MAKERERE UNIVERSITY

Final Evaluation of the Game Connect Project

Final Report, 2024

Submitted to

AVSI FOUNDATION

By

Ronald Luwangula, Ph.D

Esther Nanfuka Kalule, Ph.D

Nsubuga Henry, MA

Bashir Lukungu, MSC

Acknowledgement

The team would like to express its gratitude to the AVSI Foundation for providing us with the opportunity to conduct this final evaluation. Throughout the process of carrying out this study, we received valuable support from numerous individuals. We wish to extend our appreciation to all the study participants, including both the primary respondents and key informants, for generously offering their time, insights and ideas that have enabled us to compile this report.

Furthermore, we would like to convey our heartfelt thanks to the team of supervisors and data collectors who diligently captured the information included in this report.

Our deepest gratitude is reserved for Lydia Murungi, John Paul Nyeko, Daniel Ojara, Rita Larok, Davy Vancampfort and Kathleen Latimer for the technical support they provided to the evaluation team, starting from the initial conceptualisation of the study, through data collection, analysis and report writing. We also wish to extend our thanks to the entire Game Connect Consortium, which includes the AVSI Foundation, Right to Play, Youth Sport Uganda, the Uganda Olympic Committee (UOC) and UNHCR Uganda, for their technical and instrumental support during the data collection phase.

Ronald Luwangula,
Team Leader

Table of Contents

List of Tables

List of Figures

Acronyms

COVID-19	**Coronavirus disease 2019**
FGD	**Focus Group Discussion**
GAD	**Generalised Anxiety Disorder**
KCCA	**Kampala Capital City Authority**
KEQ	**Key Evaluation Question**
KII	**Key Informant Interview**
LWF	**Lutheran World Federation**
MHPSS	**Mental Health and Psychosocial Support**
MHPSW	**Mental Health and Psychosocial Well-being**
MTI	**Medical Teams International**
OPM	**Office of the Prime Minister**
ORF	**Olympic Refuge Foundation**
PHQ	**Patient Health Questionnaire**
PWDs	**People with disabilities**
RCT	**Randomised Controlled Trial**
SfP	**Sport for Protection**
TOC	**Theory of Change**
TPO	**Transcultural Psychosocial Organization**
UNHCR	**United Nations High Commissioner for Refugees**
UOC	**Uganda Olympic Committee**
VSLA	**Village Savings and Loans Association**
WHO	**World Health Organization**

Executive Summary

Introduction:

This report summarises the results of a randomised controlled trial (RCT) evaluating the 36-month Game Connect Sport for Protection (SfP) and Mental Health project, conducted from August 2020 to August 2023. Delivered by a consortium of the AVSI Foundation (lead), Right to Play, Youth Sport Uganda, Uganda Olympic Committee (UOC) and the UN Refugee Agency (UNHCR), the project aimed to improve the psychosocial well-being and mental health of young people (aged 15 to 24) in refugee and host communities, through sport.

Implemented in various locations, including Kampala and several refugee settlements (Rwamwanja, Palabek, Adjumani, and Kyangwali), as well as the surrounding host communities, the Game Connect Consortium aimed to engage 10,068 vulnerable youths, with 70% being refugees. The engagement involved a structured SfP curriculum delivered in four cohorts. The project focused on achieving three primary outcomes: enhancing skills for psychosocial well-being and mental health, fostering social networks through safe sports, and gaining support from district-level officials for SfP activities.

Purpose of the evaluation:

The evaluation had a dual purpose. Firstly, it aimed to foster continuous learning for the improvement of the design and implementation of Game Connect, as well as other ongoing and future SfP programmes funded by the Olympic Refuge Foundation (ORF) in Uganda and beyond. Secondly, it aimed to enhance the evidence base concerning specific aspects of the intervention, contributing to a deeper understanding of the outcomes and impacts on the participants.

The evaluation focused on three key questions:

To what extent has Game Connect contributed to the improved mental health and psychosocial well-being (MHPSW) of young people affected by displacement in Uganda? Were there any unintended or unforeseen positive or negative effects resulting from the implementation of Game Connect?

Which elements of the Game Connect intervention are more or less significant in achieving desired outcomes among programme participants, including young people and coaches? In what context do these variations occur, and why?

Overall, how effective is the design and implementation of Game Connect in Uganda?

Methodology: The final evaluation utilised a RCT with two cohorts of youths, randomly assigned to treatment (Cohort 3) or control (Cohort 4) groups. Baseline assessments gauged psychosocial well-being and mental health, using project-tracked indicators for both cohorts. Cohort 3 underwent SfP interventions for three months, while Cohort 4's treatment was delayed until RCT data collection completion. An endline survey compared outcomes for the treatment and control groups at baseline and endline, evaluating the project's effectiveness in enhancing psychosocial well-being and mental health. The RCT's limitation included a restricted capacity to control confounder effects.

Involving quantitative and qualitative methods, the study engaged refugee and host community youths aged 15-24 across five sites. Secondary participants included key informants like caregivers, Game Connect project staff, Office of the Prime Minister (OPM) staff, local leaders and district-level officials. In the quantitative component, 910 youths participated, with 467 in Cohort 3 and 443 in Cohort 4. Qualitative methods included 35 Focus Group Discussions (FGDs) and 30 key informant interviews. Data collection methods comprised structured interviews, FGDs and key informant interviews. Quantitative data underwent univariate, bivariate and multivariate analyses, while qualitative data were thematically analysed. Ethical standards were maintained, involving obtaining ethical clearance, informed consent and assent and ensuring confidentiality and anonymity.

Key Results

Key Evaluation Question (KEQ) 1: Project effects on the psychosocial well-being and mental health and of targeted youths

The project evaluated its impact on psychosocial well-being and mental health using three main indicators: psychosocial well-being, anxiety and depression.

The data indicate a substantial improvement in these aspects among youths in the treatment group compared to the control group at the endline. Specifically, 83.9% of youths in the treatment group exhibited adequate psychosocial well-being, contrasting with 32% in the control group. At baseline, both groups had inadequate psychosocial well-being. Additionally, the treatment group showed a significant reduction in severe depression from 57.2% to 6%, while the control group exhibited a more modest decrease from 59.4% to 45.8%. Similarly, anxiety symptoms reduced substantially in the treatment group (55% to 6%) compared to a marginal decrease in the control group (53.5% to 41.1%).

Statistical analysis found the differences in psychosocial well-being, depression and anxiety outcomes between the treatment and control groups at the endline to be significant (p=0.000) at a 99% confidence level. This suggests a 99% probability that the improvements observed in the treatment group are directly attributed to the intervention. In the treatment group, 78.8% of young people had adequate psychosocial well-being, no anxiety symptoms and mild or minimal depression at endline, compared to 27.5% in the control group. This demonstrates the effectiveness of the Game Connect SfP intervention in improving the psychosocial well-being and mental health of displaced youths in Uganda.

Further analysis by gender, age, status, site and disability revealed that youths in the treatment group had significantly better outcomes than their counterparts in the control group across diverse socio-demographic categories (p=0.000). However, There were some variations in outcomes within the treatment group with males, nationals, youths without disabilities, younger youths and those residing in Adjumani generally realising better psychosocial well-being and mental health outcomes.

KEQ 2: Contribution of Game Connect elements to outcomes

The endline data indicates a substantial improvement in the performance of youths in the treatment group compared to the control group across key project outcomes, including enhanced skills, capacities supporting psychosocial well-being and mental health, and strengthened social networks. This positive trend holds consistently across various socio-demographic factors such as gender, age group, refugee status, disability and location. The observed improvements in the treatment group were statistically significant (p=0.000) at a 99% confidence level.

Within the treatment group, some variations in outcomes were noted based on gender, age, nationality, disability and site. Males generally outperformed females, older youths had better results than younger counterparts, and host community youths exhibited better outcomes compared to refugee peers. Additionally, youths without disabilities generally experienced significantly better outcomes, except in areas related to strengthened social and support networks. On average, youths in Adjumani achieved better outcomes compared to those in other locations, with Kampala showing comparatively lower performance.

Bivariate and multivariate analyses indicated strong correlations between improved skills, capacities and self-efficacy with psychosocial well-being, and lower rates of depression and anxiety among youths. High or better skills and capacities were associated with reduced likelihood of experiencing depression and anxiety symptoms, or inadequate psychosocial well-being.

Youths with high self-efficacy scores were significantly less likely to experience depression or anxiety symptoms and were more likely to have adequate psychosocial well-being compared to those with low self-efficacy.

However, the association between strengthened social and support networks and the psychosocial well-being and mental health of youths was less straightforward. Emotional stability was correlated positively with psychosocial well-being and anxiety outcomes but not depression, while the majority of youths with someone outside their household to turn to for support had poor outcomes. Therefore, expansion of social and support networks was not a strong predictor of better mental health and psychosocial well-being.

Among the project elements, life skills training through sport was perceived as the most impactful by study participants. However, due to the integrated nature of the Game Connect project, the different project elements including life skills training through sport, home visits, referral and relationships with, as well as counselling and guidance from coaches, interplayed to facilitate desired project outcomes.

The project played a crucial role in protecting youths from various risks, such as poverty, alcohol and substance abuse, and involvement in criminal activities, by introducing them to sport as a therapeutic intervention and constructive way to spend free time.

In terms of strengthening referral pathways, the project significantly contributed by increasing awareness of and demand for Mental Health and Psychosocial Support (MHPSS), identifying and referring cases, and building synergies with existing MHPSS partners in all five project sites. However, gaps in follow-up, linkage, and documentation of referrals were reported in Kampala and Adjumani. Cross-referral of youths with mental health challenges to Game Connect by partners was also noted as weak in some instances.

KEQ 3: Effectiveness of the Game Connect design and implementation

Validity of Game Connect Theory of Change: Overall, the Game Connect Theory of Change (TOC) was largely valid, with assumptions mostly holding true. Significant improvements in psychosocial well-being and mental health validated the logic within the TOC building blocks.

Relevance: The Game Connect project proved relevant by raising awareness of MHPSS among young people at family and community levels, fostering discussions, and addressing gaps in life skills, mental health, psychosocial well-being and protection challenges.

Efficiency: The project ensured efficiency by employing locally sourced coaches acquainted with operational contexts, reducing staff maintenance costs. Collaboration with key stakeholders, including the UNHCR, OPM, and District Local Governments, facilitated the utilisation of local resources, such as safe spaces, thereby minimising overall costs.

Effectiveness: The evaluation of Game Connect demonstrated its effectiveness in successfully improving psychosocial well-being and reducing the burden of depression and anxiety, enhancing life skills, improving social networks, and promoting a sense of belonging among the youths. However, with regard to project-wide results (measured in terms of log frame indicators and targets) Game Connect fell short of realising its outcome indicator targets; which were rather unrealistic and ambitious considering the baseline performance levels and the duration of youths' engagement in the project (see table 7).

Impact: The project significantly impacted the psychosocial well-being and mental health of participating refugee and host community youths, as evidenced by a substantial improvement in the proportion of youths with adequate psychosocial well-being (from 0% to 83.9%) and a significant decrease in the prevalence of serious depression and anxiety symptoms from 57.2% to 6% and 55% to 6%, respectively.

<?> Borrowing from UNICEF, life skills are defined as a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and cope with and manage their lives in a healthy and productive manner. Refer to https://www.unicef.org/azerbaijan/media/1541/file/basic%20life%20skills.pdf

Indicators of sustainability: Various indicators of project sustainability were identified, including the continued application of psychosocial skills, maintenance of social networks post-graduation, sustained participation in sport, and the integration of SfP activities into local schools. However, the identified indications were not conclusive considering that endline data (for the treatment group) were collected shortly after graduation. Concerns about sustainability, such as the lack of SfP advocacy strategies and limited capacity building for peer leaders, were recognised.

Unintended or unanticipated effects: The project yielded positive unintended effects, including improved physical health, behaviour changes, heightened interest in sport, and indirect resolution of familial conflicts among participating youths. Coaches also experienced unintended positive effects, including enhanced knowledge of life skills and elevated social status.

Barriers and challenges in implementation: Implementation faced challenges such as irregular attendance among older youths, difficulties in accessing safe spaces (especially in Kampala), insufficient sports kits, hunger during activities, coach competency imbalances and limitations in engaging youths with disabilities.

Conclusions and Recommendations

KEQ1: To what extent has Game Connect contributed to the improved mental health and psychosocial well-being of young people affected by displacement in Uganda? Have there been any unintended or unforeseen positive or negative effects resulting from the implementation of Game Connect?

- The Game Connect project played a crucial role in enhancing the psychosocial well-being and mental health outcomes of youths engaged in SfP activities. In essence, the project successfully elevated the psychosocial well-being and mental health of all targeted youths, irrespective of factors such as gender, age, disability, refugee status or project site.

- Despite these overall positive outcomes, contextual factors contributed to some variations in psychosocial well-being and mental health outcomes, with females, older refugees (aged 21-24), youths with a disability and those resident in Kampala recording relatively less favourable outcomes than their counterparts. Key contextual factors include economic pressures of urban life in Kampala, a higher burden of responsibilities on older youths, discrimination against people with disabilities, oppressive cultural and gender norms against females, and the heightened vulnerability of refugee youths.

- The project exerted a compounding positive influence on the social and support networks of refugees and youths with disabilities. This suggests that the Game Connect approach is notably effective in enhancing social integration and support networks, especially for marginalised and socially excluded populations.

- The unintended effects of the Game Connect project implementation were primarily positive.

KEQ1 Recommendations

- Promote and replicate the Game Connect model as an effective approach for improving psychosocial well-being and addressing depression and anxiety among young people affected by displacement as well as the social integration of marginalised populations.

- Recognising the additional vulnerabilities faced by young women/girls and young people with a disability, sensitise the target communities to the adverse impacts of negative cultural and gender norms, values, practices and the stereotypes that negatively impact the psychosocial well-being and mental health of females and youths with disabilities during community and caregiver engagements.

KEQ2: Which elements of the Game Connect intervention carry greater or lesser significance in achieving desired outcomes among programme participants, including young people and coaches? In what context do these variations occur, and why?

- Life skills training through sport stood out as a particularly impactful element for the youths. Overall, all project elements were impactful, as they reinforced each other to engender realisation of project outcomes.

- While referrals were essential in addressing the root causes of poor psychosocial and mental health outcomes for youths, weaknesses in the referral process, such as poor documentation, linkages and follow-up and limited cross referrals from partner organisations curtailed their potential impact on the young people's outcomes.

KEQ2 Recommendations

- Enforce implementation of referral SOPs for the project across all the sites. This will help to address identified gaps in linkage, documentation and follow-up.

- To enhance cross referral to the Game Connect project, increase awareness about the effectiveness of SfP interventions in addressing psychosocial well-being and mental health challenges of adolescents and young people among partners. Sharing the positive findings of this evaluation during coordination meetings for MHPSS partners could help to achieve this objective.

KEQ3: Overall, how effective is the design and implementation of Game Connect in Uganda?

- Overall, the design of the Game Connect project was effective. The project goal of enhancing the psychosocial well-being and mental health of both refugee and host community youths in Kampala, Rwamwanja, Palabek, Adjumani and Kyangwali refugee settlements and surrounding host communities was largely achieved. The Game Connect SfP approach works.

- The observation that the project performance fell short of the set targets for main outcome indicators suggests that moderate improvements at lower levels are sufficient to trigger significant changes in high-level outcomes, that is, the psychosocial well-being and mental health (measured by depression and anxiety) of young people.

- Evidence shows that the Game Connect TOC was largely valid.

- The project was very relevant to the implementation context as it addressed the mental health and psychosocial challenges of a large number of the affected youths. The project further contributed to addressing barriers to the mental health and psychosocial well-being of young people at family and community levels by improving awareness of MHPSS skills among caregivers and other community members. It was also relevant to the coaches and the local protection context.

- The project was efficient, as it was designed and delivered in a cost-effective manner.

- There were indications of potential sustainability of project outcomes. However, these indications were not conclusive given that the evaluation was conducted shortly after graduation of the treatment group.

- The Game Connect project implementation was constrained by a combination of context-specific and cross-cutting challenges. Key among them were irregular attendance among older youths due to competing priorities, limited access to and poor conditions of safe spaces (particularly in Kampala), the lack of sports kits, hunger during SfP activities, imbalances in coach competences and limitations in engaging youths with disabilities. Menstrual hygiene management also emerged as a challenge for girls' participation in sports activities.

KEQ3 Recommendations

Disability inclusion

- Deepen disability inclusion consistently across the project by equipping coaches with basic skills (such as sign language communication) to engage youths with different disabilities to enhance their effective participation in SfP activities.

- Create additional sessions specifically for youths with disabilities to enhance their learning and optimise mental health outcomes.

- Map out and engage partners to provide assistive devices to young people with disabilities to increase access to safe spaces for SfP interventions.

Investments to address implementation barriers

- Invest in creating quality safe spaces that can enable youths, especially in urban areas, to access safe sports activities with ease. This may involve creation of new safe spaces where there are none that are easily accessible or refurbishment of existing ones.

- Integrate menstrual hygiene management, providing knowledge and materials for female youths. Consider training youths to make reusable pads using locally available materials.

- Embed livelihood activities such as savings and skilling within the SfP project to attract and ensure more regular attendance and the participation of older youths.

- Designing separate sessions for younger and older youths can help to improve participation by both groups. In particular, scheduling the sessions for the older youths, taking into account the time for their work (livelihood activities), may help to improve their participation. In addition, for older female youths, the time and duration of engagement should take into account their gender roles.

- Provide sports kits to enhance the participation and minimise exclusion of vulnerable youths. Priority could be given to the economically vulnerable if resources cannot cater for all targeted youths. In addition, including a budget for refreshments for participants during SfP activities could make a difference.

- Consider pairing coaches with competencies in social work with those who have competencies in sport, as the current coaches may lack both sets of competencies.

Sustainability

- Integrate training to build the capacities of peer leaders to deliver SfP interventions to diverse groups of young people, including those with disabilities. This will strengthen and capacitate the peer leader structure to harness its benefits for the sustainability of the project.

- Recognising that sports federations (national federations and their regional chapters) are non-functional in project areas, consider working with and building capacities of schools to integrate structured sport in their physical education curricula. For youths out of school, create more opportunities for friendly matches between youth clubs under the project and local clubs within and across the respective districts and regions. These matches will create opportunities for continued access to structured, safe and quality sport beyond the project. A robust peer leader structure can support in this endeavour.

- Engage and directly support district officials to develop SfP advocacy strategies for integration into their plans and budget, for the sake of sustainability. This can be in the form of both technical and financial assistance through organising training workshops to build their capacities in developing SfP advocacy strategies.

- Conduct follow-up data collection to verify the sustainability of outcomes amongst youths in the treatment group within six months and a year of graduation.

1. Introduction

This report presents the findings of a randomised controlled trial (RCT) conducted as the final evaluation of the 36-month Game Connect: Sport for Protection and Mental Health project, implemented from August 2020 to August 2023. The report encompasses the project's background, study purpose, objectives, methodology and evaluation results in alignment with the study questions. It ends with a section featuring conclusions and recommendations.

1.1 Background and Project Overview

In 2020, the Olympic Refuge Foundation (ORF) initiated Game Connect, a sport-for-protection (SfP) project in Uganda with a budget of USD 1,500,000. The project spanned a duration of 36 months, from August 2020 to August 2023, and was executed by a consortium led by the AVSI Foundation in collaboration with various partners: Right to Play, Youth Sport Uganda, the Uganda Olympic Committee (UOC), and the United Nations High Commissioner for Refugees (UNHCR). The primary objective of this project was to enhance the psychosocial well-being and mental health of young people (aged 15-24) in both the refugee and host communities through sport-based interventions. The geographical scope of the project encompassed Kampala and the refugee settlements of Rwamwanja, Palabek, Adjumani and Kyangwali, as well as the surrounding host communities.

The Game Connect consortium embarked on delivering structured SfP activities, following a well-defined curriculum, which targeted 10,068 vulnerable youths, 70% of whom were refugees. The engagement of these youths was cohort-based, involving a total of four cohorts throughout the project.

The project had three primary outcomes:

1. **Outcome 1**: Improvement of skills and capacities among refugee and host community youths to support their psychosocial well-being and mental health through enhanced access to safe sports activities, with practical application in their daily lives.

2. **Outcome 2:** Development and strengthening of social and support networks among refugee and host community youths through safe sports participation, promoting inclusivity among diverse backgrounds.

3. **Outcome 3:** Fostering an understanding of and advocacy for SfP activities among district-level officials.

The project was guided by a Theory of Change (TOC) that articulated various interventions and pathways leading to the desired outcomes and overall project goal. According to the Game Connect TOC:

If SfP programme-trained coaches effectively delivered the SfP curriculum to refugee and host community youths; if parents and community leaders gained increased knowledge of SfP approaches and mental health and psychosocial support (MHPSS) skills; if there was consistent participation of refugee and host community youths in structured SfP activities; if inter-community competitions were successfully conducted; and if relevant district officials engaged in SfP activities within refugee hosting districts,

then, it was expected that refugee and host community youths would enhance their skills and capacities to support psychosocial well-being and mental health and apply these in their daily lives. Moreover, these youths were expected to develop new or reinforced social and support networks, even among individuals from diverse backgrounds, while district-level officials would gain an appreciation for and advocate for SfP activities.

The **ultimate outcome** would be the improvement of psychosocial well-being and mental health among refugee and host community youths, with data disaggregated by gender, age and disability status in the covered areas, including the Kampala, Rwamwanja, Palabek, Adjumani and Kyangwali refugee settlements. For a more detailed programme TOC, please refer to Annex 1.

1.2 Purpose of the Evaluation

a. To facilitate continuous learning for the enhancement of the design and execution of Game Connect, as well as other ongoing and future SfP programmes funded by the ORF in Uganda and other locations.

b. To advance the body of evidence in specific areas of the intervention and to bolster understanding and knowledge regarding the outcomes and impacts on the participants.

1.3 Key Evaluation Questions

In alignment with the primary evaluation purpose, three specific questions were examined:

a. To what degree has the Game Connect project enhanced the mental health and psychosocial well-being of young people affected by displacement in Uganda? Have there been any unintended or unforeseen positive or negative consequences resulting from the Game Connect implementation?

b. Which components of the Game Connect intervention carry greater or lesser significance in attaining outcomes among programme participants (young people and coaches), within specific contexts, and why?

c. Overall, how effective is the design and execution of Game Connect in Uganda?

2. Approach and Methodology

The final evaluation employed a Randomised Controlled Trial (RCT) approach, scientifically assigning two specific cohorts of eligible youths to either a treatment group (Cohort 3) or a control group (Cohort 4). To assess the project's effectiveness in enhancing the mental health and psychosocial well-being (MHPSW) of the targeted youths, baseline assessments were initially conducted to determine the MHPSW status of both Cohort 3 and Cohort 4 youths using project-tracked indicators. Subsequently, Cohort 3 received SfP interventions for three months, while the treatment for Cohort 4 participants was deferred until RCT data collection was completed. An endline survey was conducted, involving both treatment and control groups of youths. The final evaluation comprised a comparative analysis of outcomes for both groups at baseline and endline.

The study utilised a combination of quantitative and qualitative research methods. The primary study participants consisted of refugee and host community youths aged 15-24 across the five project sites. Secondary participants included key informants such as youths' caregivers, Game Connect project staff from consortium organisations, Office of the Prime Minister (OPM) staff, local leaders in refugee settlements (e.g. Refugee Welfare Committee/council members), and host communities, along with District and Town Council/ Sub County technical staff, specifically sports and education officers, including those from Kampala Capital City Authority (KCCA). Additionally, select staff from partners implementing complementary activities in the area participated in the evaluation.

In total, 910 male and female refugee and host community youths from the five project sites were part of the quantitative study, comprising 467 youths in Cohort 3 and 443 youths in Cohort 4. The qualitative component included 35 Focus Group Discussions (FGDs), involving youths, coaches and caregivers, as well as 30 participants in key informant interviews. Study participants were identified with the assistance of project staff in the respective sites. For more detail on the quantitative and qualitative samples see Annex 2.

Qualitative data were primarily collected through focus group discussions and key informant interviews, while quantitative data were collected using structured survey-based interviews. To ensure meaningful interactions and accurate question interpretation, interviews and discussions with youths, caregivers and local leaders were conducted primarily in local languages.

An independent team of well-trained research assistants collected the data to minimise potential bias. The research assistants were recruited locally from refugee settlements and surrounding host communities. Data collection tools were pre-tested to ensure coherence and understandability of the questions before the actual data collection commenced.

Quantitative data were gathered using questionnaires programmed on handheld tablets with Open Data Kit (ODK) software and were analysed at univariate, bivariate and multivariate levels. The quantitative data analysis compared the outcomes of selected youths at baseline (before the treatment group's exposure to SfP interventions) and endline (after the intervention for the treatment group, but not for the control group). Qualitative interviews and discussions were recorded and later transcribed, with translations into English as needed. The transcripts were analysed for patterns using thematic analysis techniques.

The study adhered to established ethical standards, having obtained ethical approval from the Makerere University School of Social Sciences Research Ethics Committee and the Uganda National Council for Science and Technology before commencing. Informed assent and consent were obtained from all participants before their involvement in the study. Consent was also secured from the caregivers of the youths aged 15-17 who were selected for the study. Measures were taken to maintain the confidentiality and privacy of the participants during interviews and discussions.

A key limitation of the RCT design was its limited capacity to control for the effects of confounders on outcomes. For instance, the randomisation placed some youths from the same households in treatment and control groups, while several youths in the control group benefitted from similar projects. In addition, some youths in the control group had the opportunity to witness Game Connect sessions since they were conducted in public spaces, while youths in the treatment group frequently shared what they had learned from the sessions with their siblings and friends in the control group. This could partly account for the observed improvements in outcomes of the control group as shown in the report.

For further details on the study approach and methodology, please refer to Annex 2.

3. Study Results

1.1 KEQ1: Project Effects on Psychosocial Well-being and Mental Health of Targeted Youths

This section addresses the question of the extent to which the Game Connect project enhanced the mental health and psychosocial well-being of young people affected by displacement in Uganda. The project's impact on psychosocial well-being and mental health was assessed using four indicators: psychosocial well-being, anxiety, depression and the youths' satisfaction with the Mental Health and Psychosocial Support (MHPSS) services received.

Psychosocial well-being was conceptualised to encompass psychological (intrapersonal) and social (interpersonal) aspects of positive functioning, considering resources such as self-esteem, optimism and social support (Do et al., 2022). The measurement of psychosocial well-being utilised the World Health Organization (WHO) psychosocial well-being tool, which evaluates a youth's feelings over the previous two weeks across 18 parameters using a four-point Likert scale, resulting in an overall score of 180 (refer to Annex 6). According to this scale, youths with scores ranging from 0 to 53 were considered to have inadequate psychosocial well-being, while those with scores of 54 and above were considered to have adequate psychosocial well-being. It is important to note that only youths with inadequate psychosocial well-being scores were eligible for enrolment in Game Connect.

Anxiety disorders are characterised by excessive fear and worry, along with related behavioural disturbances such as difficulty in concentration, insomnia, and feeling irritable and tense (WHO, 2022, 2023). Anxiety was assessed using the WHO Generalised Anxiety Disorder (GAD-7) parameters (refer to Annex 6). Scores ranging from 0-8 indicated the absence of anxiety, while scores in the range of 9-21 were indicative of the presence of an anxiety problem.

Depression is characterised by persistent sadness, a lack of interest or pleasure in previously rewarding activities, and other symptoms such as disturbed sleep, changes in appetite, tiredness, hopelessness and poor concentration (WHO, 2022). Depression levels were evaluated using the WHO Patient Health Questionnaire-9 (PHQ-9) screening tool (refer to Annex 6). Depression levels were categorised as follows: minimal for scores between 0 and 4, mild for scores between 5 and 9, moderate for scores between 10 and 14, moderately severe for scores between 15 and 19, and severe for scores between 20 and 27. Youths with scores in the range of 20 to 27 were referred for specialised clinical care and management, whereas those with scores between 4 and 19 (indicating moderate to moderately severe depression) were eligible for participation in the project.

Key Findings

- Overall, the data reveal a significant improvement in the psychosocial well-being, depression and anxiety outcomes of youths in the treatment group compared to their counterparts in the control group at the endline.

- The difference in the psychosocial well-being, depression and anxiety outcomes of youths in the treatment and control groups at the endline was found to be statistically significant (p=0.000) at a 99% confidence level, implying a 99% probability that the improvements in the treatment group are directly attributable to the intervention.

- Results further show that, in the treatment group, 78.8% of youths had improved psychosocial well-being, depression and anxiety outcomes, compared to only 27.5% of those in the control group.

- A disaggregation of psychosocial well-being, depression and anxiety outcomes reveals that youths in the treatment group had significantly better outcomes relative to their counterparts in the control group across gender, age group, status (refugee vs. national), disability and site (p=0.000); underscoring the effectiveness of the SfP intervention in addressing the psychosocial well-being and mental health of youths across diverse socio-demographic categories.

- However, there were some variations in the psychosocial well-being and mental health outcomes of youths in the treatment group at the endline; with males, nationals, youths without disabilities, younger youths and youths resident in Adjumani registering generally better psychosocial well-being and mental health outcomes compared to their counterparts.

- Psychosocial Well-being: 83.9% of youths in the treatment group exhibited adequate psychosocial well-being at the endline, in contrast to 32% in the control group, even though all groups had inadequate scores at baseline.

- Anxiety: The proportion of youths with anxiety symptoms in the treatment group dropped substantially from 55% at baseline to just 6% at the endline, compared to marginal reductions in the control group from 53.5% at baseline to only 41.1% at the endline.

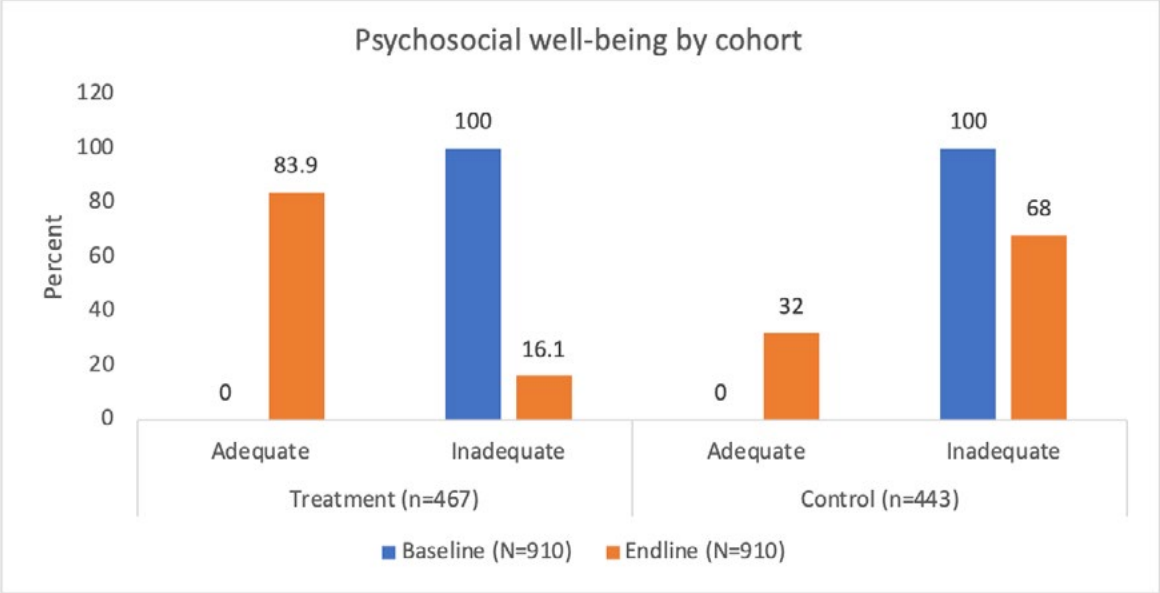
- Satisfaction with MHPSS: A significantly higher proportion of youths in the treatment group (66%) compared to those in the control group (34%) expressed satisfaction with the Mental Health and Psychosocial Support (MHPSS) services they received (p=0.000), reflecting the project's contribution to improving access to MHPSS care for young people in need and their families. The registered performance was an improvement from the baseline score of 60.6%.

- Depression: There was a substantial reduction in the prevalence of severe depression (including moderate, moderately severe and severe) among youths in the treatment group, dropping from 57.2% at baseline to just 6% at the endline, while the control group showed a modest reduction, from 59.4% at baseline to 45.8% at the endline.

a) Psychosocial well-being, depression and anxiety

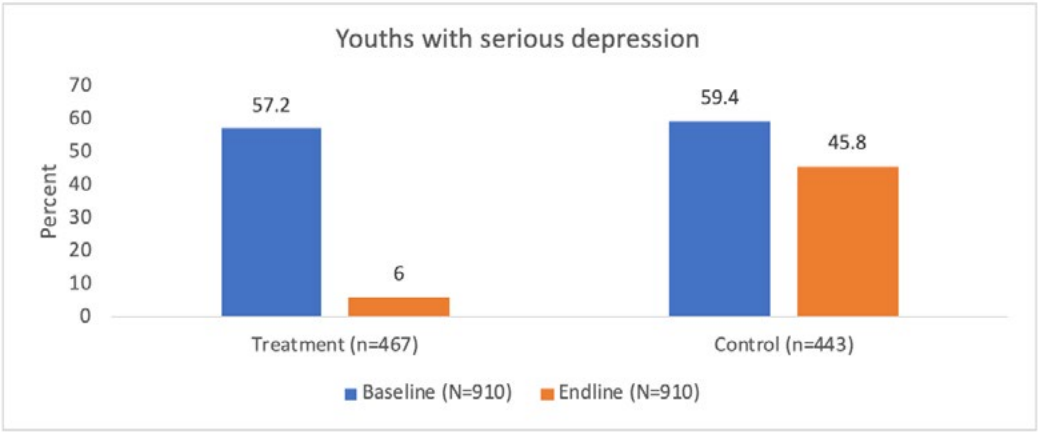
Overall, the data reveal a significant improvement in the psychosocial well-being and mental health of youths in the treatment group compared to their counterparts in the control group at the endline. Specifically, 83.9% of youths in the treatment group exhibited adequate psychosocial well-being at the endline, in contrast to 32% in the control group. It is noteworthy that at baseline, all youths in both the treatment and control groups had inadequate psychosocial well-being. These results indicate a significant improvement, particularly in the treatment group, but also, to a lesser degree, in the control group, which can be attributed to confounding factors as explained in section 2. Refer to Figure 1 for a visual representation.

Figure 1: Psychosocial well-being at baseline and endline by cohort



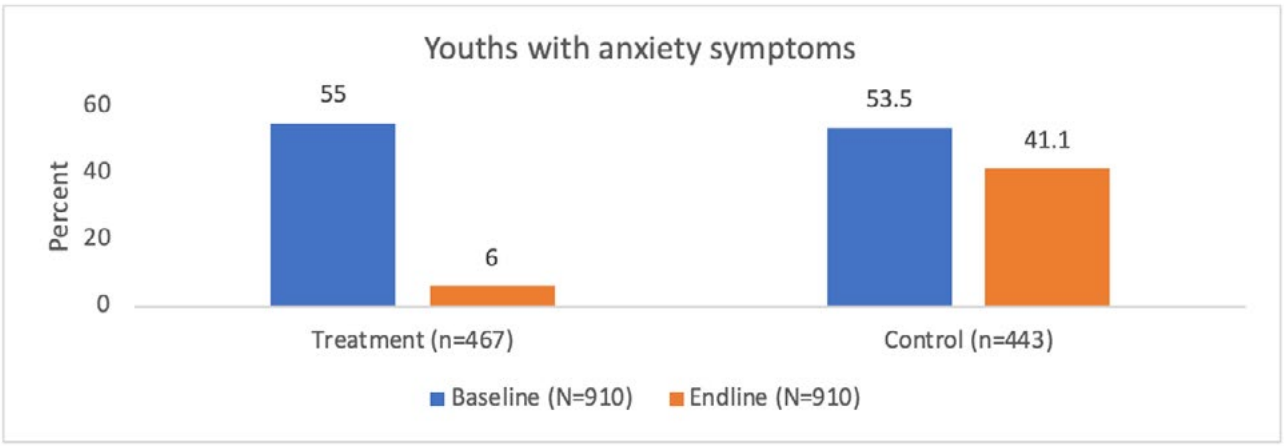
In regard to depression, the data indicate a substantial reduction in the prevalence of severe depression (including moderate, moderately severe and severe) among youths in the treatment group, dropping from 57.2% at baseline to just 6% at the endline. In contrast, the control group showed a more modest reduction, declining from 59.4% at baseline to 45.8% at the endline. Refer to Figure 2 for a visual representation of these results.

Figure 2: Youths with serious depression at baseline and endline by cohort



Similarly, there was a substantial decrease in the proportion of youths with anxiety symptoms in the treatment group, dropping from 55% at baseline to just 6% at the endline. In contrast, the control group experienced only marginal reductions in the proportion of youths with anxiety symptoms, from 53.5% at baseline to 41.1% at the endline, which equated to a modest reduction of 12.4%. Refer to figure 3 for a visual representation of these results.

Figure 3: Youths with anxiety symptoms at baseline and endline by cohort



The difference in the psychosocial well-being, depression and anxiety outcomes of youths in the treatment and control groups at the endline was found to be statistically significant (p=0.000) at a 99% confidence level, as illustrated in Tables 1, 2 and 3 below. These results imply a 99% probability that the improvement in the psychosocial well-being and depression and anxiety outcomes of the treatment group is directly attributable to the intervention. In the treatment group 78.8% of young people had adequate psychosocial well-being, no anxiety symptoms and mild or minimal depression at the endline, compared to only 27.5% in the control group (refer to Figure 4 for details). This underscores the effectiveness of the Game Connect SfP intervention in improving the psychosocial well-being and mental health of youths affected by displacement in Uganda.

Table 1: Regression analysis of psychosocial well-being

Linear regression

indicator11	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
Endbase	8.634	.699	12.35	0	7.263	10.005	***
Cohort	.054	.562	0.10	.924	-1.048	1.155	
Time	13.212	.887	14.89	0	11.472	14.951	***
Constant	39.081	.404	96.76	0	38.289	39.873	***

Mean dependent var	46.816	SD dependent var	13.028
R-squared	0.480	Number of obs	1820
F-test	710.255	Prob > F	0.000
Akaike crit. (AIC)	13326.802	Bayesian crit. (BIC)	13348.828

*** p<.01, ** p<.05, * p<.1

Table 2: Regression analysis of depression outcomes

Linear regression

indicator22	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
Endbase	-2.246	.453	-4.96	0	-3.135	-1.357	***
Cohort	-.144	.422	-0.34	.733	-.972	.684	
Time	-6.698	.578	-11.59	0	-7.832	-5.565	***
Constant	11.967	.309	38.69	0	11.36	12.573	***
Mean dependent var		9.092	SD dependent var			7.173	
R-squared		0.271	Number of obs			1820	
F-test		264.439	Prob > F			0.000	
Akaike crit. (AIC)		11769.511	Bayesian crit. (BIC)			11797.044	

*** p<.01, ** p<.05, * p<.1

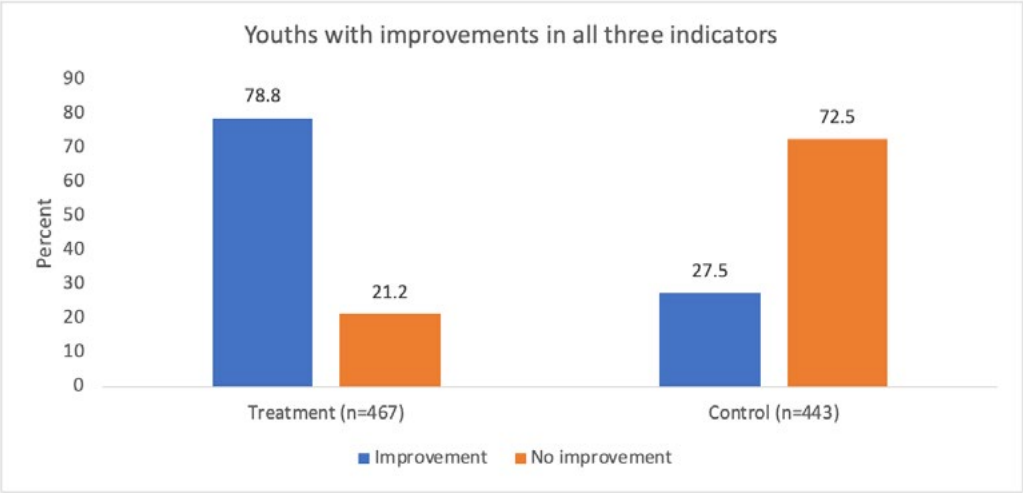
Table 3: Regression analysis of anxiety outcomes

Linear regression

indicator33	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
Endbase	-1.923	.364	-5.28	0	-2.637	-1.209	***
Cohort	-.17	.337	-0.51	.613	-.831	.49	
Time	-5.586	.46	-12.14	0	-6.489	-4.684	***
Constant	9.375	.447	20.98	0	8.499	10.252	***
Mean dependent var		7.528	SD dependent var			5.810	
R-squared		0.297	Number of obs			1820	
F-test		234.019	Prob > F			0.000	
Akaike crit. (AIC)		10939.489	Bayesian crit. (BIC)			10972.528	

*** p<.01, ** p<.05, * p<.1

Figure 4: Composite indicator of improvements in psychosocial well-being, depression and anxiety by cohort



Qualitative data also attest to the effectiveness of the project in improving the psychosocial well-being and mental health of targeted youths. Participants across the five project sites related how youths had acquired and/or strengthened vital psychological resources such as self-awareness, self-confidence and self-esteem. They also improved their social relationships and support networks, overcoming mental health problems including depression, distress, anxiety and suicidal ideation under the auspices of the Game Connect project.

- *Ever since I enrolled with Game Connect, my life and mind is free from stress. I started being fair to myself, I realised who I am, got to know the hidden talents I have. And also I learnt sport activities such as football, netball, volleyball. Together with the trainings we used to have, this made my body physically fit and also through the interactions with many youths from different areas I got a chance of making new friends and I started being happy always.* **(FGD with Host Community Youths, Kikuube)**

- *Before enrolling into Game Connect, I was ever thinking about committing suicide, because I had no hope in my life and I was ever depressed. But after enrolling into Game Connect, I attended different sessions and also the coach would regularly visit me until I started changing and returning to normal.* **(FGD with Refugee Youths, Lamwo)**

- *I would like to share that my son is feeling well in everything. He recovered from anger, fear and sad situations. My son was always in fights and conflicts but, since he started training and learning from Game Connect, everything changed to the extent that community members are giving testimonies about the behavioural change of my son.* **(FGD with Caregivers, Adjumani)**

- *Looking at the Game Connect intervention, it has done a lot. When we see the rate at which the youths were depressed, it was high, but afterwards it has reduced. It is at a normal state. Before Game Connect came, there were high rates of suicidal cases within the settlement but, after the project came, it has reduced; even the OPM is appreciating the way we are handling these youths. The youths didn't know what to do when faced with problems, they were just there, but when Game Connect came, we laid down every step and what to be done when you are in such a problem so when youths find themselves in a situation, they know what to do*. **(FGD with Coaches, Lamwo)**

A disaggregation of psychosocial well-being, depression and anxiety outcomes by gender, age, status (refugee vs. national), site and disability reveals that youths in the treatment group had significantly better outcomes relative to their counterparts in the control group across the board (p=0.000). These results affirm the intervention's effectiveness in enhancing the psychosocial well-being and mental health of targeted youths across diverse socio-demographic categories. Detailed visual results for the treatment and control group at baseline and endline can be found in Tables 4, 5, and 6 and Annex 3.

Table 4: Summary of psychosocial well-being scores at endline by cohort, age, gender, status, disability and site

Characteristic	Treatment (n=467)		Control (n=443)		P-value
	Adequate (%)	Inadequate (%)	Adequate (%)	Inadequate (%)	
Overall	83.9	16.1	32.0	68.0	0.000
Gender**					
Female	85.9	14.2	26.1	73.9	
Male	82.4	17.7	41.1	58.9	0.000
Age**					
15-17	82.9	17.1	32.8	67.2	
18-20	88.0	12.0	33.8	66.2	
21-24	79.8	20.2	39.1	70.9	0.0.00
>24	85.7	14.3	0.0	100.0	
Status**					
Host	89.7	10.3	40.4	59.6	
Refugee	81.3	18.7	28.3	71.7	0.000
Disability**					
Yes	73.0	27.0	18.0	82.1	
No	85.6	14.4	35.1	64.9	0.000
Site**					
Adjumani	96.8	3.2	27.0	73.1	
Kampala	53.7	46.3	37.8	62.2	
Kamwenge	82.8	17.2	45.4	54.6	
Kikuube	85.5	14.5	23.6	76.4	
Lamwo	75.8	24.2	29.6	70.5	0.000

**Significant p in treatment group

However, there were some variations in the psychosocial well-being and mental health outcomes of youths in the treatment group at endline. Overall, males, nationals, youths without disabilities, younger youths and youths resident in Adjumani registered better psychosocial well-being and mental health outcomes compared to their counterparts. Refer to Tables 4, 5, and 6 for detailed statistics.

While a slightly higher proportion of females (85.9%, n=211) than males (82.4%, n=257) had adequate psychosocial well-being; the burden of serious depression (moderate to severe) and anxiety symptoms were significantly higher among female (depression-7.6%; anxiety-6.1%) than male (depression-4.7%; anxiety-5.9%) youths (p=0.000). It's important to highlight that although females exhibited higher levels of psychosocial well-being compared to males (85.9% vs. 82.4%), it's not surprising that they experienced a higher burden of serious depression and anxiety. Refer to Tables 4, 5, and 6 for detailed statistics. This trend aligns with global evidence, which suggests that adolescent girls and young women aged 15-24 tend to experience a higher burden of depression and anxiety compared to their male counterparts (WHO, 2019, 2022).

Project stakeholders identified several factors that could explain the higher prevalence of serious depression and anxiety among female youths, even though they were exposed to SfP activities. These factors were related to oppressive cultural and gender norms, which place a heavier burden of domestic and caregiving responsibilities on females. Additionally, experiences of gender-based violence, especially intimate partner violence, and excessive control and restrictions from caregivers contributed to this issue.

- *…girls getting married at a very young age face many difficulties. They are abused by their spouses. And there is this patriarchal kind of setting they are in which dictates that once you face violence as a woman in marriage, you are supposed to remain silent about it. So, you find the depression levels have gone high among these girls.* (**FGD with Coaches, Kikuube)**

- *And me also I used to face a challenge of my parents not allowing me to put on trousers and short skirts …* **(FGD with Refugee Youths, Kikuube)**

- *I think it is because of culture. A girl is subjected to work like domestic work. Whether the boys are idle or not doing anything, it does not matter. The girls have to fetch water after school and prepare food. Sometimes there is no food and the girls have to figure it out. The boys go straight to the playing field.* **(FGD with Coaches, Adjumani)**

Menstrual hygiene management challenges were noted as an additional stressor specifically for some girls in Kikuube, although they weren't mentioned in the other sites.

- *I want to talk about menstruation. This has caused depression and anxiety among girls. I have been engaging many of them and found that when it is time for playing, many of them become depressed once they are on their periods. It takes a lot of time for them to come out and disclose [this] to me. They really struggle, and sometimes on their own. Sometimes as a coach, you have to first read the signs. For instance, you see a person that is always active is all of a sudden inactive or completely absent. For example, I have one female participant who even stopped attending until I engaged her and I asked her what the matter was…* **(FGD with Coaches, Kikuube**)

As illustrated, these identified stressors had a more significant impact on females. It is plausible to assume that even though a high proportion of female youths acquired the necessary skills to cope with distress (refer to section 3.2), the disproportionately higher burden of stressors often overwhelmed several of them.

Table 5: Youths burdened by serious (moderate to severe) levels of depression at baseline and endline by cohort

Characteristic	Treatment		Control		P-value
	Baseline n=467 (%)	**Endline** n=467 (%)	**Baseline** n=443 (%)	**Endline** n=443 (%)	
Overall	57.2	6.0	59.4	45.8	0.000
Gender**					
Female	57.6	7.6	61.6	50.4	
Male	56.9	4.7	56.0	38.9	0.000
Age**					
15-17	58.1	5.7	58.5	40.7	
18-20	54.5	6.7	53.7	51.1	
21-24	58.2	6.1	71.1	47.6	0.000
>24		0.0		100.0	
Status**					
Host	48.0	2.7	49.6	46.3	
Refugee	61.4	7.5	63.7	45.6	0.000
Disability**					
Yes	39.7	12.7	61.0	61.5	
No	59.9	5.0	59.5	42.5	0.000
Site**					
Adjumani	90.1	1.3	88.2	56.0	
Kampala	45.7	4.9	45.4	17.8	
Kamwenge	43.6	10.1	52.3	32.0	
Kikuube	49.6	14.5	48.3	61.1	
Lamwo	36.1	3.2	32.5	46.6	0.000

**Significant p in treatment group

While the project significantly improved the psychosocial well-being and mental health of refugee youths in the treatment group, from 0% to 81.3% of those with adequate psychosocial well-being, and 61.4% to 7.5% of youths with serious depression, and 60.8% to 6.5% of those with anxiety symptoms at baseline and endline, respectively; their counterparts from the host community had significantly better outcomes across all three impact indicators. A significantly higher proportion of youths within the treatment group in the host community (n=146) exhibited adequate psychosocial well-being (89.7%) and a lower burden of serious depression (2.7%) and anxiety (4.8%) in comparison to those from the refugee community (n=321; psychosocial well-being: 81.3%, serious depression: 7.5%, anxiety: 6.5%) (p=0.000). Refer to Tables 4, 5, and 6 for detailed statistics.

Project staff at various sites indicated that these disparities could be attributed to the heightened vulnerability of refugee youths, stemming from their experiences of forced displacement. This includes previous exposure to violence and traumatic events, orphanhood, food insecurity, disrupted social networks, and limited livelihood opportunities due to their refugee status.

- *I think the reason is our refugees are traumatised, they have a lot of things on their minds. So according to my experience, when they are in a group, today you talk to them, you explain things to them and discuss, you find they are settled, you ask them are you okay, and they say yes. But wait when they go back home, it is like we are solving halfway problems because they have their needs, they have expectations, they have a lot of needs, today they are fine, the next day they are not fine. Life in the settlement is not easy because resources are not there, you want clothes, they are not there, you want to go and farm there is no land, you want food rations, they are not enough, they are very little, so how can you sleep at night.* **(FGD with Coaches, Lamwo)**

- *Something that I observed, the host community youths just like number one said still have the backing of their parents and relatives when it comes to psychosocial support, which is not the case with the settlement youths. Some of the youths came alone and unaccompanied. They don't have any social network yet they are struggling economically.* **(FGD with Coaches, Kikuube)**

- *You know when you are at your own home, you feel free and comfortable, the refugees are here and not at their homes. The youths from the host community have more opportunities out there than the refugees… To get jobs, to be free to go to school, land to dig… You find most of the youths we are engaging in settlements, most of them are orphans, they have gone through a lot of situations that even if we engage them in activities we are doing, you find youths can still cope but recall how parents were killed, so you find it is very hard for them to move on. They still have that trauma within them*. **(FGD with Coaches, Kamwenge)**

Similarly, the project contributed substantially to improvements in the psychosocial well-being and mental health of youths with disabilities from 0% to 73% with adequate psychosocial well-being, 39.7% to 12.7% with serious depression, and 44.4% to 6.4% with anxiety symptoms at baseline and endline, respectively. However, the outcomes for youths without a disability were relatively better. Significantly higher proportions of youths without disabilities (n=404) had adequate psychosocial well-being (85.6%) and a lower burden of serious depression (5%) and anxiety symptoms (5.9%) compared to their counterparts with disabilities (n=63), who registered 73%, 12.7%, and 6.4%, respectively (p=0.000). Refer to Tables 4, 5, and 6 for details.

Qualitative insights suggested that the poorer outcomes among youths with disabilities were associated with the discrimination and stigmatisation they experience, with debilitating effects on their self-esteem and self-efficacy. Some of them also experience internalised stigma.

- *The people with [a] disability feel that they are not enough, when they go back home after engagements, the environment at home is different, they are telling them different things that may affect them*… **(KII with Project Implementation Team, Adjumani)**

- *The major challenge in most of the community is segregation, children with [a] disability are segregated a lot – people think they require a lot to handle them which has made them look weak, I think.* **(FGD with Host Community Youths, Kampala)**

Table 6: Youths with anxiety symptoms at baseline and endline by cohort

Characteristic	Treatment		Control		P-value
	Baseline n=467 (%)	**Endline** n=467 (%)	**Baseline** n=443 (%)	**Endline** n=443 (%)	
Overall	55.0	6.0	53.5	41.1	0.000
Gender**					
Female	56.1	6.1	54.1	45.5	
Male	54.1	5.9	52.6	34.3	0.000
Age**					
15-17	52.0	6.2	53.6	37.3	
18-20	59.5	6.7	50.0	42.9	
21-24	57.1	5.1	59.0	44.7	0.000
>24		0.0		100.0	
Status**					
Host	42.5	4.8	43.8	39.7	
Refugee	60.8	6.5	57.8	41.7	0.000
Disability**					
Yes	44.4	6.4	44.9	59.0	0.000
No	56.7	5.9	55.3	37.3	
Site**					
Adjumani	87.4	1.3	86.3	55.3	
Kampala	41.0	7.3	42.3	11.1	
Kamwenge	35.0	7.1	42.7	23.7	
Kikuube	45.9	13.2	43.9	59.7	0.000
Lamwo	35.9	6.3	34.7	37.5	

Older youths aged 21-24 displayed significantly lower levels of adequate psychosocial well-being at endline (79.8%) compared to their younger counterparts (age 15-17: 82.9%; age 18-20: 88%). Youths aged 18-24 had a higher burden of serious depression (18-20: 6.7%; 21-24: 6.1%) compared to their younger counterparts aged 15-17 (5.7%). Considering that older youths (aged 21-24) generally performed better in the main outcome areas associated with psychosocial well-being and mental health (refer to section 3.2 for an overview of outcomes for details), this disparity could be attributed to the fact that older youths tend to shoulder more significant responsibilities relative to their younger counterparts.

For instance, across the sites, older youths often had to balance their participation in SfP activities with other duties such as caring for their families, childcare, marriage and earning a livelihood. These substantial responsibilities likely had a detrimental effect on their psychosocial well-being and posed significant distress to some of them, as explained in the following excerpts.

- *Most of the older youths (21-24) are cohabiting. Some already have children. So, they come to the field and as they finish warming up, they get a call that the child is sick. It goes back to the prior submission of a lot of responsibilities on their shoulders… and when it comes to meeting financial obligations, the pressure is more on the male youths.* **(FGD with coaches, Kampala)**

- *… another challenge: it was difficult for me to balance the Game Connect activities and the other responsibilities such as household chores, church activities, therefore [I was arriving] late sometimes or not attending at all…* **(FGD with Refugee Youths, Kikuube)**

The relatively better anxiety outcomes observed among older youths aged 21-24 (5.1%) compared to younger ones (15-17: 6.2%; 18-20: 6.7%) could be associated with their resilience and ability to adapt in the face of adversity, which may have been cultivated through their life experiences. Refer to Tables 4, 5, and 6 for detailed statistics.

Variations in psychosocial well-being were observed across the project sites, with Adjumani showing significantly better outcomes among youths in the treatment group at endline compared to other sites (p=0.000). Specifically, a comparatively higher proportion of youths in the treatment group in Adjumani had adequate psychosocial well-being (96.8%, n=156), while a lower proportion had serious depression (1.3%) and anxiety symptoms (1.3%). Kampala had the lowest proportion of youths with adequate psychosocial well-being (53.7%, n=41), while Kikuube (n=76) had a higher proportion of youths with serious depression (14.5%) and anxiety symptoms (13.2%) (p=0.000). Refer to Tables 4, 5, and 6 for details.

Insights from project staff in Adjumani, Kampala and Kamwenge suggested that the differences in outcomes for youths in the three locations could be attributed to contextual factors. It was noted that Adjumani had been home to many refugees in various settlements for over 20 years, fostering greater integration of refugee youths within host communities.

The common language, Madi, spoken by both refugee youths and the host community, facilitated social integration in this area. In contrast, refugee youths in Kampala faced considerable challenges as they sought self-reliance. Their survival in the urban environment was described as difficult, with limited social networks to rely on, leading to significant psychological strain.

> *Adjumani is a settlement kind of setting. Kampala is for urban refugees. Most of the urban refugees live in slums in the suburbs of Kampala and we have all been in slums, and we know that slum life is very hard. As a refugee in Kampala, your friends are looking at you as an urban refugee. They expect you to be better, more self-reliant. Yes, the settlement life is not that comfortable but at least there is that sense of belonging that comes with living in a settlement. In Kampala, you just come [as a refugee], you are one, there is no one you know. You do not know your neighbour. So psychosocial support is not that much when it comes to an urban compared to a settlement setting.* **(FGD with Coaches, Kampala)**

> *The people on the Ugandan side and the people across are all Madi. They all speak the same languages with a few exceptions of the few Dinkas and the rest.* **(FGD with Coaches, Adjumani)**

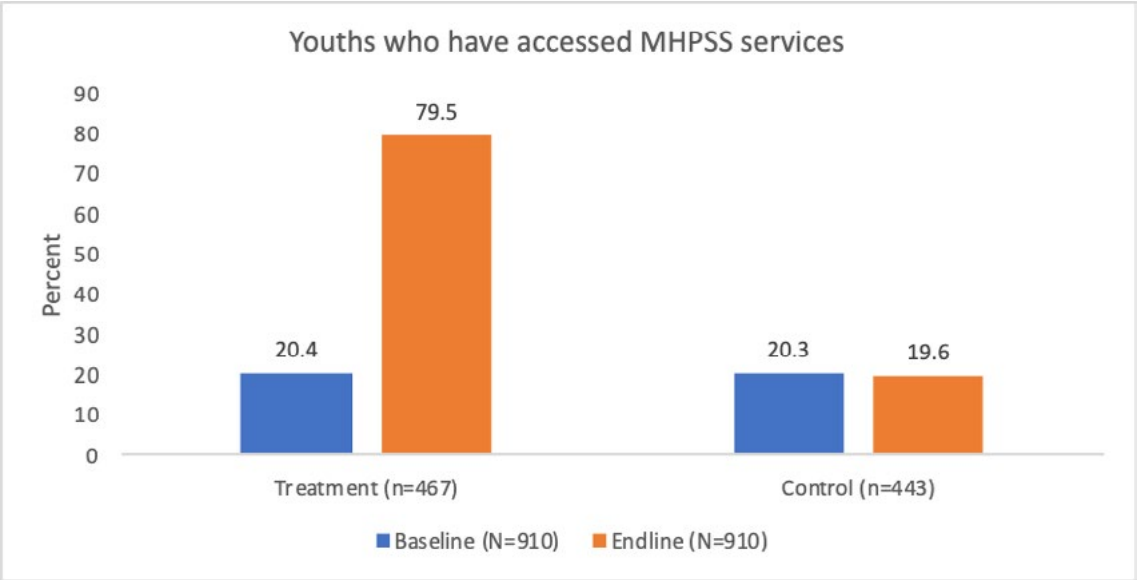
In Kikuube, the poorer mental health outcomes were attributed to the large number of relatively new refugee youths engaged in Cohort 3 (treatment group). It was reported that these youths faced numerous mental health challenges that curtailed their progress compared to their counterparts who had lived in Uganda longer, as well as the host community youths living in a familiar and relatively stable environment with various social support systems.

> *Some of the youths are new arrivals. some are not even a year old here. These new arrivals have many challenges. They were engaged by this project at a time they were trying to fit into the refugee setting. Engaging these youths and helping them improve their mental health is a process. So, in three months, I don't expect to have resolved all their mental health challenges. So, you may find Adjumani being different since the refugee youths in some of the settlements in Adjumani have lived in these locations longer, have built support systems, they easily integrate with the host community with whom the majority speak a common language: Madi.* **(FGD with Coaches, Kikuube)**

b) Access to and satisfaction with MHPSS support

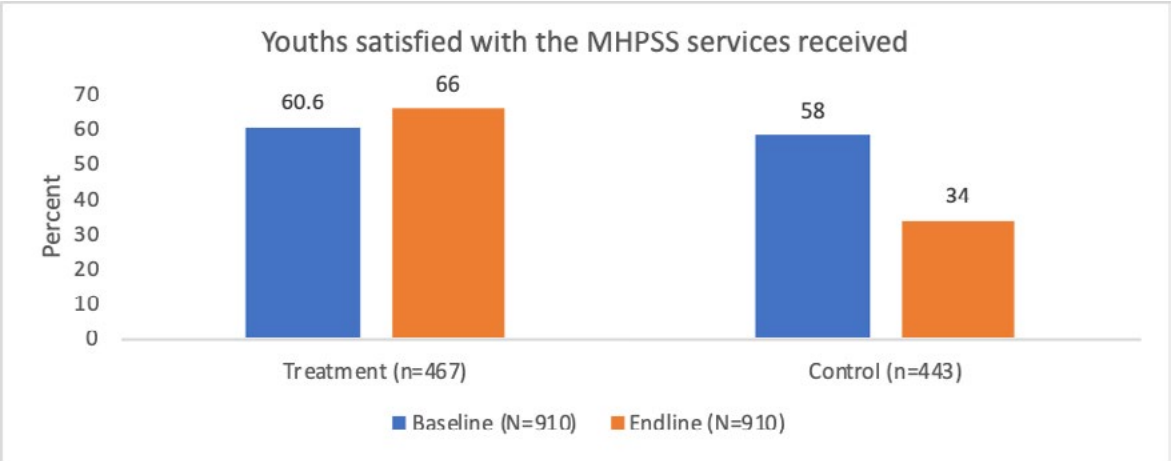
Youths who participated in the final evaluation study were asked if they had received any Mental Health and Psychosocial Support (MHPSS) services to improve their psychosocial well-being. Overall, 79.5% of youths in the treatment group reported that they had accessed MHPSS support to enhance their psychosocial well-being, compared to only 19.6% of those in the control group. This partly suggests differences in knowledge about and access to MHPSS services by youths in the treatment group relative to their counterparts in the control group. Refer to Figure 5 for details.

Figure 5: Youths who have accessed MHPSS services at baseline and endline by cohort



A significantly higher proportion of youths in the treatment group (66%) compared to those in the control group (34%) expressed satisfaction with the Mental Health and Psychosocial Support (MHPSS) services they received (p=0.000). This reflects the project's contribution to improving access to MHPSS care for youths and their families. The registered performance is an improvement from the baseline score of 60.6%. Refer to Figure 6 for details.

Figure 6: Youths who are satisfied with MHPSS services received at baseline and endline by cohort



3.2 KEQ2: Understanding the Contributions of different Game Connect Elements to Outcomes

This section examines the components of the Game Connect intervention that carry greater or lesser significance in attaining outcomes among youths within specific contexts, along with the associated reasons. The section provides an overview of performance in the main project outcomes and examines the effects of project outcomes on the psychosocial well-being and mental health of youths, the most and least impactful project elements, and the project's contribution to local protection mechanisms and referral processes.

Key Findings

Overview of outcomes:

- Overall, the endline data reveal a significant improvement in the performance of youths in the treatment group compared to those in the control group in the main project outcomes (related to the improvement in skills and capacities to support their psychosocial well-being and mental health and strengthening of youths' social and support networks).
- The improvements in the treatment compared to the control group were highly statistically significant (p=0.000) at a 99% confidence level.
- Overall, youths in the treatment group, regardless of gender, age group, status (refugee vs. national), disability and site, had significantly better outcomes than their counterparts in the control group in all the main outcome areas.
- However, there were some variations in outcomes registered by different populations of youths in the treatment group. Overall, males, nationals, youth without disabilities, older youths and youths resident in Adjumani performed better and, in some cases significantly so, than their counterparts.
- The exceptions were in the outcome area of strengthened social and support networks where refugee youths registered similar outcomes to nationals, while youths with disabilities performed better than their counterparts without disabilities. This points to the compounded effects of the project on the social inclusion and integration of refugee and youths with disabilities.
- Effect of outcomes on psychosocial well-being and mental health: Bivariate and multivariate analysis shows that the outcome areas of improved skills and capacities and self-efficacy are more strongly correlated with psychosocial well-being and mental health outcomes among young people. Youths with high or better skills and capacities were less likely to be depressed, suffer from anxiety symptoms, or have inadequate psychosocial well-being compared to those with low skills and capacities.
- Youths with high self-efficacy scores were 3.7 times less likely to be depressed and 3.2 times less likely to have anxiety symptoms than those with low self-efficacy. Moreover, youths with better and high self-efficacy scores were 2.3 and 18.3 times more likely to have adequate psychosocial well-being than those with low self-efficacy.

- On the other hand, the association between the outcome area on strengthened social and support networks with the psychosocial well-being and mental health of youths was less predictable, with a mix of positive and negative correlations.

- Most and least impactful project elements: According to study participants, the most impactful project element was life skills training through sport. However, the different project elements including life skills training through sport, home visits, referral and relationships with, as well as counselling and guidance from coaches interplayed to facilitate project outcomes.

- Contribution to addressing protection challenges: Qualitative evidence from youths and several key informants shows that the project contributed to protecting youths from risks such as poverty, alcohol and substance abuse, and involvement in criminal activities like theft. This was primarily achieved by introducing youths to sports as a therapeutic intervention and as an alternative and constructive way to spend their free time. The project also improved their life skills and promoted peaceful co-existence among them.

- Contribution to strengthening referral pathways: The project played a crucial role in strengthening referral pathways for young people by increasing awareness about and demand for MHPSS services, identifying and referring cases, and building synergies with existing MHPSS partners in all five project sites. The referral mechanism of the project was generally considered robust. However, gaps in follow-up, linkage and documentation of referrals were reported in Kampala and Adjumani. Cross referral of youths with mental health challenges to Game Connect by partners was also weak.

a) Overview of outcomes

This section highlights the achievements in the main project outcomes (1 and 2) related to the psychosocial well-being and mental health of targeted youths (see section 1.1). The Game Connect TOC as discussed in section 1.1 posits that positive changes in the main outcome areas would contribute to higher-level improvements in psychosocial well-being and mental health (project impact), presented in section 3.1 above. This section highlights the performance of targeted youths in the following outcome areas:

- Improved skills and capacities to support their psychosocial well-being and mental health (indicators: % of youths with improved skills and capacities to support their psychosocial well-being and mental health.

- Good self-efficacy scores (indicator: % of youths with good self-efficacy scores).

- Strengthened social and support networks (indicators: % of youths who reported having someone outside their family/household whom they can turn to for support; % of youths who reported having received assistance from someone outside their family/household).

- Feeling an increased sense of belonging (indicator: % of youths who reported feeling an increased sense of belonging).

Please refer to Table 7 and Annex 3 for a detailed breakdown of indicators by outcome area.

Overall, the endline data reveal a significant improvement in the performance of youths in the treatment group compared to those in the control group in the above stated outcome areas. Youths in the treatment group, regardless of gender, age group, status (refugee vs. national), disability and site, had significantly better outcomes than their counterparts in the control group in all the above stated outcome areas. Refer to Table 7 and Annex 3 for detailed statistics.

The improvements in the treatment group compared to the control group were highly statistically significant (p=0.000) at a 99% (***) confidence level, as demonstrated in the tables included in Annex 4.

Table 7: Summary of project performance on outcomes at baseline and endline by cohort

Improved skills and capacities to support psychosocial wellbeing and mental health.

Overall, male and female youths in the treatment group had similar outcomes, with the males performing slightly better than their female counterparts in most outcome areas. In terms of age, older youths aged 18-24 in the treatment group performed better than their younger colleagues (age 15-17) in almost all outcome areas. Refer to Table 7 and Annex 3 for detailed statistics. This trend was attributed to age, relative independence, experience and exposure, which enhanced the ability of older youths to understand, relate to, and practise what they learned from the SfP interventions, even when they generally encountered more barriers to participation, as will be explained in section 3.3.

- *Because the younger youths aged 15 to 17 are still more playful and not very much in touch with life realities, they do not identify as much with the life skills as the older youths. The older youths understand what it means to have a set goal and what it takes to achieve it compared to the younger ones.* **(KII with Project Implementation Team, Adjumani)**

- *The older ones have life experiences, you may find that the examples we are referring to are things they have gone through, for example goal setting, empathy, and these are things they have gone through. They easily understand when you bring up an activity. So it is easier for them to apply the skills – which is not the same with the younger ones. They can't relate with some of the problems. It is about age and experience.* **(FGD with Coaches, Kampala)**

- *You see the older youths have already passed through very many skills. It is like they are doing [a] rehearsal in some of the skills. It becomes very easy because they have always applied those skills we are giving them. So, you find the younger ones, most of the times, they just take things for granted. The older the wiser, and more driven to learn.* **(FGD with Coaches, Lamwo)**

Overall, youths from the host community in the treatment group performed better than their peers from the refugee community in all outcome areas. Refer to Table 7 and Annex 3 for detailed statistics. While the magnitude of difference between the two groups of youths was significant in some result areas, it was notably marginal in the outcome area of strengthened social and support networks, which points to the compounded effects of the project on the social integration and networks of refugee youths, as some of our interlocutors explained:

- *When we are meeting them [refugee youths], at first they don't have those people that they can network with, but when we meet and we are taking them through groups, you find they make friends in those sessions and their network also increases. Before, someone maybe was a little bit shy, but in a group you find they share challenges and at the endline, you find they have made friends.* **(FGD with Coaches, Kamwenge)**

- *We have carried out a number of friendly matches for example, we had matches between refugees and host communities, sometimes we could even mix them, we make one team and we go and play. That coming together creates a feeling that they are together, and this is Game-Connect.* **(FGD with Coaches, Kikuube)**

- *I feel good, there is friendship amongst us. All youths behave well – there is no drug abuse. We are all treated the same, whether refugees or nationals.* **(FGD with Refugee Youths, Kampala)**

Youths without disabilities in the treatment group generally had significantly better outcomes than their counterparts with disabilities, with the exception of result areas related to strengthened social and support networks. Specifically, higher proportions of youths with disabilities in the treatment group reported having someone outside the family to turn to for support (92.1% vs. 83.4%), receiving assistance from someone outside their household (75.8% vs. 55.7%), and feeling an increased sense of belonging (36.5% vs. 32.4%) compared to those without disabilities. Refer to Table 7 and Annex 3 for detailed statistics. These results point to a compounded effect of the Game Connect SfP intervention on the social inclusion and integration of youths with disabilities, as some participants explained.

- *No, they [youths with disabilities] are included in everything – even the games… They have taught us how to handle them, and we have accepted the way they are. Also, we put ourselves in their shoes because that same thing can happen to me.* **(FGD with Host Community Youths, Kampala)**

- *Someone who has grown up in an area is made to feel insufficient; and now someone comes with an intervention that even those with disability can be included. You end up creating meaningful friends in the end, do we really need to explain why they have the networks? They are no longer locked up in their houses, they have come out and they are exposed to the other people.* **(FGD with Coaches, Kikuube)**

- *The thing is that now the community has been sensitised that these people with disabilities also have value and they can contribute and also their self-esteem has improved. They also feel that they belong to the community now because they have been given chances, some are leaders, some play football which they never did, people would undermine them. They are included in everything, so they feel part of the community and the community also welcomes them.* **(FGD with Coaches, Kamwenge)**

With regard to the site, on average, youths in the treatment group in Adjumani performed better than their peers in other locations, while Kampala trailed behind. As earlier explained, the relatively poor performance of Kampala was associated with participation challenges. The better performance of youths in Adjumani was mainly associated with the mental and social stability afforded by the higher rates of social cohesion and integration in the district, as already explained. Refer to Table 7 and Annex 3 for detailed statistics.

Effect of outcomes on the psychosocial well-being and mental health of youths

Bivariate and multivariate analysis shows that the outcome areas of improved skills and capacities and self-efficacy are more strongly correlated with psychosocial well-being and the burden of depression and anxiety among youths relative to those of strengthened social and support networks.

Youths reporting *high* or *better* skills and capacities (as measured by their levels of interpersonal and collaboration skills using programme monitoring tools) were less likely to be depressed compared to those with low skills and capacities (OR=2.461, P<0.000: OR=3.557, P<0.000). Similarly, youths with high or better skills and capacities were less likely to suffer from anxiety symptoms (OR=2.498, P<0.000: OR=2.311, P<0.000) or have inadequate psychosocial well-being (OR=2.663, P<0.001) compared to their counterparts with low skills. Refer to Tables 8, 9 and 10 for details.

Table 8: Logistic regression model of improved skills, self-efficacy, emotional stability and depression

Logistic regression

Dep	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
Improved skills	1	.	.	.	.	.	
Better	2.461	.428	5.18	0	1.75	3.461	***
High	3.557	.828	5.45	0	2.254	5.613	***
Self-efficacy	1	.	.	.	.	.	
Better	1.005	.142	0.04	.972	.762	1.326	
High	3.673	.635	7.53	0	2.618	5.154	***
emo_stability	1	.	.	.	.	.	
Better	1.297	.242	1.39	.164	.899	1.871	
High	1.367	.346	1.24	.216	.833	2.246	
Constant	.369	.045	-8.14	0	.29	.469	***

Mean dependent var	0.582	SD dependent var	0.493
Pseudo r-squared	0.129	Number of obs	1820
Chi-square	320.357	Prob > chi2	0.000
Akaike crit. (AIC)	2167.685	Bayesian crit. (BIC)	2206.231

*** p<.01, ** p<.05, * p<.1

Youths with high self-efficacy scores were 3.7 times less likely to be depressed (OR=3.673, p<0.000) and 3.2 times less likely to have anxiety symptoms (OR=3.176, p<0.000) than those with low self-efficacy. Moreover, youths with better and high self-efficacy scores were 2.3 and 18.3 times more likely to have adequate psychosocial well-being, respectively, than those with low self-efficacy (OR=2.326, p<0.001; OR=18292, p<0.000). Refer to Tables 8, 9, and 10 for details.

Table 9: Logistic regression model of improved skills, self-efficacy, emotional stability and anxiety

Logistic regression

Aux	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
Improved skills	1	.	.	.	.	.	
Better	2.498	.429	5.33	0	1.784	3.498	***
High	2.311	.526	3.68	0	1.479	3.612	***
self_efficacy	1	.	.	.	.	.	
Better	.994	.14	-0.04	.968	.754	1.311	
High	3.176	.551	6.66	0	2.26	4.463	***
emo_stability	1	.	.	.	.	.	
Better	1.143	.211	0.72	.469	.796	1.641	
High	1.701	.433	2.09	.037	1.033	2.802	**
Constant	.5	.058	-5.96	0	.398	.628	***

Mean dependent var	0.613	SD dependent var	0.487
Pseudo r-squared	0.104	Number of obs	1820
Chi-square	252.420	Prob > chi2	0.000
Akaike crit. (AIC)	2190.556	Bayesian crit. (BIC)	2229.102

*** p<.01, ** p<.05, * p<.1

On the other hand, the association between the outcome areas on strengthened social and support networks with the psychosocial well-being and mental health of youths was less predictable. For instance, youths reporting better and high emotional stability (a measure of an increased sense of belonging) were 2.9 and 3.1 times, respectively, more likely to have adequate psychosocial well-being than those with low emotional stability (OR=2.903, p<0.001; OR=3.086, p<0.002). Similarly, youths with high emotional stability were 1.7 times less likely to have anxiety than those with low emotional stability (OR=1.701, p<0.00). However, there was no significant association between emotional stability and depression (p>0.05). Refer to Tables 8, 9, and 10 for details.

In addition, a higher proportion of youths who reported having someone outside their household/family to turn to for support had adequate psychosocial well-being (28.6% vs 4.6%), no anxiety (42.9% vs 19.5%) and less severe depression (moderate: 71.4% vs 44.8%) compared to their counterparts. However, the majority of the youths who reported having someone outside their household/family to turn to for support had poor outcomes (inadequate psychosocial well-being: 71.4%; anxiety: 57.1%) and like their counterparts who reported having no one outside their family/household to turn to for support, all of them had serious depression (moderate to severe). In this regard, expansion of social and support networks is not a strong predictor of better mental health and psychosocial well-being among the targeted youths. Refer to Annex 5 for details.

Table 10: Logistic regression model of improved skills, self-efficacy, emotional stability and psychosocial well-being

Logistic regression

Psychosocial well-being	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
Improved skills	1	.	.	.	.	.	
Better	1.235	.343	0.76	.447	.717	2.128	
High	2.663	.815	3.20	.001	1.462	4.85	***
self-efficacy	1	.	.	.	.	.	
Better	2.326	.569	3.45	.001	1.44	3.758	***
High	18.292	4.482	11.86	0	11.316	29.567	***
Emo-stability	1	.	.	.	.	.	
Better	2.903	.964	3.21	.001	1.515	5.565	***
High	3.086	1.119	3.11	.002	1.516	6.281	***
Constant	.024	.007	-12.31	0	.013	.043	***

Mean dependent var	0.293	SD dependent var	0.455
Pseudo r-squared	0.302	Number of obs	1820
Chi-square	666.235	Prob > chi2	0.000
Akaike crit. (AIC)	1550.597	Bayesian crit. (BIC)	1589.143

*** p<.01, ** p<.05, * p<.1

These findings suggest that improved skills and capacities and self-efficacy are particularly critical for the attainment of psychosocial well-being and mental health by youths affected by displacement in Uganda. On the other hand, the significance of strengthened social support networks in improving the psychosocial well-being and mental health of targeted youths was less conclusive. Indeed, qualitative findings reinforce and affirm that the acquisition of life skills and enhanced self-efficacy were particularly significant in facilitating improvements in the psychosocial well-being and mental health of youths. Refer to the views of youths and caregivers in the text box below.

Qualitative findings on the role of life skills and self-efficacy in improving youths' psychosocial well-being and mental health

Acquisition of life skills and improvement in the mental health and psychosocial well-being of youths:

- On my side, the most impactful activity was life skills training. For example, I was always frustrated and stressed by the life I am living here in the settlement. For example, being in need of something, but fail[ing] to get it due to poverty. I therefore understood that stress is caused by a person himself, and I learnt that I should work hard in order to get what I need. (FGD with Refugee Youths, Lamwo)

- My daughter, whose name is… was always sad/rude like a soldier. I and other family members, especially the young siblings feared her so much because of aggressive behaviours that she showed us. After she joined the project, she was taught how to respect and live with others in a peaceful manner. Slowly she started changing and now she is a good child at home. For example, now she cooks and washes for her younger siblings, unlike before joining the project. (FGD with Caregivers, Kamwenge)

- I personally was rude at home but, after joining Game Connect, I was taught and trained in different life skills and now I am so polite. For example, whenever someone would talk to me, I would reply rudely to him or her, but I learnt how to communicate well, and this has helped me to make many friends, especially those that we trained together in the Game Connect project. (FGD with Host Community Youths, Kamwenge)

- The most important change that Game Connect made in my life was to learn how to make friends, peaceful co-existence with the friends I make as well as other people, how to live with people, how to coordinate with people in times of challenges or in times of happiness. (FGD with Refugee Youths, Kikuube)

- Increased self-efficacy, restoration of hope, and transformation of their mindsets to adopt a more positive outlook on life. According to me, the most significant change in my life is that I have realised myself, I am aware of who I am, I know my strengths and weaknesses. (FGD with Host Community Youths, Lamwo)

- For me, my mindset has changed – for example, I no longer take time while thinking about negativities or impossibilities. But instead, I have set my mind that I can also work and achieve something big. (FGD with Refugee Youths, Kamwenge)

- Game Connect has improved talents and courage, and also introduced the "never give up" mentality in us. (FGD with Host Community Youths, Kampala)

- For me, I was ever frustrated, so sad because of the unpleasant life but, from the time I joined the project, I started feeling relieved because of what I was taught and trained. For example, as a mother of two children, I was always bothered about the future of the children, but as more trainings were given to us, I believe that things will be okay, and I gained courage compared to the time before joining the project. (FGD with Refugee Youths, Kikuube).

b) Most and least impactful project elements for the youths

Having established the impact and outcomes of the project for participating youths, it is important to unpack the design to understand the most and least impactful elements. In qualitative interviews, project staff generally reported that all project elements were impactful for the youths. Among the youths themselves, life skills training through sport and play, home visits and the relationships with coaches, their counselling and guidance were all highlighted. Among caregivers, life skills training through sport and play, relationships with coaches and home visits emerged. **On the whole, the evidence suggests life skills training through sport and play as the most critical element, as participants, across all stakeholder groups, considered it relevant and impactful.**

However, in an integrated project such as Game Connect, the different elements interplayed to facilitate improved outcomes for youths. For instance, engagement of young people in life skills training through sports activities was oftentimes secured and maintained as a result of the relationship with the coach. For those young people with additional unmet needs, home visits and referral pathways had a significant impact, strengthening the support system around them and their families and ultimately facilitating their continued participation in SfP activities. The holistic nature of Game Connect and its integrated approach is demonstrated in the quotes below, which speak to the role of sport in imparting life skills, fostering connections and alleviating distress among the youths; the effect of the relationship with the coach, their guidance, and counsel on the youths' well-being and acquisition of life skills and more.

Qualitative findings on most impactful project components

Role of life skills training through sport, in equipping young people with life skills such as self-awareness, self (re)discovery, personal development, positive behaviour, mindset change, and building their self-confidence and capacity to manage distress (self-efficacy).

- To me life skills [training] was the most impactful in my life because I learnt a lot of things that changed my life, such as self-realisation, being confident, doing what males do, such as playing football, talking to and associating with people, having respect for all kinds of people, gaining leadership skills and even now I am the peer leader/captain. I also gained mobilisation skills from life skills. I thank the Game connect coach for teaching us impactful topics. (FGD with Host Community Youths, Kamwenge)

- For me the most impactful activity was life skills training due to the change of my mindset. For example, I did not believe that I can do something, and it happens and turns into a reality, but now I believe that I can do something. Also, I was so negligent in anything that I did, but I have learnt that as a person, I must be responsible in order to live a meaningful life in this world. (FGD with Refugee Youths, Kikuube)

- For me, life skills were the most impactful activity because my behaviour has changed. Before, I didn't have respect for people but, through Game Connect, I learnt that I can only be respected when I also respect others. (FGD with Refugee Youths, Kampala)

The role of sport in fostering connections among individuals, developing talents, creating opportunities and alleviating stress and promoting positive coping behaviours.

- Sports activities which took away my stress. I got to learn different sports activities such as football, volleyball and netball which was good to me. During my free time I started spending time playing these games. (FGD with Refugee Youths, Adjumani)

- The sports activities are the most impactful to me because it's through the activities that I managed to overcome isolation tendencies, become physically fit and also managed to get a bursary at school until P7 class because of sports. So, I really appreciate Game Connect for engaging me in sports and making me realise my talent. (FGD with Host Community Youths, Kikuube)

- I think football has brought changes in my life. I used to be lonely, but now I have many friends. Some of them are not from our tribe. (FGD with Refugee Youths, Lamwo)

- Actually, to me sports activities were important because it's through those sports activities that I got a chance of moving to different places like Kampala and other places for friendly matches. This made me so happy. I really thank Game Connect for making us tour different places. (FGD with Refugee Youths, Kikuube)

- Sports activities, they unite youths. I learnt other new sports activities that I didn't know before which helped to relax my mind. For, example most of the time I was at home thinking about different things that I have no solutions to, but when the time for training in sports like football arrives, I go and play with others and this helps to relax my mind at the end of the day. (FGD with Refugee Youths, Kamwenge)

- For me, I no longer feel bored and stressed. When I feel stressed or people annoy me, I just go to the pitch and play football with others until late evening. Sport really helps so much in reducing my stress and forgetting all that had annoyed me earlier. (FGD with Host Community Youths, Kampala)

- The reason why sports activities were the most important activity is that my child was always weak and helpless but, after joining Game Connect, she started playing netball and football with her peers and currently she is active and strong even while doing home activities like cooking, fetching water. (FGD with Caregivers, Lamwo)

The role of the coach – home visits, providing guidance and counselling – in building relationships and addressing household-level issues, modelling compassion, and offering a safe space for young individuals to confide in their coaches about more profound problems, seeking assistance, and guidance.

When reflecting on project elements that provided lesser value, some youths reported that they hadn't benefited from any referrals, either because they were ineffective or because the youths did not require additional services. Some considered that they were able to address their mental health and psychosocial well-being issues independently, utilising the knowledge and skills acquired from the project. (See also section d for the role of Game Connect in strengthening referral processes). **A small number of young people were not enthusiastic about the sports on offer through Game Connect, and did not feel they could benefit from home visits due to competing priorities that meant they were rarely home.**

c) Project contributions to addressing protection challenges

Qualitative data show that youths from all five project sites are exposed to various protection risks, including poverty, alcohol and substance abuse, criminal activities like stealing, conflicts and fights, sexual abuse, redundancy, neglect, child marriage, and dropping out of school, among other challenges. Perspectives from various key informants and youths suggest that the project made a substantial contribution to protecting youths from these identified risks, both directly and indirectly.

The project introduced youths to sport as an alternative and constructive way to spend their free time, which diverted them from engaging in risky behaviours, as remarked by some youths, caregivers and partner staff, as described below.

- *First of all, Game Connect has provided us with some materials, for example playing cards, ludo, which even if you're not into sports you can at least play with your friends. So even if you're not playing sports, you can at least be busy with these other games, which is better than getting involved in doing drugs.* **(FGD with Host Community Youths, Kampala)**

- *The Game Connect project brings about improvement in the child. It helps the child to have total awareness of what they are supposed to do, the child will not find time to go and cause trouble elsewhere. If he or she goes to participate in these [project] activities, the child will not have time to cause trouble.* **(FGD with Caregivers, Kamwenge)**

- *Like I said earlier, most of the youths involved in gangs were not beneficiaries of the [Game Connect] project. But sport is a form of psychosocial support. Seeing sports gives you peace. To me it is very good because these are some of the activities that are helping to keep youths occupied.* **(KII with UNHCR Staff, Adjumani)**

- *The issues of school dropout, the issues of HIV/AIDS, because it is rampant and you know, as I told you before, sport really helps to protect the lives of youths. And youths are in danger all the time. Some of them are still young, they can't make their decisions and yet they are close to one another. The homes are close and it is very simple for them to go to one another. But if the games are there, they can go and get tired from the field and when they come back, they can tell; eeh… can you come today in the night? Maybe at around 10pm. So, she will go, and sleep will take her and then she will not go. So, by that she has avoided to get maybe HIV or to get pregnant, and it can even control school dropout.* **(KII with OPM Staff, Lamwo)**

- *There is also the issue of stress management. The project taught them that sports can help to address this better rather than resorting to drug abuse…* **(KII with OPM Staff, Adjumani)**

The life skills imparted had instilled in the youths a sense of responsibility and purpose in life. As a result, many of them reformed their behaviour and abandoned risky activities, opting to make better life choices. Youths, project staff, and caregivers attested how these young people became motivated to work, save money to improve their living conditions, and embrace a more responsible way of living following their participation in the project.

- *Before enrolling into Game Connect, I was without a plan. For example, I used to waste every money I get on alcohol, smoking; yet they were also destroying my life. When I enrolled into the project, I got advice, and it has helped me to leave such bad habits of drinking alcohol and smoking and adopt a saving culture in a VSLA (village saving and loan association) group in my area.* **(FGD with Refugee Youths, Kikuube)**

- *Through the life skills imparted, my child understood that engaging himself in unproductive acts like smoking, alcoholism and other drugs could destroy his mental and physical health. After joining [Game Connect] and getting training, he completely stopped smoking and drinking alcohol. He also left the bad company of peers whom he associated with. I am happy that my son is now a good boy who is attending school unlike before.* **(FGD with Caregivers, Kamwenge)**

- *For me, I work with the host community, most of my youths are now okay economically because of the life skills we taught them. But before, they were just there, they would just come to the centre, drink, play and go back and sleep at home; that is what they used to do. But now most of them are earning money and it is because of Game Connect.* **(FGD with Coaches, Lamwo)**

Numerous key informants reported that the project had facilitated peaceful coexistence among the youths, thereby reducing conflicts and hostility related to ethnic and other differences. This, in turn, is perceived to have had a positive impact on the safety and well-being of the youths. In fact, some considered the promotion of peaceful coexistence as one of the project's most significant achievements, alongside its contributions to addressing the mental health challenges of the youths.

- *The majority of the settlers in Adjumani are up to 70% youths who are redundant and, because of financial constraints, are not able to stay in school. They end up engaged in a lot of things which are not desirable in the community. They say that an idle mind is the devil's workshop. These crimes are not deliberate, but they happen because the people are idle. Partners have tried, but they cannot provide services to cater for all the youths in that bracket. When Right to Play came, we decided to bring together the youths in the host community with the ones from the settlement. This helps to bridge the gaps between tribes that would previously not come together. To this day, we still have some cases of conflict, though minimal. Play has built strong relationships which were lacking by then. People would not even sit together those days. There used to be cases of mobs attacking and robbing people, but now we have realised that we are family and we are one… The biggest achievement of the project was in the area of instigating peaceful coexistence among the youths and reducing the rampant suicide cases. They have also added value in giving hope to the refugees.* **(KII with OPM Staff, Adjumani)**

- *And if you look at it in terms of co-existence, here we live in host communities and the land we sit on is for the communities, not government land. So, you realise that interaction with the hosts plays a very key role in terms of safety and security for the refugees, but also for the host communities. You know whenever there are clashes, lives are lost and very many things damaged. So, this project has tried to cement that relationship between the hosts and the refugees in this area of operation; the settlement here, but also outside the settlement, because youths interact and move out.* **(KII with UNHCR Staff, Lamwo)**

d) Project contribution to strengthening referral pathways for young people

The project's contribution to strengthening referral pathways was primarily assessed from the perspective of referral and other key project partners, such as the OPM and UNHCR. Qualitative evidence indicates that the project substantially contributed to the increased identification and referral of youths in need of MHPSS in all five project sites. All the MHPSS partners engaged during the evaluation confirmed that they had received referrals from Game Connect. Some indicated that their caseloads had dramatically surged due to an influx of youths referred by the Game Connect project.

But as for me, I can attest that I have received referrals from Game Connect on different issues, which shows that there is attention, and that when they are meeting these children for sport, they do not only focus on enjoyment and excitement; they are also thinking about how these children are behaving, how they are feeling and what is causing that. **(KII with TPO Staff, Lamwo)**

Let me use a scale I usually use with my clients in therapy from 0 to 10. Game Connect has done us good and I would give it an 8 because for example, when Game Connect came, they referred to us clients with depression and they were coming in large numbers. **(KII with TPO Staff, Adjumani)**

It was further reported that the awareness created by the Game Connect project had increased the demand for and uptake of MHPSS services in the target communities.

- *I will talk in terms of awareness and identification of cases. This is the area that I was focused on and I appreciated so much. With mental health issues, if you do not create awareness, it cannot help. There is a need to create more awareness because the community has so many cases, but they cannot come out because some of them do not even know that it is a problem. Game Connect did very well on this and it was very impressive.* **(KII with LWF Staff, Adjumani)**

Several partners reported that an unprecedented number of cases were identified and enrolled in their care through synergies with the Game Connect project, such as integrated community outreaches.

- *Behind you, I have a cabin which is containing the files here in the mental health clinic. We started with zero, but with the collaboration with the Game Connect project specifically… we started organising those outreaches that I told you and, through that, we identified youths who were potential clients for our mental health services. So, you find that every time we go for outreaches and we do assessments, we enrol the youths in care… you'll find that it has improved the use of mental health services within the community. The numbers have increased in that cabin because we started with only five clients but now we have over 1,000 because of the integration with the Game Connect project.* **(KII with MTI, Kamwenge)**

Some partners also reported referring youths for Game Connect SfP interventions. However, this cross-referral was on a minimal scale in Game Connect Phase 1.

- *As they refer the severe, we also refer the mild that can benefit from the programme. The severe that cannot benefit immediately are referred here. Later when they are better, we refer them back. Also, when we get referrals from other partners which are mild, we refer them there.* **(KII with TPO Staff, Adjumani)**

While the referral mechanism of the project was generally considered robust, a few gaps were reported in Kampala and Adjumani. In both sites, it was indicated that follow-up of referrals was weak. In Adjumani, documentation of referrals was reported to be poor, while in Kampala, the linkage of referred youth was weak, to the extent that several of them did not reach the referral partner.

- *Right to Play should develop its referral book so that it is easy to identify where the case is from and what it needs. Verbal referral does not work. In research we say that "not documented is not done". So, we need to document everything that is talked about. A simple template can be used and attached to the file even if they are using an LWF template so that there is something to show that it is a Right to Play case. We also need to follow up the referred cases.* **(KII with Partner Staff, Adjumani)**

- *I will speak about our partnership with Youth Sport Uganda: we as an organisation that deal with youths who use drugs; they have trained coaches who deal with these youths. But we don't have a clear referral pathway… Referral requires facilitation like transport. We are in Makindye and they would send people from Nakawa. The coaches will refer clients to us who are struggling with drugs and they will not come. The pathway is not clearly defined.* **(KII with Game Partner Staff, Kampala)**

3.3 KEQ3: Effectiveness of the Game Connect Project Design and Implementation

This section assesses the effectiveness of the design and execution of the Game Connect Project in Uganda. The evaluation considers the validity of the project TOC, project relevance, efficiency, effectiveness, impact, sustainability, unintended or unanticipated positive or negative effects, and barriers and challenges in implementation and engagement of youths.

Key Findings

- Game Connect TOC: The Game Connect TOC was valid to a great extent. Other than Assumption 2 (A2), which stated that "there will be no major disease outbreaks that affect and complicate the implementation of activities", the rest of the assumptions held true.

- Project relevance: The project was contextually relevant in addressing the MHPSS needs of the youths in the implementation sites.

- Efficiency: The project's efficiency lay in its utilisation of locally sourced coaches for pre-enrolment assessments, engaging eligible youths, and assessing their progress towards graduation; and collaboration with key stakeholders, including the UNHCR, the OPM, and District Local Governments, to identify existing safe spaces that needed improvement/upgrading as opposed to exclusively creating new safe spaces.

- Effectiveness: On the whole, the project was effective. It largely achieved its goal, that is, enhancing the psychosocial well-being and mental health of both refugee and host community youths in the five project sites. This was in spite of the evaluation finding that performance against log frame indicators was below the set targets, which were set rather high considering the baseline status per outcome area.

- Impact: Overall, the project achieved notable success in enhancing the psychosocial well-being and mental health of both refugee and host community youths in the five sites. Essentially, the Game Connect model has proven to be effective.

- Sustainability: The project made indispensable efforts to put in place measures that support the sustainability of project outcomes. These include; the integration SfP activities in some schools; and a positive shift in the knowledge, and mindset of district officials regarding SfP activities (although they were yet to translate this shift in practice); reported application of psychosocial well-being and mental health skills by the youths in their daily lives; expanded social and support networks of the youths and their capacity to sustain these connections after graduation; and continued engagement of the youths in sports. However, these pointers to sustainability are not conclusive considering that endline data were collected shortly after the graduation of the treatment group.

- There were, however, some documented concerns about the sustainability of project outcomes. These included: districts were yet to develop their respective advocacy strategies for SfP activities; gaps in connections between youth clubs and sports federations through the UOC; overreliance of some youths on their coaches during the course of their engagement; and a lack of development of the peer leader structure, leading to weak peer-led engagement of youths after graduation.

- Unintended effects: These were primarily positive. For the youths, they included physical health and fitness, ignited interest in sports; improved behaviour and personal hygiene and reduction/resolution of deeply entrenched familial conflicts. The coaches registered improvement in knowledge of life skills, capacity to facilitate life skills training, benefitted from life skills, registered a positive shift in attitude towards persons with mental health challenges, expanded their social networks and attained a higher social status in their communities.

- Barriers and challenges in implementation: These include competing priorities for older youths; challenges related to accessing safe spaces; poor state of pitches; lack of sports kits and hunger; unbalanced competences of coaches; challenges engaging youths with disabilities; and socio-cultural barriers.

a) Validity of the Game Connect TOC

The Game Connect TOC was generally found to be valid. The planned activities and interventions, as sequenced – such as identifying and assessing the psychosocial well-being and mental health of youths aged 15–24 using standardised WHO tools, developing the SfP curriculum, recruiting coaches, developing informational materials, and mobilising parents and community leaders – were largely sufficient to achieve the intended outputs and outcomes. These efforts ultimately contributed to improved psychosocial well-being and mental health for refugee and host community youths in Kampala and the Rwamwanja, Palabek, Adjumani, and Kyangwali refugee settlements (project impact).

Several areas of concern were identified in relation to the TOC. For instance, regular participation of refugee and host community youths in structured SfP activities (Output 2.1) varied depending on their profiles, competing livelihood priorities and disabilities. Additionally, the assumption that there would be a programme of inter-community competitions successfully hosted and supported by the UOC, sports clubs and federations (Output 2.2) was based on the existence and operation of regional federations, which was not the case. This affected the number of inter-community competitions and undermined the linkage of youths to clubs and federations to support sustained participation in sport following graduation from Game Connect. Consequently, the presence of the UOC in Phase 1 was less noticeable compared to other consortium partners.

One assumption of the Game Connect TOC, Assumption 2 (A2), did not hold, as it stated that "there will be no major disease outbreaks that affect and complicate the implementation of activities." The impact of COVID-19 did affect the project.

Overall, the Game Connect TOC was largely valid, as evident in the significant improvements in the psychosocial well-being and mental health of youths. The logic in the building blocks of the TOC makes sense.

b) Relevance

A synthesis of qualitative and quantitative data presented in sections 3.1 and 3.2 revealed that the Game Connect project interventions were relevant to the contexts within which they were delivered. The project's relevance was demonstrated through its contribution to addressing the unmet need for mental health and psychosocial well-being interventions targeting the youths, their families and communities in the different project sites. According to the various stakeholder groups consulted, including the youths, their caregivers, community members, local leaders, representatives of the OPM, and the project team, the Game Connect project demonstrated its relevance through building awareness around issues of mental health and acting as a gateway to MHPSS (and other) support services.

The project significantly contributed to creating awareness about the mental health and psychosocial well-being of young people, both within families and at the community level. It initiated open dialogues among caregivers and community members about these critical issues. Mental health and psychosocial well-being were not commonly discussed and carried very negative connotations, and affected persons faced discrimination due to ignorance and misunderstanding among families and communities. The Game Connect Project was relevant in addressing this awareness gap and empowering and enabling caregivers to better support the mental health needs of young people. Through its referral mechanisms, the project improved young people's access to essential services, including MHPSS and education. Additionally, the project demonstrated relevance through the creation and improvement of safe spaces for youths, effectively addressing their protection concerns. The improvement in sports facilities was reported by both the youths and key informants.

In essence, the Game Connect project was a significant catalyst for transformative change, effectively addressing the mental health and psychosocial needs of young people while creating safe and supportive spaces for them.

c) Efficiency

Game Connect demonstrated efficiency in several ways. The approach of utilising coaches for pre-enrolment assessments, engaging eligible youths, and assessing their progress towards graduation proved to be cost-effective. These locally sourced coaches not only possessed an in-depth understanding of the contextual nuances in their operational areas, but also helped the project minimise staff maintenance expenses. The costs associated with coach maintenance were notably lower compared to hiring staff from outside the operational areas.

Furthermore, the project's collaboration with key stakeholders, including the UNHCR, the OPM and District Local Governments, to identify existing safe spaces in need of improvement to refurbish and equip with essential sports apparatus, contributed to cost saving. This approach helped to keep the costs manageable, especially when compared to the scenario where entirely new safe spaces would have been developed.

In cases where new safe spaces were identified and necessitated development, the project leveraged locally available resources. For example, participating youths, under the guidance of coaches, contributed to tasks such as clearing tree stumps and removing any objects that posed safety risks in the safe spaces. Importantly, the project did not need to invest in acquiring land for these safe spaces. The land on which these safe spaces are situated is either owned by the OPM in the settlements or the district local governments in the host communities. This not only positively impacts local ownership, but also enhances sustainability.

The only exception to this approach was in Kampala, where safe spaces had to be hired due to contextual factors.

The project's strategic coordination with referral partners in various areas of MHPSS, well-being, education, livelihood and protection also played a pivotal role in ensuring project efficiency and maximising its value.

d) Effectiveness – performance against set targets

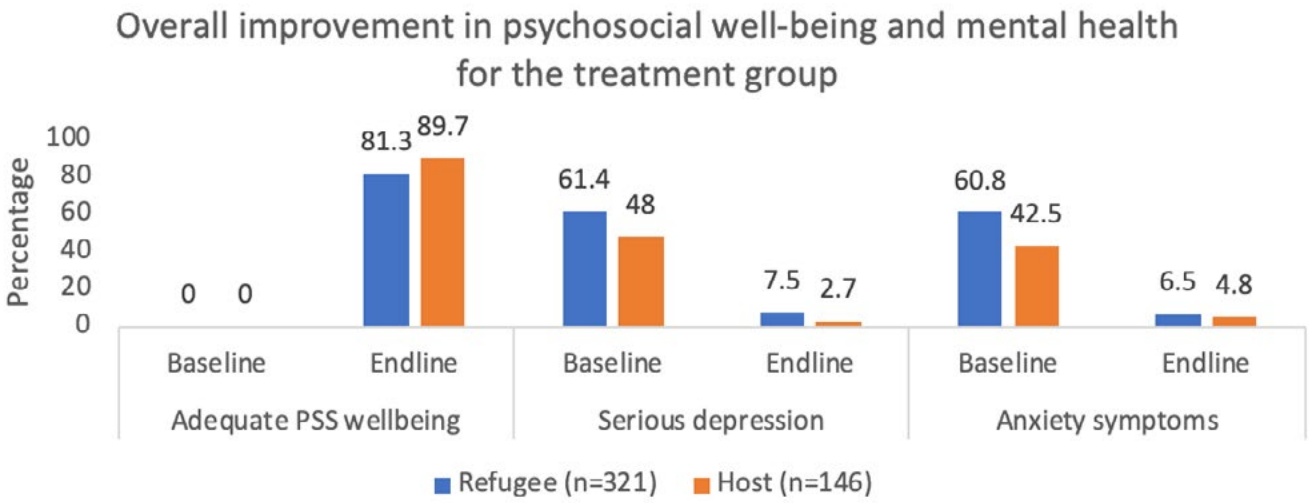
On the whole, the Game Connect Project performed effectively. The SfP activities proved to be largely successful in addressing the mental health and psychosocial well-being challenges faced by the targeted youths. The effectiveness of the SfP activities is substantiated by the evaluation data, which aligns with the findings from programme monitoring data, highlighting Game Connect's role in enhancing the following aspects:

1. Improving the skills and capacities of youths to enhance their psychosocial well-being and mental health;
2. Enhancing their social and support networks;
3. Fostering a heightened sense of belonging; and
4. Making referrals more efficient and impactful.

However, an examination of the project's performance against the set outcome indicator targets suggests that the overall performance at endline fell short of the targets (refer to Table 7 in the report). This indicates that these targets may have been overly ambitious, potentially unrealistic, especially considering the baseline performance levels and the duration of youths' engagement in the project.

e) Impact

The Game Connect project aimed to improve the psychosocial well-being and mental health of refugee and host community young people (aged 15-24) through sport. Overall, the project achieved notable success in enhancing the psychosocial well-being and mental health of both refugee and host community youths in Kampala and Rwamwanja, Palabek, Adjumani and Kyangwali refugee settlements and surrounding host communities. Referring to data presented under section 3.1 on the project's effects on psychosocial well-being and mental health, as measured using three main indicators of psychosocial well-being, anxiety and depression, it is evident that the proportion of youths in the treatment group who experienced improved psychosocial well-being significantly increased from the time of enrolment to graduation. Furthermore, there was a significant reduction in the proportion of these youths suffering from serious depression and symptoms of anxiety. The following graph comparing the baseline and endline scores of youths in the treatment group, provides insights:



Overall, 66% of the youths in the treatment group (n=910) reported satisfaction with the MHPSS services received. These outcomes highlight the project's substantial impact. In essence, the Game Connect Model has proven to be effective.

f) Indicators of sustainability

This section of the report highlights some of the pointers to the sustainability of project outcomes considering that endline data were collected shortly after graduation of the treatment group and no follow-up data were collected. The identified pointers include:

Reported application of psychosocial well-being and mental health skills by the youths in their daily lives after completing the programme: Conversations with the youths have shown that many of them continue to apply the life skills they acquired, as evident in the following excerpt.

- *What I have learnt from Game Connect, before they came, if a person would annoy me, I would get anger and if I meet her the following day, I would just bypass her without greeting. But when it came, it taught us to forgive our friends. Like me now, if a person tells me something I don't understand, I call her and we sort ourselves without fighting. I ask her where she got what she said and then we sort the problem, then the anger stops and we reconcile*. **(FGD with Host Community Youths, Kamwenge)**

Expanded social and support networks of the youths and their capacity to sustain these connections after graduation: Most of the youths who took part in the final evaluation mentioned that they had maintained contact with their "Game Connect" friends, either through phone or in person, even after completing the project.

- *I got many friends and one of them stays in Zone 2. We often visit each other and now I started learning their language.* **(FGD with Host Community Youths, Lamwo)**

- *I stay in the barracks in Kibuli and my friends stay in Makindye, but despite that, we often meet and share. I used not to be a football fan – my interest was in basketball – but now I enjoy football because of Game Connect friends. We don't interact so much because they are still in high school and I am at campus, but we talk on the phone and meet when it is necessary and share ideas at that level*. **(FGD with Host Community Youths, Kampala)**

Continued engagement in sport: At graduation and immediately after graduation, there were indications that many youths continued to engage in sport as demonstrated in the following excerpts.

- *Game Connect has been able to renovate all our fields for netball and football, which no organisation or project has done. I always meet up with my friends then we play.* **(FGD with Host Community Youths, Kampala)**

- *I continued playing volleyball because it relaxes my muscles and keeps me fit.* **(FGD with Host Community Youths, Adjumani)**

- *For me I continued playing football because most of my friends like playing football too, and it is through football that I meet some of them.* **(FGD with Refugee Youths, Kikuube)**

Regular engagement, if maintained months after graduation, bears the potential to sustain the project outcomes. The youths' social and support networks continue to grow. It further assures young people's improvement in interpersonal and collaboration skills and, in turn, skills and capacities to support their psychosocial well-being and mental health.

On the other hand, some youths experienced limited continuity in access to structured sports after graduation. This was partly attributed to overreliance on the coach during the course of their engagement and a lack of development of the peer leader structure, leading to weak peer-led engagement of youths after graduation.

Integration of SfP activities in schools: The integration of SfP activities in schools, as reported by some district officials, also bodes well for sustainability.

- *In our schools, we have learnt that play-based learning is more effective. In these schools within the project area, the games being played have already been integrated.* **(KII with District Sports Officer, Adjumani)**

Positive shift in knowledge and mindset regarding SfP activities at district level: We observed a positive shift in the knowledge and attitude of district officials regarding SfP activities. Many of them reported being aware of the role of sport in improving mental health, but the project had solidified this idea by providing empirical evidence that it works. There are signs that district officials are educating their communities about youth mental health and advocating for the adoption and popularisation of the SfP approach to mental health and psychosocial well-being, which indicates a potential for sustainability. However, they have yet to develop systematic advocacy strategies.

- *Prior to Game Connect, sport was considered an approach to [improving] mental health, but not to that extent. We were looking at sports as general, but not specifying like mental health or what. We were looking at the general benefits of sports, not necessarily mental health. But all that has changed now. Looking at ideas that these youths are bringing on board. For example, when you look at the emotional challenges, like killing themselves before sport, doing something illegal, the drug abuse and when you see the mindset change, you know that sports really work.* **(KII with District Sports Officer, Kamwenge)**

- *On the advocacy part, there are issues like teenage pregnancy, protection, mental health and others which we are teaching the communities. Without protection, there is no peace in and out of schools. There are limitations in terms of frequency of our visiting the community compared to the project.* **(KII with District Sports Officer, Adjumani)**

A case of advocacy for structured sport as an effective approach for addressing psychosocial and mental health needs of youths affected by displacement

The project has successfully demonstrated the effectiveness of structured sport in addressing MHPSS challenges among youths. Consequently, some stakeholders have recognised structured sport as a relevant approach.

Based on the evidence adduced by the Game Connect project that structured sport works, representatives of the OPM, in particular, expressed enthusiasm to promote SfP and encourage mental health partners to incorporate it into the design of their future MHPSS interventions.

- *I have a partner in UNHCR and this is what we are trying to market, that it is not just entertainment. When we talk about peaceful coexistence and invite people to come and play, the point is to interact with each other, and we invite people to bring their sick to the hospitals. We do this every month, and this is what we are trying to promote. We encourage partners who support sports to also look at this angle. When we look at this angle, we are not looking at entertainment, but as psychosocial therapy. If we have cured some of the psychosocial issues they face, that is one win. For the ones who are more talented, we can link them with clubs, and they pursue professional careers. There are some now from Kampala who want to come and play here. The point is that we are trying to market that in our coordination meeting. We thought that the budget would be influenced by these ideas, but now they claim that the Ukraine-Russia war has taken all the money, but we shall not stop marketing.* ***(KII with OPM Staff)***

One of the concerns about sustainability of project outcomes focused on the inactiveness of sports federations in programme locations. Yet, fostering linkages between youths with sports talents/youth clubs and sports federations through the UOC would have contributed to strengthening project sustainability by ensuring youths' continuous access to safe and quality structured sport beyond the project.

g) Unintended or unanticipated positive of negative effects

The project had primarily positive unintentional effects on both youths and coaches.

Physical fitness and interest in sport: The project had a perceived positive impact on the physical health and fitness of the participating youths and sparked the interest of several youths in sport as already explained in section 3.2.

Improved behaviour and personal hygiene of the youths: Due to neglect, isolation and discrimination faced by some of the youths with MHPSS challenges from their families and communities, they were often unhygienic, unkempt and some had jiggers, while others paid little attention to their appearance. However, it was reported by youths, coaches and parents/caregivers that their participation in the project enabled them to become more hygienic. As parents, caregivers and community members improved their understanding of mental health, their attitudes towards youths with MHPSS challenges improved as well, leading to a reduction in discrimination and stigma.

Resolution of familial conflicts: One example showed the indirect contribution of the project to the resolution of deeply entrenched familial conflicts among the youths. Some of these conflicts arose due to differences, whether they were inter-tribal (in the case of refugee youths) or between refugee and host community youths.

- *Let me give my example. The teaching of peaceful coexistence has helped me a lot because our neighbour used to hate our family for no good reason. It so happened that a girl from that family joined Game Connect. The two of us managed to unite the two families and now we are living peacefully.* **(FGD with Refugee Youths, Lamwo)**

The coaches also experienced unintended improvements through the project.

Enhanced knowledge of life skills: The project enhanced the coaches' knowledge of life skills particularly, on the triggers of mental health challenges such as excessive idleness, worries, loneliness and lack of critical life skills, among other things. The coaches self-reported improvement in knowledge on the symptoms of mental health and psychosocial challenges.

Increased training capacity: The coaches' capacity to facilitate life skills training also improved, having undergone training on the delivery of the life skills curriculum. Prior to their participation in the Game Connect project, many had never had any opportunity to receive a training on life skills. The project empowered the coaches with the ability to innovate and reflect more on the activities and learning aids, taking into account the unique needs of their target groups based on age and category of the youths.

Benefitted from life skills: In an unexpected way, some of the coaches themselves became beneficiaries of the life skills they acquired, successfully applying them and reaping the benefits at a personal and social-relational level.

- *Since June last year, I don't know when I have ever been depressed, I get issues, but I don't get depressed because I know how to deal with them. My younger sister is a lawyer, but she asked me why I no longer care and what is wrong with me, but I told her it is because of the project I am implementing.* **(FGD with Coaches, Kamwenge)**

Positive attitudes towards people with mental health challenges: The coaches registered a positive shift in attitudes towards persons with mental health challenges. Prior to their participation in the Game Connect project, several of the coaches were not very different from the rest of the people in the social environments within which the youths live. This is notwithstanding their educational background in social work/community development. Many of the coaches reported to have never interfaced with MHPPS in their training and practice prior to this project. Their involvement in the project thus improved their understanding of mental health and psychosocial well-being of young people. This was instrumental in positively shaping their attitudes.

Elevated social status: The coaches reported improvements in their social status and social networks. Their role in engaging and supporting youths with MHPSS challenges earned them trust and recognition by the local leaders, parents and community members. The youths looked to them as their role models, more so because many were also young people (<35 years old).

g) Barriers and challenges in implementation and engagement

Implementation of the project faced some challenges. However, the significance of specific challenges could not be rated, since participants were not asked to rank them.

Competing priorities: Older youths with familial responsibilities in particular had to balance participation in project activities with their efforts to earn a livelihood and support their families. Some youths for instance, in Palabek refugee settlement (Lamwo), had to travel to their distant gardens for weeks during cultivation seasons, which affected their regular attendance. For other youths – both in refugee and host communities across all study sites, the time allocated for structured sports activities commonly clashed with their business/ livelihood responsibilities, yet others had domestic obligations to attend to leading to irregular attendance or difficulties in keeping to the schedule.

- *Sometimes you are there, you are in the garden, you don't know whether it is already time, then you hear them calling that why have you not yet arrived. Then you see that leaving the garden to reach home, then bathe, you will be late. But you still had a lot to do and by the time you reach there you find the legs paining you, when others have already started and when you have already missed some things.* **(FGD with Host Community Youths, Kamwenge)**

- *Older youths are actually young mothers and young fathers, and they have other domestic challenges that come with their livelihood insecurity. Incidentally, this project was looking at psychosocial well-being and mental health of youths, leaving out that component of livelihood, which is actually important because you don't expect me to come for sports activities and then go back home smiling when I don't have food.* **(FGD with coaches, Kikuube)**
- *My child used to fall sick a lot, and sometimes I took about three weeks without going to learn [Game Connect] when she is sick. I would be in the trading centre and see my colleagues passing going to play and tell them that I am not coming because the child is sick. Sometimes I would go with her, but could not play because I would be holding her.* **(FGD with Host Community Youths, Adjumani)**

The coaches across study sites noted that, for in-school youths, the constraints of the school curriculum limited the time available for coaches to engage with them and deliver the structured sports curriculum. Weekends, specifically Saturdays and Sundays, would have been suitable alternatives for engaging within-school day scholars. However, these were the coaches' days off.

- *Yes, sometimes for life skills because of the time. Especially in school, you find the school is giving you only 30 minutes per session, yet you have to give them like 2 or 3 life skills because of time. So, you find you are pumping a lot in a shorter time.* **(FGD with Coaches, Kamwenge)**

The continuous mobility of refugee youths in pursuit of opportunities for survival and other purposes also posed a significant challenge to their attendance and effective participation in Game Connect sessions.

- *Some of them stay in Kampala but their cases are in the camps or they are registered in the camp. So, they will appear on the first, second and not appear on the third day. They will disappear for a whole week while their team members have been attending sessions, they will again appear after that one week of disappearance and find the teams are far ahead of them.* **(FGD with Coaches, Kampala)**

Challenges related to accessing safe spaces: Access to safe spaces presented a specific challenge for youths in Kampala, as reported by the youths and the coaches alike. In this urban setting, it was challenging to establish safe spaces in close proximity to the youths. Thus, they had to utilise the available sports facilities/ spaces which the youths and the coaches described as competitive. Some youths mentioned that they required money to travel to the nearest safe space, and when they couldn't obtain it, they had to walk, which not only exhausted them but also limited their participation in SfP activities.

- *One challenge is lack of transport fare when we have games to play and yet there can be quite a distance. If you decide to walk, by the time you reach, you're actually very tired.* **(FGD with Host Community Youths Kampala)**

- *Yes, then the other thing is the distance to the pitch. Some youths tell you as a coach that the pitch is very far and ask if you are offering transport for them to attend the planned sessions.* **(FGD with Coaches, Kampala)**

Poor state of pitches: The poor condition of the pitches was also highlighted as a challenge, particularly in Kampala. Youths stated that some of the pitches became waterlogged during the rainy season, rendering them unusable. This significantly hindered their ability to engage in sports activities.

- *The pitch also needs to be worked on because it is not in good condition, whenever it rains there can be broken glass, used pampers and rubbish making their way into the field because of a broken drainage system around the field.* **(FGD with Host Community Youths, Kampala)**

Lack of sports kits and hunger: The lack of sports kits, including uniforms and shoes, was a common concern among youths from all the project sites. Additionally, some refugee youths mentioned experiencing hunger and thirst during SfP activities. These challenges posed significant barriers to their effective participation in the programme. It's worth noting that the issue of hunger may become more critical due to cuts in food rations in the settlements.

- *I faced a challenge of hunger and thirst because I used to go to the venue on an empty stomach.* **(FGD with Refugee Youths, Kikuube)**

- *We as netballers, we don't have jerseys, whenever there is a match, they just tell us to get matching clothes, for example leggings, and we are never smart because players turn up with leggings that are not matching.* **(FGD with Host Community Youths, Kampala)**

- *The challenges we have, we lack sports materials/kits such as balls, shoes, jerseys or T-shirts for the football team, we even lack bottles for packing water.* **(FGD with Refugee Youths, Lamwo)**

Imbalanced coach competences: There was an imbalance in the competences of coaches involved in the project. The effective delivery of SfP activities required coaches to possess a blend of skills in both sports coaching and life skills training/facilitation. However, this balance was not always achieved. In Kampala, the coaches were more focused on sports coaching competences, while coaches in other project sites were more oriented toward social work and thus more competent in life skills facilitation. This imbalance had implications for the quality and effectiveness of the programme in different locations.

Challenges in participation and engagement of youths with disabilities: While the project contributed greatly to the social inclusion and integration of youths with a disability, as already reported in section 3.2, some challenges in their participation and engagement were reported. It was reported that the effective participation of youths with disabilities in project activities was undermined by an interplay of factors, including the tendency of these youths and their parents to isolate themselves due to the anticipation of discrimination, negative attitudes towards the participation of youths with disabilities in SfP activities, unmet expectations of material support for youths with disabilities, and structural limitations in engaging youths with disabilities during SfP sessions. Some coaches were unsure about the most effective methods for involving youths with disabilities, including those with visual, hearing and speech impairments.

- *… I think when you have a disability, the project has the element of inclusiveness, but you don't have the same capacities in terms of participating in an activity if the game has not been modified. Although we are trying to modify the games, but they still lack something.* **(KII with Project Implementation Team, Adjumani)**

- *…These youths with a disability still have that fear of being discriminated against by their fellow participants. You will find that, at the end of the month, maybe the disabled youth will at least maybe attend twice or once because he or she still has that fear of being discriminated against by the other participants who are not disabled.* **(FGD with Coaches, Kamwenge)**

- *Usually, we have meetings with parents and encourage them to bring their children with disabilities to come and attend sessions, but most of them do not bring them because they are scared that this person may not take care of their disabled child the same way as they do to others. Some of them even want to come and be part of the session but they can't. So, it becomes difficult when that child does not come for sessions and the coach as well cannot go to this person's home to have the session from there because they have a lot of activities. I think also language matters, because you may find a person with a hearing impairment and the coach may not be good at sign language. Or the other is visually impaired, it really becomes difficult to communicate with these people*. **(FGD with Coaches, Kampala)**

- *My observation with one of our participants, I am basing it on parents, when these people were being recruited, their caregivers thought we were going to do something special with the participants with mental and physical disability and, as we continued, they found that there was nothing tangible in form of cash or asset to aid that disability and some of them started withdrawing little by little… Even when you look at what was killing their self-esteem in the first place, it was actually the caregivers themselves that kept them in the dark; they were over protecting them, which actually ended up being a disability. The coach had to [raise awareness among] the community that being with a disability did not mean someone could not participate in a game*. **(FGD with Coaches, Kikuube)**

Distances to reach the safe spaces, transport that was not disability-friendly, and, in some instances, the need for assistance in getting to and from the safe spaces were also highlighted among the challenges. Unfortunately, the necessary support was not consistently available.

- *… when we meet as a group, we agree on the venue (safe space) where to hold our meetings. Normally, we try to look for a place that is central, but you may find that even such a place may not be favoring the person with a disability. We have a challenge of transporting the person. If we say we meet from the home of the person with a disability, the home doesn't not constitute a safe place for meeting and playing our games.* **(FGD with Coaches, Kamwenge)**

- *High consideration should be given to youths with a disability; because you can go to get someone to play but even the crutches they are using to walk are so worn out. They should highly think about them.* **(FGD with Host Community Youths, Kampala)**

- Socio-cultural barriers: The project encountered socio-cultural barriers to effective engagement of the targeted youths. Overcoming negative gender norms related to female participation in sports traditionally considered male-dominated, and the idea of female youths being coached by males, posed challenges. Additionally, the project had to address discriminatory and oppressive practices against people with disabilities, which took time. Some family members viewed youths with disabilities as fragile, thereby discouraging their participation in SfP activities, as previously explained.

- These barriers were, however, addressed through deliberate continuous engagement of the key stakeholders, including the parents/caregivers of female youths, caregivers of youths with disabilities, local leaders, refugee leadership structures, particularly the refugee welfare councils, and the youths themselves. While the project registered considerable progress in demystifying the negative beliefs against the engagement of female youths and youths with disabilities in SfP activities, some of the affected youths and key informants were concerned that they still prevail in the target communities.

4. Conclusions and Recommendations

KEQ1: To what extent has Game Connect contributed to the improved mental health and psychosocial well-being of young people affected by displacement in Uganda? Have there been any unintended or unforeseen positive or negative effects resulting from the implementation of Game Connect?

- The Game Connect project played a crucial role in enhancing the psychosocial well-being and mental health outcomes of youths engaged in SfP activities. In essence, the project successfully elevated the psychosocial well-being and mental health of all targeted youths, irrespective of factors such as gender, age, disability, refugee status or project site.

- Despite these overall positive outcomes, contextual factors contributed to some variations in psychosocial well-being and mental health outcomes, with females, older refugees (aged 21-24), youths with disability and those resident in Kampala recording relatively less favourable outcomes than their counterparts. Key contextual factors include economic pressures of urban life in Kampala, a higher burden of responsibilities on older youths, discrimination against people with disabilities, oppressive cultural and gender norms against females, and the heightened vulnerability of refugee youths.

- The project exerted a compounding positive influence on the social and support networks of refugees and youths with disabilities. This suggests that the Game Connect approach is notably effective in enhancing social integration and support networks, especially for marginalised and socially excluded populations.

- The unintended effects of Game Connect project implementation were primarily positive.

Recommendations

- Promote and replicate the Game Connect SfP model as an effective approach for improving psychosocial well-being and addressing depression and anxiety among young people affected by displacement as well as the social integration of marginalised populations.

- Recognising the additional vulnerabilities faced by young women/girls and young people with a disability, sensitise the target communities to the adverse impacts of negative cultural and gender norms, values, practices and the stereotypes that negatively impact the psychosocial well-being and mental health of females and youths with disabilities during community and caregiver engagements.

KEQ2: Which elements of the Game Connect intervention carry greater or lesser significance in achieving desired outcomes among programme participants, including young people and coaches?

- Life skills training through sport stood out as a particularly impactful element for the youths. Overall, all project elements were impactful, as they reinforced each other to engender realisation of project outcomes.

- While referrals were essential in addressing the root causes of poor psychosocial and mental health outcomes for the youths, weaknesses in the referral process, such as poor documentation, linkages and follow-up and limited cross referrals from partner organisations curtailed their potential impact on the youths' outcomes

Recommendations

- Enforce implementation of referral SOPs for the project across all the sites. This will help to address identified gaps in linkage, documentation and follow-up.

- To enhance cross referral to the Game Connect project, increase awareness about the effectiveness of SfP interventions in addressing psychosocial well-being and mental health challenges of adolescents and young people among partners. Sharing findings of this evaluation during coordination meetings for MHPSS partners could help to realise this objective.

KEQ3: Overall, how effective is the design and implementation of Game Connect in Uganda?

- Overall, the design of the Game Connect project was effective. The project goal of enhancing the psychosocial well-being and mental health of both refugee and host community youths in Kampala, Rwamwanja, Palabek, Adjumani and Kyangwali refugee settlements and surrounding host communities was largely achieved. The Game Connect SfP approach works.

- The observation that the project performance fell short of the set targets for main outcome indicators suggests that moderate improvements at lower levels are sufficient to trigger significant changes in high-level outcomes, that is, psychosocial well-being and mental health (measured by depression and anxiety) of youths.

- Evidence shows that the Game Connect TOC was largely valid.

- The project was very relevant to the implementation context as it addressed the MHPSS challenges of a large number of the affected youths. The project further contributed to addressing barriers to the mental health and psychosocial well-being of young people at family and community levels through improving awareness on and MHPSS skills among caregivers and other community members. It was also relevant to the coaches and the local protection context.

- The project was efficient, being designed and delivered in a cost-effective manner.

- There were indications of potential sustainability of project outcomes. However, these indications were not conclusive, given that the evaluation was conducted shortly after graduation of the treatment group.

- Game Connect project implementation was constrained by a combination of context specific and crosscutting challenges. Key among them were irregular attendance among older youths due to competing priorities, limited access to and poor conditions of safe spaces (particularly in Kampala), the lack of sports kits, hunger during SfP activities, imbalances in coach competences and limitations in engaging youths with disabilities. Menstrual hygiene management also emerged as a challenge for girls' participation in sports activities.

Recommendations

Disability inclusion

- Deepen disability inclusion consistently across the project by equipping coaches with basic skills (such as sign language communication) to engage youths with different disabilities to enhance their effective participation in SfP activities.

- Create additional sessions specifically for youths with disabilities to enhance their learning and optimise mental health outcomes.

- Map out and engage partners to provide assistive devices to youths with disabilities to increase access to safe spaces for SfP interventions.

Investments to address implementation barriers

- Invest in creating quality safe spaces that can enable youths, especially in urban areas, to access safe sport activities with ease. This may involve creation of new safe spaces where there are none that are easily accessible or refurbishment of existing ones.

- Integrate menstrual hygiene management, providing knowledge and materials for female youths. Consider training youths in making reusable pads using locally available materials.

- Embed livelihood activities such as savings and skilling within the SfP project to attract and ensure more regular attendance and the participation of older youths.

- Designing separate sessions for younger and older youths can help to improve participation by both groups. In particular, scheduling the sessions for the older youths, taking into account the time for their work (livelihood activities), may help to improve their participation. In addition, for older female youths, the time and duration of engagement should take into account their gender roles.

- Provide sports kits to enhance the participation and minimise exclusion of vulnerable youths. Priority could be given to the economically vulnerable if resources cannot cater for all targeted youths. In addition, including a budget for refreshments for youths during SfP activities could make a difference.

- Consider pairing coaches with competencies in social work with those who have competencies in sport, as the current coaches may lack both sets of competencies.

Sustainability

- Integrate training to build the capacities of peer leaders to deliver SfP interventions to diverse groups of young people including those with disabilities. This will strengthen and capacitate the peer leader structure to harness its benefits for the sustainability of the project.

- Recognising that sports federations (national federations and their regional chapters) are non-functional in project areas, consider working with and building capacities of schools to integrate structured sport in their physical education curricula. For youths out of school, create more opportunities for friendly matches between youth clubs under the project and local clubs within and across the respective districts and regions. These matches will create opportunities for continued access to structured safe and quality sport beyond the project. A robust peer leader structure can support in this endeavour.

- Engage and directly support district officials to develop SfP advocacy strategies for integration into their plans and budget, for the sake of sustainability. This can be in the form of both technical and financial assistance through organising training workshops to build their capacities in developing SfP advocacy strategies.

- Conduct follow-up data collection to verify sustainability of outcomes amongst the youths in the treatment group within six months and a year of graduation.

References

- Deaton, A., & Cartwright, N. (2016). The limitations of randomised controlled trials. *VOX, CEPR policy portal.*
- Do, S., Coumans, J. M., Börnhorst, C., Pohlabeln, H., Reisch, L. A., Danner, U. N., ... & Hebestreit, A. (2022). Associations Between Psychosocial Well-Being, Stressful Life Events and Emotion-Driven Impulsiveness in European Adolescents. *Journal of youth and adolescence*, 1-12. https://doi.org/10.1007/s10964-021-01533-w
- WHO. (2021). Mental health of adolescents: key facts. Available at https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health
- WHO. (2022). Mental disorders: key facts. Available at https://www.who.int/news-room/fact-sheets/detail/mental-disorders
- WHO. (2023) Anxiety disorders. Available at https://www.who.int/news-room/fact-sheets/detail/anxiety-disorders#:~:text=Symptoms%20and%20patterns,broad%20range%20of%20everyday%20situations.

Annexes

Olympic Refuge Foundation

THE REPUBLIC OF UGANDA

GAME CONNECT

AVSI
People for development

UGANDA OLYMPIC COMMITTEE

UNHCR
The UN Refugee Agency

RIGHT TO PLAY

YOUTH SPORT UGANDA
www.youthsportuganda.org