

# The Journey of Life: A psychosocial support intervention for conflict-affected populations



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



# Outline

- Why Journey of Life?
- Intervention description
- Implementation strategy
- Evaluation plan
- Findings
- Lessons learned
- Next steps

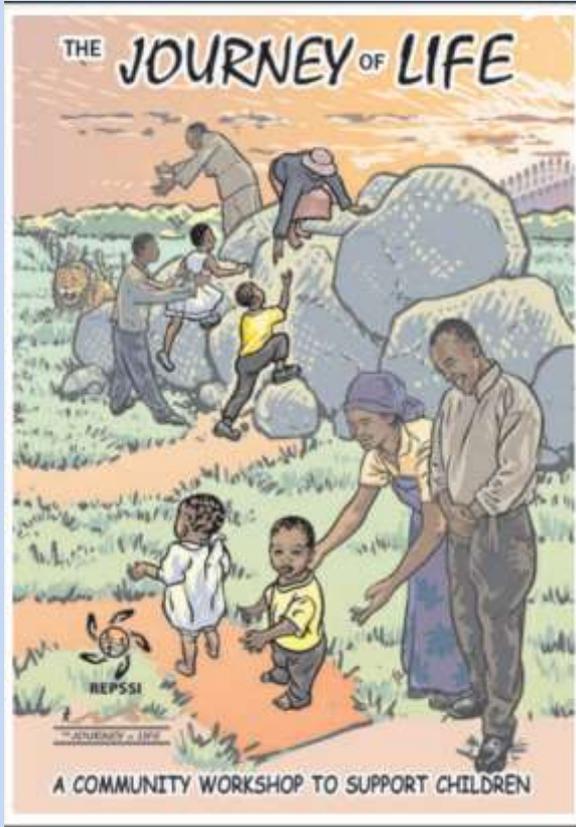


# Importance of Caregiver and Child Wellbeing



- Adult and child refugees often experience high levels of psychosocial distress
- Mental and physical healthcare services in refugee settings are limited
- Psychological stress of caregivers disproportionately affects children
- Social environments play a major role in the wellbeing of children and adolescents

**Caregivers and community members have the ability to mitigate the challenges faced by children in the face of displacement and adversity**



# Intervention Description

**Journey of Life engages caregivers to improve their own mental health, caregiving knowledge, and skills to support children.**

Program developer: REPSI, adapted by WUSTL and TPO Uganda

Number of sessions: 12

Number of participants per group: 10

# Journey of Life Session Outline

Session	Topic	Skills
1	Problem Solving	Build stress coping skills; recognize signs of children who are struggling
2	Managing Problems	Identify, vocalize, and process emotions; manage problems and stress; develop problem management plan
3	Get Going, Keep Doing	Discuss adversity; develop a community plan to support children
4	Strengthening Social Support	Understand factors that support children; practice stress management; develop community action plan
5	Introduction to Journey of Life	Identify what children need to grow and cope with difficult circumstances; understand child development and child rights
6	Understanding children's problems and meeting their needs	Identify children who are struggling; identify how children's problems impact family and community and how caregivers can support them
7	Identifying children who need help and building on their strengths	Understand how problems manifest for children and their coping mechanisms; support children to develop their inner strength
8	Getting involved!	Identify ways to support positive child development; create community plan to support children
9	Action planning	Understand components of a child's Circle of Support; develop a community action plan
10	Action planning	Understand how to communicate with children
11	Community Parenting	Identify family and community stressors; caregiving strategies; community planning to support children
12	Closing	Maintain mental health; tools to help community members

# Implementation strategy

- Journey of Life training for social workers
- Community mobilization activities
- Weekly field staff meetings
- Biweekly team meetings
- Feedback sessions with staff and translators
- Field note audit and feedback
- Direct observations



# Study Design: Hybrid effectiveness-implementation quasi-experimental waitlist control design

- Inclusion Criteria
  - Kiryandongo settlement residents (male and female)
  - 18 years or older with caregiving responsibilities for at least one person under age 18 during baseline data collection
- Data Collection
  - 27 data collectors from Kiryandongo were recruited from across ethnic groups, received 2-weeks of training
  - TPO Uganda staff worked with village health teams (VHTs) to advertise the program
  - All participants provided written consent
  - Data collected in Juba Arabic, Dinka, Nuer, and Acholi languages
- Measures of Interest
  - Primary: Mental Distress (Kessler-6)
  - Secondary: Social Support (Medical Outcomes Study), functioning (WHODAS), Warmth and Affection subscale (PARQ), Undifferentiated Rejection (PARQ), attitudes toward Violence Against Children (VAC subscale of the Child Protection Index)

# Descriptive Statistics

## Baseline descriptive statistics of the sample (N= 1,137)

Variable	%	n
Age		
18-25 years old	8.90%	101
26-35 years old	35.86%	407
36-45 years old	38.33%	435
55 or older	16.92%	192
Income source		
Farming	37.74%	428
Business or salaried employment	5.56%	63
Cash from INGOs	49.47%	561
Remittances or no income	7.23%	82

Variable	%	n
Years in Uganda		
Three or less years	5.39%	60
Four to ten years	85.62%	953
More than 10 years	8.98%	100
Intervention Group		
Intervention	52.34%	593
Waitlist Control	47.66%	540
Gender		
Male	7.54%	85
Female	92.46%	1042
Experience of food insecurity (past 3-mo)		

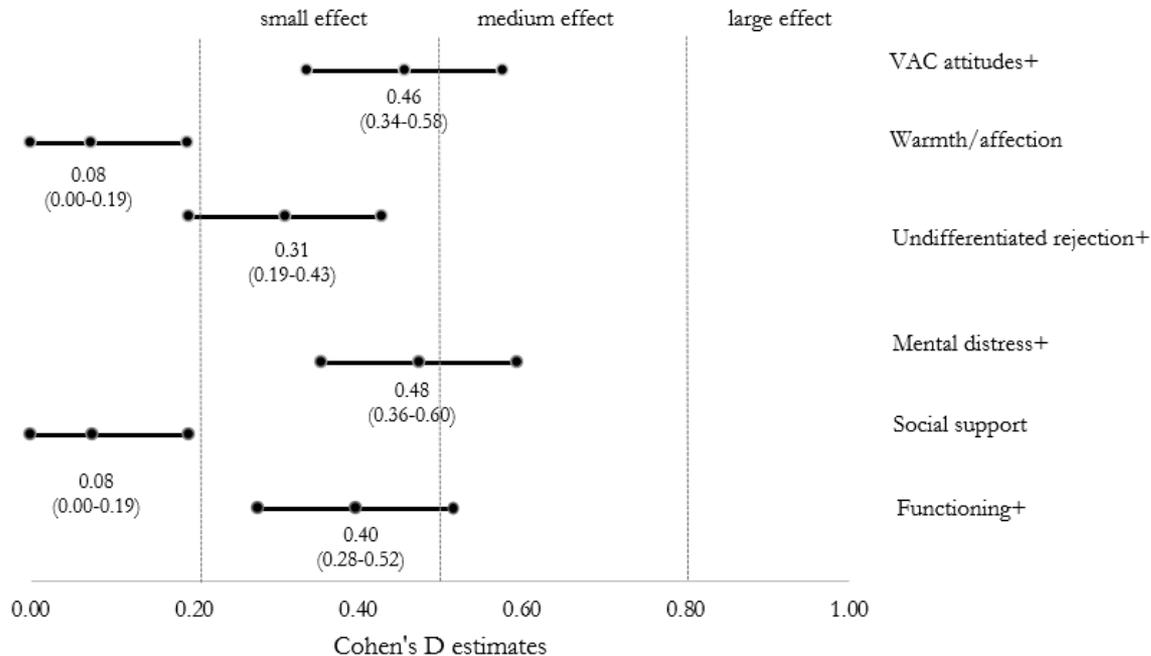
# Programmatic Outcomes: Effectiveness

	1	2	3	1	2	3	1	2	3
	<b>Mental Distress+</b>								
JoL									
(95% CI)									
R-squared									
JoL									
(95% CI)									
R-squared									

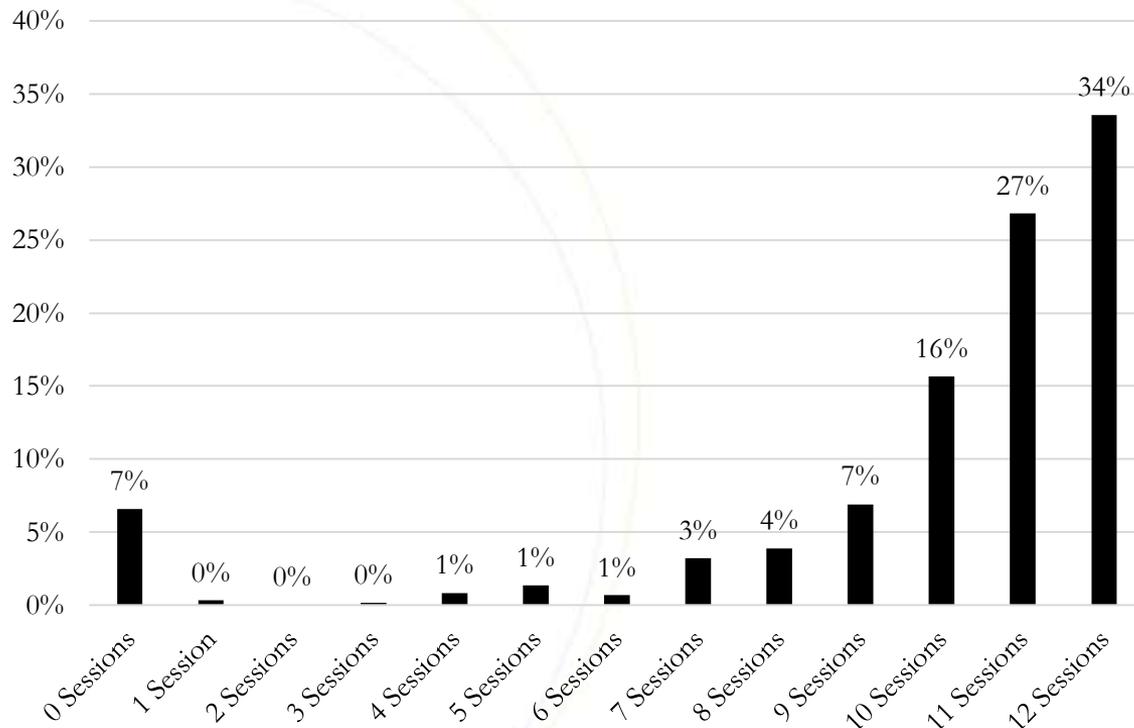
Model 1: unadjusted (only baseline measure included); Model 2: respective baseline measure, baseline covariates: age, schooling, number of children in care, food security, ranch, gender, and marital status; Model 3: Model 2 plus baseline and endline measures for the other outcomes of interest, as well as baseline and endline PARQ, CPI roles, and CPI VAC. Confidence Interval; \*\*\* = p<0.001, \*\* = p<0.01, \* = p<0.05; + reflects an inverted score.

# Programmatic Outcomes: Effectiveness

Forest plot of intervention effects, adjusted, baseline subtracted by endline scores



# Acceptability: Number of intervention sessions attended (n=593)



# ACCEPTABILITY

*Participants found value in the psychosocial support received through JoL, and expressed appreciation toward TPO staff*

**“I’ve become very annoyed and feel like I am nothing, but when TPO even told us how to deal with trauma, how to live with people in the community, where to go to when you have a lot of thinking in your mind, as in who do you approach to get help, when I see TPO staff I become happy now.** Not because they are going to give me some money but because they are going to cure my brain.”

*- Program beneficiary*

# ACCEPTABILITY

*Retention of male participants was low due to perceived lack of acceptability, and prioritizing other activities*

“...Male involvement was so many more, when you looked at most of these groups we had in Ranch 37 and currently even in this we have in Ranch 1 we have, the percentage of male is so small compared to women.

**And I think they feel this is wasting time, we cannot be there, they need to do productive work that bring something on paper.** So even for those who came out first, some of them continued yes, the remaining others dropped out. They attended maybe the first two sessions and then some of them pulled out, but following that they share, there's nothing they benefit from the organization, apart from telling them how to take care of children, what next? For them they were working way back in Sudan. So I think that is what didn't work so well.”

*- Implementation staff*

# DETERMINANTS

*Involving stakeholders early in planning and implementation processes is important for program success*

“...if you don’t involve the stakeholders, you’re more likely not going to be successful. Because the stakeholders you have primarily, you have secondary stakeholders, but they also defer in terms of the stake they have.

**They are those that have a lot of influence, they have a lot of power, you know, and they have potential to fail the project if you don’t involve them and inform them. So poor stakeholder engagement really can lead to project failure.**

But also some projects maybe if they are full-on projects, if they not able to deliver what they promised, maybe in previous phases they may get a lot of resistance in subsequent phases. So there’s a lot to do around making people understand what your mandate is, what you’re going to do, and so that they understand from the word-go what your project is about...”

*- Partner organization staff*

# Community Action

**Through the intervention, community developed strategies to promote child protection.**

Examples of action plan ideas include:

- Savings groups
- Community gardening
- Pooling resources to hire a tutor for their children
- Managing community disputes
- Speaking to others about how to support and talk to children

# Lessons Learned

## *COVID adaptations*

- Changes to group size
- Coordination with working group
- Following standard operating procedures

## *Program components*

- Meeting scheduling
- Livelihood programming
- Engaging men in groups

# NEXT STEPS

## *Encouraging uptake*

### Publications

- Baseline
- Effectiveness
- Implementation science
- Field report

### Dissemination workshops

- Field-level intersectoral workshops
- Organizational workshops
- National meetings



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# THANK YOU



Restoring Hope,  
Transforming Lives