. regular, goal-directed, led by resource people in the community) community based activities established involving former abductees along with other children in their communities.

By “activities” is meant any ongoing or new activities identified with the purpose of restoring some normalcy to the lives of children, and which can contribute to building normal relationships between formerly abducted children and their peers. Play, sports and cultural activities play an important role in children’s social development and provide natural means of social reintegration, although perhaps some of the more seriously affected children will need encouragement to join in. It is emphasised that these activities should largely build on what is already there, but there is also room for new ones particularly those suggested by children themselves. Child-to-child approaches, which are well-known in Uganda, may also be used.

c) Availability, quality and appropriateness of primary education enhanced

It is intended to achieve this result through 3 means:

- Carrying out an assessment of primary schools in the project area, in close co-operation with the District Education Dept., and members of the community, in order to decide what has to be done to improve the quality of education. As part of the above, a study of the knowledge, attitudes and practice of teachers regarding the special needs of children affected by armed conflict will be carried out in order to assess their needs for training in psychosocial support.
- School construction in the project area utilising local materials and when possible, contributions of labour from communities. In addition, the project will also to the degree possible equip such schools.

- Assessment of the present curriculum to review the possibilities of including other relevant subjects such as child rights, life skills, alcohol and drug abuse.

d) Apprenticeships and other forms of community-based hands on training developed and supported.

Children and adolescents identified as needing such support in order to promote their recovery from war experiences will be given priority.

As a first step, the marketability of certain products and skills will be assessed, followed by the development of skills-training programmes, which may take the form of apprenticeships with local artisans, or school/home-focused agriculture and animal husbandry skills improvement.

The project will provide start-up kits to apprentices who have finished their training tailored to their individual requirements.

The project proposal recognises that these activities may be among the most difficult to achieve success in, and thus recommend that they be first tried out in a small scale and evaluated before proceeding.

In addition to the above-mentioned, the project will also include the following cross-cutting activities: capacity building for implementing partners; project management and co-ordination, and monitoring and evaluation.

## **5. METHODS AND APPROACHES UTILISED**

### **5.1. The team**

The team consisted of a core group of four qualified social workers at GUSCO centre, the Deputy programme manager of the Kumi Children's Project Ms. Anne Grace Elotu, (who was involved in carrying out a Baseline Study using Participatory Rural Appraisal in Kumi, and has been working with monitoring the project), and the two external consultants from Red Barnet and Redd Barna respectively (who will be referred to as the external consultants for convenience sake). The team was led by the GUSCO Project Manager Mr. George Omona. For the first three days the team was joined by Mr. Fred Kasozi of Red Barnet, who contributed with his knowledge of working with war-affected children in Rwanda for several years, and has extensive experience in supporting children affected by the atrocities carried out in the Luwero Triangle in Uganda.

### **5.2. Methodology and approaches as applied to the GUSCO Reception centre**

The overall philosophy of the approach to this task was *participatory*, which was absolutely necessary, but of course time-consuming. Much work went into defining concepts in English and finding corresponding terms in Luo, as well as reflecting on the aims of the daily activities of the project.

The process was carried forward in the form of *workshops* (see Process chapter) with the staff of GUSCO, the children at the centre as well as a group of children who had left the centre

but were attending vocational training; *semi -structured interviews with key groups/individuals* of special importance for different aspects of child development: the social workers, the nurse, the teachers, the matron.

The overall purpose of the workshops and interviews was to develop when possible *a common understanding of key concepts related to the psychosocial and physical rehabilitation of the children*; to inform ourselves about how different staff *understood and carried out their role*, and what they thought were the *main contributions* they made to the children's recovery. In addition, the children made valuable contributions during their workshop towards understanding what they thought were the most important factors assisting their recovery.

Throughout this process, the focus was kept on the *capacity to form relationships* rather than the *presence/absence of symptoms* as being more valid and appropriate both aims and measures for/of the process of recovery of the children.

The group of children who had left the centre but still attending skills training, were also interviewed separately by the social workers regarding their progress. The external consultants also met with 5 members of the Executive Committee to hear their views on the current and future role of the project, their understanding of the present stage of the conflict, and also to report on the process.

### **5.3. Methodology and approaches as applied in the community**

The overall aim of the discussions held in the community was to elicit the opinions of different age/gender groups, as well as a broad range of persons playing different roles in relation to children in the community. We consulted elders, leaders, including religious leaders, school children, parents of abducted children, health workers including traditional birth attendants, and teachers, regarding what they perceived as *essential elements in a community-based programme to assist war-affected children, and in particular, returning abducted children*.

The framework of the discussions was prepared by the team beforehand, and contact made with the appropriate community leaders to gain their co-operation in organising the meetings. A general meeting was held to explain and discuss the purpose of the team's mission and link it to the base-line survey previously carried out by the Centre staff, followed by group discussions with specific groups of leaders, parents, teachers and health workers. Members of the core group and the team leader facilitated the discussions, and the external consultants attended all the meetings. A separate meeting was held with 28 formerly abducted school-going children now living with their families in the community.

In addition to the above, the external consultants read all available project documents and information concerning the project.

Further contextual information was also gained through meetings with the Gulu District authorities, as well as meetings in Kampala with some of the organisations participating in the Northern Uganda Psycho-Social Needs Assessment (NUPSNA), i.e. International Volunteers Association (AVSI); Red Barnet; GUSCO; World Vision and UNICEF. The external consultants also visited neighbouring Kitgum district together with the team leader Mr.

George Omona, and participated in the Kitgum district co-ordination meeting for psychosocial work.

## **6. SUMMARY OF THE CENTRE-BASED PROCESS: INSIGHTS AND PRODUCTS**

### **6.1. Introduction**

Due to a number of practical considerations, the steps in the process of developing a monitoring and evaluation system relevant to the centre was not continual, and had to be interrupted by a three-day session in the community. In all, the process took 6 days. However, all steps in the process were followed through, thanks to the enduring patience of the staff and the efforts of the team leader and core team. It was noted by the external consultants, and confirmed by the staff, that they were all suffering from fatigue due to years of exceedingly demanding work under high pressure and constant insecurity. This point will be returned to in Chapter 8, Recommendations.

The process in the centre is summarised below:

#### **Steps in the Centre-based process towards developing the M&E system**

1. Developing together a common understanding of concepts related to psychosocial work and monitoring/evaluation
2. Brainstorming with staff to identify fundamental quality elements contributing to successful results in their work
3. Formulation of a list of "Key Quality Aspects" based on the above discussions, as well as activities (ongoing or needed) to support them.
4. Discussions to identify eventual phases in the process the children in the centre were going through during their stay.
5. Identification of the main activities and actors related to the identified phases.
6. Identification of the main aims of each phase
7. Discussions on suitable indicators connected to the identified aims.
8. Development of suitable tools (i.e. easy to use, integrating observations from different staff; involving children) to verify indicators
9. Discussions on how to implement the system-who is responsible for what
10. Trial period during which the system is tried out; evaluation of tools and methods after trial period.
11. Final system established. (The last two points are referred to in Chapter 8, Recommendations)

### **6.2. Material from staff workshops at the GUSCO Reception Centre.**

### 6.2.1. Clarifying objectives and terms

#### **Terms of Reference**

The staff's perception of the purpose of this consultation was explored in group work, and they were given the TOR to read through and discuss. From this exercise we concluded that only very few had actually read the project documents, leading to a recommendation that these should be copied and shared. The Terms of Reference was further clarified for the staff. There was also little feedback at the initial stage on examples of indications of quality in their work with the children.

**Reflections on key concepts** and their corresponding meaning/translation into Luo  
Groups of staff worked on each concept, which was then further discussed in plenum. In the following, the main responses to these are presented:

#### **Psychosocial**

“Feelings” in the Luo culture are “located” in the mind and the heart, and are always about relationships to others or beings in the spirit world. An exception is “weye obale” –a state of *deep* inconsolable sorrow and distress “located in the womb”.

Contributions from the staff on the meaning of “psychosocial” included:

- “Psychosocial” means “psychological” and “social” –relating to the mind, and things outside the mind –social relationships.
- It refers to a combination of psychological and social factors that results in disruption of social relations and the way individuals handles things.
- You cannot define psychosocial in isolation-we talk about psychosocial *effects*.
- The word psychosocial describes an interactive process between the psychological and social dimensions of our being; an example would be the abducted children:
- A child forcefully abducted from home and taken to the bush where he/she experiences a lot of killings, looting, beating –when that child is brought home she will have a different perception of life; different feelings than before the abduction. The child may be fearful and aggressive. This will affect her relationships with others.
- In Luo –we would have to translate psychosocial into a sentence meaning: “the result of bad happenings in the life of a person which changes the way he lives and perceives things”. «*Adwogi pa jami maracu ma otime i kwo pa dana ma loke kit ma gineno kwede kwo ki ka bedogi*»

#### **Trauma**

The team leader explained that they avoid using this word in the community or to the children themselves. In the awareness-creating meetings with teachers and community leaders that the Centre has started, they emphasise that the reactions and behavioural changes shown by the previously abducted children are “normal reactions to unusual events”. They try to create empathy and understanding by making connections to the experiences the audience may themselves have, since most people have had frightening experiences during the insurgency. People are asked to think through how they would feel and behave after going through some of the horrors the children have gone through.

The view of the community is that these (abducted) children are affected by evil spirits; they fear that they all have “*cen*” (see below).

The staff suggested a range of Luo concepts which they thought would correspond to the construct of “trauma”:

“*Adwogi pa jami maracu ma otime i kwo pa dano*”: a normal reaction to unusual events

“Weye obale” – the mind is spoiled; “weye lit apoio” : mad people. One of the staff remarked that this term was also used about those who work with these children, and they are laughed at.

“Apoio” – “sickness of the mind; great fear”.

“Cwer cwinn” – a more persistent state of distress; “two cwinn” - a state of deep sorrow, deep awareness in the womb (perhaps this comes closest to the idea of “psychological wounding”?).

“Cen” – a state of “madness” especially associated with the person being attacked/possessed by the spirit of a dead person; usually this is accompanied by “talking in tongues”, and it is common in Acholi society. It requires special treatment by witchdoctors to drive out and appease the spirits. At this point, an example was given of one of the girls in the Centre who had presented with “cen”:

*Christine is generally believed to be spirit possessed, ‘cen’. She has told the social worker in the discussions they have had that she does not know if she had killed anybody –perhaps in combat. She appeared unaware of what she was doing after the “possession” took hold of her. In her talk with the social worker, her voice suddenly changed to a whistling sound from deep down in her chest. When asked who was speaking, the “spirit voice” gave a male name, saying »you have shot me in the chest, so I died«. In a later interview with a different social worker, the male voice described what should be done, in order that he may forgive and leave the girl. They were to go to the witch doctor and sacrifice a chicken. At this stage the girl also admitted, using her own voice, to having killed a man. He was leaning up against a tree, and she was ordered to shoot him. She shot him in the chest.*

**Comment:** The external consultants used this story as an example of the “language” children –or, for that matter, adults, may use to communicate forbidden memories of involvement in events causing deep shame, guilt, horror, and a good example of how the child in this dissociated way is able to communicate to the social worker about the unmentionable topic, and what should be done in order for her to be healed. We suggested that “trauma reactions” could also be viewed as a kind of “language”-since the reactions and behavioural changes were *communicating* feelings and thoughts in the children, which were difficult or impossible to put into words, especially if the experiences were connected with taboo issues and deep shame and humiliation. The way in which this “language” manifests itself has to do with the age of a child, the types of experiences, and not least the belief system in the culture the child is growing up in and the historical period he/she is living in. The task of those helping children is to try to establish a trusting relationship with the child/children so that one may understand *what* is being communicated and *why* it is important to the child, rather than focusing only on the reactions or symptoms themselves. This does not mean to say that terrifying and disturbing reactions or developmental delays should be ignored, but that the task goes beyond simply “taking them away”.

### **Child development**

The staff suggested the following interpretations:

- Child development means positive changes in children below 18 years in his/her mental, physical and social state.
- In Luo: *Dongo mupore ikwo pa dano ma mwaka nepeya romo 18 ii niange, kome ki kite mmoa kwo kwede ikin dano/ki dano. (literal translation?)*
- Only positive? – it could also be negative –like bad behaviour in adolescents!
- Child development means changes taking place in the child from conception to adulthood.
- The development of understanding and learning abilities; body changes (boys voice change; girls breast growth); changes in the way children behave.
- Should the experiences of the child be included in the concept of child development?

- You can't exclude child development from environmental influences.  
(Here there was a comment that in Uganda –one would not include the period before the child was born in the conception of child development)

*Comment:* the staff has not had much training in normal child development (set of course in the Luo cultural context) and this could perhaps be considered in future competence building plans.

### ***Monitoring and evaluation***

The following suggestions were given:

- -“Monitoring” means to follow up something; to oversee the progress of an activity and ensure it’s effectiveness. One can also monitor a situation-not only activities; for example, the security situation. Events can also be monitored.
- The Luo word is «*lobo*» (literal translation?) or: *Neno kit ma tic woto kwede ki tirone*.
- -“Evaluation” is to assess the quality, results and impact of, for example, a project.
- Luo expression is: *Ngiiyo kor tic*
- An “indicator” is something, or an activity, which shows the effectiveness/ineffectiveness of an action. In Luo, there are two indicator words: “*lanyut*”: “what you can show”-i.e. what can be seen and counted; and “*lanen*” –relating to qualitative assessment, “what you can hear about and observe”

This session was followed by further clarification and discussion of the concepts facilitated by the external team members.

We agreed that it was important to work further in identifying Luo words to match the English concepts they were working with, for example, words describing different feelings and reactions the children were showing, and also of course the reverse process – Luo concepts and words and their meanings in English.

### ***6.2.2. Defining Key Quality Aspects of a Centre-based Psychosocial Project***

The external consultants, assisted by team members, facilitated discussions among the staff to define, based on their experience so far, the vital elements and principles which would characterise projects of good quality, i.e. setting standards for centre-based work to meet the initial needs (survival and developmental) and rights of children who have experienced and participated in atrocities during armed conflict, while separated from their families up to several years. Furthermore, activities at the centre, or ones which would be needed, to support the identified standards of quality were suggested.

Together with suggestions from the external consultants, and also incorporating insights from the children’s workshop, this document was further developed into “Key Quality Aspects of a Centre-based psychosocial project for war-affected children” ( **Annex 2**).

Although this list does not pretend to be “the final word,” it can provide a useful basis on which to plan, monitor and evaluate virtually any project of this type. New insights and experiences can of course be added to the list.

### ***6.2.3. Session on monitoring and evaluation***

On the basis of her experience from the Kumi Children’s Project, Anne Grace Elotu who joined the team for the first week as a resource person, gave an overview of the process involved in the baseline-assessment in Kumi, and how the information was used to develop aims, activities and a monitoring and evaluation system.

This presentation which was very clear, was helpful in deepening the understanding of the task we were about to undertake.

Among the points made were:

- a) Monitoring involves constantly assessing the process of a project focusing on the most important aspects of it.
- b) The main reasons to monitor are to verify:
  - The approach being used –is it appropriate?
  - The assumptions on which the activities are based-are they correct?
  - The activities carried out-are they the ones which will fulfil the aim of the project?
  - The progress being made-is it satisfactory considering the resources, possibilities and hindrances?

Monitoring gives us information on these important aspects and allows us to adjust and re-plan underway.

To understand *what* particular information we need for monitoring and how this should be done, we need a good set of baseline information from different groups of participants in a project. The baseline information tells us in which direction we should go, and indicates the types of activities necessary to fulfil the aims of the project.

The Kumi children's project's main monitoring tools are the yearly output schedule; the quarterly output schedule and the activity reports. In addition, the community also monitors the activities. It is important the two systems fit in with each other.

#### ***6.2.4. Session defining the different stages during the child's stay at the Reception Centre.***

This was seen as the first step towards refining aims and identifying more precisely the activities that were most important for these aims, in order to be able to formulate appropriate indicators and verification tools.

The staff defined *4 phases* in what became known as the child's "Road to normal life":

##### ***Phase 1: The stay in the barracks.***

The children now stay about one week at the barracks in much better conditions than when the project began in 1994. This has been the result of GUSCO advocating for better conditions and approaching UNICEF to ask them to intervene on behalf of the children. There is now a «children's desk» and they are received and cared for by two military nurses. The children are kept separately from other military prisoners and girls separate from boys.

##### ***Interrogation***

The children are still interrogated by military intelligence about their experiences and observations. Although the situation has improved, it has to be monitored constantly, since it appears that the treatment of the children is also partly due to the goodwill of the commander in charge, and these persons change from time to time.

##### ***Rights versus pragmatism***

Although strictly speaking, the children's detention at the barracks is probably legally dubious and a breach of the CRC, pragmatically there are actual and potential positive aspects to this. The security clearance of the children given by the military, also in the form of a document,

has an effect on how they are regarded in the community,(better accepted) and also, how they look at themselves.

#### *Reconciliation potential?*

We also discussed that there is some potential that if the children are treated well by the UPDF, then they can make a contribution to reconciliation between the local people and the army, which is often viewed with scepticism and mistrust. This of course depends on how the relations between the army and people in general develop. Recently there has been a new post established for a liaison officer between civilians and the army. The Save the Children Alliance is about to start training of the UPDF in children's rights, including personnel from Gulu, which may in turn positively affect relationships.

All the children who are admitted to the GUSCO Reception Centre go through the barracks in Gulu. Most of the escaping children, however, come directly to their communities and report to the local leaders.

#### *Phase 2: The first one to two weeks –the “settling in phase”.*

This was perceived as a crucial period when the child is taking the first steps in re-entering normal life (although life in Gulu district is hardly «normal» at present in the usual sense).

#### *Initial briefing*

The child is received in the Reception Centre by the social worker assigned to him, and is briefed about the aims and facilities in the centre. He/she is told that the centre bases its' work on principles of love, forgiveness and reconciliation. The purpose of the Centre is explained as «a resting place» –«like a hospital-when you are better-then you can go home».

#### *Registration and family tracing*

The child is registered and photographed, and a file is opened to enter important data during his stay. Tracing for the parents or closest relatives begins immediately. Parents looking for their children come to the centre each time the news spreads that new children have arrived from the barracks, so in this way many find their children immediately. If the security situation is bad, which means that it is unsafe to try to look for parents far out of the township, or to re-settle children with parents living in insecure areas, then the staff search for relatives who may have moved into the town.

#### *Rituals symbolising the break with past life and the step back into normal life*

A strongly symbolic event is the ritualistic burning of all clothing the child arrives with. Often this clothing has been taken from persons the child or others in the LRA have killed, so in this respect the destruction of the clothing marks the crossing over of a threshold into a new life. Not all children are willing to part with their clothes, but usually do so after gentle persuasion and explanations that this is done for their safety.

Although not included as part of the ritual (but it could be), the child is then bathed and his/her head shaved to get rid of lice. The children receive their own set of bedding. During the time with the LRA the children were given a new name to underscore the break with their previous life and emphasise their new identity. Now the opposite happens-the children are encouraged to take back their real family names given them by their parents.

### *Restoring health*

All children are given a health check by the nurse, and are followed up by her during their stay if necessary. They are tested for worms and other parasites as well as sexually transmitted diseases. However, and according to Ugandan law, HIV testing can only be carried out with the permission of the child after pre-test counselling. Although offered as part of the general testing to all the children, so far, only very few girls have asked for this. Sometimes the children are so severely ill, often caused by infected wounds, or untreated diseases, that they must be immediately taken to hospital as a life-saving measure. Some children require extensive operations, for example, to deal with untreated complicated fractures and extraction of bullets. In some cases, the first months of a child's stay is spent in hospital, with the staff visiting regularly. Children who have severe trauma reactions are referred to the psychiatrist or psychiatric nurse in the hospital. They would at times be given sedation for nightmares and flashbacks. After two children made suicide attempts by taking large doses of medicines, the staff now take charge of any medications given. In general, much time is used in taking children for follow up at the local hospitals.

### *Restoring normal nutritional status*

Many of the children are also severely malnourished, with skin and hair abnormalities due to vitamin deficiencies. Some need therapeutic feeding. Almost all the girls have lost their menstruation on arrival, due to a combination of medical and nutritional reasons. Sometimes this re-starts spontaneously, other times they receive hormonal treatment to re-start it. The team leader George Omona comments: the provision of basic needs such as good food, clean clothes and comfortable bedding has a dramatic effect on the children-their faces change completely.

### *Joining in daily routines and being listened to*

By the second week, children who are well enough at this stage start to take part in the daily activities. For example, they may help to make the breakfast, and are encouraged to begin to talk about their experiences, also with the help of drawings, drama and story-telling. The use of drawings to communicate the children's experiences seems to have been very effective at the centre, which can show hundreds of drawings depicting the gruesome events the children have been through. It seems these are used to help the children describe some of their experiences as they remember them, but not so much to connect their feelings to the events they are drawing. The children start to take part in regular group discussions, as well as those who need and want, individual talks with their social workers. Regular talks with children and their parents are also initiated. Participation in sports and games is also encouraged. The children are grouped according to the communities they originally belong to, and choose new leaders. Two social workers are assigned to each such group, and from then are the contact persons for that group.

### *Making adjustments and learning new ways of being together*

Some of the children come together with or meet other children who have been their commanders in the bush. At first, they do not dare to call the "commander" by name, as this would have meant death in their former life.

In this phase children are still characterised by their experiences in the bush. For example, older girls who have been commanders wives, and used to having younger children as "servants" still tend to order them around and expect services from them. They have to be helped to understand that they are now in a new environment. The children who are new eat from the same plate as they did in the bush. Many of the children have a tendency towards

aggressive, violent behaviour that also has to be dealt with by the social workers and the other supporting staff. Since the children were not allowed to talk in loud voices in the bush, or to each other, establishing normal forms of communication is also a challenge for those who have been in captivity for a long time.

The Centre employs two security guards, now referred to as “caretakers” –that is how they perceive and practice their role, and the children tend to gather around them. The Centre finds it important to explain the role of the guards to the children. It takes some time for new arrivals to become convinced that they are not imprisoned-and that the high fencing around the centre is to keep unwanted people out.

The manner in which the centre meets the child in this phase is obviously vital to re-establishing the trust and hope necessary for the long journey towards a new identity for the children who have stayed with the LRA for a long time.

### ***Phase 3: building relationships***

In this phase, which represents the main body of the stay at the Centre, all the activities are designed to build and consolidate trusting, mutual relationships among the children, between the children and their families, between the children and the staff, and not least, the children and the surrounding community –adults and children. The whole effort is towards a re-learning of how to behave and react in relation to different categories of people (elders, teachers, parents, peers) in ways which are acceptable to the norms and cultural dictates of Acholi society, and which is vital for the children’s future survival, development and well-being. Not surprisingly, the children who have been socialised into the particular military life of the LRA for several years, have the longest way to go.

### ***Learning through practice***

The activities which support the socialisation process range from participating in Sunday worships to spending time daily with the staff in an informal way, during which the staff both model appropriate ways of being and reacting, as well as providing guidance. It was explained to the consultants that the staff see themselves and the children as a family, and they have regular “family talks” with the children every Sunday.

The children can put suggestions for these talks into a Suggestion Box, and have sometimes used this facility to make accusations against individual staff member’s behaviour. The Project Manager sees this as an important “safety valve” for the children. Matters of this nature are taken directly up with the staff member concerned. Further important elements in re-building social networks and practising social skills are play with neighbouring children; learning in the daily school training sessions how to behave in a classroom situation, as well as regaining confidence in their educational abilities; cultural dances –which the children have developed considerable expertise in and which allows for the expression of many emotions in an acceptable way; and of course, continual guided contact with parents/family members when they can be located. The latter is crucial to the success of reunion.

### ***Re-making family bonds takes time***

Parents are not always at first willing to receive their children back, particularly when they have been with the rebel army for a long time. They may have difficulty in perceiving the almost adult boy who has killed many people as “their child”; they may fear that his presence in the home may attract the rebels to the house in the next attack; and they may fear stigmatisation by the community. Many families have also had their life circumstances

dramatically altered since the child was abducted, from living in a village environment with ample land –to life in the poor circumstances of a “protected camp”. Sometimes, children blame their parents for not being able to protect them from the abduction. Obviously time, patience and sensitive counselling is needed to rebuild trust and a sense of belonging.

*Skills training develops self esteem and offers a hope for the future*

The children are also offered skills training while at the Centre which at present entails the basics of tailoring or carpentry.

Usually this period lasts on the average about 6 weeks, but can stretch up to a year in the case of children with severe disabilities who need ongoing treatment that would be impossible for them to fulfil if they were sent back to their families in the villages or, more likely camps, due to the security situation and lack of transport.

***Phase 4: Going home***

This phase flows naturally from the above as the child and his/her family come to a decision that the child is ready to go home. There are no precise criteria defining this point, however, a combination of factors inform the decision. A critical factor is the security situation; the child and family may wish, as is often the case, for reunion, but the situation is too unsafe.

«Readiness» also relates to the child’s state of emotional and physical health and nutrition.

Some of the children have gone through cleansing ceremonies and treatment for spirit possession in their home environment while still living at the centre, and this increases the likelihood of a good reception when they return. Girls are usually kept at the centre until their menstruation returns, in order to monitor the treatment they receive for this.

*Preparation for return*

At reunification, a «Letter of Understanding» between the family and GUSCO is signed. The preparation of the family to receive the child continues, focusing on dealing with problems which might arise when the child re-enters the community. Neighbours are not briefed on the child’s return by the centre. However, when cleansing ceremonies are performed on the child’s return, they will be among the invited guests together with family members.

*Cleansing rituals an important part of coming back*

Regarding the issue of “cleansing”, we are told that this has long traditions in Acholi culture. Even when people go abroad for longer periods they are regarded as «contaminated» and requiring cleansing when they re-enter their communities.

The ceremony was common practice during the Second World War to receive back Acholi soldiers serving with the Allied forces. ‘According to the elders, the ceremony to cleanse the children should really begin in the barracks, by firing a gun over their heads. The elders look at such ‘cleansing’ as their duty. Not all families accept traditional cleansing. Some prefer to refer their children to Christian rituals of forgiveness.

Regarding girls who have been raped, there are special cleansing rituals that apply and are performed by elders. The staff say they have limited capacity to have these ceremonies performed at the Centre, and the question also arises-would they really have the same effect when performed “out of context”? They have also avoided paying for animals required in the witchdoctor ceremonies to drive out spirits.

### *Follow-up of reunited children*

As mentioned above, the Centre had the ambition of following up the children according to the regulations in the Dept. of Gender and Social Affairs after reunification-i.e. at intervals of 3 weeks, 3 months and 6 months. The reality is that most of the children have had no follow-up visits since this has been beyond the capacity of the staff and also the security situation, until very recently, has not allowed for this.

### **6.2.5. Linking aims and activities to the different phases**

In order to simplify the task the above phases were compounded into two main phases:

1. “Settling-in phase” –up to three weeks
2. “Re-building relationships” phase –the remainder of the child’s stay at the centre inclusive of the preparations for going home.

The process continued further to identify the *main aims* of each phase, followed by the *main activities* which would support these aims, directly or indirectly, through group work facilitated by members of the core group. A comment was made during this process that the exercise made the staff more aware of what they were trying to achieve through the different activities, since normally they tended to be more preoccupied with the activities themselves rather than the aims.

In the “Settling-in phase”, four main sets of related activities were identified:

- a) The work to assess the health and nutritional state of children upon arrival, and also symptoms of serious psychological disturbance or developmental delays.

Parallel with this, the immediate provision of basic needs-food, clothes, bedclothes. These activities had great significance (see children’s workshop) in saving lives as well as very concretely demonstrating to children that they were now together with people who really cared for them. This contrasted sharply with what the children had been told by the LRA - that they would receive poisoned food at the Reception Centre, and be killed.

- b) Formalised and ritualised activities such as registration, briefing about the centre, as well as ritual burning of the clothes worn in their «old life»-which often belonged to adults or children they had been involved in killing, and could be recognised on return to the community.
- c) Structured and spontaneous activities at the centre bringing them into contact and co-operation with the staff and each other, and giving meaning to their lives.
- d) Activities such as individual and group counselling and drawing designed to give children an opportunity to share and discuss their experiences and the problems they were having in connection with them. At the same time, this provided an opportunity to observe the resources in the children.

The “Re-building of Relationships” phase was so named because we wished to focus on the fact that the overriding and most serious effects of traumatic experiences and abnormal socialisation are the *effects on relationships between people*. This is of special significance in

societies where one exists, not so much as an individual-but *in relation to others*, and where one's survival and development will be dependent on normal reciprocal relationships.

Four types of relationships were identified as being significant for the children at the centre:

- a) Among the children themselves
- b) Between staff and children
- c) Between the children and adults/children in the surrounding community
- d) Between the child and his/her family

In addition, it was felt necessary to re-assess the child's psychological and health state, as well as his/her «readiness» to re-integrate in school as judged by progress made in teachers assessments.

Following on the identification of aims and activities to support these aims, the external consultants worked on a draft list of indicators which was then further discussed and adjusted in discussions with the staff. The final product of these deliberations is in **Annex 3** (Settling-in phase) and **Annex 4** (Re-building relationships phase).

#### **6.2.6. Current approaches to evaluation in the Reception Centre**

*The social workers* make written reports on each child in their individual files, and use a “spider diagram” to assess the progress of the child regarding the common “post-traumatic” reactions.

*The nurse* makes a short additional report on the child's health, any diagnosis made, and main treatment given. *The teachers* (2) do not make a report, and are not utilising a systematic assessment tool. At present, there is no co-operative effort among these three groups, who are essential for the child's recovery and progress in making a *joint assessment*.

The centre uses also the following types of documentation for each child:

- a) Identity form for abductees
  - b) Re-union letter signed by Resident District Commissioner
  - c) Details of child re-settled with parents or relatives
  - d) Letter of Understanding between GUSCO and parent/guardian on reunification
  - e) Re-settlement follow-up form
  - f) Follow-up form for war-affected children assisted to re-enter primary education through centre
  - g) Summary sheets of children re-united with parents and re-entering the school system.
- Forms e) and f) have been very little used due to the limited capacity of the Centre to follow-up the children, as well as the security situation.

The external consultants suggested to the staff that they could utilise their monitoring and evaluation tools in a co-operative way, pooling their individual assessments to achieve an *integrated child development status*. The value of a partial “triangulation” approach to evaluation of process-oriented work was explained, and how this method could increase the validity of their observations. Although not a pure “triangulation”-since several phenomena are being looked at and only some are overlapping-for instance-observations of general behaviour and relationships, we nevertheless feel that the validity of the final assessment would be greatly increased.

We also discussed the possibility of the child contributing with self-evaluation; however this would have to be done in the form of an interview since many children cannot read or write. These suggestions were well taken by the staff, and will if implemented inevitably lead to closer co-operation among them.

### **6.2.7. *The psychosocial assessment guide***

On the basis of the information received from the staff on their observations of the types of problems the children were having/showing in the area of psychosocial/developmental adjustment the consultants developed a sample tool with which to assess the children at the “settling in phase” and again on reunification. This of course needs further validation by using it on samples of children. This tool is presented in **Annex 6**.

### **6.3. *The children’s workshop***

The Children’s Workshop was carried out over two days, planned in detail by the team, and facilitated by the core group of social workers.

The main aim of the workshop was to elicit feedback from the children on what they felt is/was most important for them on their “road to normal life”. The group who are now living in the community also gave us some valuable insights into their current problems.

Two groups of children were involved. Group 1, the children *still staying at the centre* were invited to the morning session. These had now reduced to 15 in number, 12 boys and 3 girls, including several children with physical disabilities.

In the afternoon session, Group 2 was composed of children, or more precisely, adolescents around 16 –18-19 years, *who had left the centre* and were now attending the Centre’s one-year skills training programme in tailoring and carpentry.

A detailed report on the workshop is given in **Annex 7**. There was fairly good co-operation from the children considering that this was the first time they had participated in such an event. The boys were more active than the girls throughout. The material from the workshop positively confirmed the approaches already being used, as well as pointing towards areas of work that need to be strengthened.

The main insights were:

- a) The children revealed good insight into why they were/had been at the centre. “To help us feel more confident in the future and gain hope; to get a new identity by passing through the barracks, which means we are now a normal member of the community; the letter given to us by the military makes us feel secure.”
- b) The children talked about learning new ways to behave; being able to «forget» some of the horrible things they had been through; they emphasised being able to start school, getting proper clothes.
- c) The children said that what had been most helpful during their stay at the centre were:
  - Getting proper care for their wounds, good food and clothing
  - The good relationship between staff and children, and among the children themselves-this brought happiness; the comfort, forgiveness and counselling offered; good guidance on

how to relate to people outside the centre; the playing and dancing-which also makes one feel very tired and helps one to sleep well.

- d) Group 1 was asked what they found to be most difficult at the centre during the beginning.
- A prevailing fear was that parents might not come and visit them –“this gives much pain; we fear they hate us”.
  - The children also feared being called “mad people” by others, and were also afraid of possible revenge from adults and children they had been forced to abduct.
  - They were anxious that they would be kept prisoners in GUSCO, and that they would be called “rebels” in the centre.
  - The children talked about getting used to the totally new environment –which was very different from what they had been led to expect by the LRA. There they were told they would be killed and poisoned in the Centre. Also, people talking in loud (normal) voices was strange, since they had to whisper-on pain of death-in the bush.
  - There was fear that Kony would attack the centre and re-capture them; many had terrible nightmares, especially about re-abduction.
  - The pain due to wounds, and struggling with serious illness was a dominant preoccupation during the first weeks for many of the children.
- e) Group 2 (the children now re-settled in Gulu township) were asked what they found most difficult at the centre.
- One child thought that sitting in one place attending group sessions was difficult
  - Again, being in pain due to wounds
  - Not being allowed to go home to visit (yet so near, yet so far –this was due to the poor security.)
  - Not being allowed to move outside the gate (also because of security).
  - Getting used to the new environment; “some children called me bad names when I arrived; when we went outside the gate –others called me a rebel”.
- f) Group 2 was asked to discuss what was helpful for them in becoming part of the community and their family again. Also-what problems did they meet?
- Some referred to the warm welcome on coming home; people showed they cared; they were able to interact freely with others and help their parents.
  - Traditional cleansing helped, since then others would understand that they had been “decontaminated” from the bad things they had done, and the evil people they had been with.
  - It was helpful to have been prepared by the Centre on how to behave when coming back; for example, showing respect to elders made it easier to be accepted. Relatives also gave advice on such matters.
  - The re-unification kit from the Centre made it easier for the children to re-enter their homes, since their families were struggling to meet daily needs in this situation of the war.

Problems the children met with after re-joining their families included:

- The most commonly mentioned was that of continued harassment by others because of their association with the rebels, as well as being looked on as *cen*, being mad. One child was sad because he had lost old friends due to this; another boy felt the rejection by others was making him uncooperative and caused him to “use hard words” to others.
- Children often worried constantly about re-abduction. One reported that he was with relatives who had lost a child to the LRA, and his presence was difficult for his uncle and

aunt since he was a constant reminder of their loss; he also felt this child should have been there instead of him.

- Some children were not being treated well by relatives, and longed to be able to re-join their parents (but due to security this was too difficult). Others had lost parents, and there were those staying with old parents who could no longer support them.
- The children staying in Gulu town with no relatives had economic difficulties, e.g. in renting a place to stay, and in buying food. All such misfortunes brought back the memories of their captivity.
- When seeking help, children tended first to go to friends they had met at the Centre.

g) Many of the children wanted a better follow-up from the Centre after leaving.

h) The experiences of children in Group 2 in the barracks was elicited.

Children gave many examples of the fear they felt during this time. The barracks were very crowded, they had to fight for food, and were put together with adult soldiers who were also detained. All the time they expected to be killed. Many of these children still have great fear of the army, especially if they go outside the district. The possession of an identity card, especially for the boys, was seen to be very important.

*Comment:* The question of follow-up of children who have been through the Centre is crucial in order to maintain their progress and justify the considerable investments made in their recovery while at the Centre. On the other hand, the number of children mitigates against close individual follow-up. It is suggested that the method of “risk-clustering” should be adopted by the social workers in order to assess which children constitute a high risk, which a medium one, and which are at low risk. By risk in this context is meant “at risk of continual, escalating psychosocial problems and eventual breakdown of the reunion” Risks need to of course be assessed according to the particular context one is working in.

A “high” risk in the present context may, for example, be a young boy who has been with the LRA for a long time, has been forced to kill others, and is placed with his grandmother after going through GUSCO since his parents are dead. A “low risk” might be a boy of 12 who was only in captivity for 3 weeks, and who had not been exposed to exceptionally cruel events, who was then re-united with parents who were overjoyed to see him again.

Follow-up should then concentrate on the children who fall into a high-risk group. It is envisaged that once the Community project gets underway, participation in follow-up will take place. On the event of Concerned Parents Associations being formed, it would be natural to consult them on how the question of follow-up should be handled.

### ***6.3.1. Individual interviews***

In order to get a more in-depth assessment of how the children who had left the centre perceived their situation regarding how far they had come on “the road to normal life”, the social workers interviewed 17 of the group during the week-end following the workshop. The views of the children are summarised in **Annex 7 (b)**

#### **6.4. Interviews with key staff at the Reception Centre**

The external consultants interviewed separately the social workers, teachers, nurse and matron regarding their work with the children, how they perceived their role, and the nature of their professional co-operation with each other. Our impression was that each of these professions had valuable observations on the children, which however, were not fully integrated into a holistic assessment. Much of the information could also be very useful to those in the community taking over the responsibility for the children-such as teachers, parents and health workers, and we felt that there was a potential here which could be better exploited. Some of these points are returned to in Chapter 8, Recommendations. The interviews are presented in full in **Annex 8**.

### **7. SUMMARY OF THE COMMUNITY-BASED PROCESS.**

#### **7.1. Introduction.**

The “community” chosen was one of the “protected camps”, Pabo, situated in Pabo municipality, about half an hour’s drive from Gulu town. The main reason for this was that the centre staff had already carried out a base-line exercise in the camp and had built relationships with many of the key groups. The camp will also be one of the sites in the proposed community-based psychosocial project.

About 47,000 internally displaced persons are living in this camp in extremely cramped circumstances. The small huts, usually built so that family groups share a common compound, almost touch one another. There is no cultivated land around them, only hard-packed earth. The risk of fire is constant, and we were told of a serious fire some months ago in which a large number of huts burned down, but fortunately without loss of life. Pabo camp has 11 schools and a school population of around 8000 children, with 86 teachers in the camp. A large proportion of the children are orphaned (father or both parents dead) due to the armed conflict and the AIDS epidemic. There is also a clinic.

The people have been living in these conditions for 3 years. Not surprisingly, the despair and partial inertia of camp life, particularly among the men and adolescent boys, has led to a number of social problems, including alcohol abuse, domestic and other forms of violence, sexual abuse, break up of families, and suicide. There is however, no accurate documentation available on these issues. Currently, due to the (temporary?) cessation of hostilities for the past 5 months, many people are risking moving back and forwards to their old homes to cultivate their lands during the rains.

Decisions were made in the team to invite 11 teachers (one from each school); 24 children – abducted and non-abducted; 5 religious leaders representing the main denominations in the camp; the camp leader and the 9 zone leaders; 13 local councillors including the Secretary for Children’s Affairs; 2 parents of abducted children (returned or still missing) from each of the 9 zones; 5 Rwodi Kweri, or “chiefs of the hoes”-leaders of agricultural activities in the community; 5 elders; 5 community caregivers –i.e. volunteers working under the auspices of World Vision to follow up previously abducted children reunited with their families from the World Vision centre; 2 health workers and 5 traditional birth attendants. The external consultants suggested the inclusion of traditional healers, but the staff was uncertain about

this since they had not been consulted in the base-line assessment, although their obvious importance in treating severely affected children was recognised. They were in the end not included. Plans were also made on how to present the purpose of the visit and link it up with the recent assessment.

The team was very well received in the community, and it was evident that the staff of the centre has already achieved a good rapport with the people.

The process in the community took place over three consecutive days and is summarised in the following overview:

Steps in the development of a monitoring and evaluation system for a community-based psychosocial project for war-affected children

1. Guided discussions with representatives from different sections of the community (including abducted children) to:  
**clarify objectives and responsibilities; link this process with previous ones (baseline assessment); reach a common understanding of terms; gauge interest in participating in possible activities in project; exploring attitudes of different groups to formerly abducted children, including parents opinions, and merits of a centre intervention versus returning straight to the community.**

2. Guided discussions with different groups in the community separately to identify fundamental elements denoting quality of such a project and possible activities to support these. Gauging human resources in the community.

3. Formulation by external consultants with inputs from the team of Key Quality Aspects of a community-based psychosocial project, based on previous discussions.

4. Feedback on the above from selected groups in the community (leaders, teachers). Adjustment according to new inputs/information. Beginning discussions on possible activities to support these Key Quality Aspects, and aims of such activities.

5. Selection of main arenas to follow up children (school; selected homes) .

6. Discussions with teachers and staff on possible indicators related to the aims within the school environment, allowing teachers to carry out monitoring.

7. Discussions with staff on indicators connected to the child's progress within the family setting and community setting which could be verified through home visits, interviewing children and parents.

8. Formulation by external consultants of possible tools to be used in the home and school environment.

9. Further discussions with teachers, parents, children and community leaders regarding the tools to be used, how they should be used, and who is responsible for monitoring in different arenas, how the data should be collected, stored and utilised to adjust the project.

10. Piloting the system for an agreed-upon time; further discussions in the community to assess the approaches and tools; adjustment if necessary.

11. Ongoing application of the Monitoring and Evaluation system.

The last three steps will be followed up by the project staff in co-operation with the community.

Further details of the process in the community are to be found in **Annex 9** : Field notes from Pabo protected camp –community meetings.

## **7.2. Initial discussions with administrator and teachers**

The team met with the camp administrator and head teacher in one of Pabo camp's 11 schools. The school has 2067 pupils and 21 teachers, with over 100 children per class. They try to cope with this by having two shifts for each class. Very few children make it to P7, only 30 this year. In P6 there are 92 girls and 385 boys. There is only one secondary school. The dropout rate for girls is very high, and there has been a significant increase in very early marriages-as young as 13. Parents see this as a way to reduce the risk of abduction and at the same time to ensure that they get bride price, which is on the increase. The last 4 months have been peaceful in the area, and although the camp due to its size and the difficulty of protecting its parameters is vulnerable, it has not been attacked during the last year.

The camp administrator called the abducted children –“a lost generation” -both literally and in terms of being able to pick up the threads of life upon their return. Relatively few abductees from the camp go through GUSCO or the World Vision Centre; most find their way directly back to the camps. The administrator had noted more aggressive and militarised behaviour in the children who had not been through a centre first. He tells the story of the time when a military vehicle passed by during a break at school. Five former abducted children went into a military formation and launched a mock attack on the vehicle-also throwing stones at it. The boys had been in the community for about 6 months, and the action made a deep impression on the other children and teachers. The children coming directly have more fear of the community-this is because they have been asked during the time with the LRA to point out directions to the rebels-where the clinic is situated for example. They are always on the alert and watching.

The administrator says that there is in general community support for the GUSCO project; most people acknowledge that the children need to be returned to their families.

## **7.3. Children's meeting Pabo**

The meeting was held in the school with the co-operation of the teachers.

Through guided discussions facilitated by members of the core group, the team explored the following themes with 28 formerly abducted children, boys and girls, from about 12 to 17 years:

The children identified the following as *general problems* that they met with:

They mentioned many diseases “for which there is no cure” -also a “new” disease which starts in the mouth and proceeds down the throat to the intestines, and which is fatal (?)

Other concerns were polio, the continual fear of death and abduction and the situation of displacement in general; disruption of education; being separated from ones family; the increasing number of orphans and poverty due to AIDS; use of landmines and the general increase in guns and ammunition. Many of the children referred to fears connected with the rebels -atrocities, looting and turning children into thieves. “The children suffer most” was a conclusion one of the children offered.

### *What makes children happy?*

There was no hesitation in the replies given: having parents; school, being protected, cared for, good teachers, and to have friends.

Proceeding into the identification of Key Quality Aspects from children's point of view, the children were then divided into groups and asked *to define what a good school was*:

- A good school should have 7 classrooms-one for each grade, and smart teachers. There should be latrines, a borehole and a large clean compound in a nice setting. There should be a fence round the school. Lunch should be served. This ideal school should have enough textbooks for the pupils and sufficient teachers with fewer children in each class. Books, paper and pens should be free. The children should look smart. There must be good relationships between the teachers and pupils. Games and sports should be part of the curriculum, and there must be a good store for keeping things safely. The children should walk holding hands and show "togetherness". There should be no fighting and the pupils should follow the schools regulations, and not steal things from their friends. On the contrary, pupils should share their books and pens with each other. It would be good to have discussions with the teacher in preparation for exams. Teachers are important because they make us clever; a good relationship between teachers and pupils is demonstrated by the pupils being obedient and asking questions, and the teacher responding properly, showing respect for the pupil.

When a teacher does not have affection and respect for his pupils, the children can fail their exams, and there will be a lot of fighting among them. They will become a headache for the teacher and drop out of school. On the other hand, children who have affection and respect for their teacher will pass exams; the teacher who doesn't beat will gain respect and be popular. The children will feel confident in the classroom, and the good teacher will be willing to help you correct your class work. The pupils will take better care of their health, and will look after themselves better.

### *What is a good home?*

A good home has a granary and a good place for sleeping. There will be goats and chickens for food. The parents love their children, send them to school and there should be good relationships with the neighbours and co-operation within the family, achieved through everybody participating with each other in the tasks to be done. There should be rules in the home regarding discipline, and children should show obedience to their parents and listen to their good advice. There should be enough food, a shelter for bathing, a latrine and a windbreak.

The children when asked how GUSCO could support the home, answered: (12 out of the 28 had heard of GUSCO), focusing not surprisingly on the material needs:

By giving assistance to those who need it, for example, soap, clothes and scholastic materials.

### *What characterises good friends?*

Friends are important for playing with; we greet each other and talk together. Good friends give you good advice and share pens with you. In "the bush" (during captivity) they can make you think of escape and tell you what direction to go in to get away from danger. Friends help each other when digging, and when you're sick, they comfort you.

When asked to whom they would go to seek advice -13 of the children said they would go to friends first, 8 to the father, 4 to their teacher, and 1 to their mother.

“Friends come first because we love them so much”. A good friend tells you about good things, shares food and walks with you. When the time comes for a boy to seek a wife, the friend can help you make the right choice. A friend is closer than parents.

*But what about your mother?*

We love our mothers -but don't spend so much time with them-so between friends we sort out our smaller problems. We might go to our mother with “deep problems”. For example, when coming back from captivity, it is our mothers with whom we share things first -then our friends.

The children are asked to name some important aspects of a programme which would help children who have been abducted in their integration and recovery.

They recommend:

- it should bring more food
- skills training
- there should be co-operation with the parents in planning the programme
- it should provide school uniforms

*Troubling thoughts and feelings*

At this point the children are asked how many of them still have problems with their thoughts, feelings and behaviour after their experiences. 17 raise their hands. This question appeared to generate a new level of energy among the group. They shared their problems willingly with the team, and these ranged from continual stomach pains, through ongoing preoccupation with traumatic experiences, fear of the rebels returning, concentration problems to being threatened and harassed by other children. The active and emotional response from the children to this question leaves the team in no doubt about the need to address such issues through the community based programme. It turned out that this was the first time the children had, as a group, heard about each others problems.

The responses of the children are further detailed in **Annex 9** :Field Notes from meetings in Pabo protected camp.

#### **7.4. The parents meeting**

The venue of the meeting was in the Pabo Sub-county Headquarters which is placed within the camp. Sixteen parents of previously abducted children shared their concerns. This was also the first time parents had met together to discuss their children.

All the parents contributed with their experiences. The words of the first parent who spoke were representative of the kinds of concerns many expressed:

“ Before abduction my child was very good. She was abducted for a long time. She was totally changed when she came back, being possessed by spirits- *cen*. Some children are

helped by herbal remedies-some are not. The girls are not able to marry, because the problem is there.... The only solution is that we all share our experiences and that we pray to God that he may heal our children. How can we help them?"

Parents generally agreed that the children were *changed in many ways* when returning. They do not relate freely to others, and some are very aggressive. They feel there should be a way to "influence their minds for the better". If the children come straight back to the camps from the bush, the parents feel they lack the knowledge, as parents, to deal with them. Also, they do not have the economic means to give them the kind of support they really need in terms of food and medicines. Parents have also a lot of work cultivating their fields to supplement the camp diet, so they feel they are not able to attend properly to the children's needs.

"It's very difficult to know when they will become well enough to resume normal life again - God should stop the war!"

"Some children are recovering, some are not. We need GUSCO to advise us on how to help them; how to stop them being reminded of the horrors they have seen".

According to the parents in this meeting, the community usually welcomes the children, but not everybody agreed with this and some parents had examples of negative reactions from individual members of the community. This appears very much related to reactions to asocial behaviour on the part of the children, or if they are recognised as having killed someone or otherwise caused harm in the camp.

Parents felt that *indicators* that the children are once more part of the community would include:

When they are able to work well: able to marry and stay with their partner; able to get a job and make money; when they seem happy; able to perform well at school, and the grades and reports from the teachers are good again; when they once more share feelings with others and don't 'isolate themselves'; when they show respect to others in the community; when they start to plan for the future.

Several of the above points appear to be very valid and appropriate indicators which the team takes note of and should be utilised in developing the monitoring and evaluation system.

Details of the parents meeting appear in **Annex 9**:Field notes from meetings in Pabo protected camp.

### ***7.5. Community workshop with all sections present.***

This meeting, attended by all representatives of the groups invited, about 70 persons in all, was facilitated by the team leader. After the appropriate introductions, the facilitator presented a flow-chart which traced the process of GUSCO's co-operation with the community back to the previous baseline study and linked this to the present series of meetings. It was pointed out that the baseline study had produced a lot of general information on the situation in the community; now the time had come to discuss more precisely the situation of war-affected children, and which principles would apply to a good programme, as well as beginning to think of some appropriate activities, and finally, starting to implement those.

The question was put to the participants: what differences, if any, are observed between children who have first been assisted in GUSCO or World Vision Centre, and those who have not?

**The responses are summarised below:**

Those attending one of the two centres	Those who have not attended a centre.
Easier to discipline	More aggressive and fearful, react to loud sounds
These children like to work, they are hard-working (Seventh Day Adventist pastor)	Very silent, unstable, and a tendency to run away from school (teacher). Show military habits Are difficult to deal with especially regarding discipline.
	They do not respond when talked to. If you continue to talk to them, they still do not answer. They can become violent. Their personality is changed. They drink, even though they did not drink before.
These children sometimes give advice in the community on how to relate to each other	They are aggressive, and overemphasise what they did in the bush, how many they have killed. They frequently threaten others. Some are 'mad' so we take them to the witch doctor.
(Teacher) They become moulded in the centres. However sometime when they return to the community they will discover new problems, depending on the family setting. It also depends on how long they have stayed in the bush. Basically all of them want things to happen according to their will and way.	They want things to happen their way

The facilitator then asked the group what the general attitudes of the community were to the abducted children.

The responses generally revealed very negative attitudes as well as the complexity of the situation. Fear and distrust were central to the perceptions of the children, and apparently difficult attitudes to overcome. (See **Annex 9** :Field notes from meetings in Pabo protected camp- for notes on the responses given). Attitudes to girls appear to be less negative, although also ambivalent, and the responses reflected a perception of these girls as difficult marriage partners and poor mothers-if they marry at all.

There can be no doubt about the challenges lying ahead in creating a better environment for the returning children, as well as helping them to adapt to the expectations of their communities.

This part of the meeting ended with one of the core group presenting the main findings of the baseline survey.

It was pointed out that GUSCO could not contribute to solving all the problems identified in the survey alone, but will advocate for other organisations to also offer their co-operation with the community. Information was given that the survey would be distributed to other NGOs as well as UNICEF.

The team leader also gave an orientation on the extended DANIDA funding for the Reception Centre, and on the new funding from USAID for the community-based project, mentioning also the possibility of sub-grants for community groups proposing relevant initiatives.

## **7.6. Meetings with different sections of the community to define:**

### ***a) Key Quality aspects of a community-based psychosocial project***

The following aspects were identified:

#### *Teachers:*

- The project must be locally based
- There must be community support and commitment
- No segregation in the project –it must be open to all children
- Awareness of the problem among the population must be created
- Support from NGO's and other external sources has to be assured
- Enough funding for effective support all the way
- Should be based upon the Rights of the Child
- The community should be part of the whole process

#### ***Women's group***

- Co-operation among different groups must be in place
- The project should promote respect and trust
- The project must have support from the community
- Sharing of ideas between community and leaders
- The project must offer skills training
- The project should promote responsible teachers
- Health and nutrition promoted
- The project should promote culture
- There must be participation from the community in following up the project.
- 

#### ***Male elders, religious leaders, community leaders***

- The project to include skills training
- Community participation in monitoring the project
- Parents co-operation in running it
- Should promote moral and spiritual guidance
- Sensitisation among parents as to the needs of the children
- Train teachers on how to facilitate learning in the affected children
- Abducted and non- abducted children should learn to relate well to each other
- Ownership of the project by the community
- Co-operation within the community on the project

### ***b) Possible activities to support such activities.***

A brainstorming session on *the types of activities* necessary to assist the children gave the following ideas:

*The women's' group* came up with: skills training, and education on how to respect elders and others; different activities to keep the children active in positive ways-which would need material support; laws should be passed regarding general cleanliness in children; they should have good clothing; traditional games and activities should be initiated for all.

*The zone leaders* suggested: starting a nursery school -since many small children are being left alone while their parents are searching for food or trying to cultivate (a fact we could observe walking through the village). In this connection they expressed the opinion that parents should stay more with their children to strengthen the relationships between them; a change in attitude is needed; parents should behave in an exemplary manner. Leaders should set aside days to talk with the children -to listen to them and share their problems. Parents should be helped to give guidance to the children.

*Policy makers (local counsellors and leaders in Pabo community)*

This group felt that GUSCO should develop a programme to support UPE (?). They also suggested nursery schools for the children, and games and other activities for the older children “to keep them busy”. Skills-building projects like brick-making, tailoring, bicycle repair, poultry keeping and group tasks like digging could also be helpful.

The facilitators responded to the idea of “nursery schools” as positive in regard to recognising that also the small children were being neglected in the current displaced situation, but emphasised that it was not necessary to build large buildings. Small children’s development could be stimulated through a simple play-and learn programme operated by mothers taking turns, or by organising groups in the community with volunteer playgroup leaders. The participants were also asked what the community could contribute to a programme to assist war- affected children. However, it seemed that they were not yet ready for that question as yet, and the process needs to take more time to allow for real initiatives to surface.

Following these sessions, the external consultants, with inputs from the staff, formulated “Key Quality Aspects of a community-based psychosocial project for war-affected children”, (**Annex 5**) which was further discussed with teachers and leaders in the community and minor adjustments made.

### **7.7. Teachers meeting**

A separate meeting was held with the teachers in Pabo, since they play a central role in the integration of children into the community.

The Key Quality Aspects formulated on the background of the previous day’s discussions were presented for comment. They were accepted with minor adjustments.

The discussion turned to identifying possible activities which were either ongoing or need to promote a good psychosocial environment at school.

The teachers after discussion suggested the following:

- games and sports to promote social development
- debating in class –to develop language skills
- involvement in agricultural activities
- carpentry
- brick laying
- scouts and guides
- counselling and guidance by the teachers; confidentiality would be important here

- charity work-i.e. children helping others-to create empathy
- drama
- health education
- cultural dance
- teaching morals
- music
- discussion groups
- "free" activities, like play; tours and picnics
- arts and crafts
- role play-to develop parenting skills among the older children.

Teachers also talked about the many "lacks" in their schools which they saw as necessary to develop a conducive environment –school materials, lack of basic school furniture, lack of teachers leading to large classes. Here a teacher remarked that they did not even know the names of all the pupils in their classes. However, the general impression was that the teachers in this school were very aware of the problems the children were facing, and that they are willing to co-operate in the proposed project. One teacher recounted how he had paid a home visit to the family in order to follow up one of the previously abducted children.

The fact remains that teachers are expected to take upon them a formidable challenge with very few resources.

### **7.8. Suggested focus and tools for monitoring the progress of children in the community based programme**

In further consultations with the team, the external consultants suggested that work in monitoring the community-based programme should focus primarily on three areas in the near future, in order to be manageable:

- a) Monitoring the previously abducted children's *progress at school* (see suggested tool **Annex 10**)
- b) Monitoring the progress of the *reunited children in school, in the family and in the community in the family setting* (See suggested tool **Annex 10**)
- c) Monitoring the *overall quality of the psychosocial project* by using the Key Quality Aspects and their associated suggested activities, which will of course need to be further identified by the community.

It was felt, based on the base-line information from the community and the recent community meetings, that the child's integration into "the community" would best be mirrored through interviewing teachers, parents and children within the school and family setting. It is further suggested that the teachers take responsibility for carrying out monitoring at school. How the monitoring should be carried out in the family setting requires further discussions with the parents and children themselves, but is also likely to involve the social workers attached to the project. It is suggested that this approach is piloted in order to adjust the system if necessary.

Further steps should include:

- a) Discussing the suggested educational monitoring tool with teachers, and identifying the person in each school responsible for follow up. Deciding on the length of the trial period, and the number of children to be assessed. It is suggested that this should include those

children selected according to “risk clustering” (see p.24), as well as a number of randomly selected families who have children who went through GUSCO Centre.

- b) Discussing the monitoring tool for assessing children re-unified in the family setting with parents and children. Decision on how the follow up should be carried out as a trial period, and who will be responsible for it.
- c) Decision on which children to follow up in each community setting (according to risk assessment).
- d) Establish a follow-up plan in co-operation with parents, and implement it.

## 8. Recommendations

### 8.1. Recommendations concerning the further development of the monitoring and evaluation system

- a) It is suggested that the staff of GUSCO, together with a facilitator, combine the further work with developing the system with a much-needed retreat at a suitable location outside Gulu district for a period of one week.
- b) The Alliance consultants recommend that the staff work further to develop the following tools:
  - Instruments to verify the child's state of *physical health and nutrition* at admission, (first three weeks) which can be used also on reunification to indicate eventual improvement (nurse)
- c) Instruments to document the child's *educational status, progress and classroom behaviour* that can be used after the first three weeks, and again on reunification.
- d) Discuss once more the usefulness of the *suggested psychosocial tool* developed by the Alliance consultants and make the necessary adjustments.
- e) Discuss how the three tools above may be used to make an *integrated assessment* of the children's over all development – psychosocial, health and nutrition, and educational status.
- f) Develop an appropriate tool for verifying the *effect of the advocacy efforts* of the centre, based on the suggestions which were put forward during the workshops.
- g) Regarding the community-based work, develop a *verification tool* based on the suggestions developed during the consultation and through consultations with the teachers in the community (see Annex 10- Educational indicators)
- h) Re-visit the "*family assessment tool*" (Annex 10) and adjust if necessary. Decisions need to be taken on which families to follow up during the pilot period, and how many. (Refer to suggestion on grouping children according to risk).
- i) Re-visit the *Key Quality Aspects* –for both Centre and Community-based work, and adjust if necessary. (Annexes 2 and 5).
- j) Discuss the *roles and responsibilities* of staff at the centre and partners in the community in implementing the M&E systems in both settings. Decide on how and where the documentation will be kept. Discuss how the information may be stored in the computer.
- k) Develop a *plan to pilot the use of the tools* in appropriate settings, including meetings to assess the usefulness of the tools, and adjust if necessary.
- l) *Produce a report* on the issues indicated above based on the work done during the retreat.

- m) **GUSCO will require assistance** in the further development of the M&E systems. It is thus recommended that Redd Barna makes available through the stand-by team the further secondment of the same person that worked with GUSCO before, and who knows the work well, for a period of at least 6 months.

## **8.2. Recommendations regarding the future work at the centre.**

- a) In view of the demanding nature of this work, the consultants recommend that **a stress management workshop** is held with the staff and members of the Board, and a system developed to manage stress in GUSCO
- b) It is recommended that a **case management discussion** should take place regularly, involving the three groups of staff members professionally involved in the children, in this way effectuating continual monitoring.
- c) **Parents should be given health records** of their child on reunification to facilitate their further health follow up in the community
- d) The **teachers** in the centre should, when possible, go together with the social worker when reunification takes place in order to be able to meet with the child's future teacher and discuss the child's particular need. Parents should of course, be consulted first.
- e) GUSCO should consider developing **a shorter (10 days?) workshop** for children in camps who have not been through any centre and who are in difficulties or personally feel the need. Groups of children should be kept to about 20, come from the same camp or village, and should be accompanied by responsible adults from the community. It is suggested that a pilot workshop could be held to gain experience.
- Otherwise, GUSCO should perceive themselves as **a resource centre** for the communities in their area of expertise, and clearly transmit what assistance they are able to give-and what not.
  - It would then be up to the individual communities to avail themselves of these services in the future.
- f) GUSCO is recommended to **discuss with the community and the children** ways to **reduce the fear** of the children who have not gone through the barracks.
- g) The **role of the children in reconciliation** should be recognised and supported and further developed in the forthcoming community-based project.
- h) Efforts should be made to elicit the **experiences of the children with disabilities** who have gone through the centre. This group was not especially focused on during the M&E exercise, and it would be valuable to find out how they have experienced their stay. Furthermore, the question of linking them up to eventual ongoing rehabilitation services for children with disabilities should be considered in light of the community-based project.
- i) **The situation of girls who have been abducted** appears in many ways to be more complicated than that of boys due to gender-related additional events such as abortion,

pregnancy, early motherhood of a baby whose father evokes terrible memories, probably a higher risk of HIV infection, and the attitudes of the community regarding defilement. In addition, a girl's main path to integration in her community goes through marriage, which appears to be an uncertain option for girls returning from many years in the bush. To learn more about the long-term consequences on the effects of their LRA experiences to enable possible negative effects to be avoided or reduced, it is suggested that a research initiative on this issue be discussed with the community.

- j) A main and ***urgent challenge in the immediate future is to establish a co-ordinating group*** among various organisations and government services/authorities of relevance to the envisaged work to assist the communities return to their villages when peace is confirmed, and specifically to reintegrate the abducted children. It is suggested that the nurse from the children's desk at the military barracks is a member of such a group. In addition, it would be useful if the co-ordinator of the "Psychosocial programme" in Kitgum could be invited to share his experiences.
- k) The model of "***generating***" ***social caregivers*** as World Vision has done should be approached carefully. It may be better to wait until parents have organised themselves into branches of "Concerned Parents"-and then discuss with them how they feel their children best can be followed up-who do they trust in the community; who do they feel need further training to assist their children; what can they do by themselves? This is to avoid creating a structure which is not already part of the community, and the sustainability of which is questionable.
- l) The consultants support those who have already noted the ***need for documentation on samples of children who have gone straight to the community*** without going through centres. At present, and backed up by information from the community meetings, the assumption is that these children are having a more difficult time. It would be possible to make a comparative study of the two groups using the family assessment form, and this should be considered by the staff. It appears to be a logical further step in the NUPSNA process. However, it is advised by the external consultants that additional resources would be needed to carry this out, since the main responsibility of the GUSCO staff at present is to follow up children already having passed through the centre.
- m) The consultants have noted some further areas where the GUSCO staff could ***benefit from more training***, and which they have themselves requested:
  - child development
  - training in community work and mobilisation of people
  - sexual abuse in children – the effects on development, cultural practices, prevention, follow-up
- 1. The consultants feel it would be useful for the staff to continue the process of ***finding Acholi words*** to describe the phenomena they are working with in English, such as feelings, behaviours, states.
- n) All the documentation mentioned in the report ***should be available at the Resource centre*** at GUSCO. It is important that the materials in this centre also have children's needs in mind, not only adults.

- o) In view of the *insights gained during visits to Pabo community*, as well as discussions with the staff and others working in the regions, there may be a need to consider the following activities as part of the community-based programme:
- Parenting workshops to create a forum for mutual support among parents who have been reunited with abducted children.
  - Mine awareness programmes for children (and adults)
  - Community-based rehabilitation programmes for children with disabilities if not already in place
  - Play groups for small children, especially if the situation necessitates continued stay in the protected camp environment.
- p) In view of the impossibility of following up all children who have been through the Centre, it is advised that risk is assessed as high (medium) and low in the case of each child, in accordance with clusters of factors known to constitute risk of further psychosocial problems in the re-integration process in that context. Follow-up should then focus on the children most at risk (see p.24).

ANNEX 1

*TERMS OF REFERENCE*

# **Terms of Reference Indicator Development Study Gulu, Uganda**

*12.04.99 to 7.05.99*

## **1.0 Background:**

Red Barnet, Uganda, has been working with a local NGO Gulu Support the Children Organisation, (GUSCO) based in Gulu district in the north of Uganda since 1995 with the aim of supporting war affected children.

The work initially had a centre based approach. However this has developed to place more emphasis on developing capacity within families and communities to accept and support children affected by the conflict.

The work in Gulu has been supported by Danida since 1.01.1997. The present grant has a 3 years duration and will expire 1.07.2001.

Red Barnet has been granted additional funding from US AID for a 2 year project to increase the community based work.

In both project documents indicators have been drawn up. However it is a well known fact that it is difficult to establish indicators for psychosocial work which cannot be measured in quantifiable terms.

To help improve and refine the indicators in both project documents it was therefore decided to conduct an Indicator Development Study carried out by core staff from Gusco with the assistance of a team of specialists from the Save the Children Alliance.

The study is expected to concentrate on the activities and indicators in the project documents which have to do with psychosocial work eg. psychosocial rehabilitation, family reintegration and increased family and community capacity to support war affected children. The study is also expected to produce the "means of verification" mentioned in the Danida project document.

## **1.1 Aim of Study**

The study is part of the development of a participatory monitoring and evaluation system to be used throughout the project period.

The objectives of the M & E system are:

- To provide management information for project staff in order to secure project effectiveness
- To secure continuous programme development
- To develop new methods for psychosocial work for war affected children, and/or confirm those already in use.
- To involve children and communities actively in identifying problems and thereby enhancing the capacity of these actors to care for war affected children.
- To develop and ensure minimum standards of quality in psychosocial programme work.

Preliminary work using PRA methods has been undertaken in February by Gusco project team in Pabbo protected camp.

A similar system M and E system was recently designed for the Red Barnet supported Kumi Childrens Project by the help of John de Coninck from CDRN. A member of the Kumi staff will assist in the indicator development to make use of the experience gained in Kumi.

It is furthermore hoped that the Indicator Development Study will be a contribution to ongoing international efforts to improve the quality and monitoring of psychosocial programmes.

The study should therefore result in a report including tools and methods which will be made available for other organisations working in this field.

## **1.2 Danida project - objectives and results:**

### *Objective:*

Psychosocial Status of War affected children in Gulu improved.

### *Results:*

Returned child abductees cared for, counselled and resettled in their communities  
Family and community based support mechanisms strengthened  
Awareness about childrens rights increased at all levels in the district  
War affected children equipped with practical skills  
Access to basic education for war affected children improved  
Organisation and management of Gusco strengthened.  
Development and utilisation of an effective monitoring and evaluation system

## **1.3 US AID project - objectives and results:**

### *Objective:*

Formerly abducted children reintegrated in their families and communities.

### *Results:*

Enhanced capacity of families and communities (including adolescents) to recognise and respond to needs of children affected by armed conflict.  
Structured community based activities established involving former abductees along with other children in their communities  
Availability, quality and appropriateness of formal primary education enhanced  
Apprenticeships and other forms of community based hands-on training developed and supported.

## **2. Objective of the Study**

1. A model for a participatory Monitoring and Evaluation system developed and described.
2. Baseline data necessary for monitoring of impact of psychosocial work (indicators) both at individual and at community level identified and tools for datacollection developed
3. Means of verification described in Danida PD developed (see Annex)

## **3. Scope of Work**

The following is a list of anticipated activities to guide the team. However this should not be seen as comprehensive and team will add other activities as deemed relevant:

- Review draft TOR and plan the study in detail.
- Review the above mentioned project documents, especially review indicators mentioned in these documents.

- Review the NUPSNA documents and meet relevant actors in Kampala and elsewhere to seek information about similar monitoring systems.
- Meet John de Coninck from CDRN to discuss and secure his involvement in developing the M and E system, based on the Kumi experience.
- Visit Gusco reception centre and project communities incl. Pabbo protected camp where project team has recently done PRA work.
- Visit other projects in districts in the north as deemed relevant by the team.
- Interview Gusco staff, board and other relevant actors in Gulu district.
- Conduct interviews with children, parents, grand parents, school teachers, community leaders etc- in Gulu and project communities to explore local perceptions of child development.
- On the basis of the above, establish what baseline information is needed to monitor impact of psychosocial work and design tools and methods for information collection based on PRA techniques. The tools must take issues like ethics (confidentiality) and the fluid security situation in the district into consideration.
- Conduct a pilot information collection exercise
- Refine the model based on pilot experience.
- Present and share findings with key stake holders. Write and present the report
- Train staff in conducting the exercises and in managing the system throughout the project.
- Decide on the next steps in the process.
- Assist staff in developing the means of verification mentioned in Danida PD

## **4. Methodology**

Since the study is expected to generate information about child development in the local context and to empower children and communities to take action, the study must be participatory and involve as many actors as relevant, not least children.

Since girls are seen as especially vulnerable, the team should give priority to seeking the views of girl children.

The exercise must be seen as a learning exercise both for Gusco staff and members of the target group which will stimulate reflection and consequent action. It is therefore vital that enough time is set aside for feed back to staff and key informants. Confidentiality of informants must be insured.

## **5. Time Schedule**

This is an attempt to draw up a time schedule. The team may moderate this as deemed relevant and according to the security situation.

1. Week: Visit relevant actors in Kampala - and travel to Gulu
2. Week: Visit relevant actors in Gulu and possibly others districts in the north, identify baseline data and design tools and methods for data collection.
3. Week: Conduct pilot information collection and refine tools and methods accordingly.
4. Week: Present result, document system and train staff

## **6. Composition of team**

The team will be headed by project coordinator George Omona who is responsible for planning and implementing the exercise.

The team will furthermore consist of core staff members from Gusco.

The team will have technical assistance from Elizabeth Jareg, Redd Barna, Norway, Lehnart Falk, Red Barnet, Denmark and Anne Grace Mutasa from Kumi Childrens Project.

Elizabeth Jareg will be responsible for writing up a final report describing the exercise and the tools and methods developed. A draft report will be presented during her stay. A final version will be drawn up before 1.07.99.

## **7. Background info**

Project documents, Danida and US AID

Review Report - November, 1998.

NUPSNA documents

Kumi - baseline and management information collection procedures

Britha Mikkelsen: Methods for Development Work and Research - 7.1

Save the Children: Toolkits

R:\APPS\WP61\USERS\BL\DIVERSE\DraftTer.doc

## **ANNEX 2**

### **KEY QUALITY ASPECTS OF A CENTRE-BASED PSYCHOSOCIAL PROJECT**

These overriding principles constituting standards of quality for centre based work with children severely affected by serious violations of their rights during armed conflict could be applicable in any setting, with necessary adjustments for a particular context. The word "participants" is used to mean the children, and implies their active role in rehabilitation, rather than "beneficiaries" or "clients".

## **Key Quality Elements In Centre-based Psychosocial Work with War Affected Children**

- **The project should be based on an integrated understanding of Child Development and Child Rights.**
  1. Training in Child Development and Child Rights, and their integral relationship.
  2. Training in the effects of war on children with reference to rights and development
  3. Advocacy on behalf of the participants.
  
- **The project is open to all ethnic/religious groups and operates on a non-political basis**
  1. The project reflects this principle in it's practice and it's project documents.
  
- **The project should aim for as short a stay as possible for the children in the centre-based project**
  1. Active use of monitoring tools to plan the length of time the child needs to stay and to achieve more focus on work with children with special needs.
  2. Priority given when possible to building relationships between the child and his parents/family.
  
- **The project should be able to demonstrate its contribution to the improved psychosocial wellbeing of its participants.**
  1. A monitoring and evaluation system with community feedback in operation
  2. Evidence of improved relationships between participants, staff and families.
  3. Evidence of the superiority of a centre based approach to psychosocial rehabilitation as compared with a no centre approach.
  
- **The project should be culturally appropriate while able to absorb new ideas when relevant.**
  1. Utilisation of traditional and spiritual healing measures when appropriate, in co-operation with the community.
  2. The participant's lifestyle in the centre is compatible with cultural norms and standards, and not leading to estrangement of participants from their families and communities.
  3. The centre demonstrates ability to critically evaluate different approaches regarding their cultural acceptability, including their current chosen one, and be willing to adjust course when necessary.

- **The project should encourage participation in planning, implementation and evaluation of all parties involved.**
  1. The participants and their families are involved in planning and implementation of daily activities.
  2. The participants are part of the caring system.
  3. The participants and their families are involved in an ongoing evaluation of the program.
  
- **The centre-based project must seek close co-operation with the local community.**
  1. The centre is open and has developed a wide range of contact-points with the local community,
  2. The centre has established regular contact and consultation with parents and relatives of the participants.
  3. The centre utilises resources in the community in reaching their objectives.
  
- **The centre-based project must contribute towards developing an appropriate follow-up system for children who are reunited from the centre.**
  1. A follow-up plan has been developed and is implemented in a co-operative effort between the centre, community, local authorities and relevant local organisations. Parents and children give their ideas and advice on follow-up.
  2. The follow-up activities are used actively in the overall monitoring and evaluation system.
  
- **The program staff should be aware of the importance of themselves as role-models for the children.**
  1. The staff has participated in the development of a Code of Conduct.
  2. The staff regularly review the Code of Conduct in the context of their relationship with the participants.
  3. The staff demonstrate accountability to the participants in keeping promises, trustworthiness and honesty.
  
- **The program should seek to develop the identity of the children with emphasis on culture, gender and social aspects.**

The cultural identity of the participants is being developed through: a) cultural activities, b) gender related activities, c) sports, d) individual guidance, e) spiritual initiatives, f) peer initiated activities.

- **The program must assure adequate protection of the children.**
  1. Measures in place to prevent further distress to children such as humiliation, stigmatisation, rejection, isolation, further abuse and accidents.
  2. Provision of adequate security arrangements to protect the participants in a war zone including abduction and recruitment.
  3. The project is assessing and supporting the capacity of the family and the community to protect children upon their reunification.
  
- **The program should emphasise activities that will facilitate integration of the children in the home community.**
  1. Family tracing and reunification or alternative family placements is a central part of the program.
  2. The project has educational activities that facilitate re-entry into community schools, or other appropriate skills training.
  3. The project works to sensitise communities on the reception of children who have been through the centre.
  4. The project assists children in developing their social skills and in re-learning appropriate behaviours in their culture.
  
- **The project staff must be committed to the wellbeing of the children and demonstrate understanding that their relationship with the children are their most important tool.**
  1. The participants confirm well-functioning relationships with the staff.
  2. The staff show willingness to work long hours when needed.
  3. The staff prioritise time spent with the participants as compared to other duties.
  
- **The project must include a stress management system.**
  1. A stress management plan in place and implemented.
  2. A balance is achieved between the project's capacity and the actual workload.
  
- **The project should respond to the children's needs for a structured environment while maintaining the capacity for flexibility.**
  1. The project is able to demonstrate that they have scheduled daily activities, but have also been able to make room for unexpected events of value to the objectives of the project.
  2. The participants are aware of the process of which they are a part and are able to influence it.
  3. The project has developed an approach to crisis management that ensures the safety and dignity of the children.

- **The project should build on the child’s resources enabling him/her to better cope with the situation.**
  1. The project focuses on the resources of the participants in contact situations and in their documentation.
  2. A system of regular feedback confirming the participants capabilities is in place.
  3. Participants are given responsibility for tasks with a view to developing their capacities to master everyday challenges.
  4. The project has activities which develop the creative resources of the participants.
  
- **The project should respond to the child’s preferred spiritual needs and wishes.**
  1. The program should demonstrate the right of children to worship according to their preference and family tradition.
  2. Moral and spiritual guidance is given.
  
- **The project must have an ongoing staff capacity building programme.**
  1. A staff capacity building plan in place.
  2. A democratic management system is in operation.
  3. Mechanisms encouraging team-building among the staff are in place.

## **ANNEX 3**

### **SETTLING-IN PHASE –ACTIVITIES, AIMS AND INDICATORS**

## ”SETTLING-IN PHASE”

In order to develop indicators related to this important phase, lasting up to three weeks, of the children’s stay at the Centre, the staff were asked to identify more precisely the different activities and aims of these, which took place during this phase. The work was done in two groups.

The following table was developed from these discussions.

### GROUP 1

#### ACTIVITIES

(Roughly in order of occurrence, when staff not overburdened).

#### AIMS

#### 1. Briefing about the centre and the surroundings

Information about the centres facilities, and aims  
Helping the child to overcome fear and suspicion.  
Knowledge of the lifestyle at centre

#### 2 . Informal talks

Building relationships  
Rebuilding trust  
Facilitating communication with the child

#### 3. Provision of basic needs –food, clothing and shelter

Social sup  
Maintenance  
Nutritional rehabilitation

#### 4. Registration and photography (new identity card)

Documentation  
Child can prove identity  
Record purposes/documentation  
References

#### 5. Burning of clothing used while in captivity

New identity  
Reduces flashbacks  
Protection from community harassment/revenge  
Hygiene (spread of contagious diseases)  
Beginning of new life  
To promote feeling of comfort and being loved and

## GROUP 2

### ACTIVITIES

### AIMS

#### 1. Medical examination and treatment (Lacor Hospital)

To improve the physical health of the children

#### 2. Participation of children in structured activities

To build routine in the children  
To rebuild their confidence and resilience

#### 3. Informal talking and counselling

To develop skills in their present life situation  
To create hope and develop coping

#### 3. Family tracing

### Location of parents/relatives

#### 5. Attending to family and visits with family

Preparation for successful reunion and resettlement

#### 6. Burning of clothing, washing and shaving

Symbolising the transformation into the new life

#### 7. Following up family visits

Preparation for successful reunion and re-settlement

From the above information, the external consultants prepared the following table which was then discussed and adjusted with the staff.

### ACTIVITIES, AIMS AND SUGGESTED INDICATORS IN THE SETTLING-IN PHASE.

Activities	Aims	Indicators
Assessment of health and nutritional status Emergency treatment undertaken	<ul style="list-style-type: none"> <li>Documentation of status in order to plan action and follow course</li> <li>Stabilised state of health</li> </ul>	<ol style="list-style-type: none"> <li>Health records</li> <li>Treatment begun</li> <li>Increased weight</li> </ol>
Registration, photographing, information about centre, Burning of clothes, washing, shaving	<ul style="list-style-type: none"> <li>Protection of child from community revenge</li> <li>Symbolising stepping over a threshold into a new life and the assumption of a new identity</li> </ul>	<ol style="list-style-type: none"> <li>The child has a correct understanding of the purpose of his stay at the centre.</li> <li>The child is able to articulate qualitative differences between his/her "old" and "new" life</li> <li>The child's expressed sense of</li> </ol>

		safety at the centre
<p>Structured daily activities which involve interaction with staff</p> <p>Individual/group counselling/drawing</p> <p>Informal talks with staff</p>	<ul style="list-style-type: none"> <li>• Re-establishment of trust in adults and peers</li> <li>• Re-socialisation into civilian life</li> <li>• Assessment of psychosocial state and developmental effects through observation of children</li> <li>• Giving the child a sense of hope</li> </ul>	<ol style="list-style-type: none"> <li>1. Children seek contact with staff</li> <li>2. Positive record of child's experiences, current reactions, feelings, behaviour, developmental delays/deviations and trend.</li> <li>3. Improved modes/level of participation in structured daily activities</li> <li>4. Absence of/reduction in militarised behaviour</li> <li>5. Changes in the child's perceptions of his future while in captivity against current perceptions which reflect hope</li> </ol>
<p>Family tracing</p> <p>A visiting schedule agreed upon</p> <p>Family counselling</p>	<ul style="list-style-type: none"> <li>• The re-establishment of attachment of child with significant persons</li> <li>• The first steps towards community integration</li> </ul>	<ol style="list-style-type: none"> <li>1. Number of parent(s) located/relatives located</li> <li>2. Degree of agreed visit schedule followed up</li> <li>3. Acknowledgement of parents/children that changes have taken place during separation.</li> </ol>

## **ANNEX 4**

### **2<sup>ND</sup>. PHASE: RE-BUILDING RELATIONSHIPS AND PREPARATION FOR GOING HOME**

## 2. phase: Rebuilding Relationships and Preparation for going Home: activities, aims and indicators.

Area of focus	Activities supporting aims	Aims	Indicators
Relationships between children in Centre	Games and sports, cultural activities, family talks*, election of leaders, suggestion box discussion, group counselling, joint worship	Building of good relationships between the children at the centre	<ul style="list-style-type: none"> <li>• Active participation in activities</li> <li>• Non-violent conflict resolution</li> <li>• Absence of or reduction in militarised behaviour indicating a ranking-order</li> <li>• Good co-operation in daily activities</li> <li>• Children making friends with each other</li> </ul>
Relationships between children and staff in Centre	Informal talks, family talks, skills training, staff playing with the children, suggestion box, group counselling, joint worship	Building of good relationships between the child and staff	<ul style="list-style-type: none"> <li>• Actively seeking contact, sharing confidences and seeking advice from the staff</li> <li>• Positive response to guidance and advice from the staff</li> <li>• Increasing ability to make suggestions and comments on various aspect of the centre including their relationships with the staff</li> </ul>
Relationships between children and surrounding community while at Centre	Games and sports, cultural activities, group counselling, joint worship, traditional cleansing, active participation in community activities, going out to visit	Building of good relationships between the child and the community	<ul style="list-style-type: none"> <li>• Active spontaneous participation of children from the community in sports, games and dances</li> <li>• Number of external resource persons from the community visiting/interacting with the children</li> <li>• Reduced stigmatisation of the children by the community</li> <li>• Increased invitation to participate in public event</li> </ul>
Relationships between children and their families	Family tracing, family talks, visits of family/relatives, family assessment, group counselling, assessment of the child's readiness for reunion	Building of good relationships between the child and his/her family/relatives	<ul style="list-style-type: none"> <li>• Regularity of visits from parents/ relatives</li> <li>• Agreed visit schedule followed up</li> <li>• Parents taking active interest in following the child progress</li> <li>• The child's wish to go home</li> </ul>
Psychological state and functioning – emotional and cognitive  The child's future orientation	Counselling, informal talks, classroom therapy, drawing, role-play/drama, arts and crafts, family tracing, daily interaction informal or structured with the children, group counselling, joint worship, traditional cleansing	To support the ongoing process of child development particularly in the psychological and social area, reduction of trauma reaction and promotion of the ability to readjust to normal life including a realistic orientation to the future	<ul style="list-style-type: none"> <li>• Improved psychological state in relation to baseline information in the settling in phase</li> <li>• Documented progress in reading/writing and mathematical abilities</li> <li>• The child's active participation in planning for his her immediate future</li> <li>• The child taking advantage of the opportunities given at the centre to prepare for the future</li> </ul>

Physical aspect	Ongoing monitoring of child health, physical education, games/sport and dancing, medical treatment	The achievement of a good state of health, nutrition and return to normal physical development and growth	<ul style="list-style-type: none"> <li>• Increased weight/height</li> <li>• Good state of health including healing of wounds, rehabilitation of physical dysfunction's</li> </ul>
Advocacy	Radio broadcasting, distribution of newsletter, sensitisation workshops,	Promotion of the rights of the child and awareness of problems, needs and resources of war affected children	<ul style="list-style-type: none"> <li>• Positive feedback and suggestions from the public on radio.</li> <li>• The number of the spontaneous contribution to the newsletter</li> <li>• Increased number of Child Rights clubs developed</li> <li>• Agreed on action plans jointly developed and follow up by the community</li> </ul>

\* Family talks take place between staff and the children, "as if all belonged to the same family".

## **ANNEX 5**

### **KEY QUALITY ASPECTS OF A COMMUNITY-BASED PSYCHOSOCIAL PROJECT**

These principles identifying fundamental qualities in a community-based project aiming to assist the development and well-being of children affected by war were identified through a participatory process involving different groups of people in a specific community, including children. Since many of the factors identified can be said to have universal application, they can be used as a guide to planning and evaluating such projects. However, in all contexts the participatory process is necessary to engage communities and develop commitments.

## **Key Quality Aspects of a Community Based Psycho-social Project for War Affected Children**

- **The project should be developed within a framework that integrates knowledge and understanding of Child Rights and Child Development.**
  1. The project has regular discussions with different sections of the community regarding children's developmental needs and rights. Key persons in the project have access to further training in these themes.
  2. Inclusion of children in all aspects of the development, implementation, monitoring and evaluation of the programme.
  
- **Participation of and commitment from key persons, organisations and institutions within the community is secured in planning and implementation of the project.**
  1. Baseline survey followed by planning workshops with full participation of community, including children.
  2. Generation of actions plans which support the aim of the project from different sectors of the community.
  3. Self-initiated activities by different groups which support the aims of the program.
  
- **The project has developed and uses a participatory monitoring and evaluation system and thus can demonstrate improvement in the psycho-social wellbeing of children and in the general understanding of children's needs.**
  1. Joint development of Key Quality Aspects of a psychosocial program
  2. Joint development of an understanding of the concepts of monitoring and evaluation
  3. Appropriate monitoring and evaluation tools developed by different sectors
  4. Assessment of the effectiveness of traditional/church-based approaches to cleansing and healing
  5. Increased relevant request from the community for support in developing responses to children's needs.
  
- **Emphasis on participation of children/youth in ways which strengthens their capacities and their relationships within the communities.**
  1. Workshops to identify the resources of children/youth and the development of their ideas about child-managed activities in the communities.
  2. Activities to develop specific relevant skills in children according to their capacities and preferences.
  3. Discussion with children, and key persons in lives of children to explore the nature of these relationships and ways of strengthening them.

- **The project should address the needs of children in all stages of development, considering the unborn child, the new-born, small children, school-age children and adolescents.**
  1. Assessment of the status and needs of pregnant mothers, mothers with new-born babies, lactating mothers.
  2. Organised “play and learn” activities for small children
  3. Activities developed with the participation of school age-children; strengthening of primary education and access to it; competence building in teachers regarding child development/rights.
  4. Activities-educational and recreation- developed in participation with adolescent children; assessment of age of marriage on the health and development of girls.
  
- **The project should be based on the local culture and its understanding of child development, rearing, norms and values compatible with the best interest of the child.**
  1. The establishment of a knowledge base concerning local perceptions of child development, child rearing patterns and traditional ways of dealing with children, attempting to capture changes resulting from the war.
  2. Activities to advocate for development of traditional practices which are compatible with the best interest of the child.
  
- **By benefiting children in general in the community the program should seek to avoid tension and stigmatisation of specific groups of people.**
  1. The project has activities developed on the basis of being inclusive.
  2. Workshops to discuss the presence and effects of stigmatisation and discrimination.
  
- **Mechanisms ensuring mutual respect, trust, accountability and transparency among all involved parties.**
  1. A Memorandum of Understanding developed among key players defining ways of which financial and moral accountability and responsibility may be insured.
  2. The Memorandum of Understanding is followed up through the agreed- upon overall monitoring and evaluation system.
  
- **The inclusion of relevant concrete support, which will reinforce healthy child development.**
  1. The project makes provision for material support to improve education, health, nutrition and the environment for children in general.
  
- **The program should aim at build on the resources and increase the capacity of the community that it may be able to sustain the activities through its own resources.**
  1. Identify and assess the community current responses to the psycho-social problems affecting children.
  2. Capacity building activities that include agreed means of hands over procedures insuring the continuation of activities after withdrawal of external support.

- **The development of links with other community programs, government and non-government, benefiting children's development and protection so as to achieve an integrated approach to the wellbeing of children.**  
Co-ordination mechanisms established ensuring maximal use of resources and learning.
- **Focus on strengthening of family relationships and development of parenting skills.**
  1. Parenting workshops.
  2. Activities involving parents and children.

## **ANNEX 6**

**PSYCHOLOGICAL ASSESSMENT FORM – PHASE 1 AND 2 IN THE  
CENTRE.**

**Psychological Assessment form: to be used during first phase at Centre and before returning home.**

The list is based on discussions with the staff on the types of reactions they have been observing

Post-traumatic reactions	Yes No	First Assessment: Comments	Going home assessment: Comments
<b>Fits, fainting, dissociative reactions, (spirit possession), paralysis, voice loss, hyperventilation</b>		(Typical comments would include frequency of the reaction, when/where it occurs, it's effect on the functioning of the child and relationships with others; what has been done about it, and how the child and others understand the reaction; how this is understood in cultural terms, and the Luo word for the reaction. What is the child trying to communicate by the reaction?or-what function does the reaction have?).	(In addition, the time the child spent in the centre must be stated here)
<b>Psycho-somatic complaints</b>			
<b>Bedwetting which started after the child became captive</b>			
<b>Hyper-arousal –restless, over-anxious, jumps at loud noises,</b>			
<b>Avoidance and lowering of general responsiveness: avoids talking about bad experiences; feelings of estrangement from others; can't feel love for others; diminished interest in important activities</b>			

<p>Re-experiencing traumatic events:  <b>Flash backs</b>  <b>Nightmares connected to the events</b>  <b>Constant preoccupation with past events</b>  <b>Intense distress when reminded of events by present happenings, sights, sounds or people</b></p>			
<p><b>Paranoid reactions</b>  (Extreme unreasonable fear and distrust of certain individuals etc., feelings of being persecuted by others)</p>			
<p><b>Depression, suicidal thoughts and/or attempts</b></p>			
<p><b>Concentration difficulties at school.</b></p>			
<p><b>Fantasies (hallucinations):</b>  Ghosts, images appearing relating to past events –that are not flashbacks)</p>			
<p><b>State of confusion</b></p>			
<p><b>Pessimistic outlook towards the future</b></p>			
<p><b>Behavioural disturbances</b></p>			
<p><b>Militarised behaviour</b></p>		<p>(Comments in this column should include frequency, intensity. What does the reaction mean? How was it dealt with? What effects does it have on the development and well-being of the child? Functioning and relationships with others? How are others reacting to the child? Can the child talk about the feelings behind the behaviours?)</p>	
<p><b>Withdrawal</b></p>			
<p><b>Restlessness</b></p>			
<p><b>Aggression</b></p>			
<p><b>Sexualised behaviour</b></p>			

<b>Defiant and very negative behaviour</b>			
<b>Feelings</b>			
<b>Hope</b>		(These kinds of feelings could possibly all be expressed by one child: indicate what feelings are most characteristic for the child being assessed. What does the child feel can help in the case of difficult feelings?)	
<b>Affection</b>			
<b>Self- confidence</b>			
<b>Happiness</b>			
<b>Grief over loss</b>			
<b>Sadness</b>			
<b>Anger</b>			
<b>Pain</b>		(Both physical pain and emotional pain can be included here)	
<b>Ideas of revenge</b>			
<b>Guilt</b>			
<b>Shame</b>			
<b>Lack of trust</b>			
<b>Anxiety</b>			
<b>Fear</b>			

<b>Resources</b>			
<b>Helpful</b>		(This may be a good way of ending a therapeutic assessment of the child – focusing on positive characteristics of the child which will sustain him or her through difficult times)	
<b>Good contact ability</b>			
<b>Openness and able to articulate feelings</b>			
<b>Empathy</b>			
<b>Special talents</b>			
<b>Willingness to learn and listen</b>			
<b>Ability to adjust to new life</b>			
<b>Other observations</b>			
<b>Trend in child's overall progress</b>			
<b>No significant change</b>		(In this column, the assessor's as well as the child's reason for the change-or lack of change should be stated)	
<b>Significant change for the better</b>			
<b>Significant change for the worse</b>			
<b>What helped most in bringing about the changes, and why those particular things mentioned?</b>		(Here, both opinions from the child as well as parents and workers at the Centre can be included)	

## **ANNEX 7**

### **THE CHILDRENS' WORKSHOP, GUSCO CENTRE**

## **The children's workshop GUSCO Centre 28<sup>th</sup>.April 1999.**

The workshop was held in a room in the Centre. There were two sessions; in the morning session, the remaining 15 children, 12 boys and 3 girls participated. The children were mostly around 15-16 years old. Four of them had physical disabilities related to their abduction. In the afternoon session, 18 children, 9 boys and 9 girls, who had left the Centre up to a year ago, and who were now attending the skills training programme, participated. These young adolescents they stayed with family or alone in Gulu town. They were somewhat older than the Centre group.

The workshop was facilitated by four experienced social workers who knew the children well. The external consultants attended throughout, taking notes as the discussions were translated to each by different social workers. Notes were compared afterwards.

### **MORNING SESSION WITH GROUP 1 –CHILDREN AT THE CENTRE**

The session opened by assuring the children that what we were going to discuss were familiar things to them-they were encouraged to give their opinions freely.

By way of introducing each other, everybody was asked to turn to his/her neighbour, find out his/her likes and dislikes; after which participants introduced each other by name, citing the likes and dislikes of that person. This was accompanied by much laughter.

Many of the "likes" related to life, education, good food; the hates tended to centre round war, death, crime.

The facilitator's questions/comments are written in italics.

*The children were then asked why they thought they had been invited here?*

Suggestions were:

- For teaching
- To exchange ideas
- To interact and find out how they have been disturbed by the problems they have experienced.

*The facilitator: We want to hear your opinion about various things. We would like to know what you feel was most important in helping you to recover from the bad experiences you had and helped back to normal life. How should you be assisted in this? But first we must hear what you think a "normal life" means.*

Responses :

- That is when you begin a new life feeling free and secure
- When you become respectful and obedient and follow guidance from elders
- When you are able to help your parents, and be in school
- When parents are able to delegate some duties to you, and you have good food to eat
- When you are able to have trusting relationships with other people, and somebody loves you
- When you have good health and can play
- When girls can be together with their mother and learn from them.

*What do you mean by "feeling normal"*

- When you feel secure from the rebels, you feel free and have a sense of peace and happiness

*What do you think is the purpose of your stay at the Centre*

- Because of the problems we have caused by Kony
- We're being supported so that we can have normal good health before going home
- To get good health through eating well, being treated and cured
- To help us feel hopeful for the future, to build confidence in us, and to help us become a normal member of the community. Also by passing through the barracks, we get the letter which makes us feel secure in the community
- We learn how to protect ourselves from others (harassment); we are given support in school work-it helps to build hope.
- A girl says: Sometimes if you are a long time in captivity, some of the bad things stick in your mind; in the Centre we are taught many things, so we can begin to forget the bad times and think ahead.
- In the bush –there are no people from your place; GUSCO links us up with our families.

The following is a summary of the answers:

When asked *what helped most*, the children responded:

- The most important: being taken to hospital and getting proper treatment for their serious wounds
- Getting good food and clothing
- The good relationship between the staff and children, and among the children themselves- this brings happiness; comfort and counselling; forgiveness; good guidance on how to relate to people outside the centre; playing and dancing makes you feel very tired and helps you to sleep better at night.
- Watching video brings happiness; also, the feeling of being forgiven
- The talks we have with the staff are helpful

Interestingly, the children did not mention reunification with parents as one of the "most important things" –but this may have been "taken for granted". However, parents are mentioned when the next question was asked:

*What do you remember as most difficult during the first three weeks at the centre:*

- Fear that parents may not come to visit: this gives much pain; we fear that they hate us.
- Fear of being called "mad people"; of revenge from adults and children they had been forced to abduct; accusations and attacks from the community.
- Fear of being kept prisoners in GUSCO; that they would be called «the rebels» in the centre; that you might be killed at the centre.
- Getting used to the unfamiliar environment in the centre, and trying to make sense of that the picture of the Centre given to them in the bush was totally different from what it actually was.
- Pain and sickness due to wounds.
- To begin with, the «bush mentality» still dominated.

- The noise made by other children was scary. In captivity, you had to whisper.
- Fear that information given to the social workers would be taken back to the barracks.
- Fear that Kony would attack the centre and re-capture all the children
- Terrible nightmares especially about re-abduction

The level of the participation increased with time, although the girls were much more reticent than the boys, as could be expected in relation to the culture. However, the discussions were lively in the group work. The responses from the different groups corresponded fairly well, and thus give inputs which both confirm the activities as well as pointing to areas which need strengthening, for example, more help to understand the new environment on arrival from the barracks.

### **Afternoon session with Group 2: children staying outside the centre participating in skills training (carpentry, tailoring).**

Two of this group of 18 children are staying with parents, 8 with relatives, and 8 are staying alone in the town in rented accommodation.

The session opened with a game which all participated in, before proceeding further to introductions carried out in the same manner as with Group 1.

Likes and dislikes focused on much the same themes: many in this group mentioned education as their primary “like”, and “hates” were about being forced to do things you do not want to do; being separated from parents; fighting, war, abduction.

*The children were asked about their expectations of the workshop:*

- To exchange views about how we are living in the community, how we cope
- To find out how they perceive being here now
- To share experiences in order to have a common goal

*The facilitator further explained the reasons, building on what the children said. “We want to hear your opinions on what you think most helped you on the road to normal life while at the Centre; what you found most difficult; what your experiences of being in the barracks were; and how you are adjusting to your present life.*

*The concept of the “Road to normal life” was drawn up illustrating the process from the escape from Sudan, to the barracks, through GUSCO, and then living in the community.*

*The children were asked what they associated with the words “normal life”, and responded:*

- Not being forced to do bad things
- Undergoing education
- Sense of security and happiness
- Getting education, which brings hope for the future; general happiness, good health
- Fulfilment of the basic needs including education – provided free of charge. The birth is free then as a man I have to work.
- Living in a hygienic place
- When I own something, then it will bring happiness, that is a normal life.

- Being able to play
- Only the birds get something for free. You should be able to provide for yourself.
- A warm welcome and warm relationships upon return
- We started normal life at the Centre, then at home

The children were then divided into groups and given the following tasks:

1. What was most helpful to you in your “road to normal life”?
2. What was most difficult for you while at the Centre?

“Most helpful” responses included:

- The warm welcome and medical treatment
- Getting good food after being malnourished
- The group sessions-building good relationships with each other
- Being able to wash yourself well every day-that gave comfort; it washed away skin diseases
- Blankets and warmth
- That we could play; the skills training and getting good health back.
- Help to get hope for the future and how to behave in our community; good advice on how to live
- Traditional dances-larakaraka!
- God helped me; I was very weak when I came
- To be able to relax.

**Comment:** Group 1 and 2 did not have contact with each other during the workshop. Nevertheless, they have on the whole emphasised similar experiences.

“*Most difficult*” about being in the centre produced the following responses:

- Sitting in one place attending to group sessions
- Several children mentioned being in pain due to wounds
- Not being allowed to move outside the gate –I only went out three times (this is because of security reasons)
- Sleeping on a bed at the Centre and then going back to a mat at home
- Sometimes there was lack of water and the meals took a long time to be ready.
- The new environment was troubling at first; there were many people....
- Not being allowed to go home just to pay visits (comment: this was due to poor security)
- Being disturbed by nightmares in the beginning
- The other children were calling me names when I arrived –they were stigmatising me.
- When we went outside the gate-other people calling us rebels.

One boy remarked that “this is still happening and blocking our progress. The teacher knows about it but does very little; but he does discourage the children calling us names. Although the community can be sensitised, the teacher cannot be there all the time to control things”

Group work continued with the following task: *what was helpful to them in becoming part of the community and family again. Also-what problems did they meet?*

- Some stress the *warm welcome* they had got when they went home

- The way people showed that they cared, and they felt able to interact freely at home and help their parents in daily tasks.
- *Traditional cleansing* was also mentioned, so that others could understand that they were now “decontaminated” from the bad things they had done, and evil people they had been together with.
- The *basic items in the “re-unification kit”* made it easier for the children to arrive in households which were struggling due to a lack of material goods.
- They felt it was good to have been prepared by the Centre on how to behave when coming back; for example, showing respect to elders made it easier to be accepted. Also, various relatives gave advice on how they should behave themselves.
- Those that were not experiencing being called names and isolated found this most helpful.
- They could play with other children, and being at home they have a hope for the future.
- They were not seeing and hearing things that remind them of their captivity.
  
- However, there were also those who were being harassed by insulting names which led to them isolating themselves.
- Some children were looked upon as bad omens for the home, having killed other people.
- One child reported losing old friends because he was now looked upon as *cen*, that is, mad.
- Others worried constantly about re-abduction. One boy felt his rejection by others was making him uncooperative and “using hard words”.
- “I am staying with relatives whose child has been abducted, but not returned. This is difficult since my presence reminds them constantly about their missing child, and I feel that their child should have been here instead of me”.
- Also, there were relatives who no longer cared for the children and did not give them any food if they were in school or absent for other reasons- i.e. if they did not work for their living. Some were staying with old parents who were unable to support them any longer.
- Some children pointed to their economic difficulties, for example in renting a house to stay in Gulu town, and buying food when one lives alone.
- Sometimes even one’s relatives with whom one was staying were unkind. All these misfortunes brought back memories of their captivity. Some expressed longing for their own (parental) home. One boy poignantly told about his sadness over having wasted his life “in the bush”.
- When needing help, children said they would first go to friends they had met at the Centre. Those with parents would also go to them, but also the maternal aunt was a trusted person. “It depends on the kind of problem”.

The children felt *the most significant event towards facilitating their recovery* was:

- When I began at the Centre
- When I started the tailoring course
- The very day I escaped from captivity
- When my health improved
- When I could begin relating to people who have not been in captivity.

Several of the children felt that they were not being followed up by the Centre in the way that they wished. Two girls complained that the visits they had received were too short to really be useful.

*Finally, the children’s experiences in being taken to the barracks was elicited.*

The group, whose experiences at the barracks stretch as far back as over one year ago, before the present improvements were in place, gave us a vivid picture of their fears and uncertainties.

- “We gave ourselves up to the army, but were very much afraid. Many things were lacking in the barracks, sleeping places, utensils. Some were sleeping even in the toilets; there were people everywhere. So we believed we had handed ourselves over to be killed.”
- “We were not sure if we were to be killed. We even had to fight for the food, they did not give us enough. We were put together with soldiers in the detention cells. They gave us a very difficult time.”
- “Early in the morning they ordered us to line up, as if we were still in the bush. As if we were recruited to the army.”

The children felt they were looked on as «the enemy» (which indeed they had been ). When asked if they still felt fear of the army, one replied that he is afraid if he does not have the letter from GUSCO that proves that he has been through the barracks and the centre. Another boy remarked that since he no longer had a gun, he feared the soldiers because “they could hurt us if they wanted”. Yet another child said that they still have trouble and fear going outside the district, also for the rebels. The question of getting proper identity cards was also discussed, and only 6 out of the group had ID cards.

**ANNEX 8**

**INTERVIEWS WITH KEY PERSONNEL AT THE  
CENTRE: SOCIAL WORKERS, TEACHERS, NURSE  
AND MATRON**

## Interviews with key personnel at the GUSCO Centre

In order to elicit the opinions and obtain more in-depth knowledge of the roles played by social workers, teachers, the nurse and the matron at the Centre, and link this to their contributions to an M&E system, the external consultants interviewed the different groups/persons separately.

### a) Social workers

We interview two of the social workers who are also members of the team –Stella and Fred.

Since these interviews were held the day after the children's workshop, which both these social workers had been involved in facilitating, their first comment were about the children's responses: "We didn't understand the children's perceptions of us before –perhaps if we had had such a workshop before, we would have been in a better position to understand some of the "difficult" children."

"Only 6 out of 18 that have had follow up- this is not good enough (but there have been reasons for this).

#### *Visits from parents*

*There is not a fixed schedule of visits from parents-the next visit is agreed upon in discussion with the individual family –but may be difficult to set a time due to insecurity. The commonest cause for parents not visiting is that they lack funds for this –no solution for this has yet been discussed. Parents sometimes try to walk to the Centre-but the security situation has prevented many in doing so. About half the children do not meet their parents on their first day at the centre. Also, some parents may come and not find their children among the new arrivals.*

When children do not get a visit, they become withdrawn and unhappy; some openly express that they think their parents do not like or want them. "They think their parents are denying them as their children". One child even suggested that he would not have taken the risk in escaping from the LRA, if he had known how little interest his parents show in him.

Fred gave an example of a boy presently in the camp. "I visited the parents and checked that they had money to visit, as well as asking them to do so. After two days they sent a brother here. It is one month since the parents last visited their son. The other day, I saw he was unhappy, I asked him what was the problem, at first he would not answer, then he began to cry and said he wanted to go back home"

#### *About assessing children's levels of distress.*

The social workers say that it is difficult at times to gauge the degree of emotional problems the children are having. Usually they will tell if asked about suicidal thoughts. Common reactions they observe are restlessness, withdrawn-or violent, aggressive behaviour; military habits, nightmares, and psychosomatic complaints. At times also conversion symptoms.

They have had one girl who eventually committed suicide. She had been abducted with her school teacher. The rebel group forced her to kill her teacher by herself by stabbing him, after which she was also forced to eat part of the body. After she managed to escape she felt so guilty-she thought everybody knew what she had done. In the Centre she could not concentrate on anything, was crying all the time, and had an abhorrence for anything to do

with education-she chose the tailoring classes. She finally eloped with a boy after staying for two months at the Centre.

Two other girls at the centre who were being given drugs from the Psychiatric clinic at Gulu hospital, secretly saved the medicines and tried to commit suicide, but fortunately were discovered in time and rushed to hospital. After these incidents, the nurse took over the administration of all medicines.

Children also commonly show feelings of anger and a wish to take revenge. These feelings may be directed at -other children who abducted them; parents, who did not protect them; the community, who did nothing to hinder the abduction, and who they now fear.

### *Family talks*

By "family talks" is meant the talks on Sunday between the children and the social workers. The topics are based on love, forgiveness and reconciliation.

### *Talks with parents*

Fred and Stella remark that parents sometimes say: you must be doing something strange with our children; they are healthy and fat when they come from the centre, then at home they become skinny, get scabies –what are you doing do them? Some parents are suspicious and do not have enough knowledge to understand the effects of enough food, good health care and emotional care on the children. (This is an important point which should be followed up –how do the parents really understand what the children have been through, and what effects the rehabilitation process has had on them?).

### *Assessment tools*

The social workers use a report format when following up the children which includes:

- Family background
- Details of their life in captivity
- Current problems in need of attention
- Plan of action
- Steps taken to solve problems

There is also a family assessment form used to assess the family situation in view of possible reunification.

A "spider diagram" is used to assess the progress of the children's post-traumatic reactions and social behaviour.

There is also a follow-up form used in school –all children who pass through the centre are registered on this form. Among other items, the children are interviewed about their relations with the teacher. It is generally easier to follow up the children within the school environment. They also do home visits-at week-ends. The forms are kept at GUSCO's central administrative office in town.

The social workers agree that their assessment should be more closely connected to that of the nurse and the teachers at the centre –who at present are not doing any assessment. All such assessments should be kept in one file.

### *Concern over some of the reunited children*

Both Stella and Fred express concern over the situation for some of the children who have been through the Centre, now staying with relatives in the township in Gulu. For example, Lily is staying with her elder sister –who has nothing. When the driver took the re-unification kit to the house, the girls had only 400 Sh. (about 25 cents). Lily was planning to go to Palaro about 20 km. away to get food from their parents –the journey would take two weeks. She was asked instead to come to the Centre for assistance – but of course this is just a temporary measure.

There are also boys living alone and children living with grandparents who pose special challenges to follow up.

### *Relationships*

We discuss the significance of various relationships to the children. Usually, the maternal uncle will be the closest person-but this has also broken down. The paternal uncle will be more like a father-taking responsibility, giving directions, deciding on matters such as education and marriage; the maternal uncle will be "softer"-someone you can talk confidences with.

### **b) Teachers**

We meet with the two voluntary teachers at the Centre, Ben S. Ocan, and Justin Okot. They were teaching at the nearby school, and some children from the Centre showed initiative in asking them for help with their education. They started voluntary during holidays to assist the children, but the numbers increased. On the whole, their colleagues at the school appreciated what they were doing. Eventually, they were hired by the Centre to assist the children in taking up their education again.

They have not been recording the process of the children, neither are they involved in the process of reunification of the child with family and community. However, they daily assess individual children's work, and on Fridays there are small tests which are marked. The children who are very weak are given different tasks to do.

They have daily sessions with the children-which are on a voluntary basis on the part of the children, although they are encouraged to go to classes. The aim of these are:

- Helping children to regain confidence and interest in educating themselves.
- Learning to concentrate and sit still
- Learning basic literacy and numerical skills, some English, drawing, physical education and basic health. They follow the school syllabus to the degree possible.
- Regulating classroom behaviour and relationships between the children.
- Helping the children to keep time and to learn to do routine work

Generally, boys show more interest than girls –they prefer to work in the Centre's kitchen.

Problems the children have are:

- They are slow to learn, can't concentrate and some have difficulties in sitting still
- Many are still afraid; they have difficulty in participating in the class and in answering questions
- They may have difficulties in their relationships with others

- They soon get tired
- They often feel hopeless in the beginning and say that all the knowledge they had before is lost; we have to tell them it is not lost-just buried.

The teachers would like to take a more active part in the resettlement of the children in the community-especially regarding “handing over” to another school. If given the chance, they could discuss with the community teacher methods in approaching the children. They also show interest in carrying out more systematic monitoring and are working on an assessment tool. They feel they would need more time for this work to be done in the right way. They remark that they feel the children in the centre are getting a good start-they have more confidence in being forgiven.

### **c) The nurse**

The nurse, Esther, who is an enrolled nurse, also plays an important part in the rehabilitation of the children.

#### *Utilisation of assessment tools*

The main monitoring of the children’s health is done from the hospital, where their complaints, treatment and results of tests are registered in Medical Form 5., a standard hospital form. However, Ester keeps health records on each child, and has also a photographic record of many children which clearly shows the improvement. At the Centre she runs a “sick bay” to diagnose and treat common. Simple illnesses, but also to assess the need for referral. She does not keep weight and height records of the children.

#### *The issue of HIV-testing*

This is naturally a very sensitive one. All children during the initial health check-up are offered the test-but most refuse this. She gave an example about a group of 5 girls who had all been “wives” of an LRA commander who died of AIDS. According to practice, they were allowed to return home. One of these girls on arrival at the centre was showing signs of AIDS. Naturally, this had a very bad effect on the other girls.

Two of them accepted to have the test after counselling, but refused to know the results. These two were confirmed positive. So far the parents have not been told, and there is uncertainty on how they should be followed up.

One boy asked to be tested and was found to be negative, but refused to go for the second test.

Esther is sometimes approached by the girls regarding the issue of HIV. These conversations she regards (rightly) as confidential. She offers “motherly health education” to the children; they can ask any question, how to handle relations with children outside, how to take care of their clothes and behave normally. Generally the ones who have been with the rebels over a long time do not have insight into such things.

#### *Pregnancy and other problems among the girls*

Four of the girls have been pregnant on arrival at the Centre. One delivered a baby girl, another lost the child during labour. The Centre encourages the girls who are pregnant to stay until they have delivered, since they are able to offer a much better follow-up and there are more likely to be complications with these pregnancies.

When the girls are with the rebels, once pregnant they are taken to a special place, and given care. If their partner dies of AIDS –the girls are sent away and allowed to escape. The LRA wants to keep the children for future soldiers, however. philis. Other sexually transmitted diseases are also common. The menstrual cycle is often absent, sometimes it resumes spontaneously after about a month at the Centre, at other times hormonal stimulation is necessary.

According to the Esther, the girls who have been the wives of commanders are the most difficult to handle, they are very aggressive usually. Boys, according to her, are easier to talk to, and have a greater number of post-traumatic reactions.

The extensive sexual exploitation the girls have been subjected to during captivity-with multiple partners, seems to give rise to two different forms of reaction: inappropriate sexualised behaviour and active seeking after sexual relationships –which exposes the girls to all sorts of dangers and complicated situations; or, complete negative reactions to relationships with men.

#### *Serious wounds and illnesses*

Many of the children are seriously wounded on arrival at the centre and require treatment in hospital and close follow up over months. This year-9 operations were performed on the children. Gunshot wounds and metal splinters are the commonest causes.

There were also two cases of post-traumatic (head wounds) epilepsy.

Some of the children are getting drugs for more serious psychological disturbances. Drugs such as Largactil and Laroxin are used –generally for not longer than two months, with two-weekly controls. Usually the treatment continues until the cleansing ceremony can take place –although some parents do not approve of this ceremony. The children are also immunised.

Esther is willing to participate in developing assessment tools which can be used to indicate the state of health and nutrition on entering the centre and on leaving. She is furthermore interested in taking part with the social workers and teachers in a more integrated form of assessment. We also discuss with her the possibility that the parents or guardians of the children get a simple report of the child's state of health, operations performed, treatment given, at reunification, in order to facilitate follow-up by the community health system on return.

#### **d) The matron**

The matron has a central position in the lives of the children, she is perhaps the person with most daily contact with them since she works with them in preparing all the meals, helps them look after their clothes and personal hygiene, and is generally available at most times.

The children on arrival at the Centre are affected in different ways. We observe them closely. When I see that a child is behaving in a withdrawn or otherwise abnormal way, I contact the social worker responsible. To begin with, the children are not very open, but gradually begin to talk about their experiences spontaneously. Usually this comes when they sit together playing cards or something. The girls may tell about their experiences in being forced to be “wives”, the beatings and sexual abuse they have endured, as well as extremely hard work. A

punishment for making “bad food” can for example to be forced to drink 5 litres of water very fast.

The boys have usually been very badly beaten. There are differences in how the boys and girls react. In the bush –although the girls suffer a lot-many of them are given positions of power as commanders wives-and get used to ordering smaller children to do tasks for them. They continue with that behaviour here until it is adjusted through the correction in the Centre. On the other hand, the boys mostly keep quiet.

The girls who become pregnant in the bush are kept separately in the sick bay of the LRA and guarded-that is why we get so few pregnant girls and young mothers coming. They do not go to the battlefield and thus have no possibility of escape. Even after birth they have to stay in the sick bay, and they work looking after patients there. Often they get pregnant once again soon after the birth. Only three pregnant mothers have come –in the early stages, and they are encouraged to stay until their baby is born. They do not like their pregnant state, and are in no way prepared for mother hood. If we sent the pregnant girl home she may try to get an abortion-which is illegal in Uganda. They need help in accepting their child once it is born, and with this support, they gradually come to do so.

We ask if the matron thinks the children born of these unions are accepted in the society. She says that they counsel the parents at the Centre to prepare them for the fact that their child is pregnant, before breaking the news. The girls are also encouraged to go back to school after the birth. In general, the tradition is to take in the child as a member of the family. When the children are old enough to ask about the name of their father, they are told that he was killed in the war. Traditionally, new born infants are named according to events taking place when they are born. The girls are discouraged in this practice, and advised to give them more “neutral names”.

Very few girls are getting married to-day in the old way –marriage as an institution is breaking down, partly because the bride price is so high.

## **ANNEX 9**

### **FIELD NOTES FROM PABO PROTECTION CAMP:**

- 1. CHILDREN'S MEETING**
- 2. PARENTS SHOW THEIR CONCERN**
- 3. COMMUNITY MEETING**

## **Children’s meeting in Pabo protected camp, 22.4.99.**

In co-operation with the teachers, a meeting was held with 24 previously abducted children, boys and girls, in one of the school classrooms. The guided discussions were facilitated by members of the core group of social workers. Children had not been interviewed in the baseline survey, and it had been our original intention to interview a group who had not been abducted as well, but this was misunderstood. The Child Protection Officer of Pabo was present during the discussions.

Introductions were made, and the purpose of the meeting explained to the children: to ask them their opinions of what were the most important factors contributing to their successful re-settlement in the community. They were also told about the project which was under planning.

The idea of “Key Quality Aspects” was introduced by using the act of buying a goat as an example: one does not just buy any goat-one looks for certain things which will tell one that this is a good goat. In the same way-in the meeting to-day –the children will be asked to discuss:

- What is a good school?
- What is a good home?
- What makes a good friend?

The children were then divided into groups and asked to discuss and draw together their ideas of a good school and home, and what makes a good friend. After which they presented their findings.

The school

“A good school” should have:

- Enough classrooms –7 in fact, one for each grade
- Fence around for safety and keeping animals out
- A borehole for clean water
- Food at lunch for all.
- Latrines
- A well with water
- Bathroom
- Enough textbooks
- Free pencils and writing books
- Enough teachers
- A clean compound
- Number of teachers to student not so high.
- Clean and smart children, who follow the regulations
- Sports equipment
- Children should have good relations with each other
- Good storage

**How do you know when the children have good relations?**

- They show togetherness, and walk holding hands.
- Playing together.
- No fighting
- No theft from each other.
- Help each other
- Sharing books and pens and food.

What are good teachers?

- They teach well, and that gives wisdom.
- A good teacher will respond to requests from students.
- A good teacher will accept the students, and show understanding
- Students respect the teacher even outside the school
- The teacher who does not beat pupils will gain respect and be popular;
- The child feels confident in the classroom.
- The pupils will take better care of their health.

**.....but if the teachers is not good:**

- Bad teacher /child relation results in failed examinations.
- The child will fight the school –they will become a headache, and drop out.
- Children will transfer to other schools.
- The pupils will have a hard life at school.

*Who takes care of your health and personal hygiene?*

Ourselves

### **Friends**

A good friend is:

- One who gives good advice.
- Somebody you can play together with.
- Talks to the other when distressed
- Helps you in school.
- Shares pens and books with you.
- Walks together with you.
- Uses same bike as you.
- Digs together with you.
- Gives you direction to escape from danger – and to escape abduction.
- Visits when you are sick.
- Assists you in all ways

*How would you know the advice is good?*

- He always tells the truth.

*The children were then asked: when you feel troubled by something, to whom do you turn for advice?*

The following answers were given:

- To father (8)
- To mother (1)
- To friends (15)
- To teachers (4)

We ask: why do so few seek mothers help? - A child answers: friends are always available. Most of the small problems we discuss with friends, but big complicated problems we take to mother. When asked who loves them most, the children all agree that their mother does –“but she does not spend so much time with us”.

### The home

The house is described as the place for protection of things. There should be trees around the house for wind-brake.

*What is a good home?*

- The child will go to school
- There will be good neighbours
- There will be rules and regulations
- The child will get good advice
- The family members respect each others
- It will have toilet and a bathroom
- Parents would love their children
- There would be enough good food
- Co-operation among its members – people would love one another
- The home would have domestic animals
- The children would be disciplined.

In further discussions, it was revealed that 12 of the children had heard about GUSCO, only 6 children had been through the Centre, the others have come straight back to the community.

### Thoughts and feelings

The children were then asked in the large group: How many of you have problems with thoughts, - feelings and behaviour even now? 17 put their hands up.

One by one they give examples of what is distressing them:

- I get worried about sickness every time I drink the water. I have this stomach problem. (oldest of the boys)-it came during the time I was abducted, and has remained.

- As I was running away from the rebels in order to escape, I saw this dead person under a tree. He haunts me. (If you see a dead person with out putting a leaf upon him, or pity him, he will haunt you.)
- I escaped – but was recaptured and beaten severely; I keep thinking about this; I feel very afraid.
- I can't concentration when I'm in class –I keep hearing gunshots. (girl)
- When I was abducted I saw them killing my father. That still hurts me a lot. And I feel depressed.
- There are difficulties relating to other children. They fear me, and thus they are unfriendly.
- Problems with relationships to the community; calling names.
- When I meet some one from the family that I have been forced to kill some one in, I fear that one day they will kill me.

*The children were asked: do you keep these things secret for yourselves or do you go to the teachers or others to talk about it? Do people understand you?*

- A 14 year old boy, who talked more than the others, says: I told my mother and my brother about my worry:. I also was talking to this person, and just I was doing so there was an attack; I just managed to escape, but he was killed. Than later my brother also got abducted and killed.
- “I think people would help me with my problem”
- “Like we are doing now-getting guidance”.
- They can help me (referring to GUSCO). The passing on of their knowledge helps.

*How do the community understand your problems?*

I have been abducted 4 times. Someone in the community told me I should have been killed, since I attract the rebels. I am so frightened by that..

*Does the community show you affection?*

- That depends on the relationship we have with particular persons. Some relate well, others keep reminding us of the bad times.
- The leaders show sympathy, not the others.

*Can you support each other? Most of you are learning about each others for the first time from this meeting. Has this been helpful?*

- It seems so....
- If the children in the camps in Sudan knows there is a program for them in Gulu will they come back.

Short talk with children's secretary:

- “Some parents say “they are not my children.” Meaning they have changed so much.
- “Most parents neglect their children.”
- “Some children don't talk when they return from the bush.”
- The problems are believed to go away if they just get something to do, like work, playing games. Feeding in school will also be helpful.

## **Parents sharing their concern in Pabo protected camp, 20.4-99.**

As part of the community discussions in Pabo, a meeting was arranged with 16 parents of abducted children who had returned. The meeting was facilitated by the team leader, George Omona.

The purpose of the meeting was introduced: To contribute information about problems children have after coming home, so that the project under development could perhaps do something to alleviate the problems to some extent, with close co-operation with parents.

This was the first time parents had gathered together to talk about their problems. Both mothers and fathers contributed freely. The following responses were given:

-Before my child was very good. She was abducted for a long time, and was totally changed when she came back, as she was possessed (*cen*) by the spirits. Some may be helped by herbs, others not. The girls will not be able to marry, because the problem is there... The only solution is that we all share our experiences and that we pray that God may heal them. How should we help them?

- My child was also normal when abducted. But now I do not know what to do. They are living very hard lives in the bush. GUSCO should keep them till they are normal again.
- My child is unhappy, angry, brain washed. There is no love between my child and her parents. Children should work. The program should develop possibilities for them to work in groups.
- My child worries, is disorganised and bitter. He is *very* bitter.- (A father) I had 4 children abducted. Three have returned, one is still in the bush. The youngest was 10, the oldest is now 20 years. The oldest should learn some skills so he can make money and live... Parents should be guided in how to handle the situation.
- (A mother) I had three children abducted. Two were killed and one returned. He was married at the time he was abducted. Today he has stomach problems. After he came back his wife's parents came and took her away, saying she should not live with a rebel. I cannot reach the bottom of the depths of his thoughts. He is very quiet, and never laughs.
- Parents are broken – they cannot find a proper way of understanding the children.
- My daughter was *cen*. We took her to the witch doctor, - but three weeks later the disturbance returned.
- My boy is too humble, too quiet.

*George now asks about the relationship between the parents and the children –what is it like?*

(The group tend to avoid referring to relationships between themselves and their children, but talk about other relationships)

### **The community is a problem.**

- My son was abducted. Today he's relation to his wife is difficult. He also has a child., and his relationship with the child is also difficult. ... He is very restless, and races round the camp at high speed on his cycle.
- My daughter has learned to sew, and has been given a singer. She is at Gusco, but she cannot concentrate.

- Some have mental disorder and cannot be helped. They talk in ways you can't understand. Some even die of illnesses after they have come back.
- One of my children disturbs the others.
- With time it seems to get better,, if the children are given assistance they should be assigned responsibility and get their basic needs covered-otherwise there is no change in their lives. There are also bad things happening in the camp.

This lady's comments were interesting: She spoke of how the problems from the bush were very bad. But when the children escape and come home, they get additional problems, when they find that their home as they knew it, is destroyed, and their family is living in a protected camp.

***Can the children be helped?***

- Those who have been a very long time in captivity are very difficult to help.
- They get themselves into all sorts of problems in the community.
- It will take at least 5 years to recover.

*When is a child integrated in to the community and "normal again?"*

The parents answer:

When they are engaged in some useful activity  
 When they reach the marrying age-if they marry and stay with their partner.  
 Get a job and make money enough.  
 When they have a good relationship with their friends and are happy  
 Able to perform in school again as before. When they pass exams.  
 When they share their feelings with others. When they are able to talk with others..  
 When they show respect the community.  
 When they begin to plan for the future.  
 This will only happen when the war stops.  
 When the grades/reports from the teachers are good again.

*What are the community saying or doing about the children?*

Parents answer:

One women recognised my girl and said she had been shooting at her. But the majority welcomes them back.  
 One parent complains about how one child taken by the army still was in prison and not being released. His son of 20 years, abducted while a young teenager, had been taken to Kampal and imprisoned there. He had been to try and get him released, but to no avail. He does not know exactly why his son is being held. He was advised to report it to the Human Rights Office in Gulu.

One parent asks: Can you help the parents that are concerned? (The planned project was referred to and the importance of parental participation underlined).

## Notes from Pabo Community meeting 20.4.99

### 1. Meeting with all the invited groups/representatives

George, in explaining why we wished to have discussions with the community, drew a flowchart linking this meeting to the process already started during the Participatory Rural Appraisal(PRA) baseline study recently carried out in Pabo.. The following stages were illustrated in the flowchart:

1. The baseline findings; the attitudes and needs of the community
2. Identifying qualities in a good program for children –the step we were about to go through to-day
3. Planning
4. Implementation.

George then explained that during the PRA, there had not been much focus on the abducted children as a group. Since the planned project was focusing especially on war-affected children, more information would be necessary. Thus the next question:

*Are there differences in the ability to re-integrate between the children who have been through GUSCO /World Vision Centre -and those who have not?*

**The responses are summarised below:**

Those attending one of the two centres	Those who have not attended a centre.
Easier to discipline	More aggressive and fearful, react to loud sounds
These children like to work, they are hard-working (Seventh Day Adventist pastor)	Very silent, unstable, and a tendency to run away from school (teacher). Show military habits Are difficult to deal with especially regarding discipline.
	They do not respond when talked to. If you continue to talk to them, they still do not answer. They can become violent. Their personality is changed. They drink, even though they did not drink before.
These children sometimes give advice in the community on how to relate to each other	They are aggressive, and overemphasise what they did in the bush, how many they have killed. They frequently threaten others. Some are 'mad' so we take them to the witch doctor.
(Teacher) They become moulded in the centres. However sometime when they return to the community they will discover new problems, depending on the family setting. It also depends on how long they have stayed in the bush. Basically all of them want things to happen according to their will and way.	They want things to happen their way

*What are the communities attitude to these children?*

- (SDA Pastor) They are feared because of their behaviour.
- (Nurse) When they come back directly from the bush, they have a lot of body rashes, cough, diarrhoea and are in rags. The community gathers around to look at these children. Who will then attend to them? But the general perception is it is better to come back alive than not at all. The problem is however that there is still fear due to their behaviour.
- (Teacher) They are generally accepted. Their guilt feelings make them isolate themselves, also their behaviour isolates them.
- They have committed murder. This “amnesty” is only the government saying it should be so. But they are never punished. Even though they are the lost sheep, people still blame them. For me they are OK, but it is not so with the community, who look upon them as guilty
- It is difficult to assess how much they are accepted. Some people think of revenge upon these murderers and looters.
- They are known to have done evil. They have even killed their own relatives. Thus when they come back old friends/clans asks them to pay compensation for the atrocities committed upon their families. Parents are not able to pay, and in this way permanent hatred can develop, and the whole family may become a victim. Even this group has bad feelings against them... The governments policy is to give amnesty, but even in our hearts we do not like them. The ones who have not killed are received well.
- (Children secretary) Let me give you an example of a boy who involved in a fight in the community. I was asked to come and help. When I came the boy fought even me, so the community turned upon the boy, and were about to exercise mob justice. I had to save him. Basically, the children are accepted, but it also depends on their character before abduction.
- My boy was abducted. He continues to complain about some symptoms. The children need to be got together and assisted.
- I was abducted. I was shot in the fingers, but survived as the only one of seven abducted. The reaction of the community was so bad. One of the commanders died, and when they found him, they said I should beat the dead rebel. As a Christian I would not do that, but said the government should handle this. GUSCO should teach people the best ways to handle situations like this.
- When we have an abduction in the village the ‘lucky’ parents who have not had their children abducted are disliked by the others, since they feel jealousy.
- (Traditional birth attendant) The community will withdraw or hide themselves, when an abduction has taken place, in fear that the abducted person will be forced to take the rebels back to their village to abduct more people. Even after they have been in the bush some time, they fear the people who have now become rebels.

*Is there a difference in the reception/attitude towards girls and boys?*

- (Same TBA) The girls are no problem for the community.
- Girls have special rites for being cleansed after sexual defilement. The abduction may have some effect upon their reproduction abilities, in that case the community will look down upon the girls.
- They sometimes lose self- control and steal from their husbands like the rebels would do.
- Boys have been more involved in killing.

- It is the same for boys and girls. They have the same training, and they have the same personality given to them by the LRA. It is in their brain. For example, my daughter neglects the child she brought back with her from the bush, the baby is just crying and crying and she does nothing. --- I feel like beating her back to normality. Girls get lonely and they get lazy. (A very frustrated father talking).
- There is really a high degree of laziness in those who have been in the bush for along time. Girls are expected to marry – but these girls are difficult to approach, and are not likely to be married.

George: We should beg them forgiveness for not having protected them. The way you talk to the child is very important. You must show the child acceptance. In the school environment it must be recognised that the child needs help. Churches also need to understand this. It should be emphasised that the child was forced to do these bad things.

### **Presentation of the base-line survey results.**

Richard present feedback from the baseline survey, previously carried out by GUSCO in Pabo:

1. Overcrowding
2. No land for cultivation
3. Forceful arrests. If they go back to the field the rebels or the army may take them since they should not leave the protected camps.
4. Insufficient medicines.
5. Many deaths due to accidents and sickness
6. Scarcity of clean water
7. Difficult to guide the children
8. Separation and divorces on the increase
9. Increase in early marriages
10. Increased illiteracy
11. People unable to work normally –much idleness
12. Defilement (due to new dance called *bak mak*, it is an Ayije dance and associated with drinking.)
13. Adultery
14. Lack of sufficient income result in stealing

### **School feedback:**

1. Too few teachers
2. Inadequate buildings
3. Too few seats
4. Lack of equipment and teaching materials
5. Poor - or lack of latrines
6. High rate of drop-outs
7. Late school start for many students
8. Children with difficulties not responded to in a good way
9. Children who have been in captivity are not received well in school
10. No life skill education on issues such as STD, AIDS

## **Community:**

1. Children returned are feared
2. They are beaten by people
3. Always ignored and left behind
4. Their behaviour is not good
5. They want to take revenge on these children
6. Some in the community cannot show forgiveness to these children
7. Generally poor acceptance

There was no information from the children in the baseline, since they were all in the school when it was being carried out..

*George: GUSCO will not solve all these problems on their own, but will do advocacy for others also to come into Pabo and assist. The community must also contribute. The baseline will be distributed to other NGO such as RC, UNICEF.*

George gives an orientation on DANIDA and USAID funding, mentioning the possibility of sub-grants to community groups who proposed relevant, feasible initiatives.

Comments from the meeting:

- I do not have the hope that children may become normal again.
- The community care givers trained by World Vision do not have sufficient skills. They need more training.
- This problem is increasing, we must look at the causes of the war. How does the international

Community look at role of Sudan in this?

George: First people supported this war. As it changed character and it began to affect the children it is no longer supported.

Separating to work with the teachers:

Stella facilitates, clarifying terms:

## **Psychosocial in Luo: Kwo makelo tam madwong;**

***Kwo maber* = state of living; *Tic (maber)* = good, normal**

The clearest meaning will be:

*Bedo kitam ma beco ma kelo kwo maber i kin dano* = having positive thoughts that bring harmony among people. = social/relation aspect

*Bedo kitam ma beco ma kelo kwo maber i cwinye* = having positive thoughts that brings harmony/positive feelings in the heart/internally.

*Bedo ki yom cwinye ma kelo kwo maber i kin dano* = *having (state) a settled mind/heart that brings harmony among people.*

The community members were then divided into three groups to discuss possible Key Quality Aspects of a project in Pabo community addressing the psychosocial need of the children affected by the war.

The groups presented their results:

**Teachers:**

- Locally based
- Community support and commitment
- No segregation in the programme
- Awareness of the problem among the population
- Support from NGO's and other external sources
- Enough funding for effective support all the way
- Should be based upon the Rights of the Child
- The community should be part of the whole process

**Womens group:**

- Co-operation among different groups
- Promotion of respect and trust
- Support from the community
- Sharing of ideas between community and leaders
- Skills training
- Responsible teachers
- Health and nutrition promoted
- Promote culture
- Follow up participation in monitoring

**Male elders and leaders**

- Skills training
- Community participation in monitoring
- Parents co-operation in running it
- Should promote moral and spiritual guidance
- Sensitisation among parents as to the needs of the children
- Train teachers on how to facilitate learning
- Abducted and non abducted should learn to relate to each other
- Ownership of the community
- Co-operation within the community

## **ANNEX 10**

**INDICATORS OF THE CHILD'S RE-INTEGRATION INTO THE FAMILY,  
SCHOOL AND COMMUNITY AS ASSESSED IN THE FAMILY SETTING.**

**SUGGESTED MONITORING TOOL FOR FOLLOWING CHILDREN'S  
PROGRESS AT SCHOOL.**

## **Indicators of the child's re-integration into the family, school and community as assessed in the family setting.**

(Suggested indicators are numbered under each specific theme being assessed)

Area of focus: The status of significant relationships

- **Relationships within the family**
  1. The parents show a good knowledge/understanding of the child's daily life, difficulties and progress –i.e. they are able to give a good account of these issues to the interviewer.
  2. Parent/guardian are participating in Concerned Parent's Association meetings or similar activities like parenting workshops.
  3. The parent/guardian talk of their child in a positive manner, confirm their love of the child.
  4. The parent/guardian give good examples of conflict-resolution between themselves and the child.
  5. Siblings confirm positive relationships with the returned brother/sister
- **Acceptance among neighbours**
  1. The parent/guardian and child give examples of positive acceptance by the neighbours of recent occurrence.
  2. Absence of insulting remarks or other types of harassment by persons in the neighbourhood.
- **Friendships and peer-groups**
  1. The child can name at least one very close friend and confidant .
  2. The child is in frequent contact with friends.
- **The child perception of his relationship with peers and the community**
  1. The child gives a positive confirmation of his relationship with peers and adults in the community, and is able to give concrete example of this. He /she may also refer to improved relationships as time goes on.
- **The child's involvement in negative incidents**
  1. The child has not been involved in any self- initiated negative incident in the community.
- **Attitudes to marriage**
  1. The parent/guardian and the child expressed views on marriage which is compatible with the best interest of the child.
  2. The child if at marriageable age has a positive attitude to marriage and becoming a parent.

The child's daily life

- **The child contribution to the function of the family**
  1. The child describes how he performs his duties in the family

2. The parent/guardian confirm the child is showing respect and following up advice.

- **The child's participation in children activities in the camp**

1. The child is actively participating in community initiated activities

- **The child's education**

1. The parent/guardian demonstrate a positive attitude the child's education and are knowledgeable of the child's progress in school.
2. The child confirms a positive relationship with teachers and fellow students
3. The out -of- school child are so by own choice, and not because of problems due to abduction.
4. The out- of -school child is occupied with something meaningful

The child's overall development

- **Psycho-social wellbeing of the child**

1. Reduction in - or absence of troubling behaviour relating to the child's previous experiences.
2. The child expresses hope in relation to his future life.

- **Health and nutritional state**

1. No serious health and nutritional problems are observed.

- **The security of the child's family environment which threatens the wellbeing of the child**

1. The family has no serious problems(alcoholism, chronic disease in parent(s), single parent family, elderly parents or relatives) which threatens the stability of the family and wellbeing of the child

## **Indicators of the child's educational progress and re-integration into the school environment**

Based on discussions with teachers in Paboa community, the following tentative suggestions are forwarded regarding indicators of educational progress/ re-integration in the school.

### **Progress in school**

- The child's grades as seen in test and examinations show progress
- The child is able to move up to the next grade at the following school year.

### **Attendance**

- The child attend classes on a regular basis
- The drop- out records for previous abductees in comparison with average drop- out rate.

### **Participation and concentration span**

- The child is actively participating in class discussion and in extra curricular activities (documented through systematic observation).
- Increase in the child's attention span after three months(documented though systematic observation in class)

### **Child's relation to teacher and peers in school**

- No reported incident of violent conflicts between peers and child
- The child is observed to be interacting positively with peers
- The child approaches the teacher for advice
- The teacher knows which children in his class are previous abductees
- The teacher knows the name of these children