Support to refugees and host community to access psychosocial support and trauma care

"These women’s lives have totally changed. Most of them have learnt how to control their anger. They come together as a group to encourage each other and offer advice to those still struggling. Most women have testified a change in their husband’s behaviors because of the CBT sessions. Personally, the sessions have helped to cope with stress and depression and I relate with my in-laws well.”

Translator, Oriji Settlement

Situation overview

Uganda currently hosts 1.3 million refugees from South Sudan, Democratic Republic of Congo, Somalia, and Burundi. These countries have in years become hubs for sexual violence including rape of women and girls, genital mutilation, feminization of men.

Refugees cross over to Uganda with these scars manifesting in trauma, post-traumatic stress disorder, depression, chronic headaches, nightmares, and flashbacks. Moreover, they also manifest poor communication/ relation with family, neighbors, and community.

With support from UNWOMEN, TPO Uganda has expanded its psychosocial support and trauma care to 7 districts to cover a wider geographical scope of refugees from both DRC and South Sudan.

7

Districts of intervention in Kiryandongo, Yumbe, Moyo, Arua, Kyegegwa, Adjumani and Lamwo in Northern, West Nile and South Western Uganda

8,800

Total beneficiaries targeted refugee and 10% men and boys

5,000+

Beneficiaries reached so far across all seven districts in period March to November, 2019
**Problem and intervention**

The most affected people are women and children. Women particularly bear the burden of raising children, looking after their elderly relatives and family members. This is coupled up with their own anxieties of striving to survive the harsh living conditions in the settlements, which escalates their psychosocial needs. Moreover, women single handedly support their households without the support of their husbands. Most of them resort to alcoholism, to forget their pain and loss.

Additionally, in Adjumani and Moyo districts, most of the challenges faced by the women include rape, domestic violence, and alcohol abuse, lack of access to medical support, and lack of economic support as they seek to coexist in within the host communities. Moreover, men have abandoned their families and returned to South Sudan leaving women to head households and become the sole breadwinner.

With support from UNWOMEN, TPO Uganda is delivering psychosocial support and trauma care to South Sudan refugees in Adjumani and Moyo Districts. Beneficiaries with psychosocial needs are identified, put into CBT groups and receive specialized therapy over 10 sessions. These CBT sessions have helped many beneficiaries cope with the traumatic experience, mend relationships among households. Many attest to being able to sleep better after the sessions, reduced alcohol abuse, and reduced domestic violence. Many of the beneficiaries are able to provide counseling to neighbors and fellow group mates who are still struggling with trauma healing. Despite the impending challenges, many are able to persevere and seek advice or help from fellow group members. Many are able to economically support themselves through selling firewood, selling water, vegetables, etc. the little money got meets the household basic needs, school fees, and saving.

“Before I joined the group, I used to beat my children to forget the anger and the pain. I also used to fight with people. I used to call my husband a pen and I used to fight him like a fellow man. After I joined the group, I was taught how to control my anger, how to forget the pain I had experienced. Now, I relate with people, I talk to my children with respect. I respect my husband too – I event kneel for him when greeting and giving him anything, something I used not to do. I no longer argue with my husband in front of the children. He has not got the CBT training but I advise him on controlling his anger especially in front of the children. The CBT group has given me a chance to understand other people’s emotions. I can persevere through any situation” **Jackline, Oriji Settlement, Adjumani**
Inclusion of male in the CBT groups as models to address GBV

In the recent past, men have become victims of gender based violence. Gender based violence on men and boys are underreported as survivors fear to speak about their experiences due to cultural taboos and stigma. This has hindered some from accessing health, legal and psychological services to quicken their healing process. Moreover, majority of the available services target women and girls leaving out the men. TPO Uganda with support from UN Women has provided psychosocial support and trauma care to men and boys who represent 10% of the target population. The male CBT groups focus on addressing trauma needs ranging from suicidal thoughts, alcohol abuse, and nightmares coupled with self-harm to lessen the pain among men and boys. Through the support, the men have been able to access psychosocial support which has helped them manage stress, anxiety and depression. Their lives have not only changed but they have become model men in the community they live. The male CBT members have become active councilors -they have gone ahead to offer face to face counseling to both men and women with trauma needs, organized awareness sessions through music, dance, and drama in public places. The CBT male group in Oriji Settlement Adjumani pointed out the awareness creation sessions, groups interaction encouraged them to talk about the mental health needs, struggles within the family in the settlement and brutal treatment they were subjected to during the war. The groups created a sense of belonging and became a place of comfort for most of them to share their struggles and seek help where need be.

Understanding the psychosocial needs of the men and boys requires a comprehensive conceptualization of the interactive patterns of South Sudanese culture. The culture is largely built on the patriarchal undertones where men are viewed as breadwinners in homes, prominent in public spaces, therefore any form of weakness or showing signs of weakness among the men is largely prohibited. Thus changing these gender/ cultural norms to get the men to speak is quite challenging. All these cultural and gender stereotypes forces men to get locked up in
drinking hubs and resort to domestic violence as a means of releasing their pain and showing dominance in the household.

The men of hope CBT groups in Palorinya shared their experiences of being aggressive to their spouses, children, and members in the community; and use of alcohol as an escape route from depression and anxiety. When TPO Uganda first approached them, they were hesitant to share their experiences and discuss their trauma needs especially in the presence of fellow men. However during the course of the CBT session, many testify to having freely discussed their challenges and managed to get support of fellow group members who had similar challenges. These men have built a network of “influencers” in the settlement with the aim of creating awareness on mental illness and referring people to TPO Uganda for psychosocial support. They also provide basic counseling to fellow group members, their neighbors and in the community.

“Before TPO Uganda psychosocial support sessions, we were very dirty both in the brain and on the body. We were like water that has been waded by birds and warthogs. Most of us had suicidal thoughts, used to drink a lot; some had deserted their families, while others considered themselves useless due to the traumatic experience in South Sudan and the harsh conditions in the settlement. When the CBT sessions began, we started to learn more about the situations we had experienced. We learnt about the root causes of trauma, stress, and depression. The facilitators worked tirelessly to make sure we understand how to cope with the experiences and solve multiple challenges in our daily lives. We are now healed, clean and able to counsel each other and the rest of the community. We shall continue to support TPO in eradicating trauma and depression through music, dance, and drama in the community. We are now the model men in our community. We want to create more model men in our community” model men group member, Palorinya Settlement

Creating the change through family mediation

“... My daughter got pregnant while she was still in school. When we went to see the man to ask him to look after my daughter, little did I know he was a relative. This caused a lot of havoc between us. I hated my daughter and her child...”  Taban, indirect beneficiary, Palorinya Settlement

Family mediation is one of the interventions used to create peaceful coexistence, harmony, and forgiveness among family members. Some of the refugee families come to the settlement with unresolved issues which if not resolved peacefully, lead to murder, gender-based violence and
continued disunity among the members. However this is not the case with Betty, a 17-year old girl, as narrated by her parents.

When the parents moved to the settlement, they enrolled Betty in school in the hope of getting her a better education and future. Unfortunate to Betty, she fell in love with a man in the camp and got pregnant. The parents were devastated with the news. They paid the man a visit and were shocked to discover it was a relative.

Betty became a loner. She withdrew from both the family and her friends. She used to spend most of the time crying and thinking too much. She felt like she was an outcast in the family. Worst still, she dropped out of school –this was the most painful moment for the family, especially her father who looked at his daughter as a source pride for the family. Betty’s situation caused misunderstandings between her father and mother that their relationship as husband and wife hand on a thread.

“... I blamed my wife for not teaching our daughter proper manners. I always told her she was the reason Betty got pregnant. I hated them both and I didn’t want anything to do with them...” narrates Betty’s father

But all hope was no lost for Betty. When TPO Uganda started conducting awareness creation and screening refugees to enroll them in the CBT groups, Betty’s parents forced her to despite her refusal. Reluctantly she agreed to join and this was the beginning of transforming Betty’s life. She started being social, stopped over thinking and actively participated in household chore. Even when the sessions ended, she still goes back to associate with the group members and encourage one another.

As for the parents, the social work encouraged them to support Betty through her difficult moments –forgive her, accept what has happened and be the first point of contact in supporting their daughter achieves her dreams. The parents were also involved in awareness creation activities within the settlement to which they actively participated and still participate in.

“Since she has given birth, we hope to take her back to school so that she completes her studies. We are taking care of both her and her child. Although we don’t receive any support for the man, we are happy and united more than ever before. She is still the pride of my family and I want her to finish her studies. We thank TPO Uganda for intervening in our family and for helping Betty. Even though we don’t have much but the happiness and peace we have has given us hope for a bright future for our children” Betty’s mother
Major learning

Despite the access to psychosocial support and trauma care, most beneficiary household lack source of income. Moreover the livelihood component in the project targets few groups causing tension and dissatisfaction among supported and non-supported groups and the community at large. The livelihood if offered to the groups, leads to socioeconomic wellbeing of the households and sustainability of the groups’ mental health and psychosocial outcomes.

Inclusion of men in CBT sessions creates impact in the community. Men are considered as leaders and those who have undergone CBT training have become model men in the communities they live.

They are looked at as transformed members who are capable of helping others overcome their mental illness. This concept has been adopted in Moyo and Adjumani.

| Project Title: Support to refugees and host communities to access psychosocial support and trauma care |
| Geographical Location: Kiryandongo, Yumbe, Moyo, Adjumani, Lamwo, Kyangwali, and Arua |
| Beneficiary Target: 8,800 (70%; 30%;10% refugees; host communities; and men) |
| Core components: Psychosocial support, SGBV response, Prevention of Sexual Exploitation and Abuse (PSEA) |
| Funder: UNWOMEN |

For more information contact: Michael Muwairwa

M&I Manager, TPO Uganda

Email: mmuwairwa@tpoug.org

Visit: www.tpoug.org