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Research Summary

Livelihood-support and Trauma Relief in relation to Social-Economic Resilience in Northern Uganda and Northern Ethiopia



2018

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Picture, 2016, Enda Baguna reception centre (Ethiopia). Reception of refugees from Eritrea. Photo by Mirjam van Reisen (copyrights).

We have made every effort to truthfully report the findings of the research. If there is any error or comment on the content of this report, we are grateful if you bring this immediately to our attention.

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Introduction

This is a summary of the quantitative findings of three studies regarding the effectiveness of trauma counseling on the Income, Capability, and Empowerment scale of Social and Economic Resilience tool. The first two studies were carried out in Northern Uganda and the third one was carried out in Ethiopia (Shire area, refugee camps: Hitsats and Shemelba).

These communities were selected because of their social economic vulnerability and high post traumatic stress.

This summary supplements the research reports of the studies.

The first study in Uganda (first wave)

The research question for the first study (first wave) is about the effectiveness of existing support programs (cash transfers/in-kind and counseling) to increase Social and Economic Resilience.

The hypothesis to be tested are:

- Cash transfer/in-kind increases Social and Economic Resilience.
- Counseling increases Social and Economic Resilience.
- Explore whether receiving counseling enhances the effect of cash transfer/in-kind (and vice versa) (an interaction effect between cash transfer/in-kind and counseling)

In the research 471 women participated who were purposeful sampled and divided into different groups based on the social support they received in the last year. Table 1 indicates the distribution of the respondents on district and the groups based on the social program received.

Table 1: Geographic distribution of the programs in the first study.

District	Programs			
	Cash/in-kind only	counseling only	Both cash and counseling	No program
Amuria	3	5	37	4
Lira	28	5	50	32
Katakwi	30	48	12	41
Kitgum	25	50	38	57

Summary of the results of the first study (first wave Uganda project).

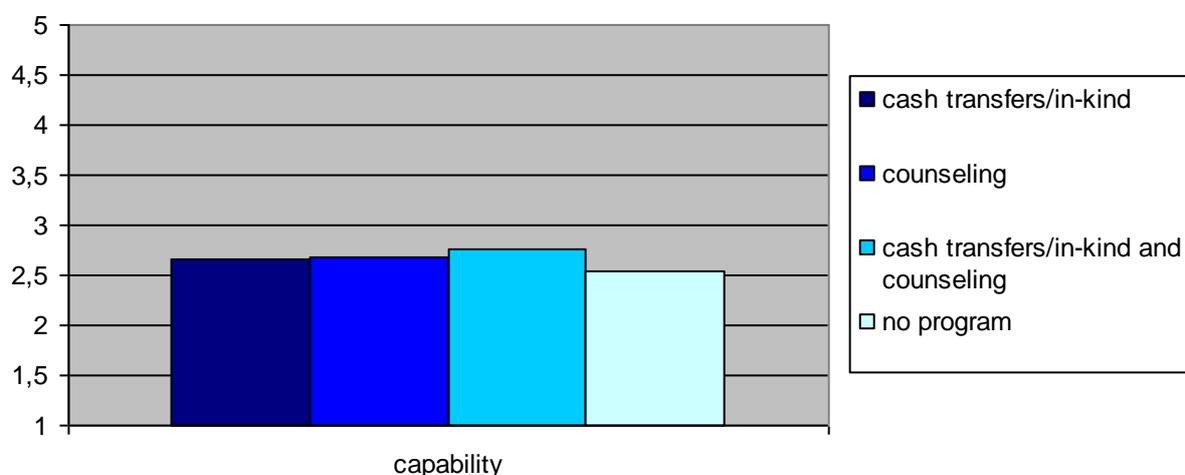


Figure 1: averages of the groups on Capability.

Figure 1 summarizes the average scores of the four groups on Capability. Statistical analysis indicates that the four groups (that received different programs) do not differ significantly ($p > 0.10$) on Capability.

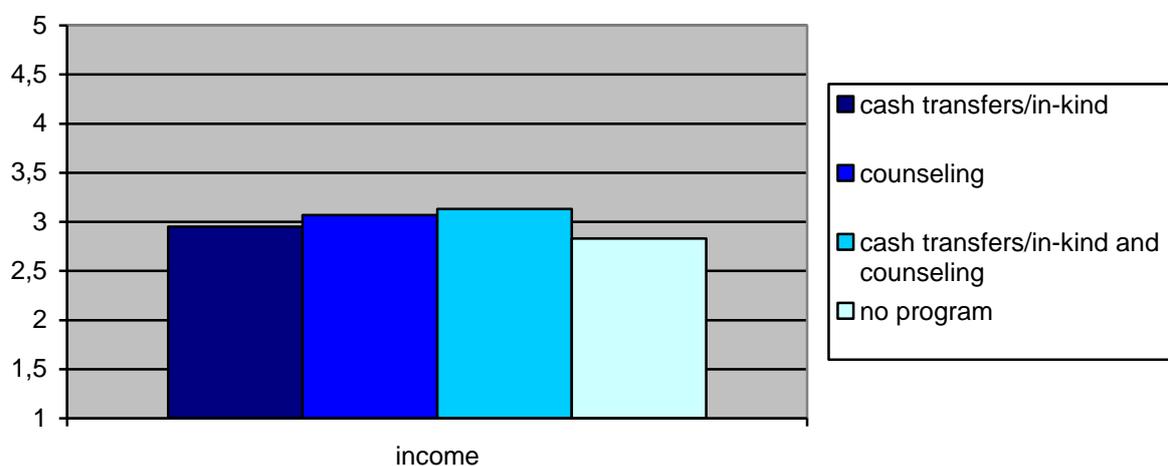


Figure 2: averages of the groups on Capability.

Figure 2 summarizes the average scores of the four groups on Income. Statistical analysis indicates the four groups (that received different programs) do differ significantly on Income

and this difference can be attributed to counseling ($p < 0.05$). Those who received counseling have higher expectations about Income.

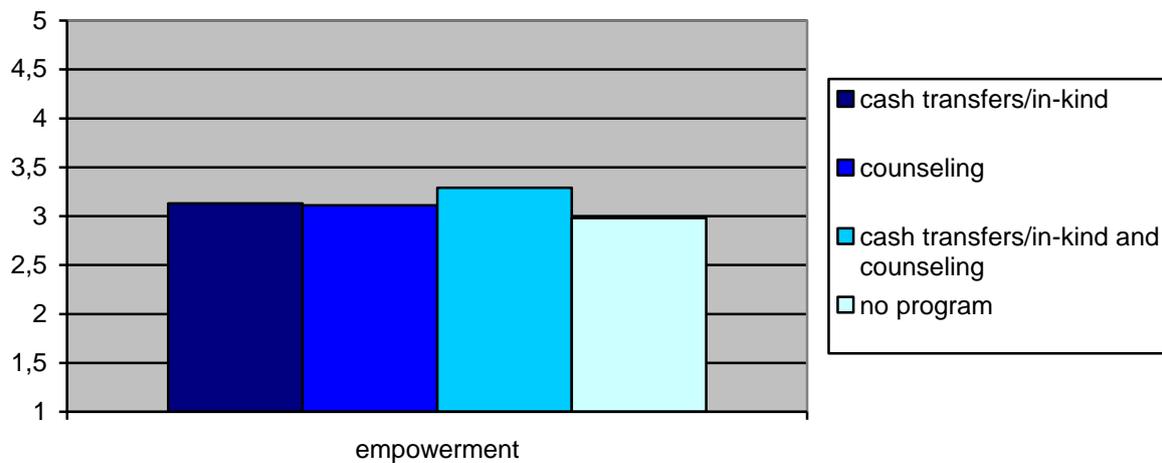


Figure 3: averages of the groups on Empowerment.

Figure 3 summarizes the average scores of the four groups on Empowerment. Statistical analysis indicates the four groups (that received different programs) do differ significantly on Empowerment. This difference can be attributed to cash transfers/in-kind ($p < 0.05$) and counseling ($p < 0.05$). Those who received cash transfers/in-kind score higher on Empowerment. And those who received counseling score higher on Empowerment. The effect of cash transfers/in-kind and counseling is additive (no significant interaction effect ($p > 0.10$)).

The second study in Uganda (second wave WOTRO project)

The research question of the second study (second wave) regards the effectiveness of a new counseling program, Self Help Low Cost Post Traumatic Stress program (SHLCPTS), next to existing support programs in order to increase Social and Economic Resilience. The SHLCPTS program consists of three elements: psycho-education (what is post-traumatic stress and what does it do to a person), self-help exercises (what can a person do when post-traumatic stress is experienced), and a graduation ceremony (to facilitate reintegration into the community).

The hypothesis to be tested are:

- Cash transfer/in-kind increases Social and Economic Resilience.
- Counseling increases Social and Economic Resilience.
- SHLCPTS increases Social and Economic Resilience.
- Explore whether receiving counseling or SHLCPTS enhances the effect of cash transfer/in-kind (and vice versa) (interaction effects between support programs).

For the second study, 356 women were purposefully sampled from the same districts as the first study (there is some overlap in respondents in the first and second study). Table 2 indicates the distribution of these respondents on district and the groups based on the social program received.

Table 2: Geographic distribution of the programs

programs		Districts			
		Amuria	Lira	Katakwi	Kitgum
SHLCPTS and	Cash/in-kind only	1	6	5	13
	counseling only	3	14	30	9
	Both cash and counseling	26	14	17	28
	No other program	0	1	4	16
NO SHLCPTS and	Cash/in-kind only	1	19	8	9
	counseling only	13	16	0	8
	Both cash and counseling	10	18	1	8
	No program at all	10	18	8	22

The geographic distribution of the respondents suggests that the SHLCPTS was not assigned at random to respondents involved in the project. There is probably a 'sampling bias'; those who are more in need for a counseling program were assigned to the SHLCPTS program. However, those who are more in need may score lower on the Social and Economic Resilience scale. This difference in SER may affect the results in the sense that the effectiveness of the SHLCPTS program will not show up in the statistical analyses.

Summary of the results second study (second wave Uganda project)..

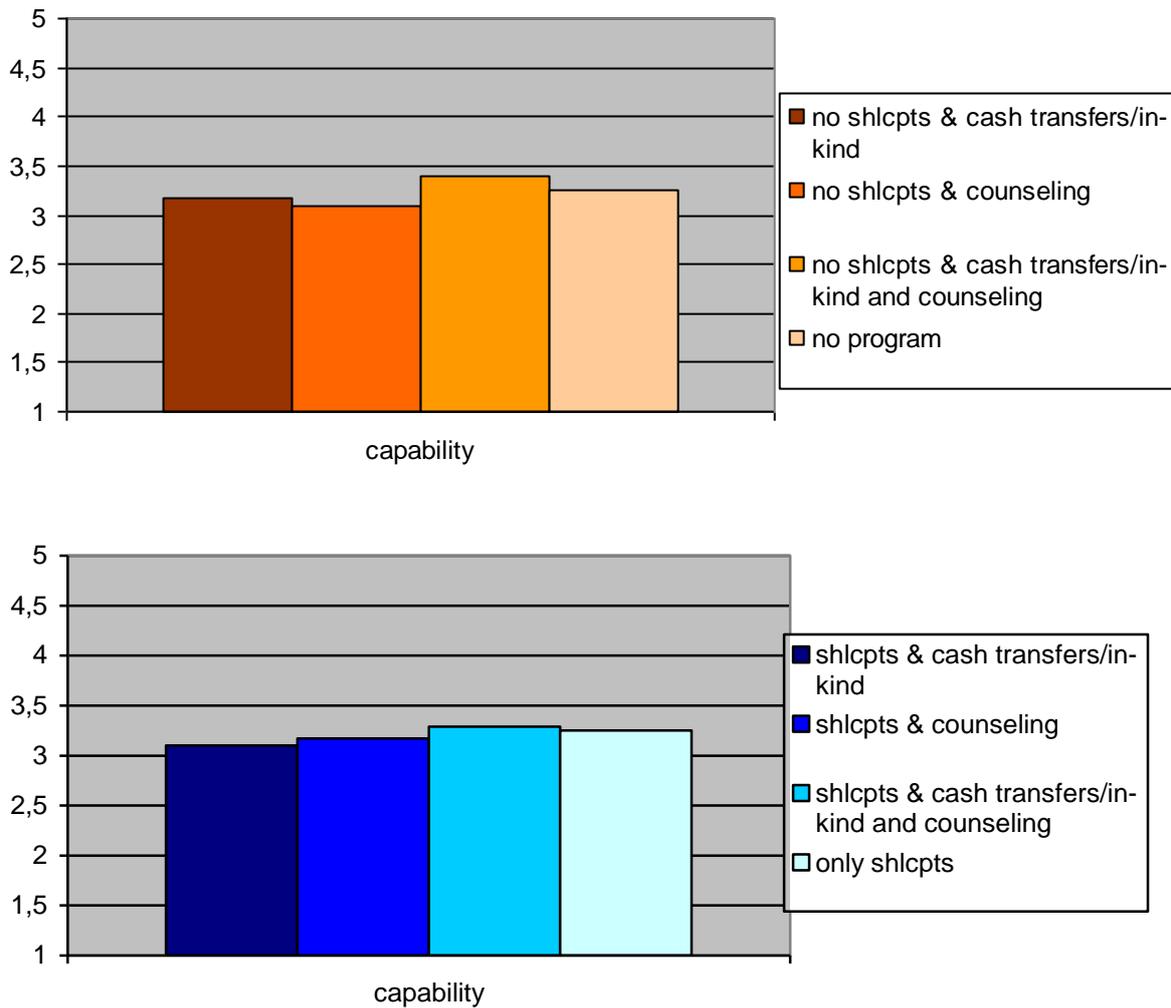


Figure 4: averages of the groups on Capability.

Reported on a five point Lickert-scale, Figure 4 summarizes the average scores of the eight groups on Capability. Statistical analysis indicates the eight groups (that received different programs) do differ significantly on capability. Those who received both cash transfer/in-kind as well as counseling score higher on capability (significant interaction effect $p < 0.05$).

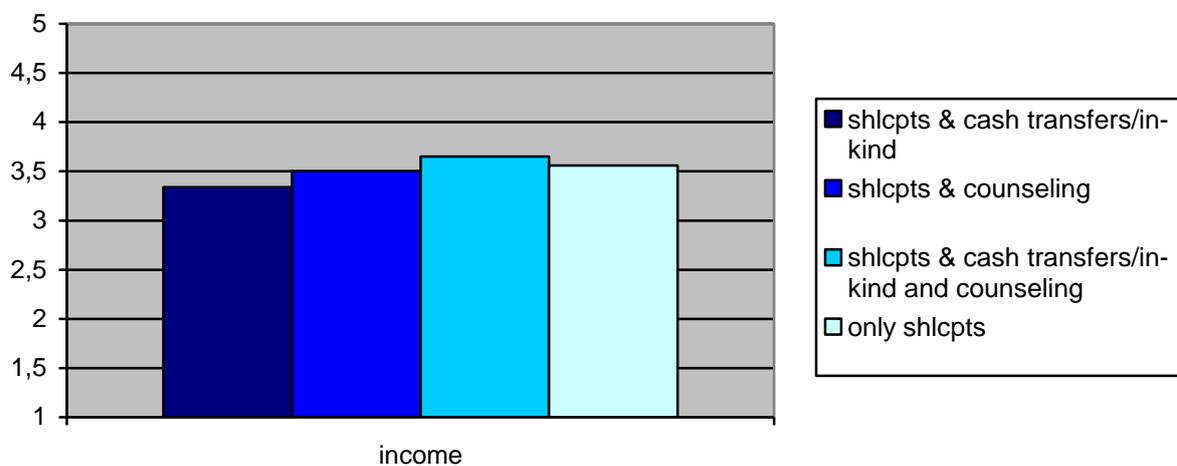
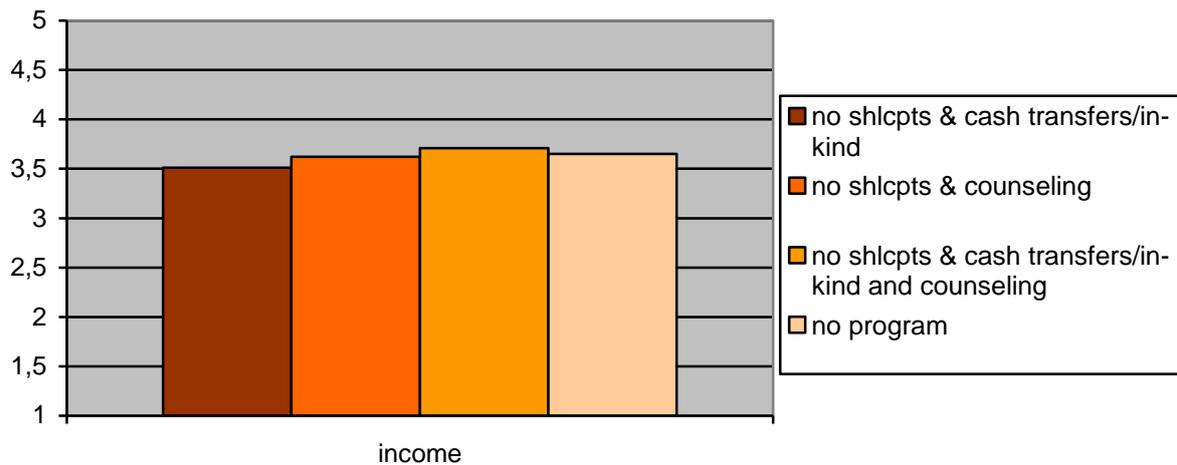


Figure 5: averages of the groups on Income.

Figure 5 summarizes the average scores of the four groups on Income. Statistical analysis indicates the eight groups (that received different programs) do differ significantly on income. This difference can be attributed to counseling ($p=0.10$), SHLCPTS ($p=0.10$) and receiving both cash transfer/in-kind and counseling (significant interaction effect, $p<0.05$). Those who received counseling have higher expectations about income. Those who received SHLCPTS have lower expectations about income (probably due to sampling bias). And those who received both cash transfers/in-kind and counseling have higher expectations about income.

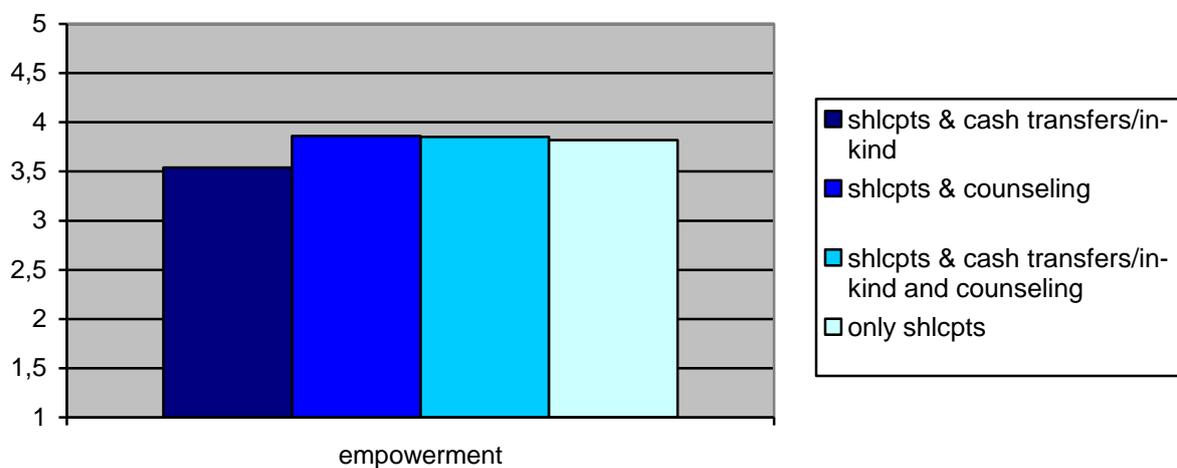
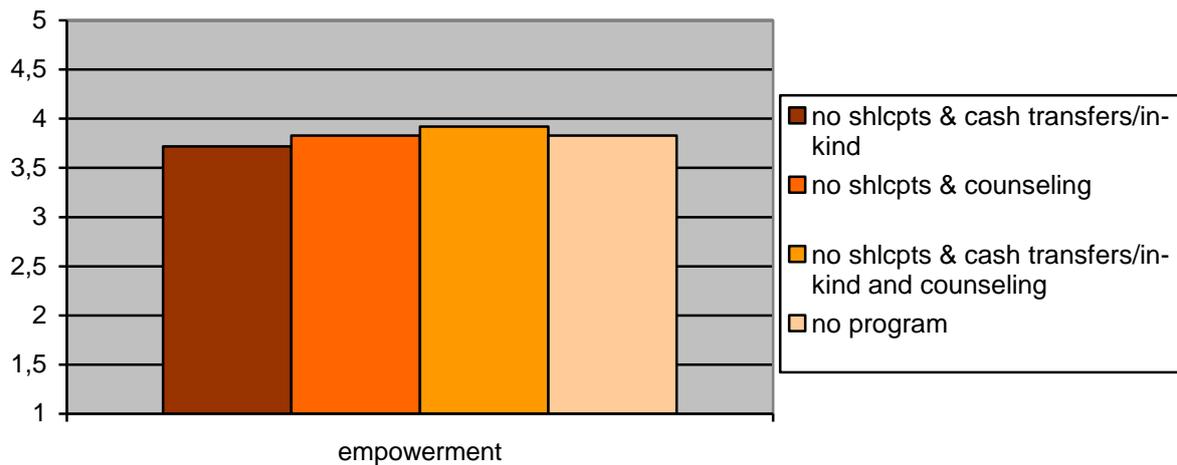


Figure 6: averages of the groups on Empowerment.

Figure 6 summarizes the average scores of the eight groups on Empowerment. Statistical analysis indicates the eight groups (that received different programs) do differ significantly on empowerment. This difference can be attributed to counseling ($p < 0.05$) and receiving both cash transfer/in-kind and counseling (significant interaction effect, $p < 0.10$). Those who received counseling score higher on empowerment. And those who received cash transfers/in-kind but no counseling score lower on empowerment.

The statistical results suggest the SHLCPTS is not effective in increasing SER. However, due to sampling bias, those individuals who are most in need for trauma counseling were allowed to take part in the SHLCPTS program, and those individuals probably perceive a lower Social and Economic Resilience than those who were not allowed to take part in the SHLCPTS program. This interpretation is supported by the analyses of the qualitative

experiences of those who did participate in the program. In interviews they indicated that their social and economic resilience has increased.

To test the effectiveness of the SHLCPTS program in a more controlled situation, a follow up study was conducted. This third study was carried out in a refugee camp in Ethiopia. In that third study, we distributed the participants random (controlled by the researcher) over those who did receive what version of the SHLCPTS program and we used a pretest-posttest design (so we made use of a true experimental design with a pre- and posttest).

The third study in Ethiopia

In order to test the SHLCPTS program next to livelihood support in a more controlled environment (by the researcher), a research was conducted in Hitsats and Shimelba. (Refugee Camp, Ethiopia). The research question of this research regards the effectiveness of the SHLCPTS program and/or receiving livelihood support to increase Social and Economic Resilience.

The hypothesis to be tested are:

- SHLCPTS increases Social and Economic Resilience.
- Livelihood support increases Social and Economic Resilience.
- Explore whether receiving SHLCPTS enhances the effect of livelihood support (and vice versa) (an interaction effect between livelihood support and counseling).

Two version the SHLCPTS were developed: a light version (that consisted of psycho-education and graduation and was accompanied by 2 videos) and a full version (that consisted of psycho-education, self-help exercises as well as graduation and was accompanied with 7 videos). For the third study, 103 respondents were purposeful sampled from Hitsats and Shimelba. The respondents were randomly assigned to one of the four groups (receiving SHLCPTS: light / full, receiving livelihood support: yes / no). Table 3 indicates the distribution of these respondents over the four groups.

Table 3: The distribution of respondents to the four groups of the third study.

	conditions			
	SHLCPTS full no livelihood support	SHLCPTS light no livelihood support	SHLCPTS full and livelihood support	SHLCPTS light and livelihood support
Number of respondents	35	36	18	14

Each respondent received the SHLCPTS program on their mobile phone after they finished the first interview with the researcher. One could go to the next video only after looking the preceding one completely.

Summary of the results of the third study (Ethiopia).

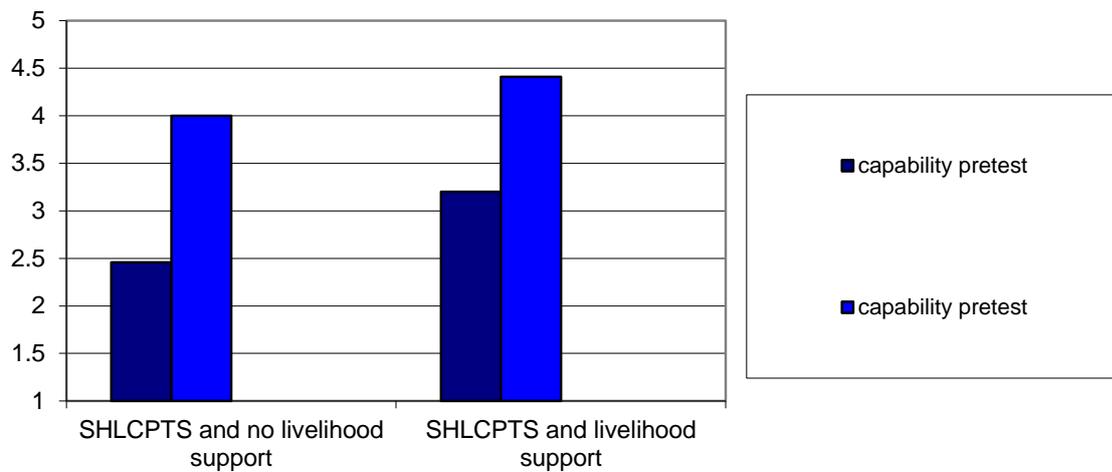


Figure 7: averages of the groups on Capability.

Reported on a five-point Likert scale, Figure 7 summarizes the average scores of the groups on Capability. Repeated ANOVA indicated that receiving an SHLCPTS program affects the capability scores ($p < 0.05$; Partial eta-square = 0,433). Those who received the full program reported higher capability (in the second wave compared to the first) than those who received the light version. Furthermore, receiving cash transfer has no effect on capacity (in comparing the first and second wave) and also the interaction effect of receiving SHLCPTS and cash transfers was not significant ($p > 0.10$).

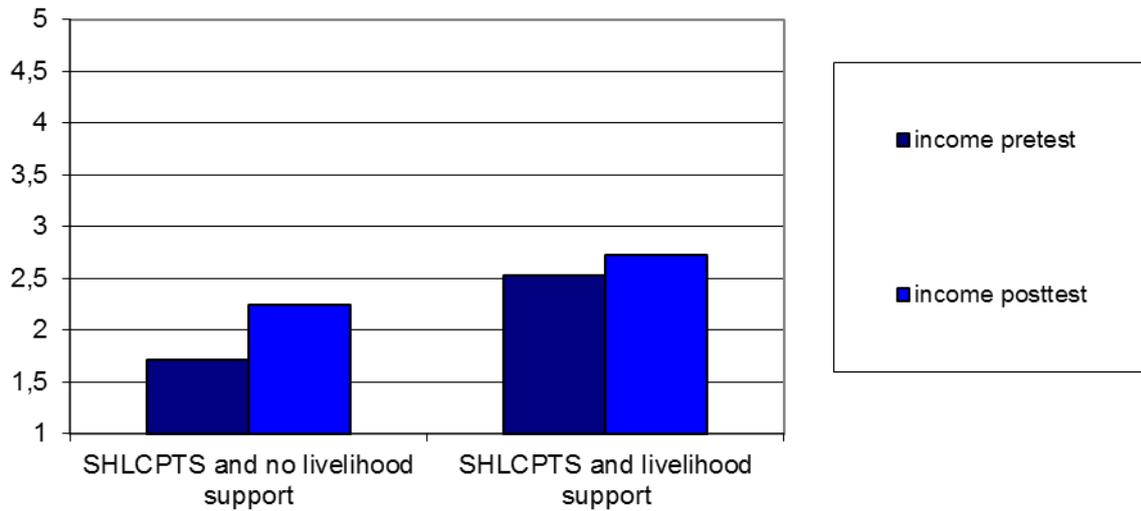


Figure 8: averages of the groups on Income.

Figure 8 summarizes the average scores of the groups on Income. Repeated ANOVA indicated that receiving an SHLCPTS program affects the Income scores ($p < 0.05$; Partial eta-square = 0.142). Those who received the full program reported higher Income (in the second wave compared to the first) than those who received the light version. Furthermore, receiving cash transfer has no significant effect on income (in comparing the first and second wave) ($p > 0.10$) and also the interaction effect of receiving SHLCPTS and cash transfers was not significant ($p > 0.10$).

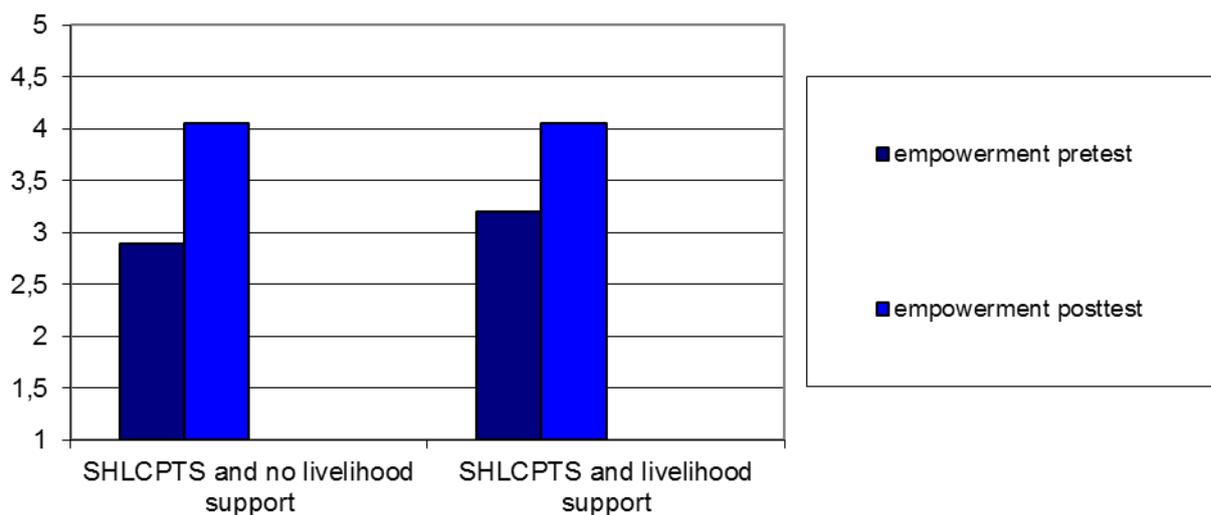


Figure 9: averages of the groups on Empowerment.

Figure 9 summarizes the average scores of the groups on Empowerment. Repeated ANOVA indicated that receiving an SHLCPTS program affects the Empowerment scores ($p < 0.05$; Partial eta-square = 0.318). Those who received the full program reported higher Empowerment (in the second wave compared to the first) than those who received the light version. Furthermore, receiving cash transfer has no significant effect on Empowerment (in comparing the first and second wave) ($p > 0.10$) and also the interaction effect of receiving SHLCPTS and cash transfers was not significant ($p > 0.10$).

Conclusions

The findings of the studies in the first and second wave and in the two countries showed consistent results of the significant positive effect of trauma relief on social economic resilience as a strong independent variable next to livelihood support. The interviews of the second Uganda study show that those who received the SHLCPTS-program have a very positive opinion about it and perceive a better Social and Economic Resilience. The Ethiopia study indicates that the effect size of the SHLCPTS program is large for Capability, Income, and Empowerment (partial eta-square $> 0,14$).

Refugees need to feel protected and enabled to regain their livelihood as a precondition to dissuade them from taking risky and dangerous routes in search of protection and prospects. The findings point to the conclusion that the reorganization of the provision of both livelihood support and mental health support contributed to a sense of self-efficacy and positively impacted on resilience, specifically on the perceived capability and income security.

Empowerment correlates systematically high with social-economic resilience. This offers an opportunity to organize services in a way that will contribute to refugees feeling both protected and offered prospects to rebuild their livelihoods in the locations where they receive such support. Support for trauma relief critically enhances the positive impact of the livelihood support on social-economic resilience.

The SHLCPTS program gave very good results on social economic variables (income, capability and empowerment), and is a low cost, but evidently effective program. It has been designed with a view to the possibility of upscaleability in low resource areas and proved as effective as other mental health programs. The ICT based SHLCPTS program performed well in the refugee community in Northern Uganda, and shows the potential of ICT based support to help address PTS while strengthening social economic resilience of vulnerable (former) refugee communities.

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