USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

IMPLEMENTING AND EVALUATING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) INTERVENTIONS IN UGANDA

KEY FINDINGS

- The Journey of Life intervention was successful in supporting caregiver wellbeing and encouraging positive parenting behavior.
- Barriers to participation included the need to meet basic needs, lack of transportation and language barriers. Men were less likely to participate in the Journey of Life intervention than women.
- Our findings support an emerging evidence base of programs that improve psychosocial programming for refugees in humanitarian settings. Further work is needed to engage male caregivers and to explore the long-term effects of the program on caregivers and children.

BACKGROUND

The primary aim of the Journey of Life (JoL) program is to establish effective and sustainable evidence for psychosocial support and child protection activities in the Kiryandongo refugee settlement in Uganda through the United States Agency for International Development (USAID) Health Evaluation and Applied Research Development (HEARD) program. Between July 2020 and May 2022, the Transcultural Psychosocial Organization (TPO) and Washington University in St. Louis (WUSTL) team completed various operational activities, including program implementation and evidence strengthening.

The JoL intervention is a psychosocial program designed to engage parents and caregivers in capacity building to care for their children and the children in their communities. Participants meet in groups for weekly sessions that involve a range of knowledge and skill-building activities. The JoL intervention was originally developed by REPPSI to support children affected by HIV/AIDs, and was adapted for implementation in the humanitarian context.

The majority of the Kiryandongo population is under age 18 (62%), and 99% of the refugee population have fled conflict in South Sudan, while the rest are from the Democratic Republic of Congo, Sudan, Kenya, Burundi, and Rwanda (UNHCR, 2020b). Psychological distress is quite high among refugees in Uganda, affecting both caregivers and their children. However, there are limited health services and, less than 1% of the total population of people with mental health concerns in Kiryandongo are able to receive MHPSS services (Adaku et al., 2016).

INTERVENTION DESIGN

This JoL adaption focused on engaging caregivers in building awareness around child protection and fostering psychosocial support through reflection, dialogue, and action. The series of workshops were divided into twelve sessions that include psychoeducation, self- care, positive parenting, understanding children's needs, identifying children who need help, and building on children's strengths. The manualized protocol for 12 sessions was designed to be implemented by non-specialized humanitarian workers. There was an overall emphasis across the curriculum on creating nurturing and caring communities.

STUDY DESIGN

The JoL study utilized a quasi-experimental design with a waitlist control group and an intervention group to examine the effectiveness of the Journey of Life intervention among refugees displaced in Uganda. The hybrid effectiveness- implementation study design utilized a quantitative approach to examine effectiveness and a qualitative approach to examine the implementation of the intervention.

To reduce contamination, the treatment group was conducted in one Ranch (a demarcated segment of the settlement) of Kiryandongo, while the waitlist control group was in a Ranch that is geographically separate. Participants in the intervention group received the program weekly for 12 weeks. The waitlist control group was invited to participate in the intervention shortly after the endline assessment in the intervention group was completed. Effectiveness indicators were assessed at baseline and endline.

Inclusion criteria for participation in JoL was any person (men and women) ages 18 and over who lives with a child under 18 years old or has responsibilities for someone under the age of 18. Participants could be refugees or Ugandan nationals living in the study location, and they did not need to meet any criteria for the presence or absence of adverse mental health.

FINDINGS

Effectiveness Findings

A total of 1,137 respondents completed baseline and endline assessments. At baseline, almost all (96.04%) of respondents in the full sample originated from South Sudan. Most respondents were married or cohabitating (69.83%) at baseline, and nearly all respondents identified as female (92.46%). Respondents most often

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reported caring for multiple children, with 55.15% and 24.19% of respondents reporting three to six and more than six children in their care, respectively. Most respondents were between the ages of 36-45 (38.33%) or 26-35 (35.86%). Nearly half of respondents (49.47%) reported that cash from INGOs provided their primary income source; farming (37.74%) was also a commonly reported income source. Food insecurity was also common, as 82.63% of respondents reported not having food to eat because of a lack of resources within the three-months prior to baseline data collection.
Findings from the intent-to-treat analysis demonstrate that, overall, JoL participation was strongly associated with an improvement in mental distress and attitudes related to child violence. In the fully adjusted models (with the addition of covariates), JoL participation improved mental distress (coef: 1.89; p<0.001), warmth/affection (coef: 2.18; p<0.001), undifferentiated rejection (coef: 0.78; p<0.001), and VAC attitudes (coef: 1.54; p<0.001). Statistical significance was found in partially adjusted models for the following outcomes; social support (coef: 1.79; p<0.001) and functioning (coef: 1.96; p<0.001). However, statistical significance was not demonstrated in the fully adjusted models.
Participation in the JoL program was associated with improvements in the primary outcome of mental distress, and the secondary study outcomes of parenting behaviors, and attitudes towards violence against children. These are positive outcomes that strengthen the literature about parent and caregiver interventions in humanitarian settings.

TABLE 1: INTENT-TO-TREAT ANALYSIS, LINEAR REGRESSION COEFFICIENTS

	UNADJUSTED COEF. [95% CI]	ADJUSTED (PARTIAL) COEF. [95% CI]	ADJUSTED (FULL) COEF. [95% CI]	UNADJUSTED COEF. [95% CI]	ADJUSTED (PARTIAL) COEF. [95% CI]	ADJUSTED (FULL) COEF. [95% CI]	UNADJUSTED COEF. [95% CI]	ADJUSTED (PARTIAL) COEF. 95% CI]	ADJUSTED (FULL) COEF. [95% CI]
CAREGIVER WELLBEING									
	MENTAL DISTRESS+			**SOCIAL SUPPORT**			**FUNCTIONING+**		
INTERVENTION	3.37*** (2.80-3.94)	2.74*** (2.15-3.32)	1.89*** (1.26-2.53)	1.63*** (0.74-2.51)	1.79*** (0.87-2.71)	0.49 (-0.54-1.51)	2.70*** (1.67-3.74)	1.96*** (0.91-3.01)	0.55 (-0.60-1.71)
R-SQUARED	0.13	0.18	0.32	0.03	0.05	0.21	0.04	0.09	0.26
CAREGIVING BEHAVIORS AND ATTITUDES									
	WARMTH / AFFECTION			**UNDIFFERENTIATED REJECTION+**			**VAC ATTITUDES+**		
INTERVENTION	2.65*** (2.18-3.12)	2.58*** (2.09-3.06)	2.18*** (1.68-2.69)	0.55*** (0.29-0.81)	0.68*** (0.41-0.95)	0.78*** (0.46-1.10)	2.07*** (1.70-2.43)	2.12*** (1.74-2.50)	1.54*** (1.10-1.97)
R-SQUARED	0.13	0.15	0.31	0.02	0.04	0.04	0.19	0.20	0.25

Note: A total of 18 models are presented in this table, whereby each of the six outcomes includes an unadjusted, partially adjusted, and fully adjusted model. Adjusted models (full and partial) include the respective baseline measure, as well as baseline covariates of age, schooling, number of children in care, food security, ranch, gender, and marital status.
*Adjusted full models include the baseline and endline measures for the other outcomes of interest. Each column is a separate model. 95% CI: 95% Confidence Interval; *** = p<0.001, ** = p<0.01, * = p<0.05; + reflects an inverted score.*

Implementation Findings
From February 2021 to April 2021 and October 2021 to February 2022, the study conducted 43 semi-structured interviews with a range of stakeholders (e.g., partner organization staff, implementation staff, refugee community members) recruited using purposive sampling. Interviews were conducted in-person in English and local languages before and after JoL program implementation by trained data collectors.
Respondents were asked about their perceptions of community needs and resources, their views on mental health and child protection, and their suggestions about program components. Implementation staff were also asked about motivating factors and determinants to implementation success.
The JoL study identified relevant barriers and facilitators for JoL program implementation. A key facilitator to implementation was the cosmopolitanism of organizations, or how connected they were. The connections between organizations provided strong networks, communication, and coordination across sectors that were relevant to the intervention - namely mental health, health, education, and child protection sectors. Individuals in the refugee community identified hunger, transportation, and language challenges as barriers to being able to attend and actively participate in programs. However, they also noted that these could be addressed with appropriate support (i.e. adding livelihood support to programming and including translators in sessions). Implementation staff and community members who participated in the intervention were also very satisfied with the JOL program.

REFLECTIONS AND RECOMMENDATIONS

Research findings supporting an emerging evidence base of programs that improve psychosocial programming for refugees in humanitarian settings. Further investigation into effectiveness among subgroups of participants, as well as long-term outcomes of the program, and the program effects on children's mental health and functioning would be impactful.