THE ROLE OF SOCIAL SUPPORT INTERVENTION IN ENHANCING THE PSYCHOSOCIAL WELLBEING OF ORPHANED AND VULNERABLE CHILDREN IN ARUA CITY: A CASE STUDY OF MVARA WARD.

BY

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DECLARATION

I, Sitaraya Mildred, declare that this research report titled “The role of social support intervention in enhancing the psychosocial wellbeing of orphaned and vulnerable children a case study of Mvara ward, Arua city” is my original work and has not been submitted for any other degree or qualification at any other academic institution. All sources used have been acknowledged.

Signature: 

Date: 13th /05/2026

APPROVAL

This research report has been compiled and documented by Sitaraya Mildred. It has been under my supervision and is worthy of submission as required.

Signature:  Date: 13th /05/2026

Mrs. Ndaru Proscovia Ruhama

DEDICATION

I would like to dedicate this research report to my mother and my siblings, Uncles Eddy and Martin Obida who have been so clear and resourceful to me in one way or another, financially, morally, and spiritually throughout my academic life.

May God richly bless all your efforts.

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I would like to thank God for His love and grace towards me and for every opportunity He has given me to run this race, I don't take it for granted. I am grateful to everyone who has supported me during this journey, including my family and friends. Your encouragement and belief in me has been invaluable. Thank you for pushing me to always do my best and I am grateful for your unconditional love and support. I honor and appreciate you all.

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I would like to acknowledge Uganda Christian University for the opportunity they have given me to pursue my studies at the university coupled with the tireless support from the lecturers. That I will not take for granted and may God continue to bless the works of your hands.

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List of Acronyms and Abbreviations

PMTCT	Prevention of Mother to Child Transmission
OVC	Orphaned and Vulnerable Children
NGOs	Non-Governmental Organizations
FBOs	Faith Based Organizations

ABSTRACT

This study examined the role of social support interventions in enhancing the psychosocial wellbeing of orphaned and vulnerable children (OVC) in Mvara Ward, Arua City, Uganda. The study sought to identify the types and sources of support available to OVC, assess the influence of these supports on emotional stability, self-esteem, and social integration, and explore the challenges and opportunities for strengthening integrated intervention strategies.

A descriptive cross-sectional design employing a mixed-methods approach was used. Quantitative data were collected through structured questionnaires administered to OVC aged 8–17 years, while qualitative data were obtained from caregivers, community leaders, and representatives of local support organizations through key informant interviews and focus group discussions. Stratified random sampling was applied to select OVC and caregivers to ensure representation across age and gender, while purposive sampling was used for key stakeholders. Quantitative data were analyzed using descriptive statistics while qualitative data were analyzed thematically. Triangulation of findings enhanced the validity and reliability of the results.

The findings revealed that family members were the primary source of social support, complemented by religious institutions, NGOs, schools, and peer groups. Informal support systems formed the backbone of psychosocial care, while formal institutional support provided material, educational, and counseling assistance. The majority of respondents reported generally positive psychosocial outcomes, including frequent feelings of happiness and calmness, strong perceived self-worth, and active participation in community and peer activities. However, challenges such as financial instability of NGOs, stigma, limited professional psychosocial services, caregiver poverty, and weak coordination among stakeholders constrained the effectiveness of interventions.

The study concludes that social support interventions significantly contribute to the emotional stability, self-esteem, and social integration of OVC in Mvara Ward. Strengthening multi-sectoral coordination, expanding sustainable funding, enhancing access to professional psychosocial services, promoting economic empowerment of caregivers, and implementing anti-stigma community sensitization are recommended to improve long-term psychosocial outcomes. The study underscores the importance of integrated, community-based support systems in fostering resilience and wellbeing among vulnerable children.

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

This chapter presents the background of the study, the statement of the problem, the objectives of the study, research questions, and justification of the study, significance of the study, scope of the study and the theoretical framework of the study.

1.1 Background

Social support is widely recognized as a critical factor influencing the overall wellbeing of orphans and vulnerable children (OVCs). It encompasses the bonds, assistance, and care provided by individuals and institutions that help mitigate adverse circumstances and foster resilience among OVCs (Nsibande & Botha, 2023). The significance of social support lies in its capacity to enhance psychosocial functioning, facilitate social integration, and improve overall quality of life for OVCs (Li et al., 2024). Social support refers to the perceived or actual assistance that individuals receive from their social networks, which encompasses emotional, informational, and instrumental dimensions (Drageset, 2021). Emotional support involves providing empathy, love, trust, and care, helping individuals feel valued, understood, and emotionally secure examples include a family member listening during difficult times or a caregiver offering reassurance.

Psychosocial wellbeing in children is a comprehensive state of healthy psychological and social development, essential for their growth, adaptation, and future success (Kumar, 2020). Social Support Theory, as articulated by Cohen and Wills (1985), posits that social support functions as a crucial buffer against stress, thereby mitigating its adverse effects on an individual's health and wellbeing (Tseng, 2020). According to this theory, social support comprising emotional encouragement, tangible assistance, informational guidance, and appraisal support can influence how individuals perceive and cope with stressful situations. When people receive support from trusted relationships, it enhances their sense of security and self-efficacy, enabling them to appraise stressors more positively and reducing the likelihood of experiencing negative health outcomes such as anxiety or depression.

In Mvara Ward, like many communities across Uganda, orphans and vulnerable children (OVC) encounter a complex web of social challenges that severely impact their overall well-being.

Poverty remains a pervasive issue, with many households struggling just to meet basic needs such as food, clothing, and shelter. This economic hardship results in inadequate nutrition, limited access to healthcare, and an inability for many children to afford educational expenses like school fees, uniforms, and learning materials. These social issues collectively foster feelings of shame, loneliness, and anxiety, which weaken their resilience and hinder healthy psychosocial development.

Local support networks, including community-based organizations (CBOs) and faith-based organizations (FBOs), are increasingly pivotal. Yet, these organizations face challenges related to limited resources, capacity constraints, and inadequate coordination, which reduce their effectiveness in addressing the diverse needs of OVC, especially in areas of psychosocial support and economic empowerment. Addressing these interconnected issues requires a holistic, multi-sectorial approach focused on improving community support systems, expanding access to vital services, and fostering social inclusion and participation.

1.2 Statement of problem

Orphans and vulnerable children face numerous psychosocial challenges including trauma, stigma, anxiety, and emotional neglect. In many communities, formal systems of psychosocial care are weak or inaccessible, making social support systems such as family, peers, schools, and community-based groups critical for their wellbeing. However, there is limited understanding of how these informational support mechanisms contribute to the psychosocial well-being of OVC. Existing interventions often focus on material while neglecting emotional and social needs. This gap affects the holistic development of OVC and undermines the effectiveness of child welfare programs. Therefore, there is need to examine how different forms of social support impact the psychosocial wellbeing of OVC, to guide more comprehensive and sustainable interventions.

1.3 Objectives

1.3.1 Main Objective

To examine the role of social support intervention in enhancing the psychosocial wellbeing of orphans and vulnerable children (OVC) in Mvara Ward, Arua City.

1.3.2 Specific objectives

i. To examine the types and sources of social support interventions available to orphans and vulnerable children within Mvara ward, Arua city.
ii. To assess the impact of these social support interventions on the psychosocial wellbeing of OVC's in terms of emotional stability, self-esteem and social integration in Mvara Ward.
iii. To explore the challenges and opportunities in integrating social support into OVC intervention strategies for improved psychosocial outcomes in Mvara Ward.

1.4 Research questions

i. What are the types and sources of social support interventions available to orphans and vulnerable children (OVC) in Mvara ward, Arua city?
ii. How does social support interventions impact the psychosocial wellbeing of OVC in terms of emotional stability, self-esteem, and social integration in Mvara Ward?
iii. What are the challenges and opportunities in integrating social support interventions into OVC intervention strategies to improve their psychosocial outcomes in Mvara Ward?

1.5 Justification

This study was undertaken to address the pressing need for evidence-based understanding of how social support influences the psychosocial wellbeing of OVC in Mvara Ward. Despite the recognition of the importance of social support in enhancing resilience among vulnerable children, there was limited localized data to inform effective interventions within this community.

By exploring the types, sources, and impacts of social support, the study aimed to fill a critical gap in knowledge, guiding policymakers, practitioners, and community stakeholders to design tailored interventions that improve OVC's emotional and social outcomes.

Understanding the challenges and opportunities for integrating social support systems into existing intervention frameworks will foster more sustainable and contextually relevant strategies.

1.6 **Significance of the Study**

This research is significant to the fields of social work, child development, and public health, particularly within the context of vulnerable children.

The findings may provide empirical evidence on the role of social support in promoting psychosocial resilience among OVC, which can inform policy formulation and program implementation at local and national levels.

The findings may contribute to the development of more effective community-based strategies for child protection and support, emphasizing the importance of strengthening social networks and community participation.

The study's insights may serve as a foundation for future research aimed at optimizing intervention approaches, ultimately improving the psychosocial wellbeing and long-term prospects of OVC in Uganda.

1.7 Scope of study

1.7.1 Geographical Scope:

This study was geographically confined to Mvara Ward, one of the administrative units in Arua City, Uganda. Mvara Ward was selected because of its diverse demographic composition and the ongoing challenges faced by OVC in this specific locality. The research focused on households, community support systems, and local organizations within Mvara Ward, providing a localized understanding of social support networks and their impact on vulnerable children.

1.7.2 Time Scope

The study was conducted over a period of three months, starting from the initial planning and data collection phases to data analysis and reporting. This timeframe allowed for comprehensive data collection encompassing current social dynamics, intervention strategies, and community perceptions. The active data collection phase is planned for a two weeks period, with subsequent months allocated for data analysis, report writing, and dissemination.

1.7.3 Content Scope

The content scope centers on examining the role of social support in influencing the psychosocial wellbeing of orphans and vulnerable children (OVC). Specifically, the study investigates the types and sources of social support available within Mvara Ward, assesses how these supports

impact emotional stability, self-esteem, and social integration, and explores the challenges and opportunities associated with integrating social support mechanisms into OVC intervention strategies. The study emphasizes community-based support systems, local NGOs, and government programs addressing the needs of OVC, with a special focus on their psychosocial outcomes.

1.8 Theoretical Framework

The study was guided by the Social Support Theory (Cohen & Wills, 1985), which posits that social support acts as a buffer against stress and promotes wellbeing (Lam, 2019). This theory underpins the investigation of how different types of support (emotional, informational, instrumental) influence psychosocial outcomes among OVC. The variables include the types and sources of social support (independent variables) and psychosocial wellbeing factors such as emotional stability, self-esteem, and social integration (dependent variables). The framework explores how the availability and quality of support mediate and moderate the relationship between adversity and psychosocial health. The theoretical basis provides a lens to analyze how social networks contribute to resilience and psychological stability, guiding data collection focused on support mechanisms and psychosocial indicators.

1.9 Chapter Conclusion

This presented the background of the study, highlighting the growing concern over the psychosocial challenges faced by OVC, including trauma, stigma, emotional neglect, and limited access to structured psychosocial services. The chapter emphasized the importance of social support systems such as families, schools, peer groups, religious institutions, and community organizations in promoting emotional stability, self-esteem, and social integration among vulnerable children. The chapter also outlined the study objectives, research questions, justification, scope, and theoretical foundation based on Social Support Theory, which explains how supportive relationships buffer individuals from the negative effects of stress.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Social support and psychosocial wellbeing are vital components in promoting the healthy development and resilience of orphans and vulnerable children (OVC) (Makhonza, 2018). These aspects are fundamental to ensuring their emotional stability, social integration, and overall quality of life. Many programs and interventions have been designed to improve the wellbeing of OVC, with community-based approaches playing a significant role in reaching and supporting these children. However, measuring the impact of such interventions remains complex, and understanding the dynamics of social support in this context is essential. The purpose of this literature review is to synthesize relevant theoretical frameworks and empirical findings related to social support and psychosocial wellbeing among OVC

2.2 Types and Sources of Social Support for OVCs

2.2.1 Types of Social Support

Social support manifests in various forms, each contributing uniquely to the development and wellbeing of OVCs. These include:

Emotional Support: Involves expressions of empathy, love, care, and reassurance, which bolster children's psychological resilience and sense of security (Ang, 2024). Emotional support is crucial in mitigating feelings of loss, loneliness, and anxiety.

Instrumental Support: Encompasses tangible assistance such as provision of food, shelter, clothing, and healthcare services (Schultz et al., 2022). Such support addresses the basic needs essential for children's survival and development.

Informational Support: Comprises guidance, advice, and information that help OVCs navigate challenges and make informed decisions (Tarisayi, 2023). For example, education support or health education enhances their capacity to improve life skills.

Social Companionship Support: Refers to opportunities for social interaction and participation in community activities, which promote social skills and reduce social isolation.

2.2.2 Sources of Social Support

The support systems for OVCs often originate from diverse sources, each playing a unique role in addressing different needs:

Family and Kinship Networks: Traditional family units and extended relatives remain primary sources of emotional and material support for OVCs, providing a sense of belonging and security (Rau, 2018). However, the loss or absence of parents often weakens these networks.

Community-Based Organizations (CBOs): Groups formed within communities offer targeted support, including psychosocial counseling and skills training. Several studies highlight their role in supplementing family support (Kohrt et al., 2018).

Religious Institutions: Churches and mosques are influential in Ugandan society, providing emotional comfort, moral guidance, and material aid to OVCs. Their involvement enhances social cohesion and moral support.

Peer Groups: Support from peer networks fosters socialization and mutual encouragement, particularly in school settings. Peer mentorship programs have shown promise in improving social skills and self-esteem.

Government and Non-Governmental Organizations (NGOs): National programs and NGOs play a significant role in formal social support systems by implementing welfare programs, educational support, and health services for vulnerable children (Agnes, 2025).

2.3 Impact of Social Support on Psychosocial Wellbeing of OVCs

Understanding how social support influences the psychosocial wellbeing of orphans and vulnerable children (OVCs) is essential for developing effective intervention strategies. Several theoretical frameworks underpin the relationship between social support and psychosocial outcomes. Among these, the Buffering Hypothesis suggests that social support acts as a protective layer, buffering children against the adverse effects of stress and trauma associated with their vulnerability (Chen et al., 2021). Similarly, the Social Cognitive Theory emphasizes that social interactions and support foster self-efficacy and resilience, enabling children to cope better with their circumstances (Sedillo-Hamann, 2023). These frameworks collectively highlight the crucial role social support plays in promoting psychological stability and resilience among OVCs.

Research indicates that social support significantly contributes to emotional stability in vulnerable children. For instance, a study by Ault et al., (2021) shows that children who receive emotional support from caregivers, peers, or community members tend to exhibit lower levels of anxiety, depression, and emotional distress. Such support provides a sense of security and reassurance, which enhances their capacity to manage trauma and build resilience. Consistent emotional support correlates with improved mental health and reduced symptoms of post-traumatic stress disorder (PTSD), underscoring its importance in fostering emotional wellbeing (Bhatia, 2025).

In terms of self-esteem, social support systems have been shown to play a vital role in boosting children's self-worth and confidence. Evidence from multiple studies indicates that supportive interactions whether through family, peers, or community organizations are linked to higher self-esteem among OVCs (Sitienei & Pillay, 2019a). For example, children who are included in community activities or mentorship programs report greater feelings of self-efficacy and pride. Such positive perceptions of themselves are crucial for their social development and academic engagement, acting as a buffer against feelings of worthlessness often associated with orphan hood and vulnerability.

Social integration is another critical aspect influenced by social support. Children with strong support networks are more likely to participate actively in community activities, form meaningful relationships, and experience a sense of belonging. Peer support groups facilitate better social skills and foster a sense of connectedness, which is linked to reduced social isolation and higher overall wellbeing (Kirby et al., 2022). Social participation not only provides emotional comfort but also enhances the children’s integration into society, which is vital for their psychosocial development.

Empirical evidence from similar contexts supports these theoretical insights. Several studies in sub-Saharan Africa, including Uganda, reveal that OVCs who have access to comprehensive social support experience markedly better psychosocial outcomes than those without such support. Supported children display lower levels of depression, anxiety, and social withdrawal, alongside higher self-esteem and resilience (Huang et al., 2022). These findings underscore the positive role of social support in fostering emotional stability, self-esteem, and social integration among OVCs.

There is a need for more context-specific studies in Arua City and Mvara Ward to understand how local cultural and infrastructural factors influence the strength and pathways of social support. Many existing studies are cross-sectional or rely on self-reported measures, which may limit causal inference. Additionally, differential effects by age, gender, and type of caregiver require deeper examination.

2.4 Challenges and opportunities in Integrating Social Support into OVC Intervention Strategies

One of the primary challenges in integrating social support into OVC intervention strategies is the presence of structural and systemic barriers. Many resource-constrained settings, including parts of Uganda, struggle with inadequate funding, limited infrastructure, and gaps in policy frameworks that hinder the implementation and scaling up of support programs (Meyer et al., 2020). These systemic issues often lead to uneven distribution of resources, leaving the most vulnerable children without access to essential services.

Cultural beliefs and stigmas surrounding orphan hood and vulnerability also pose significant barriers to support integration. In some communities, social stigma attached to being an orphan or vulnerable child discourages families and community members from actively participating in support initiatives (Sitienei & Pillay, 2019). This can lead to social exclusion and limit the effectiveness of support networks, especially when support programs fail to address or challenge deeply rooted cultural norms.

Another critical challenge concerns sustainability and funding. Many support programs depend heavily on donor funding or external grants, which are often unpredictable or temporary. When external funds diminish or cease, programs risk collapse, leaving vulnerable children without ongoing support (O'Brien et al., 2018). This dependency highlights the importance of developing internally sustainable models that can generate long-term impact. Moreover, the lack of capacity-building efforts for local actors and community organizations can hinder the efficiency and longevity of intervention strategies, making sustainability a persistent concern.

Despite these challenges, numerous opportunities exist for enhancing the integration of social support systems within OVC interventions. Community-driven initiatives, such as local support groups and peer mentoring programs, have demonstrated success in fostering resilience and social cohesion (White et al., 2018). These community-based models capitalize on local

resources and cultural understanding, making support more relevant and acceptable to beneficiaries. Partnerships among government agencies, NGOs, and local leaders can further strengthen support networks by pooling resources, expertise, and outreach capacity.

2.5 Gaps in literature and implications for the study

Although there is a broad base of literature on social support and OVCs, context-specific evidence from Mvara Ward, Arua City, remains sparse. This study aims to fill this gap by:

Mapping the current types and sources of social support accessible to OVCs in Mvara ward and examining how these supports align with local cultural and socio-economic realities .assessing how different forms and sources of social support relate to emotional stability, self-esteem, and social integration among OVCs in this urban Ugandan setting.

Exploring practical challenges and opportunities for integrating social support into ongoing intervention strategies, with a focus on sustainability, local owners, and policy-relevant recommendations. The study also seeks to contribute to methodological discourse by combing quantitative measurements of psychosocial wellbeing with qualitative insights into community norms, stigma, and the operational realities of support networks in Mvara Ward.

By providing a localized evidence base, the research will inform policymakers, NGOs, and community actors about effective configurations s of social support that enhance psychosocial resilience among OVCs in Arua City, with potential applicability to similar contexts in northern Uganda and other urban settings.

2.6 Chapter conclusion

This chapter reviewed existing literature on the types and sources of social support for OVC and their impact on psychosocial wellbeing. The review established that emotional, instrumental, informational, and companionship support play important roles in promoting children's resilience and coping capacity. The literature further demonstrated that families, community-based organizations, NGOs, schools, and religious institutions form key support networks for vulnerable children. However, the review also identified important gaps, particularly the lack of localized studies examining how these support systems operate in specific communities such as Mvara Ward.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This section describes the methods, tools, techniques, and procedures employed in executing the research on the role of social support and psychosocial wellbeing among orphans and vulnerable children (OVC) in Mvara Ward. The methodology is designed to ensure reliability, validity, and replicability, while also addressing ethical considerations and potential constraints.

3.1 Research design

This study adopted a descriptive cross-sectional research design using a mixed-methods approach, incorporating both quantitative and qualitative methods of data collection and analysis. The quantitative approach was used to collect numerical data from respondents in order to measure and analyze the types of social support available to Orphans and Vulnerable Children (OVC), as well as to assess the extent to which these supports influence psychosocial wellbeing outcomes such as emotional stability, self-esteem, and social integration. Structured questionnaires were used to generate quantifiable data that could be statistically analyzed to determine patterns and relationships among the study variables. In addition, the qualitative approach was employed to obtain in-depth insights into the experiences, perceptions, and challenges related to the provision and integration of social support interventions for OVC in Mvara Ward. Qualitative data were collected through interviews and open-ended responses, allowing participants to provide detailed explanations of the forms of support available and the contextual factors affecting their effectiveness.

3.2 Area of study

The research was conducted within Zambia Cell in Mvara Ward, Arua City, Uganda. Mvara Ward was selected due to its diverse demographic composition, high vulnerability levels among children, and ongoing community support initiatives. The locality's socio-economic dynamics, community structures, and existing support systems make it an ideal setting for examining social support mechanisms and psychosocial outcomes. The area's geographical and socio-cultural features were documented to contextualize the findings and provide insights into local challenges and opportunities.

3.3 Source of Information

The study mainly utilized primary data, which was obtained directly from the study participants, including orphans, caregivers, community leaders, and local support organizations.

3.4 Population and sampling techniques

Population refers to the entire set of individuals or elements that meet specified criteria and to which the study aims to generalize its finds. Target population meanwhile refers to the group of individuals about whom the researchers intend to draw inferences. The target population consisted of all OVC aged 8-17 years because children in this age group are generally able to communicate their experiences, perceptions, and feelings regarding the social support they receive and its influence on their psychosocial wellbeing, their caregivers, and community support providers within Mvara Ward. To achieve a representative sample, a stratified random sampling technique will be employed. This method allows the selection of participants across different age groups and genders, ensuring broad representation and facilitating sex- and age-related comparisons.

Sampling refers to the process of selecting a subset of individuals from the target population for participation in the study. Purposive sampling was used to select key informants such as community leaders, representatives of local NGOs, and support organizations actively involved in caring for or working with OVC. This approach ensured the collection of in-depth qualitative data from individuals with rich experiences relevant to social support systems. Sample size was be calculated using Cochran's formula to ensure statistical power and representative sampling, considering the estimated population of EVC within the area.

3. 5 Variables Definitions and Measurement Levels

Dependent Variables

Primary outcome: Psychosocial wellbeing of OVC aged 8–17 years, operationalized through three interrelated domains emotional stability (the ability to regulate emotions and cope with stress), self-esteem (one's overall sense of self-worth and value), and social integration (the degree of participation in and belonging to social networks and community activities).

Independent Variables

Types and sources of social support were recorded as categorical (nominal) variables based on participant reports.

3.6 Data Collection Instruments

The main tools for data collection included:

Structured questionnaires; a standardized, self-administered or interviewer-assisted instrument designed to identify the presence or absence of different types of social support (emotional, instrumental, informational) from specific sources (family, peers, community members, NGOs), and measure psychosocial wellbeing across validated domains in OVC aged 8–17 and their primary caregivers. The questionnaire aimed at producing comparable, quantitative data that allow across-group comparisons (e.g., by age, gender) and linkage to outcomes in psychosocial wellbeing.

Semi-structured interview guides; designed for in-depth, flexible conversations with selected key informants (e.g., community leaders, NGO representatives, and caregivers) to elicit nuanced understandings of social support ecosystems around OVC in Mvara Ward. The semi-structured format balances consistency across interviews with the openness to explore context-specific issues, barriers, opportunities, and mechanisms by which social support operates to influence psychosocial wellbeing.

Focus group discussions; used to capture community-level norms, shared experiences, and collective perspectives on social support for OVC. They complement individual interviews by revealing group dynamics, consensus or divergence in views, and the social context in which families and caregivers access and utilize support. In this study, FGDs help illuminate how community norms influence help-seeking behavior, stigma, and collaboration among households, community leaders, NGOs, and schools within Mvara Ward.

3.7 Procedure for Data Collection

Data collection was conducted in phases:

Preparation: Development and pre-testing of questionnaires, interview guides, and observation checklists.

Recruitment: Utilizing stratified and purposive sampling to identify and enlist participants.

Data Collection: Administering structured questionnaires to children and caregivers via face-to-face interviews. Simultaneously, semi-structured interviews with key informants explored deeper insights into social support systems. Observations of community interactions and support activities will be conducted where applicable.

Data Recording: Data was recorded systematically and stored securely for subsequent analysis.

3.8 Quality/Error Control

To enhance data reliability and validity:

Instruments did undergo a pilot study to evaluate and refine clarity and relevance. Research assistants were trained thoroughly on administering tools and following protocols. Data collection was supervised by the principal investigator to ensure consistency. Use of triangulation, by combining questionnaires, interviews, and observations, strengthened data validity. Double data entry and systematic cleaning procedures will be implemented to minimize errors and inconsistencies.

3.9 Data Processing and Analysis

Data was processed and analyzed as follows:

Quantitative data was entered into SPSS for descriptive analysis (frequencies, means, standard deviations) and inferential analysis (correlation, regression) to identify relationships between social support and psychosocial variables. Qualitative data from interviews and observations were transcribed, coded, and thematically analyzed using NVivo or similar software to identify patterns and themes. Findings were interpreted in relation to the research questions and hypotheses, with attention to validity and reliability.

3.10 Ethical Considerations

The research adhered to ethical principles, including:

Informed consent and assent; informed consent was obtained from caregivers and assent from participating children. This meant explaining the study's purpose, procedures, risks, benefits, and who were to access to the data in clear, age-appropriate language. Caregivers provided

permission for their child's participation, while children provided their own assent if they were capable of understanding

Participant anonymity and data confidentiality; the study protected participants' identities by removing or coding personal identifiers (names, locations, contact details) in datasets and reports. Data was stored securely (e.g., encrypted files, locked cabinets for physical documents) with access limited to authorized research staff.

Voluntary participation and withdrawal: Participation was entirely voluntary. Participants could decline to answer any question or stop the interview at any time without giving a reason and without any penalty or loss of benefits. This principle reinforces respect for autonomy and minimizes any potential pressure to participate.

3.11 Methodological Constraints

Potential limitations include:

Recall bias from respondents recalling past support experiences. Participants forgot or misremembered details about when and what types of support were received, who provided it, or how much impact it had. This led to systematic errors in estimated frequencies, sources, and perceived effectiveness, reducing the accuracy of the social support measurements and any associations with psychosocial wellbeing.

Language barriers or literacy levels affecting questionnaire comprehension. Misunderstanding questions or response options due to language issues produced measurement error, misclassification of support types, and unreliable scale scores, particularly in younger participants or caregivers with limited formal education.

Resource constraints affecting the scope and depth of data collection. Limitations in funding, personnel, or time can constrain sample size, geographic coverage, or the breadth of instruments administered, leading to potential sampling bias and shallow qualitative insights.

3.12 Chapter Conclusion

This chapter described the research methodology used in the study. The study adopted a descriptive cross-sectional design using a mixed-methods approach that combined both

quantitative and qualitative data collection techniques. Data were collected from OVC aged 8–17 years, caregivers, and community stakeholders using questionnaires, interviews, and focus group discussions. The chapter also outlined the sampling procedures, data analysis methods, and ethical considerations followed during the study.

CHAPTER FOUR

RESULTS PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter presents findings from the study. The findings were organized in line with the study objectives. The analysis involves both quantitative and qualitative findings using descriptive analysis for the quantitative methods.

4.1 Respondent characteristics

Table 1: Respondent characteristics

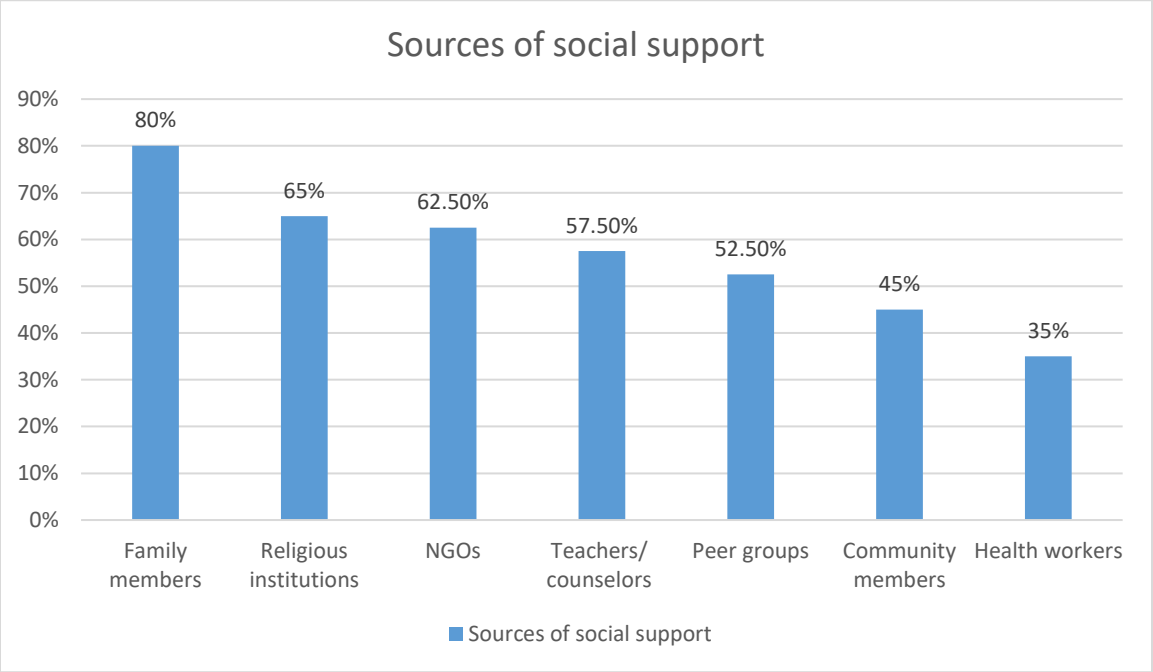
Variable	Category	Frequency (N)	Percentage (%)
Age distribution	8 – 11 years	14	35
	12 – 14 years	13	32.5
	15 – 17 years	13	32.5
Gender	Male	22	55
	Female	18	45
Caregiver relationship	Parent/ Guardian	15	37.5
	Relative (aunt, grandmother, etc.)	19	47.5
	Community organization guardian	6	15
School attendance	Currently attending school	33	82.5
	Not attending school	7	17.5

The study sample was fairly balanced across age groups, with children distributed almost evenly between early childhood (8–11 years) and adolescence (12–17 years), allowing representation of different developmental stages. Slightly more than half of the respondents were male, with females forming a substantial proportion as well, suggesting reasonable gender inclusion in the study. Most children were under the care of relatives such as aunts and grandmothers, highlighting the prominent role of extended family systems in caring for orphaned and vulnerable children in Mvara Ward, while a smaller proportion were under direct parental or organizational guardianship. Additionally, the majority of respondents were currently attending school, indicating relatively high school engagement among OVC, though the presence of children out of school underscores ongoing vulnerability and the need for continued educational support interventions.

4.2 Types and sources of social support interventions

4.2.1 Sources of social support

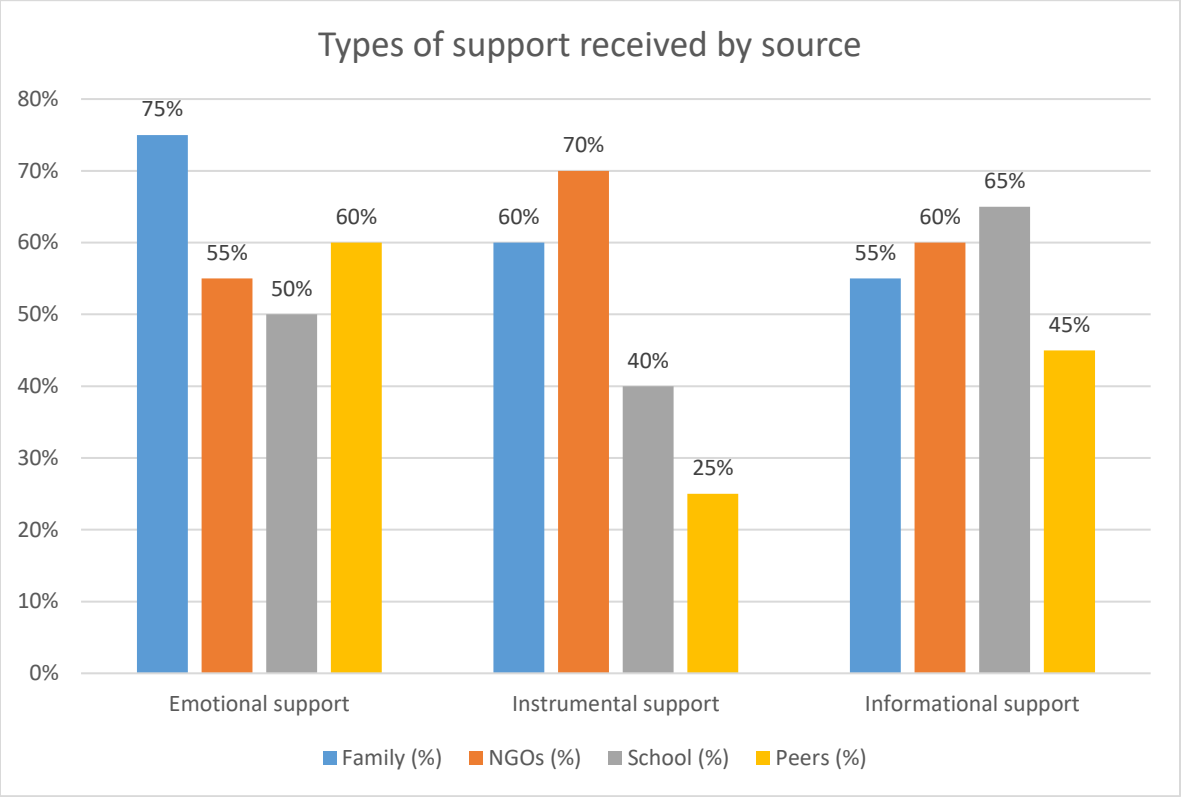
Figure 1: Sources of social support



The findings on sources of social support indicate that family members are the most significant providers of support to orphaned and vulnerable children in Mvara Ward, with 80% respondents reporting receiving assistance from their families. Religious institutions also play a substantial role, supporting 65% respondents, closely followed by NGOs, which were reported by 62.5% respondents. Support from teachers and school counselors was acknowledged by 57.5% respondents, highlighting the important role of educational institutions in children's support systems. Peer groups contributed to support for 52.5% respondents, demonstrating the value of friendships and social networks, while community members supported 45% respondents. Health workers were the least reported source of support, assisting 35% respondents, suggesting comparatively limited engagement of formal health-based psychosocial services.

4.2.2 Types of support received

Figure 2: Types of support received by source



The findings in Table 2 indicate that different sources provide distinct forms of support to Orphans and Vulnerable Children (OVC) in Mvara Ward. Families are the primary providers of emotional support (75%), followed by peers (60%), highlighting the important role of family relationships and friendships in promoting emotional wellbeing. In terms of instrumental support, NGOs emerge as the main providers (70%), mainly through material assistance such as school fees, food, and scholastic materials, while families also contribute considerably (60%). Regarding informational support, schools play the leading role (65%) by providing guidance, advice, and mentorship to OVC, followed by NGOs (60%). Overall, the results show that families, NGOs, schools, and peers each play complementary roles in supporting the wellbeing of OVC, with families mainly providing emotional care, NGOs offering material assistance, and schools serving as key sources of information and guidance.

4.3 Impact of social support on psychosocial wellbeing

4.3.1 Emotional stability

Table 2: Emotional experiences in the past month

Emotional State	Often/Always (%)	Sometimes (%)	Rarely/Never (%)
Sad/Depressed	20%	35%	45%
Anxious/Worried	22.5%	32.5%	45%
Happy/Content	65%	25%	10%
Peaceful/Calm	60%	30%	10%

The emotional stability findings suggest that while some OVC continue to experience negative emotions such as sadness and anxiety, a larger proportion report frequent positive emotional states. The relatively lower proportion of children reporting feeling sad or anxious often indicates that many are managing emotional challenges with some degree of resilience. At the same time, the strong reporting of feeling happy and peaceful often or always suggests that existing social support mechanisms may be contributing to emotional regulation and coping capacity. The coexistence of occasional negative emotions alongside dominant positive feelings reflects the complex realities of OVC, who may face stressors yet still experience moments of contentment and calm.

4.3.2 Self-esteem

Table 3: Self-esteem indicators (agree/ strongly agree)

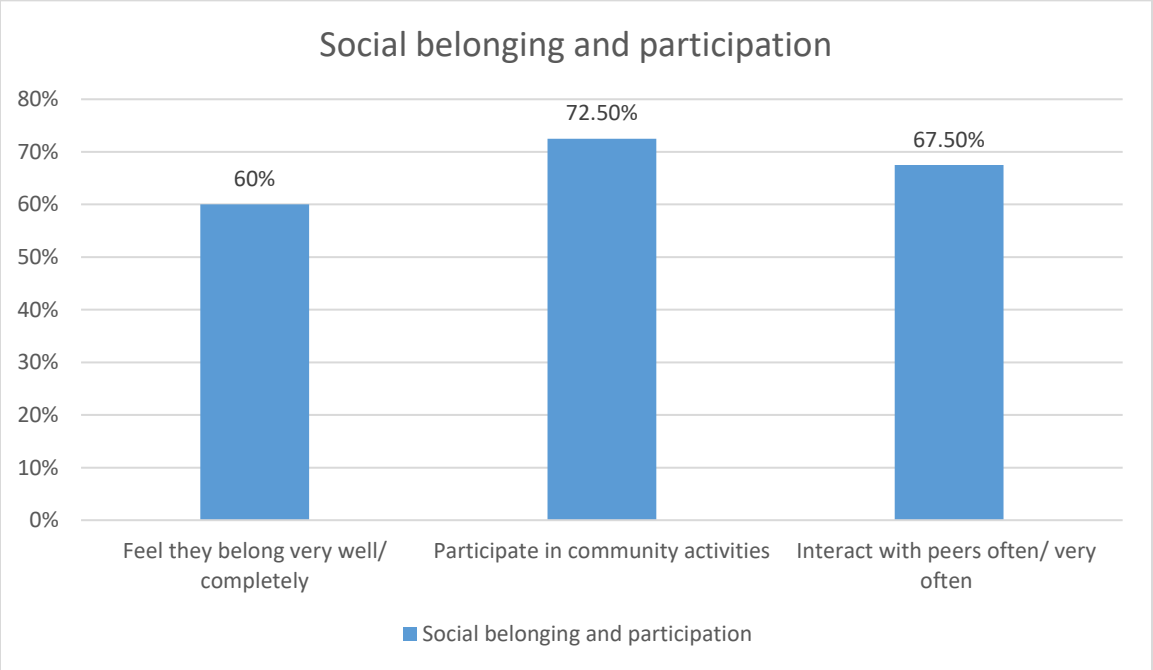
Statement	Percentage (%)
I feel good about myself	70%
I am confident in my abilities	62.5%
I believe I am important to others	75%
I feel accepted by peers	68%

A substantial proportion of respondents expressed agreement with statements reflecting confidence, self-acceptance, and perceived importance to others. The particularly strong affirmation of feeling important (75%) suggests that many children perceive themselves as

valued within their families or communities. Confidence in personal abilities (62.5%) and feeling accepted by peers (68%) further indicate healthy levels of self-belief and social validation. These findings imply that social support interventions especially those reinforcing belonging and recognition are contributing positively to children's self-concept. However, since not all respondents reported strong agreement, there remains room for strengthening programs that intentionally build confidence and reinforce peer inclusion.

4.3.3 Social Integration

Figure 3: Social belonging and participation



The findings as presented in the Figure above indicate that a considerable proportion of orphaned and vulnerable children in Mvara ward experience a meaningful sense of belonging within their

communities. Many (60%) respondents reported that they feel they belong either very well or completely, suggesting that social support structures are contributing positively to their inclusion. Active participation in community activities particularly religious groups and sports was widely (72.5%) reported, demonstrating that OVC are not merely passive recipients of aid but active members of social networks. Regular interaction with peers further reinforces their social connectedness, providing opportunities for friendship formation, shared experiences and emotional expression.

4.4 Challenges identified in integrating social support in interventions

The study findings from the questionnaires, key informant interviews (KIIs), and the Focus Group Discussion (FGD) reveal that despite the present of social interventions in Mvara Ward, several contextual and structural barriers undermine their full effectiveness in enhancing the psychosocial wellbeing of orphaned and vulnerable children (OVC).

A major challenge identified is **inadequate and unstable funding for social support programs**. NGOs and community-based organizations operating in Mvara Ward largely depend on donor funding, which is often short-term and project-specific. This limits their ability to provide sustained psychosocial services, maintain consistent material support, or expand coverage to reach all vulnerable children. In some cases, children who initially benefit from support programs experience abrupt discontinuation when funding ends. Such interruptions can negatively affect children's emotional security, especially when they begin to rely on that support for school attendance or counseling services.

> *"We plan programs according to available funds, not according to the number of children in need. When funding reduces, we are forced to scale down, even if the children still require support."* CBO representative

Stigma toward orphaned and vulnerable children remains a significant psychosocial barrier. Some children are identified publicly as beneficiaries of aid programs, which can unintentionally expose them to labeling and discrimination. Reports from the FGD indicated that certain children face teasing or social exclusion at school and within the community. Such experiences affect self-esteem, emotional stability, and willingness to participate in social

activities. Stigma also discourages some caregivers from openly seeking support due to fear of community judgment.

> *"When a child is known to be receiving help, others sometimes treat them differently. Some children keep quiet about their problems because they do not want to be laughed at."* Care giver

Although multiple stakeholders including NGOs, schools, religious institutions, and local leaders are involved in supporting OVC, the study found **limited coordination among them**. Services are often delivered independently, with minimal information sharing or collaborative planning. This fragmentation can result in duplication of assistance for some children while others remain underserved. Moreover, the absence of structured referral pathways reduces the efficiency of psychosocial interventions.

> *"Each organization works within its own structure. We rarely sit together to plan as one team, yet we are serving the same children."* Community leader

Caregiver poverty emerged as a critical contextual challenge. Many OVC are under the care of extended family members who themselves face economic constraints. Even when external assistance such as school fees is provided, caregivers struggle to meet other daily needs including food, clothing, and healthcare. Financial stress within households may create tension, anxiety, or inconsistent caregiving environments, which indirectly affect children's psychosocial wellbeing.

> *"Sometimes you receive help for school, but at home there is no food. The child sees the struggle and also becomes worried."* Caregiver

The study further identified a **shortage of trained psychosocial counselors and mental health professionals within Mvara Ward**. While emotional support is informally provided by families, teachers, and religious leaders, structured and professional counseling services are limited. Children experiencing trauma, prolonged grief, or behavioral challenges may not receive specialized attention. Schools often assign counseling roles to teachers who lack formal training in child mental health.

"We try to guide the children, but we are not trained counselors. Some cases need professional attention which we cannot provide." School representative

4.4.2 Opportunities identified in integrating social support interventions

Despite the challenges discussed, the study findings from questionnaires, KIIs, and the FGD reveal significant community strengths and institutional opportunities that can enhance the integration, sustainability, and effectiveness of social support interventions for orphaned and vulnerable children (OVC) in Mvara Ward. These opportunities are rooted in cultural systems, local institutions, and stakeholder willingness to collaborate.

One of the strongest opportunities identified is the **presence of a resilient extended family system**. Many OVC in Mvara Ward are absorbed into kinship care arrangements following parental loss. This reflects deeply embedded cultural norms that prioritize collective responsibility for children. Extended families not only provide shelter and daily care but also act as primary sources of emotional support and identity formation. Key informants emphasized that kinship systems ensure that children remain within familiar cultural and social environments, preserving their sense of belonging and continuity. Unlike institutional care, family-based support maintains relational bonds and community integration.

"In our culture, a child belongs to the whole family, not just the parents. When one home faces loss, the clan steps in." Community leader

Religious institutions, including churches and mosques, emerged as highly influential community structures supporting OVC. Beyond spiritual guidance, these institutions provide emotional encouragement, social inclusion, and at times material assistance. Their regular contact with families places them in a strategic position to identify vulnerable children early and mobilize community support. Religious leaders are often trusted figures within the community, which enhances their ability to reduce stigma and promote inclusive attitudes toward vulnerable children. In addition, faith-based gatherings create safe social spaces where children interact, participate in group activities, and develop a sense of belonging.

"Church groups pray for the children, visit them at home, and sometimes collect small contributions to help when there is need." Caregiver

Schools were identified as key entry points for delivering integrated social and psychosocial support. Teachers and school administrators interact with children daily, enabling them to observe behavioral changes, emotional distress, or signs of neglect. Schools therefore serve as early detection and referral points for vulnerable cases. In addition to academic instruction, schools provide mentorship, peer engagement opportunities, and structured routines that contribute to stability and social integration. Even where professional counseling services are limited, teachers often play informal advisory roles that positively influence children's confidence and coping abilities.

"When children are in school, we see their struggles early. We guide them, encourage them, and sometimes link them to organizations that can help." School representative

Another important opportunity identified is the **openness of stakeholders to collaborate more effectively**. Community leaders, NGO representatives, religious actors, and school authorities expressed a shared recognition that coordination could significantly improve service coverage and impact. There is growing awareness that isolated interventions limit effectiveness, while integrated approaches enhance psychosocial outcomes. Stakeholders expressed readiness to participate in joint planning forums, referral systems, and shared monitoring mechanisms.

"If government, NGOs, and churches coordinate better, we can cover most vulnerable children. The willingness is there; we just need structure." Community leader

Beyond formal institutions, the study revealed **strong informal community bonds that contribute to collective caregiving.** Neighbors, peer groups, and local leaders often provide advice, encouragement, and small-scale assistance during times of need. These networks foster social cohesion and reinforce children's sense of belonging. Such social capital enhances resilience among OVC by ensuring that vulnerability does not automatically translate into

isolation. Community cohesion also creates a supportive environment where stigma can be gradually reduced through awareness and inclusion efforts.

> *"Here, people know each other. When something happens to a child, the community talks about how to help."* FGD

4.5 Discussions

4.5.1 Types and Sources of Social Support Interventions

The study established that social support for OVC in Mvara Ward is largely anchored in informal family systems, complemented by religious institutions, NGOs, schools, and peer networks. Family members emerged as the most dominant source of support, reinforcing the critical role of kinship structures in child protection and psychosocial development. This finding aligns with social support theory, which emphasizes the importance of close relational bonds in fostering emotional security and resilience among vulnerable children. The prominent role of religious institutions and NGOs further demonstrates that community-based and faith-based organizations are central pillars in supporting vulnerable children. Religious institutions were particularly noted for providing emotional and moral guidance, while NGOs were more strongly associated with instrumental support such as school fees and material assistance. Schools, on the other hand, played a significant role in providing informational support and mentorship.

These findings resonate with ecological systems theory (Bronfenbrenner), which posits that child development is influenced by multiple interacting systems family, school, community, and institutions. The layered support structure observed in Mvara Ward reflects a functioning microsystem and mesosystem interaction, although with varying degrees of integration. However, the relatively lower engagement of health workers suggests a gap in formal psychosocial and mental health services. This indicates that while community-based support is strong, professional psychosocial care remains limited.

4.5.2 Impact of Social Support on Emotional Stability

The findings on emotional stability revealed that although some children experience sadness and anxiety, the majority frequently reported positive emotional states such as happiness and calmness. This suggests that social support mechanisms may be playing a protective and

buffering role against psychological distress. The stress-buffering model of social support suggests that access to emotional and material assistance mitigates the negative effects of stressful life events. In this context, the relatively high reporting of happiness and peacefulness among respondents indicates that support from families, peers, schools, and religious institutions contributes to emotional regulation and coping capacity.

The coexistence of occasional emotional distress alongside dominant positive emotional experiences reflects the complex realities faced by OVC. Loss, economic hardship, and stigma remain present; however, consistent relational support appears to enhance resilience. This finding aligns with resilience theory, which argues that protective factors such as supportive caregivers and community inclusion can promote positive adaptation despite adversity.

4.5.3 Influence of Social Support on Self-Esteem

The study findings demonstrated generally positive levels of self-esteem among OVC, with many respondents expressing feelings of self-worth, confidence, and perceived importance within their social environments. The strong affirmation of feeling important to others suggests that children perceive themselves as valued members of their families and communities. These findings align with symbolic interactionist perspectives, which emphasize that self-concept develops through social interactions and feedback from significant others. When children receive affirmation, guidance, and inclusion, their internal sense of worth is strengthened.

Furthermore, the relatively high levels of perceived peer acceptance indicate that social integration plays a key role in shaping self-esteem. However, the findings also suggest that not all children experience uniformly high confidence, highlighting the need for intentional programming that targets self-esteem building, especially for those exposed to stigma or unstable caregiving environments.

4.5.4 Social Integration and Community Participation

The study revealed that a majority of respondents feel a strong sense of belonging within their communities and actively participate in social activities, particularly religious groups and sports. Regular peer interaction further reinforces social connectedness. These findings demonstrate that OVC in Mvara Ward are not socially isolated but are integrated into community structures that foster participation and collective identity. Social capital theory supports this observation,

suggesting that bonding and bridging relationships enhance social inclusion and emotional wellbeing. The role of sports and religious groups in reducing stigma and strengthening belonging was particularly notable. Organized group participation appears to create shared identity spaces where children are viewed beyond their vulnerability status. This supports findings in community psychology literature that structured social engagement enhances psychosocial adjustment.

4.5.5 Challenges in Integrating Social Support Interventions

Despite positive outcomes, the study identified structural and systemic barriers limiting the effectiveness of interventions. Financial instability among NGOs restricts service continuity and expansion. Dependence on short-term donor funding undermines long-term planning and consistent support delivery. Stigma toward OVC remains a psychosocial barrier, affecting children's self-esteem and willingness to seek help. Fragmented coordination among stakeholders reduces efficiency and leads to duplication or service gaps. Additionally, caregiver poverty limits household stability, while shortages of trained psychosocial professionals constrain access to specialized mental health care. These findings correspond with existing research on child welfare systems in low-resource settings, which highlights funding instability, institutional fragmentation, and limited professional capacity as common systemic weaknesses.

4.5.6 Opportunities for Strengthening Integration

The study also revealed strong community assets that provide a foundation for improved intervention integration. The extended family system, active religious institutions, structured school environments, and stakeholder willingness to collaborate represent significant strengths. These opportunities reflect high levels of community social capital and cultural cohesion. The willingness expressed by stakeholders to coordinate services suggests potential for multi-sectoral collaboration, referral systems, and joint planning frameworks.

This aligns with integrated service delivery models recommended in child protection literature, which emphasize coordinated approaches involving families, schools, community leaders, NGOs, and government actors.

4.6 Chapter conclusion

This chapter presented and analyzed the study findings. The results showed that families remain the primary source of emotional support for OVC, while NGOs mainly provide instrumental assistance such as school fees and basic necessities. Schools were found to play a major role in providing informational support and mentorship, while peer groups and religious institutions contribute to emotional encouragement and social integration. The findings further indicated that many children reported relatively positive emotional states, reasonable levels of self-esteem, and active participation in community activities. However, several challenges affecting the effectiveness of social support interventions were identified, including limited funding for programs, stigma toward OVC, weak coordination among support organizations, poverty among caregivers, and shortages of trained psychosocial professionals.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a comprehensive discussion of the study findings in relation to the research objectives and existing literature. It further outlines the conclusions drawn from the study and provides practical recommendations aimed at strengthening the role of social support interventions in enhancing the psychosocial wellbeing of orphaned and vulnerable children (OVC) in Mvara Ward, Arua City.

5.1 Conclusions

The study concludes that social support interventions play a significant and positive role in enhancing the psychosocial wellbeing of orphaned and vulnerable children in Mvara Ward. Families serve as the primary emotional anchors, NGOs provide critical material assistance, schools offer informational and mentorship support, and religious institutions foster belonging and moral guidance.

These layered support systems contribute to generally stable emotional wellbeing, positive self-esteem, and meaningful social integration among many OVC. However, the effectiveness of these interventions is constrained by financial instability, stigma, weak coordination, caregiver poverty, and limited professional psychosocial services.

The study further concludes that Mvara Ward possesses strong community assets that, if better integrated and supported, can significantly enhance psychosocial outcomes. Strengthening collaboration among stakeholders and reinforcing existing cultural support systems will be essential for sustainable impact.

5.2 Recommendations

Based on the study findings, the following recommendations are proposed:

The government should establish a structured coordination platform involving NGOs, schools, religious institutions, local leaders, and health workers. Regular stakeholder meetings, referral systems, and shared child protection databases can improve service integration and reduce duplication.

Local government and development partners should explore diversified and longer-term funding models to ensure continuity of psychosocial and material support programs. Sustainability planning should be integrated into NGO programming.

The education ministry should train teachers, community volunteers, and religious leaders in basic psychosocial support skills while advocating for the deployment of trained counselors and social workers within schools and community settings.

Caregiver-focused livelihood and income-generating programs should be implemented to reduce household economic stress. Economic stability at the household level will indirectly enhance children's emotional security and overall wellbeing.

Conduct community awareness campaigns aimed at reducing stigma associated with orphanhood and vulnerability. Religious leaders and community elders should be engaged as champions of inclusive attitudes.

Formalize partnerships between schools, religious institutions, and NGOs to create structured psychosocial support programs, peer mentorship initiatives, and inclusive recreational activities.

Encourage youth-led peer support groups and safe spaces where OVC can express concerns, build leadership skills, and strengthen resilience.

5.3 Chapter conclusion

This chapter has drawn conclusions and proposed recommendations based on the findings of the study. Overall, the study concludes that social support systems play a significant role in enhancing the psychosocial wellbeing of OVC in Mvara Ward. The combined efforts of families, schools, NGOs, religious institutions, and community members contribute to emotional resilience, improved self-esteem, and social inclusion among vulnerable children. However, the sustainability and effectiveness of these interventions require stronger coordination, increased resources, and expanded psychosocial services. Strengthening community-based support structures, improving collaboration among stakeholders, and investing in caregiver empowerment and professional counseling services will be essential for improving the long-term wellbeing of OVC in the community.

APPENDICES

QUESTIONNAIRE

SECTION A: DEMOGRAPHIC INFORMATION

1. **Age group** ……..
2. **Gender:**
   a) Male b) Female
3. **Caregiver's relationship to you:**

a) Parent/Guardian b) Relative (e.g., aunt, grandmother)
c) Guardian from community support organization

4. **Caregiver's educational level:**
   a) No formal education b) Primary education
   c) Secondary education d) Tertiary education
5. **Are you currently attending school?**

a) Yes b) No

SECTION B: SOCIAL SUPPORT

6. Do you receive support from the following sources?
   a) Family members
   b) Neighbors or community members
   c) Religious organizations/religious leaders
   d) Non-governmental organizations (NGOs)
   e) School teachers/counselors
   f) Peer groups
   g) Health workers
7. Please indicate if you receive the following types of support from each source (Yes/No):

Support Type	**Family**	**Community/NGOs**	**School**	**Peer Group**	**Others**
Emotional support					
Instrumental support (e.g., financial, material aid)					
Informational support (advice, guidance)					

8. How often do you receive support from these sources?

Support Source	**Daily**	**Weekly**	**Monthly**	**Rarely**	**Never**	**Don't know**
Family						
Community/NGOs						
School						
Peer Group						

SECTION C: PSYCHOSOCIAL WELLBEING

9. In the past month, how often have you felt… (Scale: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always)

Feeling	**1**	**2**	**3**	**4**	**5**
Sad or depressed					
Anxious or worried					
Happy and content					
Peaceful and calm					

10. Please indicate your agreement with these statements: (Scale: 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly agree)

Statement	**1**	**2**	**3**	**4**	**5**
I feel good about myself					
I am confident in my abilities					
I believe I am important to others					
I feel accepted by my peers and community					

11. How well do you feel you belong to your community?

a) Not at all b) Slightly c) Moderately d) Very well e) Completely

12. Do you participate in community activities or groups?

a) Yes b) No

13. If yes, which activities or groups?

a) Religious groups b) Sports teams or clubs

c) Community service or volunteer groups d) Cultural or traditional groups

14. How often do you interact with friends or peers?

b) Rarely b) Occasionally c) Sometimes d) Often e) Very often

SECTION D: PERCEPTIONS AND ATTITUDES

15. How strongly do you agree with the following statements?

(Scale: 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree)

Statement	**1**	**2**	**3**	**4**	**5**
I have someone I can rely on when I need help					
I feel safe and protected in my community					
I believe that I can overcome my difficulties					
I think my friends support and care for me					

16. In your opinion, what are the main challenges facing children like you in your community?

……

……

17. What would help improve the wellbeing of children and youth in your community?

……

Key Informant Interview (KII) Guide

1. What types of social support interventions are currently available for orphaned and vulnerable children in Mvara Ward, and who are the main providers of these supports?
2. In your view, how have these social support interventions contributed to improving the emotional stability, self-esteem, and social integration of OVCs?
3. What major challenges do organizations or community actors face in implementing social support interventions for OVCs?
4. Are there any existing collaborations between government, NGOs, or community structures in providing psychosocial support to OVCs? How effective are these partnerships?
5. What recommendations would you make to strengthen the integration of social support interventions in improving the psychosocial wellbeing of OVCs in Mvara Ward?

Focus Group Discussion (FGD) Guide.

1. What forms of social support (such as emotional, material, educational, or community-based) do orphaned and vulnerable children in your community usually receive, and from whom?
2. How do these supports make OVCs feel in terms of confidence, happiness, and belonging within the community?
3. In your experience, what positive changes have you observed in OVCs who receive social support compared to those who do not?
4. What are some of the main difficulties faced by OVCs or their caregivers in accessing social support services in Mvara Ward?
5. What suggestions would you give to improve social support programs so that they better address the emotional and social needs of OVCs?

   ……

Permission letter to collect data

UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

ARUA CAMPUS

December 8th, 2025

TO WHOM IT MAY CONCERN

Dear Sir/ Madam

Re: REQUEST FOR PERMISSION TO COLLECT DATA

This is to introduce to you **Sitaraya Mildred** Reg No: **M23/ASC/BSW/024,** a student at Uganda Christian University, Arua Campus, pursuing a course in Bachelor of Social Work as a partial fulfilment of the requirements for the award of the degree mentioned above. Each student is required to conduct a research study. The purpose of this letter is to respectfully request that your office grant the above-mentioned student access to your organisation so that she may collect the necessary information for her studies. The study is on the topic: ***The role of social support intervention in enhancing the psychosocial well-being of orphanded and vulnerable children in Arua: A case study of Mvara Ward, Arua City.***

The information obtained will be strictly used for study purposes.

Any assistance rendered to this cause will be highly appreciated.

Yours faithfully

Eyotaru Loyce
Ag Head of Department, School of Social Science

LC1 CHAIRPERSON
AMBIA CELL
I VARA WARD
ARUA CENTRAL DIVISION
ARUA CITY
Date: 10-02-2026

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REFERENCES

Agnes, P. P. (2025). The Role of Non-Governmental Organizations: Protection of Vulnerable Children in India. *International Journal of Interdisciplinary Approaches in Psychology*, *3*(2), 161–173.

Ang, R. P. (2024). *Promoting Children's Mental Health and Wellbeing: Importance of Partnerships in Building Resilient and Empathic Children*. Routledge. https://www.taylorfrancis.com/books/mono/10.4324/9781003326403/promoting-children-mental-health-wellbeing-rebecca-ang

Ault, S., Breitenstein, S. M., Tucker, S., Havercamp, S. M., & Ford, J. L. (2021). Caregivers of children with autism spectrum disorder in rural areas: A literature review of mental health and social support. *Journal of Pediatric Nursing*, *61*, 229–239.

Banati, P., & Idele, P. (2021). Addressing the mental and emotional health impacts of COVID-19 on children and adolescents: Lessons from HIV/AIDS. *Frontiers in Psychiatry*, *12*, 589827.

Bhatia, S. (2025). The Impact of Mental Well-Being on Trauma Recovery. *International Journal of Interdisciplinary Approaches in Psychology*, *3*(5), 432–443.

Chen, L., Zilioli, S., Jiang, Y., Wang, X., & Lin, D. (2021). Perceived social support and children's physiological responses to stress: An examination of the stress-buffering hypothesis. *Biopsychosocial Science and Medicine*, *83*(1), 51–61.

Daly, L. M. (2020). Resilience: An Integrated Review. *Nursing Science Quarterly*, *33*(4), 330–338. https://doi.org/10.1177/0894318420943141

Doyle, S. (2020). Pandemics and soft power: HIV/AIDS and Uganda on the global stage. *Journal of Global History*, *15*(3), 478–492.

Drageset, J. (2021). Social support. *Health Promotion in Health Care–Vital Theories and Research*, 137–144.

Galatsch, M. (n.d.). *Enhancing Access to Healthcare for Displaced and Conflict-Affected Children*. Retrieved July 29, 2025, from https://globalhealthhub.de/fileadmin/general_documents/20250122_DRAFT_WorkingPaper_ChildHealthInConflictSettings.pdf

Green, A. N. (2024). *Social Inequality Affecting Homelessness Through a Conflict Theory Lens* [PhD Thesis, National University].

https://search.proquest.com/openview/c64e5e0350a822bd4b0b0a2dd7ee7e28/1?pq-origsite=gscholar&cbl=18750&diss=y

Huang, H., Wan, X., Liang, Y., Zhang, Y., Peng, Q., Ding, Y., Lu, G., & Chen, C. (2022). Correlations between social support and loneliness, self-esteem, and resilience among left-behind children in mainland China: A meta-analysis. *Frontiers in Psychiatry*, *13*, 874905.

Ijantiku, C. M., Ubogu, J. O., & Ejimonye, O. C. (2024). The role of information literacy in counselling and guidance services: An exploration of library and information science perspectives. *International Journal of Applied Technologies in Library and Information Management*, *10*(1), 96–101.