



Women on the Move – A sport and play based psychosocial pilot project for traumatised women in South Sudan

Final monitoring and evaluation report

Location: Kajo-Keji, South Sudan

Partner organisations: Swiss Academy for Development (SAD) and South Sudan Psychosocial Programme (SSPP)

Duration: May 2012 – October 2013

Background

South Sudan is suffering the effects of 30 years of civil war and ongoing internal conflict. Studies¹ indicate that up to 50% of the population suffer from mental illnesses such as post-traumatic 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 was displaced 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.

Project aim

This project aimed to enable 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 provided 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, government officials, community, religious and female leaders to increase their support for the project activities.
- **6 capacity building workshops** were conducted with coaches, staff and beneficiaries on how to plan and conduct sport sessions using a trauma-informed approach, and knowledge and skills in monitoring and evaluation.
- From November 2012, bi-weekly **sport and play sessions**, on average 3 hours long, were held at 5 different playing fields.
- **Team sports** were complemented by other activities such as traditional games and dancing with songs written by participants. Sessions also included **group discussions** on topics suggested by participants

¹ Roberts B, Damundu EY, Lomoro O, Sondorp E. Post-conflict mental health needs: a cross-sectional survey of trauma, depression and associated factors in Juba, Southern Sudan. BMC Psychiatry. 2009; 9:7.



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(e.g. domestic violence, child abuse, alcohol abuse, and trauma) and ways of acquiring life skills through **play-based games**.

- **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.

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.
 - 85% were followed-up in the post-intervention survey eight months after the start of the activities, to measure the effectiveness of the project.
 - 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)** 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 601 women joined the project, of whom 353 registered in the first week.
- **Attendance²:** On average, sports and play sessions were attended by 165 women every week, on five different playing fields. Overall, participants attended one session every third week. A quarter of all women attended at least one session every second week and almost half of all participants participated in project activities once a month.
- **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).
 - Health issues (e.g. pregnancy, or sickness), attending school or funerals, long distance to reach the playing field and impassable roads after heavy rains were other important reasons for non-attendance.
 - 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.

² Two sessions were offered per week by each playing field. Results account for attendance rates at least once a week across, with some participants attending two sessions weekly.



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Sample characteristics

- **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 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 (27.5%).
- **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.
- **Migration:** 93.8% 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 experienced 10 potentially traumatising events³. 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

- **Extended social networks through new friendships:** While the number of close relatives remained unchanged, the number of close friends increased significantly after eight months. Close friends 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 states:

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

- **Sharing of experiences promotes emotional support:** Prior to the project 19.7% 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 emotional support. The availability of social

³ Adapted version of the Trauma History Screen (THS) by Carlson et al. (2009)



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support⁴ 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. The only significant increase which was observed was in the availability of emotional 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.”

- **Improved physical well-being through regular exercise:** The respondents perceived their general physical and mental health as being significantly better eight months 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 problems⁵. While the survey data did not show any improvements, less joint pains, headaches or sleeping problems were frequently mentioned 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.”

- **Less afflicted by post-traumatic stress symptoms:** Clinical cut-offs based on western norms were used in screening to estimate prevalence rates of Posttraumatic Stress Disorder⁶. 83.1% of study participants screened positive for posttraumatic stress disorder (PTSD) at the time of the baseline data collection. Overall, PTSD symptoms were found to have significantly decreased after eight months. 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 FGD 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.”

⁴ Adapted version of the MOS Social Support Survey Scale by Sherbourne and Stewart (1991)

⁵ Adapted version of the Physical Health Questionnaire (PHQ-15) by Spitzer, Williams, Kroenke et al.

⁶ Adapted version of the short form of the PCL-C (PTSD Checklist Civilian Version) by Lang and Stein (2005). 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.



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- **Higher belief in self-efficacy through acquired skills:** Eight months after the start of the project, the women had significantly enhanced beliefs in their self-efficacy⁷. Their perception of their own ability to coordinate and orchestrate their skills and abilities in changing and challenging situations has increased. When facing difficulties, they can rely on their resourcefulness and their newly acquired coping abilities. During the FGDs they explained how improved skills have benefited them directly in daily life such as being able to express oneself so as to receive support or set priorities and manage tasks efficiently. S.K. pointed out that she gets things done since she joined the project:

“Idleness is no longer there because of the skills I have acquired from the project [...]. Before, I used to feel lazy but since the project was introduced I have started feeling fresh and I am always busy with my domestic work.”

- **Strengthened capability in dealing with gender-based violence (GBV):** Before the project, women were not used to talking openly about SGBV and found it extremely difficult to cope with experiences related to GBV and to seek support. 8.4% did not talk to anyone about their experience, 67.5% only told a friend or family member about it, and only 24.2% sought assistance from a professional (e.g. medical assistance, social worker, police, legal advice, religious counselling). Eight months later, their perceived capability in coping with SGBV has increased significantly and the women increasingly sought help (relatives, friends, or professionals). 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.”

- **More capable of dealing with daily tasks:** At the time of the baseline data collection, 40.8% of the women rated taking care of ill household members as extremely stressful, 32.8% of participants found contributing to household income extremely stressful, and 34.3% perceived being disturbed or harassed by others as extremely stressful. The survey found that stress levels regarding specific daily tasks and stressors remained unchanged eight months after the sports activities started. However, 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:

“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.”

⁷ Adapted version of the General Self-Efficacy Scale (GSE) by Schwarzer and Jerusalem (1995)