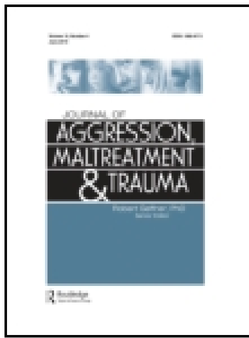

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Promoting Recovery After War in Northern Uganda: Reducing Daily Stressors by Alleviating Poverty

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Findings from a representative survey of youth in northern Uganda suggest that former female child soldiers experience a range of distress symptoms, have initial problems reintegrating, and have fewer education and employment opportunities than males. Given the multiple layers of needs, the findings pose a question of where best to intervene. Would broad-based economic programs address this population's poverty while also indirectly addressing mental health symptoms by reducing stress and improving social capital? This article describes how these findings led to the development and evaluation of an economic and social program designed to reduce daily stressors and improve this population's economic, social, and psychological outcomes through livelihoods training, a cash grant for small business development, and follow-up support.

KEYWORDS *child soldiers, economic assistance, empowerment, human capital, microenterprise, postconflict, psychosocial, trauma*

In the aftermath of mass violence, agencies and policymakers are faced with tough decisions about how to allocate limited resources to help individuals, families, and communities recover and rebuild. In postconflict settings like

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northern Uganda, where rebels once abducted thousands of children and adolescents and forced some into service as soldiers, porters, or wives, there is the added challenge of identifying and supporting individuals who have lived through particularly violent experiences and need support in recovery. The evidence base on interventions for war-affected populations (and child soldiers in particular) is small but growing, and questions remain about how to intervene during and after conflict, where populations face multiple interrelated challenges, including poverty and mental illness. These questions include how to target individuals who need support, how to focus resources, and whether mental health or economic programs might have the strongest direct and indirect effects. This article looks at evidence from both types of interventions and uses a case study from northern Uganda to (a) understand the impact of child soldiering on mental health, social, and economic outcomes; (b) review the evidence of mental health interventions and economic development programs in this or similar contexts; and (c) describe how research findings and the evidence base guided a program intervention and evaluation.

POVERTY AND MENTAL HEALTH

Research in high-, middle-, and low-income countries supports the observation that poverty and mental illness form a negative cycle (Lund et al., 2011). The social causation hypothesis frames the impact of poverty on mental health: The conditions of poverty—stress, social exclusion, violence, food, and housing insecurity—increase the risk of mental illness. In the other direction, the social drift hypothesis suggests that mental illness increases one's risk of becoming or remaining poor because of impaired functioning, stigma, and increased spending on health care.

Mental health programs aim to reduce distress symptoms directly, both for immediate relief of symptoms and to improve coping and functioning across different domains. The psychological impact of war trauma is well documented (see Kerig & Wainryb, 2013, this issue); evidence-based treatments for post-traumatic stress disorder (PTSD) and depression are efficacious at reducing symptoms (Foa, Keane, Friedman, & Cohen, 2000; Resick, Nishith, Weaver, Astin, & Feuer, 2002; Schnurr et al., 2007). There is also evidence, albeit more limited, that mental health programs have *secondary* benefits in line with the social drift and selection hypothesis that improving mental health increases economic productivity (Lund et al., 2011).

The primary aim of economic assistance programs is to increase an individual's or a household's economic status, most often through microfinance, cash transfers, and savings products and initiatives. There is no consensus on the best approach, but there is a growing evidence base that microfinance, cash transfers, and savings-oriented programming can improve economic

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outcomes directly (for reviews, see Arnold, Conway, & Greenslade, 2011; Banerjee & Duflo, 2011; Roodman, 2012).

It remains unclear, however, if there are secondary effects of improving economic status on outcomes such as mental health. The social causation hypothesis claims that poverty leads to increased stress and social isolation and therefore heightens the risk of mental health problems such as depression and anxiety. If this pathway exists, then economic programs would indirectly reduce symptoms by reducing daily stressors. In humanitarian settings, this pathway has been referred to as a psychosocial approach and the focus is on broader service delivery that prevents illness and promotes psychosocial well-being, including mental health (Ager, 2002; Miller & Rasmussen, 2010). Yet there is limited evidence of the effectiveness of this broader approach, with a recent systematic review showing no rigorous studies that examined the impact of broader services and security interventions (see Tol et al., 2011) and very limited evidence on the effect of economic programs on mental health (Lund et al., 2011). More research is needed to guide practitioners in making decisions in low-resource settings where the scarcity of resources makes prioritizing programs a necessity.

A case in northern Uganda offers a research-to-practice initiative that aims to build the evidence for the social causation hypothesis in a particular context. A study on former child soldiers in northern Uganda (many of whom were young adults at the time of the study) shows a range of psychological distress symptoms—driven by level of exposure to violence—among both former child soldiers and their peers who were not involved with the rebel group (Annan, Blattman, Mazurana, & Carlson, 2011). Contrary to some of the images of child soldiers, the study showed relatively high levels of acceptance among families and communities on their return home (see also Boothby & Thomson, 2013; Borisova, Betancourt, & Willett, this issue), although female levels of stigmatization were significantly higher than those among males. Notably, whereas time in the armed group had a significant impact on males' economic life and education compared to their peers, soldiering had little effect on females in these domains, most likely due to the dearth of economic and educational opportunities at home. Thus, the most striking policy finding is not that female child soldiers were doing poorly after returning, but rather that all females had a lack of opportunity (Annan et al., 2011). Further, qualitative findings highlighted the domestic violence and discrimination that some females faced after they returned from the rebels (Annan & Brier, 2010; Veale, McKay, Worthen, & Wessells, this issue). This evidence pointed to the importance of an intervention for females that would address more than their psychological symptoms, and would change the economic and social factors that contributed to their distress. This took the form of the Women's Income Generating Support Program, an economic and social program designed to reduce daily stressors

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and improve this population's economic, social, and mental health outcomes through livelihoods training, cash support for small business development, and follow-up support by trained community workers.

BACKGROUND ON NORTHERN UGANDA AND CHILD SOLDIERS

In 1986, southern Ugandan rebels overthrew the Ugandan government, an ethnically diverse body that included members of the Acholi community. In response, Joseph Kony, a self-proclaimed spiritual leader, formed the Lord's Resistance Army (LRA), a guerrilla force that refused to settle for peace with the new government. The LRA received little support from the Acholi people and resorted to looting villages for their supplies and abducting adolescents to play various support roles, including porters and soldiers. The LRA eventually received material support from Sudan in 1994 and the number of abductions increased from approximately 60,000 to 80,000 (Annan, Blattman, & Horton, 2006; Pham, Vinck, & Stover, 2007). Abductions lasted anywhere from one day to over 10 years. Kony enforced a code of conduct for abductees regarding all basic aspects of life, including eating, praying, and fighting. To reward soldiers, abducted females were given to soldiers as forced wives—essentially sexual slaves—and their offspring were expected to stay within the rebel group. (Note: Because almost all "child soldiers" in northern Uganda were abducted by the rebel group and many of them served in roles that did not include soldiering, they are referred to in Uganda as "formerly abducted children/youth." We therefore use this term throughout the rest of the article.)

In an effort to dampen the insurgency, in 2003 the government mandated all rural residents move to displacement camps with the promise that they would be protected from abductions. As the LRA's strength dwindled, the number of abductions severely declined by 2004, and those who had not already escaped eventually returned to their family's homes or to displacement camps. After the failure of peace talks in 2008, the LRA moved to neighboring countries, resulting in relative peace in northern Uganda. Tragically, the rebel group continues to inflict violence on civilian populations in other areas.

ABDUCTION AND REINTEGRATION OF CHILD SOLDIERS

To understand the impact of child soldiering on psychological, social, and economic well-being in northern Uganda, the Survey of War Affected Youth (SWAY) surveyed a random sample of 619 females (ages 14 to 35) and 740 males (ages 14 to 30) in eight rural subcounties. Due to the fairly

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indiscriminate manner in which the LRA determined who to abduct, most of the common selection biases usually inherent to surveying youth participating in conflicts were avoided, allowing for a tragic natural quasi-experimental design; causal impacts of abduction on well-being could be estimated by comparing age-matched abducted and nonabducted youth (full details of the methodology can be found in Annan et al., 2011).

A subset of females ($n = 21$) who had experienced difficulties with their families or communities on return from captivity were purposefully selected along with social workers and family members for in-depth qualitative interviews. Interviews explored experiences of reintegration and daily living. Open coding of the interviews revealed complex societal, psychosocial, and financial obstacles some women faced when trying to reintegrate themselves into their families and communities after abduction.

Roles in the Armed Group and Exposure to Violence

Results of SWAY revealed that the level of violent acts, both experienced and perpetrated, were similar for male and female abductees. About a quarter of both males and females who had been with the LRA for more than 2 weeks were forced to perpetrate violence against others: civilians, soldiers, friends, or family (see also Derluyn, Vindevogel, & De Haene, this issue; Kerig, Wainryb, Twali, & Chaplo, 2013). Acts of sexual violence were mainly perpetrated against females who were forced into marriage during abduction. Twenty-seven percent of abducted females were forced to "marry," becoming sexual slaves of a commander or soldier. Although many abducted females were forced to become wives and take on domestic responsibilities, a small portion (11% of females who had been abducted for at least 2 weeks) took on combat as their primary role. The remaining females mostly served servile positions as porters, cooks, and water fetchers.

Psychological Distress

Formerly abducted females reported an average of 20% more psychological distress symptoms than nonabducted females. Although there was no clinical cutoff for the study, the abducted were also 1.25 times more likely to fall into the top quartile of distress levels. Vinck, Pham, Stover, and Weinstein (2007) showed that those who had been abducted were more likely than nonabducted individuals to meet PTSD and depression criteria. Distress among females was significantly associated with having experienced violence, either as a victim or perpetrator. Although this association was also true for males, it was stronger for females; for each act of violence experienced, women reported significantly more distress symptoms than did males.

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Social Cohesion

For some females, the return from captivity was complicated by difficult reactions from family and community members; however, most of these problems subsided with time. Eighteen percent of females reported at least one family problem and 45% reported at least one community problem related to reintegration. Females were more likely to report problems than males and were less likely than males to see these problems improve. However, for the majority of females, these problems did dissipate, such that fewer than 10% of females reported that family and community problems persisted at the time of the survey.

Qualitative interviews suggest that when family problems did occur, they usually pertained to a single relationship rather than the family as a whole, and most often did not involve parents. For interviewees whose parents were killed, some described the difficulty of integrating into their relatives' homes because of the added burden they posed in terms of food and caretaking. Alcohol abuse on the part of male relatives and others in the community exacerbated these tensions. Female abductees who returned with children faced the added challenge of having their children accepted by their family and community. Although parents tended to be welcoming, some of the interviews suggest that neighbors insulted their children. If they married, they also had the added difficulty of trying to integrate their offspring into their husband's new family in a patrilineal culture in which children are expected to live with the family of the biological father.

Economic Opportunities

Unlike formerly abducted males who experienced a significant drop in their education, earnings, and skilled work, females generally did not show adverse human capital or labor market outcomes from abduction. A likely explanation for this is the unfortunate scarcity of opportunities for females in general. Regardless of abduction, females tended to receive low educational investment and had few chances to engage in skilled labor. The older the female abductees were, the less likely they were to return to school, although those who returned with children showed a low rate of return regardless of age. Less than 10% of female abductees who returned with children continued with their education.

The qualitative interviews revealed that as a result of their financial and psychological difficulties, some formerly abducted females felt pressure to find husbands. These new relationships, however, tended to only compound their problems; social workers explained that these women were more likely to become second wives than nonabducted females and were not treated as well nor provided as many resources as other wives. Husbands were sometimes described as even taking away resources from formerly abducted females.

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INTERVENTION MODELS

Given the multiple layers of needs and problems among formerly abducted females in northern Uganda, the findings pose a question of where best to intervene. Would broad-based economic programs address this population's poverty and lack of opportunities while also indirectly addressing mental health symptoms by reducing stress and improving social capital (Ager, 2002; Betancourt & Williams, 2008; Boothby, Strang, & Wessells, 2006; Miller & Rasco, 2004; Wessells & Monteiro, 2006)? Would mental health programs that focus on reducing symptoms also improve daily functioning (Foa et al., 2000), and therefore increase economic productivity?

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Mental Health Interventions

In humanitarian settings

Numerous studies have shown a dose–response relationship between the level of exposure to traumatizing events and symptom severity, PTSD, and depression. This relationship has been found among a variety of populations, from U.S. Vietnam War veterans to Cambodian refugees to Palestinian political prisoners (Dohrenwend et al., 2006; Johnson & Thompson, 2008; Mollica, McInnes, Poole, & Tor, 1998). Cognitive behavioral therapy (CBT) has been shown to be the most effective treatment for the alleviation of PTSD and depressive symptoms. The beneficial effects of CBT have been replicated among a variety of populations, including female military veterans and female victims of child abuse and rape (McDonagh et al., 2005; Resick et al., 2002; Schnurr et al., 2007). The core themes behind all variations of CBT for the treatment of trauma are to enable emotional processing of the traumatic experience and to challenge dysfunctional thoughts about safety and trust (Foa et al., 2000).

The efficacy of CBT has been repeatedly supported by clinical trials conducted mostly in the United States. The question is whether it is feasible to successfully deliver CBT in developing countries and war-impacted settings such as northern Uganda, and whether the treatments would show similar levels of efficacy as they have in other populations. Some of the main challenges associated with successful implementation of CBT occur at the clinician level. Many of the controlled trials that provide evidence for the efficacy of CBT use master's or doctoral-level clinicians who receive supervision throughout the course of treatment. Given the lack of mental health resources in Uganda, particularly in the north, these interventions would be challenging to deliver at scale. A recent survey of Uganda's mental health care system revealed that there are only 0.08 psychiatrists and 0.01 psychologists per 100,000 people, with the majority of resources concentrated in urban areas (Kigozi, Ssebunnya, Kizza, Cooper, & Ndyanabangi, 2010). This

compares to 13.7 and 31.1, respectively, in the United States (Robiner, 2006). Further, some CBT, especially in the form of cognitive processing therapy, relies extensively on the use of worksheets and writing exercises, which would be a challenging and potentially demoralizing activity for those who have poor educational backgrounds, many of whom are illiterate.

Despite these challenges, two randomized control trials have sought to test the efficacy of evidence-based interventions for PTSD or depression in northern Uganda. Narrative exposure therapy (NET), a manualized intervention based on the principles of exposure therapy, was tested on a group of Ugandan former child soldiers who all had received a diagnosis of PTSD (Ertl, Pfeiffer, Schauer, Elbert, & Neuner, 2011). Lay community members were trained to deliver the intervention and results showed that compared to wait-list and supportive counseling control groups, former abductees in the NET group had significantly greater improvement of PTSD symptoms, with moderate effect sizes. Secondary outcomes such as depression symptoms, suicidal ideation, and stigmatization also showed improvement for those in the NET group, with small effect sizes.

Another randomized controlled trial conducted in northern Uganda targeted depression in adolescents, of whom 42% were formerly abducted, and also found evidence for efficacy, but with narrow effect. Researchers tested the efficacy of group interpersonal therapy (IPT-G) and creative play (CP) therapy for adolescent males and females living in camps for internally displaced persons (Bolton et al., 2007). Results showed a significantly greater decline in depression for female participants who received the IPT-G intervention as opposed to controls. However, although IPT-G improved depression scores significantly, function scores, as determined by a participant's ability to complete activities perceived by the community to be important for his or her gender and age, did not significantly improve over and above the control group. There were no significant changes for male participants. The intervention did not target PTSD symptoms.

These trials were groundbreaking in demonstrating the efficacy and feasibility of manualized treatment in challenging war-affected settings, at least when sufficient resources are available for implementation. From a practitioner perspective, the question remains as to how to prioritize and target interventions. In northern Uganda, there is a range of distress symptoms among formerly abducted females, and some nonabducted youth also experience psychological distress. Taking into consideration the limited resources available to this population, it is not clear that an intervention focused on psychological distress, especially for a specific population like formerly abducted youth, is the first-line intervention. In addition, the interventions described only addressed a narrow range of symptom clusters, and do not attend to the many other aspects of participants lives that are distressing, such as financial and interpersonal hardships. By ameliorating very

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specific distress symptoms, the evidence does not yet support that these improvements will generalize to other aspects of former abductees' lives.

Economic effects

Lund et al. (2011) reviewed nine studies from low- and middle-income countries that examined whether mental health interventions have positive economic effects. The intervention models reviewed included psychiatric drugs, community-based rehabilitation programs, psychotherapy, residential drug-treatment programs, family psychoeducation, and epilepsy surgery. Results of the systematic review showed that the mental health interventions were associated with positive economic effects, although not all associations were significant (none were negative). None of the studies, however, was conducted in a humanitarian setting, so it is not clear that these positive results would generalize.

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Economic Interventions

Rather than focusing on a particular group or the most symptomatic population and specialized treatments to ameliorate symptoms, the psychosocial approach argues for focusing on the broader population and on improving conditions that contribute to daily stress (Betancourt & Williams, 2008; Miller & Rasmussen, 2010). Similarly, the social causation hypothesis emphasizes the need to alleviate poverty to reduce the risk of mental health problems.

Viewing the findings in northern Uganda from the psychosocial framework and social causation hypothesis, the lack of economic and educational opportunities, particularly for females, stands out as a critical issue and daily stressor for both abducted and nonabducted youth. Finding economic programs that work for populations with little education and skills in places where the economic infrastructure is damaged is no easy task. Both conditional cash transfers and microcredit programs have attempted to meet this challenge and research results show the potential for impact in populations similar to northern Uganda. However, claims about the effectiveness of these programs have been controversial. Conditional cash transfers—monetary transfers to households on the condition that they follow predefined requirements—have shown increased health service utilization and improved children's health outcomes and nutritional status (Boccia et al., 2011; Lagarde, Haines, & Palmer, 2009). Microcredit programs have demonstrated positive impacts on poor people's savings, expenditures, and accumulation of assets. They also show some evidence of increased expenditure on health, improved children's nutritional status, and protective health behaviors for children (Stewart, Van Rooyen, Dickson, Majoro, & De Wet, 2011).

Mental health effects

Despite the hypothesized pathway in the psychosocial approach and social causation hypothesis, there is little evidence to support the impact of economic interventions in these settings on mental health (Lund et al., 2011). Two studies of a large conditional cash transfer program in Mexico, *Oportunidades,* which required school enrollment and medical visits, showed a decline in children's problem behaviors and aggressive and oppositional behaviors (Fernald, Gertler, & Neufeld, 2009) but no effect on anxiety and depressive symptoms (Ozer, Fernald, Manley, & Gertler, 2009). We are not aware of any published studies in conflict-affected settings. Further evidence is required to examine whether economic programs can impact a range of outcomes among females affected by war in contexts like northern Uganda. Additionally, given the structural violence and obstacles females face in families and communities, we must explore whether more than skills or economic intervention is needed.

Women's empowerment

Increasingly, empowerment has become a target outcome of economic programs as a desired end goal and as a vehicle for achieving other development goals (Ashraf, Karlan, & Yin, 2010). Conceptualized differently across disciplines and practices, we use community psychologist Zimmerman's (1990, 1995; Zimmerman, Israel, Schulz, & Checkoway, 1992) framing of empowerment as a multilevel process and the construct of *psychological empowerment* as the individual-level component consisting of three subfactors: perceived control (intrapersonal), skill development (interactional), and participation (behavioral). It is distinguished from related concepts such as self-efficacy, self-esteem, competence, and mental health.

By definition, it would seem that abduction, forced conscription, and forced migration are disempowering. Each form of victimization reduces one's perceived sense of control and limits skill development and voluntary participation. But psychological empowerment is malleable and responsive to changes in context. In fact, Blattman (2009) found that the abduction experience increased voting and community leadership among male returnees in northern Uganda, an effect that could be attributed primarily to exposure to violence during abduction. This association between violent trauma and increased participation has been reported in other postconflict settings, including Sierra Leone (Bellows & Miguel, 2006) and Indonesia (Shewfelt, 2008), and among Holocaust survivors (Carmil & Breznitz, 1991).

At a minimum, this evidence supports a broader narrative of resilience, not debilitation, among young people affected by war. To go a step further, it frames a hypothesis that traumatic experiences can activate a process of empowerment that leads to behavior change (Christopher, 2004; Wainryb &

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Kerig, this issue). After returning to their communities, Ugandan males were able to develop a new sense of control and learn how to act on this belief and participate in community life, at least in the political realm. However, both quantitative and qualitative results for females suggest that the environment to which they return is counter to empowerment—that their experiences of violence and oppression do not necessarily end when they return home (Veale et al., this issue). In such settings, programs that aim to address the economic needs of women and girls must take into account the gender-specific issues faced while with the armed groups and in the broader context.

Poor rural women are typically targeted in microfinance programs because they are believed to be more likely than men to repay the loan and use the profits to benefit the household, particularly through spending on children's education and health (Garikipati, 2008). The conventional wisdom also assumes that lending to women will enhance their status in the household, thereby empowering them through a set of "mutually-reinforcing virtuous spirals" (Mayoux, 1999, p. 959). Although ample evidence suggests that lending to women does lead to reliable improvements in household income, the data on empowerment are not as consistent or clear. Households benefit from economic assistance targeting women, but women might not be empowered as a result, a pattern that Garikipati (2008) referred to as the "impact-paradox" (p. 2621).

At first glance, the absence of empowerment impacts combined with increasing household income appears contradictory. Viewed from the perspective of psychological empowerment as defined by Zimmerman (1990, 1995; Zimmerman et al., 1992), however, the impact-paradox seems less paradoxical. Empowerment is a contextual phenomenon. Even if the goal is to empower an individual woman, there must be a recognition that the process of empowerment will unfold in a particular context—often in a manner that is counter to the dominant cultural narrative (Rappaport, 1995, 2000), as is the case for poor rural women seeking to gain more control of household resources in a patriarchal society. In such settings, it might be important to consider strategies for engaging men. Many economic assistance programs that aim to increase women's empowerment, however, target women alone.

Recent work in development economics suggests that women's empowerment is related to the nature of the income and work and their bargaining power within the household. Anderson and Eswaran (2009) found that women's bargaining power increases more due to earned income than unearned income. The authors also demonstrated that women who work on the family farm have the same degree of autonomy as housewives, but much less autonomy than women whose income is independent from the family. Ashraf et al. (2010) found that access to a commitment microsavings account can increase a woman's decision-making power within the household by giving her exclusive access to the account, and possibly by changing household norms around spending decisions.

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FROM RESEARCH TO PRACTICE: THE WOMEN'S INCOME GENERATING SUPPORT PROGRAM

The labels *formerly abducted youth* and *former child soldier* describe a past condition, not necessarily a present need. These classifications lack sensitivity as large numbers of youth, particularly young women, were affected by the war regardless of whether or not they were abducted or forced to take up arms.

There are significant barriers to delivering high-quality care in settings recovering from war, but the evidence reviewed in this article suggests that mental health interventions such as cognitive processing therapy (CPT) and interpersonal therapy (IPT) are efficacious and can result in significant reductions in debilitating symptoms. For the vast majority of the young population that grew up amidst conflict, however, an economic intervention has greater potential for broad impact of alleviating poverty and reducing symptoms given the challenges of implementing mental health interventions that require specially trained human resources.

Economic programs targeting women have been shown to improve the health and well-being of young women and their households, although links to empowerment are unclear. Questions remain about how to best improve economic well-being and reduce distress. What is the best model: loans or cash transfers? What level of skill building and follow-up support is cost-effective? Are group-based interventions more impactful? What is the role of men in women's empowerment? In the remainder of this article, we focus on a research-to-practice initiative in northern Uganda called the Women's Income Generating Support Program (WINGS). This microenterprise development program is a direct response to the Uganda findings presented in this article and its evaluation attempts to answer some of the questions just posed. Namely, can a cash start-up grant paired with basic training and follow-up support by community workers improve economic well-being and mental health outcomes among young women affected by war?

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Program Description

WINGS is an economic and social intervention created by AVSI, an Italian nongovernmental organization with more than 25 years of experience working in northern Uganda. The organization's approach departs from traditional models of poverty assistance in that it targets the most vulnerable members of the community and provides them with extensive follow-up services and social networks alongside grant assistance. There are four components to the program: brief business skill training (BST), group training and accountability, an individual start-up grant, and regular follow-up by trained community workers.

Evaluation Design

The WINGS program and evaluation began in January 2009 and concluded in 2012. The evaluation was a joint effort between AVSI Uganda and Innovations for Poverty Action (IPA). At the start of the program, AVSI worked with leaders in 120 village communities in Gulu and Kitgum districts in northern Uganda to identify and screen 2,300 potential beneficiaries. Following this initial assessment, AVSI selected 1,800 of the most vulnerable residents between the ages of 14 and 30 (86% female), approximately 15 per program community.

The empirical strategy for the evaluation consisted of a randomized experimental design and mixed-methods data collection. Following the baseline survey with all 1,800 beneficiaries in mid-2009, IPA held public lotteries in Gulu and Kitgum to randomly assign the 120 program villages to Phase 1 or Phase 2 (stratified by district). In this wait-list control design, all beneficiaries were guaranteed to receive the program, but not all at once. Program impact was estimated by comparing Phase 1 beneficiaries to those in Phase 2 who had not received the program at the time of the Phase 1 endline survey.

Within each phase, beneficiaries were also randomized to receive one of several program variations designed to estimate the cost-effectiveness of different program components, such as business group formation, follow-up support, and the impact of involving men and other household members in the process of business development. We describe these variations next.

Theory of Change

Grant-based assistance and business skills training

As described earlier, microcredit and cash transfer programs have a mixed record of success with populations similar to the WINGS beneficiaries, but there is evidence that both models of economic assistance can increase household income, consumption, savings, and spending on household well-being. The evidence base is thin, but there is some suggestion that microcredit schemes are not appropriate for poor female youth and adolescents (Kim, Pronyk, Barnett, & Watts, 2008). SHAZ!, a combined microcredit and life-skills HIV prevention intervention in Zimbabwe, targeted vulnerable young women ages 16 to 19 living in slum areas outside of Harare (Dunbar et al., 2010). Researchers found that repayment rates were extremely low; only 20% of participants made one payment and 5% paid back the full amount of the loan. Similarly, the Tap and Reposition Youth program, a modified group-based microcredit program for young women ages 16 to 22 living in Nairobi slums, found that repayment rates were low among the subset of program participants who qualified for a loan (Erulkar & Chong, 2005).

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A lesson from these studies, reflected in the design of the WINGS program, is that young women might need to develop business and livelihood skills through a less risky, grant-based scheme with training and mentorship opportunities. WINGS beneficiaries participate in a brief course in basic business skills that covers topics necessary for the planning, start-up, and management of simple business activities.[1] The curriculum has been adapted for illiterate users and AVSI staff is experienced in effectively working with illiterate beneficiaries, who are the majority of the target group of this proposed program. Trainers are AVSI staff members with years of experience in the psychosocial and livelihoods sector and with specific training in business skills, group dynamics, and problem solving within the world of business. Clients submit business plans to the AVSI team after the training. Each plan is reviewed and discussed with the client. After approval, the client is eligible for a startup grant of approximately $150 USD.

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Group training

Group-based microfinance schemes have been advocated since the mid-1990s as a way to benefit lenders by reducing delivery costs and risk, in addition to benefitting women through the development of social capital and "mutually-reinforcing virtuous spirals" (Mayoux, 2001, p. 959). It is often assumed that social capital is a positive phenomenon that does not require external intervention, but the contributions of group formation to women's empowerment and business success are not well understood.

Group formation is a core component of the WINGS program, but uncertainty around the impact of group formation and mechanism of change led the WINGS program and evaluation teams to randomize half of the treatment communities in the first phase to receive a group formation training in addition to the BST, cash grants, and follow-up support. The beneficiaries randomly assigned to the group condition participated in a brief group dynamics training with other beneficiaries from the same village. The training addressed topics such as the purpose and usefulness of group participation, qualities and selection of group leaders, communication skills, record keeping, and evaluation of progress.

Follow-up support

Following the grant disbursement, WINGS beneficiaries received three to five individual follow-up visits by trained community workers that focused on relationship building, accountability, and business development. Program experience suggested that ongoing support for young, new entrepreneurs is essential to help them succeed and address the challenges that arise with every nascent business endeavor, but it is not clear that close monitoring

is cost-effective or essential to business success. AVSI staff maintained close supervision of business activities for the first few business cycles, providing advice on meeting market challenges and implementing sound business practices.

To the best of our knowledge, the role of follow-up support to recipients of economic assistance programs like WINGS has not been rigorously evaluated. The most relevant literature might be the role and impact of loan officers in microfinance programs, but the evidence base is very limited (Siwale & Ritchie, 2011). Given the logistical challenges and high cost of facilitating multiple home visits and monitoring, it is important to demonstrate the cost-effectiveness of this component of the program. In the second phase of the study, beneficiaries were randomized to receive no, two, or five follow-up visits to estimate the effect of follow-up "dose." The program and evaluation teams will attempt to tease apart the mechanism of follow-up impact—accountability versus longer term advising and relationship building—by examining differences in early spending decisions based on beneficiaries' expectations of follow-up.

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Male involvement

As described previously, the link between economic assistance programs and women's empowerment is mixed. Household income tends to increase and benefit household members, particularly children, but women do not consistently report increased empowerment. Increasingly, researchers, donors, and practitioners have begun to focus on the role of men in women's empowerment (Division for the Advancement of Women, 2003; Sternberg & Hubley, 2004), but rigorous evaluations of interventions involving men are still rare. In the second phase of WINGS, program villages were randomly assigned to receive the standard program or a "women plus" model that engages male partners and other key household members.

CONCLUSION

In a postconflict setting like northern Uganda, where nearly the entire population was displaced and public services were disrupted, the labels *formerly abducted youth* and *former child soldiers* drove the targeting strategies of many public and private assistance efforts, but failed to reflect the diversity and magnitude of needs among youth in general. In this article we reviewed the findings from a representative survey of youth in northern Uganda, which suggested that female child soldiers have more initial problems reintegrating with families and communities and that there is a range of distress symptoms they experience. Overall, though, it is not clear that the challenges faced by most young women who return from captivity are primarily psychological.

For most, a hard reality has been returning to a setting where they have few opportunities for education and employment—both absolutely and when compared to the opportunities available to their male peers.

The policy question for postconflict settings like northern Uganda is how to intervene with limited resources. As we have highlighted in this article, there is evidence that mental health programs that focus on reducing the symptoms of psychiatric disorders such as PTSD or depression are efficacious in this context. This approach should continue to be explored, particularly how to address the serious human resource barriers to implementing interventions that rely in large part on mental health professionals, even just for supervision.

At the same time, a more rigorous approach to evaluating economic programs and their indirect impact on mental health is needed to better understand the social causation pathway. Current evidence suggests that it is possible to improve household well-being through economic assistance programs delivered to some of the world's poorest women, but further evidence is needed that it reduces stress and decreases or prevents symptoms. The WINGS program is one effort in northern Uganda to provide economic and social assistance toward economic, social, and psychological outcomes and to build the needed evidence to help guide practitioners in making critical decisions about how to most effectively intervene with people affected by conflict.

NOTE

1. The impact of business skills training is not being tested in the WINGS evaluation. Program experience suggests that training is an important component to success, but other literature on business skills training and microfinance for women indicates that training does not increase revenue, profits, or employment (Karlan & Valdivia, 2011).

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