## Provision of integrated Physical and Psychological Assistance to War Victims in Northern Uganda

### Quick facts about the project

<table>
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<th>Project title</th>
<th>Provision of Integrated Physical and Psychological Rehabilitation Assistance to War Victims in Northern Uganda</th>
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<tr>
<td>Geographical Location</td>
<td>Gulu district in Awach sub-county, Omeoro district in Lwakwana sub-county, and Kitgum district in Macwiri sub-county</td>
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| Core Project Components | • Physical Rehabilitation: Surgical / specialized treatment and medical follow up  
  • Psychological Rehabilitation: Psycho-education, Cognitive Behavioral Therapy, Psycho-medication, Individual Family Therapy, Awareness.  
  • Material Support: Village Savings and Loan Associations (VSLA) and Livelihoods.  
  • Follow up and referrals |
| Funder | Trust Fund for Victims (TFV) |

### Opportunities for partnership and continued investment

The Trust Fund for Victims through TPO Uganda provided an opportunity to address the traumatic effects born by the victims of the LRA war in selected districts in Northern Uganda. The testimonies and voices of beneficiaries demonstrate the gradual progress towards restored dignity and productive life within their communities. These initiatives are crucial for healing and guaranteeing non-reoccurrence of conflict in the region.

There are opportunities to strengthen partnerships and investments in order to increase the scope of beneficiaries. Consolidating ongoing efforts requires strengthening research and advocacy to continue strengthening and guiding government investment for sustainability. With no demonstrated implementation of the 15% health expenditure as per the Abuja Declaration, we miss the opportunity to prioritize mental health and physical rehabilitation issues as government responds in the context of transitional justice.

Deliberate efforts to promote and disseminate lessons as well as the best practices of the initiatives are crucial for healing and guaranteeing non-reoccurrence of conflict in the region. These initiatives are crucial for healing and guaranteeing non-reoccurrence of conflict in the region.

### For more information about the project

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**Canaan Katerega, Head of Mental Health Unit**  
Gulu Regional Referral Hospital

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The mental health and psychosocial support needs in Northern Uganda vary. Available services such as medical supplies. With support from the Trust Fund for Victims, TPO Uganda supports Gulu Regional Referral Hospital’s Mental Health Unit – a center conducting community outreach clinics. Our hospital staff joins the TPO Uganda Clinical Psychologist and Social Worker to deliver a combination of psychotropic medicine and psychotherapy to meet client needs. In addition to consultation, we provide online treatment to already enrolled clients and referrals. Since this region still has the highest poverty rates in the country and many people being direct or indirect war victims, these efforts help to bridge the access gap.

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Photo by: TPO Uganda, 2018

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**Context Summary**

Since 1986, Northern Uganda experienced two decades of armed war between the Lord’s Resistance Army (LRA) and the government of Uganda. The survivors of the war still bear scars from the torture they were subjected to, including amputation of limbs, ears, and lips, and all were left with painful memories suffered 12 years later. According to the Uganda Refugee Law Project (2012), children, youth, and women bore the largest brunt of the LRA conflict. In Northern Uganda, with an estimated over 20,000 children abducted and forcefully conscripted into the LRA.

The 2006 Creation of Hostile Areas Agreement between the Government of Uganda and the LRA rebels marked the beginning of reconstruction and development initiatives led by the government of Uganda, development partners, civil society organizations and community-based initiatives. Some of the more prominent programs include the Peace Recovery and Development Fund (PRDF) and Northern Uganda Action Fund (NUAF). These organizations though aim at rebuilding the region and addressing poverty, they focus largely on infrastructure development with minimal priority given to critical human development challenges in the emerging region. Despite the scale of reconstruction interventions, a review of human development frameworks reveals critical in facilitating the transition from recovery to development. The 2015 Human Development Report for Uganda (UNDP 2015) calls on government and development partners to recognize the long-term and determinate effects of trauma, conflict, and its interrelatedness on the communities in the PRDP region. This requires strengthened coordination for services that aim at providing redress and healing of affected populations to guarantee reconciliation and non-reoccurrence of conflict.

Integrating mental health and psychosocial support as a core component in facilitating the transition from recovery to development provides an opportunity for inclusivity of some of Uganda’s most left behind population groups. In support of the communities affected by war and conflict, thereby enabling the country to continue towards its sustainable development goals (SDGs) commitment.

Complementing the government’s reconstruction efforts in Northern Uganda

TPO Uganda was supported by the International Criminal Court (ICC) Trust Fund for Victims to provide a combination of mental health and psychosocial packages incorporating physical rehabilitation and access to surgery to treat and remove bullet injuries and other foreign bodies, and livelihood support, where holistic methods are used to help survivors. TPO Uganda adapted the Cognitive Behavioural Therapy for Trauma (CBTT) model from the WHO- MhGap Guidelines to deliver a specialized form of psychosocial therapy. The project recruited and trained Social Workers and a Clinical Psychologist to work with community support structures like village health teams, patient support groups, and local leaders in order to enable, sustain, and assist targeted beneficiaries.

After screening, affected individuals are placed in groups of 12-15 members, called a CBTT group. They then receive specialized therapeutic training that is designed to last 10 sessions or more. After the conclusion of these western beneficiaries are supported with basic business skills and start-up capital to engage in occupation of their choice. TPO provides survivors with the means to manage the effects of trauma and depression, and ultimately helps individuals regain their self-esteem and a realization of self-worth. Through the groups, survivors build confidence and come to trust that they can open up about past traumatic experiences, allowing them to identify and establish
I was abducted in my way from Gulu in 2004. At the end of a two weeks training with the rebels, we started an opposing government battalion and I was selected to join the team that would fight the government army. While we fought, a bomb was dropped in our midst and immediately, I felt something very cold hit my head. It was very painful and my head started bleeding so I instigated action and was later accompanied to the hospital by the field team. I escaped two weeks. Upon returning home, I started to frequently get a lot of pain in my head. It was accompanied by dizziness and I also couldn’t do any work under sunshine. One day in 2014, in the village health team came calling for someone who needed physical rehabilitation. He told me they would be supported by TPO Uganda. I registered and was referred to the hospital. They told me that I stayed with a bomb splinter in my head for over 10 years. It was the cause of my headaches and a lot of distress.

I underwent surgery in April 2016 and have now fully recovered. I can actively engage in normal activities and contribute to the development of my family. For a long time, I thought and mourned my father who would fight the government army. While we fought, a bomb was dropped in our midst and immediately, I felt something very cold hit my head. It was very painful and my head started bleeding. I couldn’t do any work under sunshine. One day in 2014, in the village health team came calling for someone who needed physical rehabilitation. He told me they would be supported by TPO Uganda. I registered and was referred to the hospital. They told me that I stayed with a bomb splinter in my head for over 10 years. It was the cause of my headaches and a lot of distress. I am expecting at least 400 kilograms of soy beans this year. The Trust Fund for Victims through its support to TPO Uganda and its local partners gives me a chance to have the life the war took from me. Now I feel like a human being again.

The rebels killed my only son during the war. For a long time, I thought and mourned my son. I was left alone, without a partner. That is why I decided to seek help from the project. Through its support to TPO Uganda, the project restored my dignity as a woman and gave me a new network of likeminded people. Now I feel like a human being again.

I was abducted by the LRA in 2000. After spending 3 weeks in the bush, the rebels demanded ransom, which I couldn’t afford. As a result of a Collaboration, thought we would see paper and asked to show us our country. To our shock, heaps of stink were delivered and I was told that some people carry human heads for more than a month, then they said, we had been successfully registered. I escaped three years later into some barns and was later supported to return home with a letter of amnesty. All this had a major impact on my life, as I was already aged. Often, I remembered and would write my own diary and even cry. I believed with one community member who informed me TPO Uganda had rescued me and I reached out to the Social Worker during one of TPO Uganda’s activities at Awoach Sub-County where I later ventured into the Kita-Kei-Kei-Big-Bay group. The Critical Phthisial used two glasses, one with unclean water and another with clean water. She said the two glasses depicted the human body much like the glass on the war and resulted to different challenges for the anchor glass of water. She stated that each time we attend a session, we drink the concentration of the anchor water until we get healthy. This encouraged me to attend the sessions consistently. Today I can do all and I am not ahuman head.

I am working in a chicken roasting business supported by the project and interact with several other groups. I am not one of the only who understood these things. There are several people in the villages who have not been reached. TPO Uganda and the Trust Fund for Victims need to expand to additional areas.

Sustaining achievements over the years

One day in 2004, I escaped from the camp to look for food in the village. On my way, I was ambushed by 10 rebel soldiers who gang raped me, leaving me helpless. I started feeling a lot of abdominal pain and had my leg wounds. I later travelled to Gulu Hospital for medical help. I was given some treatment and immediately I felt better. I returned home to continue our daily life.

I was referred to the Senior Social Worker during one of TPO Uganda’s activities at Awach Sub-County Awach Health Centre IV and shared my experience. I was later supported by their Community Support Structures (CSS). The CSS assisted me in getting in touch with my family. My brother came with forms and asked me questions while taking record. It is saddening to receive medicines that I received; the Social Worker enrolled me into TPO Uganda’s activities for Trauma (CBTT) group. In the group, I found other members with challenges like mine so I feel encouraged and I am working hard to build my house. I am now working in a chicken roasting business supported by TPO Uganda within my community. I am working with a group of beneficiaries to set up a chicken roasting business. I am now working with a group of beneficiaries to set up a chicken roasting business. I am working with a group of beneficiaries to set up a chicken roasting business.