# About Amplifying Impact! ISSUE III

This Amplifying Impact! Quarterly Newsletter showcases the impact of TPO Uganda’s mental health and psychosocial support interventions. The focus of the period January-March, the Amplifying Impact! presents implementation stories, achievements, and lessons in our psychosocial support and mental health responses across close to fifteen districts in Northern, West Nile, and South-West Uganda.

Our engagements have been on consolidating, standardizing, and strengthening psychosocial support and mental health through the implementation of the psychoeducative manual as well as the MHPSS IASC guidelines. The Editor’s pick of visualized data, impact stories and testimonies from our work will further provide you with insight on the magnitude of change created by our interventions, how we reach and serve most vulnerable populations such as women, youth, girls and children in fragile and emerging settings.

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- Response to psychosocial needs during COVID-19

<table>
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<tr>
<th>15</th>
<th>5000+</th>
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<tr>
<td>No. of districts with ongoing mental health and psychosocial support activities</td>
<td>Individuals reached with mental health and psychosocial support through community awareness</td>
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<th>2,453</th>
<th>1,168+</th>
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<td>Women and girls (survivors of sexual and gender-based violence) supported to access psychosocial support services like counseling and therapeutic treatment</td>
<td>Beneficiaries of psychotropic treatment from January-March, 2020</td>
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According to Murray (The Scope of Mental Illness and Status of Psychiatric Care in Uganda, 2015), mental illness in Uganda affects over one-third of the population. Only less than half of these individuals seek intervention due to inadequate mental health services, including providers, psychotropic medicines, psychosocial interventions, and psychotherapies. A high burden of these statistics lies with populations in fragile and emerging settings like post-conflict North and North-Eastern Uganda and refugee areas West Nile, Northern and South-Western Uganda.

TPO Uganda is using the Cognitive Behavioral Therapy for Trauma (CBTT) from the 2016 WHO-MhGap guidelines to deliver specialized psychotherapy to the post-war victims and humanitarian settings to complement the efforts of the government of Uganda to deliver quality mental health and psychosocial support services. Our targeted beneficiaries include children, refugees, postwar victims and survivors of sexual and gender-based violence among others. Our services also include the deployment of highly skilled personnel, tools and other resources like medication as well as capacity building training for government and partners. Through these, we have built community-based capacities for self-help to identify and refer those in need of psychosocial and mental health services in the different areas of our work.

The civil war in Northern Uganda left behind a trail of physical and emotional scars on women, men and children. TPO Uganda has provided a combination of mental health care and psychosocial support packages incorporating physical rehabilitation (access to surgery for bullet and splinter removal) as well as reproductive health injuries due to Gender based violence. Alongside providing psychosocial support and physical rehabilitation, the beneficiaries in their CBT groups are screened for vulnerability—those who are vulnerable are identified and converted to a VSLA group. They are taken through livelihood training and provided with a grant to start up a business as a group. Most beneficiaries attest to having their lives changed because of the CBT groups. The VSLA model has increased social cohesion

Read inspiring stories and testimonies from our work

Delivering psychosocial support to war victims in Northern Uganda

Extending services closer to the most underserved community members through clinical outreaches

The poor health resulting from unattended psychosocial distress and poor coping mechanisms continue to have devastating effects on South Sudanese refugees and host communities. Moreover, issues of affordability like transport and access to mental health care and psychosocial support activities continue to remain a challenge in most host communities. To ease access to MHPSS and address depression, Post-traumatic stress disorder (PTSD) and anxiety, TPO Uganda has conducted clinical outreach to bring the services closer to the beneficiaries. During these outreaches, clients are identified, screened
and enrolled to receive specialized treatment through the CBT groups. Those with symptoms that warrant treatment are given treatment while the old cases are given refills and references to seek further medical support from nearby health centres. Through the outreaches, TPO has built a network of individuals with information who appreciate psychosocial implications, access to services such as psychotropic medicines and advanced specialized care for healing. As a result, TPO has continued to work with community trained support structures to increase mobilization and awareness on Mental health and psychosocial support.

### Capacity building to enhance MHPSS delivery

TPO Uganda conducted training on MHPSS for partners notably District government health workers, education sector, and key community structures. The training which was based on the World Health Organization’s MhGAP for Humanitarian Context equipped participants with relevant skills and knowledge in assessment for common mental, neurological and substance use disorders, post-traumatic stress disorder, and strengthening resilience and coping skills in children. Trained health workers have been able to engage in community outreach alongside the TPO senior Psychological Clinical Officer which has enabled people with Mental, Neurological, and Substance abuse (MNS) disorders to have access to mental health services. There have been observations of government officials’ involvement in supporting TPO MHPSS interventions notably their continual support in advocating for MHPSS services in the host communities during the interagency meetings and committed to sharing information for those who would be potentially in need. Moreover, TPO has created a niche of extra skilled Health and Community workers who can provide MHPSS interventions that link health facilities to the community in both the refugee settlement and host communities.

John (not real name) is a 36 year old man who was a victim of the LRA civil war. He had suffered from epilepsy and alcohol addiction for almost 10 years. John was traumatized with his state of life and contemplated on committing suicide. He resorted to drinking too much in hopes that he will die from alcohol. During the community awareness and clinical outreach, John was identified by the TPO social worker who enrolled him into the CBT group and psychotropic drugs.

During his interaction with the social worker, he informed her that he used to fight with his wife and beat his children over trivial issues. He had no relationship with his wife and children, let alone other family members and community members.

“It became difficult for me to associate with anyone. Wherever I went, I started fights. Moreover, I was suffering from depression had nightmares at night. The CBT group was a groundbreaking opportunity for me to clean up my “system”. This group not only provided a safe haven for me, it gave me purpose for my life and sense of belonging because I got to meet people who were like me and others worse than me. Psychosocial support should be a priority of every organization supporting communities because with livelihoods without helping them mentally, you’re wasting your time and finances.”
In addition to Government Officials, a trainer of trainers’ team consisting of members from implementing partners (ARC, IRC, WCH, HI, and MTI) and TPO staff underwent MhGAP training. These were equipped with skills in the basics of MHPSS such as identifying individuals presenting with symptoms of MNS conditions, how to provide Psychological First Aid, and making appropriate referrals for further management.

Collaboration and Stakeholder Engagement

TPO Uganda joined other civil society organizations, Government, implementing partners, and national actors in celebrating International Women’s Day under the theme “Empowering Women through Innovative Approaches to Social Protection; a Pre-requisite for Inclusive and Sustainable Development”. As part of its organization efforts to empower women and youth, TPO Uganda was applauded for its increased awareness of the mental illness and increased demand for mental health services improvement and accessibility for the community members. The District leadership of Pader pledged to increase mental health stock to health centres registering high numbers of mental health cases.

Response to psychosocial needs during COVID-19

TPO in partnership with other agencies have worked together to extend services near to communities in COVID-19 quarantine. As an organization with a strong niche in MHPSS, TPO collaborated with many partners to make sure that communities that are manifesting psychosocial issues due to COVID-19 are reached and cases handled. In partnership with War Child Holland, TPO launched the first MHPSS Helpline in west Nile and southwest in Kyaka, Yumbe and Arua to ease response to the psychological distress of the community through providing PFA, stress management strategies and psycho-education on COVID-19. Information and community concerned gathered during the COVID-19 pandemic is shared through the Helpline. Consequently, the Helpline has attracted many partners such as ECHO under their ECW project have committed to
funding the Helpline. TPO has scaled up the Helpline to cover five districts of operation notably Arua, Yumbe, Kyaka, Kyangwali and Isingiro. As a result, a total of 86 cases have been supported through the helpline.