SWISS ACADEMY FOR DEVELOPMENT

SOUTH SUDAN PSYCHOSOCIAL PROGRAM

Women on the Move

A Sport and Play-based Psychosocial Pilot Project for Traumatised Women in South Sudan

Summary Monitoring and Evaluation Report

Location:	Kajo-Keji, South Sudan
Partner organisations:	Swiss Academy for Development (SAD) and South Sudan Psychosocial Program (SSPP)
Duration:	May 2012 – December 2016

Background

South Sudan is suffering the effects of 40 years of civil war and ongoing internal conflict. Studies[1] indicate that up to 50% of the population suffer from mental illnesses such as posttraumatic stress disorder (PTSD) or depression. Women are particularly vulnerable since they bear the additional burden of encountering sexual and gender-based violence (SGBV). The majority of the population in Kajo-Keji County was displaced by civil war and has only recently begun to return. With social and support networks destroyed due to migration and displacement and low levels of trust in communities, supporting psychosocial rehabilitation of female refugees returning "home" and helping them to rebuild their lives is crucial. Thereby, the creation of a sport and play-based psychosocial project led by women, for women and the establishment and strengthening of networks and support structures to assist these women meets an essential need.

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1 Roberts, B., Damundu, E. Y., Lomoro, O., and Sondorp, E. (2009): Post-conflict Mental Health Needs: A Cross-sectional Survey of Trauma, Depression and Associated Factors in Juba, Southern Sudan. BMC Psychiatry, 9, 1-10.

Project Aim

This project aimed at enabling distressed and traumatized women in Kajo-Keji to better cope with daily challenges, and to encourage positive recovery from traumatic experiences. Through sport and play activities a safe, structured, and friendly environment is enabled, allowing the participants to share their experiences and emotions resulting in newly acquired life skills, enhanced psychosocial and physical well-being, increased self-efficacy, enlarged social networks, and improved social support.

Activities

Through this project, the following activities were completed on site:

- Throughout the project, **sensitisation and awareness raising meetings** took place targeting beneficiaries and their husbands and government officials; as well as community, religious and female leaders to increase their support for the project activities. Radio programmes were produced to promote project activities and share achievements.
- **17 capacity building workshops** were conducted with coaches, staff and beneficiaries on how to plan and conduct sport sessions using a trauma-informed approach, and to share knowledge and skills in monitoring and evaluation.
- From November 2012, bi-weekly **sport and play sessions,** approximately 2 hours long, were held at 5 different playing fields, and from June 2014 onwards, 8 playing fields. In the pilot phase, 371 sessions were held, and in the main implementation phase, 1503 sessions[2].
- **Team sports** were complemented by other activities such as traditional games and dancing with songs written by participants. Sessions also included **group discussions** and **psychoeducational inputs** on topics suggested by participants (e.g. domestic violence, child abuse, alcohol abuse, and coping with stress and trauma) and ways of acquiring life skills through **play-based activities**.
- **Exchange visits and tournaments** allowed participants to link up with women from other playing fields, share experiences, make new friends and connect with the community.
- Women in crisis situations received professional psychosocial support through **individual, family or group counselling.**
- Starting from April 2014, **livelihood activities and savings groups** were introduced at the request of communities and participants to empower women economically and increase their resilience against shocks and stresses.

[2] As of August 2016.

- Intensive **training and organisational development support** was offered to SSPP to enable them to better fulfil their defined mission.

Monitoring and Evaluation

- **Activity diaries and attendance lists** were used to monitor sport and play sessions.
- **Monthly review meetings** were held by SSPP with the coaches to discuss the project's progress and to share information about successes, challenges and how to overcome issues.
- A **quantitative evaluation** was conducted using a **structured questionnaire** and comparing pre-intervention data to post-intervention data
  - 340 women participated in the baseline/pre-intervention data collection in October 2012.
  - From those, 293 women (85%) were involved in the second data collection round nine months later (July 2013), and 191 women (56%) were followed-up on in the third data collection round (April 2016) three and a half years after the start of the activities.
  - Culturally adapted versions of standardised psychosocial measures were used.
  - A limitation of this study is that no control or comparison group was employed. Any change in the target group can't unerringly be attributed to the intervention, i.e. it is not certain whether the project or other factors have caused the change.
- Qualitative interviews and focus group discussions (FGDs) conducted in the second data collection round complemented the survey
  - 25 significant change stories emanating from the field level were collected.
  - One FGD per playing field (5 in total), each with nine women, provided further insights into their experience with the project.

Participation

- **Registration:** A total of 1,011 women joined the project[3], of whom 353 registered in the first week of the activities.
- **Attendance[4]:** On average, sports and play sessions had an overall attendance rate of 24% during the pilot phase (November 2012 – August 2013), and 35% during the main implementation phase

[3] As of August 2016.

[4] Two sessions were offered per week on each playing field.

(April 2014 – August 2016), on five different playing fiends, and from April 2014 onwards, eight playing fields.

- Reasons for **absence**:
  - The most frequent reason given for non-attendance was high workload (e.g. looking after children, field work, selling products on the market).
  - Other reasons for non-attendance included health issues (e.g. pregnancy, or sickness), attending school or funerals, long distance to reach the playing field and impassable roads after heavy rains.
  - Moreover, despite continued efforts to raise awareness and provide information on the project, some women did not attend sessions because their husbands did not approve of their participation or because they lost interest due to unrealistic expectations of financial compensation for attendance.
  - The Juba crisis in December 2013[5] and its aftermath, as well as the drought in 2014/2015 and the general economic downturn were factors that further reduced many women's ability to attend.

Sample Characteristics of Baseline Data

- **Age:** The youngest participant was 13 years old; the oldest participant was 60 years old. Two thirds of the participants (65.4%) were between 18 and 30 years old.
- **Relationship status:** At the time of the baseline survey, 77.2% of the women were married, 5.9% were widowed, 2.7% were divorced, 9.5% were in a relationship but not married, and 4.7% were not in a relationship. More than a third (37.3%) of the participants who were married were living separately from their husbands because of work or other reasons.
- **Children:** Nine out of ten women had children. Each mother had three children on average.
- **Livelihood:** 96.5% of all women reported at least one source of income, 70% reported more than one income generating activity. The most frequently mentioned source of livelihood was subsistence farming (73.2%).
- **Education:** 86.1% of all women have attended school some time in their life. Out of these, 68.4% completed primary school and 30.2% secondary school.

[5] The Juba Crisis refers to the political dispute between President Salva Kiir and his deputy Riek Machar (now leader of the opposition) that broke out in December 2013 and caused renewed insecurity across the country.

- **Migration:** 93.2% of the women fled war or conflict at least once in their lives. 91.4% of the women fled to refugee camps in Northern Uganda, 7.3% were internally displaced, 1% stayed in or around Khartoum, and 0.3% were in refugee camps elsewhere.
- **Exposure to potentially traumatic events:** On average, survey participants had experienced 11 potentially traumatising events[6]. The events that were reported most frequently were: the sudden death of a close family member or friend (78.1%), seeing someone die suddenly or being badly hurt or killed (46.5%), suddenly moving or losing their home and possessions (41.9%), seeing something horrible or being badly scared during war (41.7%), and experiencing a very bad car accident (41.6%).
- **Sexual- and gender-based violence (SGBV):** 95.9 % of all women experienced acts of SGBV, most frequently in the form of economic violence (such as denial of food, money or medical care) (74.8%), psychological violence (69.2%), and physical violence (62.1%). 19.2% of participants experienced sexual harassment and 11% fell victim to sexual violence.

Project Results

- **Improved physical well-being through regular exercise:** The respondents perceived their general physical and mental health as being significantly better three and a half years after the start of the project. FGDs and interviews indicate that this perception is mainly based on improved physical well-being and fitness due to regular physical exercise. In addition, the women were specifically asked about the occurrence of particular health problems that typically represent psycho-somatic symptoms such as tension headaches, body pains in extremities and joints or sleeping problems[7]. The survey data showed significant overall improvements, which was supported by frequently mentioned improvements in the FGDs and qualitative interviews. M.K. describes her experience:

> *"I feel relief from body pains, especially the legs and the joints which I felt before I started with exercising [...] this change has occurred because I always participate in traditional dance and football."*

[6] Adapted version of the Trauma History Screen (THS) by Carlson, E. B., Smith, S. R., Palmieri, P. A., Dalenberg, C. J., Ruzek, J. I., Kimerling, R., Burling, T. A., and Spain, D. A. (2011): Development and Validation of a Brief Self-report Measure of Trauma Exposure: The Trauma History Screen. *Psychological Assessment,* 23(2), 463-477.

[7] Adapted version of the Physical Health Questionnaire (PHQ-15) by: Kroenke, K., Spitzer, R. L., and Williams, J. B. W. (2002): The PHQ-15: Validity of a New Measure for Evaluating the Severity of Somatic Symptoms. *Psychosomatic Medicine, 64,* 258-266.

- **Less afflicted by posttraumatic stress symptoms:** Clinical cut-offs based on western norms were used in screening to estimate prevalence rates of posttraumatic stress disorder (PTSD)[8]. 83.1% of study participants screened positive for PTSD at the time of the baseline data collection. Overall, PTSD symptoms were found to have significantly decreased after three and a half years. At the time of the third data collection round, only 63.4% were screened positive for PTSD. Women on average feel less distant or cut off from other people, have less repeated and disturbing memories, thoughts or images, have fewer difficulties concentrating, feel less upset when something reminds them of a traumatic experience, and they are less prone to avoiding activities or situations because they remind them of such an event. In the FGDs and the interviews moreover, many women reported being more emotionally stable and feeling less anger towards others. Others mentioned less repeated, disturbing memories such as A.S.:

  "I feel relieved and at night I sleep deeply [...] before I had flash-backs and memories were stuck in my mind."

- **More capable of dealing with daily tasks:** At the time of the baseline data collection, 45.5% of the women rated taking care of ill household members as extremely stressful, 35.8% of participants found contributing to household income extremely stressful, and 28.9% perceived being disturbed or harassed by others as extremely stressful. The survey found that stress levels regarding specific daily tasks and stressors decreased significantly three and a half years after the sports activities started[9]. Similarly, the women's perception of their ability to cope with them was significantly higher than prior to the project. FGDs and interviews indicate that this improvement in perception is a result of an improvement in their perception of their health condition, an increased belief in self-efficacy, and improvements in the women's ability to cooperate and settle conflicts within their families and with neighbours. The women also reported that they feel stronger, better prepared and more able to make informed decisions, as well as having more physical energy for chores. In addition, many women mentioned the recreational effect of the sport and play sessions that allowed them to escape from worries and have a break from daily chores. M.K. stated:

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[8] Adapted version of the short form of the PCL-C (PTSD Checklist Civilian Version) by: Lang, A.J., and Stein, M.B. (2005): An Abbreviated PTSD Checklist for Use as a Screening Instrument in Primary Care. *Behaviour Research and Therapy*, 43, 585-594. Screening is not meant to replace assessment or diagnosis, but it is used to identify people as likely or unlikely to suffer from PTSD. A person who is screened positive should undergo a clinical assessment by a trained clinician to make appropriate diagnosis

[9] Stressor Appraisal Scale by: Schneider, T.R. (2004): The Role of Neuroticism on Psychological and Physiological Stress Responses. *Journal of Experimental Social Psychology*, 40, 795-804.

Schneider, T.R. (2008): Evaluations of Stressful Transactions: What's in an Appraisal? *Stress and Health*, 24, 151-158.

> *"The stress and thoughts that one has reduce when we all behave like children at the playground, playing ball games and laughing [...] this makes me work actively during my home activities. Before I used to cry whenever I faced challenges, today I can cope with my stress."*

- **Strengthened capability in dealing with sexual and gender-based violence (SGBV):** Before the project, women were not used to talking openly about SGBV and found it extremely difficult to cope with experiences related to SGBV and to seek support. 8.9% did not talk to anyone about their experience, 87.1% only told a friend or family member about it, and 66.2% sought assistance from a professional (e.g. medical assistance, social worker, police, legal advice, religious counselling). Nine months later[10], the women's perceived capability in coping with SGBV has increased significantly and the women increasingly sought help (relatives, friends, or professionals). What is striking is that more women also sought external help at the end of the pilot phase. Awareness raising, women's increased support-seeking behaviour and more available emotional support are likely to have strengthened women in dealing with such violent experiences. Higher awareness was also expressed by A.L:

> *"[...] cases concerning gender-based violence have been addressed in this project. It has enabled me to learn more about it and other issues related to it. And the community has also heard about it."*

- **Extended social networks through new friendships:** The number of close friends and close relatives increased significantly after three and a half years. Close friends and relatives were defined as people they trust, feel at ease with and can talk to about what is on their mind. In personal interviews and group discussions, women highlighted that sport and play activities offered a unique opportunity to socialise with other women from the community. With social and support networks destroyed and low levels of trust due to migration and displacement, the project helped to bring women together. The group activities and discussions have created feelings of belonging among the women and facilitated the formation of new friendships. M. D. simply stated:

> *"I have many friends now and I have good feelings towards them."*

- **Sharing of experiences promotes availability of social support:** Prior to the project, 19.8% of the women were dissatisfied with support they received from close family and friends. The post-intervention data showed that overall satisfaction with social support increased significantly. Further analysis revealed that this perception was mainly due to the increased availability of social support.

[10] The capabilities to cope with SGBV were only investigated in the first and the second survey.

The availability of social support[11] was analysed in terms of emotional support (having someone who understands your problems to confide in, share worries and fears with, and turn to for advice), affectionate support such as having someone who hugs you and shows you love and affection, positive social support in terms of having someone to relax with, and tangible support, also referred to as material support. A significant increase was observed in all four subcategories of social support. Sharing experiences confidentially at the playing field, feeling understood by others and receiving advice were central features that the women mentioned in the interviews and group discussions. In addition, interviews and FGDs strongly suggest that the women increasingly make use of the possibility to seek help and support in the protective environment of their playing field groups. The women felt encouraged to talk about their problems and to ask for advice when they learnt about the similar challenges faced by other women. To use the words of S.L.:

> *"The difference the project has made to me, I didn't know that there are people who have the same problems as me and nowadays I can talk and express my problems and feelings to other people without fear. It is important because when you stay at home without joining friends you cannot share your problems and you remain with your difficulties."*

- **Economic empowerment and increased resilience through group livelihood activities:** The created support networks allowed to set up livelihood groups as well as saving and loan groups during the main implementation phase. Results showed that 98% of the women that are part of a livelihood group have generated additional money, which was often used to pay for health expenses, education fees, or purchasing food and household items. Overall, the number of income generating activities has increased over the course of the project, suggesting that the women now have a more diversified basis of earning money and are thus more resilient to shocks and stresses. C.K. stated:

> *"I would want to continue with livelihood activities because it developed the spirit of team work among the members and it has developed the spirit of saving and goal setting."*

[11] Adapted version of the MOS Social Support Survey Scale by: Sherbourne, C. D., and Stewart, A. L. (1991): The MOS Social Support Survey. Social Science & Medicine, 32(6), 705-714.