

Independent evaluation of the Patongo Counselling Community Outreach Centre (PCCO)

Final Report to Network for Africa

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30th November 2013

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Acronyms

CBO	Community Based Organisation
CBT	Cognitive Behavioural Therapy
COOPI	Cooperazione Internazionale
CVT	Victims of Torture
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune deficiency Syndrome
IDP	Internally Displaced People
IGA	Income Generating Activity
LRA	Lord's Resistance Army
M&E	Monitoring and Evaluation
N4A	Network for Africa
P4C	Passion 4 Community
PTSD	Post-Traumatic Stress Disorder
NGO	Non-Governmental Organisation
OGs	Outreach Groups
PCCO	Patongo Counselling Community Outreach
VIVO	Victims Voice

Executive Summary

Since 2010 the Patongo Community Counselling Outreach (PCCO) project has worked to reduce the negative consequences of the 22 year long war led by the Lord's Resistance Army (LRA) in northern Uganda. In partnership with Network for Africa, it offers individual and group counselling services, a variety of training courses to community members (on savings and loans, human rights, gender based violence, HIV or sustainable farming), as well as collaboration with other organisations and the Health Centre in Patongo. This external interim evaluation is intended to assess whether the project is currently meeting its intended outcomes and whether it is on track to meet the target outcomes over the final 18 months of the grant period.

The evaluation includes the mental wellbeing of PCCO staff. It was clear that being part of this project has had a positive impact on the lives of the counsellors, and that they have seen a lot of positive changes in the community as a result of their work. All of the staff appeared very enthusiastic. However some of them appear to work overtime and without supervision. Understandably, they said that they often felt tired as a result of their role. It is recommended that PCCO's counsellors receive external supervision.

A particular strength of PCCO's project was the feedback from the beneficiaries who had received counselling (group and individual). They said that PCCO had enabled them to overcome emotional and financial difficulties, and that the groups had enabled them to feel integrated into their communities. It appears that the PCCO project has become a source of support for Patongo, with many of the beneficiaries recommending these services to other community members. Due to the complexity of some of the mental health problems seen, more extensive and theoretical training on mental health is recommended to help equip the counsellors with further skills. It is suggested that a few counsellors are chosen for this further training to allow for an internal referral system to be set up.

To strengthen the Monitoring and Evaluation (M&E) in PCCO, it is recommended that the M&E officer receives further training and that he then trains his colleagues. The use of simple quantitative assessment tools to measure the impact on the wellbeing of the clients is highly recommended, in addition to carrying out regular and consistent follow-ups (pre-assessment on the first visit, and a follow-up evaluation every two months).

It is recommended that the staff are trained more thoroughly on how to collect and store client information to enable them to access client details quickly and efficiently. This would also help with M & E.

PCCO has held training sessions for non PCCO staff, such as Local Government Councillors, police and clan leaders. Those who were trained by PCCO spoke very highly of the training and the impact it has had on how they conduct themselves in their jobs. It is recommended that PCCO specialises in a few in-depth trainings for these beneficiaries in order to further strengthen the trainings being offered.

Supporting the Health Centre by providing PCCO counsellors to help with its heavy workload is unique to PCCO. The evaluation consultants were particularly impressed by the willingness of PCCO to collaborate with other organisations. The Health Centre staff spoke very highly about the value of PCCO's counsellors, saying they literally would be unable to see all their daily clients if PCCO's counsellors were not there. Hence, it is strongly recommended that this aspect of PCCO's project continues, and if possible, they should try to advocate for more organisations to help with this work at the Health Centre.

Other organisations in Patongo (P4C, WOSO, COOPI, Gwokke Keni) said that PCCO carried out very important work and that they had seen great changes in the community as a result. It appeared that the organisations had strong links with each other. However it is suggested that this collaboration could be improved through regular monthly meetings. This would allow them to ensure that their services do not overlap, to provide support to each other, as well as to strengthen their referral pathways and discuss clients they may have in common. Following this system, each organisation would specialise, focusing their energies on one topic (in the case of PCCO, mental health counselling).

With specialisation and closer collaboration and referrals with other organisations, PCCO's workload in Patongo would be expected to decrease, enabling them to focus more on mental health support, thus furthering the good value for money that this project offers. In the future, they may want to consider opening a new centre in a nearby sub-county that may benefit from PCCO's services.

This specific expansion of PCCO's services (in partnership with Network for Africa with funding from the Baring and John Ellerman Foundations) has achieved great things in the first 18 months, in terms of providing services at individual, group, organisational, community and district levels. There is no doubt that this work is essential in an under-resourced area which has been largely neglected by external funders, organisations and the Ugandan government. The staff are extremely motivated and appear to be making huge progress in terms of their own

professional development. The overall picture of this small organisation appears highly positive. The evaluation consultants have made recommendations in order to help strengthen and continue the good work being carried out by this project. The evaluators are aware that they have made many recommendations, some of which, due to time and funding constraints, may not be carried out. However, if as many of these recommendations are carried out as possible, then there is little doubt that the project will be on track to meet its goals at the end of the three years.

1.

Introduction

1.1 Overview of the PCCO Project

The Patongo Community Counselling Outreach (PCCO) project was set up in 2010 in an attempt to tackle the high levels of trauma experienced by Patongo's community members, caused by a war led by the Lord's Resistance Army (LRA) in Northern Uganda between 1986-2007. Thousands of people were killed and abducted, millions were displaced, raped and witnessed or forced to do atrocities.¹ The LRA is reported to have abducted an estimated 30,000 child soldiers during this time, and a further 1.7 million people were forced to flee their homes to live in Internally Displaced People's (IDP) camps². Patongo, a town approximately 95 miles east of Gulu, in northern Uganda was host to one of the largest IDP camps.

Many people currently living in Patongo town are former abductees of the LRA. Atrocities experienced by children in the LRA include victimisation (99%), witnessing (88%) and perpetrating (76%) violence, and being forced to kill (47%)³, leading to 55.9% of ex-LRA soldiers meeting the criteria for Post Traumatic Stress Disorder (PTSD)⁴. Despite this, mental health services in the country remain scarce⁵, leaving many people suffering from mental health problems without any support. Hence there is a clear need for psychosocial projects in Patongo.

Network for Africa first provided trauma counselling training to selected community members in Patongo in 2008. It is from here that they joined forces with PCCO, and in 2010, PCCO was established as a community based organisation (CBO). In 2010, they employed 10 counsellors who were providing counselling to 10 Outreach Groups (OGs – 28 groups of 30 people in each who have been working together for several years, setting up group savings schemes). PCCO developed further in 2012 after a three year grant from the Baring and John Ellerman Foundations was secured. This allowed for PCCO to employ 18 new members of staff (16 more counsellors, one IGA officer, and an accountant) and thus to expand their outreach groups. Currently, PCCO employs 24 counsellors, 6 management staff and 2 support staff, who provide counselling support to 28 groups and to individuals in Patongo. They aim to help local people manage their trauma and learn vital information about health, HIV/AIDS prevention and treatment, women's and children's rights and group saving activities.

PCCO's project offers a wide range of services: counselling to its outreach groups (OG), individual counselling at its drop-in centre, training to OG members (on VSLA, SGBV awareness and sustainable farming), training to local councillors, police, local and clan leaders (on human rights, child protection, land rights, SGBV) and HIV Counselling at the local Health Centre. A referral system has been set up between PCCO and other organisations working in Patongo to enable the transfer of clients to specialised services.

The outcomes of PCCO's project have been set out as follows:

1. To reduce the impact of trauma, depression and PTSD experienced by members of PCCO's 28 OGs and other community members in Patongo (including a reduction in reports of severe anxiety, depression and loneliness).
2. By providing counselling services, the intended beneficiaries are better able to manage their trauma.
3. To build the capacity of PCCO's staff members to create simple and efficient monitoring, evaluation and data storage systems.
4. Deploy counsellors to the Health Centre to provide specific HIV/AIDS-focused counselling in order to ensure that clients are better able to understand and cope with their HIV status.
5. Reduce the Health Centre staff's workload by providing counselling services, as well as basic administrative assistance.
6. Distribute condoms, providing education and training about their correct use.
7. Provide support and advice to PCCO's 28 OGs on VSLAs and their IGAs to help the groups learn how to save and borrow pooled money effectively and to reinvest it in their own income generating projects. The ultimate objective is for each group to begin an IGA so they can move away from subsistence farming, introduce sustainable crops with a higher yield which are better suited to local conditions to generate a more substantial and sustainable income.
8. Developing VSLA skills to improve the overall economic situation of the 840 OG members.

¹ United Nations Uganda (2011) Mental Health and Peace building in Acholiland: To love and to work: Local understandings of post-conflict mental health needs. *United Nations Peacebuilding Programme*. Geneva: Switzerland.

² Ocen, J. (2007) Can Traditional Rituals Bring Justice to Northern Uganda? *Institute for War & Peace Reporting*. Accessed online on the 26th July 2012 from:

<http://iwpr.net/report-news/can-traditional-rituals-bring-justice-northern-uganda>

³ Vindevogel, S.; Coppens, K.; Derluyn, I.; De Schryver, M.; Loots, G. & Broekaert, E. (2011) Forced conscription of Children During Armed Conflict: Former Child Soldier in Northern Uganda. *Child Abuse & Neglect* 35, pp. 551-562.

⁴ Ovuga, E.; Oyok, T. & Moro, E. B. (2008) Post traumatic stress disorder among Former Child Soldiers Attending a Rehabilitative Service and Primary School Education in Northern Uganda. *African Health Sciences*. 8 (3), pp. 136-141.

⁵ Hall, J. (2013) Work on a Ugandan mental health ward. *The Psychologist*, 26 (6), pp. 446-447

9. Delivering and developing new training courses and materials to OG members, other community members, religious, clan and local government leaders. Training courses to include leadership skills, conflict resolution, SGBV, Legal Rights, family planning HIV/AIDS, business skills including IGAs and VSLAs, using Network for Africa's counselling trainers and partners to develop materials and deliver the training.
10. Continuing professional development for PCCO's counsellors through training courses and refresher workshops, including specialised trauma counselling training, leadership training, HIV/AIDS, SGBV, health, how to support their colleagues and how to train others.
11. Improving financial and administrative systems and communications by connecting the office to electricity, providing four computers with accounting software, and offering training and support to PCCO's staff so that they can set up and run their administrative systems. As a result PCCO's staff will be computer literate, able to enter and analyse survey data, record client information, set up counselling referral systems and record minutes of meetings.
12. Recruit and train 16 new OCs to work with the OGs, reduce trauma in the groups and other community members, reduce suicide rates, improve marital relations, stigma, social isolation and improved follow-up with treatment for those with HIV and improvement in conflict resolution in the community.

1.2 Evaluation Objectives

Network for Africa set out the purpose of this evaluation clearly: to assess whether the project is currently meeting its intended outcomes and whether it is on track to meet the target outcomes over the final 18 months of the grant period. They wished the evaluation to highlight and analyse the project's strengths and weaknesses, and to make suggestions for possible areas of future development and improvement. They would like the final report to be accessible both for funders and the organisation, with the potential of using it as a platform for future funding.

The stated key aims of the evaluation are as follows:

- 1) An assessment of all documentation and paperwork associated with the project, including accounts, quarterly reports etc.
- 2) A robust assessment of whether the project is achieving its objectives and whether it is likely to meet its intended outcomes.
- 3) Present clear and realistic recommendations for any changes/adaptations of the project in order to ensure the project outcomes are met by the end of the project's grant period.
- 4) An assessment of which aspects of the programme are working well and which are not, and any recommendations for improvement.
- 5) An assessment of whether the project is meeting local need and addressing local issues.
- 6) An assessment of whether the project is providing the beneficiaries with opportunities to realise long-term change and how they can improve the long-term impact of the project (including ensuring follow up to demonstrate the project's long-term impact).
- 7) An assessment of what the project can do to develop its long-term sustainability (e.g. whether it needs to do more advocacy and networking).
- 8) An assessment of whether the project represents value for money (e.g. by comparing costs per beneficiary to the project benefits/outcomes and in comparison to other, similar, projects). Ideally, this would also include an assessment of whether it's possible to work out a cost-benefit analysis to monetise the social and economic return on investment.
- 9) An assessment on the monitoring and evaluation tools used, and if any changes are needed to improve these systems.

1.3 Methodology

The evaluation team consisted of three independent consultants. The Project Manager was responsible for designing the evaluation materials (questionnaires, focus group materials; please see Appendix 1 for evaluation materials), the evaluation timetable and process (please see Appendix 2 for the timetable), leading on the written report and liaising with PCCO's staff. The Project Manager has extensive experience of evaluating projects and working as a Clinical Psychologist in psychosocial projects in northern Uganda. The two other consultants were chosen because of their local and international knowledge and experience of working with mental health issues in northern Uganda.

The methods used to evaluate the project were:

1. *Document review*: All documents provided by Network for Africa were reviewed.
2. *Focus group discussion*: Three separate focus groups were held: (1) with 10 PCCO counsellors (please see Appendix 8.1 for transcript), (2) with 5 town councillors who had been trained by PCCO and (3) 7 beneficiaries. Please see Appendix 3 for a full list of informants.
3. *One-to-one interviews with beneficiaries*: Five separate one-to-one interviews were held with beneficiaries (please see Appendix 8.2 for transcripts).
4. *Observations*: Two one-to-one client sessions, and four group counselling sessions were observed, and general observation notes were made throughout the evaluation.

5. *Interviews with other organisations:* Interviews were held with five organisations working in the region (COOPI, WOSO, P4C, Gwokke Kenni and CVT).
6. *Surveys:* surveys were given to the PCCO staff and to the Town Councillors who were trained by PCCO.

All informants (through interviews or focus groups) consented verbally or in writing to allow their names and their information to be used in this report and in any other possible publication.

Transport money was provided for the Town Councillors. Otherwise no respondents were given any compensation. Where possible, the Ugandan consultant was used to facilitate focus groups with the hope of helping the respondents to feel at ease. Please see Appendix 2 for the timetable of the evaluation.

The results of the evaluation were discussed by the consultants at a half-day workshop on Friday 13th September 2013 at PCCO's office. All PCCO staff and beneficiaries were invited to this workshop. Furthermore, a draft report was sent to Network for Africa for review. Network for Africa's comments were incorporated at the discretion of the Project Manager.

2. Mental wellbeing

2.1 Of PCCO staff

One of the key aims (number 10) was to provide continuing professional development for PCCO and its counsellors, including how to support their colleagues. The consultants felt that in order for PCCO's counsellors to support each other and to work to the best of their ability to meet all of the project aims, it is vital that their own mental wellbeing was evaluated.

Positive changes

In the focus group, there was unanimous agreement among staff that PCCO project had brought about positive impacts in their lives. Some staff shared their stories; some of them were former LRA abductees, had lost family members to HIV/AIDS or had given birth very young.

"I was having a hard life before, when I came back from the bush I was not accepted. When I came here, PCCO helped me. I began to get a good life. Now I don't cry if I speak, those days I would cry, I am strong now".

"I gave birth when I was fifteen years old, I was a total orphan...they chased me away and sent me to stay with this man who keep on beating me. I'm so glad I started joining the team of the PCCO, at least after the training I would share and I would not run away because I used to stay alone by myself, not staying with people. But at least now I can stay with people and not run away. Now with the experience I went through, I'm helping the women, married people and school drop outs"

"This war really affected all of us and it was really painful. I'm a total orphan, I did not have my parents and I would not stay with people. I was staying alone. When Network for Africa came, I began to change my life, I am a clan leader. I'm happy PCCO have built me and now I'm living in the community as a clan leader."

The majority (65%) of PCCO's staff completing the surveys (n=23; see Appendix 1 for surveys) felt that PCCO had helped them to manage their own emotions. They felt fully supported by PCCO (78%) and were satisfied and fulfilled by their role as counselors (74%).

Self-care

In the focus group, one of the counsellors stated that "even when you're at home, you will find that this client, they come to your home so that is a bit of a challenge". From one-to-one conversations and observations, it appeared that many of the counsellors work in the evenings and on their 'days off'. The vast majority (74%) of the counsellors said that they often feel tired or stressed as a result of their work. When asked how they dealt with their own emotional stress that resulted from their work, initially, the counsellors appeared reluctant to discuss this, either remaining quiet or stating that they were able to push the stress from their minds. Once the evaluators explained to the PCCO counsellors that most counsellors become stressed by their work and that it was normal, PCCO's counsellors began to share the fact that they found themselves feeling "fed up", "so tired", with one staff member saying "there is somewhere that you get so fed up and tired, but those people in the community, they don't give you that time. They just come to you and like that and you feel like you can't even continue". Another staff member added that "You may not know what would happen if you stopped people from coming to your house after working hours when everyone else in the organisations sees them. You may end up the bad one which is not good." In an informal discussion, two staff members stated that they felt responsible and guilty if their client commits suicide. Furthermore, the consultants were acutely aware of the broad and various training topics covered by PCCO's staff, with each counsellor trained to lead one-to-one counselling sessions, group counselling sessions and training sessions focussing on trauma, SGBV,

VSLA groups and IGAs. The counsellors all appeared to be very busy, with one stating that “there are too many activities which we are running.”

The counsellors stated that they dealt with their own stress in various ways, including through discussions in their weekly staff meetings, playing games to release stress, drawing pictures and writing funny words.

Discussion

From the discussions with the PCCO staff, there is little doubt that PCCO has had a positive impact on their lives. It seems that having a job and being able to help others has had a positive impact on their self-esteem, and enabled them to overcome their own emotional difficulties they were experiencing. Furthermore, having an understanding of their emotions and how to handle them appears to have helped them manage their own emotions.

However, the staff did not appear to feel able to discuss the impact that counselling others was having on their own emotional wellbeing. It was only after the consultants explained that it is normal to find that their work has an emotional impact that they began to speak about it. The negative impact of working overtime and not managing one's own emotional reactions to counselling has been well documented and can lead to burn out. It is widely accepted that supervision is required to maintain counsellors' wellbeing.⁶⁷⁸ If the PCCO counsellors are to work to the best of their ability to help others, it is essential that their emotional reactions to the stories they hear while counselling others are addressed and managed. If these needs are not addressed, then it is likely that the counsellors will experience burn out, leading them to feel demotivated, tired and even helpless, which will have a negative impact on their own mental wellbeing and work.

Hence, it appears that PCCO has helped the staff to manage their own mental wellbeing, However further support is required to help them support each other and manage their job-related emotional stress.

Recommendations

1. It is recommended that PCCO employs an external supervisor to offer the counsellors one-to-one confidential, non-judgemental supervision for an hour each, once a month. This would allow the counsellors to discuss their emotional reactions to their clients, and to reflect on the impact this has on their personal mental wellbeing, with an emphasis on problem solving and techniques to manage their emotions. The consultants are able to recommend local counsellors or clinical psychologists who may be able to fulfil this role. One of the consultants on this project, Rosco Kasujja, has put himself forward for this role of supervisor. He currently does supervision for a company in Lira which pays him 350 Euros a month, including transport, for 2 days of supervision every two weeks.
2. If the above recommendation cannot be implemented, then it is recommended that the staff are given a 2 day training workshop to provide space to think about their emotional reactions to their clients; and to explore ways in which they can help each other. An outcome from this training could be that the PCCO counsellors are split up into “peer support” teams of 3-4 counsellors who are allocated one hour a week to meet up and discuss their emotional reactions. The consultants are willing to lead on this training.
3. It is recommended that PCCO re-consider their policies with regards to counsellors seeing clients outside of working hours.

2.2 Mental wellbeing of Beneficiaries

2.2.1 Mental Health Counselling

A group counselling (see definition in Appendix 4) session was observed, and beneficiaries who had received both individual and group counselling were interviewed in order to evaluate the following aims:

1. To reduce the impact of trauma, depression and PTSD of beneficiaries of the 28 outreach groups and other community members in Patongo (including a reduction in reports of severe anxiety depression and loneliness).

⁶ Stockton, R.; Paul, T.; Morran, DK.; Yebei, PK.; Chang, SH. & Voils-Levenda, A. (2012) A Survey of HIV/AIDS Counselors in Botswana: Satisfaction With Training and Supervision, Self-Perceived Effectiveness and Reactions to Counseling HIV-Positive Clients. *Journal of HIV/AIDS & Social Services* 11 (4), pp. 424-446

⁷ Taegtmeier, M.; Davies, A.; Mwangome, M.; Van der Elst, EM.; Graham, SM.; Price, MA. & Sanders, EJ. (2013) Challenges in Providing Counselling to MSM in Highly Stigmatized Contexts: Results of a Qualitative Study from Kenya. *PLoS ONE* 8 (6), e64527

⁸ Knudsen, HK.; Roman, PM. & Abraham, AJ. (2013) Quality of clinical supervision and counselor emotional exhaustion: The potential mediating roles of organizational and occupational commitment. *Journal of Substance Abuse Treatment* 44 (5), pp. 528-533

2. By providing counselling services the intended beneficiaries are better able to manage their trauma.

Individual stories

The consultants met five different beneficiaries on a one-to-one basis. Their stories are below. A full transcript of the most significant story is in Appendix 5, and other transcripts are in Appendix 8.2.

A beneficiary called Florence had been part of the group since 2008. She explained how her involvement had helped her with economic difficulties, as well as with the “depression and hopelessness” she was feeling due to multiple deaths in her family and experiences in the war and camp. She said that counsellors and group members had visited her house to counsel her and advise her “to forget about the past and think about the future”. At one point, she decided to commit suicide as she thought she “had nothing in life”. When the group members realised she was in that situation they called the counsellors and four of them came to her house and convinced her that “that is not the only option” and gave her “hope for life” and “energy from nowhere”.

A 25 year-old male beneficiary was interviewed. He said that he first came into contact with PCCO through one-to-one counselling. “Those days I used to drink a lot as I was so stressed and staying alone because I was a school dropout. I was so challenged with a number of issues. Those counsellors, one of them made a point like ‘staying alone or being single will not solve the problem.’ They told me join a group because I can get more ideas when in a group than sitting alone. When I shared with the counsellors I was able to gain up the knowledge and started joining the members. Now I have left drinking, I have a wife, I can save money and I am feeling very OK. In fact the group have elected me to be their secretary which alone has made me more motivated I have forgotten whatever the past has given me”.

A woman aged 46 shared her story with the consultants. “My husband was really a drunken man, each time I was depressed and having really serious problems. I used not to talk and not to know what to do but the project has really changed me that is why I am here to share my view. I used to be shameful, could not talk so I am now feeling free and strong. I have been trained by the PCCO on how to share and counsel, which has strengthened me and other members which is why I am now strong. My husband still drinks a lot but I cannot quarrel now because of the training”.

Reported changes on the community

In addition to speaking about the impact of PCCO on individuals, the beneficiaries were also asked about the impact of the PCCO project on the communities.

“People are really happy now, they used to be independent but right now people are together and love each other and are happy. This is a great change in the community”.

“People love themselves, work together as a group. If there’s any problems like domestic violence, we normally go together as a group and handle the issues together.”

Challenges

The group members stated there were still challenges, such as the lack of money for the VSLA and carpets for keeping their houses’ floors dry.

Discussion

It appears that the beneficiaries all felt that the group and one-to-one counselling had impacted positively on the community as a whole as well as themselves individually. The beneficiaries stated that it had decreased levels of SGBV and alcoholism in the community, as well as helping them to interact with others, giving them a feeling of wellbeing. Hence, it appears that PCCO is meeting aim 1, reducing the impact of trauma, depression and PTSD on the beneficiaries. It also appears that the counselling is enabling the beneficiaries to better manage their trauma, through providing a social support network. However, the consultants felt that the one-to-one counselling could be strengthened by helping the beneficiaries to understand further their emotions and how to cope with symptoms of PTSD, depression and other mental health issues. Hopefully the beneficiaries would, in the long-term, be equipped with the skills to independently manage their mental health rather than depending on the groups and counsellors (please see section 5.2, ‘Training of PCCO Staff’ for more details).

Recommendations

1. It is recommended that the counsellors continue the counselling services that they are currently offering as it appears that the beneficiaries are finding them very useful.
2. It is recommended that the counsellors receive more training in mental health in order to strengthen the one-to-one counselling offered (please see recommendations section under “5.2 Training of PCCO staff” for more information).

2.22 Outreach Groups (OG)

An OG group was observed and beneficiaries were interviewed to assess aims 7 and 8: “Provide support and advice to 28 OGs on Village Savings and Loan Associations (VSLA) and Income Generating Activities (IGA) to help the groups learn how to save and borrow pooled money effectively and to reinvest it into their own income generating projects. The ultimate objective is for the groups to begin a group IGA so they can move away from subsistence farming, introducing sustainable crops, with a higher yield that are better suited to local conditions and generate a more substantial and sustainable income,” and “VSLA skills to improve the overall economic situation of the 840 outreach group members”.

Observations

The consultants observed the OGs. The counsellors handed out the VSLA materials to the groups and an elected chairperson from each group led the VSLA activities. The group members appeared to be engaged and ran the VSLA independently.

Interviews with beneficiaries

Members of the OGs were interviewed to assess the impact of these groups.

A beneficiary, Regina, who had been part of the group for one year stated that the VSLA group had “reduced her problems” and that she “used to suffer because she was alone”. She said that “being in the group has really helped as now I can borrow some money.” However, she realised that the group “cannot solve all the problems” like paying the school fees for her grandchildren. Another benefit was that she can counsel other community members on issues like alcoholism and violence, which makes her feel “happy because they are respecting me”.

A 25 year-old man stated that “those days I used to drink a lot, I could drink like nothing. Now I don’t drink but save the money. I feel this is really important, the money I used to spend on alcohol, I just thought a bit and thought ‘no, I can now use this money and save within this group’. Those days I didn’t have a wife and I could not save money. I now know that if there is a problem at home, I can borrow money from the group. Since I joined the group, I borrowed 20,000 shillings and started a small business. As I talk now, I have over 500,000 shillings (about £135).”

The main IGAs undertaken by the beneficiaries were farming and selling fruit and vegetables. The beneficiaries asked for PCCO to give them a grant to help start the IGA in their groups. They explained that the weather was not conducive to growing crops so they were unable to sell their fruit and vegetables to earn money, meaning there was no money to reinvest in the VSLA which would then be used to borrow. A beneficiary said that the money was only enough for small activities such as paying for food, and that she still cannot pay school fees for her children.

Other organisations

Other organisations spoken to (P4C, WOSO, COOPI) stated that the OGs are doing a lot of good work in the community and that they refer some of their clients to PCCO to join PCCO’s outreach groups. COOPI stated that they were also delivering VSLAs to a small number of groups in Patongo and the surrounding sub counties. They were not aware that PCCO are also delivering VSLAs.

PCCO staff

The PCCO IGA Officer commented on how necessary it is to carry out refresher VSLA trainings for both staff and beneficiaries. He said that one training session is not sufficient for the community to improve their VSLA groups. Most of the members were getting small loans to plant vegetables and sell them in the market. The IGA Officer stated that this kind of business is too small to make a sufficient impact on the economic status of the villagers. He felt setting up a transport business between the villages would bring more money into the VSLA scheme.

Discussion

It appears that the OGs have increased the income of the group members and they have begun to use IGAs. Hence, it can be said that these aims have been met. However, it appeared that the beneficiaries wanted to earn more money, because they could not pay school fees. It seemed that the main IGAs are dependent on the weather, meaning these do not provide a secure income.

Recommendations

1. Whilst there is little overlap in terms of beneficiaries, it is recommended that PCCO works with other organisations also offering VSLA trainings and group support, to strengthen knowledge and prevent service overlap in the area.
2. It appears that it would be helpful to provide the groups with some initial capital to enable them to start bigger and stronger businesses, as it seems that loans are not available due to lack of savings generated within the groups. If that is not possible, it might be useful to encourage groups to focus on more secure IGAs which are not dependent on the weather, such as tailoring, brick laying and selling fish for example. It is also recommended that PCCO continues to encourage the groups to rear pigs and chickens.

2.23 Of Beneficiaries: HIV counselling

The aims being assessed in the next section are aims 4, 5 and 6

4. Deploy counsellors to the Health Centre to provide specific HIV/AIDS-focused counselling in order to reduce the workload of the Health Centre staff and to ensure that clients are better able to understand and cope with their HIV status.
5. Reduce the Health Centre staff's workload by providing basic administrative assistance as well as counselling services.
6. Distribute condoms, providing education and training about their correct use.

Observations

The consultants observed the PCCO counsellors holding a demonstration in front of patients in the waiting room. The PCCO counsellors distributed condoms after showing the patients how to correctly use condoms, and they educated them about the spread and consequences of HIV. The patients appeared to be engaged in this demonstration, laughing when the PCCO counsellors made jokes and listening attentively when the PCCO counsellors were being serious.

Focus group

A focus group was held with PLHIV who were at the Health Centre, receiving group counselling from the PCCO staff at the Health Centre (n=8). The PLHIV beneficiaries all spoke positively about the group counselling offered by PCCO. Positive feedback can be divided into three areas: (1) HIV-specific, (2) networking and (3) helping others.

1. HIV-specific: The group stated that the counselling had enabled them to feel accepted; "PCCO have helped me. Especially when they come around, they are able to counsel you and accept you". The counselling had also helped them to understand more about their HIV and how to manage it. "The counselling has helped me to know where to get drugs and how to accept to take drugs", "now my CD4 count is much higher", "when you are stressed and not functioning well, ask a caretaker to look after you".

2. Networking: the beneficiaries stated that one of the most useful things about the HIV counselling groups was the networking opportunities; "I have gone through a change in terms of networking with my fellows, because we have a password we say 'awoke yee' [living with drugs], so when you have entered the group and then you are part of them. This is keeping me very strong and confident". They said that if someone within the group is not feeling good then they are able to share this: "You see yourselves share and find you are happy, not distressed". They also said that they collaborate, sending one person to get the drugs from the Health Centre for the group.

3. Helping others: the beneficiaries stated that they have taken information learned at the training to their communities and used it to train others who have HIV. "We are also trained on how best to talk with our communities on how to access HIV [services], to counsel other people on their problems so they are able to access services and to communicate back to the staff at the health centre. We are actually focal point people for our communities".

The group said that they want PCCO to expand to include more sub-counties so that follow up could be done outside of Patongo Town. They would also like mosquito nets to be provided, for transport to the health centre (either cash or bikes) to be provided, to train them in farming as sometimes they do not have the capacity to grow crops and for PCCO to help them pay their school fees.

Interviews

An HIV Health Centre client was interviewed on a one-to-one basis. She had been attending the Health Centre since 2008 because she initially had physical symptoms like diarrhoea and weakness, as well as feelings of depression. However, since she began the ARV medication, and the PCCO counsellors began visiting her at home once a month to counsel her on the correct adherence to ARV treatment, her emotional state has improved. She "now can laugh and she knows she can live longer if she takes the drugs". She expressed that "her heart was brought back as well as her hope in life". She "has forgotten about the past" (deaths of husband and four children) and "wants to be alive". She lives 30 km from the Health Centre and said that she rides her bike to the Health Centre to collect her medication twice a month. She said that the work done by PCCO's counsellors was very helpful. However, more staff are still needed in the under resourced Health Centre III. She did not state where these staff should come from.

Discussion

From the evaluation at the Health Centre, it appears that PCCO is meeting its aims with regards to offering HIV counselling to enable the clients to better understand their HIV status, and to distribute condoms. The consultants

were impressed by the clients' testimonies, suggesting the work given by the counsellors in this area should be valued.

Recommendations

It is recommended that the PCCO staff continue their good work in this area. Some recommendations have been made regarding how best the PCCO counsellors can work in collaboration with the Health Centre and other HIV organisations. These are listed under section 6.1, "collaboration with Health Centre".

3. Organisational

3.1 Monitoring and Evaluation (M&E)

One of the key aims of the project is to build the capacity of the PCCO staff to create simple and efficient monitoring and evaluations and data storage systems. PCCO has an "M&E officer" whose role is to manage the monitoring and evaluation materials. The M&E Officer was open to the evaluation and was able to show the evaluator the materials. Materials reviewed by the evaluator were used to assess the poultry project, the training provided to other organisations, the counselling groups, the staff's opinions on monitoring and evaluation, the VSLA groups, the Health Centre project, the one-to-one counselling, the Slow Food project, the group counselling, data collected on community ranking problems and individual clients, mosquito nets and condom distributions, assessment of pigs, chicken and crops and the 2012 annual report.

The M&E officer was clear that he had only been in post since the beginning of the year, and as such, he was not aware where the monitoring and evaluation tools for 2010-2012 were. The M&E tools which were present were stored neatly in separate files, according to the topic of evaluation, in a locked cupboard. In each file there were between one and fifteen completed questionnaires.

The vast majority of the M&E measurement tools are of a qualitative nature, asking questions such as, "How does the OG and the VSLA activities within it help you?", "In which ways did the PCCO counsellors help you?" They are completed after the training or group counselling have taken place. The M&E officer explained that the questionnaires are used for groups, and the counsellors complete one questionnaire for the whole group. The only M&E measurement tools which are not of a qualitative nature are the data collected on community ranking problems and on individual clients. These measurement tools ask the PCCO counsellors to state how many clients they have seen in relation to 21 topics. Topics include SGBV, trauma, group dynamics, anger, family planning, games, child rights and leadership. It was noted that SGBV sub-topics included 'school dropout', 'divorce', 'child headed family', 'child abuse', 'defilement', and trauma sub-topics included land disputes.

Discussion

It was difficult for the consultants to feel they had a 'clear' idea of whether or not the projects were meeting their aims after reviewing the M&E materials. One of the main reasons for this was that the materials used to evaluate the programmes were only given to the beneficiaries after the 'intervention' (training, counselling etc) had taken place, with one question (How were things before?) being used to assess the situation before the 'intervention'. Asking the beneficiaries to fill in the same questionnaire before the 'intervention' had begun and after the 'intervention' had taken place would allow for the evaluators to assess whether or not any changes had taken place.

Furthermore, the M&E materials were mostly qualitative with quantitative methods used to tally how many clients were seen. Although it is important to know how many clients have been seen, this method did not tell the consultant whether or not the counselling methods used had helped the clients, or what their problems were when they came for counselling. The questionnaires appeared to be filled in sporadically, and it was not clear whether or not the questionnaires had been filled in jointly by the counsellors and one client, or by the counsellors and a group of clients, or by the client themselves.

Clear M&E methods are needed in order for this aim to be met and to ascertain whether or not the counselling services being given are useful for clients, using both quantitative and qualitative methods.

Recommendations

1. It is recommended that the M&E officer receives further training in M&E methods. This could be a 2 to 3 day training course and could be provided by the consultants or Network for Africa's staff. It is suggested it focuses on the following:
 - a. What different quantitative assessment methods can be used to evaluate changes in the client's wellbeing. Please see Appendix 6 for culturally appropriate assessment measures.
 - b. When to implement the assessment methods. It is suggested that all clients should fill in an 'assessment' pack when they first visit PCCO's drop-in centre, and then again after a pre-determined number of sessions (e.g. 3 sessions) and after the counselling has finished.

- c. If possible, to fill in the assessment measures at regular follow up intervals (e.g. 1 month after been seen).
2. It is recommended that the M&E officer trains the other counsellors in M&E methods so that they can all monitor the progress of their clients. It is then recommended that the counsellors pass the M&E data and information onto the M&E officer to collate and analyse. This would allow for the M&E officer to have an overall picture of how PCCO is helping the clients.

3.2 Data storage systems

When the consultant asked to review the case notes, the PCCO staff appeared to have difficulty finding where they were stored, and had to ask other members of staff.

The case notes reviewed by the consultants included client in-take forms, diagnostics forms and client feedback forms. It was noted that these documents were stored in files relating to the type of document (e.g. one file for 'client in-take forms' and another for 'diagnostic forms') instead of relating to the client. The documents all used identifying numbers instead of clients' names to maintain client confidentiality. However, this method caused confusion for some of the PCCO staff because many of the case notes did not have any identifying number or name on them. The staff filled in the case notes in either Acholi or English, depending on the language that they were most fluent in.

Discussion

It was felt that the case notes did not fully encapsulate all the information required for M&E, the programme and assessing progress. For example, the initial assessment and follow-up sheets did not state the client's reason for seeking counselling or the content of the counselling session. In conversation with the PCCO staff, it appeared that they did not have any knowledge of alternative ways to store client data.

Storing the case notes by 'stage of counselling' (e.g. in files labelled 'client in take forms') instead of by individual client (e.g. "Joan Smith") made it very difficult for the consultants to follow a client's progress through the counselling sessions. This issue was not helped by the use of identifying numbers instead of client names, and the fact that the counsellors did not write session notes after each session. If the counsellors were able to store the case notes in relation to each individual client, using the client's names, and to write notes after each session, this would allow the client's progress to be documented and followed easily. This would mean that when a client comes to PCCO's drop-in centre for counselling, the counsellor could easily find their case file (which could be stored in alphabetical order), review the presenting problems, and see what had been discussed in previous sessions. This would allow for continuity between sessions and counsellors, instead of requiring the client to re-tell their story on numerous occasions. It would also mean that different counsellors could see the same client, and allow for consistent and accurate M&E to occur.

Recommendations

1. It is recommended that one counsellor is appointed "case note officer" to be in charge of the organisation and implementation of the case notes. The case note officer could visit other organisations to learn techniques and methods in case note management. The consultants recommend the Peter Alderman Foundation (in Gulu Hospital Mental Health Unit). Alternatively, Network for Africa trainers could help with the case note organisation.
2. Client-specific files should include detailed information (please see appendix 7 for a suggestion of all the information which should be included). It is recommended that these files use the client's names instead of the patient identifying number and are stored in alphabetical order, in a locked cabinet to maintain confidentiality.

4. Training

4.1 Of beneficiaries

To evaluate aim 9, a focus group was held with beneficiaries who had received training from PCCO.

Feedback on the training on human rights, received 21st-22nd January 2013

A number of Town Councillors (elected local government representatives) were invited to a one day training course in human rights, facilitated by PCCO's IGA Officer. The Councillor interviewed stated the training was "wonderful" and that "we have appreciate the training given to us, we are very, very grateful". They reported that it has helped them to feel "empowered", it was "very innovative and creative".

They said that the training has helped them to identify human rights abuses and they now know how to report cases they encounter: "We are able to speak from a clear point of view. You tell the community you know this is wrong. Not like days back where you could gamble ideas, you're not sure when you speak about the human rights". They stated that "people used to fear to report anything, but now people are free". They said that if they have any further questions, they feel they can ask PCCO. The training has changed the way they can interact with the police. "We had

the consent with the police and forces that are concerned. We now have a clue, the brain to disagree with them on a legal basis, were not kept behind the law as before.” They said that the police are now “handling human rights openly with transparency” and that the community now “know their rights. This is one of the benefits of the training”.

The Town Councillors suggested that PCCO should employ more staff, “[It] looks like there are a few and they cannot really run all of these sorts of problems.” They also suggested that PCCO train more people in the community on issues such as HIV, so that the younger members of the community can also be informed.

Survey

The Town Councilors all agreed that the training they received from PCCO was useful, and that it changed their understanding of the issues involved. They also all stated that the training has altered the way they work, and that they would recommend it to a friend. Suggestions for future training topics included SGBV, HIV/AIDS and human rights, and it was suggested that the training should be offered in Acholi as well as English in the future, and for the training to last two days instead of one.

Training material

The PCCO trainers said they use flipcharts, information and manuals from previous trainings (given by Network for Africa and other organisations) to conduct their training.

Discussion

It was noted that PCCO provides training on many subjects (e.g. VSLA, SGBV, HIV, counselling, human rights, land rights, child protection, leadership skills, conflict resolution). Whilst the evaluators recognise that these topics are important issues in the community, they wonder whether the variety of training offered could be overwhelming for PCCO to provide.

The Town Councillors unanimously said that they found the training useful. Hence it appears that PCCO has achieved its aim to deliver and develop training course and materials for different beneficiaries. However, it is a refinement of the training and the materials used which is required.

Recommendations

1. It is recommended that the PCCO staff re-consider the wide variety of training offered to community members. Perhaps a few members of staff should be allocated to each training ‘topic’ (SGBV, DV, Human Rights etc) so that they can become ‘experts’ resulting in fewer, but more in-depth, specialised training sessions.
2. It is recommended that the PCCO staff tailor training to the target audience, including the manuals distributed at the end of training. It is possible that more communication between the PCCO staff and Network for Africa expert counselling trainers could help with this process.

4.2 Training of PCCO staff

In order to evaluate aim 10, which is to provide continuing professional development for PCCO and counsellors, the training materials were reviewed, a survey was given to the PCCO staff, a focus group held with its staff and one-to-one counselling sessions were observed.

Review of training materials

All hard and soft copies of training manuals given to the PCCO staff were reviewed. Organisations who had trained the PCCO staff included Network for Africa, CARE, Raising Voices and Justice Centres Uganda. The documents were filed. However, some of the storage was disorganised, with some trainings filed in different places or mixed with documents from the M&E or Accountancy files. This made it difficult for the counsellors to find specific documents.

Most manuals from external trainers seemed to be theoretical (e.g. long, with many concepts, difficult vocabulary and not reader “friendly”). However, the manuals from Network for Africa on trauma counselling training, leadership and conflict resolution appeared to have many practical exercises, using simple definitions of mental health concepts. Pre- and post-training evaluation forms prepared by the IGA Officer incorporating both qualitative and quantitative methods were used to assess whether or not the staff found the training useful.

The PCCO staff stated that their training took place in PCCO’s office. However, when there is insufficient space they rent a hall in another building in Patongo. Payment is provided to all the external trainers. When they complete the training, the trainers write a report for PCCO, describing the topics discussed, challenges observed and recommendations suggested. Some external trainers shared assessment materials, such as a “self-reporting of relationships” measure (a tool used to assess relationships) from Raising Voices, which has not yet been used by the PCCO staff. As part of PCCO’s personnel training, a staff exchange visit to an organisation called NASARID in Soroti, was organised to share knowledge and experience.

Survey

The survey completed by the PCCO counsellors (n=23) suggested that the counsellors felt confident about putting the counselling techniques they had been taught into practice (100% agreeing with this). They agreed that the training had changed the way they work, that the training had changed their attitudes to, and understanding of, mental health (91% agreeing with this) and they felt further training is required to help them become more confident in counselling (100% agree with this).

Observations

A consultant observed two individual counselling sessions in PCCO's office. In both the sessions, the counsellors created a comfortable atmosphere by using basic counselling skills such as active listening, speaking in a calm tone of voice, reassuring, normalising, good eye contact and adequate body position and language. The counsellors introduced themselves and allowed the clients to express their difficulties. The clients stated that their difficulties were economic and health related. Examples of advice given to the client included explaining that counselling is a long-term process and more sessions are required to help them, recommending, "forgetting about things and trying to resolve problems as they come", "everyone has difficulties in their lives and the PCCO counsellors can help you with your problems". The first session ended with the counsellor agreeing to do a family session in two days' time, and the second session ended with the client stating that he "can now think of a new life".

The PCCO counsellors were asked for definitions of trauma, and the answers they gave included: "what has happened that you cannot control"; "keep recalling an event"; "for example not being able to pay school fees"; "child birth"; "being abducted", "being raped"; "seeing someone commit suicide"; "unexpected events".

Challenges

A PCCO counsellor stated that many clients ask for material support, such as food and money for school fees. She said she often finds herself thinking, "What else can I do apart from counselling?" She said that they try to identify each client's potential and to connect them with outreach groups. However, in many cases this is not sufficient.

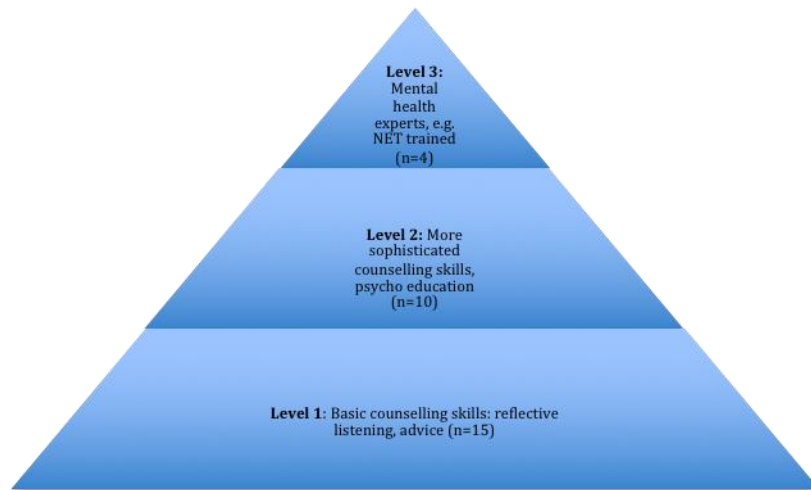
Discussion

The counsellors have a good understanding of basic counselling skills and are able to make the client feel at ease, displaying good listening skills. However, it appeared that there were gaps in their knowledge when it came to more sophisticated counselling skills. The PCCO counsellors appeared to be using techniques such as giving advice or telling the clients to just 'forget about the past'. Although these techniques appeared to help the clients in the short term - most likely due to the fact that they have felt listened to and have been given hope - it is predicted that this will not bring about sustainable change for the client. This is because telling someone to 'forget about the past' will not change the fact that something stressful has occurred, and will not change the resulting problems that the client is experiencing. The risk is that the next time the client is reminded of the stressful past event, they will feel depressed once more. Given that the PCCO counsellors gave them hope and made them feel better in the past, it is reasonable to suggest that when the client feels depressed, they will return to the counsellors to get a "short term boost" of hope and support. The clients will thereby become dependent on PCCO, unable to independently manage their emotions, thus increasing the workload of PCCO in the long term. However, if the PCCO counsellors used more sophisticated counselling skills, such as delving into past problems to help challenge the client's perceptions of the past, or helping them understand how it impacts their lives now; and if they could give them the skills to independently manage their emotional distress, then the clients may not need to return to PCCO when they feel depressed but instead, will be able to independently manage their emotional wellbeing. This may bring about more sustainable change in the emotional wellbeing of the clients seen by PCCO.

Furthermore, it was noted that the PCCO counsellors used the word "trauma" to describe many incidents, including not being able to pay school fees. A more widely accepted definition of trauma is found in Appendix 4. Based on the observations, it is likely that some of the cases the counsellors are labelling as "PTSD" or "trauma" would not be so defined by mental health professionals. This also has implications for M&E because it is possible that the number of clients displaying symptoms of "PTSD" or "trauma" is being over-estimated. Other organisations (see section below on collaborating with other organisations) said that they refer clients with complex mental health problems to PCCO. If PCCO is to be equipped to handle mental health problems such as PTSD then further training is imperative. The PCCO counsellors unanimously agreed that they require further training. Furthermore, the counsellors said that they felt guilty when community members committed suicide which indicates a gap in their training regarding self-care, the role of the counsellor and psycho-education on suicide. More detailed recommendations are given below.

Recommendations

1. It is recommended that all PCCO counsellors continue to receive training in basic counselling skills, but that a few counsellors (perhaps 10) are chosen to receive training in basic mental health counselling such as psycho-education, the difference between various mental health conditions, and basic CBT skills. A few (perhaps 4) counsellors should learn condition-specific therapeutic treatments, such as Narrative Exposure Therapy for PTSD. Please see diagram below.



This would also allow for an internal referral process to be set up whereby clients are first seen by Level 1 counsellors who could assess the clients to evaluate which level of counselling is required. The assessment could include a mental health inventory (see Appendix 6.1). If the scale suggests the client displayed none to mild levels of depression then the level 1 counsellors would see the client. However, if the client showed moderate levels of depression they would be referred to the level 2 counsellors. If the client displayed severe levels of depression they would be referred to the level 3 counsellors. Referral to the next level of counselling could also occur if the client shows no change after a pre-determined number of sessions or if the counsellors felt they were making no progress.

2. Taking on 'student intern' volunteers either from Makerere University Counselling or Clinical Psychology programmes, or from UK counselling psychology courses may be a viable option to provide further support to PCCO's work. Students with a strong knowledge of mental health counselling would gain practical experience at the same time as offering expertise to PCCO.
3. PCCO should work closely with other organisations in Northern Uganda who provide mental health training and support, such as the Centre for Victims of Torture (CVT) and Victim's Voice (VIVO). VIVO is an organisation working in Gulu who specialise in the treatment of PTSD with Narrative Exposure Therapy, a therapy which is relatively accessible and has a solid research evidence base in Northern Uganda⁹. VIVO offer training to other organisations. The collaboration with CVT is discussed further in section 6.2.

5. Collaboration with other organisations

5.1 Collaboration with the Health centre

The Health Centre is extremely understaffed¹⁰. When the evaluators arrived at the Health Centre it was visibly over crowded, with many patients queuing. The visit to the Health Centre was to assess whether or not PCCO was meeting the aims of reducing the Health Centre staff's workload by providing basic administrative assistance as well as counselling services.

Conversation with staff at health centre

The consultants spoke to Winston Okomo, one of the three qualified HIV nurses, and Benson Nneyko who was the in-charge. Both stated that the Health Centre is "very understaffed" and that "we are relying on the PCCO counsellors". They said that they were working together with the PCCO counsellors and that their workload had decreased since PCCO had started working there. They estimated that they would be working an extra 2-3 hours a day if the PCCO counsellors were not there. They both said that the Health Centre is still very busy and they would like more support from the PCCO counsellors, requesting they work a full day instead of half days.

Discussion

It appears that the work carried out by the PCCO counsellors at the Health Centre is needed and valued by the Health Centre staff. They requested the PCCO counsellors spend more time working at the Health Centre. However this is not possible because the PCCO staff work in many other areas.

⁹ Ertl, N.; Pfeiffer, A.; Schauer, E.; Elbert, T. & Neuner, F. (2011) Community-Implemented Trauma Therapy for Former Child Soldiers in Northern Uganda: A Randomized Controlled Trial. *Jama* 306 (5), pp. 503-512.

¹⁰ Agago 5 year district Development plan, 2011/2012-2015/2016

Recommendations

1. It is recommended that the PCCO counsellors continue their work at the HIV Centre.
2. It is recommended that PCCO collaborates with others offering HIV counselling, for instance WOSO, Gwokke Keni and Straight Talk. Advocating for more organisations to work in the Health Centre could be based on strict monitoring and evaluation techniques, and disseminating the progress achieved, with the hope of encouraging other funders. The organisations could collaborate by working on different days (e.g. PCCO takes Mondays and Fridays all day; Gwokke Keni takes Tuesdays and Thursdays all day, and WOSO takes Wednesdays all day).

5.2 Collaboration with other NGOs, CBOs, CSOs

Meetings were arranged with other organisations working in Patongo and surrounding sub-counties offering psychosocial services for comparison with PCCO. These organisations were Passion 4 Community (P4C), Widows and Orphans Support Organisation (WOSO), COOPI and Gwokke Keni. An organisation based in Gulu called Centre for Victims of Torture (CVT) was also interviewed by the consultants.

Passion 4 Community (P4C)

The psychosocial officer and Executive Director (who is also a PCCO Board Member) from P4C were interviewed. P4C offers counselling, individually or with groups most of whom are youth, but also with adults. They also offer business skills trainings, child protection and literacy lessons. PCCO refers cases of child rights violations P4C, and they in turn refer adults to PCCO if they want to join an outreach group. They suggested that it would be helpful to have a concrete list of all the services offered by PCCO as well as clearly defined referral pathways. The need for further training in mental health for the community and P4C was mentioned. It was also suggested that PCCO could benefit from further support with capacity building, better transport (e.g. more motorbikes or a car), owning a compound for their office rather than renting the office, and more exchange visits to other community based organisations.

WOSO

Three members of staff were interviewed in the WOSO office in Patongo (two counsellors and one administrator). They counsel widows, orphans and people with HIV. They showed great interest in receiving mental health trainings to increase their knowledge and skills, as they recognise they have difficulty in counselling some of their cases.

COOPI

Three staff members from COOPI were interviewed. PCCO counsellors refer clients to them regarding all SGBV issues. They described one field trip carried out in July in partnership with PCCO during which they held a community dialogue about the connection between alcoholism, SGBV and HIV. The media were also present in this event. They also mentioned collaboration with PCCO and other local organisations regarding the "Moonlight testing" event.¹¹

COOPI staff offer individual and group counselling mainly in SGBV and HIV, trainings in VSLA and IGAs to community groups, as well as in counselling skills, material (such as food, clothes, medical supplies) and funds support to SGBV survivors and family mediation. COOPI employees were not aware of all the services that PCCO offers. COOPI staff emphasised the need to strengthen the referral pathways between organisations and to conduct proper follow up of each case. They emphasised the importance of developing better coordination in "emergency referrals" and the lack of frequent meetings between the involved organisations.

Gwokke Kenni

Gwokke Kenni, a CBO specialising in services for HIV counselling, expressed the desire to collaborate with PCCO on IGAs, such as goat rearing, milk from cows and poultry. They refer some cases to PCCO if they are outside Gwokke Kenni's remit of HIV counselling. Gwokke Kenni receives funding from USAID through TASO. However they have not received any training in HIV counselling for some time, and those who had received training had left the organisation. Hence they asked for training from PCCO.

Centre for the Victims of Torture (CVT)

The psychotherapist/trainer from CVT was interviewed in Gulu. The role of the psychotherapist/trainer is to train and develop counselling skills of counsellors employed in other organisations. The psychotherapist had not heard of PCCO. However, he travelled to Patongo regularly to work with COOPI (which is closing shortly) and he is open to training PCCO staff. He said that the main trainings for the counsellors occur in Gulu. He would be able to travel to Patongo to observe their work, and CVT would cover the costs. However, PCCO would need to cover the transport costs from Patongo to Gulu for the training.

¹¹ This is where anonymous HIV testing is carried out at night as more people are likely to attend it because it's anonymous and in the dark, so people are less detectable. It's a way to circumvent stigma and self-stigma around HIV/AIDS

Discussion

It was mentioned that many NGOs and CBOs had left Patongo recently (e.g. Quaker Project, Mama Kids and Warakenne). COOPI is closing in October 2013. Furthermore, Gwokke Keni reported they had not heard from TASO or USAID regarding future training, despite their need for trained counsellors. The consultants concluded that funders were losing interest in projects based in Patongo. This underlines the need for collaboration between organisations to provide robust outcomes on the work being carried out by NGOs in Patongo to encourage funders to re-engage.

Recommendations

1. For the NGOs/CBOs etc. to meet once a month to discuss service provision. This is to ensure that they are not offering services which overlap, and to enable funders to see where extra support is needed.
2. For the PCCO counsellors to collaborate further with Gwokke Keni and WOSO to provide HIV counselling and training. It is possible that the PCCO Counsellors can provide HIV training to Gwoke Keni and WOSO to help build their capacity. If there is overlap in the HIV counselling services being offered, then it is recommended that the organisations either work together or agree that only one organisation works there. If PCCO decide not to conduct HIV counselling in an area due to an overlap of services, then they could focus on mental health counselling in that area.
3. For PCCO to create more defined referral sheets and pathways. This can include providing the organisations around them with information sheets similar to that outlined in Appendix 7.2.

6. Value for money

Assessment

In terms of value for money, it was observed that most of the staff were highly motivated, especially when carrying out the group counseling sessions. However, it was noted that there were more counsellors available to see clients in the mornings than there were clients who visited PCCO's drop-in centre.

The impact that PCCO is having in the community is very positive. Yet, there could be greater impact through specialisation in mental health counseling and closer collaboration with other local organisations. This would be also very useful when seeing more severe cases.

Discussion

With specialisation and collaboration, a decrease in PCCO's the workload in Patongo is predicted. Some of the PCCO counsellors stated that their services need to be extended to other communities which have similar difficulties. It was observed that, at some points in the day, counsellors appeared to be under-employed. It seemed that their main activity of the day was to visit the OGs in the afternoon, leaving them appearing to be underutilised in the mornings. It is felt that if PCCO restructured its staff, and created more well-defined roles and responsibilities (e.g. administrative roles, M&E support) for staff members, then they would be able to carry out these roles in the morning, resulting in a more productive use of the counsellors' time.

Recommendations

1. Given how few clients drop in at PCCO for counselling, other tasks could be performed by counsellors while they wait for clients, such as completing case notes or arranging filing systems.
2. If possible, establish a second PCCO centre in another district nearby where the community would benefit from their services.
3. Specialise trainings on mental health counselling for some of the counsellors – which would be useful to ensure sustainable changes in the community.
4. To emphasise the importance of PCCO counsellors dividing working hours and personal hours, there could be a "Sign in and Sign out" sheet.

7. Recommendations

7.1 Summary of recommendations

An initial list of recommendations was shared with all of PCCO staff on 13th September, to illicit their suggestions and to make changes or additions.

Training

Further training on mental health (deep and accurate definitions of PTSD, trauma, counselling, or differences between 'family therapy' versus 'family mediation') is recommended to achieve PCCO counsellors' specialisation in delivering mental health counselling.

Specialisation

It is recommended that staff specialise in various areas such as PTSD, anger management, alcoholism, etc. An internal referral pyramid within PCCO, dependent on the different skills-sets of the counsellors, could be designed. On the lower level of the pyramid would be the largest number of counsellors who provide basic counselling (advice) to clients; a second level would follow, with fewer counsellors offering more targeted counselling (psycho education with more advanced training in specific counselling methods, for example, like the work done by CVT); the third and final level would have even fewer counsellors (who had the specialised mental health training facilitated by VIVO, for example) who could give specialised therapy to the "mental health cases" that are very difficult and complex.. This scheme will allow the counsellors to be aware of their own strengths and weaknesses, and enable them to professionalise.

M&E

To improve the M&E department, the use of different questionnaires is recommended (please see Appendix 6). Regular and constant follow up of clients should be carried out by the counsellors including: pre-assessment in the first visit, and then evaluations every 2 months in order to track how counselling sessions are progressing and if the client needs to be "upgraded" to the next level of the pyramid because he or she needs more specialised counselling support.

Collaboration with organisations

Monthly meetings between all the organisations working in Patongo are recommended in order to discuss common clients, to ensure there is no duplication of services, to promote more collaborative working and to strengthen referral systems between organisations. A referral process for "emergency cases" (e.g. suicidal clients, someone who has just been raped) needs to be clearly defined. A suggested process is (1) talk with a superior to identify "emergency cases", (2) decide which organisation to refer them to (3) physically take the client to the organisation he or she is referred to, and (4) follow-up. A list of all organisations with their specific services and how to make referrals should be available in all organisations' offices. There should be more exchange visits to other organisations like VIVO or the Peter Alderman Foundation who offer good counselling and effective case management systems.

Wellbeing of PCCO counsellors

One-to-one or peer supervision is recommended, as in all counselling professions, in order to manage their own feelings and to improve their counselling services. Boundaries should be established between the counsellor and the client (work-time schedules – unless it is an "emergency case" – and not feeling guilty for a negative progress of a client) to sustain the safety of the counsellor. For example, counsellors could say that they are not allowed by the organisation to do sessions out of the time schedule or they will lose their job. Costing of a supervisor has been listed on page 8.

Paper work

Clear filing systems should be put in place by using dividers in the files. All files should be kept in one or two obvious places so it is easy to find them. Each area of paperwork would have a responsible person. In terms of case management, notes should be kept on every client's file of every session noting the date, what has been discussed and suggestions for the following sessions. When writing the follow-up records, it is necessary to record the client's name and the case number on each document (the client's name is recommended provided files are kept in a locked and safe place), as well as detailing exactly what has changed – if a client now feels less depressed, if they can now socialise, etc. Separated case sections in a file might be more useful, with a first-visit assessment sheet, notes of sessions and follow up records and assessments, rather than files organised by stages of counselling process. This organisation system will also improve the M&E of the clients' progress.

Value for Money

In order to ensure good value for money further specialisation and collaboration with other organisations would reduce the workload of PCCO in Patongo and therefore free up staff resources thereby enabling a new office in another neighbouring sub-county to be opened, thus bringing these vital services to other communities which might benefit from them.

7.2 PCCO project and Network for Africa feedback

In general, all recommendations suggested by the evaluators were positively received by the PCCO staff. When discussing the training offered to the PCCO staff, the evaluators suggested getting training from organisations based in Uganda, rather than overseas, to save on project costs. However, PCCO management said this would not work and they preferred to continue with the N4A training. They suggested using other external trainers based in Uganda for complementary issues.

The PCCO staff suggested one way to help improve their wellbeing was to practice group activities to relieve stress such as doing physical exercise. They also believe they could improve their client information storage systems by visiting other organisations in Northern Uganda.

8. Conclusion

From the interviews with the beneficiaries and observations of the outreach groups, it appears that PCCO has already begun to meet the 3-year project aims. The consultants were very impressed with the work being carried out and with the enthusiasm and motivation of the staff to reach their full potential as counsellors. As stated in the recommendations, it is the refinement and specialisation of PCCO which remains to be completed in the remaining 18 months.

9. Appendices

Appendix 1: Evaluation materials

Appendix 1.1: Survey given to PCCO Staff

We would be really grateful if you could please take a couple of minutes to fill in this survey. This survey will give us a deeper understanding of what professional development Network for Africa provide for you as PCCO staff, and allows for you to voice any concerns or changes you would like to be made.

1. What is your name? (Optional) _____
2. What is your role within the PCCO project? _____
3. How did you become involved with the PCCO project?

4. What training have you received as part of the PCCO project?

For the following questions, please circle whether you strongly disagree, disagree, neither agree or disagree, agree or strongly agree with the statement.

5. The training I received has changed the way I work

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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6. I feel confident in putting into practice the counselling techniques I have learnt

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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7. I feel as though I need more training to help me become a confident counsellor

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
----------------------	----------	------------------------------	-------	-------------------

8. As a result of the PCCO project, I feel able to manage my own emotional wellbeing

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
----------------------	----------	------------------------------	-------	-------------------

9. The PCCO project has changed my own attitudes and understanding of mental health

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
----------------------	----------	------------------------------	-------	-------------------

10. I feel fully supported as a counsellor by the PCCO project

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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11. I am satisfied and fulfilled by my role as a counsellor in the PCCO project

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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12. I often feel stressed or fatigued as a result of my role as a counsellor in the PCCO project

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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Thank you for taking the time to fill in this survey. Please now give it back to one of the evaluators.

Appendix 1.2: Survey given to Local Government Councillors who received training from the PCCO Counsellors in Human Rights

We would be really grateful if you could please take a couple of minutes to fill in this survey. This survey will give us a deeper understanding of what training the PCCO project has provided for you and to allow you to make recommendations for future training.

1. What is your name? (optional) _____

2. What organisation are you from, and what is your role? _____

3. What training have you received as part of the PCCO project?

For the following questions, please circle whether you strongly disagree, disagree, neither agree or disagree, agree or strongly agree with the statement.

4. The training was useful

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
----------------------	----------	------------------------------	-------	-------------------

5. The training has changed the way I work

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
----------------------	----------	------------------------------	-------	-------------------

6. The training has changed my understanding of the issues I was trained in

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
----------------------	----------	------------------------------	-------	-------------------

7. I would recommend this training to a friend.

Strongly
Disagree

Disagree

Neither agree
or disagree

Agree

Strongly
Agree

8. What future training would you like to receive?

9. Is there anything you would change about the training you received?

10. What else could the PCCO project offer which would be beneficial to the community?

Thank you for taking the time to fill in this survey. Please now give it back to one of the evaluator

Appendix 1.3: Sample questions to ask members of the community who have received counselling

Aim: To have the opportunity to speak with the beneficiaries, on both an individual and group level basis, to assess what they have found useful from the PCCO project, and what they would like to change, with an emphasis of how this has impacted on their mental wellbeing and their understanding of mental health. It is suggested that a focus group with the beneficiaries will be held in order to gain a deeper, richer understanding of their experiences.

In a group – sharing stories on personal levels, with emphasis on mental health and understanding of mental health:

1. Most significant change model – community level
 - a. looking back over the last 18 months, what do you think was the most significant change as a result of the PCCO project in this community?

2. Sharing of stories – anyone volunteer? – personal level
 - a. How have you been involved in the project
 - b. most important changes that have resulted from this project?
 - c. what are the important changes that have occurred in your life as a result of this project
 - d. what problems were there? What would you like to change?

3. Ideas for the future?
 - a. What else could PCCO project offer which would be beneficial to the community or to you as individuals?

Individually – more in depth case studies on one-to-one.

- a. How have you been involved in the project
- b. most important changes that have resulted from this project?
- c. what are the important changes that have occurred in your life as a result of this project
- d. what problems were there? What would you like to change?

Appendix 2: Evaluation team's work schedule

Travel to Patongo

Monday 9th September

Traveling from Kampala to Patongo

Meeting the PCCO staff and organizing work schedule for the week

Tuesday 10th September

Focus group with PCCO counselors

Observing individual counseling sessions

Individual interviews management staff and counselors

Review of case notes, training records and M+E methods

Wednesday 11th September

Focus groups with local councilors

Observing outreach groups counseling sessions

Interviews with group beneficiaries

Thursday 12th September

Visit to the health center

Interview with other organizations' staff

Friday 13th September

Debriefing of possible recommendations with PCCO staff

Meeting with NGOs in Gulu

Report writing

Monday 15th September – Wednesday 25th September

Working on draft of document

Appendix 3: List of informants

Management staff of PCCO

Counselors of PCCO

Individual counseling beneficiaries

Outreach groups beneficiaries

Health Center Patongo staff

Health Center beneficiaries

Local councilors

P4C staff

COOPI staff

CVT staff

WOSO staff

Gwokke Keni staff

Appendix 4: Definitions of trauma, counselling and group counselling

Trauma is the exposure to actual or threatened death, serious injury or sexual violence in any of the following ways: directly experiencing the traumatic event, witnessing the event as it occurred to others, learning that the traumatic event occurred to a close family member or close friend – in cases of actual or threatened death of a family member or friend, the event must have been violent or accidental – or experiencing repeated or extreme exposure to aversive details of the traumatic event (first respondents collecting human remains, police officers repeatedly exposed to details of child abuse) – this last criterion does not apply to exposure through electronic media, television, movies or pictures, unless this exposure is work related.
(Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association).

Professional counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Counselors work with clients on strategies to overcome obstacles and personal challenges that they are facing.
(American Counseling Association,).

Group counseling allows one to find out that they are not alone in their type of life challenge. To be involved in a group of peers who are in a similar place not only increases one's understanding of the struggles around the topic but also the variety in the possible solutions available. Typically, groups have up to eight participants, one or two group leaders, and revolve around a common topic like: anger management, self-esteem, divorce, domestic violence, recovery from abuse and trauma, and substance abuse and recovery.
(American Counseling Association, <http://www.counseling.org/learn-about-counseling/what-is-counseling>).

Appendix 5: Most significant story of change, interview with Florence: one of the beneficiaries from the outreach groups

Q: Since when have you been part of this group?

A: Since 2008.

Q: What is the most significant change in the quality of your life since you joined this group?

A: Before, I lived in the camp because our house was burnt. My brother died and my mother was sick. When I started being part of this group, I was able to borrow a loan to start a small business and have some profit to support my mother. Also, my feelings of depression and hopelessness are gone, because all group members are close to each other and both counselors and group members have visited me and helped me to forget about the past and think about the future. My mind is relieved when I am in the group. The group is a safe place with friends. Last June, my husband's brother died and then I felt depressed again, but counselors helped me to get out of the depression. After my father-in-law died, I thought I had nothing in life and that I needed to commit suicide. I thought there was no hope and I needed to die. When the group members realized I was in that situation, they called the counselors of PCCO and came to my home to talk to me. They tried to know what the problem was and told me that suicide is not the only option. They counsel me and I came back to being me.

Q: It seems that being part of this group has really helped you...

A: Before, I felt I was alone and I didn't have anyone to count on, and this people (counselors and group members) gave me hope of life and I got energy from nowhere. I even started visiting the children at school again, because I had stopped seeing them. I started cooking again and came back to the group. So it is the group what is the source of help. Someone can give me 5 million shillings but will not solve my problems. When the counselors and some group members came and counseled me it was worth millions and trillions of shillings, so I really appreciate that.

Q: Have the counselors come to visit you regularly?

A: After I tried to commit suicide, four counselors have been visiting me in my house once a week, sometimes after three days; until they saw that I was better.

Q: How did you feel after these counseling sessions?

A: After them I started feeling freedom, freedom to go to people, to go to the market and sell some products so I could get some money. I was free, because before the sessions I was really restricted in my house and I couldn't move.

Q: How has the Income Generating Activity from the loan helped you?

A: The small business has really helped me because now I can afford salt and not borrow from the neighbors. I appreciate that this is a consequence of being part of the group. Now I am not in those primitive days how I used to live. I can sell onions in the market.

Q: Is there anything you would like to change or improve of the PCCO project?

A: It would be good if PCCO could help paying the school fees of so many orphans, as well as medication. That will help me forget of what happened in the previous years.

Appendix 6: Suggested monitoring and evaluation materials

Appendix 6.1, List of evaluation materials which have been validated for the Ugandan setting

Listed below are psychosocial scales which have been validated in either Uganda or Northern Uganda. Unfortunately, the consultants did not have access to the scales themselves but are willing to contact the authors of the papers to ask for these scales if Network for Africa desires.

These scales all give a numerical outcome on the mental wellbeing of the client. This will allow for the M & E advisor to see that, for example, a person's depression rating has decreased from 20 at the beginning of counselling (indicating moderate depression) to 10 after 4 counselling sessions (indicating no depression). Hence this will give them a quantitative way to determine whether or not the counselling is effective.

1. The Response Inventory for Stressful Life Events has been validated for the Ugandan setting to detect depressed and/or suicidal individuals in the general population.

Ovuga, Boardman & Wasserman (2005) The Response Inventory for Stressful Life Events (RISLE) Refinement of the 100-item Version. *Afr Health Sci* 5(2), 137-144

2. The Acholi Psychosocial Assessment Inventory is designed to assess depression-like (*two tam, par* and *kumu*), anxiety-like (*ma lwor*) and conduct problems (*kwo maraco*) among war-affected adolescents in northern Uganda.

Betancourt, Bass, Borisova, Neugebauer, Speelman, Onyango & Botong (2009) Assessing local instrument reliability and validity: a field-based example from northern Uganda. *Social Psychiatry and Psychiatric Epidemiology* 44 (8), 685-692

Appendix 6.2: Three concerns Measure

This is a measure which can be used to help assess the progress of a client through counselling. Asking them their top three concerns, and to rate how worried they are about this concern at the beginning, middle and end of counselling will allow for the counsellors to see how effective their input has been. This would greatly help with M & E.

Three Concerns

Please write down in your top three concerns that you would like help with

Concern 1

How worried are you about this?

- | | | | | |
|-------------|------------------|---------|--------------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not worried | A little worried | Worried | Very worried | Extremely worried |

Concern 2

How worried are you about this?

- | | | | | |
|-------------|------------------|---------|--------------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not worried | A little worried | Worried | Very worried | Extremely worried |

Concern 3

How worried are you about this?

- | | | | | |
|-------------|------------------|---------|--------------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not worried | A little worried | Worried | Very worried | Extremely worried |

Appendix 6.3: Diary of mood/emotions

Asking a client to fill in a diary of their moods/emotions at different times during the counselling process will allow for the counsellors to assess the severity of the problems, as well as whether or not there is any change over the counselling sessions, allowing for them to determine how useful the counselling has been.

Day & Time	Mood/Emotion Rate intensity of emotion 0-100%	Comments Example what was happening? Where? Who with? What went through your mind? Thoughts? Images? What were you doing just before and/or after you felt this way?
e.g. Monday, 2pm	e.g. Wanting to stay alone, 90%	e.g. following a fight with my brother

Appendix 7: Case note resources

Appendix 7.1: Example of session notes

Date: 20th September of 2013
Name of Client: Akello Regina
Age of Client: 14 years old
Name of Counselor: Kalema Thomas
Session number: 3

What has been discussed during the session?

Regina has explained how sad she is feeling because she cannot go to school. Her parents do not have enough money to pay her school fees since September. She has been crying every day for 20 minutes approximately, normally in the mornings. She fears to explain her feelings to her parents because she thinks they will not understand her and beat her for being selfish.

Are there any tasks for the client to do until next session?

Counselor recommends Regina to occupy her mornings, when she is most likely to cry, by reading books, helping with the household tasks or teaching her two younger sisters how to read or write.

When will the next session be?

Counselor and client agree on meeting next week on Tuesday at 10am.

Which possible topics should be discussed in the following sessions?

Counselor thinks that it could be helpful for next session start using the problem solving technique to find out different possible solutions to her situation. Also, it could be useful for Regina to write on a personal diary when she is feeling sad or hopeless.

Appendix 7.2: Example of a referral sheet

Date: 30th September 2013
Name of Client: Nakasujja Margaret
Age of Client: 14 years old
Name of Counselor: Kalema Thomas
Organization: PCCO
Refers to: COOPI

Reason for referral: Client explains she has been raped (today, 30th September at around 10am) by a relative and needs medical services, as well as specialized SGBV counseling.

Referral pathway: As this is an “emergency case”, PCCO counselor asks to his superior (PCCO Director) and they agree on referring to COOPI. Immediately after, the PCCO counselor accompanies physically the client to COOPI office and introduces her to one of their counselors.

Follow up (date): PCCO counselor calls (30th September at 4pm) to COOPI staff to ask what they have done and how the client is doing. COOPI explains that the client has been seen by a doctor and is at the moment staying in the X hospital. She has been counseled and she will be visited by the counselor everyday during the next six days.

Next follow up to be done (date): PCCO counselor will call in seven days (7th October 2013) to COOPI to ask about this client and her counseling process. Also, this will be one case that will be brought up in the next meeting of all the organizations.

Appendix 7.3: Example of a follow-up form

Date: 4th July 2013
Name of Client: Louis Michael
Age of Client: 32 years old
Name of Counselor: Kalema Thomas

Reason why client first came to PCCO seeking for counseling: Client first came for counseling because he found out he was HIV positive and he didn't know how to tell his wife.

What has been discussed during the counseling process: Counselor advised the client to talk to his wife about it and together both of them go for testing. After two family mediation sessions, wife agreed to go with her husband to test. She was negative. Four more counseling session were carried out with the client individually to cope with feelings of sadness. Client and counselor agree to do a follow up session in three weeks.

Follow up on the client: Client refers that he is not longer feeling sad. He feels strong to explain to close friends and relatives that he is living positively and he also explains that some of his friends have also HIV. This makes him realize that if he takes the medication he can live longer.

Next follow up to be done (date): Client and counselor agree on meeting in one month (4th August 2013)

Appendix 8: Transcripts of Interviews

Appendix 8.1: Transcript of focus group held with PCCO Counsellors

Focus Group with PCCO Counsellors

Most significant change the PCCO project has had on the community

I want to say one thing, here in Patongo we had a very very big IDP camp and as we all know, people use to relief through supplying food, in fact it created a lot of redundancy and most people were not active in doing work but when we started to go deep and we sensitising them and sensitising other they started to be positive towards work. Because most of them, they were traumatized due to their children are not around, what are they working for what what and we started counseling them and talking to them and most of them are working in other places where can get something to help with their daily work. Up to now as we are talking, most of them, the rate of alcoholism it's not as before, they are now Okay.

According to the occurrence of the conflict in northern area in the past, there were so many critical thing that happened within the communities so during that conflicts most of our people they were really undergone a lot of seeing death and dead people all the time which made them to become even to agree to make suicide anytime. So by now that there is an organisation that has come in the place and we have begun to counseling people in the community there is a definite changes in committing suicide in the community and not only that one, due to a lot of anger when you changes and begin annoyed, you may even fight to the level of killing one another but now when we are, when we begin counseling people in the community so it relieved them now to come out to reduce anger when you get annoyed at somebody so that is how it has changed.

Concerning that, 18 months past there was really in Northern Uganda, they were really very traumatized concerning Patongo town council, seeing Network for Africa giving training, most of us were also very traumatized but after we entered the system of counseling so our mind also start changing because we were also stressed in mind, traumatized in mind. And then some of them some of the children they are really, take an example like me, from side-lined family, up to that day I was 16 years old. Up to 22, up to now at least I can express myself and the community and change their mind as a result of the training that I received from network for Africa. This is really a good results from the training Network for Africa gave. And then now I can change many community members because I'm also working with VSLA group so I normally give them training training on how to counsel one another and those group they are also acting as a counselor now because they have changed their., so that is a result of Network for Africa or PCCO are doing in the community around Patongo Town Council and now at least it will be around here in Patongo, you will not find anyone doing visits or crying, we are now reducing that. So that is the change we have got from PCCO or Network for Africa.

In the war I can't talk like this. It was so hard. Though it was hard, I thank PCCO for brining training, the one speaking to you I was having a hard life before, it has bought changes in my life. I was in the bush for many years, when I came back from the bush I was not accepted. And also, when I came back, I found like girls my age they were many and they gave birth at an early age. I came back also with a child from the bush and I was really young. When I came here, PCCO helped me trainings, I began getting a good life at least. Now I don't cry if I speak, those days if used to speak I would cry. Now if I tell you my story, I don't cry because I am strong now. When I got training from PCCO, right now, a group have gathered – I have the child-mother group, I am the team leader. I share with them at least now the mother as well, very young as they are, they are able to come together and share and do something for their children. The challenge is, at least for them, they are facing difficulties finding their partners because when people move and they say this is formally abductees it is very hard for them to find a man and get settled, that is the challenge. I'm so happy for PCCO because they have built me and I'm so strong and I'm confident. At least every Friday we go and sit together as child mothers and we share and every Friday I get new things on building my life up. Thank you so much and I believe my colleague also has something to share.

Thank you for coming. I will begin with at least what I went through and the changes I got, I gave birth when I was only fifteen years old and I dropped out from school. I was a total orphan – I had only my brother. When I was really pregnant, they chased me away and sent me to stay with this man who pregnated me. It was hard for me to stay with this man because this man was a drunkard and he had many women so all the time, every evening, he keeps on beating me. In 2008 I'm so glad I started joining the team of the PCCO, at least after the training I would share and I would not run away because I used to stay alone by myself, not staying with people. But at least now I can stay with people and not run away. At least what I'm saying is thank you from PCCO from 2008 since this time I have been having training and I'm so happy that they have chosen me to be a counselor. I'm so happy that I have also my own group the VSLA group and the farming group. At least now with the experience I went through, I'm helping the women or the married people in the house with their issues. Even now school dropped out, even school going I speak to them and my experience is helping them to be at school. Even right now, people should share roles even the man can do the work of the women and the woman can do the work of the men.

I want to begin with what Network for Africa has done in my life. I remember when I lost my husband of HIV and AIDS, it was really difficult to be alone, I would even lock myself inside not talking to anyone because at least people were laughing at me. When I joined the training of NfA in 2008, I became so strong because they taught us how to fight flashback or something which has happened to you beginning from that time, when NfA trained me and paid me to be a counselor I'm so strong and now I speak without any fear because I am living positively and have also formed a group who are living positively, we are sharing maybe if someone is sick or if someone is not coming to get drugs. We normally move as a team to talk to someone in their family, talk to them and speak to them about taking drugs and coming out as a positive living person. Because at sometimes, some people do not follow their drug very well so I go to the health centre and find out just people the category and goes to their home to monitor, like look for me I'm doing well, I'm taking my drugs. The training we have got is also helping us to talk to the widows who do not have a husband, like they should not keep reinfecting people, they should stay faithful to themselves, positive living when they are faithful. Thank you.

This war really affected all of us and it was really painful. I also, I'm a total orphan, I did not have my parents. And I would not stay with people, I was just staying alone, when NfA came, I began to change my life, the changes which have made me is the changes I have got, they have elected me, I am a clan leader. I'm leading five clans of which they have even nominated me to be their speaker. And now, I'm trying to bring what I have been trained from here to help the clan, I'm happy that the other thing they're trying to remove from the clan. Because in the clan, we have a system by where anyone should be beaten if maybe you did something bad so I'm trying my best to maybe change this, like for me (Agnes) I'm a woman, I'm going to be late I'm supposed to be beaten 5 strokes so he's trying to make it like they can reduce not to over torture people. I'm happy that as a chair person or as their speaker that everything comes to me, I make sure I use my skill from here and by the time I take to the leader or government I will have done something good for my clan. Thank you very much PCCO, I'm so happy they have built me and now I'm living in the community as a clan leader. Thank you.

What has been the most useful training?

The training on alcoholism. Before I had the training, I used to drink a lot and could not even go to school, but even if my school fees I would utilize the school fees on alcohol. The training I got, that's why I go and sit... up to now I'm aware of alcohol and all the bad things to do with it, I have a group as a PCCO counselor because more people who take alcohol here is youths so normally go and visit them and discuss and talk about the dangers of alcohol and now others also they come out and they come to our office here and we counsel them, so that's the most training that has been good that I have got.

My husband was killed by the LRA, and now even I'm infected by HIV/AIDS and my life really was so hard. Even getting food was really hard for me because like my life I was really weak. At least the topic I've got on HIV/AIDS which has helped me to grow up living with the virus and I'm also helping people and now normally what I say, at least that people who are HIV positive should not keep infecting other people, they should stay faithful and not infect others. I want to say thank you to PCCO because we are trying to reduce the rate of infection here in Patongo. Because we are free, even to our fellow staff know that I am HIV positive and they cannot come to me and like want to get friendly because they know my status and I'm so happy that even here, the staff and the group they respect us and the stance we have made to be open about our status. And I'm so happy that we are trying to make it so that they should like or love the people who are sick of HIV/AIDS from the community.

The most training I've loved is on trauma counseling because as you see me here, I was abducted, I'm now formally abductees. I stayed in the bush for a long time, many years, I was abducted in 1997 and I was , so I stayed in the bush for like 5 years, I came back when my mind was traumatized but I didn't even know where to start from and even I see people maybe we exchange words, I feel like I should kill that person, but I thank God because God has sent people to help us on training. That is NfA. They have helped us a lot and I've already changed, I'm now in the community like a light because when I move in the community will say 'oh how I am changed' and it has stopped people stigmatizing that this was has come back from the bush so I have appreciated NfA too much because it's bringing a lot of changes in our communities. I have a lot of testimony but will stop it here thank you.

For me, what I take most is about SGBV because that was the worst in our community, in the past if you move around the community, you will find people fighting some of them have killed one another, but after this training and we start giving to the community, fighting has already stopped. It is there, but not as in the past. And among the group those that are working with, they are teaching other people, like they show their scars which they got during and the teach people that 'if you see this, my leg was cut during fighting with husband or wife'. That is what I've learnt.

The training that has not been so useful

For me, I cannot say that 'this one' is not good only that we take the most useful that we have said, like all of them are good but we see which one can change the lives. The one which I can say is about agriculture or slow food, that one people can practice from home, about the SGBV or trauma, we cannot get from the people, from the local people apart from the expert trainer, that is NfA.

Actually I have not discovered any topic that has not been useful, they have all been good. All the topic was so good. I use all the techniques because we are really changed how to change other people's lives, starting with you yourself.

Most of the topic covered were good, if we are to run, everything they link up together, at least I can say like all of these things are linked up, when you are formally abductees, HIV positive, all of these topics link together. Apart from farming where at least here, we grew up farming and we know.

What do you do in circumstances where you don't have so much information?

Normally we, e.g. physical violence- when physical violence went deeper so cannot handle that, what I can do go to the police and even land conflict, somehow, I defer so can get help.

If I find something I cannot do very well, especially HIV/AIDS, normally we ask or we seek consent of client to refer to health centre or another person. If they accept, the person to health centre or to the person he/she needs to be referred to.

At least case of maybe rape, if someone comes to me there at least we refer them to the health centre. The other NGOs like COOPI, we also refer.

Like rape and violence that one we cannot deal with, apart from taking that client to , we take the client to get treatment ice if they have been raped, we take them to the hospital so that they can get fine before we counsel. If of orphans, we refer to a place where they can get help.

Mostly, we just do what we call self-referral, we can just refer to the police, self referral to the police and then take directly to the health centre because we also link with them and work with them. When someone assault you or harm you seriously, the PCCO cannot be comfortable, at that time when we see the blood coming, you cannot counsel that person you just take them to the health centre so that they can get help and be well, because under the training of counsel, where it is harm, you cannot handle it yet immediately you talk and you send someone.

Concerning when rape happens, because we have male clients and female clients, we jut go and pray among others and transpire among others so that can get help also.

Quotes from the community about the work of PCCO project?

Mostly they are saying that we are now working hand in hand very seriously with the community so if would be possible an extension of our area of work to even extend to other communities so that trauma can be reduced to the sub county. And not only that one, some of the communities, they are saying that since now they have reduced the suicide making in the community, if possible for some cases which are so critical, there should be a centre for the PCCO and if the clients want to come and get help they can come and stay for long periods of time. And they can get help for 2-3 days so that they can be safe and go back to the community.

The other community are appreciating our work a lot because we are also dealing with IGA department, we also trying them in saving and getting the income from VSLA, most of the group we have, some of them, they are doing small business now. That is the way how they are, concerned counseling, they are now released from the trauma, we are just giving them help from the community, they say that if we were not around we are working a lot really.

On counseling, community have been setting PCCO and every day when you go the group counseling and individual counseling they always tell us that PCCOs would not stop helping people in the community. Even the local government because what we are doing in the government is needed. Even in the group, PCCO have them – 28 groups, most of them are now counselors whereby they help people in the community so when they get client from there, they do counseling and refer them to the office. So I'm seeing the way we are moving to the community, the way they are talking, a lot of help has come from the PCCO.

Any cases?

There's one I've been helping a lot, the counseling – confidentiality, so let me mention now, he was HIV positive and really a drunken man, took 5 tablets of ARV so afterwards one of his members came ad called one of the counselors so the man, I just go and saw him, he was really really traumatized, his mind was really like a mad person, insulting how, talking how, everything so I just took the family member and talk to them, now he's now starting his children back to school and studying, he is also helping because of the effort we have put in.

I have one friend, my friend was really paralysed when she got a man, the man impregnated her, the man was not happy with her, I was counseling her because she never wanted her situation, she gave birth to a baby girl , I'm so happy that even I bought the mother and the baby was really ok, not a lame person, and I was telling her that this child, if she grows up, she will help the family because the mum and dad were also living positively with HIV and up to now I am still following them and still a good friend to that family.

If PCCO project had all funding in the world, what would you change?

-health centre, we are handling clients from different sub counties, they are coming here. Normally we are counseling them, handling them, most of them they need follow up... follow up is needed from a far, visit them, talk to them.

A focal person to the community, changes should be made, should even go with even the educative video to show them that. They can witness how to handle violence.

For now, we are not racing to all of the Agago district, we are operating in like 3 sub counties so if all those things are there, all of the community are now asking for our help. When all those things are there, we are going to change people from, on what they are not understanding per now. For example, there is HIV infection again which mean we have the people here who testify that I am, by then I was not even coming out, like SGBV, also race to the community and you know, people get changed because all those things, poverty and GBV are there. Poverty will not be there but will grow up in the new generation with a good life.

They are going to change our community concerning because of what happened, we have no borderline which can help such a person, because counseling cannot solve your problem, transport money or money to feed them.

What do you think about the administration of this project?

The people are helping us as they give us information and take back information. We don't have problem.

Finance to run organisation– transport we don't have.

Still leading well, should take them for further studies so will be in a position to lead the organization very well because we also see how big organizations lead.

Other things should be added to help those to lead us very well

Camera to capture activities

From speaking to you and reading the documents, you do a lot of things, how do you look after yourself?

Give us a lot of courage and help with writing reports that is why you see that they are co-coordinating.

According to the report, even the finance, there are too many activities which we are running is too many such that what they can get is not enough, even the lower staff.

Concerning the report, at least for us, I write my report in Luo, Acholi language, most of my cases I record from the community, I record it in Luo, at least that is good our leaders are helping us in that and they don't segregate us.

I am always a person who writes my report in Luo, normally where I cannot understand, they call Agnes and she explains to them and I translate that to Agnes in English which is ok.

How do you look after yourself emotionally when you are dealing with many difficult cases?

We as counselors, we are really trained on that, because we are going to get many cases in the community so that you cannot put somebody's problem into your mind, that will really disturb you a lot. Because when you get somebody in a bad mood or stress or traumatized telling his or her story concerning his or life, you cannot also make that life yours, you just forget it and you continue counseling and you will be released from that trauma also.

For me, this is how, you know counseling is a process, you cannot do it in one day. If what we do, if we find a case that we cannot handle, we refer and we receive another one where we can give counseling.

For me, I believe in spiritual healing whereby I sit alone by myself and meditate for sometime and then I release myself from my stress.

The same thing, when I'm really in series of counseling, I also sit by myself and breathe in and breathe out and it's going to release the tension of something inside me.

At least to me, when I sit with someone I have mentally prepared myself earlier, if I'm not that well after seeing someone I will meditate and release myself.

? supervision a good idea (explains what it is)

Concerning that ,we have our officer here among us, where we just bring the report and go and see that person really and we also give him a report concerning counseling so no need to get someone in from outside. The top management also, we refer some cases to them, normally we do family therapy here with our management. So that is how we normally do that

As you say for us, when we collected the report from outside, we bring it together and give it to the field officer, to the M & E to the programme officer then...for us we are following the process as we work with the community.

It is like this we have referral not from outside, even within the staff. When we have seen like this case is difficult for he or she who is handling we have to invite one of the management to handle the case also, before even the referral to outside. So after maybe counseling and we are seeing that this case needs to be referred to agencies outside, we also ask the client if he or she knows where she wants to be referred to, so as not to give the lie to the client, so he or she can be free or getting the services well, so we coordinate before doing the referral outside and according to the individual counseling from outside, when the counselors as counseled, maybe they did counseling outside, they come from the office and they report to the bosses that we have got such and such cases and we are handling this way. If the case need the effort then they also combine to the xx now to see how to handle the client, so before we refer to the clan leader, the local government, the HC to see where the client gets the services.

After a day of counseling, how many of you feel tired?

Yes, no, yes no...

There is somehow somewhere that you get so fed up and tired, but those people in the community, they don't give you that time, they just come to you and flow like that and you feel like you can't even continue...

According to our work, this work can even be tiresome, you get tired, for us we are even questioning if possible by the time, we are now, when somebody, when she request for maternity leave then they get some months or weeks, and even if a man when working with a counselor, if his wife gets pregnant, if you request for that time, when his wife is very nearly he should be given at least one week.

Normally, we have 4 people, 4 counselors from the office, I think it is ok. As a human being, maybe when you're tired, what do they say about that?

Self care...? Explains what self care is.

We are lucky – we still have our trainer who comes, but the challenge comes from home. Even when you're at home, you will find that this client they come home so that is a bit of a challenge, but from here at least there is this partner who comes and we have here every Friday our sharing.

Also, we also mentioned we have, every Friday we just sit here and we do our games to press your mind. Normally we do every Friday to press our minds. When you are really very traumatized, you stand up and raise your hands like this while shouting so that you can be released from trauma. And then drawing other picture and writing funny words so that each and everyone can laugh. So this is how we are pressing our minds, we come together as a team also. And then we have also, leave form here, when you just feel you are tired you can ask for the leave and then you can go, that is how we are doing it. So that is how we..

Thank you once again, you have spoken something which is so sensitive because some of us we are not educated so we are among those who are educated, you feel like you need to give yourself throughout so that you need to keep your job. Sometimes of course we also get so tired because here we have a lot of responsibility, so at least the first thing we see is our job, we want to be committed so that we keep our job. But we are happy at least there is some small training in this office. At least, this small training on Friday we get, if again, it seems like you are expert, I am requesting that if you have that knowledge to help people who are up to the brim to erase that, can you please come and help

Are there any recommendations that you would like us to make re: making the project better?

We have begun working here for a long time, the initial payment, we have a lot of responsibility you find people who they stay for long, to have salary increased to help them.

This organization have nothing – if you die, you die, the organisation does not care about their life.

We go to the clinics, the health centre, we don't have health insurance

At least, for us, this is a big organisation with many people, they should now build a centre so that this thing remains permanent to keep helping people in the community.

They should also be considered – at the end of the year, at least some small package.

Transport to help getting to villages and then helping paramount people, but this man is really poor, I have no food and four small children to help so that...

our counselling room needs some filling to be shown to client when they come for services.

Centre for domestic violence if possible.

As counselors, you sometimes get stuck or tired, what skill can you help us with?

Would supervision be useful?

Yes, capacity building. If money not there, how would it be?
to keep meeting as a group and be free with your emotions...

Appendix 8.2: Transcripts of Interviews with Beneficiaries from Outreach Groups

Interviews with Beneficiaries from Outreach Group

Interview 1: Male in his 40s

1. how have you been involved with PCCO project?

Joined the VSLA, before I had joined, one of the staff from the PCCO met me and by then I had dropped out from school so I was stressed and just staying alone and so they came and they were counseling me and giving me a lot of ideas so that I joined the group because I can get more ideas when in a group than sitting alone by myself. I had stigma before sometime when I met up with some of my old colleagues, I felt depressed because I am a school drop out, so I was so so challenged with a number of issues. But when I shared with the counselor I was able to gain up the knowledge and started joining the members

What did the counselors say which helped you the most in those one-to-one sessions?

The counselors, one of them made a point like staying alone or being single will not solve the problem. In a group, there are a number of intermissions which address the GBV at home, and the best way to save. Those days I used to drink a lot, could drink like nothing. Now I don't drink but am saving the money.

So having shared that, I felt it was really important, the money I used to spend on alcohol, I just thought a bit and thought "no, I can now use this money and save within this group". Now I have left drinking I feel very ok.

Since I joined the group, the group have elected me to be their secretary which that alone has made me more motivated and I has forgotten whatever the past had given me. That's how I started with the PCCO group.

How many one to one sessions did you have?

3 times.

What has helped you the most?

Joining the group because of the training and being part of the group has helped. Because I have got those trainings, I am benefiting, those days staying alone, I hadn't a wife, but now I have a wife and can save money. If there is a problem at home, I can borrow the money from the group.

I have left drinking, never drunk since. Since I joined the group, I borrowed 20k and started a small business and as I talk now, I has over 500k.

What are the important changes you've seen on the community as part of the PCCO project?

There is a great change – those days there were a lot of GBV issues in most of the families. This has reduced, and right now, as I talk, there is no GBV around here. Ok, so most of the murders, young women have improved in business. When there was no money in the house, was a cause of violence. The GBV issues have been addressed as young mothers are doing business which is supporting the family. Before, especially, in case of GBV, this group were acting as counselors. Normally we do it within ourselves before accessing the PCCO now. Able to train ourselves to counsel ourselves. In most cases, want to involve ourselves in this kind of programme. This programme has helped many of the men to come up and join the group now as you have even witnessed. This has really made change in lives because people like by now, people would be drinking, but you can see the men have the time to come and join the group. In the training, most women try to share with their husband so that they listen and involve themselves with the VSLA. People are really happy now, because used to be independent but right now people are together and love each other and are happy. This is a great change I have seen in his community.

Is there anything you would change about what the PCCO project have given you?

If real possible, sometime most people they fear accessing the PCCO office for counseling so if there could be a place strictly for counseling where people can access easily. In one way they help the community who are not willing to join the group or change, because even when the PCCO staff are not there, the centre can help- a centre nearer to the village, more accessible. Should be more people who are nearer by. Focal people on the ground- I could be used as a counselor in the village.

Why do people fear to come to the PCCO office?

The place is far, when you get to the office, you find the staff are quite busy with their schedule. So service is limited, you go there, but find the staff have schedule outside so that is a challenge. Should have one day where people can come for counseling there. Important to have a place where anytime can access counselling at any time and easily.

Anything else the PCCO should change for the future?

Training is on the ground and people are accessing training very well. Counsellors in every village so are easily accessible. Have received very many trainings, but sometimes might forget some of the points so refreshers would be useful.

There should be a programme which targets the youth in the village, would help for them to come together.

The training I receive isn't enough, not because the team is lazy, but because villagers are often late. Need to have more time for the training and for the communities to come on time. I started to fine people who have come late – 500 shillings to encourage people to come early. People were willing to pay for fine but say 'I have some work at home' but training is very important. So we decided to increase the fine, now people have started coming on time as paying the fine is difficult. Now it is 1000ugx.

Interview 2: Female in her 60s

1. how have you been involved with PCCO project?

My husband was really a drunken man, each time I was so depressed and having really serious problems. A group member from the PCCO consulted me and asked me to join them because there was a farming group, so I joined them, through the group members as they had seen her problems.

The same group then changed into the VSLA. The group started in a small way, then the PCCO come and help us.

What is the biggest change the PCCO project has had on your life?

I used not to talk and not to know what to do but the project has really changed me that is why I am here to share my view and even to answer questions. I used to be shameful, could not talk so I am now feeling free and strong. We have been trained by PCCO on how to share and counsel and to train which has strengthened me and other members which is why we are now strong. Have been trained to make a lot of changes in our lives.

Husband used to fight, reached a level. We had separated, and the clan brought them back together. With the training now there is a lot of change. The husband still drinks a lot, but cannot quarrel now because of the training.

Bits of advice that has helped from training?

The training has really great for all the embers and was enough for all the members and the group, including me. People love themselves, the project has made people to know how to love themselves and also their siblings. The greatest achievement from this project that I have to testify about is the VSLA – when I give small money but when it comes time for school, the group give me some money and I am able to pay for school fees. I am now very free because these were her problems. GBV that used to be there, but now is not there.

Biggest change on the community?

People love among themselves, work together as a group, if there's any problems somewhere like DV, we normally go together as a group and handle some of the issues together. When we see someone is depressed or some stigma, mostly we come together and try to counsel and bring people together, this has brought a lot of change in people's lives here. Can recognize and help. With suicide, have to come in very fast to address.

Is there anything you would change about the PCCO project from what you have seen so far?

I have good ideas for the group:

- people coming up together and remaining together so that any problems should be identified and solved as a group, not individually so that remain strong as a group.
- Having group counseling much more important than individual, group go with one idea, but with individual go with their own ideas which will not be shared. As a group, will take one point and go with that. As a group, is more sustainable.

Interview 3: Male in his 30s

What is the most significant change that PCCO project has done in your community?

We are earning money, there is no violence, and I am meeting friends and getting counseling from the PCCO counselors. Group members are united and also with the PCCO counselors and we support each other in case of any problem.

What are the best trainings that you have received from PCCO?

The best trainings are counseling, VSLA and SGBV.

Is there anything that you think would need to be improved in these groups?

If they (PCCO) could give loans, then we could borrow money and pay it back with interests for the group.

The season is not good, so people are not saving money, so there is no money to borrow.

We have problem of flooding in the houses, it would be good if PCCO could support us with carpets, so if it rains it doesn't affect us so much.

Interview 4: Female in her 60s

How long have you been in this group?

For one year.

What is the most significant change that PCCO project has done in your life?

Being part of this group has reduced my problems. I have suffered because I was alone. Now I can borrow money and I can pay for food. Being in a group has really helped me. There is no tension between the group members, we are staying well.

Is there anything you would improve from this project?

I would like to be able to pay fully the school fees, because the money is not enough.

We have floods; it gets wet in our houses, is cold and is causing malaria. We are not begging but it is good to change the situation. I know that being in the group cannot solve all the problems, like the school fees. I started being in a group in the camp. I was in the camp for 20 years. When we came back to the village we left that group and then I joined this group here. I saw the benefits from the group back in the camp and I could pay school fees in the camp because of the group.

Have you benefited from the PCCO trainings?

I can counsel people with problems with alcohol and violence, as neighbors or other community members. If I provide counseling and they listen to me, I feel happy because they are respecting me.