



Baseline Report

Game Connect Project.

AVSI Foundation – July 2021



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Table of Contents

1.0 Introduction	I
1.1 Background	I
1.2 Aim and Objectives of the Assessment	I
1.2.1 Aim	I
1.2.2 Specific Objectives	2
2.0 Methodology.....	3
2.1 Study Design	3
2.2 Study Population	3
2.3 Sample Size Determination	3
2.4 Data Collection Methods and Tools	4
2.5 Baseline Data Collection Process	5
2.6 Data Entry, Cleaning, and Processing/Analysis	6
2.7 Quality Control and Data Management	6
2.8 Ethical Considerations	6
2.9 Limitation of the study	6
3.0 Key Findings.....	6
3.1 The Log-frame Indicator Findings	6
3.2 Psychosocial and Mental Health Wellbeing Assessment Findings	12
3.2.1 Enrollment details of the youth.	12
3.2.2 Psychosocial wellbeing findings	13
3.2.3 Depression measurement findings	14
3.2.4 Anxiety measurement findings	15
3.3 Participant Quarterly Assessment Findings	17
3.4 Parents and Community Leaders Assessment Findings	24
Timeline for follow-up	25
4.0 Conclusions and Recommendations.....	30
4.1 Conclusions	30
4.2 Recommendations	30
Annex 1: Psychosocial and Mental Health Wellbeing Assessment Tool.....	30
Annex 2: Project Participants Quarterly Assessment Tool.....	36
Annex 3: Parents and Community Leaders Survey Questionnaire.	39

List of Tables

Table 1: Performance indicators:	vi
Table 2: Main Assessment Areas:	2
Table 3: Youth sample size:	3
Table 4: Parents/Caregivers sample size:.....	4
Table 5: Community Leaders sample size:	4
Table 6: Indicator Performance Tracking Table:	7
Table 7: District Youth: Enrollment:.....	13
Table 8: Disability Category: Youth Enrollment:	13
Table 9: Age Category: Youth Enrollment:.....	13
Table 10: District: Youth with inadequate Psychosocial wellbeing score:	14
Table 11: Disability: Youth with inadequate Psychosocial wellbeing score:.....	14
Table 12: Age category: Youth with inadequate Psychosocial wellbeing score:.....	14
Table 13: District: Youth experiencing moderate, moderately severe, or severe levels of depression:	15
Table 14: Disability: experiencing moderate, moderately severe, or severe levels of depression:	15
Table 15: Age category: Youth experiencing moderate, moderately severe, or severe levels of depression:	15
Table 16: District - Youth experiencing anxiety problem:	16
Table 17: Disability: Youth experiencing anxiety problem:	17
Table 18: Age category- Youth experiencing anxiety problem:	17
Table 19: District: Youth having improved skills and capacities to support their psychosocial well-being and mental health:	18
Table 20: Disability: Youth having improved skills and capacities to support their psychosocial well-being and mental health:.....	18
Table 21: Age category: Youth having improved skills and capacities to support their psychosocial well-being and mental health:.....	18
Table 22: District: Youth having good-self efficacy:.....	19
Table 23: Disability: Youth having good-self efficacy:	20
Table 24: Age category: Youth having good-self efficacy:.....	20
Table 25: District: Youth having at least one or more individuals outside the family/Household whom they can turn to for support when in need:	21
Table 26: Disability: Youth having at least one or more individuals outside the family/Household whom they can turn to for support when in need:	22
Table 27: Age category: Youth having at least one or more individuals outside the family/Household whom they can turn to for support when in need:	22
Table 28: District: Youth feeling an increased sense of belonging:	23
Table 29: Disability: Youth feeling an increased sense of belonging:	23
Table 30: Age category: Youth feeling an increased sense of belonging:	24
Table 31: District: Parents and community leaders with increased knowledge on mental health and psychosocial support (MHPSS):.....	24
Table 32: Data Collection Schedule.....	26

List of Figures

Figure 1: Total Number of enrolled youth Year 1 by sex:	12
Figure 2: % youth enrolled by sex:	12
Figure 3: % youth enrolled by disability status:	13
Figure 4: % of Participants with moderate/moderately severe/severe levels of depression:	15
Figure 5: Anxiety:	16
Figure 6: Causes of Depression and Anxiety:	16
Figure 7: Interpersonal and Collaboration Levels:	18
Figure 8: Ability to withstand shocks, stresses and uncertainties:	19
Figure 9: % Refugees with access to critical services:	21
Figure 10: % Nationals with access to critical services:	21
Figure 11: Sense of belonging/Emotional Stability:	23
Figure 12: % Sense of Belonging/Emotional Stability of Nationals and Refugees:	23
Figure 13: Parents and Community Leaders Levels of Knowledge:	24

Acronyms

ORF	Olympic Refugee Foundation
RTP	Right To Play
YSP	Participant Sport Uganda
UOC	Uganda Olympic Committee
UNHCR	United Nation High Commissioner for Refugees
M&E	Monitoring and Evaluation
MEL	Monitoring Evaluation and Learning
MEAL	Monitoring Evaluation Accountability and Learning
IDPs	Internal Displaced Persons
GAD	Generalized Anxiety Disorder
PHQ	Patient Health Questionnaire
WHO	World Health Organization
BL	Baseline
CC	Consortium Cluster
RWS	Refugee Welfare Committee
SfP	Sports for Protection
IP	Implementing Partner
Pss	Psychosocial Support
IGA	Income Generating Activities
IEC	Information, Education and Communication
SBCC	Social and Behavior Change communication
ToT	Training of Trainers

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Okot Phillips Mathew

MEL Advisor – Game Connect Project.

AVSI Foundation.

July 2021

Executive Summary

The Game Connect Project started a 3 years' implementation journey on August 1, 2020 with the aim of improving psychosocial wellbeing and mental health for refugees and host community youth aged 15 – 24 years through delivering Sports for Protection Model (SfP). A baseline assessment from the targeted participants was conducted to generate a bench mark information before the actual implementation of the activities. In addition, the baseline data was used to decide who is eligible to take part in the project activities based on the Psychosocial and Mental Health Wellbeing Assessment Tool.

Game Connect Project initiated the baseline survey to all the enrolled cohorts' participants at all program locations. A baseline Concept Note was developed that contained detailed baseline survey plan, methodology, roles of different stakeholders, data management and the process of using them.

The baseline survey was commissioned to provide Game Connect Project the present status of outcome level indicators in order to set appropriate target in the existing geographical areas and help target the populations more precisely.

To maintain data quality, Game Connect Project Officers with support from the M&E led the entire data collection process. Data collection started on Oct 13, 2020 and ended on June 23, 2021.

A total of 18 indicators were measured through BL survey. Both quantitative and qualitative methods of data collection have been applied in this study.

The key findings from the baseline survey is as presented below;

Table 1: Performance indicators:

Performance Indicators	Key findings
% of youth involved in SfP activities who reported showing a decrease in symptoms associated with psychosocial and mental distress.	Being a baseline, overall none of the youth assessed reported showing a decrease in symptoms associated with psychosocial and mental distress. This is the same across the both refugee and host.
% of youth reporting being satisfied with psychosocial and mental health care they or their families receive.	Being a baseline, none of the youth assessed reported being satisfied with the psychosocial and mental health care they or their families receive. This is because activities are yet to start. It is the same across the both refugee and host group.
% of youth who have improved skills and capacities to support their psychosocial well-being and mental health.	48% (Host-48%, Refugee-48%) of the youth reported having improved skills and capacities to support their psychosocial well-being and mental health.
% of youth who reported applying psychosocial support and mental health skills in their daily lives.	Being a baseline, overall none of the youth assessed reported applying psychosocial support and mental health skills in their daily lives. This is the same across the both refugee and host.
% of youth with good self-efficacy scores.	62% of the youth (Host-55%, Refugee-65%) registered good self-efficacy scores.

# of coaches trained in the delivery of the SfP curriculum activities.	Overall 51 coaches have been trained to deliver the SfP curriculum activities.
% of trained coaches who successfully train and mentor peer coaches among participants.	Being a baseline, none of the coaches have been able to successfully trained and mentor peer coaches from among the participants.
# of parents and community leaders engaged in SfP activities.	Being a baseline, overall none of parents and community leaders have been engaged in SfP activities. This is the same across the both refugee and host group.
% of Parents and community leaders with increased knowledge on mental health and psychosocial support (MHPSS).	Overall, 95% (Host-96%, Refugee-94%) of the parents and community leaders have adequate knowledge on mental health and psychosocial support (MHPSS).
% of youth who report having at least one or more individuals outside the family/Household whom they can turn to for support when in need.	46% of the youth (Host-43%, Refugee-47%) reported having at least one or more individuals outside the family/Household whom they can turn to for support when in need.
% of youth who report having received assistance from someone outside their family/Household	Being a baseline, overall, none of the youth assessed reported having received assistance from someone outside their family/Household before the activity implementation kick off. This result is the same across the both refugee and host.
% of youth who reported having given assistance to someone outside their family/Household.	Being a baseline, overall, none of the youth assessed reported having given assistance to someone outside their family/Household before the activity implementation kick off. This result is the same across the both refugee and host group.
% of youth who reported feeling an increased sense of belonging.	Overall 17% of the enrolled youth (Host-20%, Refugee-16%) reported feeling an increased sense of belonging.
# of youth who participated in structured SfP activities	Being a baseline, overall, none of the youth assessed have participated in structured SfP activities. This result is the same across the both refugee and host, female and male, and disability group.
% of youth who complete structured SfP activities	Being a baseline, none of the youth assessed have completed the structured SfP activities. This result is the same across the both refugee and host, female and male, and disability group.
# of structured inter-community SfP Competitions conducted	Being a baseline, overall, no structured inter community competitions have been conducted. This result is the same across all Partners, Districts and Sub counties of operation.
# of district and settlement level officials engaged in SfP.	Being a baseline, overall, no district and settlement level officials have been engaged in SfP. This result is the same across all Partners, Districts and Sub counties of operation.
# of sports clubs identified and structured.	Being a baseline, no sports clubs have been identified and structured. This result is the same across all Partners, Districts and Sub counties of operation.

In conclusion, the baseline findings show a huge gap in psychosocial and Mental Health wellbeing among the enrolled youth. These gaps can therefore be addressed through the implementation of the proposed interventions for the Game connect Activity. The baseline data can be used to facilitate target settings for the psychosocial and mental health areas with gaps, as well as, guide implementation context. Much as several triggers (causes) of Psychosocial and Mental Health

wellbeing, Depression and Anxiety problems were found to be associated with Grief/Death of loved one, Life Change, Disagreement, Renegotiation, Impasse, Dissolution and Loneliness/isolation, most of the youth on the other hand have remained positive and optimistic about life. The positivity therefore sets a very good platform for the implementation of the Activity

1.0 Introduction

1.1 Background

The Game Connect Project is a three-year Olympic Refugee Foundation (ORF) funded project aimed at **improving psychosocial wellbeing and mental health for refugees and host community youth (disaggregated by sex, age, disability) in Kampala, Rwamwanja, Palabek and Adjumani refugee settlements**. The project is implemented by a consortium of four partners; AVSI as the lead agency joined by Right to Play (RTP), Youth Sport Uganda (YSU), Uganda Olympic Committee (UOC), United Nation High Commissioner for Refugees (UNHCR). The Game Connect consortium will deliver structured sport for protection (SfP) activities using a defined curriculum to increase the resilience of 10,068 vulnerable youth 15-24 years and promote a culture of peace and social cohesion between targeted refugees and host community members.

Technical Approach

The project will contribute towards improving psychosocial wellbeing and mental health for refugees and host community members aged 15 – 24 years using the following technical approaches:

- Identification and assessment of the Psychosocial and Mental Health wellbeing of youth and host community members aged 15 – 24 years using standardized WHO tool that measures Psychosocial wellbeing, Depression, and Anxiety.
- Development of a Sport for Protection (SfP) toolkit (Curriculum) to guide implementation of the project activities. The curriculum will include a set of sport and play based sessions focusing on a set of life skills as being important to foster protection, inclusion and promote psychosocial and wellbeing in vulnerable children and youth.
- Identification and recruitment of senior coaches, coaches from the communities where the SfP will be implemented. These coaches will engage the youth and host community members who met the enrollment criteria through the structured SfP curriculum.
- An adapted graduation approach where at the end of the SfP training curriculum a participant who fully participated in the desired numbers of SfP activities, displaying satisfaction with psychosocial and mental health care they received, showing improved skills and capacities to support their psychosocial wellbeing and mental health and ready to apply psychosocial support and mental health skills in their daily lives will be graduated from the different groups/clubs.
- A youth peer coach approach where a strong youth will be nominated based on agreed upon criteria to engage in follow-up of youth after the training curriculum ends.
- Use of the detailed Collaboration Strategy (CS) and the continuous learning in the Activity Learning Agenda (ALA).

As is with the project requirement, the Game Connect project conducted a project baseline to be able to determine performance targets and importantly to better inform activity design. This report constitutes the detailed Game Connect baseline conducted between Oct 2020 to June 2021.

1.2 Aim and Objectives of the Assessment

1.2.1 Aim

The assessment was undertaken to generate baseline information for outcome level indicators that can inform program design and provide benchmarks for performance tracking for the Game Connect project that is being implemented in Kampala, Rwamwanja, Palabek and Adjumani refugee settlements.

1.2.2 Specific Objectives

The objectives of the assessment were to:

1. To gather data of participant 15 – 24 years of age eligible to benefit from Game Connect project interventions.
2. To obtain data that will be used for monitoring key performance indicators related to psychosocial wellbeing and mental health for refugees and host community members.
3. To set benchmark of outcome level indicators against which future impact of program will be assessed
4. To strengthen program monitoring, identify lessons learned and evaluate the program through appropriate utilization of baseline information by the Consortium Partners.

In summary, the assessment covered twelve main areas as detailed in table 1 below;

Table 2: Main Assessment Areas:

	Analysis/Area	Key Issues
1	General Information	• Category of youth • Disability status • School enrollment status of youth • Relationship of youth to caregivers • Phone ownership and details of the youth
2	Psychosocial-wellbeing Measurement	• Psychosocial-wellbeing score of the youth (whether its adequate or inadequate)
3	Depression Measurement	• Depression score of the youth (whether its Minimal Depression, Mild depression, Moderate depression, Moderately Severe depression, and Severe depression)
4	Anxiety Measurement	• Anxiety score of the youth (whether there is anxiety or no anxiety problem)
5	Secondary Information	• Triggers to youth problem • The duration of the triggers • Brief explanation of the problem • The goals for the youth
6	Perception of youth on the quality of psychosocial and mental health care offered.	• Rating of the of youth on the psychosocial and mental health care they or their families receive
7	Level of skills and capacities of youth in supporting their psychosocial well-being and mental health	• Interpersonal and collaboration skills scores for the youth (whether low, medium, or high).
8	Application of the psychosocial support and mental health skills by youth	• How often the youth applied psychosocial support and mental health skills in their daily life.
9	Level of self-efficacy of the youth	• Self-efficacy of scores for the youth
10	Social network of the youth	• Who the youth run to incase of support or service need and if they sought support from those network • Who the youth provided support or services and the services provided.
11	Youths' sense of belonging	• Emotional stability scores for the youth

12	Level of knowledge of the Parents/Caregivers and Community Leaders on Mental Health and Psychosocial wellbeing	- Understanding of the parents and care givers on; - the definition of Psychosocial wellbeing and mental health - Causes of mental illness, and depression, anxiety - Signs and symptoms of mental illness - Concrete actions that can be taken to improve the Mental Health of the displaced/ host community members
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2.0 Methodology

2.1 Study Design

The study applied two main approaches of quantitative and qualitative to collect the baseline information from respondents. The use of the mix method reaped the benefits of exploring range of information and generating data that can complement each other. Further, the method provided the program team with an opportunity to capture statistics, views, opinions and perspectives of the youth.

The quantitative data was collected from the youth based on the Game Connect Project outcome level indicators. Additionally, qualitative piece of information was collected from the youth to triangulate the quantitative data generated.

2.2 Study Population

The study population comprised of refugee and host youth aged 15-24 years, parents/caregivers, and community leaders within and around Kampala, Rwamwanja, Palabek and Adjumani refugee settlements. Details of the population that was targeted are provided in Section 2.3.

2.3 Sample Size Determination

The study deployed a census approach in selecting participants for the baseline survey. All the enrolled youth (both male and female), their parents/care-givers, and community leaders were included as part of the sample size for the study. Overall, 3,555 youths, 2,921 parents/caregivers, and 15 community leaders were targeted for the baseline survey. The total sample size for each targeted group is computed at 95% level of Confidence and 5% margin of error. The targeted group registered a response rate of 84% for youths (n=2991, N=3555), 60% for parents/caregivers (n=1759, N=2921), and 87% for community leaders (n=13, N=15).

The breakdown of the details is as below.

Table 3: Youth sample size:

Youth sample size:											
	National Target		Refugee Target		Total Target			Achievement			
Location	Female	Male	Female	Male	Female	Male	Overall total	Female	Male	Overall Total	%ge reached
Adjumani	162	160	463	418	625	578	1,203	535	504	1039	86%
Kampala	117	96	223	221	340	317	657	255	251	506	77%
Kamwenge	142	130	319	236	461	366	827	361	262	623	75%
Lamwo	157	114	307	290	464	404	868	445	378	823	95%
Total	578	500	1,312	1,165	1890	1665	3,555	1596	1395	2991	84%

Table 4: Parents/Caregivers sample size:

Parents/Caregivers sample size:											
	National Target		Refugee Target		Total Target			Achievement			
Location	Female	Male	Female	Male	Female	Male	Overall total	Female	Male	Overall Total	%ge reached
Adjumani	264	235	254	232	518	467	985	284	180	464	47%
Kampala	105	98	248	116	353	214	567	239	152	391	69%
Kamwenge	109	123	183	234	292	357	649	217	255	472	73%
Lamwo	188	102	243	187	431	289	720	272	160	432	60%
Total	666	558	928	769	1594	1327	2921	1012	747	1759	60%

Table 5: Community Leaders sample size:

Community Leaders sample size:											
	National Target		Refugee Target		Total Target			Achievement			
Location	Female	Male	Female	Male	Female	Male	Overall total	Female	Male	Overall Total	%ge reached
Adjumani	1	2	0	0	1	2	3	1	2	3	100%
Kampala	2	1	0	0	2	1	3	2	1	3	100%
Kamwenge	2	1	0	1	2	2	4	2	1	3	75%
Lamwo	1	3	0	1	1	4	5	1	3	4	80%
Total	6	7	0	2	6	9	15	6	7	13	87%

2.4 Data Collection Methods and Tools

Primary data was collected using mainly using quantitative method targeting refugee and host community youths (male and female), parents and caregivers. The following 3 main tools were internally developed and used by the project team (M&E team and the community based field team) to gather the data from the targeted groups;

- Psychosocial and Mental Health Wellbeing Assessment Tool: An adapted World Health Organization (WHO) standardized Tools with Generalized Anxiety Disorder (GAD 7) and Patient Health Questionnaire (PHQ 9) parameters that was used to measure the Psychosocial-wellbeing, Depression and Anxiety of the youths. It is as well used as an enrollment tool for the youth into the project. The tool has 5 parts; the **background information** for the youth; **Psychosocial-wellbeing Measurement**: is a list of questions about how a participant could have been feeling over a period of two weeks from the time of the interview; **Depression Measurement**: that determines how bothered a youth could have been by some problems over a period of two weeks from the time of the interview; **Anxiety Measurement**: that determines how bothered a youth could have been worried by some problems over a period of two weeks from the time of the interview; and **Secondary Information**: that focus on the triggers (causes) of depression or anxiety problem in a youth. **Details are in Annex 1.**
- Participant Quarterly Assessment Tools: This contains 4 main parts; **additional information related to the youths, Interpersonal and Collaboration Skills of youth,**

assessing ability to withstand shocks, stresses, and uncertainties, and Test for Emotional Stability. (See annex 2 for more details). The purpose of the tool was to gather baseline data for the following activity indicators;

- Percentage of participant reporting being satisfied with psychosocial and mental health care they or their families receive.
- Percentage of participant who have improved skills and capacities to support their psychosocial well-being and mental health.
- Percentage of participant who reported applying psychosocial support and mental health skills in their daily lives.
- % of participant with good self-efficacy scores.
- Percentage of participant who report having at least one or more individuals outside the family/Household whom they can turn to for support when in need.
- Percentage of participant who reported having given assistance to someone outside their family/Household.
- % of participant who reported feeling an increased sense of belonging (participant with increased level of emotional stability).
- Parents/caregivers and community leaders survey questionnaires: This tool was used to determine Parents/Caregivers and Community Leaders' knowledge on Mental Health and Psychosocial wellbeing. **See annex 3 for details.**

A detailed tool guide and instructions was developed for each of the 3 tools to guide their administration by the Game Connect field team. Field test for all the developed tools were conducted to check their appropriateness, consistency and integrity before finalization.

2.5 Baseline Data Collection Process

The M&E team led the baseline data collection exercise. The M&E team conducted two different training events, both virtual and physical, to prepare the data collectors and their supervisors for the baseline survey. The first category of training conducted was a ToT targeting; Field Facilitators, Program Coordinators, Program Officers and Senior Coaches. This was meant to prepare them to cascade the training to the field team (actual data collectors). The main area of focus for the ToT included; understanding baseline survey process, methods, techniques, data collection tools and data entry format for managing the filed data appropriately.

The second part of the training targeted the field staff (coaches). This training was cascaded by the program team, who underwent the ToT. The training aimed to equip the coaches on how to carry out the baseline data collection and ensure data quality assurance process and data entry. The field team were mainly responsible for collecting and managing filed data in time. Detailed field data collection plan was developed by field survey team before starting the data collection process and the plan was shared with the MEL Advisor who used them to support the monitoring of the data collection progress. The M&E Team monitored the entire data collection process from the field, responded to challenges faced by the team in the field, and ensured adherence to quality during the process of data collection. The field team provided regular update on the progress of the exercise to the M&E using the log sheet designed for that purpose.

2.6 Data Entry, Cleaning, and Processing/Analysis

Data collection was done using smartphones through an online mobile application – Kobo Collect to gather all the required data. This platform enabled real-time submission and timely availability of the data. The data was cleaned, edited and submitted online using smart phones to the kobo collect online platform server. The submitted data was downloaded/exported from the kobo collect platform to Excel/SPSS where a more detailed analysis was conducted. Logical checks and frequency runs were made on all variables towards identifying inconsistencies and assuring data accuracy and consistency including any outliers before actual data analysis.

2.7 Quality Control and Data Management

The study was led by a team comprising of M&E Advisor, Field Facilitators, Program Coordinators, Program Officers and Senior Coaches all with previous experience in conducting similar assessment studies. A team of 51 coaches were used as enumerators for the baseline survey. A rigorous process of training the coaches on the methodology was done before actual data collection to ensure that they were all conversant with the task at hand. Coaches were also taken through a pilot testing on the use of the tools loaded onto the tablet during the training, allowing for more hands on training and preparation before the actual data collection.

2.8 Ethical Considerations

The key authorities within the refugee settlement and host community were informed about the study towards garnering their support and approval. Local leaders within the settlement were engaged as mobilizers and field guides during the process of data collection. Written informed consent was sought from all the respondents in the settlement and host communities after provision of an explanation on the purpose of the study and assurance of confidentiality. Unique identification codes were used to protect the identity of the study participants.

2.9 Limitation of the study

There has been delay in conducting a baseline survey as result of COVID-19 restriction that affected the startup activity of the project.

3.0 Key Findings

The findings are presented in four parts: The Logframe indicator findings, Psychosocial and Mental Health Wellbeing Assessment findings, Participants Quarterly Assessment findings, and Parents + Community Leaders Survey findings.

3.1 The Log-frame Indicator Findings

This section presents the baseline results of all the key outcome indicators as presented in the project logical framework. The details are presented in the table below;

Table 6: Indicator Performance Tracking Table:

Performance Indicators	Indicator definition	Data Source	Disaggregates	Baseline	Comments
% of youth involved in SfP activities who reported showing a decrease in symptoms associated with psychosocial and mental distress.	Improvement in the psychosocial state of a youth from the time of enrolment.	Baseline and Endline survey.	Sex, age, disability	0%	Being a baseline, overall none of the youth assessed reported showing a decrease in symptoms associated with psychosocial and mental distress. This result is the same across the both refugee and host, female and male, and disability group
% of youth reporting being satisfied with psychosocial and mental health care they or their families receive.	Level of satisfaction for the different SfP services after receiving the different interventions.	Survey.	Sex, age, disability	0%	Being a baseline, none of the youth assessed reported being satisfied with the psychosocial and mental health care they or their families receive. This result is the same across the both refugee and host, female and male, and disability group
% of youth who have improved skills and capacities to support their psychosocial well-being and mental health.	Ability of the youth to positively respond to any psychosocial wellbeing and mental health	Baseline and Annual surveys	Sex, age, disability	48%	48% (Host-48%, Refugee-48%) of the youth reported having improved skills and capacities to support their psychosocial well-being and mental health at baseline before engaging in Game Connect activities. The findings are similar across the male and female youth assessed each at 48% respectively. 50% of the assessed youth with disability (Host- 49%, Refugee- 51%) reported having improved skills and capacities to support their psychosocial well-being and mental health at baseline. 48% of assessed youth age 15-17 years (Host-49% and refugee 47%) reported having improved skills and capacities to support their psychosocial well-being and mental health, while 48% of assessed youth age 18-24years (Host-47%, Refugee-48%) reported having improved skills and capacities to support their psychosocial well-being and mental health at baseline.

% of youth who reported applying psychosocial support and mental health skills in their daily lives.	Youth out of psychosocial distress after active participation in SfP activities.	Baseline and Annual surveys	Sex, age, disability	0%	Being a baseline, overall none of the youth assessed reported applying psychosocial support and mental health skills in their daily lives. This result is the same across the both refugee and host, female and male, and disability group
% of youth with good self-efficacy scores.	Youth who built confidence in their capacity to execute performances necessary to produce specific performance attainments.	Baseline and Annual surveys	Sex, age, disability	62%	Overall, 62% of the youth (Host-55%, Refugee-65%) registered good self-efficacy scores at baseline before engaging in Game Connect activities. 62 % of the female youth assessed (Host- 56%, Refugee- 64%) reported good-self efficacy compared to the 63% of their male counterpart (Host-55%, refugee- 67%). 60% of the assessed youth with disability (Host- 46%, Refugee- 67%) reported good-self efficacy. 62% of the assessed youth age 15-17 years (Host- 55%, Refugee- 65% reported good self-efficacy, while 62% of assessed youth age 18-24% (Host-56%, Refugee- 65%) reported good-self efficacy.
# of coaches trained in the delivery of the SfP curriculum activities.	Coaches who underwent SfP training and ready to cascade the curriculum activities.	Program training Reports and regular routine data	Sex, age, disability	51	Overall 51 coaches have been trained to deliver the SfP curriculum activities.
% of trained coaches who successfully train and mentor peer coaches among participants.	Coaches who managed to train and mentor youth peer coaches to be engage in follow up of youth after the training curriculum ends.	Program training Reports and regular routine data	Sex, age, disability	0%	Being a baseline, none of the coaches have been able to successfully trained and mentor peer coaches from among the participants.
# of parents and community leaders	Parents and community members'	Attendance Registers and	Sex, age, disability	0	Being a baseline, overall none of parents and community leaders have been engaged in SfP activities. This is the same across the both refugee and host group.

engaged in SfP activities.	involvement in SfP activities.	Training Reports			
% of Parents and community leaders with increased knowledge on mental health and psychosocial support (MHPSS).	Parents and community leaders with increased knowledge on mental health and psychosocial support (MHPSS) compared to baseline.	Baseline and Annual surveys	Sex, age, disability	94.8%	Overall, 95% (Host-96%, Refugee-94%) of the parents and community leaders have adequate knowledge on mental health and psychosocial support (MHPSS) at baseline before engaging in Game Connect activities. The findings are similar across male and female parent/community leaders; Female 95% (Host-97%, Refugee-94%), and Male 95% (Host-96%, Refugee-95%)
% of youth who report having at least one or more individuals outside the family/Household whom they can turn to for support when in need.	Youth who have at least one or more individuals outside the family/Household whom they can turn to for support when in need.	Quarterly Data and Surveys tool	Sex, age, disability	46%	Overall, 46% of the youth assessed (Host-43%, Refugee-47%) reported having at least one or more individuals outside the family/Household whom they can turn to for support when in need at baseline before engaging in Game Connect activities. 44% of the Female youth assessed (Host-41%, Refugee-45%) reported having individuals outside the family/Household whom they can turn to for support when in need, while 45% of the Male youth assessed (Host-47%, Refugee-48%) reported having individuals outside the family/Household whom they can turn to for support when in need. Among the youth with disability, 46% of those assessed (Host-37%, Refugee-51%) reported having individuals outside the family/Household whom they can turn to for support when in need at baseline before engaging in Game Connect activities. Within the age group, 46% of the assessed youth age 15-17 years (Host-47%, Refugee-45%) reported having individuals outside the family/Household whom they can turn to for support when in need compared to 45% of those age 18-24 years (Host-41%, Refugee-47%).
% of youth who report having received	Youth who have received	Quarterly Data and Surveys	Sex, age, disability	0%	Overall, none of the youth assessed reported having received assistance from someone outside their

assistance from someone outside their family/Household.	assistance (remittances, resources or information) from somebody outside their family/HH.				family/Household before the activity implementation kick off. This result is the same across the both refugee and host, female and male, and disability group.
% of youth who reported having given assistance to someone outside their family/Household.	Youth who have rendered assistance (remittances, resources or information) from somebody outside their family/HH.	Quarterly Data and Surveys	Sex, age, disability	0%	Overall, none of the youth assessed reported having given assistance to someone outside their family/Household before the activity implementation kick off. This result is the same across the both refugee and host, female and male, and disability group.
% of youth who reported feeling an increased sense of belonging.	Youth who have been accepted as members or part of a team, club, family, community.	Quarterly Data and Surveys	Sex, age, disability	17%	Overall 17% of the enrolled youth (Host-20%, Refugee-16%) reported feeling an increased sense of belonging at baseline before engaging in Game Connect activities. 17% of the female assessed (Host-19%, Refugee-16%) reported an increased sense of belonging compared to 17% of the male assessed (Host-21%, Refugee-15%). 23% of the assessed youth with disability (Host-10%, Refugee-22%) reported an increased sense of belonging at baseline before engaging in Game Connect activities. For age group, 17% of the assessed youth age 15-17 years (Host-19%, Refugee-16%) reported an increased sense of belonging compared to 17% of the assessed youth age 18-24 years (Host-20%, Refugee-15%).
# of youth who participated in structured SfP activities.	Youth who have participated in SfP activities	Program training Reports and regular routine data	Sex, age, disability	0	Overall, none of the youth assessed have participated in structured SfP activities. This result is the same across the both refugee and host, female and male, and disability group.

% of youth who complete structured SfP activities.	Youth who have participated in the required numbers SfP activities	Attendance Registers and Training Reports	Sex, age, disability	0%	Overall, none of the youth assessed have completed the structured SfP activities. This result is the same across the both refugee and host, female and male, and disability group.
# of structured inter-community SfP Competitions conducted	Inter community SfP competitions conducted	Group activity forms, work plans, inter community competition reports	District, Sub county, Club name, Sports name	0	Overall, no structured inter community competitions have been conducted. This result is the same across all Partners, Districts and Sub counties of operation.
# of district and settlement level officials engaged in SfP.	District and settlement officials directly involved in SfP activities	Routine program data, group activity forms	District, Sub county	0	Overall, no district and settlement level officials have been engaged in SfP. This result is the same across all Partners, Districts and Sub counties of operation.
# of sports clubs identified and structured.	Sports clubs identified and involved in the SfP activities	Mapping Reports and Routine Data	Club name, Sports name	0	Overall, no sports clubs have been identified and structured. This result is the same across all Partners, Districts and Sub counties of operation.

3.2 Psychosocial and Mental Health Wellbeing Assessment Findings

This sections contains the enrollment details of the youth and results of their psychosocial and mental health wellbeing. The psychosocial and mental health wellbeing criteria assessed and presented include; psychosocial wellbeing, depression, anxiety, assessed.

3.2.1 Enrollment details of the youth.

A total of 3,555 youths (refugee 2,477 and host community 1,078) were enrolled in the project during Year 1 implementation period using the Psychosocial and Mental Health Wellbeing Assessment tool. 1,890 of those enrolled were female (Refugee 1,312 and Host 578), while 1,665 were male (Refugee 1,165 and Host 500). A total 127 of youth enrolled had disability (Refugee 86 and Host 41). The main disability registered among the youth include; Physical (59), Mental (24), Blind (23). 1,424 number of youth enrolled were between the age 15-17 years (Refugee 1,033 and host 391), while 2,131 were between the age 18-24years (Refugee 766 and Host 687). The details of the enrollment by District, categories, age and sex is as presented in the graphs and tables below;

Figure 1: Total Number of enrolled youth Year 1 by sex:

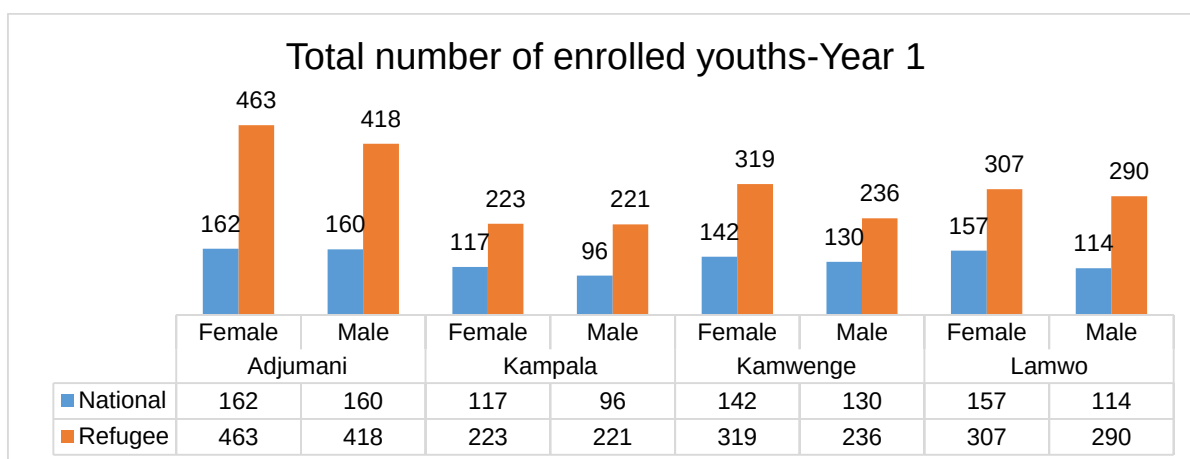


Figure 2: % youth enrolled by sex:

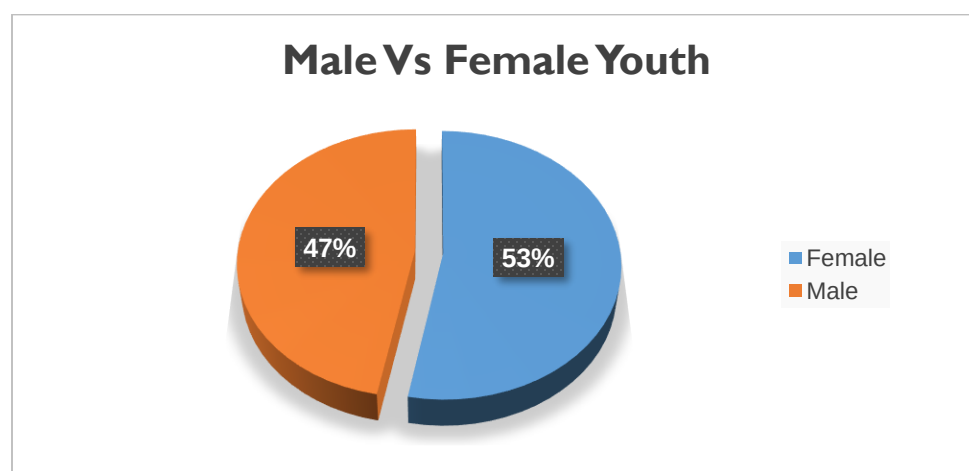


Figure 3: % youth enrolled by disability status:

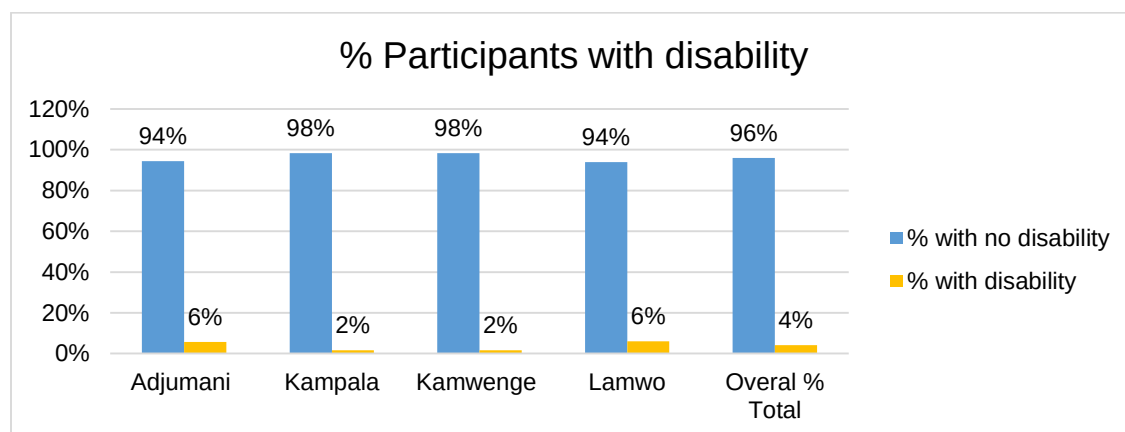


Table 7: District Youth: Enrollment:

District	Host			Refugee			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Adjumani	160	162	322	418	463	881	578	625	1,203
Kampala	96	117	213	221	223	444	317	340	657
Kamwenge	130	142	272	236	319	555	366	461	827
Lamwo	114	157	271	290	307	597	404	464	868
Total	500	578	1,078	1,165	1,312	2,477	1,665	1,890	3,555

Table 8: Disability Category: Youth Enrollment:

Disability category	Host			Refugee			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Adjumani	1	3	4	10	9	19	11	12	23
Kampala	7	4	11	7	3	10	14	7	21
Kamwenge	4	9	13	3	8	11	7	17	24
Lamwo	5	8	13	25	21	46	30	29	59
Total	17	24	41	45	41	86	62	65	127

Table 9: Age Category: Youth Enrollment:

Age category	Host			Refugee			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
15-17 years	156	235	391	399	634	1033	555	869	1,424
18-24 years	344	343	687	766	678	1,444	1,110	1,021	2,131
Total	500	578	1,078	1,165	1,312	2,477	1,665	1,890	3,555

3.2.2 Psychosocial wellbeing findings

All the youths (Host-100%, Refugee-100%) enrolled in the project were found with inadequate Psychosocial wellbeing score (0-53 scores). This result is the same across the both refugee and host, female and male, and disability group. These findings are further presented in the tables below;

Table 10: District: Youth with inadequate Psychosocial wellbeing score:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	322	322	100%	881	881	100%	1203	1,203	100%
Kampala	213	213	100%	444	444	100%	657	657	100%
Kamwenge	272	272	100%	555	555	100%	827	827	100%
Lamwo	271	271	100%	597	597	100%	868	868	100%
Total	1,078	1,078	100%	2,477	2,477	100%	3,555	3,555	100%

Table 11: Disability: Youth with inadequate Psychosocial wellbeing score:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	20	20	100%	43	43	100%	63	63	100%
Kampala	2	2	100%	5	5	100%	7	7	100%
Kamwenge	2	2	100%	11	11	100%	13	13	100%
Lamwo	17	17	100%	27	27	100%	44	44	100%
Total	41	41	100%	86	86	100%	127	127	100%

Table 12: Age category: Youth with inadequate Psychosocial wellbeing score:

Age category	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
15-17 yrs	391	391	100%	1,033	1,033	100%	1,424	1,424	100%
18-24 yrs	687	687	100%	1,444	1,444	100%	2,131	2,131	100%
Total	1,078	1,078	100%	2,477	2,477	100%	3,555	3,555	100%

3.2.3 Depression measurement findings

The baseline study reveals that 72% of the enrolled youth (Host-70%, Refugee-72%) were experiencing moderate, moderately severe, or severe levels of depression that requires Project interventions. 87% of those with disability (Host-93%, Refugee-84%) were found with depression. 72% of females interviewed (Host-70%, Refugee-73%) were found to be depressed compared to 33% of the males interviewed (Host-32%, Refugee-33.8%). 68% of youth age 15-17 years (Host-66%, Refugee-69%) were found to be depressed, while 74% of youth age 18-24 years (Host-71%, Refugee-75%) were found to be depressed. The details are further presented in the graph and tables below;

Figure 4: % of Participants with moderate/moderately severe/severe levels of depression:

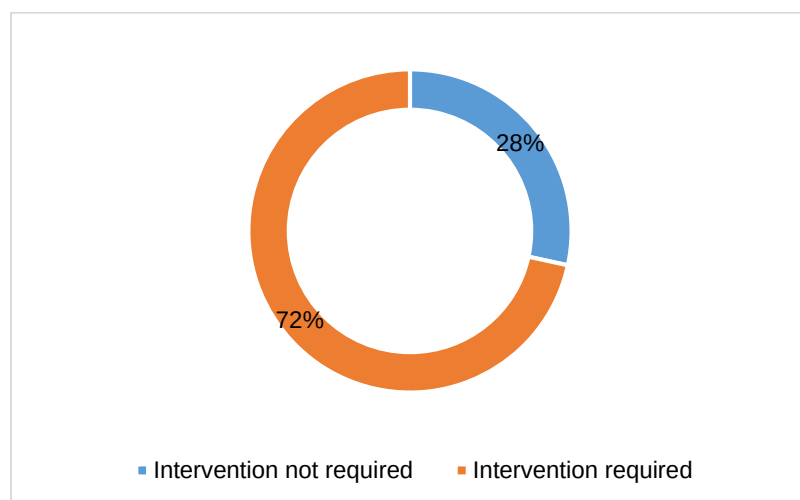


Table 13: District: Youth experiencing moderate, moderately severe, or severe levels of depression:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	322	319	99%	881	851	97%	1203	1170	97%
Kampala	213	92	43%	444	152	34%	657	244	37%
Kamwenge	272	133	49%	555	317	57%	827	450	54%
Lamwo	271	206	76%	597	475	80%	868	681	78%
Total	1078	750	70%	2477	1795	72%	3555	2545	72%

Table 14: Disability: experiencing moderate, moderately severe, or severe levels of depression:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	20	20	100%	43	38	88%	63	58	92%
Kampala	2	2	100%	5	2	40%	7	4	57%
Kamwenge	2	2	100%	11	9	82%	13	11	85%
Lamwo	17	14	82%	27	23	85%	44	37	84%
Total	41	38	93%	86	72	84%	127	110	87%

Table 15: Age category: Youth experiencing moderate, moderately severe, or severe levels of depression:

Age category	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
15-17 yrs	391	260	66%	1,033	708	69%	1,424	968	68%
18-24 yrs	687	490	71%	1,444	1,087	75%	2,131	1,577	74%
Total	1,078	750	70%	2,477	1,795	72%	3,555	2,545	72%

3.2.4 Anxiety measurement findings

The [baseline](#) study found that 69% of the assessed youth (Host-68%, Refugee-69%) had anxiety problems (see table below). 86% of disabled youth assessed (Host-88%, Refugee-85%) were

found with anxiety problems. 70% of females interviewed (Host-69%, Refugee-48%) were found with Anxiety problem compared to 32% of the males interviewed (Host-48%, Refugee-48%). 66% of youth age 15-17 years (Host-67% and refugee 66%) were found with anxiety problem, while 71% of youth age 18-24years (Host-68%, Refugee-72%) were found with anxiety. Details are presented in the tables below.

The [baseline](#) study further reveal that the main triggers/causes of depression and anxiety presented by the youths is Life Change (47%). Other causes of depression and anxiety include; Grief/Death of loved one (28%), Disagreement (23%), Renegotiation (7%), Impasse (6%), Dissolution (12%) and Loneliness/isolation (18%). Details are presented in the graph below. Despite all these, 65% of the youth (Host-63%, Refugee-65%)) reported having a big dreams of perusing both formal/informal education, starting businesses, and engaging in Income Generating Activities (IGA) to support their families.

Figure 5: Anxiety:

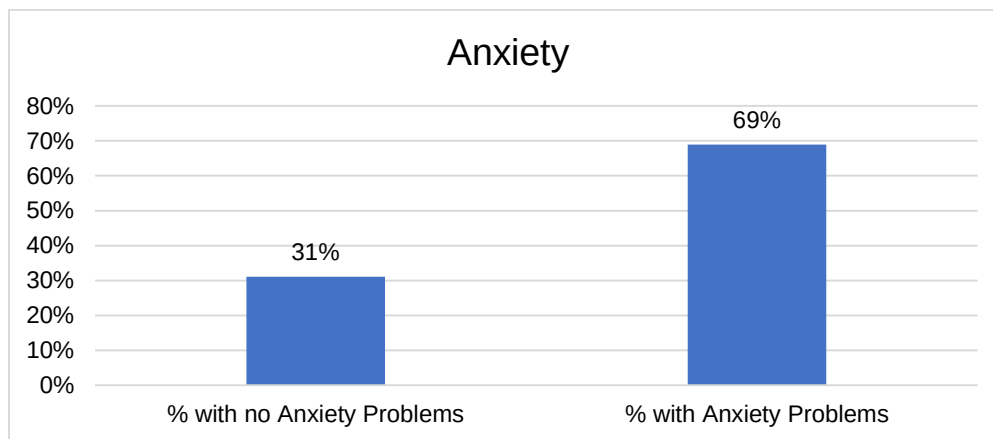


Figure 6: Causes of Depression and Anxiety:

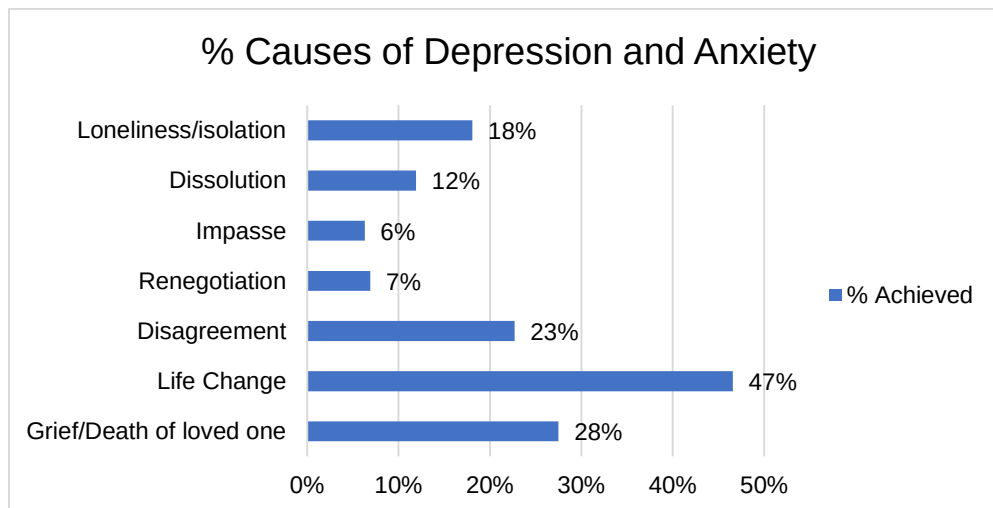


Table 16: District - Youth experiencing anxiety problem:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge

Adjumani	322	318	99%	881	851	97%	1203	1169	97%
Kampala	213	69	32%	444	126	28%	657	195	30%
Kamwenge	272	130	48%	555	291	52%	827	421	51%
Lamwo	271	215	79%	597	450	75%	868	665	77%
Total	1078	732	68%	2477	1718	69%	3555	2450	69%

Table 17: Disability: Youth experiencing anxiety problem:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	20	20	100%	43	40	93%	63	60	95%
Kampala	2	1	50%	5	3	60%	7	4	57%
Kamwenge	2	2	100%	11	8	73%	13	10	77%
Lamwo	17	13	77%	27	22	81%	44	35	80%
Total	41	36	88%	86	73	85%	127	109	86%

Table 18: Age category- Youth experiencing anxiety problem:

Age category	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
15-17 yrs	391	262	67%	1033	683	66%	1424	945	66%
18-24 yrs	687	470	68%	1444	1035	72%	2131	1505	71%
Total	1078	732	68%	2477	1718	69%	3555	2450	69%

3.3 Participant Quarterly Assessment Findings

This section summarizes the baseline status of 7 outcome indicators including; Percentage of participant reporting being satisfied with psychosocial and mental health care they or their families receive, Percentage of participant who have improved skills and capacities to support their psychosocial well-being and mental health, Percentage of participant who reported applying psychosocial support and mental health skills in their daily lives, % of participant with good self-efficacy scores, Percentage of participant who report having at least one or more individuals outside the family/Household whom they can turn to for support when in need, Percentage of participant who reported having given assistance to someone outside their family/Household, and % of participant who reported feeling an increased sense of belonging (participant with increased level of emotional stability). The results for these indicators are as presented below;

3.3.1 Percentage of participant reporting being satisfied with psychosocial and mental health care they or their families receive.

Overall, none of the youth assessed reported being satisfied with the psychosocial and mental health care they or their families receive as activities are yet to start. This result is the same across the both refugee and host, female and male, and disability group.

3.3.2 Percentage of participant who have improved skills and capacities to support their psychosocial well-being and mental health

Overall, 48% youth assessed (Host- 48%, Refugee- 48%) reported having improved skills and capacities to support their psychosocial well-being and mental health before engaging in the Game Connect activities. The findings are similar across the male and female youth assessed each at 48% respectively. 50% of the assessed youth with disability (Host- 49%, Refugee- 51%) reported having improved skills and capacities to support their psychosocial well-being and

mental health. 48% of assessed youth age 15-17 years (Host-49% and refugee 47%) reported having improved skills and capacities to support their psychosocial well-being and mental health, while 48% of assessed youth age 18-24years (Host-47%, Refugee-48%) reported having improved skills and capacities to support their psychosocial well-being and mental health. Details are presented in the tables below.

Figure 7: Interpersonal and Collaboration Levels:

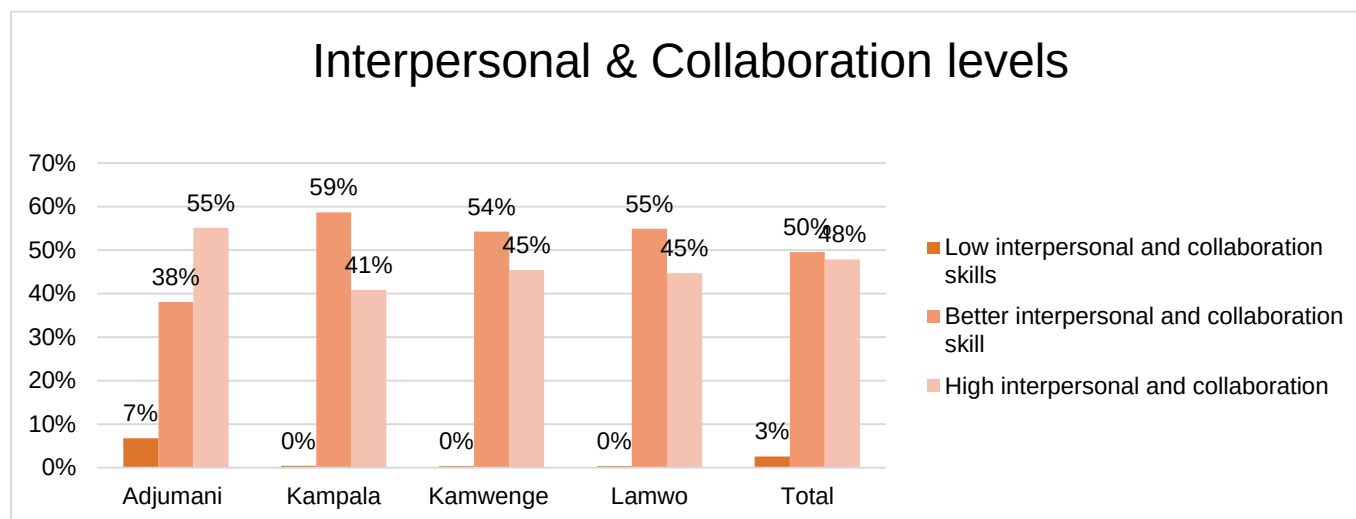


Table 19: District: Youth having improved skills and capacities to support their psychosocial well-being and mental health:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	299	130	43%	740	443	60%	1039	573	55%
Kampala	165	65	39%	341	142	42%	506	207	41%
Kamwenge	200	99	50%	423	184	43%	623	283	45%
Lamwo	253	147	58%	570	221	39%	823	368	45%
Total	917	441	48%	2074	990	48%	2991	1431	48%

Table 20: Disability: Youth having improved skills and capacities to support their psychosocial well-being and mental health:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	20	14	70%	40	23	58%	60	37	62%
Kampala	2	1	50%	7	3	43%	9	4	44%
Kamwenge	2	1	50%	8	4	50%	10	5	50%
Lamwo	17	4	24%	27	12	44%	44	16	36%
Total	41	20	49%	82	42	51%	124	62	50%

Table 21: Age category: Youth having improved skills and capacities to support their psychosocial well-being and mental health:

	Host	Refugee	Total
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Age category	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
15-17 yrs	339	167	49%	863	406	47%	1202	573	48%
18-24 yrs	578	274	47%	1211	584	48%	1789	858	48%
Total	917	441	48%	2074	990	48%	2991	1431	48%

3.3.3 Percentage of participant who reported applying psychosocial support and mental health skills in their daily lives.

Overall, none of the youth assessed reported applying psychosocial support and mental health skills in their daily lives as activities are yet to start. This result is the same across the both refugee and host, female and male, and disability group.

3.3.4 % of participant with good self-efficacy scores

Overall, 62% of the interviewed youth (Host-55%, Refugee-65%) reported good self-efficacy scores before engaging in the Game Connect activities. 62 % of the female youth assessed (Host-56%, Refugee-64%) reported good-self efficacy compared to the 63% of their male counterpart (Host-55%, refugee- 67%). 60% of the assessed youth with disability (Host- 46%, Refugee- 67%) reported good-self efficacy. 62% of the assessed youth age 15-17 years (Host- 55%, Refugee-65% reported good self-efficacy, while 62% of assessed youth age 18-24% (Host-56%, Refugee-65%) reported good-self efficacy. More details are presented in the graph and tables below.

Figure 8: Ability to withstand shocks, stresses and uncertainties:

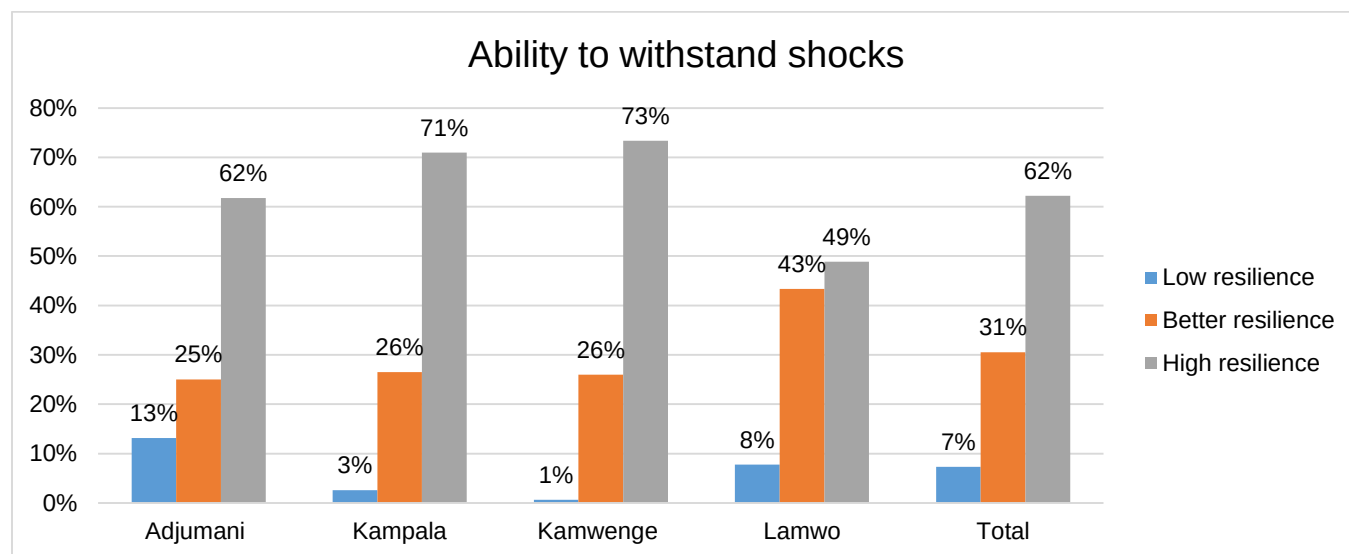


Table 22: District: Youth having good-self efficacy:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	299	138	46%	740	504	68%	1039	642	62%
Kampala	165	116	70%	341	243	71%	506	359	71%
Kamwenge	200	128	64%	423	329	78%	623	457	73%
Lamwo	253	125	49%	570	277	49%	823	402	49%
Total	917	507	55%	2074	1353	65%	2991	1860	62%

Table 23: Disability: Youth having good-self efficacy:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	20	14	70%	40	26	65%	60	40	67%
Kampala	2	2	100%	7	6	86%	9	8	89%
Kamwenge	2	0	0%	8	7	88%	10	7	70%
Lamwo	17	3	18%	27	16	59%	44	19	43%
Total	41	19	46%	82	55	67%	124	74	60%

Table 24: Age category: Youth having good-self efficacy:

Age category	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
15-17 yrs	339	186	55%	863	560	65%	1202	746	62%
18-24 yrs	578	321	56%	1211	793	65%	1789	1114	62%
Total	917	507	55%	2074	1353	65%	2991	1860	62%

3.3.5 Percentage of participant who report having at least one or more individuals outside the family/Household whom they can turn to for support when in need

The study focused on ascertaining whether the participants have any one they can turn to for when in need of the critical services like Health Care, Mental Health, PSS, Protection, GBV, Education, WASH, Nutrition (Food), Livelihoods, Financial Services (VSLA, SACCOs, Loans and Other Credit facilities within the communities.

The finding reveals that overall, 46% of the youth assessed (Host-43%, Refugee-47%) reported having at least one or more individuals outside the family/Household whom they can turn to for support when in need. 44% of the Female youth assessed (Host-41%, Refugee-45%) reported having individuals outside the family/Household whom they can turn to for support when in need, while 45% of the Male youth assessed (Host-47%, Refugee-48%) reported having individuals outside the family/Household whom they can turn to for support when in need.

Among the youth with disability, 46% of those assessed (Host-37%, Refugee-51%) reported having individuals outside the family/Household whom they can turn to for support when in need. Within the age group, 46% of the assessed youth age 15-17 years (Host-47%, Refugee-45%) reported having individuals outside the family/Household whom they can turn to for support when in need compared to 45% of those age 18-24 years (Host-41%, Refugee-47%).

The individuals pointed out by the youths as those they turn to when in need include; Parents, Relatives, Police, Banks/ SACCO, Local Council (LC), Probation and welfare office/CDO, and Human rights agencies (See graph below for details).

Figure 9: % Refugees with access to critical services:

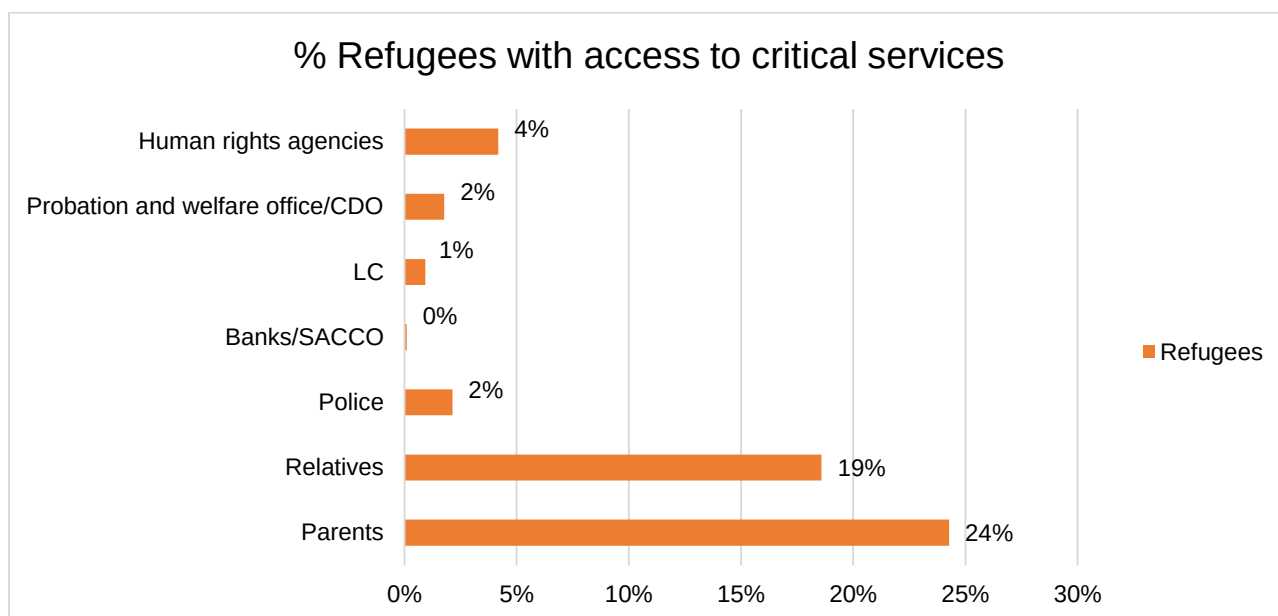


Figure 10: % Nationals with access to critical services:

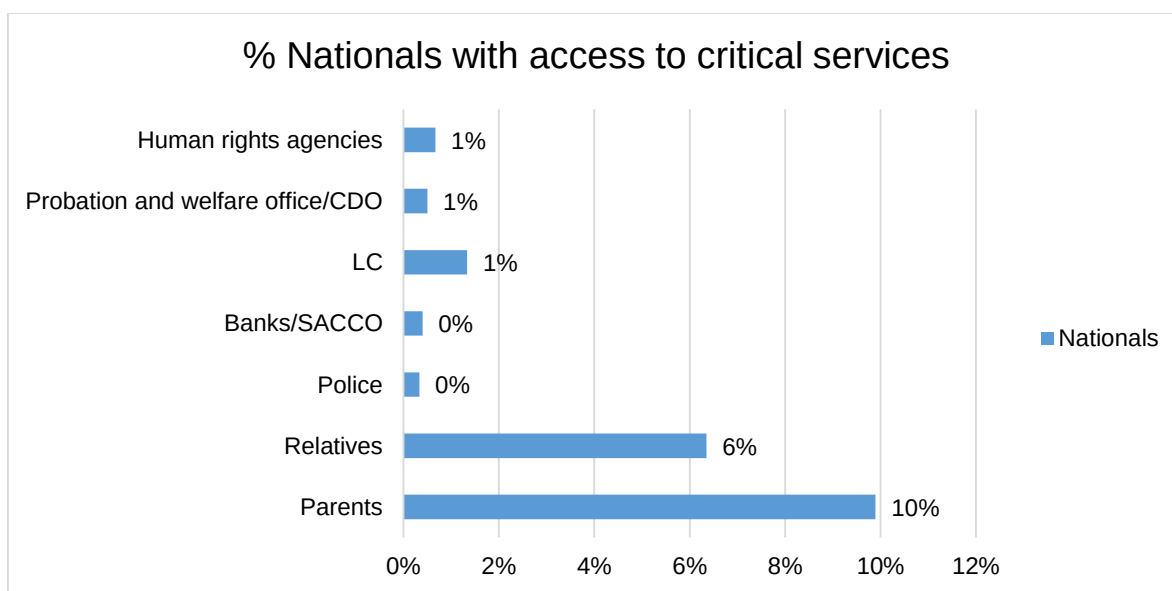


Table 25: District: Youth having at least one or more individuals outside the family/Household whom they can turn to for support when in need:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	299	83	28%	740	342	46%	1039	425	41%
Kampala	165	98	59%	341	188	55%	506	286	57%
Kamwenge	200	157	79%	423	182	43%	623	339	54%
Lamwo	253	60	24%	570	254	45%	823	314	38%
Total	917	398	43%	2074	966	47%	2991	1364	46%

Table 26: Disability: Youth having at least one or more individuals outside the family/Household whom they can turn to for support when in need:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	20	10	50%	40	21	53%	60	31	52%
Kampala	2	2	100%	7	5	71%	9	7	78%
Kamwenge	2	1	50%	8	5	63%	10	6	60%
Lamwo	17	2	12%	27	11	41%	44	13	30%
Total	41	15	37%	82	42	51%	124	57	46%

Table 27: Age category: Youth having at least one or more individuals outside the family/Household whom they can turn to for support when in need:

Age category	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
15-17 yrs	339	161	47%	863	392	45%	1202	553	46%
18-24 yrs	578	237	41%	1211	574	47%	1789	811	45%
Total	917	398	43%	2074	966	47%	2991	1364	46%

3.3.6 Percentage of participant who reported having given assistance to someone outside their family/Household

Overall, none of the youth assessed reported having given assistance to someone outside their family/Household before the activity implementation kick off. This result is the same across the both refugee and host, female and male, and disability group.

3.3.7 % of participant who reported feeling an increased sense of belonging (participant with increased level of emotional stability)

Overall, 17% of the assessed youth (Host-20%, Refugee-16%) reported feeling an increased sense of belonging before engaging in the Game Connect activities. 17% of the female assessed (Host-19%, Refugee-16%) reported an increased sense of belonging compared to 17% of the male assessed (Host-21%, Refugee-15%). 23% of the assessed youth with disability (Host-10%, Refugee-22%) reported an increased sense of belonging. For age group, 17% of the assessed youth age 15-17 years (Host-19%, Refugee-16%) reported an increased sense of belonging compared to 17% of the assessed youth age 18-24 years (Host-20%, Refugee-15%). The details are presented in the graph below:

Figure 11: Sense of belonging/Emotional Stability:

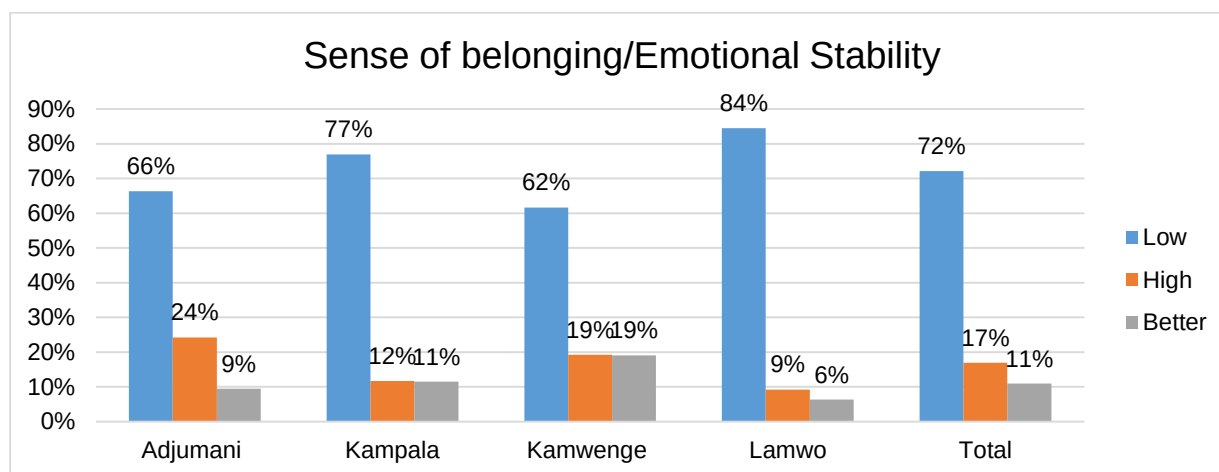


Figure 12: % Sense of Belonging/Emotional Stability of Nationals and Refugees:

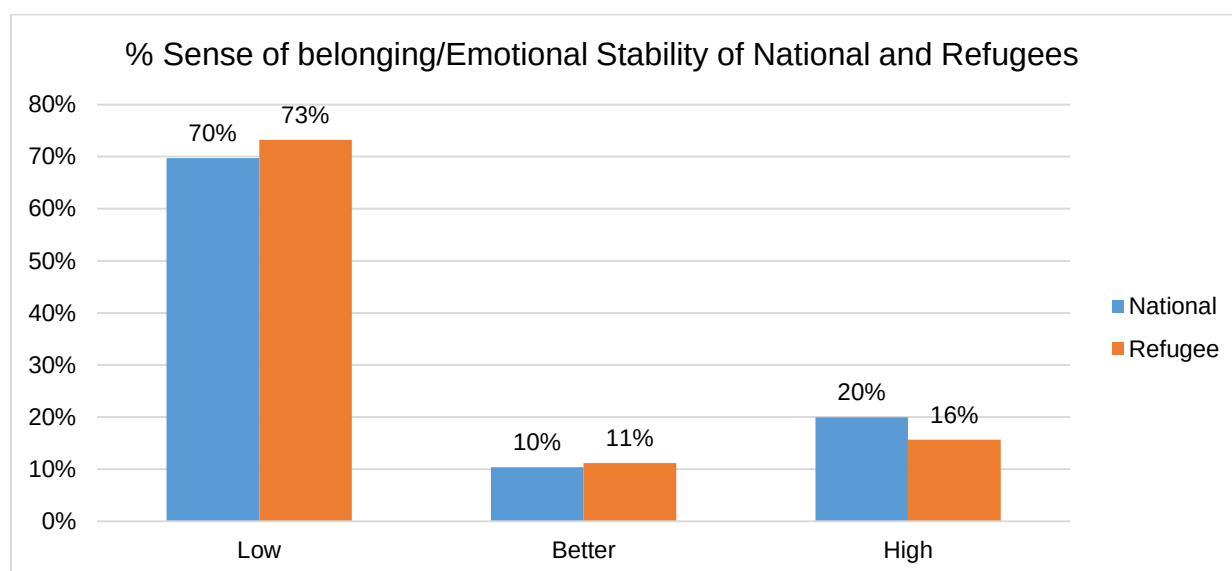


Table 28: District: Youth feeling an increased sense of belonging:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	299	77	26%	740	175	24%	1039	252	24%
Kampala	165	17	10%	341	42	12%	506	59	12%
Kamwenge	200	44	22%	423	76	18%	623	120	19%
Lamwo	253	45	18%	570	31	5%	823	76	9%
Total	917	183	20%	2074	324	16%	2991	507	17%

Table 29: Disability: Youth feeling an increased sense of belonging:

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	20	4	20%	40	16	40%	60	25	42%

Kampala	2	0	0%	7	0	0%	9	0	0%
Kamwenge	2	0	0%	8	2	25%	10	2	20%
Lamwo	17	0	0%	27	0	0%	44	1	2%
Total	41	4	10%	82	18	22%	124	28	23%

Table 30: Age category: Youth feeling an increased sense of belonging:

Age category	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
15-17 yrs	339	66	19%	863	139	16%	1202	205	17%
18-24 yrs	578	117	20%	1211	185	15%	1789	302	17%
Total	917	183	20%	2074	324	16%	2991	507	17%

3.4 Parents and Community Leaders Assessment Findings

This section summarises the level of knowledge on Psychosocial and Mental Health Wellbeing of the parents/caregivers and Community leaders. It presents the finding on the indicator: % of Parents and community leaders with increased knowledge on mental health and psychosocial support (MHPSS).

The finding indicates that overall, 95% of the parents and community leaders (Host-96%, Refugee-94%) have adequate knowledge on mental health and psychosocial support (MHPSS) even before the sensitization activities on MHPSS were conducted. The findings are similar across male and female parent/community leaders; Female 95% (Host-97%, Refugee-94%), and Male 95% (Host-96%, Refugee-95%). Further presentation of the results is as per the graph and table below;

Figure 13: Parents and Community Leaders Levels of Knowledge:

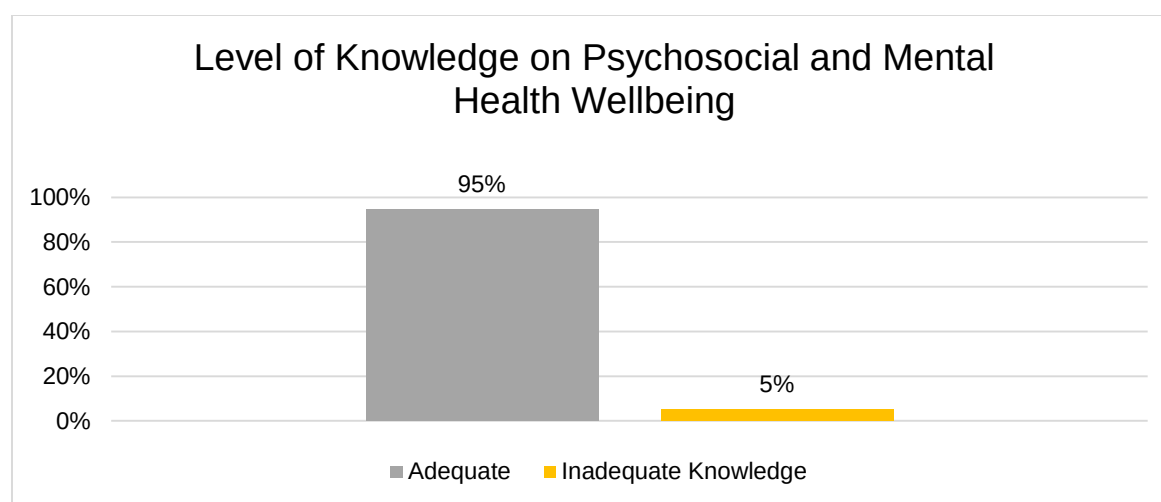


Table 31: District: Parents and community leaders with increased knowledge on mental health and psychosocial support (MHPSS):

District	Host			Refugee			Total		
	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge	# Interviewed	# Actual	%ge
Adjumani	121	121	100%	343	343	100%	464	464	100%
Kampala	148	135	91%	243	184	76%	391	319	82%

Kamwenge	176	169	96%	296	292	99%	472	461	98%
Lamwo	124	124	100%	308	300	97%	432	424	98%
Total	569	549	96%	1190	1119	94%	1759	1668	95%

Timeline for follow-up

For the Output level indicators, follow-up data collection is expected to occur in a span of 3months (Quarterly) from baseline after rigorously working with the enrolled participants. Follow-up for the graduated youth will be done after another 3 months. Whereas the Outcome level indicators, follow-up data collection will occur Annually. Census approach will be applied respectively. See data collection schedule table below;

Table 32: Data Collection Schedule

	Data Collection Schedule																			
				2020					2021											
					Qtr. 1			Qtr. 2			Qtr. 3			Qtr. 4			Qtr. 1 Yr2			
Result Areas	Performance Indicators	Data Collection Tool	Data Collection frequency	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Impact	% of youth involved in SfP activities who reported showing a decrease in symptoms associated with psychosocial and mental distress.	Game Connect Project - Psychosocial and Mental Health Wellbeing Assessment Tool	Annually																	
Outcome	% of youth reporting being satisfied with psychosocial and mental health care they or their families receive.	Game Connect Project - Participants Quarterly Assessment Tool	Quarterly																	
Outcome	% of youth who have improved skills and capacities to support their psychosocial	Game Connect Project - Participants Quarterly	Quarterly																	

	well-being and mental health.	Assessment Tool																		
Outcome	% of youth who reported applying psychosocial support and mental health skills in their daily lives.	Game Connect Project - Participants Quarterly Assessment Tool	Quarterly																	
Outcome	% of youth with good self-efficacy scores.	Game Connect Project - Participants Quarterly Assessment Tool	Quarterly																	
Output	% of Parents and community leaders with increased knowledge on mental health and psychosocial support (MHPSS).	Game Connect Project - Parents and Community Leaders Survey Questionnaire	Quarterly																	
Outcome	% of youth who report having at least one or more individuals outside the family/Household whom they can	Game Connect Project - Participants Quarterly Assessment Tool	Quarterly																	

	turn to for support when in need.																			
Outcome	% of youth who report having received assistance from someone outside their family/Household.	Game Connect Project - Participants Quarterly Assessment Tool	Quarterly																	
Outcome	% of youth who reported having given assistance to someone outside their family/Household.	Game Connect Project - Participants Quarterly Assessment Tool	Quarterly																	
Outcome	% of youth who reported feeling an increased sense of belonging.	Game Connect Project - Participants Quarterly Assessment Tool	Quarterly																	
Output	% of youth who complete structured SfP activities.	Group Activity Tool	Quarterly																	

Colour Representation				
Baseline Assessment	Quarterly Assessment	Semi-Annual Assessment	Follow-up of Graduated youth	Annual Assessment

4.0 Conclusions and Recommendations

4.1 Conclusions

The baseline findings show a huge gap in psychosocial and Mental Health wellbeing among the enrolled youth. These gaps can therefore be addressed through the implementation of the proposed interventions for the Game connect Activity. The baseline data can be used to facilitate target settings for the psychosocial and mental health areas with gaps, as well as, guide implementation context. Much as several triggers (causes) of Psychosocial and Mental Health wellbeing, Depression and Anxiety problems were found to be associated with Grief/Death of loved one, Life Change, Disagreement, Renegotiation, Impasse, Dissolution and Loneliness/isolation, most of the youth on the other hand have remained positive and optimistic about life. The positivity therefore sets a very good platform for the implementation of the Activity.

4.2 Recommendations

The baseline findings therefore support the following programs to be undertaken:

- ☐ It is important to put effort on youth empowerment program focusing on life skills including conflict resolution, coping with emotions and stress, decision-making and problem solving, empathy, goal setting, relationship building, respect for similarities & differences, self-awareness, self-confidence, self-control, self-efficacy and sense of belonging.
- ☐ Game Connect Project needs to intensify mapping of service providers that delivers other services besides psychosocial support and mental health to enrich the scope of referrals.
- ☐ Game Connect Project needs to instigate referrals to the different mapped service providers as one of the approaches to address economic status of the participants through Income Generation (IGA) Programs and nutrition education and awareness programs to improve their Psychosocial and Mental Wellbeing. Data shows that some of the participants experienced moderately severe and severe cases of Psychosocial and mental health and these requires strengthening of referral pathways mainly to facilities (treatment points) to deal with such critical cases.
- ☐ Improving Psychosocial and Mental Health status of participants is a long term process and it needs multi-dimensional intervention. Both practical specific and sensitization programs should run simultaneously in conjunction with other programs (i.e. Counselling, Home visitation, follow-ups, games etc.)
- ☐ Information, Education and Communication (IEC) materials, Social and Behavior Change communication (SBCC) materials related to Psychosocial and Mental health need to be developed and utilized at regular intervals thorough appropriate channels and using appropriate tools and techniques for the sustainability of sensitization and awareness program to youth, parents, and community leaders.
- ☐ Developing strong Monitoring, Evaluation and Learning process with robust quality assurance and quality control mechanism for affective and timely management of service delivery to the Project participants.

Annex 1: Psychosocial and Mental Health Wellbeing Assessment Tool.

Part 1: General Information		
Pr. No	Questions	Response
1.	Date of data collection	
2.	Name of IP/Partner	
3.	Interviewer Name	
4.	Interviewer Phone Number	
5.	Consent: <i>Hint: Read the consent note and ask if participants are willing to engage in the interview.</i>	☐ Yes ☐ No

	Dear (insert name of participant), we are collecting this information as part of the enrollment process for the participants into the Game Connect Activity. You will not be compensated for participating in these data collection efforts. While this information may be shared publically on websites; research publications and published reports; during workshops, conferences, and educational presentations; informational brochures, or other fora all the information obtained will remain strictly confidential and provide no personally-identifying information. Do you agree to participate?	
6.	Name of the youth	
7.	Sex of youth	☐ Male ☐ Female
8.	Year of birth of the youth	
9.	Age of the youth Hint: proceed with the interview only if the participant age is between 15-24 years.	
10.	Category of youth	☐ Refugee ☐ National
11.	Does the youth have a disability? Hint: if the disability is physical/observable please don't ask. If Yes, proceed to Q12, if No, proceed to Q13	☐ Yes ☐ No
12.	What type of disability does the youth have?	☐ Deaf ☐ Blind ☐ Physical ☐ Mental ☐ Others (Specify).....
13.	Is the youth currently enrolled in school? If Yes, proceed to Q14 and Q15, If No, proceed to Q16	☐ Yes ☐ No
14.	School Name	
15.	Education Level	
16.	Name of the care giver	
17.	Telephone number of the caregiver	
18.	Relationship of the caregiver to the youth	☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Relative ☐ Others (Specify).....
19.	District	
20.	Sub-county/ Division	
21.	Parish	
22.	Village	
23.	Zone	
24.	Block	
25.	GPS coordinate	
26.	Youth ID	

	<i>Hint: to be completed by M&E team after assessment. Only those who qualifies for enrollment should be assigned IDs.</i>	
Phone Ownership:		
27.	Does the youth have a personal mobile phone? <i>If YES, proceed to Q28, If NO proceed to Q29.</i>	☐ Yes ☐ No
28.	What's the mobile phone Number?	
29.	If no, does any other member in the HH have a mobile phone? <i>If YES, proceed to Q30, If NO proceed to part 2</i>	☐ Yes ☐ No
30.	What's the mobile phone Number for the other member?	
31.	Does the youth have access to the phone of the other HH member?	☐ Yes ☐ No
<i>Note: Proceed to part 2 of the tool only If the participant consent to the interview under Q11. Otherwise end the Assessment.</i>		

Part 2: Psychosocial-wellbeing Measurement				
The following is a list of questions about how you may have been feeling over the past two weeks. For each question, please answer by stating the number that most reflects how much you agree or disagree with the statement (show response scale) <i>Hint: Use "✓" to indicate your answer</i>				
	Strongly agree (4)	Agree (3)	Disagree (2)	strongly disagree (1)
1. I do not feel stressed and worried				
2. I enjoy doing things				
3. I do not feel like crying				
4. I can shake off sad feelings				
5. I feel life is worth living				
6. I have hope for my future				
7. I feel good about myself				
8. My health is good				
9. I do not feel tired these days				
10. I feel people like me				
11. I feel confident				
12. I feel able to solve problems in my life				
13. I am able to make decisions in my life				
14. I want to be around friends and family like usual				
15. I do not get into more trouble than usual				
16. I do not get so angry these days, I don't get into fights				
17. I get along well with other people				
18. I am able to make friends				
Total Score <i>Hint: Add columns</i>	72	54	36	18
Overall Score <i>Hint: Add columns total scores</i>	180			
Measurement Note: This is the standard WHO 18 parameters. Interpretation: - Score 0 – 53: Inadequate Psychosocial-wellbeing Score. Youth can be enrolled. - Score 54– 72: Adequate Psychosocial- wellbeing Score. Youth may not be enrolled.				
Note: Proceed to Part 3, and 4 of the tool only if the participant meets enrollment criteria (Psychosocial Score is 0-53). Otherwise end the Assessment.				

Part 3: Depression Measurement				
Over the last 2 weeks, how often have you been bothered by any of the following problems? <i>Hint: Use "✓" to indicate your answer</i>				
	Not at all (0-1 day)	Several days (2-6 days)	More than half the days (7-11 days)	Nearly every day (12-14 days)
1. Little interest of pleasure in doing things	0	1	2	3
2. Feeling sad, depressed or hopeless.	0	1	2	3
3. Trouble sleeping/staying awake, sleeping too much	0	1	2	3

4. Feeling tired or Little energy	0	1	2	3
5. Poor appetite or over eating	0	1	2	3
6. Feeling bad about yourself-or that you are a failure (Worthlessness) or that you have let yourself or family down	0	1	2	3
7. Trouble concentrating on things such as work, care of children or other activities	0	1	2	3
8. Moving or speaking slowly that other people would have noticed or the opposite of being so fidgety that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or committing suicide	0	1	2	3
Total Score <i>Hint: Add columns</i>				
Overall Score <i>Hint: Add columns total scores</i>				
Measurement Note: This is the standard WHO PHQ 9 parameters.				
Interpretation: ▪ Score 0-4: Minimal Depression (Individual can manage and overcome it). Intervention is not be required. ▪ Score 5-9 means: Mild depression (Individual can manage and overcome it). Intervention may not be required. ▪ Score 10 – 14: Moderate depression. Intervention required. ▪ Score 15 – 19: Moderately Severe depression. Intervention required. ▪ Score 20 – 27: Severe depression. Intervention required.				

Part 4: Anxiety Measurement				
Over the last 2 weeks, how often have you been bothered by any of the following problems? <i>Hint: Use “✓” to indicate your answer</i>				
	Not at all (0-1 day)	Several days (2-6 days)	More than half the days (7-11 days)	Nearly every day (12-14 days)
1. Feeling nervous, anxious and on edge	0	1	2	3
2. Not being able to control/stop worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something bad might happen	0	1	2	3
Total Score <i>Hint: Add columns</i>				
Overall Score <i>Hint: Add columns total scores</i>				
Measurement Note: Standard WHO GAD 7 Parameters.				

Interpretation:

- Score 0-8: No Anxiety problem. Intervention not required.
- Score 9-21: Anxiety problem. Intervention required.

Note: If Either Depression or Anxiety problem is detected in part 3 and 4 of the assessment, then proceed to Part 5 of the tool. Otherwise end the Assessment here.

Part 5: Secondary Information		
Pr. No	Questions	Response
1.	What is the youth's problem area (Triggers)?	☐ Grief/ Death of loved one ☐ Life Change ☐ Disagreement ☐ Renegotiation ☐ Impasse ☐ Dissolution ☐ Loneliness/isolation
2.	What is the duration of trigger (Calculate number of days)?	
3.	Briefly Explain the problem	
4.	What is the youth's goals? <i>Hint: List one or two. This may change during the 12 weeks</i>	
The End		

Annex 2: Project Participants Quarterly Assessment Tool.

INTRODUCTORY SCRIPT: The Participants Quarterly Tool is an Assessment Tool used in collecting qualitative data to show evidence of change and the direction of that change. The tool is used to assess readiness of a youth for Graduation. The tool is administered at baseline and 3 months after rigorous working with the enrolled youth. Follow-up for the graduated youth will be done after another 3 months.

Date of Interview: (DD/MM/YYYY) ____/____/____ **IP/Implementing Partner:** _____

Participants' Name: _____ **Participants' Code:**

Year of Birth: _____ **Participants' Category:** [] *Refugee* [] *Internally Displaced Person*

(IDP) [] *Host Community Member (National)*. If Refugee, specify

Nationality: _____ **District:** _____ **Sub County:** _____ **Settlement:** _____

Parish/Zone _____ **Village/Block** _____

Indicator: Percentage of youth reporting being satisfied with psychosocial and mental health care they or their families receive. **(3 months)**

1. In the last 3 months, have you or member of your household participated in any psychosocial and mental health activities provided by this project (Game Connect)?

☐ Yes (1)

☐ No (0)

1 a). Rate your perception of the quality of psychosocial and mental health activities you or your household received. **(Tick appropriate and Very good and Good will be considered for indicator Percentage of youth reporting being satisfied with psychosocial and mental health care they or their families receive)**

☐ Very Good (5)

☐ Good (4)

☐ Fair (3)

☐ Poor (2)

☐ Very Poor (1)

1 b). Reasons for your response:

Indicator: Percentage of youth who have improved skills and capacities to support their psychosocial well-being and mental health. **(3 months)**

The following list of statements are to determine interpersonal and collaboration levels in the last 3 months. Scores: 3-highest (3-Always and 0-Never) but for statements marked (R) are in reverse with (3-Never and 0-Always)

2. Score of Interpersonal and Collaboration Skills.

No	Questions describing Interpersonal and collaboration skills	0=Never	1=Rarely	2=Sometimes	3=Always
1	Am able to fit into any situation				
2	Am not good at working with a group				
3	I foretell the needs of others ®				
4	I lie to get myself out of trouble				
5	I am good at making impromptu speeches				
6	I often feel awkward around people ®				
7	I don't miss group meetings or team practices.				
8	I understand people who get emotional				
9	I am trusted to keep secrets				
10	I would be afraid to give a speech in public ®				
11	I have the ability to make others feel interesting				
12	I prefer to do everything alone ®				
13	I can sense others' wishes ®				
Total score: 0- 39					

For analysis, Score: (0-13, Low interpersonal and collaboration skills, 14 – 26, Better interpersonal and collaboration skill, more than 27 is high interpersonal and collaboration skill (score above 27 will be considered for the indicator of youth who have improved skills and capacities to support their psychosocial well-being and mental health.)

Indicator: Percentage of youth who reported applying psychosocial support and mental health skills in their daily lives. **(3 months)**

3. How often do you apply these psychosocial support and mental health skills you have received in your daily life? (This is ONLY applicable if response for Q1 above is “Yes” and *Always* will be considered for indicator Percentage of youth who reported applying psychosocial support and mental health skills in their daily lives.)

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Always (3)

Indicator: % of youth with good self-efficacy scores (feel better able to withstand shocks, stresses, and uncertainties) **(3 months)**

The following list of statements are to assess your ability to withstand shocks, stresses and uncertainties in the last 3 months.

4. Checklist for assessing ability to withstand shocks, stresses, and uncertainties

No	Questions describing Resilience	Not true at all (0)	Rarely true (1)	Sometimes true (2)	True nearly all the time (3)
1	I am able to adapt when changes occur.				
2	I can deal with whatever comes my way.				
3	I try to see the humorous side of things when I am faced with problems.				

4	Having to cope with stress can make me stronger.				
5	I tend to bounce back after illness, injury or other hardships.				
6	I believe I can achieve my goals, even if there are obstacles.				
7	Under pressure, I stay focused and think clearly.				
8	I am not easily discouraged by failure.				
9	I think of myself as a strong person when dealing with life's challenges and difficulties.				
10	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.				
Total score: 0-30					

For analysis, Score: (0-9, Low resilience, 10 – 19, Better resilience, more than 19 is High resilience (score above 19 will be considered for the indicator % of youth with good self-efficacy scores (ability to withstand shocks, stresses, and uncertainties).

Indicator: Percentage of youth who report having at least one or more individuals outside the family/Household whom they can turn to for support when in need. **(3 months)**

4. Do you have anyone who can help you in case you need assistance for the following critical services in your community? (**Health Care, Mental Health, PSS, Protection, GBV, Education, WASH, Nutrition (Food), Livelihoods, Financial Services (VSLA, SACCOs, Loans and Other Credit facilities)**) (This is ONLY applicable if response is "Yes" and one of the people in Qn 6a is selected)

- ☐ Yes (1)
☐ No (0)

6a. If Yes, please list the people:

- ☐ Parents
☐ Relatives
☐ Police
☐ Banks/ SACCO
☐ LC
☐ Probation and welfare office/CDO
☐ Human rights agencies
☐ Others (Specify).....

Annex 3: Parents and Community Leaders Survey Questionnaire.

INTRODUCTION: To determine Parents/Caregivers and Community Leaders' knowledge on Mental Health and Psychosocial wellbeing.

Date of Interview: (DD/MM/YYYY) ____/____/____ **IP/Implementing Partner:** _____

Participants' Name: _____ **Participants' Code:** / /

Year of Birth: _____ **Participants' Category:** [] *Refugee* [] *Internally Displaced Person*

(IDP) [] *Host Community Member (National)*. If Refugee, specify

Nationality: _____ **District:** _____ **Sub County:** _____ **Settlement:** _____

Parish/Zone _____ **Village/Block** _____

1. What is Psychosocial wellbeing? (Definitions varies depending on contexts).

Answer: Psychosocial wellbeing is a positive state of being where a person strives

- ☐ True (1)
- ☐ False (0)
- ☐ I don't know (0)

2. What is Mental Health? (Definitions varies depending on contexts).

Answer: mental Health is how we think, feel and act as we deal with life's ups and downs as well as how we handle stress, relate to others and make choices.

- ☐ True (1)
- ☐ False (0)
- ☐ I don't know (0)

3. The following are the known causes of Mental illness. (Consider: Depression and Anxiety)

- ☐ Depression (1)
- ☐ Laughing (0)
- ☐ Anxiety (1)
- ☐ Over enjoyment (0)
- ☐ Dreaming (0)

4. The following are the commonest causes of depression. (All Correct)

- ☐ Social deficits/isolation (1)
- ☐ Disagreement (1)
- ☐ Life change due to war/ floods (1)
- ☐ Grief/Loss of loved one/property (1)

5. The following are the commonest causes on anxiety (All Correct)

- ☐ Relationship break ups (1)
- ☐ Domestic violence (1)
- ☐ Lack of sleep (1)
- ☐ Physical illness (1)
- ☐ Severe arguments (1)

- ☐ Work pressure – financial pressure – loss of a job (1)
- ☐ Substance misuse (1)
- ☐ Death of someone close (1)
- ☐ Physical and Sexual abuse (1)
- ☐ Trauma (1)

6. I am mentally ill when I have the following signs and symptoms: (Consider total for Agree)

S/No	Signs and symptoms	Agree (3)	Somewhat agree (2)	Disagree (1)
1.	Feeling low, feeling unhappy, feeling miserable	3		
2.	Lack of energy, easily tired	3		
3.	Loss of interest and pleasure in normal activities	3		
4.	Feeling angry and irritable	3		
5.	Lack of appetite and weight loss	3		
6.	Loss of interest in sex	3		
7.	Difficulty sleeping, or sleeping too much	3		
8.	Poor concentration, memory, and decision making	3		
9.	Thoughts of suicide and/or death	3		
10.	Constantly feeling restless	3		
11.	Muscle tension	3		
12.	Feeling tired or easily exhausted	3		
13.	Trouble concentrating on a task	3		
	Total	39		
	Decision making for this criteria.	Youth must have the accumulative of 20 points		

7. Do you think the following are the concrete actions that can be taken to improve the Mental Health of the displaced/ host community members? (Consider total for Agree)

S/No	Signs and symptoms	Agree (3)	Somewhat agree (2)	Disagree (1)
1.	Seeking for professional psychological treatment	3		
2.	Committing Suicide	0		
3.	Engaging in Cognitive Behavioral Therapy.	3		
4.	Taking alcohol to help me feel better	0		
5.	Learning ways of relating with people - Interpersonal Therapy (IPT).	3		
6.	Going to church and praying to God	0		
7.	Getting help from a doctor or a mental health professional.	3		

8.	Relaxation and breathing exercises	3		
9.	Using proven resilience techniques.	3		
10.	Doing something to help someone else.	3		
11.	Checking with others about how they are doing	3		
	Total	24		
	Decision making for this criteria.	Youth must have the accumulative of 12 points		

Final score for decision making: Overall score = 81. Between 0 – 48 Inadequate knowledge.
49 – 81 Adequate knowledge.

Interviewers' names: Title: Tel Contact:



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