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Introduction

Communities affected by armed conflicts face enormous challenges in addressing the psychological and social needs of children and families in the aftermath of such violence. This is of great concern worldwide as there are approximately 32 ongoing armed conflicts at any one time (Ploughshares, 2006). Civilians are increasingly the targets in these battles, 75% of which involve children as combatants (Human Security Center, 2005). These conflicts damage the psychological and social well-being of individuals and communities; making it imperative that practitioners working in these contexts share the knowledge derived from their practice so communities with similar experiences can benefit from this information. Such professional discourse increases the understanding of all practitioners, professional and lay, about the interventions used to address the needs of affected communities and the contexts in which these interventions are implemented. Sharing practice knowledge is especially important in areas with limited psychosocial resources. This article examines an international training-of-trainers (TOT) program designed to strengthen the capacity of local practitioners to address the psychological and social needs of communities that are recovering from war in northern Uganda. Literature on international TOT programs generally focuses on the content delivered in the training or the format of the training (Bown, 2006; van der Veer, 2006); this article analyzes the specific collaboration factors involved in an international TOT program.

A five-member team composed of 2 U.S. social workers, 2 Ugandan social workers, and 1 Ugandan religious leader designed and implemented a 2-tiered TOT program in northern Uganda during January 2007. We were asked by local service providers, elected and traditional leaders, and community residents to provide training in psychosocial support to community members. The request came as a result of the first author's prior research with these communities. The first training tier consisted of 21 Ugandan district-based helping professionals who, after receiving training, trained a second tier of 100 helping professionals and laypeople residing in five Internally Displaced Persons' (IDP) camps. A brief background of northern Uganda will be provided followed by the details of the capacity building TOT program. Claiborne and Lawson's (2005) conceptual framework of collaboration is used to analyze the factors that affected this program including an assessment of process indicators and outcomes. Lastly, implications for practitioners engaged in international collaborative training programs are presented.

Background and Current Context

The armed conflict in northern Uganda dates back to 1986 when the Lord's Resistance Army (LRA), a nongovernmental armed force in northern Uganda, was one of several groups in opposition to the political party in power. However, beginning in 1988, the LRA used violence against the population in the north by abducting adults and children and forcing them into the LRA as combatants (Behrend, 1999). These abductions escalated in frequency and severity in the early 1990's. Since that time 25,000 – 30,000 children have been abducted by the LRA (Human Rights Watch, 2005; Women's Commission for Refugee Women and Children, 2004). In the last year, violence has decreased and steps towards peace have progressed.

The armed conflict in this region has devastated all areas of daily life. Approximately 80% of the population was relocated to IDP camps for protection during the period of LRA

attacks in this region. This mass displacement limited families' abilities to farm or own livestock and disrupted longstanding clan and village social and support networks. The level of impoverishment in the camps was overwhelming; 33% of the population did not have consistent access to safe, sufficient, and nutritious food and 38% were highly vulnerable to a decline in food access or consumption (Vinck, 2006). Even obtaining water was a daily challenge as individuals often waited 2 hours for 11 liters of water from boreholes¹ (WHO, 2005).

Location of the Training

The psychosocial training occurred in Gulu, a major urbanized town central to the region affected by the conflict. The larger Gulu district and the contiguous districts of Pader and Kitgum are the major areas involved in the conflict. The primary ethnic group living in this region is Acholi; this group speaks Luo, a Western Nilotic language. The Acholi are a clan based, agrarian society with rich cultural traditions of reconciliation and healing. The countryside in the north is undulating high plains, known as "the bush," located in the Nile River Valley. The land is fertile and was known as the bread basket of Uganda prior to the armed conflict. Many crops are grown: millet, cassava, sorghum, ground nuts, sugar cane, and simsim, a variety of sesame seed. This area also produces many fruits including papaya, bananas, and mangoes. Families have access to land for cultivation based on their clan affiliation. However, families' ability to harvest sufficient food to meet their needs was reduced due to the danger of attack by the LRA. Consequently, their dependence on the World Food Program to supply needed foods increased.

¹ Boreholes are wells that rely on underground sources of water. Boreholes are the main sources of the domestic water supply for the rural population in Uganda.

There are minimal formal psychosocial resources in this area. For example, some formerly abducted children (FAC)² have attended a psychosocial rehabilitation center³ to support their reintegration into their families and communities, develop appropriate interpersonal interactions, and engage in productive activities such as education or skills building. However, the inability of the psychosocial rehabilitation centers in northern Uganda to address the psychological needs of children traumatized by war and inability to provide effective follow-up are limitations of such programs (Allen & Schomerus, 2006). While the broader range of grassroots programs and traditional practices that are typically available may provide a measure of support and serve as a protective factor for those with traumatic experiences, there is agreement that some FAC require more specialized treatments (S. Ojera⁴, personal communication, October, 30, 2005). The duration of the conflict, its impact on children and families, and the estimated 20% of FAC displaying behavioral symptoms, such as, aggression toward others, oppositional behavior, and not interacting with others, highlight the need to consider additional strategies to address the communities' psychological and social needs (S. Ojera, personal communication, October, 30, 2005).

In addition to those individuals forced into the fighting by the LRA, everyone in this area has been exposed to violence and the resulting stress, fear, and vulnerability. Parents attempted to keep their children safe by keeping young children close and not letting them wander away, even to get water, but these efforts were not always successful. MacMullin and Loughry (2002)

² Formerly abducted children (FAC) is the term used in northern Uganda to refer to children abducted by the LRA and returned to their communities. Individuals abducted as children may be over 18 when they return to their communities.

³ Many FAC in this area attend either Gulu Support the Children Organization (GUSCO) or World Vision centers. They are provided medical treatment, basic needs such as clothing, and food, counseling, and reunification with family. These centers conducted educational programs teaching children the skills of daily living, cooking, school preparation, and skills training.

⁴ Ojera was a program officer for Child Protection – North, Save the Children in Uganda at the time of this interview. She is one of the five facilitators on the capacity building project described in this article.

found that 95% of abducted Ugandan children experienced their village being attacked and 88% had a close friend or sibling abducted by the LRA prior to their own abduction. These statistics indicated the importance for the TOT program to address the psychosocial needs of the entire community, not solely those who were abducted. It is important to note that decisions about how best to address the needs of individuals and families affected by armed conflict in Uganda are part of a larger debate in the mental health and humanitarian fields. The debate centers on the implementation of psychological approaches specifically for trauma or broader social and cultural approaches (Loughry & Eyber, 2003; Silove & Zwi, 2005; Summerfield, 2002; Wessells & Monteiro, 2006). One issue in this debate is that African cultures conceptualize psychological distress as a responsibility of the whole community and inclusive of the spiritual world rather than as an individual responsibility as in the Western conceptualization of psychological trauma (Honwana, 2006).

Development of the Collaboration

A synopsis of the work by the team members prior to the TOT program will now be provided because this early experience of working together on activities beneficial to the U.S. practitioners and Ugandan practitioners was essential to the success of the TOT program. The initial relationships developed from the first author's research on formerly abducted children in northern Uganda in January 2005 (citation will be inserted after review). Ongoing discussions among several Ugandan practitioners and faculty members from [author's institution will be inserted after review process] culminated in a 2-day meeting in July 2005 and included faculty from surrounding colleges and universities, area based clinical practitioners, and Ugandan and Rwandan practitioners. This meeting explored whether there could be a mutually beneficial and meaningfully collaboration on this issue. The Ugandan participants were interested in a

collaborative plan for enhancing the psychosocial knowledge and skills of service providers in Gulu. U.S. participants were interested in developing the clinical knowledge and skills of U.S. practitioners responding to immigrant and refugee populations affected by violence. These were practice and educational areas that the U.S and Ugandan participants could mutually support and learn from. Several U.S. participants raised concerns about bringing Eurocentric worldviews and Western mental health practices into a non-Western culture. Another concern was working in a political context in which the U.S. participants were unfamiliar with the informal political and cultural leadership networks. Participants were mindful of these concerns throughout the process.

During the next 1½ years, this group planned ways to support the mutually identified interests and needs. This long period of discussion and interaction was important to the process of becoming known and trusted by one another and created a solid foundation for future collaborative efforts (Healy, 2003). Two specific activities were planned to further such collaboration. The first was a conference on the topic of children in armed conflict, held at [authors' institution will be inserted after review] in June 2006. The focus of the conference was on the nature of children's involvement in armed conflict and the implications for U.S. practitioners. The TOT program was the second collaborative activity planned to enhance the capacity of social service providers in Uganda to work with the psychological and social consequences of war affected communities. The concept of capacity building will be discussed in relation to this TOT program in the following section.

Details of the Capacity Building TOT Program

Capacity Building

The purpose of capacity building is to enhance the abilities of individuals working in specific contexts to address the well-being of the population (Cox & Pawar, 2006). Capacity

building can occur at the individual, community, organizational, or national level and pertain to psychological, social, economic, or political areas. Capacity building involves the three principles of being people-centered, participatory, and sustainable (Cox & Pawar, 2006). In this TOT program, people-centered refers to the training purpose, design, and content growing out of discussions with service providers in Gulu, elected and traditional leaders of villages, and residents of five area IDP camps ([author] interviews, May 2006). It also means that the strategies and approaches in this training grew out of the resources and skills existing within the community (Cox & Pawar, 2006). Participatory refers to members of the community taking part in the TOT program as trainers, recipients, and evaluators. The significant involvement of Ugandan practitioners and camp residents provided an opportunity for those most affected to determine the training content most relevant to their needs (Cox & Pawar, 2006). Sustainable refers to the ability of the Ugandan practitioners to continue the work beyond the initial training in terms of the financial, material, and human resources. The training site, meals, materials, and transportation were arranged through the contributions of the training facilitators and participants. Using existing community resources made the program as cost effective as possible.

Training-of-Trainers (TOT)

A TOT program was considered to be a capacity building strategy that best addressed the requested needs of the Ugandan communities. The knowledge and skills would be imparted by the 5 facilitators to an initial group of 21 service providers responsible for direct services. The facilitators had backgrounds, knowledge, and skills in areas that supported the delivery of the training content. The two U.S. facilitators were faculty members in a graduate social work program and have taught a range of social work courses and supervised students in practice and research experiences. Both had prior experience working with non-Western cultures prior to the

project and one conducted prior research in this district. The three Ugandan facilitators were from the same area and ethnic group affected by the armed conflict. Two had professional experiences providing direct services to conflict affected populations and administering psychosocial programs in this region; one in a district government program and the other in an international non-governmental organization (NGO). The third Ugandan facilitator was a Diocesan priest responsible for developing peace building and reconciliation programs in the district including the 5 IDP camps in which the training would be conducted.

The initial group of 21 TOT participants completed the 3-day training (1st tier). These individuals were from a diverse range of agencies representing local governmental organizations, local NGOs, and school systems. After completing the 3-day training, TOT participants were divided into 5 groups; each group led by a facilitator. Each group spent one day preparing to deliver a 2-day training to one of five IDP camps (refer to graphic 1). This 2-day training provided the TOT participants with a guided experience as trainers with one of the five facilitators, thereby enabling this group to be a training resource.

Camp leaders in each of the five camps selected 20 residents to attend the 2nd tier of training. These residents represented a cross section of community resource people, such as teachers, religious leaders, camp leaders, youth leaders, women's leaders, health professionals, and small business owners. The training in the camps was conducted in English and Luo. These camp-based groups were expected to provide basic psychosocial support to community members and facilitate referrals to resources outside of the camp.

The training content included the psychological and social effects of exposure to armed conflict, approaches to support the well-being of individuals and communities, coping strategies, use of traditional cultural practices, case management and referral issues, and training facilitation

skills. The training integrated Acholi cultural values and practices with Western culturally-based concepts of psychosocial healing. For example, when exploring the importance of helping children in IDP camps to feel 'safe', the training group explored traditional Acholi songs, stories, and practices that fostered a sense of safety. Re-establishing a sense of psychological safety for an individual in this area might include the performance of a traditional cleansing ceremony. Cleansing ceremonies are typically performed when a person returns to the community after being away for a period of time, as is the case for many children who were abducted during the armed conflict. The family or clan organizes a ceremony to 'cleanse' the returning person of any impurities or spirits that he/she encountered 'outside' the community. In addition to purifying the returning person, the ceremony reconnects the individual with the community (Harlacher, Okot, Obonyo, Balthazard, & Atkinson, 2006). Prior to discussions of traditional practices in the training, some of the participants referred to the cultural practices as myths and were reluctant to integrate these into discussions of psychosocial support. As a result of the content on traditional approaches, the interactive discussion, and the work in the camps, the participants deepened their knowledge and understanding of some of the cultural traditions. Such interactive opportunities were important for the TOT participants' ability to work effectively in the camps.

Conceptual Analysis and Discussion of the Collaboration Process

The process of establishing the collaboration was the most important factor in developing and implementing this TOT program. The five facilitators were interested in working together to exchange knowledge and skills, engage in interdisciplinary and cross-cultural professional dialogue, and explore mutual research and practice interests; consistent with general reasons for engaging in collaborations (Raza, 2005). These areas also reflected our respective organizations' missions and goals. Although the reasons for engaging in collaboration may be driven by a desire

for specific outcomes, the process of collaborating is an end in its own right (Claiborne & Lawson, 2005; Dowling, Powell, & Glendinning, 2004). In fact, collaborations can fail when the process of building the relational aspects and attending to the complexities of such partnerships are not addressed separately from desired outcomes (Reilly, 2001).

Successful collaboration requires attention to the following factors: a central purpose, a broad-based membership, a defined structure that allows for exchange of information and clear communication, an open and evaluative process, and sufficient human and material resources (Raza, 2005; Reilly, 2001). Conditions external to the collaborative parties such as changes within the larger organizational structure or political climate can affect the success of the collaborative process. International collaborations involve additional challenges, such as, differing cultural orientations, language issues, long distance communication, and expenses associated with travel. Cultural challenges include Western approaches and value systems being imposed in a non-Western context (Palmer, 2002; Wessells & Monteiro, 2006). A related challenge is that Western consultants and approaches often are valued over the knowledge and experiences of the practitioners from the local area (Silove & Zwi, 2005). Additionally, ample time must be allowed for those collaborators from outside the project area to learn about the context, experiences, and issues of the area in which they will be training (Silove & Zwi, 2005; Levers, Kamanzi, Mukamana, Pells, & Bhusumane, 2006).

Claiborne and Lawson (2005) provided a useful framework conceptualizing the process of collaboration involving communication, community building, connection, co-location, cooperation, consulting, coordination, and contracting. Communication and community building were the most significant aspects in this program; however, all aspects were interconnected and contributed to the implementation of the training. Additionally, the conceptual framework

includes eight process indicators to gauge the viability of collaborations and eight outcomes of collaborations. The aspects of the conceptual framework as well as the process indicators and outcomes will be addressed below.

Aspects of Collaboration

Communication refers to the formal and informal structures for sharing information between collaborating groups. The sharing of information among facilitators during the initial 1 1/2 years was a key aspect of the collaborative process. The formal structures of the 2-day meeting in 2005 between faculty and practitioners, the conference on children in armed conflict the following year, and the ongoing research activities in Uganda of the first author provided opportunities for sustained communication. These formal activities served as stepping stones towards the development and implementation of the training. These activities and the length of time over which these activities were conducted helped us explore whether participants wanted to partner with one another and could identify mutually beneficial activities in which to engage. This gradual movement towards the training ensured that those affected by the conflict actively participated in and made decisions about the goals and activities of the program. This level of involvement guarded against Western “experts” imposing their agenda on others and insured that the work would primarily benefit affected communities.

Discussions among facilitators and participants during the training deepened everyone’s awareness, knowledge, and skills and allowed for new learning to occur. Such discussions provided opportunities for the participants to express their concerns, reactions, and emotions related to the impact of the armed conflict on their lives (Miller, 2006). For example, during the training, participants learned that individual beliefs and behaviors, such as, blaming abducted

children for the violence they were forced to commit can foster interpersonal cycles of destruction and revenge. While, beliefs and behaviors supporting these children's safe re-entry into the community can promote cycles of repair and reconciliation. Participants eagerly applied this information to their personal lives as well as to the communities with which they worked. Facilitators and participants came to a collective understanding that without reconciliation there could be no psychosocial healing and without psychosocial healing there could be no reconciliation. If reconciliation does not occur, an escalating cycle of violence ensues that compromises the ability of children and families to feel safe, secure, and able to engage in a process of psychosocial healing. Conversely, psychosocial healing strengthens the capacity of individuals, families, and communities to mourn, grieve, and eventually engage in a process of reconciliation, particularly if there are cultural norms that favor restorative (rather than retributive) justice.

Community building is a second aspect of collaboration and refers to the development of interdependent relationships between different groups resulting in collective identity, consensus, and the capacity for collective action (Claiborne & Lawson, 2005). Community building occurred through ongoing dialogue and exchange of personal and professional information among the facilitators and between the facilitators and the TOT participants. The early discussions exploring the possibility of a mutually beneficial collaboration helped the facilitators determine that while there would be benefits to all engaged in this collaboration, everyone would not gain the same things. The Ugandan practitioners benefited by delivering a psychosocial training in an area that had few resources. The U.S. practitioners benefited from the experience by deepening their knowledge of the effects of armed conflict on children and families.

This experience of identifying and negotiating differences that would accrue to the U.S and Ugandan practitioners is closely connected to the role of conflict in collaborations. Conflict is viewed as natural and expected and the way conflict is handled moderates and mediates the collaborative process (Claiborne & Lawson, 2005). The U.S. and Ugandan practitioners began the collaboration by exploring whether there were mutually beneficial activities in which to engage even though the Ugandan facilitators were seeking to meet a practice need and the U.S. facilitators were seeking to meet an educational need. These honest discussions provided the facilitators with an experience of working through differences with trust and reciprocity, important for effective problem solving.

Addressing the social ecology of the training context was an important part of community building among facilitators and participants. For every conflict and disaster, there is a social ecology that shapes the impact on people as well as guides recovery efforts (Park & Miller, 2007). The social ecology is the interaction of history, politics, culture, economics, and social structures. Psychosocial healing cannot be separated from this nexus of factors. The U.S. facilitators immersed themselves in the historical, political, cultural, and economic realities of the area and spoke with residents in the camps about these issues and their needs and interests. All five facilitators met with district and religious leaders to gain their wisdom and understanding of the socio-political context and to learn what psychosocial resources were most needed. Facilitating the training in the IDP camps placed the day-to-day challenges of living in a situation of armed conflict front and center in the training. It was essential that the facilitators understood this context and developed relationships with camp residents and leaders. Providing the training to residents in the camps also supported community building because the residents had so few resources and the knowledge and skills that were taught enabled them to do

something to meet their needs. Equally important was the sense of hope engendered by the training. The residents were encouraged by the facilitators' response to their earlier requests for such training in their communities.

When offering psychosocial capacity building to war affected populations, it is critical to connect this work to ongoing efforts of peace building and reconciliation, build on communities' existing strengths, and validate local cultural practices and practitioners. The Acholi culture is rich with traditions of cultural narratives, restorative justice, religious and spiritual faith, and art and music. The facilitators and participants explored the use of Western concepts of psychosocial healing in the contexts of these traditions as described in the example of the cleansing practice.

Another example of community building occurred prior to the TOT participants delivering the training to the camps and centered on a discussion of collective identity. In planning for their work in the five IDP camps, the participants reflected on how to identify themselves as part of the training group. Each had an identity through their agency affiliation, but this TOT program required a different affiliation. The ensuing discussion addressed the purpose of the training, the hope that this work would continue beyond this initial training, and the expectation of staying in contact with each other. The group suggested several names and came up with one that everyone felt comfortable with, the Gulu District Local Government Psychosocial Trainer-of-Trainers (TOTs). Collective identity, consensus, and the commitment for collective action were displayed in arriving at this decision.

Community building continued to be supported when the TOT participants were divided into training cohorts to work with specific IDP camps. Working as a group was culturally consistent with the Acholi value of communal activity and support. The backgrounds and experiences of the participants became very important to their work in groups. Some participants

were raised in urban areas such as the capital of Kampala and had very little experience in the IDP camps. Other TOT participants were very familiar with the camps through their work with formerly abducted children, child mothers, women's groups, or as teachers. The mixture of skill levels and backgrounds among the TOT participants allowed the group as a whole to gain from each other's strengths and exposed everyone to a variety of best practices. Over the course of the entire TOT program relationships deepened among the participants, promoting the development of shared interests, priorities, responsibilities, and strategies.

Connection, a third aspect of collaboration, refers to formal linking structures including designation of individuals who serve as the 'bridge-builders' (Claiborne & Lawson, 2005). Each of the five facilitators acted as the bridge-builders between his/her institution and the other facilitators. This collaboration began at the level of practitioners working together; therefore, meetings with the Ugandan and U.S. facilitators' administrators were arranged during the times facilitators were in one another's country. In hindsight, more interaction with each others' administration was required. Several key administrators changed positions and while all decisions were made with the knowledge and approval of the administrators at the time, the new administrators voiced concerns that they had not been involved in the decisions.

Moving people to the same location for meetings to enable face-to-face interaction, improve coordination, and support community building is a fourth aspect of collaboration and is termed co-location (Claiborne & Lawson, 2005). Co-location was and continues to be challenging for this international collaboration due to the expense of transportation and limited video technology capabilities in this area of Uganda. The planning regarding the content and schedule of the TOT program began during the 2006 conference at [authors' institution] when 3

of the five facilitators were at the same location. The ‘nuts and bolts’ of the TOT program were arranged via email.

The following three aspects of cooperation, consulting, and coordination were closely intertwined. Cooperation occurs when individuals in different organizations engage in a reciprocal relationship and accomplish tasks to meet the other’s needs. This partnership was based on voluntary cooperation in which administrations endorse or approve of the work versus involuntary cooperation in which organizational policy or mandates drive the collaboration (Claiborne & Lawson, 2005). In this project, cooperation was enhanced by the communication process in that the facilitators sought advice and opinions from one another. Prior to the training, cooperation included, seeking approval and permissions from each organization, use of materials, and use of logos for certificates. During the training, cooperation involved obtaining training supplies and arranging transportation, food, and lodging. There were challenges of the availability of all these items. Everyone – facilitators and participants – pitched in to provide whatever was needed. This level of cooperation was crucial in a region without an infrastructure for transportation and technology and with limited funding for these activities. Related to this aspect of cooperation was that of consulting, the voluntary exchange of information involving expert assistance and informal counsel (Claiborne & Lawson, 2005). All facilitators shared information, resources, and practice wisdom towards the development of the training. In addition, implementing the training required a high level of coordination among the facilitators. Coordination is the division of labor and joint decision making processes, involving reciprocity, interpersonal trust, and shared language (Claiborne & Lawson, 2005). All tasks associated with the training from decisions about the content of the training sessions, selection of participants, and arrangements of meals called for a high degree of coordination.

Contracting, the eighth aspect of collaboration, refers to formal, legal agreements designating mutual responsibilities (Claiborne & Lawson, 2005). Contracting in this program developed through verbal agreements among the facilitators about how to accomplish all the tasks that needed to be addressed. Informal contracting was an initial step towards exploring a more formalized collaborative relationship. Formal contracting was recognized as an important step for future work (Claiborne & Lawson, 2005).

A subtle form of contracting between the facilitators and TOT participants developed in the training. This training broke with some of the local cultural norms of training programs – an unwritten and expected contract – the facilitators did not provide allowances to training participants and asked participants to contribute to purchasing food for lunch or breaks. Participants did not pay to attend the training and this was consistent with the norm in this area. Participants' attendance in the training in spite of the unusual terms of the program was an indication of their strong commitment to and responsibility for the training.

Process Indicators and Outcomes

Applying Claiborne and Lawson's (2005) conceptual framework to this TOT project provides practitioners involved in international collaborations with a better understanding of the factors that influence such collaborations. In addition, the framework identified eight process indicators that gauge the viability of the collaboration and outcome indicators that are useful for evaluating this collaboration. Three process indicators, assembling the "right" individuals to work together, engaging in an interdependent manner to accomplish activities, and developing shared goals and objectives (Claiborne & Lawson, 2005) were met during the initial 1 1/2 years through ongoing meetings, activities, and research. Acknowledging and accepting that the U.S. and Ugandan practitioners would benefit in different ways from this collaboration addressed a

fourth process indicator, the ability to negotiate potential areas of conflict. The consensus that developed around the naming of the training group was also an indication of the group's ability to negotiate potential areas of conflict, as well as, an indication of the group's ability to reach clarity and unity of purpose, a fifth process indicator. Facilitators built on the competencies and resources of the participants, the culture, and local practitioners, thereby achieving a sixth indicator of the collaborative process. A seventh process indicator involved working in groups to support the production of shared information and new learning. This was most evident in the discussions between facilitators and participants about the integration of Western and non-Western approaches to healing. Lastly, the area of weakness in this collaborative process was the connection to each other's administrations, the eighth indicator of the collaborative process.

The conceptual framework of collaboration provides outcomes that relate to structural changes within the collaborating institutions. These changes include the creation of a mission statement for the collaboration, a new organizational structure, more formal contracting among the collaborating institutions, and representative leadership. Structural change was not an expectation of the U.S. or Ugandan facilitators at the start of the collaboration, nor was such change addressed during the collaborative activities. The initial goal of the collaboration was to produce a psychosocial capacity building training. This outcome was achieved. The initial goals and objectives may be insufficient for ongoing work. The U.S. and Ugandan facilitators have an opportunity to define new goals, strengthen the process indicators, and plan for institutional changes that move beyond the surface level of collaboration.

Practice Implications

Conceptualizing this collaboration as a composition of specific elements was useful for understanding the key role of communication and community building in our work. These are

also the two areas that are important for understanding practice implications for international collaborations. First, we found that a genuine appreciation for the social ecology was required to accomplish this program. Training occurred in the midst of a social context undergoing upheaval involving decreasing violence, overwhelming loss, extreme poverty, and massive dislocation of the population. The U.S. facilitators were somewhat knowledgeable and familiar with many aspects of the history and culture of this area but relied on the Ugandan facilitators to understand how this TOT should unfold in this setting and at this time period. While the training focused on specific content and skills, the context of the conflict affected areas were a constant reminder to focus on the voices and the needs of community members (Levers, Kamanzi, Mukamana, Pells, & Bhusumane, 2006). This process echoed a critical principle of social work – self-determination. Embedding our work in the social ecology emphasized the importance of the local practitioners and cultural strengths. This way of working together helped to diminish the valuing of “the outside experts” or western approaches over traditional approaches, often challenging in international collaborations (Silove & Zwi, 2005).

Second, this collaboration occurred between individuals with overlapping interests from different organizations. Focusing on the relationships among those responsible for the work is at the heart of all collaborations and was a critical aspect of this program (Reilly, 2001). Therefore, it is especially important for those involved in collaborative projects involving culturally diverse groups and working at a distance to spend more time than anticipated developing and maintaining these relationships (Silove & Zwi, 2005). In fact, the facilitators could have devoted more time to strengthening relationships with new administrators in the agencies. Given the complexities of culture, ongoing armed conflict, and working from two countries this project needed the nearly 2 years of relationship development to make this program a reality. There is no

easy way around this. Ultimately, communal and individual recovery from conflict entails the restoration of relationships (Yoder, 2005); the collaborative ethos of this project fostered relationship building.

Third, in addition to focusing on the relationship among facilitators, the facilitators ensured that the TOT program provided opportunities for facilitators and participants to be in communication with each other to build an experience of community. The discussions regarding the name of the TOT group or integrating cultural practices were examples of the power of dialogue to transform personal and collective understanding and build a cohesive and empowered training cohort.

Fourth, the long distance nature of this collaboration was a challenge. The planning and content of this TOT program deepened substantially when the Ugandan and U.S. based facilitators were in the same location. We were able to engage in a series of discussions spanning two weeks that helped us reflect on the training and expand on new ideas. When working together in the same location we were able to see each other's strengths, develop stronger working relationships, and provide constructive feedback to each other. It will be important to consider methods to sustain an exchange of information in order to support the TOT participants' work in the IDP camps. While video technologies exist to support distance communication, these are not viable alternatives in this area of Uganda due to limited infrastructure, resources, and technology. The implication for those involved in international collaborations is to plan as much as possible when there is the opportunity for face-to-face contact, and maintain regular email contact to discuss the status of assigned tasks. After the training it was important for the U.S. facilitators to share updates on the progress of the work and provide articles or other resources

related to the training content. Several participants indicated that it was encouraging to receive such communications from the U.S. facilitators.

Lastly, we learned that some of the TOT participants being trained to go into the camps were unfamiliar with the camps and their contexts. Behaviors by facilitators and TOT participants such as eating lunch with the camp residents who participated in the training when their families may not have had a meal raised everyone's awareness around working within these communities. Future training will include discussion on preparing to work in the camps.

Conclusion

This article describes a TOT program designed to enhance the capacity of local Ugandan practitioners to address the psychological and social needs of children and families affected by armed conflict. The training supported the aims of capacity building by staying centered on the needs of the children and families most affected by the conflict, including them as contributors and participants, and developing a training process that was sustainable. A conceptual framework of collaboration was used to analyze the relationships among the facilitators and between the facilitators and the TOT participants. Communication and community building were the most crucial aspects of the collaborative process. Through these two aspects, facilitators and participants were able to determine mutually beneficial goals, develop strong working relationships, and deepen existing practice knowledge and skills. Through discussions and interactions facilitators and participants increased their awareness and understanding of the value of addressing traditional cultural practices as a key component of psychosocial support for individuals and communities. The interactive discussions were also essential to building community between individuals from different cultural backgrounds and experiences. Structuring ongoing communication between the facilitators and TOT participants from our

respective home institutions was a challenge throughout this project and will be a critical aspect of future collaborative efforts.

References

- Allen, T., & Schomerus, M. (2006). *A hard homecoming: Lessons learned from the reception center process on effective interventions for former 'abductees' in Northern Uganda*. An independent study commissioned by USAID and UNICEF. Management Systems International, Washington, D.C.
- Behrend, H. (1999). *Alice Lakwena & the Holy Spirits: War in Northern Uganda 1985-1997*. James Currey, Ltd., Oxford.
- Brown, N. (2006). The 'TOT': A global approach for the training of trainers for psychosocial and mental health interventions in countries affected by war, violence and natural disasters. *Intervention, 4*(2), 109- 126.
- Claiborne, N., & Lawson, H.A. (2005). An intervention framework for collaboration. *Families in Society, 86*(1), 93-103.
- Cox, D., & Pawar, M. (2006). *International social work: Issues, strategies, and programs*. Thousand Oaks, CA: Sage Publications.
- Dowling, B., Powell, M., & Glendinning, C. (2004). Conceptualising successful partnerships. *Health and Social Care in the Community, 12*(4), 309-317.
- Harlacher, T. Okot, F.Z., Obonyo, C.A., Balthazard, M., & Atkinson, R. (2006). *Traditional ways of coping in Acholi: Cultural provisions for reconciliation and healing from war*. Kampala: Intersoft Business Services, Ltd.
- Healy, L.M. (2003). A theory of international collaboration: Lessons for social work education. In L.M. Healy, Y. Asamoah, & M.C. Hokenstad (Eds.), *Models of International*

- Collaboration in social work education* (pp. 15-22). Alexandria, VA: Council on Social Work Education, Inc.
- Honwana, A. (2006). *Child soldiers in Africa*. Philadelphia: University of Pennsylvania Press.
- Human Rights Watch. (2005). *The Night Commuters*. Retrieved August 25, 2005 from <http://hrw.org/doc/?t=news>.
- Human Security Center (2005). *Human security report: War and peace in the 21st century*. Retrieved on March 22, 2007 from http://www.humansecurityreportinfo/HSR2005_PDF/Part1.pdf.
- Levers, L. L., Kamanzi, D., Mukamana, D., Pells, K., & Bhusumane, D.B. (2006). Addressing urgent community mental health needs in Rwanda: Culturally sensitive training interventions. *Journal of Psychology in Africa*, 2, 261-272.
- Loughry, M., & Eyber, C. (2003) *Psychosocial Concepts in Humanitarian Work with Children: A Review of the Concepts and Related Literature*. The National Academies Press, Washington, D.C.
- MacMullin, C., & Loughry, M. (2002). *An investigation in to the psychosocial adjustment of formerly abducted child soldiers in northern Uganda*. International Rescue Committee.
- Miller, J. (2006). Waves amidst war: Intercultural challenges while training volunteers to respond to the psychological needs of Sri Lankan tsunami survivors. *Brief Treatment and Crisis Intervention*, 6(4), 349- 365.
- Palmer, I. (2002). Psychosocial costs of war in Rwanda. *Advances in Psychiatric Treatment*, 8, 17-25.

- Park, Y., & Miller, J. (2006). The social ecology of Hurricane Katrina: Rewriting the discourse of “natural” disasters. *Smith College Studies in Social Work*, 76(3), 9-24.
- Ploughshares. (2006). *Armed conflicts 2006 report summary*. Retrieved March 9, 2007 from <http://www.ploughshares.ca/libraries/ACRText/Summary2005.pdf>.
- Raza, M. (2005). Collaborative healthcare research: Some ethical considerations. *Science and Engineering Ethics*, 11(2), 177-186.
- Reilly, T. (2001). Collaboration in action: An uncertain process. *Administration in Social Work*, 25(1), 53-74.
- Silove, D., & Zwi, A.B. (2005) Translating compassion into psychosocial aid after tsunami. *Lancet* 365: 269-271.
- Summerfield, D. (2002) Effects of war: Moral knowledge, revenge, reconciliation medicalised concepts of “recovery.” *British Medical Journal* 325(7372):1105. Retrieved from Expanded Academic ASAP on October 7, 2006.
- Van der Veer, G. (2006). Training trainers for counselors and psychosocial workers in areas of armed conflict: Some basic principles. *Intervention*, 4(2), 97-107.
- Vinck, P. (2006). *Republic of Uganda: Comprehensive food security and vulnerability analyses (CFSVA)*. World Food Programme, Vulnerability Analysis and Mapping Branch, Rome, Italy.
- Wessells, M., & Monteiro, C. (2006). Psychosocial assistance for youth: Toward reconstruction for peace in Angola. *Journal of Social Issues*, 62(1), 121-139.
- WHO. (2005) *Health and mortality survey among internally displaced persons in Gulu, Kitgum and Pader districts, Northern Uganda*. Republic of Uganda Ministry of Health. Retrieved

on October 13, 2006 from [http://www.who.int/hac/crises/uga/sitreps/
Ugandamortsurvey.pdf](http://www.who.int/hac/crises/uga/sitreps/Ugandamortsurvey.pdf).

Women's Commission for Refugee Women and Children. (2004). *Annual Report 2004*.

Retrieved on August 25, 2005 from [http://www.womenscommission.org/pdf/
annrep04.pdf](http://www.womenscommission.org/pdf/annrep04.pdf).

Yoder, C. (2005). *The little book of trauma healing: When violence strikes and community security is threatened*. Intercourse, PA: Good Books.

Graphic 1: Model of the TOT Program

