Building Community Resilience for Hopeful Living

TPO Uganda Mental Health and Psychosocial Support Services for Refugee and Host Communities

Stories from Kyaka II and Kyangwali Refugee Settlements
Worldwide, protracted political violence, harsh climatic conditions, and socio-economic shocks are triggering refugee crises. In East Africa, Uganda hosts the largest refugee population of children, women and men from the Democratic Republic of Congo, Rwanda and Burundi fleeing conflict mineral wars, political and tribal strife. The loss of loved ones, property and livelihoods, displacement, and experiences of gender based violence, leaves these refugees scarred and vulnerable to depression, suicidal thoughts and other forms of post-traumatic stress disorders. These disorders prevent them from meaningfully engaging in basic social life and livelihoods activities.

TPO Uganda, a consortium member of the Access Protection Empowerment Accountability and Leadership (APEAL) project, provided life-saving mental health psychosocial support to refugees and host communities in South-Western Uganda to help them cope with their adverse circumstances and build their resilience to live hopefully.
Bringing hope:
In numbers

TPO Uganda interventions for refugees and host communities focused on:
- Cognitive Behavioural Therapy
- Mental health outreach clinics consultations with Psychiatric Clinical Officers
- Home visitations for case management support for SGBV survivors and other clients with psychosocial distress

6,190 Beneficiaries reached by the APEAL project
1,259 host community receiving services
4,931 refugees receiving services
429 SGBV survivors reached with MHPSS services
384 females
45 males
1,597 people enrolled in CBT
797 people benefited from specialized mental health consultations

TPO Uganda Mental Health Continuum of Care

Train Social Workers to identify, screen and enrol children and adults in need of advanced psychosocial support (CBT)
Provision of psychosocial support through family support and home based care
On-job coaching, monitoring and supervision activities for MHPSS interventions.

Identify, provide psychological first aid, CBT for SGBV survivors and refer those in need of access to critical services
Advanced group therapy through CBT (10 sessions per group)
individualised therapy and case management for highly specialised MHPSS cases
Respond to cases and consultations through the MHPSS helpline

Continuous community mental health outreach clinics through health facilities; community-based awareness and psycho-education activities on coping mechanisms, SGBV, COVID 19 implications for mental health, are delivered through radio talkshows, boda bodas with megaphones, referrals from other partners and IEC materials.

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Understanding Cognitive Behaviour Therapy

“Cognitive Behaviour Therapy focuses on trauma sensitive interventions and presents a safe place for beneficiaries to feel better about upsetting or confusing events that they have experienced. It is a healing process where beneficiaries get to draw, write, and talk about their experiences and learn many important things about processing the trauma, managing feelings, relaxation, and how to stay safe. They also learn a lot about how they can change their thoughts, feelings, behaviours, and harness their strengths.”

-Racheal Kisakye, Clinical Psychologist, Kyaka II refugee settlement

“I often had nightmares about how I was attacked and sodomized by the rebels and how they broke my back, and I always heard the voice of my late mother calling me. But after meeting Dr. Prossy and Dr. Robert* they gave me medication and they encouraged me that my experience could have happened to anyone and I could overcome the shame. I used to take two tablets daily, but now I take one because I am normalizing.”

-Aliho Evans, Congolese refugee, Kyangwali, refugee settlement

Empowered to fight for her family

When Rehema Soyuswa, 30 years, married into her husband’s royal clan in the Democratic Republic of Congo, the marriage was condemned by her in-laws as she was considered a member of a lower class.

By the time Rehema gave birth to her fifth child, the family had been attacked several times by her in-laws. During one of the attacks, Rehema was gang raped by four men and her daughter was stabbed to death.

“The reason I ran away from Congo was because we were attacked by unknown people because of family conflicts. My husband’s family members did not love me and never welcomed me as their own. It reached a time when they entered my house and they raped me; I had a miscarriage. My firstborn, Anna, was also killed in front of me. We decided to run to Uganda. When I had just reached Uganda in the settlement, I never got peace where they had settled us as we were attacked twice and we had to be re-settled again. Because of this psychological torture I gave up on life. I became depressed and I attempted suicide four times.

*Clinical Psychologist and Psychiatric Clinical Officer respectively
"I never wanted to be with people or talk to anyone, or be seen going to the market. I felt everyone knew that I had been raped. I always wanted to stay in the house isolated and sleeping. I even used to chase away my children to leave me alone.

When TPO Uganda visited me, they started counseling me about how to manage the terrible memories and the voices I kept hearing in my head which reminded me of my murdered daughter. TPO taught me how to have good thoughts and learn how to help my family again.

Through continuous counseling it reached a time and I started welcoming my children. One day a friend who had also been raped and was depressed came to visit me here and she was surprised to find me doing house activities. I told her that the counseling from TPO had helped me and I introduced her to TPO. I am now counseling my son who is also suffering from anxiety because of the constant threats on our lives. Now, I no longer want to die."

Dr. Umaru continues to pay home visits to Rehema’s family to prevent her from relapsing and to give family care support and basic counseling to the whole family. In addition, he has contacted UNHCR to find a way to resettle Rehema and the entire family to a safer location.

Rehema was referred by the Office of the Prime Minister and Medical Teams International to TPO Uganda Senior Psychiatric Officer, Dr. Umar Lwanga for advanced psychotherapy. She was treated by administering Cognitive Behavioural Therapy over a 10 session, three months period.

Patients are supported to identify core beliefs, negative thoughts of worthlessness, processing of persistent feelings of loss and are taught positive coping strategies like meditation, imagery, thought records, engaging in simple activities around their homes or helping others who have suffered similar trauma. They are also taught to manage their body sensations through proven relaxation strategies.

CBT overall, aims at modifying thoughts and behaviours to motivate patients to actively live with hope and engage in everyday tasks.

The onset of COVID-19 and the mandatory lockdown measures required a change in provision of critical mental health and psychosocial support services (MHPSS). TPO Uganda collaborated with the Office of the Prime Minister and other partners to comply with COVID-19 standard operating procedures through:

- Reducing group therapy members to reduce transmission risk
- Introduced the toll-free MHPSS helpline managed by counsellors who provided psychological first aid
- Home visits were done for the clients that had called in or follow up of previous and new clients. Through home visits, case management was provided like transport to nearest service points.
- Using and distributing personal protective equipment like masks and hand sanitizer
- Awareness creation and education on COVID-19, (including prevention and its implication for mental health and contribution to gender based violence) using media drives and radio talk shows.
TPO Uganda trains Social Workers on Child Protection and Child Safeguarding for the Uganda humanitarian context, including case management for post traumatic disorders in children to enhance positive thinking and behaviour.

Wabwire Henry, the TPO Social Worker, (pictured above) notes that after providing the CBT therapy, the children displayed significant changes in their behaviour: reduction in anxiety and depression levels, improved concentration, and better performance in class. According to TPO Uganda Social Worker, Wabwire Henry, most of the children self-referred themselves to TPO Uganda after hearing about their services through the various awareness campaigns. The children displayed anger, anxiety, depression, memory loss and poor concentration.

Maria Safi, 18 years, survivor of war conflict and sexual gender based violence, Democratic Republic of Congo.

“When I was in Congo, my father was killed in the backyard of our home. The same people ran after me and they raped me. I ran to Uganda for safety. I was depressed and I used to isolate myself. I turned to another boy for consolation in the settlement but when I became pregnant he left me. Before TPO came, I would sit alone and think a lot and when I would think a lot, I could get angry and shout loudly. My memory was poor; when my mother would send me for groundnuts in the market I would buy sugar instead, which in turn would earn me a beating at home. The TPO group therapy sessions helped me because I could share with other children who went through the same experience. The sessions not only changed my behaviour but also my attitude towards life. I don’t isolate myself anymore, I don’t shout any more, I can control the thoughts. I shared the techniques with my mother and they helped her, because she can now even go to the garden.”

“Safe Sharing Spaces

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“We used CBT to help the children to behave happily, interact freely and relate with others well. Those that did not respond to the CBT therapy, were referred to the clinical psychiatric officer who provided medication, and this has really helped.”

-Wabwire Henry, TPO Uganda, Social Worker
John Paul Kwizera, 16 years, survivor of war conflict, Rwanda

“My father was a businessman and one time he gave us his car and asked me and my sister to run errands for him in Kigali. On the way from shopping, we met Interahamwe rebels who confiscated the car and the merchandise we had bought. They then killed my sister. I was badly beaten and abandoned. A good samaritan took me to the hospital where my father found me and we escaped to Uganda. The memory of what happened to my sister kept haunting me whenever I slept. I lost my mind. I could not attend class because I could not concentrate. Every time I saw a short dark person I used to run away thinking that they would kill me too.

Later, I joined TPO and started getting therapy sessions. This helped me recover my mind; now I can share my experience with other children, sing, dance and play which is helping me forget the traumatic events that happened to my sister. In school I am now improving; I am no longer the last in class.”

“TPO sessions have helped me to recover my mind and my thoughts.”
John Paul Kwizera

Korodine Iradukunda, 16 years, survivor of war conflict, Burundi

“A 16-year-old from Burundi, Korodine fled to Uganda in 2018 with her stepmother and five siblings after the Imbonerako rebels killed her father and mother.

“I used to sit alone, think a lot and my heart would beat so fast every time I thought about how my parents had been killed. I had high blood pressure. I would forget so many things. When I joined the children’s group sessions, they taught us relaxation techniques, breathing in and out exercises to reduce heart palpitations, and safe place sessions. In the safe place, they encouraged us to think about a place where we feel safe, calm and happy. Because of these sessions, I can now concentrate in class and pass my exams. Now, when they send me to the shops I bring back the right items; I no longer have memory loss.”

“The technique of a safe place helped me a lot to feel calm.”
Korodine Iradukunda

Children’s groups are supported to prepare dramas and music and dance to help them overcome the traumatic thoughts of their past.

“TPO sessions have helped me to recover my mind and my thoughts.”
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Korodine Iradukunda (left) like other war survivor children has built friendships within the refugee settlement that are helping her to think more positively and therefore change her behaviour.

CLICK HERE TO LISTEN TO STORIES OF HEALING AS TOLD BY THE CHILDREN TPO SUPPORTED
‘Each time I would feel the pain of losing my father and grandmother, I would get a knife and cut myself.’

-Arombo Francine, 13 years, war survivor refugee from the Democratic Republic of Congo

“It can go under water, but each time these underwater people come at night to take me under water the security guard does not allow me.” - Arombo Francine, Kyangwali Refugee Settlement

Arombo’s story begins in the Democratic Republic of Congo fleeing the rebels who had killed her father and grandmother. Upon arrival in Uganda, in Kyangwali refugee settlement, Arombo started having psychotic episodes during which she said spirits had asked her to collect children in the community to go with her to drown in the Semiliki River. However, hearing these strange words from a thirteen-year-old girl had often angered other refugees in the community who accused her of witchcraft and eventually set the family house on fire.

The police who rescued Arombo, her paternal aunt and siblings referred the family to TPO Uganda for help. The clinician assessed her, noting psychotic depression, grandiose delusions and suicidal ideations. Arombo was enrolled for Cognitive Behaviour Therapy for children. “Arombo would isolate herself, she didn’t want to share or eat food with any family members and had attempted suicide several times”, says her aunt. “Each time I would feel the pain of losing my father and grandmother I would get a knife and cut myself”, says Arombo whose body is covered in self-harm scars.

The TPO team visited Arombo regularly, at the reception centre where they live, to provide individualized therapy to Arombo and psychoeducation to the aunt who is also suffering from the trauma of war and the stress of looking after four additional children in a refugee settlement.

Today, there is a tremendous change in Arombo’s behaviour: “Ever since meeting with Dr. Prossy I feel happy, I don’t think a lot about my father, and I don’t want to die. But we need food and help with clothes as they were burnt.”

Dr. Prossy says: “There is a great change because those days she used to sleep alone but currently she can sleep with others. She used to isolate herself and run away from people but now you can see we even found her playing with peers. The girl is improving day and night.”

The TPO Uganda Clinician continues to provide individual therapy to Arombo and hopes to relocate the family back to the community following several sensitization sessions about Arombo’s condition.

Psychosocial support and protection through home-based care
Hangi Tumuhimbise is a 22-year-old national of the Democratic Republic of Congo who fled to Uganda in 2020 after her husband was killed by rebels. By the time she arrived in Kyanwali settlement, she was already pregnant.

After giving birth, her son Chrispus started having seizures when he was three months. The seizures were so frequent that Hangi had to watch him all the time. She was constantly overwhelmed and anxious.

Through the community awareness campaigns, Hangi heard about the doctors in TPO Uganda who could help her child. She met the Psychiatric Clinical Officer, Dr. Tumwebaze Robert who diagnosed Chrispus with epilepsy and prescribed anti-epileptic drugs that controlled the seizures.

He also provided psychoeducation to the mother about epilepsy, its causes, symptoms, prevention and treatment.

"The doctors at TPO Uganda really helped me and my child, these days I can leave the child with others and go to the garden", says Hangi.

Critical responses to male survivors of sexual violence

Richard Lonema, 45 years, lives in Kyanwali Refugee Settlement at Kasonga block 29. It is a far cry from his previous life. Back home, in The Democratic Republic of Congo, he was a Pastor and a family man of five children.

“When the war came, I lost everything in one day, my wife, children and property”, he recalls.

“I had a large church and it was burnt to the ground killing all the members. I was caught, beaten, cut and made to eat flesh cut from my own legs. I was sodomised and made to sleep in a mass grave with dead bodies for three days, until a stranger found me and helped me escape to Uganda.”

These events left Richard traumatised; the smell of the blood of dead bodies constantly stayed with him. He had visual hallucinations where he frequently saw images of dying people and visions of people calling his name to visit the graveyard. He also experienced auditory problems hearing voices of people crying out for help, sometimes telling him to stop associating with fellow men since they caused this trauma.

“When I reached Uganda, I was scared of going to hospital because I had a lot of thoughts especially of death. I could not sleep because I would see dead bodies and hear different voices and I was not able to eat because I could smell blood. I isolated myself because I felt I smelt bad.”

Richard self-referred to TPO Uganda after learning about their work from a 42-year-old female that had been assisted to get surgery for fistula after suffering from incontinence.

When the TPO Uganda clinician met him, he was assessed and diagnosed with Post-Traumatic Stress Disorder, combined with Psychotic-Clinical Depression and suicidal ideation. She recommended urgent psychiatric intervention and psychotropic medication.

Richard received individualised CBT for trauma including relaxation strategies, body sessions, and psychotherapeutic sessions. The medication, accompanied with clinical sessions, has helped Richard to overcome his low self-esteem, supported cognitive restructuring and provided him with coping strategies.

The change in Richard’s behaviour was so impressive that the Clinician enrolled him in a group where he was given skills to reach out to other male survivors of sexual gender based violence in the settlement.

“I was given counselling, and medication to stop the bad odour and to help me sleep. Because of the CBT sessions I have learnt from TPO Uganda that I can now talk to other men who have been through the same trauma like me. I have brought six men so far.”

Community outreachs increase access to life-saving mental health services

Hangi Tumuhimbise and her son Chrispus Atuhaire are some of the community members reached by TPO Uganda mental health and psychosocial services awareness campaigns. These campaigns were conducted through information, education and communication messages on t-shirts in three different languages used in the settlement (Kigege, Kinyabwisha, and Swahili) and the host community (Runyoro/Rutooro). They were worn during community activities such as Independence Day celebrations, World Day for Mental Health and the 16 Days of Activism against GBV.
Today, Richard (in white shirt) awaits surgery for rectal prolapse and is currently supporting another SGBV 23-year-old Aliho Evans (in green shirt). TPO Uganda has also referred Richard to other partners like CARE, and ALIGHT for non-food items.

“For me, progress is the fact that these men can now talk about their experiences, they are opening up. This is helping us identify other survivors who need our help as TPO Uganda.”

- Dr. Prissy Nakayi, Clinical Psychologist (In middle)
TPO Uganda not only works with refugees but also offers CBT sessions to host communities whose members suffer from anxiety, depression and other issues like gender based violence.

Abagambakamu Group comprises 11 members, all survivors of gender based violence in Kyaka community; the group was formed to offer psychosocial support to the members.

"Some of the members in this group were raped within the community -at the well or market", says Nyiransenga Edina, TPO Uganda Social Worker. “Others who were raped were forced to get married to the very person who raped them and others were victims of rape within their marriages which triggered anger, anxiety, a sense of unworthiness and depression."

Racheal Kisakye, the Clinical Psychologist notes that: “These symptoms affect their normal level of functioning, social relationships, and hinders their ability to carry out normal daily tasks or even take care of themselves and their families. Through group sessions, the women share their experiences which helps them to realise that there are other women facing similar challenges which encourages them to adopt a more positive attitude.”

Increasing access to mental health services for survivors of gender based violence

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"At the beginning most of these women were low spirited and very quiet. But when they are able to laugh and smile and talk, then that’s change.”

“Other changes we are observing include getting positive testimonies during home visits, increased active participation in the group where they talk to friends and share life stories. They are also managing their lives. It shows they are improving.”
Through the APEAL project, supported by the European Union, TPO Uganda was able to offer mental health services and bring hope to refugees in South Western Uganda.