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Teaching Mental Health: Healing Trauma to Accelerate Impact at KAD Africa

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Teaching Mental Health

Healing Trauma to Accelerate Impact



Jasmyn Burdsall & Nick Carson

EXECUTIVE SUMMARY

KadAfrica uses passion fruit farming as a vehicle to increase holistic health and financial agency for rural out-of-school girls in Uganda. Kad is scaling their impact to include refugee beneficiaries, a highly trauma-exposed population. Emotional trauma has rates of death and incapacitation comparable to cancer, creating many challenges for girls to successfully learn and process the material they're taught during the KadAfrica experience. In order to ameliorate this, KadAfrica must offer trauma-management training to help beneficiaries overcome emotional barriers to learning and success they currently experience.

We conducted six, qualitative, group interviews (35 participants total) with both Ugandan nationals and Congolese refugees to better understand their experiences. Given the remote aspect of our research, we worked with a local journalist to conduct, transcribe, and translate these interviews. From these interviews we found in addition to the refugees interviewed, Ugandan nationals also struggle with trauma, making a management resource even more vital to the success of all beneficiaries- locals and refugees.

From our interviews, we found valuable insights into the ways trauma and loss affect the daily lives and functioning of beneficiaries. We analyzed our interviews to distill the symptoms and stressors that hinder girls the most. Interestingly, we found no stigma surrounding conversations about mental health, which will make the trauma-management curriculum even more successful, as many girls expressed interest in learning more about mental health.

A trauma-management curriculum would positively impact KadAfrica's beneficiaries, removing the cognitive impairment to learning trauma creates, paving the way for a greater impact. Based on our research, we have created a customizable 15-hour curriculum made to be tailored to each cohort, designed to teach girls management tools to reduce their trauma symptoms, foster healing, and problem solve psychosocial stressors.

As KadAfrica expands their operations to include refugees in Uganda, new challenges must be addressed through their program. There are currently no trauma-management resources that are culturally relevant for this population. Implementing this curriculum will not only help Kad better reach its mission, but will also place the enterprise in a unique position as pioneers in this area. Nearly every social enterprise would benefit from their beneficiaries having improved mental health and trauma-management techniques. With this curriculum, Kad has an important opportunity to be innovators and leaders in refugee mental health work.

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Background

KadAfrica envisions a world where young women in East Africa have increased financial independence and are economic drivers in their communities. Kad has been successful working with out-of-school Ugandan girls, reporting an average income increase of 400% following the program (KadAfrica, 2020). Kad is scaling its impact to include refugee beneficiaries, a highly trauma-exposed population who've faced violence, abuse, poverty, and loss. Research shows that emotional trauma inhibits learning, development, and creates significant functional impairment with rates of death and incapacitation comparable to cancer (Sokoloff & Dupont, 2005). Trauma-management is therefore necessary in order for trauma-exposed beneficiaries to learn the skills they need from the rest of the KadAfrica experience. Increasing the girls' daily functioning and resilience through added mental health education will get Kad closer to achieving its mission of increasing agency and financial independence of their beneficiaries. With the trauma-management curriculum KadAfrica will not only increase the mental health and wellbeing of the girls it serves, but will also increase their ability to utilize and sustainably apply the business, agriculture, and life skills Kad provides. Trauma-management will increase KadAfrica's impact by improving the functioning and holistic wellness of their beneficiaries and thereby their ability to grow and flourish.



A Cluster coach leads a class.

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Challenge

The needs of the refugee population Kad has scaled to include necessitate adjustments to the curriculum Kad presently offers. Currently, 1 in 5 refugee households report members in severe psychological distress due to elevated levels of stress, violence, and trauma. Less than 30% of these refugees have access to mental health care, leaving many with untreated post-traumatic stress symptoms (UNHCR, 2019). The trauma Kad beneficiaries experienced and the symptoms that have resulted greatly inhibit their ability to learn and retain knowledge (Brewin, 2001). Therefore, the success of KadAfrica's mission depends on the holistic training and education given in the KadAfrica Experience. If these trauma symptoms beneficiaries are facing go unmanaged, they will not be in a position to fully benefit from the material taught in the program. To address this, implementing mental health education will help beneficiaries with unprocessed trauma increase their growth and development in the Kad experience. Improved mental health hygiene allows the girls to focus more fully on agriculture and life skills, accelerating their economic empowerment.



A mother and her child



A beneficiary next to her passion fruit vines

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Research Purpose

At this time, Kad does not have the resources necessary to execute a full trauma-processing program, which would require trained psychologists. Yet the functional impairment caused by post-traumatic stress still needs to be managed in order for the girls to benefit from the rest of the KadAfrica Experience. To facilitate the sustainable impact of KadAfrica on trauma-exposed communities, we have developed an evidence-based, ready-to-use trauma-management curriculum for KadAfrica educators. It's important to avoid trauma processing¹ until Kad is better equipped to provide psychosocial support. Processing trauma without appropriate resources can lead to significant barriers to future healing, and can cause more harm to beneficiaries. An introduction to trauma-management skills (as opposed to trauma processing) will allow Kad educators to deliver the curriculum without additional training or resources. Focusing on trauma-management will give both refugees and Ugandan nationals the skills to maintain a functioning mental health state while they pursue their enterprises, helping Kad better leverage the resources it delivers to the girls, ultimately increasing its impact across all material in the Kad experience.



A Cluster Coach teaching a class

1. **Trauma processing** is a treatment which helps the survivor fully understand, put feelings to, and resolve their emotional reaction to their trauma. It's often a long process that can be painful for the survivor. This is different from trauma-management, which is a therapeutic approach intended to give survivors the tools they need to regulate the emotions they have around their trauma, and bring themselves back to the present moment.

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Research Purpose Cont.

Currently, there is little research and few resources available to implement a mental health intervention in a non-western cultural context. The KadAfrica trauma-management curriculum will be the first of its kind for this demographic. Though it is based on best practices for trauma-management, these practices are drawn from research on western populations. Because there are major cultural differences in emotions and mental health between western and non-western populations, its pilot implementation should be closely monitored by a fellow with expertise in this area. Trauma disproportionately affects the poorest and most vulnerable populations, which poses a huge opportunity for the enterprises and organizations who serve these populations to take advantage of a trauma-management intervention. This curriculum puts Kad in a position to increase access to culturally relevant trauma-management resources for under resourced populations, resulting in widespread impact that gets them closer to their mission.



Two women in the Palabek refugee settlement

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Research Methods

The foundation of our content is informed by six, qualitative, group interviews conducted with 35 Kad beneficiaries and Congolese refugees. Groups consisted of 5-6 interviewees to provide an ideal context for the women to feel comfortable sharing. These interviews focused on understanding their experiences and challenges with trauma and other factors affecting their mental health. These interviews guided activities, resources, and habit-formation lessons included in the curriculum. The outcome will be increased quality of life and mental health hygiene for the beneficiaries, which will amplify Kad's impact. Our interviews confirmed that Kad's beneficiaries--especially refugee beneficiaries--have experienced significant trauma, so including a trauma-management curriculum in the KadAfrica Experience will help the girls cope with mental health symptoms they are experiencing and engage more fully in other areas of the curriculum.

Esther Komuntale, a local journalist, conducted and transcribed these interviews from the local language for our analysis. We collected mental health data from two groups of Ugandan beneficiaries and four groups of Congolese refugees. Transcripts were then coded and analyzed into a coding summary sheet. Interestingly, interviewees demonstrated a lack of stigma around mental health, and openly shared their experiences of trauma and mental health challenges, disproving our initial assumptions that stigma would work against such sharing. Interviewing both refugees and Ugandan nationals allowed us to determine where we can adapt curriculum to best fit the needs of each group. From these interviews we were able to understand what symptoms the girls' were experiencing the most, and what stressors were contributing most to decreases in quality of life and mental health.



Esther Komuntale (left) interviewing a KadAfrica beneficiary (right)

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Findings

When coding our interviews, we found five main themes:

1. *Coping*

A significant number of beneficiaries discussed how they cope with their mental health challenges. We subcoded their answers into adaptive and maladaptive coping strategies. This helped us understand what strategies they already have in dealing with their trauma, and which should be included in the curriculum.

2. *Relationships*

Relationships played a major role in the mental health of all beneficiaries, but presented different problems for the Ugandan nationals than they did for refugees. Ugandan nationals reported high levels of interpersonal violence and marital contentions, and all reported having some form of social support system. In contrast, refugees experienced high levels of loss, with none of the Congolese interviewees reporting having any form of social support. Understanding the relationship dynamics and levels of support in girls' lives helped us develop curricular strategies for increasing social support and reducing interpersonal contentions. This also gave us insights into what different strategies would be necessary for different demographics, which informed our modular approach to the curriculum design. A modular design allows flexibility in the material to address different needs of different cohorts.

3. *Mental Health Symptoms*

We found across groups that symptoms of dissociation, depersonalization, depression, grief, anxiety, and overthinking were most disruptive to daily life for interviewees. Significantly higher grief, pervasive thought patterns, and depression were experienced by refugee beneficiaries who reported more loss and violence compared to Ugandan beneficiaries. For refugees, stress and fear were the most common emotional challenges, whereas Ugandan beneficiaries reported higher shame and guilt coupled with distressing interpersonal relationships, compared to refugee beneficiaries. Insights into the specific challenges girls face helped us research and develop appropriate resources to ameliorate distressing symptoms.

***"I lost so much weight in one month
because I was thinking too much, I couldn't eat."***

-Refugee interviewee

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Findings Cont.

4. Stressors

Refugee beneficiaries also reported unique challenges, including lack of resources, increased stress, and language/cultural barriers which may reduce quality of life. Between groups, lack of education was a significant stressor. Understanding what areas of life need to be improved for refugee beneficiaries not only helped us modify the curriculum goals, but also gave us insights into how KadAfrica can better leverage its material to achieve holistic impact for refugees.

5. Quality of Life

We found that having to drop out of school was a stressor for multiple beneficiaries. Reasons for dropping out of school included lack of funds and pregnancies. In addition, a few of the beneficiaries who had completed school had feelings of inadequacy because they didn't have a job. Sickness and injury were also common stressors. Refugees expressed stress due to poor treatment experiences in healthcare facilities. Ugandan beneficiaries expressed feeling stressed from a lack of money to pay for treatments. Many beneficiaries reported a variety of stressors relating to relationships with their partners. The KadAfrica Experience already offers tools to deal with many of these stressors, but the beneficiaries need to be able to manage their existing trauma before being able to fully utilize these tools.

"In Congo we had family and friends but in Uganda, we don't have that. Everyone is on their own." -Refugee interviewee

77%

of beneficiaries prefer to deal with their emotions with others

61%

of **refugee** beneficiaries did not have a support structure.



47%

of **Ugandan** beneficiaries reported interpersonal issues with their partners

63%

of beneficiaries feel upset about past experiences daily



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Deliverable Design

In order to create a curriculum that helps girls manage their mental health and psychosocial stressors, we leveraged the coping strategies preferred by beneficiaries. From our outside research, and the interviews we conducted with Kad beneficiaries, we designed a curriculum including 15, hour-long lessons including:

- **Mindfulness:** to reduce feelings of distress, and to promote grounding and non-judgemental self-awareness
- **Guided imagery and visualizations:** to reduce anxiety, distress, thought- and feeling-intrusion, and flashbacks while practicing grounding and self-soothing
- Creating understanding of **trauma as a protective mechanism** of dealing with painful experiences, promoting an empowered understanding of coping and how it can be done in a healthy way
- **Building a system of coping strategies** for the girls to practice, forming healthy habits and thinking patterns to improve disruptive trauma symptoms

In addition, the curriculum contains a series of courses to be adapted based on the groups' needs, which will be chosen by the cluster coaches with a content guide. The content guide categorizes the main issues the curriculum focuses on, and will guide the cluster coaches through options for lesson plans based on which symptoms are most persistent for the group they are working with.



Two women laughing in their passion fruit field

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Conclusion

KadAfrica seeks to increase the financial agency and independence of their beneficiaries. Kad's existing curriculum promotes holistic education and helps girls to learn and grow through the KadAfrica experience. However, it does not address trauma or the emotional barriers to learning trauma creates, so adding our mental health curriculum will substantially increase Kad's ability to make long term, sustainable, change.

Many of KadAfrica's beneficiaries have experienced significant trauma. In order for the rest of their program to be most effectively utilized, a mental health curriculum is necessary (Tedmanson & Guerin, 2011). The curriculum we have built gives them resources to help them manage the effects of trauma, and increases their ability to learn and profit from Kad's agricultural, financial and life-skills curricula. In order to expand on KadAfrica's framework of female empowerment, the curriculum emphasizes that trauma symptoms are a natural response to protect oneself from harm. Developing this understanding will increase openness and acceptance during lessons, and reduce shame and stigma which often result from the overmedicalization of trauma. The coping tools we included in the curriculum address all of the trauma symptoms we found in our qualitative interviews.

Although the curriculum we created is in-depth and developed using evidence-based methods, there are cultural elements we inevitably are not able to predict due to the remote aspect of our project. Further, different cohorts of beneficiaries, particularly refugee beneficiaries, have different experiences of trauma so the curriculum should not have the same content for every cohort. Therefore, we have created a content guide for Kad educators, that will help them choose a set of lessons tailored to the specific needs of each cohort. This builds flexibility into the curriculum design, allowing it to be multifunctional and effective for the variety of demographics KadAfrica works with.

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Next Steps & Recommendations

In order to be most effective, the curriculum will need to be piloted and adapted to be more culturally specific than its current form. To enhance the pilot curriculum's success, we will continue consulting with KadAfrica through the completion of their pilot cohort to help them make any necessary adjustments to the curriculum, and to help assess the impact it has. Providing impact assessment to show how effective the trauma-management curriculum is on improving the livelihood and quality of life of its beneficiaries will help Kad get funding to expand the curriculum .

The current curriculum is designed specifically to manage only the trauma of KadAfrica beneficiaries and is built around the resources Kad has to implement a psychoeducational intervention. Though Kad doesn't have access to trained psychologists and therapists to facilitate trauma processing at this time, the trauma-management curriculum could serve as a foundation for trauma processing when resources and funding become available.

Using the program's impact assessment guide, and the pilot data, KadAfrica will be equipped to measure the effectiveness of the trauma-management program in reducing distress and increasing functioning for their beneficiaries. Such data could be used to apply for grant funding to expand this psychoeducational intervention to achieve greater impact. Increased funding for the program could also give Kad access to the trained professionals they would need to work towards trauma processing in their program, which would greatly increase the impact of the intervention and progress towards the enterprises' mission of increasing financial agency.



A beneficiary holding a passion fruit sapling

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Next Steps & Recommendations Cont.

Because the current curriculum is built on a foundation of a variety of evidence-based therapeutic approaches, beneficiaries will already have exposure to the practices they will need to transition to trauma processing from trauma-management, giving KadAfrica a leg up in implementing a more sophisticated post-traumatic stress intervention in a non-western context. While a transition from trauma-management to trauma processing will take time, this curriculum sets the foundation for such a transition if KadAfrica chooses to expand the intervention over time.

The trauma-management curriculum will solve key impact barriers Kad faces, including beneficiaries' ability to learn the material in the Kad experience. With new tools to cope with everyday mental health challenges, the girls' ability to learn, grow, and develop confidence and agency are more achievable than ever before. Trauma-management is a proven method for reducing functional impairment and facilitating growth and healing. The impact of this curriculum, if implemented correctly, has great potential to change not only the lives of beneficiaries but also bring grant funding and expansion to KadAfrica as an organization.

Before this is possible, a pilot must be done with the supervision of a fellow with expertise in the field. Necessary adjustments to the curriculum will be made in this step, and will enhance the effectiveness and build important evidence of the curriculum's success. When the pilot is complete, data collected and impact measurements should be used to seek grant funding to expand the program.

Expanding the program could include trauma processing in the future, an addition that would allow KadAfrica to scale as an organization. Kad has an important opportunity to not only change the lives of their beneficiaries, but get even closer to their mission through program expansion and sharing this important resource with other enterprises. In an area with so much trauma, poverty, and loss, Kad is more equipped than ever to facilitate widespread and sustainable impact, healing, and growth for girls emotionally and financially.

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Appendix A: Mental Health Coding Summary

Mental Health Symptoms

Dissociation/Depersonalization:

-Many participants discussed losing track of time and focus, or forgetting where they were, and what they were doing for extended periods of time. Many mentioned burning food due to drifting off, or forgetting what they were doing or why during the day.

>Interviewee 2: "I was cooking and I drifted off. I was brought back by the smell of my food burning."

>Interviewees 3 and 4:"I have burnt food so many times because I drift off to think."

Pervasive thoughts/reliving trauma:

- Participants detailed experiences of pervasive thought patterns, spending significant amounts of time thinking about their trauma, to the point they were unable to perform essential tasks/self care. Most often, people discussed being unable to eat and sleep due to pervasive thoughts and thinking about their feelings and traumatic experiences

-Compared to Ugandan beneficiaries, Congolese participants noted significantly more pervasive thought patterns and disruption due to overthinking and flashbacks

>Interviewee 1:" I lost so much weight in one month because I was thinking too much, I couldn't eat."

>Interviewee 1: "When i go to bed, it takes me a longer time to sleep because I am thinking."

Depression/Grief:

-In each interview group, several participants discussed feelings of depression and grief. Refugees noted significantly more grief and gave more details about feeling too depressed to perform daily activities.

>Interviewee 2: "There was a time I couldn't get out of bed. All I did was cry.

>Interviewees 1, 3 and 5:" I can't get out of bed and I am crying once or twice a week."

>Interviewees 3 and 5: " Sometimes I can't eat for a whole week." (in reference to feeling sorrow)

-Many mentioned pervasive negative thoughts which spiraled back to their trauma or stressors.

>Interviewee 1: "I can even fail to go to the garden because in my head I am thinking afterall what is the point of working if I have no education. This happens 2 or 3 days in a week."

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Appendix A: Mental Health Coding Summary cont.

Mental Health Symptoms cont.

Depression/Grief cont.

-Refugees specifically told stories of loss and grief for their homes, family, lives, and education.

>Interviewee 1: "Before the war in Congo I had everything. I was fat, looking nice but now in Uganda I have lost weight because I don't have anyone to comfort me."

>Interviewee 2: "The money we get as facilitation is so little in that you even fail to buy yourself something nice. This makes me remember my days in Congo where I lacked nothing."

-All participants groups, refugee and Ugandan, expressed grief for their loss of education, which was a notable stressor throughout the interviews

>Interviewees 1 and 3: "I got pregnant in form 3 and everytime I think about it, it makes me sad and angry. I keep wishing I had stayed in school."

>Interviewee 5: "I lost my dad last year and that was the end of school for me."

Anxiety:

-Many participants across groups, particularly refugees, experience frequent anxiety, flashbacks, and triggers

>Interviewee 5: "I am always anxious because my mind still has memories of gunshots."

>Interviewee 5: "Sometimes I collapse because I am always on tension. This has happened about 3 times."

Most Difficult feelings to deal with:

-Frustration and anger were the most difficult for both groups

-Sorrow for both groups

-Shame: mentioned by Ugandan beneficiaries

-Guilt/Regret: Ugandan beneficiaries

-Stress: Congolese refugees

-Fear: Congolese refugees

-Most people felt comfortable talking about their emotions

-Most people felt their anxiety, depression, and trauma makes it difficult for them to perform essential tasks and feel upset by their past experiences over half the week

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Appendix A: Mental Health Coding Summary cont.

Relationships

-Relationships were a protective factor for many, especially in the form of family and friends

>Interviewee 5 and 6: "I have a support group of mainly family that encourages me whenever i'm feeling low so that gives me peace."

>interviewee 3: "My auntie gives me word of encouragement"

>Interviewee 2: "Some people tell you that they have been through where you are and overcome so you know that you can make it too."

-Refugee participants had significantly lower social support compared to Ugandan beneficiaries; none of the refugee beneficiaries reported having a support system whereas all Ugandan beneficiaries reported having a support system of some kind

>Interviewee 6: *In Congo we had family and friends who would help us out, in Uganda, we're all alone.*

-Relationships were also a point of stress; particularly abusive parent relationships and marriages. Many participants reported being verbally/physically abused by parents, and feeling helpless, sad, and frustrated with abusive behavior by their husbands. Many participants also noted alcoholism as a common contention with their spouses.

>Interviewee 3: "My family members are always fighting about things. The other day we were given money and everyone wanted to do something else with their share. We couldn't agree on one thing."

>Interviewee 3: "Early this year, I bought a piece of land but my husband went behind my back and stole it, on top of that, he beat me day and night. This drove me crazy and I wanted to kill myself."

-When asked what others do or say that makes them feel supported, beneficiaries responded:

>Interviewee 4: "When it comes to marriage, they tell me to hang in there because they also experience the same things."

>Interviewee 2: "They tell me to let go. Think of something else."

>Interviewee 1: "They tell me to pray and be patient. That it too shall pass."

>Interviewee 6: "They tell me to pay no attention to the things that stress me. The more you think, the bigger they become."

>Interviewee 3: "They tell me to keep quiet because people do things for their own reasons so don't give them power."

>Interviewees 4 and 6: "My friends told me to pray to God."

>Interviewee 2: "There was a time i was very angry and my mum told mr to forgive. When I did, it made me feel better."

>Interviewees 1 and 3: "I was told to join Savings groups. That I would have some money at some point to start my own business."

>Interviewee 5: "I was always complaining about not completing school so my friend told me to stop complaining and start working hard. They gave me ideas of rearing chicken etc."

>Interviewee 2 and 5: "My friends tell me to be patient. They say we are all in the same situation."

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Appendix A: Mental Health Coding Summary cont.

Quality of Life

-Many Refugees reported an increase in quality of life in Uganda, specifically in:

safety and reduced violence:

>Interviewee 1: "In Congo, you hear gunshots all the time but in Uganda, it is so peaceful."

>Interviewee 5: " In Congo it was hard for us to eat food in peace because we were always running around. But in Uganda we get to eat and finish our food" she says with a smile.

>Interviewee 3 and 6: "Now I get to sleep till morning without a care in the world compared to Congo where you would prefer to sleep outside your house for fear of being killed."

ability to perform daily tasks:

>Interviewee 4: " When it comes to trade, there is liberty to open a shop without any fear."

>Interviewee 6: "I can do business without fear of being killed by soldiers unlike Congo."

>Interviewees 2 and 4: "I am happy about the peace I have in Uganda. I get to sleep and do what I want freely."

financial and medical support:

>Interviewee 4:" I get support, in terms of money, food, pads, soap etc whereas in Congo it was hard with all the running."

>Interviewee 5: "I went to the hospital to give birth,they took me for a C- section and they didn't ask for any money and yet in Congo I had to pay."

Community support:

≥Interviewees 2 and 6: "The people in Uganda are welcoming and they share. It feels good to be helped."

>All: "We are not treated differently at all because whatever Ugandans can do, we can do too. Things like farming, education, business we can even build our own houses."

>Interviewee 1: "I get so much support here in Uganda. The people are kind and helpful compared to Congo."

-Refugees also reported drops in quality of life compared to their lives in the Congo,

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Appendix A: Mental Health Coding Summary cont.

Quality of Life cont.

Language/cultural barriers:

>Interviewees 2 and 6: "sometimes I go to the hospital and don't get proper care. I don't understand the language."

>Interviewee 1: " There is a school that is for refugees but it teaches our children in english and they do not understand anything."

>Interviewee 2: "I don't understand the language so communication for me becomes a problem."

>Interviewee 4: " I usually find it hard to express myself because i'm a refugee."

Stigma:

>Interviewees 1 and 3:" I live in a community with a lot of segregation so I miss out on some things. For example they can announce that they are going to give us buckets or soap or even mosquito nets but my neighbours get and I am skipped."

>Interviewee 2 and 5:"The segregation in my community makes me angry because I miss out on so many things just because I am not from a particular tribe."

Loss of social support/grief:

>Interviewee 6:" Although yesterday we buried someone because she slit her wrist."

>All: "In Congo we had family and friends but in Uganda, we don't have that. Everyone is on their own."

>All: "I came to Uganda alone so I have no one to talk to whereas in Congo I had family and friends."

Lack of resources:

>Interviewee 1: "When i fail to get food for me and my family, I start to think about all the food we had in Congo."

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Appendix A: Mental Health Coding Summary cont.

Stressors

School

- 11 people surveyed were caused stress due to dropping out of school
 - 2 of these were due to pregnancy
 - 5 expressed that lacking money caused them to drop out
 - Other stress about school not related to personally dropping out
 - a few people said they completed school but felt inadequate b/c they had no job
 - 1 refugee mentioned that her children didn't understand anything in the school for refugee children because it was taught in english
- >"When I got pregnant in form 3 and dropped out of school, my parents decided to marry me off to the man who had made me pregnant. This really made me angry."
- >"The thought of other children going back to school while I sit home because I lack school fees makes me sad."

Hospital/sickness breakdown

Refugee

- 4 refugees demonstrated stress from sickness/hospital experiences
- 1 was concerned with lack of money
- all 4 told of improper treatment
 - 2 said "no one helped with birth. Doctor didn't come until baby was

crowning

- 2 did not receive the medication they needed
- "I took a relative to the hospital to give birth, no one took care of her. They tell you to do it on your own. The baby even got to the point of coming out and that is when the Doctor showed up. It was a painful experience."

Ugandan

- 2 Ugandans demonstrated stress from sickness/hospital experiences
 - both were concerned with the lack of money
- >"Sickness stresses me. There are times when you get a call that someone is sick and you don't even have a penny. So you start to panic."

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Appendix A: Mental Health Coding Summary cont.

Stressors cont.

Relationship stressors breakdown:

Husband/marital problems

8 people reported (all Ugandan)

-Parents married her off to man she got pregnant with, dropped out as well

-Husband has a drinking problem (multiple)

-single mother because man left/divorce

-She doesn't want more children but husband does

"My husband drinks too much so he comes home late and creates chaos. This really makes me angry."

Family:

3 people reported stress caused by their family.

-this was due to family not providing

Worried about Family/children:

8 people worried about their family or children

-6 were related to children, most about not having food/money for school

-others were about family members getting sick

Lost family (refugees)

-6 refugees referenced losing family members in congo

-1 Ugandan lost a sister

"I lost my dad during the war in Congo and I have no idea where my mother is. My husband was also killed so am left alone with my baby"

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Appendix A: Mental Health Coding Summary cont.

Coping

Doing everyday tasks:

- 7 people told of using everyday tasks as a coping mechanism
 - this often included working in their garden or doing household chores
- >"I go and work in my garden. Being busy keeps my thoughts away."

Forget with time:

- 7 people said that either avoid thinking about trauma or try to forget with time.
- What do you do if you feel upset with your past experiences?*
- >"Avoid thinking about those situations and somehow they don't stress me anymore."

Religious/music:

- Using religion or music as a coping mechanism was by far the most popular.
- 26 interviewees use some form of religion as a coping mechanism
 - this included praying alone and with others, singing hymns alone and with others, as well as other forms of religious activity

When you feel sad, distressed, or angry, what do you do to feel better?

- >"I sing. There are so many hymns in the prayer book that give me comfort."
- >"I take time off to pray"

Sleep:

- 1 interviewee reported using sleep as a method for dealing with emotions
- What do you do if you feel upset with your past experiences?*
- >"Sleep it off. This makes me calm."

Talking with others:

- 13 people directly reported that talking with others was used to deal with their emotions
- it seems that more people use it as a coping mechanism (see frequency data) but these were just those that were directly reported.
- interviewees turned to others for advice as well as conversation to get their mind off of intrusive thoughts

Hoping for future/Kad

- 18 interviewees responded that hoping for the future of themselves and their children because of Kad and other reasons helped them cope with their trauma

Food

- 3 interviewees reported food being related to a coping mechanism.
 - This included having food shared with them, sharing food with their children
- >"I go find a glass of cold milk. This makes me feel better"

Notes:

- religion and music seems to be used in both personal and group settings as a coping mechanism.
- Having the garden seems to be twofold in its use: 1) It is a physical representation of the hope that they have for the future and the money they are earning 2) using working in it as a distraction (i don't know if this is considered healthy but it seems to be happening)
- talking with others is a widely used strategy. There is still a group who reported that they deal with emotions alone and try to forget their problems.
- it also seems like their children/hope for a better future for their children is a popular coping mechanism?

Prepared by:

Appendix B: Mental Health Curriculum Plan

Mental Health Curriculum Outline:

Learning Objectives:

1. Assess trauma symptoms accurately to better understand emotions and personal mental health needs
2. Identify relevant coping strategies to effectively manage trauma symptoms and current psychosocial stress
3. Identify and reframe disordered thought patterns that contribute to the trauma response
4. Develop community dialogue and facilitate relationship building among beneficiaries to increase social support

Class structure:

- Large group for dialogue and lessons; groups of 5 for deeper sharing
 - Groups will be created based on commonalities of participants *i.e. Marital Status, Language, Age*
 - **Purpose:** Build relationships among beneficiaries, particularly with refugee beneficiaries who have lost their support systems
 - **Outcome:** Beneficiaries will form deeper connections with each other increasing their social support and quality of life. Beneficiaries will also gain more from curriculum lessons when they share openly and build trust for each other
 - **Opportunity:** Leverage beneficiaries in leadership roles to increase the attendance of classes over time; If those in leadership attend and promote the program, trauma will become more destigmatized over time, promoting better mental health hygiene
- 15, 1-hour classes: 25 minutes of class, a 10-minute break with grounding and social activities, followed by 25 more minutes of class
 - **Purpose:** shorter segments of content with a bonding exercise in between will give beneficiaries an emotional break to feel joy and spend quality time together
 - **Outcome:** Beneficiaries will be physically grounded in the people around them (necessary for collectivistic communities) and in their bodies with singing and dancing games reducing potential dissociation or depersonalization during lessons
 - **Opportunity:** Incorporate simple grounding and bonding exercises throughout all lessons to promote these benefits and facilitate deeper social connections and better mental health hygiene
- Class should end with something positive *i.e. affirmations, sharing what they're grateful for, sharing one good thing they got out of the class that day, prayer*
 - **Purpose:** Puts resolution to difficult or potentially distressing dialogue, content, or feelings. Reinforces reframing negative or disruptive thoughts to a new perspective
 - **Outcome:** Increase positive thinking, reframe disruptive thought patterns, increase efficacy and hope for beneficiaries
 - **Opportunity:** Can incorporate prayers; could even ask beneficiaries who want to give an affirmation that day or lead a prayer; faith was a big coping mechanism for beneficiaries; adding prayer will strengthen the use of a higher power to cope.

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Appendix B: Mental Health Curriculum Plan cont.

Class Structure table: *Fill one in for each lesson to be taught to use as a visual summary*

| Topic: | Lesson: | Break | Small Group Break off: | End of Class: |
|----------------------------|--------------------------------|--|---|--|
| Introduction: Body Scan | Information | Icebreaker, dancing game, song, bonding, stretch | Group share about activity | Regroup to one circle |
| 5 Min Stretch/Song /Prayer | Activity Instructions | | | Discuss any thoughts on lesson as a group/recap weekly skill to practice |
| Recap Last Lesson | Activity in groups/ individual | | Group activity (depending on lesson plan) | Affirmation, Prayer, Song, ect. |
| Introduce new topic | | | | |

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Appendix B: Mental Health Curriculum Plan cont.

Components:

I. What is trauma?

Purpose: Helps beneficiaries identify their own traumas and how it may show up in their lives/emotions

Outcome: Recognizing disruptive thinking or traumatic experiences will allow beneficiaries to understand how it shows up; research suggests this reduces feelings of shame and guilt, and reconnects the emotional aspect of trauma to the logical, a necessary step before trauma processing

Opportunity: Discuss trauma in other parts of the curriculum to further normalize it; particularly in reproductive health and healthy living curriculum

Explanations of Trauma in other Curriculums:

Search Terms: trauma for kids, trauma processing curriculum, what is post-traumatic stress, PTSD explained, PTSD curriculum, PTSD activities, PTSD psychoeducation

II. What is child traumatic stress:

https://www.nctsn.org/sites/default/files/resources//what_is_child_traumatic_stress.pdf

A. PDF explanation of trauma:

1. “When children have a traumatic experience, they react in both physiological and psychological ways. Their heart rate may increase, and they may begin to sweat, to feel agitated and hyperalert, to feel “butterflies” in their stomach, and to become emotionally upset. These reactions are distressing, but in fact they’re normal — they’re our bodies’ way of protecting us and preparing us to confront danger. However, some children who have experienced a traumatic event will have longer lasting reactions that can interfere with their physical and emotional health.”
2. “Traumatic reactions can include a variety of responses, including intense and ongoing emotional upset, depressive symptoms, anxiety, behavioral changes, difficulties with attention, academic difficulties, nightmares, physical symptoms such as difficulty sleeping and eating, and aches and pains, among others”
3. Adapt this to explanation in lesson

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Appendix B: Mental Health Curriculum Plan cont.

A. How does trauma happen

- Review interpersonal curriculum to look for overlap on issues of assault, abuse, loss
- Grief--reframe sadness as a healthy emotional response to loss

Purpose: Beneficiaries, especially refugee beneficiaries reported significant grief and loss contributing to distress

Outcome: Reframing grief and trauma as a natural emotional response to defend oneself promotes resilience, reduces shame in feelings, and identifies the loss that needs healing with empathy

Opportunity: Incorporate peace-building, particularly with refugee beneficiaries. Interviewees referenced tribal and regional differences contributing to conflict in settlements; peace-building could facilitate collective healing over time if integrated into KadAfrica program

Grief:

Search Terms: What is grief, loss and mourning resources, grief resources, grief and depression CBT, grief CBT, grief psychoeducation, grief management activities

- Adapt to small-group activity:

<https://cf.ltkcdn.net/dying/files/4484-adult-grief-worksheet-1.pdf>

1. Trauma-reframe trauma response as a protective emotional response to survive

Purpose: Reduce shame and guilt around trauma; a significant number of interviewees reported shame and guilt as the most difficult to deal with

Outcome:

- Leads to more resilience and empowerment
- Teaches women to trust their bodies and feelings

Activities to conceptualize trauma:

- (i) DBT activity: "I do x to protect me from y" small group share
- (ii) "Instead of x, I want to try [coping tool introduced earlier in curriculum] this week
- (iii) Begin next class by asking how the new coping tool use went in small groups

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Appendix B: Mental Health Curriculum Plan cont.

DBT (Dialectical Behavioral Therapy):

Search Terms: DBT for PTSD, DBT for grounding, DBT for pervasive thoughts, DBT for kids

- I. [This article](#) has a lot of resources/activities for DBT that seem pretty simple
 - A. Includes attached worksheets, exercises, treatment methods
 - B. Identify trauma, learn about how it shows up in the body**
 1. Dissociation/Depersonalization
 - a) Triggers/pervasive thoughts
 - b) “thinking all the time”
 - c) Depression & Grief
 - d) Anxiety/Fear
 - e) Shame/Guilt
 - f) *Examining the Factor Structure and Measurement Invariance of the Trauma Symptom Checklist for Children in a Diverse Sample of Trauma-Exposed Adolescents*
 - C. Visualizations**
 - a) Visualize/share/draw your safe space
 - (1) Keep safe space for the whole lesson; use it as a tool when you are anxious, upset, need to feel safe; can be real or imaginary
 - (2) Make it a group activity where you share your safe space with others in small groups, closing your eyes and practicing visualization

Safe Space:

- D. <https://www.dis-sos.com/safe-place-1/>
 1. Worksheet, activity, Directions, education
 - a) Draw on a body diagram where your uncomfortable feelings show up: ie Head, throat, stomach, limbs; talk about what triggers those feelings and match a feeling word to the body feeling IE “when I feel anxious it shows up in my head because I am thinking too much”
 - (1) Trains people to recognize their body feelings as emotional responses, and to recognize when and why those responses show up

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Appendix B: Mental Health Curriculum Plan cont.

Body Scan activity:

<https://www.therapistaid.com/therapy-worksheet/mindfulness-exercises>

- A. Adapt to curriculum
- B. CITATION: 1. Carmody, J., & Baer, R. A. (2008). Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and well-being in a mindfulness-based stress reduction program. Journal of behavioral medicine, 31(1), 23-33.
- C. ANOTHER VERSION W/ WORKSHEET:
<https://dialecticalbehaviortherapy.com/mindfulness/mental-body-scan/>

Coping:

D. Grounding techniques

MBSR Skill-ToolKit: <https://www.dis-sos.com/skillkit/>

- E. Use skills to reduce dissociation and self-harm
 - 1. **Relational Regulation:** Desired affect, action, or thought that results from interaction with or thinking about specific other people
 - a) Could be good w/ collectivistic culture in mind:
 - (1) **Safety net:** List of people you can call/talk to/ pray for when upset
 - (2) Holding objects that remind you of someone safe
 - 2. **Distraction:** Take attention away from feelings, thoughts, memories that are upsetting and focus it on a task or action that needs your full attention
 - a) Cleaning, cooking, hand washing, laundry, gardening, sewing, listening to music, singing, talking with someone (as listed in safety net, art)
 - 3. **Containment (Imagery):** the action of keeping a harmful thought, feeling, or memory under control
 - a) **Safe vault:** Imagine a container, place all that's too much in container and lock away; imagine it in a safe space; could do an activity or drawing for this one
 - b) Imagery:
 - (1) <https://www.dis-sos.com/klarendes-licht/>
 - (2) <https://www.dis-sos.com/innere-garten/>
 - (3) <https://www.dis-sos.com/magische-laden/>

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Appendix B: Mental Health Curriculum Plan cont.

Coping cont.

4. Singing, Dancing, Listening

a) Senses activities

(1) Sensory exercises

- (a) Yarn ball (dissociation)
- (b) Colors
- (c) Ice/ hot/cold

5. Butterfly hug (EMDR)

- b) Cluster coaches demonstrate, sit in circle and practice; could make a guided podcast for this one

B. Slowing thoughts down, managing smaller parts of emotions

C. Reframing: How to reframe thought

- 1. Retelling your story exercise: possibly with recordings
- 2. Talking to your younger-self exercise
- 3. *Research Cognitive Behavioral Therapeutic approaches in non-western countries*
- 4. **SQUID**: Stop, Question, Understand, Interpret, Decide

- II. Safe space project: What if we had them at the end of the class create a safe space mural where they all paint their collective safe space; it could be a good team-building exercise and also a good visualization tool, something they'll always remember, and can be added to by future beneficiaries to further promote community support around mental health
 - A. Could be a good opportunity to engage other stakeholders
 - B. Is a good opportunity to showcase impact in a meaningful way to donors
 - C. Could have beneficiaries present it like they do with the dance

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Appendix C: Informed Consent

Hello, my name is ____ and I'm conducting these interviews on behalf of KadAfrica. We are trying to understand mental health to develop an educational program that can help people cope with how they are feeling and the stressful things they've been through. We are here to ask questions and learn from your experiences. Your responses and ideas will be incredibly useful for us to create a program that is directly beneficial to people in your community. You are free to take part or not, and can stop the interview at any time, or skip any questions you don't wish to answer. We will be talking about mental health and your experiences in a small group, and encourage you to share your stories freely. If a question or response from another participant is uncomfortable to answer or is too difficult to hear, you are welcome to step out at any time and come back when you are ready. If you do choose to be interviewed, your answers and information will be anonymous so no one other than your group will know what you have told us. We cannot give you anything for taking part but we would greatly value your time and responses.

Do you have any questions about what I just said? Do you have any other questions right now?

Before we start the interview, we're going to be covering some sensitive topics around mental health, trauma, and past experiences that may be triggering to some in the group. We want you to share your experiences freely, but also want to give you a moment to make any rules for the group to help keep the interview a comfortable environment for everyone.

Here are some examples:

1. Raise your hand if you want to contribute to a story or experience someone else is telling
2. If you are feeling distressed during the interview and need someone to talk to, let me (Esther) know and we can find someone from KadAfrica to help.

Are there any brave space rules you want to establish for the group?

Would you like to be interviewed?

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Appendix D: Mental Health Interview Questions

Personal MH Experiences

- Are there any experiences you want to share with the group that have impacted your mental health?
- Do things that have happened in the past cause you to feel anxious, distressed, sad, or angry?
- What do you do if you feel upset with your past experiences?
- How effective are those self-soothing techniques?
- If so, how often do you feel unable to do essential things?
- How would you compare your present mental health and functioning now to how it was when you were back home?
 - Why?
- How are you treated differently in Uganda as a refugee compared to home?
- How has your status as a refugee affected your feelings of safety, self-worth, and integration in your community?
- Do you have a support system?
 - What does it look like?
- *For refugees:* How has your support system changed since coming to Uganda?

Stigma and Mental Health/ Coping:

- Is there anything that triggers you to think about difficult past experiences?
- What are your triggers?
- Do you care for anyone with mental health issues? How is that experience?
- When you talk to others about your feelings, what makes you feel most supported?
 - How do you deal with them?
- Has someone ever talked with you about mental health?
 - If yes, was it helpful and why or why not?
- How often do people you know talk about difficult, persistent, negative feelings and experiences?
- When is it easy to talk to others about your emotions?
- How often do you spend time thinking about how you feel?
- What emotions are the hardest to deal with?
 - Why?
- Do you ever have harmful thoughts towards yourself or others?
 - If yes, how often?
- Do you prefer to deal with your emotions with others or alone?
- What do they say to you that makes you feel better ?
- When you feel sad, distressed, or angry, what do you do to feel better?
- Is it easy to talk to others about your emotions?
- What things/activities in your life make you feel happy and calm now?

Prepared by:

Appendix E: Annotated Bibliography

Nick

Jasmyn

Adaku, A., Okello, J., Lowry, B., Kane, J. C., Alderman, S., Musisi, S., & Tol, W. A. (2016). Mental health and psychosocial support for South Sudanese refugees in northern Uganda: a needs and resource assessment. *Conflict & Health, 10*, 1–10. <https://doi-org.libproxy.scu.edu/10.1186/s13031-016-0085-6>

This paper examines mental health and psychological service needs (MHPSS) in Sudanese refugee camps located in Northern Uganda. These refugees (2.1 million) became displaced largely due to political tension and civil war in Sudan. In order to assess the needs and services to support the mental health of these refugees, the authors conducted a literature review, an analysis of health service usage, infrastructure for healthcare delivery assessment, and informational and focus group interviews.

These assessments show an increase in psychological-related health problems following a major increase in the refugee population in 2013, but treatment-seeking behavior was low unless a physical symptom or illness was related to the underlying mental health concern (somatization). From interviews, the authors identified “overthinking”, ethnic conflict, child abuse, family separation, poverty, drug abuse, and unaccompanied minors as the main areas of concern for most Sudanese refugees. Additionally, assessments of services found few child-friendly places in refugee camps, limited psychological services, health and education services, family tracing, reunification, and lack of critical resources such as food for Sudanese refugees.

This paper indicates key psychosocial stressors for refugees, sources of trauma and distress, and gives insights on the general attitudes towards mental health treatment and its availability in Sudanese refugee camps in Uganda. This is especially applicable when considering what sort of services could be most useful to refugees, and potential barriers to care including attitudes towards mental health and diminished and sporadic resources.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Ainamani, H. E., Elbert, T., Olema, D. K., & Hecker, T. (2020). Gender differences in response to war-related trauma and posttraumatic stress disorder – a study among the Congolese refugees in Uganda. *BMC Psychiatry*, 20(1), 1–9.
<https://doi-org.libproxy.scu.edu/10.1186/s12888-019-2420-0>

Alkire, S., Meinzen-Dick, R., Peterman, A., Quisumbing, A., Seymour, G., Vaz, A. “The Women’s Empowerment in Agriculture Index.” *World Development* 52 (2013): 71-91.

A group of researchers sought to create an index that could be used to assess levels of “empowerment, agency, and inclusion of women in the agricultural sector”. This article outlines their development of their index as well as preliminary findings from three countries, including Uganda. They decided on creating two sub-indexes to be used in unison to best assess their goals. The first sub-index measures 5 parts, including decision making, control of resources and income, and leadership. The second was to measure specifically the percentage of women who had equal or higher achievements compared to men in their household. They cited that this index was needed because there is not an index that is capable of measuring women’s agency in agriculture. Additionally, their indicators are novel for their emphasis on personal—not community level—assessment, as well as including intra-household comparisons. This is necessary as women make up over 40% of the agricultural labor force in developing countries. Although their pilot study had limited data collected, they were still able to give evidence to the advantages to their index. The index proved to be interdimensional and they were able to break down results by age, education level, and other factors. While their findings were not necessarily conclusive due to the limited sample size, this article is useful in the fact that it sets up an index that could be very beneficial for assessing places to expand Kad as well as to assess areas following both the OG and OSG program. The questions posed by the researchers are helpful in understanding the factors that present when dealing with women’s agency particularly in rural areas where agriculture is so prevalent. It will be interesting to see if the WEAI is still in use and has been run on a larger scale.

Prepared by:

Appendix E: Annotated Bibliography Cont.

Anderson, J., Learch, C.E., Gardner, S.T. “National Survey and Segmentation of Smallholder Households in Uganda” CGAP, 2016.

Austrian, Karen, and Eunice Muthengi. “Can Economic Assets Increase Girls’ Risk of Sexual Harassment? Evaluation Results from a Social, Health and Economic Asset-Building Intervention for Vulnerable Adolescent Girls in Uganda.” *Children & Youth Services Review* 47 (2014): 168–175.

Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I., and Sulaiman, M. “Empowering Adolescent Girls: Evidence from Randomized Controlled Trials in Uganda.” World Bank (2012).

Bbaale, Edward, and Paul Mpuga. “Female Education, Contraceptive Use, and Fertility: Evidence from Uganda.” *Consilience*, no. 6, 2011, pp. 20–47.

There have been quite a few studies on a global level linking female education to use of contraceptives. This study sought to direct the focus to Ugandan women specifically, as a quantitative study had not been performed before. Their goal was to create an estimate of the amount of impact that female education had on fertility. The authors noted that this is especially important because Uganda has experienced a great deal of socio economic growth but still has major problems with gender parity in education, maternal health, and infant mortality. Their findings include many recommendations that could be used in order to alter policy and promote advocacy. They recommend that lowering fertility needs to be an effort from all levels, from the central government to the community level. In addition, there needs to be an extension of free education at the secondary level, as well as needing programs that promote the benefits of continued education. Family planning facilities need to be increased in number, but like schools, emphasis needs to be made on the quality of education and service provided, not just simply building more. The data collected and analyzed by the authors of this article is incredibly beneficial to Kad in order to use as a benchmark for their programs. Since many of the women in the OSG program did not complete secondary schools and are mothers, Kad should look to be providing the resources that can get women to a level at or above the national goal. This does not need to be entirely on Kad to teach and provide services, but it should be in their goals to set these women towards the right resources to achieve higher levels of maternal health, access to contraceptives, and decreased child/infant mortality.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Birner, R., Resnick, D. "The Political Economy of Policies for Smallholder Agriculture." *World Development* 38, no. 10 (2010): 1442-1452.

Datzberger, S., & Le Mat, M. L. J. (2018). Just add women and stir?: Education, gender and peacebuilding in Uganda. *International Journal of Educational Development*, 59, 61–69.
<https://doi-org.libproxy.scu.edu/10.1016/j.ijedudev.2017.09.006>

This article examines the challenges which prevent gender equality in Uganda, pointing to structural barriers and reduced education as the main reasons female agency continues to be low. The authors suggest educational settings as sites of intervention, by incorporating gender responsive methods in these settings. The authors note issues with other approaches like the gender blind approach, which ignores the different needs and treatment of men and women, often resulting in exclusion and perpetuation of inequality. The authors also point to sexual violence as an economic destabilizing tactic, which also further perpetuates lack of agency. In order to create upward change in these inequalities, the authors suggest interventions must go beyond the "just add women and stir" approach, but rather actively encourage female agency in schools, government, and other institutional structures to increase Uganda's economy and livelihood- reducing violence and make the country more equitable.

This article shows the important relationship between female agency and the well-being (economic, social, political) of Uganda as a country. It provides useful insights on how to best increase female agency, and build peace building which will be useful when considering interactive approaches to Kad's curriculum.

Doss, C., Truong, M., Nabanoga, G. and Namaalwa, J. "Women, Marriage and Asset Inheritance in Uganda." *Development Policy Review* 30 (2012): 597-616.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Ivanova, O., Rai, M., Mlahagwa, W., Tumuhairwe, J., Bakuli, A., Nyakato, V. N., & Kemigisha, E. (2019). A cross-sectional mixed-methods study of sexual and reproductive health knowledge, experiences and access to services among refugee adolescent girls in the Nakivale refugee settlement, Uganda. *Reproductive Health, 16*(1), N.PAG. <https://doi-org.libproxy.scu.edu/10.1186/s12978-019-0698-5>

This study examines the experience of and access to Sexual Reproductive Health by surveying 280 Congolese refugee girls and 28 in depth interviews. The data collected indicated menstruation as a significant barrier to school attendance, resulting in lower quality and ease of education for participants. Additionally, this study found a significant portion of females did not know how to protect against STIs including HIV, or how to use contraceptive methods to prevent pregnancy. From interviews, they found a majority of adolescents had experienced sexual violence, often in transition to their placement in the refugee camp. Lastly, this study found only 30% of participants had ever received any sexual or reproductive healthcare from a clinic, and a majority of adolescents identified abstinence as the only method of pregnancy and STI prevention, if they had that knowledge. A select few of the girls knew of other forms of contraception, and some barriers to access to feminine hygiene products within refugee camps were reported, resulting in shared use of pads, or reuse, and other hazardous health behaviors. 38% of the girls in the study reported school as their main form of sexual education, although abstinence only approaches were still heavily promoted.

This article is important as it provides a good overview of the sexual education of refugee adolescents. Because this is a key part of Kad's curriculum, it is important to note where deficits in knowledge are largely present. It's also useful for understanding how sexual health issues and female sexual health relate to larger institutions including education, and the general level of sexual wellness care refugee adolescents have.

Jones, S. (2011). Girls' secondary education in Uganda: assessing policy within the women's empowerment framework. *Gender & Education, 23*(4), 385–413. <https://doi-org.libproxy.scu.edu/10.1080/09540253.2010.499854>

Prepared by:



Appendix E: Annotated Bibliography Cont.

Kagoda, A. M. "Access to Quality Primary Education in Rural Societies of Uganda." UN Addressing Inequalities, 2012.

This article seeks to analyze educational structures in Uganda, specifically in rural areas. Despite free universal primary education being implemented in Uganda since 1997, there are severe problems with the education system in rural Uganda. They seek to identify and understand the factors that lead into an unequal access to quality education. Other goals of the study include surveying the status of infrastructure and identifying resources available for schooling. Finally, they give recommendations for improving access to quality education. In order to do this, they surveyed schools and conducted interviews in 2 rural districts deemed to be representative. The problems are obvious based on the number of children who fail to move past primary education as well as in notably poor Primary Leaving Examination (PLE) scores. They also found that infrastructure and physical resources were very below par. Additionally, there was a lack of qualified teachers and their conditions were poor as well. One of the final conclusions was that parents who were semi-literate did not emphasize the importance of school to their children, leading to higher absentee and dropout rates. For all factors, poverty leads to feelings of hopelessness that are not conducive to further education. Their recommendations included injecting more money into primary schools which would allow for better infrastructure and more teachers, probably leading to a higher degree of engagement and inspiration from students. Additionally, local monitoring of schools is necessary. While our projects are not directly related to the public school system of rural Uganda, it is necessary to gain an understanding of deeper issues that young girls face in their communities, as they are even more marginalized in education than their male counterparts. By understanding how holes in the educational system have affected the lives of the women who go through Kad's programs, we can better assess how Kad can improve their curriculum. Additionally, this is important to note as most of the women in the OSG program are mothers, so properly enabling their children to be educated should be a primary goal of Kad.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Komakech, H., Atuyambe, L., & Orach, C. G. (2019). Integration of health services, access and utilization by refugees and host populations in West Nile districts, Uganda. *Conflict & Health*, 13(1), N.PAG.
<https://doi-org.libproxy.scu.edu/10.1186/s13031-018-0184-7>

This article examines the relationships and sites at which sexuality is developed in adolescents in secondary schools in Central/West Uganda. From the author's qualitative in depth interviews, they found that key social interactions within schools aided in the construction of gender relations. These relations emphasize the subordination of women and male dominance, through the acceptance of male sexuality but the shame of female sexuality. The authors theorize these gender constructions are related to increased sexual vulnerability of women. These vulnerabilities contribute to high rates of assault, reduced female agency due to an emphasis of control, exploitation, homophobia, HIV transmission, and misogyny. The authors suggest gender and culturally sensitive sexual education as a solution to these gender constructions which marginalize women.

This article is useful to Kad because it shows the importance of having educational spaces that promote the notion that men and women are equal, and show a need for reproductive health education outside of abstinence education. It also shows that there are multiple forces which are supporting the current equilibrium of gender inequality, which is useful when assessing the points of disruption Kad can take to disrupt it and be successful in their mission.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Mpuga, P. "Constraints in Access to and Demand for Rural Credit: Evidence in Uganda." *African Development Review*, 22, no. 1 (2010): 115-148.

This journal article is a good source that covers credit for agriculture in Uganda in general. In addition, it also has a good amount of information specifically concerning financial dependence and access to credit of women in rural Uganda. The researchers use data gained from household surveys in order to create a variety of statistical models. Using these models, they were able to examine how credit works in rural Uganda and analyze what the factors are that determine who seeks out credit and who has access to it. This is an important topic due to the size of the agricultural sector in Uganda. They found that credit opportunities were highly segmented based on region. Region had a major effect on the primary source of credit. In the West, the region we will be working in, the major sources of credit were relatives/friends and government programs while banks, cooperatives, and private lenders only made up a small percentage of loans made. They also found that women have a much lower demand for credit than men in rural areas due partially to cultural norms that dictate activities as well as a more limited control of assets. Where women were able to get credit also differed from men, often meaning they used fewer formal routes of lending. In addition, women who did apply for credit saw both a lower success in getting credit as well as a decreased amount lent to them. While our work with Kad will not deal directly with credit, this article displays some of the advantages that come from Kad's financial literacy education and savings cooperatives. This article gives perspective on women's situation in Uganda gaining access to financial resources. Access to loans or credit can be vital to the success of an entrepreneurship. Curriculum could be added that help women gain the proper skills to best access to financial resources beyond the program.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Muhanguzi, F. K. (2011). Gender and sexual vulnerability of young women in Africa: experiences of young girls in secondary schools in Uganda. *Culture, Health & Sexuality*, 13(6), 713–725.

<https://doi-org.libproxy.scu.edu/10.1080/13691058.2011.571290>

Namatovu, R., Dawa, S., Katongole, C. “Understanding Women Micro and Small Business Entrepreneurs in Uganda.” *Investment Climate and Business Environment Research Fund*, 2012.

This report sought to describe characteristics of Ugandan women who start small businesses and descriptions of their businesses. They attempt to assess what makes their ventures work, what motivates the women, and what they aspire to do. In addition, an important aspect of the report was to assess the challenges these women face, as well as what can be done by governments and NGOs to promote their success. To gather data, the researchers applied two methods: in depth interviews and focus groups. Interviews were conducted with entrepreneurs as well as experts on the subject of female entrepreneurship. Focus groups were conducted all across the country to attain a representative data set of over 540 women. Some of the most interesting findings dealt with the reasons why women started businesses and the reasons they chose what to do. The three main reasons why these women chose their business were financial ability, personal skills, and perceived comparative advantage due to being a woman. This report will be directly relevant to our second project with KadAfrica of helping develop Kad’s ability to support women in building entrepreneurships following their programs. The report talks specifically about many problems that rural women face, including lack of access to financial resources as well as being far removed from metropolitan areas that are home to many of the regulatory bodies. By understanding challenges of female entrepreneurs in Uganda as a whole, we will be much better prepared to address specific issues affecting the women local to the areas we will be working in. While this paper may not give specific answers we could use, it will help us understand the perspective we need and to formulate the kind of questions we can ask to get answers. This report will be a very relevant resource going forward.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Ntale, Anita. "The State of the Economy for Ugandan Women." *Uganda Feminist Forum* (2019).

Women's role in the economy is incredibly important in nearly every sector but is often undervalued. Improving women's financial empowerment can be one of the keys to reducing poverty in developing countries like Uganda. This article delineates changes in women's role in Ugandan economy and how advancing their role could play a big role in future development and achievement of the Sustainable Development Goals. The article describes critical areas where women are underrepresented and what effects it has on the economy and country as a whole. These spaces include in schools, in the workforce, and in the government. The article argues that the economy is inherently gendered, and the free market is unable to address the disadvantages women have due to this. This puts significant barriers in their way of gaining access to advantages that come with a growing economy. Additionally, they noted the disconnect between economic and social development that exists in Uganda and how linking them would help in achieving female empowerment. This is relevant to Kad as a central part of their work with the OSG program is in improving financial literacy and forming savings collectives. This very recent resource gives valuable demographics data that are useful in assessing current conditions in gender disparities. We can use it to help guide reassessment of curriculum.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Omata, N. (2012). *Refugee livelihoods and the private sector: Ugandan case study* (Refugee Studies Centre Working Paper No. 86). Retrieved from Refugee Studies Centre, Oxford Department of International Development:
<https://www.rsc.ox.ac.uk/files/files-1/wp86-refugee-livelihoods-private-sector-uganda-2012.pdf>

This working paper provides an analysis and overview of current research done by the refugee studies centre seeking to increase the livelihood of Uganda's refugee population. They emphasize the need for refugees to be aided in order for them to aid themselves, to increase independence, resilience, and reduce dependency on aid. Informational interviews with F world in Kampala Uganda describes fees and costs as a hindrance in small enterprises creation for refugees as well as complicated policy on what refugees are and aren't allowed to do for employment. Some strategies for increasing livelihood include remittances to supplement income to families in their home country, enterprise investment, and networking/relationship building with host community members. These networking activities were significantly impacted by ethnic ties and levels of diaspora by refugees. They also point to the private sector as a point of livelihood cultivation, specifically, the need for humanitarian organizations to partner with the private sector especially for urban refugees. The majority of refugees interviewed were self employed, running their own enterprises. The author identifies three levels of financial stability in refugees including, surviving, managing, and thriving. Common challenges include language barriers, reduced access to financial resources such as loans, and lack of marketable skills and business experience. These issues can be drastically reduced by increasing financing options for refugees, provision of skill training, and by moving towards development oriented approaches for refugees that provide sustainable independent support in the long term.

This paper provides a good overview of the current livelihood activities Ugandan refugees engage with, and the issues they face in increasing their livelihood. It provides support for a development focused approach, which like Kad, emphasizes sustainable income over repeated aid that often leads to dependency.

Rockmore, M. (2016). The Cost of Fear: The Welfare Effect of the Risk of Violence in Northern Uganda. *The World Bank Economic Review*. doi:10.1093/wber/lhw025

Prepared by:



Appendix E: Annotated Bibliography Cont.

Sengupta, A., & Calo, M. (2016). Shifting gender roles: an analysis of violence against women in post-conflict Uganda. *Development in Practice*, 26(3), 285–297. <https://doi-org.libproxy.scu.edu/10.1080/09614524.2016.1149151>

This article examines the effectiveness of a violence-reduction program implemented by Action Against Hunger (ACF) in Northern Uganda, and the factors which related to such violence utilizing the Gender and Development theory analytical framework (GAD). GAD calls for gender equality as vital for a country's development, and indicates structural changes as key to facilitating gender equity. The Lord's Resistance Army (LRA) was a key force in gender-equity reduction and traumatization of all demographics in Northern Uganda during their time, using gender-based violence (GBV) against men and women in the area. The ACF program was intended to reduce violence, and increase income, asset-building, and community and household relations for regions affected by the LRA.

Ethnographic methods and interviews with program beneficiaries indicated a change in the “culture of violence” with the LRA's presence, which shifted household and family related roles primarily on women as men were targeted with GBV. Additionally, GBV shifted the dynamics within Ugandan households, resulting in increased domestic violence of women and other negative effects of toxic masculinity created by the conflict, such as substance abuse, and increased community normalization of sexual-violence against women, within and outside martial relationships. The ACF empowerment program, which created opportunities for income for women, resulted in positive economic outcomes including reinvestment into education, small enterprises, agriculture, and livestock only for women who were unmarried or widowed. Interestingly, for women with partners, the activities of the ACF had little impact on interpersonal gender dynamics, and while they gained some financial independence, other household burdens prevented “empowerment” within households and communities.

This article is important in understanding some of the previously used methods and theoretical frameworks used for social impact programs in understanding and addressing GBV and financial agency for women in Uganda. Additionally, it provides relevant background and insights on the impact of the LRA and the construction of masculinity in Uganda on female economic agency and interpersonal violence.

Prepared by:



Appendix E: Annotated Bibliography Cont.

UNHCR, & Azia, D. (2019). *Uganda Country Refugee Response Plan*. Retrieved from <http://reporting.unhcr.org/sites/default/files/Uganda%20Country%20RRP%202019-20%20%28January%202019%29.pdf>

This report outlines the refugee plan for Uganda in aiding the influx of refugees from the DRC, Sudan, and Burundi. It identifies food insecurity and political unrest in Sudan as key drivers for relocation. For the DRC, the primary factors leading to fleeing as human rights violations, violence, and inter-community conflict. An overview of research and assessments suggest that protection is a primary need of refugees in Uganda, however poor organization of refugee services creates lengthy processing for asylum seekers. Additionally, many refugees face difficulty accessing justicial resources, and child protection- a significant deficit when considering 60% of these refugees are children. As a more vulnerable population with reduced protection coming into the country, they often face abuse, sexual violence and exploitation, as well as increased distress, particularly in Sudanese refugees. Access to education is another key resource Uganda must consider for refugees, with a huge majority of children being out of school (52% primary school aged and 92% of secondary aged children).

The article identifies hidden costs in public education, financial constraints, language barriers, and non-acceptance by institutions as large barriers to education for refugee children in Uganda. Many refugees in Uganda rely on farming and natural resources to sustain themselves, which the article noted as a factor contributing to high rates of gender-based sexual violence and health risks due to competition over scarce resources, need to go collect resources, and exposure to unsafe waste. These are largely related to diminished environmental control services within refugee settlements and poor settlement planning in managing social conflict, natural disaster, and land use. Further, most refugees in settlements required food assistance, have low food consumption, and 38% of refugees reporting agriculture as their primary source of livelihood. Risk of overstretching of hospital and healthcare resources in settlements is high, due to lack of planning on the amount of influx of refugees the country would see. This is an issue as a vast majority (71%) of refugee households classified as in need of medical services. Currently, the country has low healthcare resources and diminished reproductive health services to accommodate refugee needs. Lastly, refugees in Ugandan settlements are at high risk of retraumatization and remain vulnerable. This results in high levels of dependency and reduced resilience within settlements. The report outlines policy and program solutions to these issues, largely in the governmental and humanitarian sectors, suggesting the need for sustainable livelihood options, increased infrastructure planning, faster processing of refugee statuses, and increased efforts to aid in refugee protection as key to reducing some of these issues faced. This report gives an extensive outline of the history and situations of refugees leaving their countries and their demographic information. It additionally brings forth the most salient issues refugees face in Ugandan settlements and presents potential solutions to reducing some of these issues. This is an excellent resource in understanding the current refugee situation of Uganda and some potential networks of support Kad could implement as well as considerations which need to be made as they attempt to assist this beneficiary pool.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Sell, M., & Minot, N. (2018). What factors explain women's empowerment? Decision-making among small-scale farmers in Uganda. *Women's Studies International Forum*, 71, 46–55.
<https://doi-org.libproxy.scu.edu/10.1016/j.wsif.2018.09.005>

Wamani, Henry, et al. "Mothers' Education but Not Fathers' Education, Household Assets or Land Ownership Is the Best Predictor of Child Health Inequalities in Rural Uganda." *International Journal for Equity in Health* 3 (2004): 9–8.

The development and health of children in rural, developing countries is the focus of many NGOs, government programs, and foreign aid groups. This study sought to determine what were significant predictors of this, using the previously tested proxy of growth stunting in children. Using a cross-sectional survey, they gathered data from 720 mother/child pairs, administering the survey to mothers in their homes. Data was collected in the Hoima district in western Uganda. The four factors that they studied were father's education, mother's education, household asset index, and land ownership. Following their analysis, they determined that the best single indicator for a child's health and nutrition was the mother's education. Limitations to the study were in ignoring birth weight and mother's stature, due to inability to gather data on those, but according to the authors, the findings are still relevant. The implications of this study are valuable to Kad and its programs, specifically, the OSG program, where women are out of school and most are mothers. Due to this, you could extrapolate that without Kad, their children may be at a higher risk for health issues. Though many factors are linked with a mother's education that go on to determine a child's development, an improvement in mother's education would result in an improvement in child health, according to the study. It will be important for us, in our assessment of Kad's curriculum to dissect where Kad has the resources and ability to fill some of the gaps. We could be able to determine how Kad's programs can supplement education previously received.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Warrington, Molly. "Challenging the Status Quo: The Enabling Role of Gender Sensitive Fathers, Inspirational Mothers and Surrogate Parents in Uganda." *Educational Review* 65, no. 4 (2013): 402–415.

This article sought to determine the factors that influenced women in Uganda to overcome obstacles in order to be "successful career-women". Noting the fact that relatively few women in Uganda complete secondary school for a variety of reasons, they sought to explain the characteristics of an upbringing that most conducive to success later on in life. The researchers conducted interviews with 18 Ugandan women who had already achieved a level of success in their careers. While there are intrinsic factors that are important, the study focused on extrinsic factors. One of the most imperative extrinsic factors they found was in role models. These role models most often take the form of parents. In cases where one or both parents were not present, the spot of the role model was fulfilled by what the article refers to as "surrogate parents". Due to differences in gender roles in Uganda, parents take different roles. Men tend to control assets and exhibit control and authority, so they are more apt to support their daughters by prioritizing schooling. Mothers on the other hand offer inspiration roles through hard work and persistence. While these are just trends, they offer a valuable perspective into Ugandan culture. This is valuable to our work with Kad as the women in the OSG program have all left school prior to completing it. This article can serve as a guide for Kad to interact with the parents of the women or to bring other role models into the lives of the women in their programs. Additionally, as many of the women in the program are mothers, Kad can be better prepared to guide mothers in how to lead their children to success.

Prepared by:



Appendix E: Annotated Bibliography Cont.

Sell, M., & Minot, N. (2018). What factors explain women's empowerment? Decision-making among small-scale farmers in Uganda. *Women's Studies International Forum*, 71, 46–55.
<https://doi-org.libproxy.scu.edu/10.1016/j.wsif.2018.09.005>

Wamani, Henry, et al. "Mothers' Education but Not Fathers' Education, Household Assets or Land Ownership Is the Best Predictor of Child Health Inequalities in Rural Uganda." *International Journal for Equity in Health* 3 (2004): 9–8.

The development and health of children in rural, developing countries is the focus of many NGOs, government programs, and foreign aid groups. This study sought to determine what were significant predictors of this, using the previously tested proxy of growth stunting in children. Using a cross-sectional survey, they gathered data from 720 mother/child pairs, administering the survey to mothers in their homes. Data was collected in the Hoima district in western Uganda. The four factors that they studied were father's education, mother's education, household asset index, and land ownership. Following their analysis, they determined that the best single indicator for a child's health and nutrition was the mother's education. Limitations to the study were in ignoring birth weight and mother's stature, due to inability to gather data on those, but according to the authors, the findings are still relevant. The implications of this study are valuable to Kad and its programs, specifically, the OSG program, where women are out of school and most are mothers. Due to this, you could extrapolate that without Kad, their children may be at a higher risk for health issues. Though many factors are linked with a mother's education that go on to determine a child's development, an improvement in mother's education would result in an improvement in child health, according to the study. It will be important for us, in our assessment of Kad's curriculum to dissect where Kad has the resources and ability to fill some of the gaps. We could be able to determine how Kad's programs can supplement education previously received.

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