

# Peace comes from Within

## - Trauma in South Sudan



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## FOREWORD

«There is no peace without trauma healing».

When civil war broke out in South Sudan in December 2013, YWCA-YMCA Global challenged South Sudan YWCA to develop programmes to implement UN Security Council Resolution (UNSCR 1325) on women, peace and security. We asked the YWCA what was most important to work on now that war had become a reality again. They replied immediately that trauma counselling was their top priority. A legal response to serious breaches of human rights is not enough: each individual needs to be seen, heard and given the tools to deal with the traumatic experiences they have been through. Social work based on trauma healing is the YWCA's response to UNSCR 1325. The work hasn't just been important for local communities in South Sudan, but has influenced the peace negotiations in Addis Ababa, Ethiopia, where traumatized political leaders from South Sudan meet round the negotiating table. South Sudan YWCA is working to create peace that starts from inside each person and spreads to local communities.

The YWCA uses a holistic approach when offering support to its clients. The various services it offers complement each other. For example, a client might be advised to join a savings and investment group and then receive entrepreneurial training if their counselling session reveals that they are struggling financially. A young person might be invited to join a peacemaker group and be part of a youth movement

working for peace. Youth represent South Sudan at international conferences outside the country. To be able to give hope, a sense of purpose and achievement, is critical for good mental health. Working to address trauma is the YWCA's way of re-building the country.

Back in 2014 several participants were gathered at peace negotiations in Addis. Mary (22), one of the YWCA's counsellors, was there as a lobbyist and decided to gather the women, regardless of their political, religious and ethnic differences. The mood was tense and it was difficult to convince the women to agree to gather outside the official programme. Mary looked round at the circle of women. No-one spoke. So Mary began to share her own life story. Through being open and honest about her own trauma, people were able to relate to her and she created an atmosphere of trust. Drawing on her training as a counsellor, she challenged the other women to share. First one woman came forward with her story. Another soon followed. The barriers between the women, created by a war where it was not possible to discuss shared experiences, were slowly but surely broken. They were all women, they were all worried about their children, their ageing parents and their menfolk fighting the war. What was most important was to find the way back to a country at peace

«We are all traumatized. Peace comes from within, from the heart.»

*Camilla Ravnsborg Aschjem  
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## CHAPTER 1: Introduction

### 1.1 Background and aim of the report

YWCA-YMCA Global, together with its partner organization the Young Women's Christian Association (YWCA) of South Sudan, and with financial support from the Norwegian Government (NORAD informasjonsmidler), wanted to write a report on the psychosocial work of South Sudan YWCA. For nearly four years, local staff had been registering different kinds of relevant data collected during their work. This is the basis of the material on which this report is written.

The idea behind this report is that gathering and analysing this data can help to create a better understanding of the project in South Sudan with a particular focus on its strengths and weaknesses. This in turn can help promote knowledge about psychosocial work as a methodology for international aid and development work. Being aware of successful experiences, as well as challenges, is important in order to implement peace-building work which focuses on mental health.

### 1.2 The structure of the report

This report will explain the psycho-social work that the YWCA of South Sudan runs in South Sudan, in partnership with YWCA-YMCA Global. The results and the conclusions are based on data collected between 2014-2017. Reporting during the early period varies, so data from 2016 and 2017 is the basis of the report. More detailed information about the project, the counsellors and the methods used is based on conversations and emails with those involved in the YWCA.

The report begins by looking at current models of psychosocial work in international aid and development work. This is followed by an explanation of the situation in South Sudan and the psychosocial work of the YWCA. Graphs and figures about the project are then explained before the conclusion, summarizing the report's findings. The report ends with the implications of the findings and some options for the way forward for psychosocial projects like this one.

## CHAPTER 2: The psychosocial approach in international aid and development work

### 2.1. The psychosocial approach after crises and conflict

An important aim of international aid and development work is to improve peoples' living conditions. This is done in a variety of ways, for example through rebuilding and extending infrastructure, providing clean water and access to general health services.<sup>1</sup> This is especially important after natural disasters, war and conflict situations. Local communities need a basis for reconstruction and development.

Is the reconstruction of infrastructure alone enough to promote the growth and empowerment of the individual? In recent decades, many have argued for an increased focus on the psychological and social effects of violence and war, where the need for effective psychosocial measures has been documented.<sup>2</sup> The World Health Organisation (WHO) highlights the significance of integrating a focus on mental health to aid responses to crises. WHO links positive mental health to several development related results: higher education, increased productivity, a stronger economy, better interpersonal relationships and improved quality of life.<sup>3</sup> These results can be directly linked to the UN's Sustainable Development Goals (SDGs) which all UN member countries are committed to working towards. Civilian loss of life and suffering are a result of war and conflict. Violence and war can have both a direct and an indirect impact on psychosocial and physical health. Damaged infrastructure, a lack of essential professions, and injuries affecting the individual have a direct impact. Indirect consequences produce social, political and economic changes and can both be the reason for, and the result of, war. Indirect consequences can have a bigger impact on health, mortality and disease.<sup>4</sup> Research has shown that 25-40% of survivors in populations affected by conflict have symptoms of stress and trauma.<sup>5</sup>

#### *Mental health and psychosocial support*

Family, friends, religious communities and local communities can be sources of psychological support. In times of crisis and conflict, these sources are often weakened, or disappear, as a result of migration, death and material damage. This increases the need for measures that address psychosocial needs. Therefore a holistic approach to rehabilitation and development work is important. Rather than focusing on damage limitation and material development, rehabilitation should be seen in a broader perspective. This includes looking at developing public systems, democracy and political decision making, developing the workforce and resources, as well as (re-)establishing social and health related services.<sup>6</sup>

Mental health and psychosocial support (MHPSS) refers to local or external initiated measures aimed at protecting or promoting psychosocial health, as well as treating and preventing mental health problems. In other words the aim is to minimise the risk factors and to strengthen the factors at individual and societal level that protect and strengthen psychosocial health.<sup>7</sup> These support measures can include health services, education, or the (local) community as a whole. The term «MHPSS problems» refers to social and emotional problems, a range of psychological illnesses such as depression and post traumatic stress disorder, and drug abuse.<sup>8</sup> How MHPSS is implemented varies, depending on whether the measures are short or long term. There is disagreement about how psychosocial measures should be most effectively implemented. Some focus on the diagnostic criteria and treat mental illnesses with specific treatment programmes. Others criticize these methods for not taking into account cultural factors and focus instead on what local communities can offer, and on coping strategies.<sup>9</sup>

1 Ager, 2002

2 Macrae i Kumar (red.), 1997, p.183

3 Chan, 2010

4 Macrae i Kumar (red.), 1997, p.184

5 Hamber, 2009, p. 21

6 Macrae i Kumar (red.), 1997, p. 192

7 MHPSS Working Group, s.a.

8 UNHCR, s.a.

9 Ager, 2002

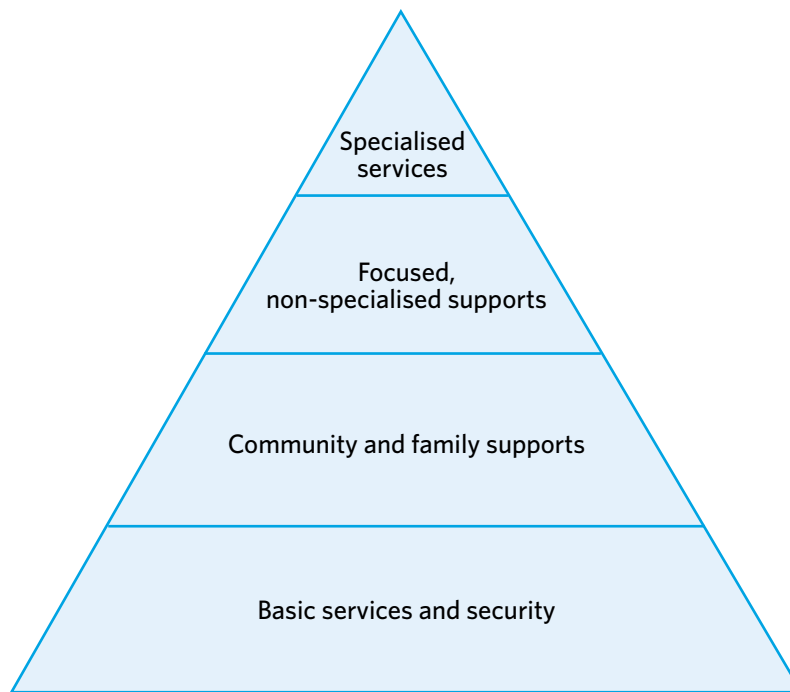


Image: Taken from the IASC guidelines.

6

Together with the UN Office for the Coordination of Humanitarian Affairs (OCHA), the Inter-Agency Standing Committee (IASC) is the lead coordinating agency for humanitarian work. IASC's guidelines for MHPSS in crisis situations highlight the importance of focusing on mental health in reconstruction work.<sup>10</sup> This is an important perspective for measures put in place during the acute phase of the response and for comprehensive, lasting measures once the acute phase is over. IASC refers to six basic principles for such measures:

1. Human rights and equality (non discrimination)
2. Maximise community participation
3. Do no harm by focusing on human rights, being

4. Develop and strengthen the resources and skills already available
5. Integrate international aid with other services to ensure partnership and sustainability
6. Work at several levels: basic services and security, support for families and communities, focused non-specialist support, as well as specialized services. The IASC pyramid shows that the need for the services reduces the further up the pyramid one goes.

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10 Inter-Agency Standing Committee, 2007

## 2.2 The psychosocial approach in humanitarian work/international aid

Several international bodies respond with basic health support after natural or man-made humanitarian disasters. The normal psychosocial support is counselling and social support based on community based measures, structured and social activities such as child-friendly environments, information campaigns, psychoeducation. Such support is often independent of public health and social services.<sup>11</sup> Since 1998, Doctors Without Borders (MSF) has recognized the importance of offering psychosocial health services in humanitarian crises.<sup>12</sup> MSF's work often includes group therapy, as well as the training of local health workers so that health services can become sustainable. There is however controversy surrounding the focus on psychosocial support in humanitarian work. Critics ask whether psychosocial support should be part of the first phase response, on the same level as emergency help such as security, basic health, food and shelter. Should psychosocial support be provided at the same time as, or after, basic needs are secured? Is it better to strengthen the economy, and in so doing influence the psychosocial?<sup>13</sup>

In 2003, the Psychological Working Group (PWG), a working group made up of researchers and several international aid organisations such as Doctors Without Borders and Save the Children, developed a framework for psychosocial responses in complex emergency situations.<sup>14</sup> PWG argues that crisis situations limit the availability of essential resources that communities need, to be able to deal with the challenges arising from a crisis.<sup>15</sup> This lack of resources especially affects areas that are important for psychosocial health, both at individual and community level. These include peoples' capacities (knowledge, skills, physical and mental

health), social ecology (power and the relationship between ethnic groups and gender, as well as the inclusion of communities in political processes), and culture and values (norms, rules, rights and cultural understanding). Psychosocial health is also affected by changes in economic, physical and environmental resources. According to PWG, measures taken to address one of these areas will have an effect on the others. Thus society's ability to improve resources within these areas can improve the population's mental health.<sup>16</sup> For example, measures such as microcredit for women, which do not focus on health, have been shown to influence psychological and sociocultural factors.<sup>17</sup>

PWG's framework shows how psychosocial measures, together with, amongst other things, family reunification, developing democracies and work with ethnic groups, can improve mental and psychosocial health. In the same way, focusing on developing peoples' capacities through health promotional work, can have an effect on social ecology, for example advocacy and lobby work. MacQueen and Santa-Barbara highlight a similar perspective, arguing that war is a public health problem. They highlight how health programmes can promote, amongst other things, unity in a population, across ethnic and religious divides. This is done by setting up nondiscriminatory services, as well as by focusing on working with the individual and on more social reconciliation processes. In this way, health programmes can contribute to peace building.<sup>18</sup> Experiences from psychosocial work in Bosnia after the war in the nineties also show that, where survivors are able to tell their stories, share their physical and mental reactions to war and assault, psychosocial work is an important basis for peacebuilding and reconciliation.<sup>19</sup>

11 Tol, Barbui, Galappatti, Silove, Betancourt, Souza & Van Ommeren, 2011

12 Medecins Sans Frontieres, s.a.

13 Ager, 2002

14 The Psychosocial Working Group, 2003

15 Ager, 2002

16 Ager, 2002

17 Hansen & Postmes, 2013

18 MacQueen & Santa-Barbara, 2000

19 Hart & Colo, 2014

### 2.3. Psychosocial approach to development work

It can be challenging to deliver long term, sustainable health services in the wake of war and conflict. Local and international organisations play an important role in delivering these services where public services are missing.<sup>20</sup> Maynard highlights five phases of psychosocial measures in development work.<sup>21</sup> In the first phase, it is important to establish stability and security. Processing loss and trauma, together with others, is the focus of the second phase. In the third phase, society's ability to trust should be developed whilst in the fourth the focus is on reconciliation. In the fifth and final phase, measures to address democracy, and to promote unity between ethnic and cultural groups, are implemented. The author highlights the importance of taking culture and community into account, and that working through each phase in turn is not always appropriate. Psychosocial measures in international aid and development work can thus be seen as an attempt to establish basic human rights,

to bring communities together to process what they have been through, as well as to lay the foundations for democracy and justice.

Using psychosocial measures to promote health has not traditionally been directly linked to social and political change.<sup>22</sup> Hamber highlights that both individual and social approaches should be included as part of the reconciliation process since traumatic experiences are linked to both the individual and to society as a whole.<sup>23</sup> Furthermore, changes at the societal level affect the individual. Changes in social structures can affect the individual by putting an end to dehumanizing and suppressive structures, and by promoting empowerment and reconciliation.<sup>24</sup> It can be difficult to measure the clinical effect of long term psychosocial measures compared to emergency responses such as access to clean water, hospital admissions or finding shelter. Therefore a more appropriate and usual way of recording the results of psychosocial work is to measure the numbers reached.<sup>25</sup>

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20 Macrae i Kumar (red.), 1997, p.195

21 Maynard i Kumar (red.), 1997, p. 210

22 Anckermann, Dominguez, Soto, Kjærulf, Berliner & Mikkelsen, 2005

23 Hamber, 2009, p.193.

24 Hamber, 2009, pp. 203–204

25 Hansen & Postmes, 2013



## 2.4. Development Policies and Norwegian responsibilities

The so called 2030 agenda for sustainable development was adopted in 2030 and consists of 17 Sustainable Development Goals (SDGs). The goals are based on the UN's millennium goals and by 2030 aim to, amongst other things, eliminate poverty, tackle injustice, improve health services and to ensure equality.<sup>26</sup> It is the first time that a global policy has identified mental health as an important factor in sustainable development. Goal 3, which focuses on good health and well-being, includes a sub-goal on the treatment and improvement of mental health and well-being.<sup>27</sup> Goal 16, which is about peace and justice, is based on the fact that security and peace are important for development.<sup>28</sup> This goal focuses on access to justice through the courts, on stopping abuse, trafficking and violence against children, as well as inclusive and representative policy making at all levels of society.

### *Norway and South Sudan*

Norwegian development policy is based on the UN's Millennium Goals and the 2030 agenda. Under the Solberg Government (2013 – 2017), the focus was on education, humanitarian aid, health, business development and job creation, the environment and sustainable energy.<sup>29</sup> South Sudan is one of 12 focus countries in Norwegian development aid. In South Sudan the Solberg Government focuses on education and the UN Resolution on women, peace and security. The UN 1325 Resolution is based on the fact that war and conflict affect women and men differently, so that a gender perspective is needed in all policy areas. This means, amongst other things, protecting women and children from gender based violence during conflict, ensuring women's

participation in peace processes and the recruitment of women to peacekeeping forces.<sup>30, 31</sup> Norwegian aid is used in both active national peace processes and more community based reconciliation measures initiated by civil society organisations.<sup>32</sup> The aim of Norwegian aid in South Sudan has been, amongst other things, to contribute to development, peace and reconciliation and to develop a sustainable constitution.<sup>33</sup>

Due to the protracted war in South Sudan, Norway has primarily focused its support in the country on humanitarian aid rather than on long term institutional capacity building.<sup>34</sup> Through supporting the UN Humanitarian Fund, Norwegian Church Aid and Norwegian People's Aid amongst others, Norway has contributed to the protection of, and psychosocial support for, survivors of sexual and physical violence, peace and reconciliation work and economic growth.<sup>35</sup> Through granting funding for UN 1325 work in 2014, Norway has made it possible for YWCA-YMCA Global, in partnership with the YWCA of South Sudan, to start the projects that this report writes about. Despite this, an evaluation report by the Christian Michelsens Institute, commissioned by NORAD, reveals a lack of development work in South Sudan.<sup>36</sup> The author refers to the need, amongst other things, for a clearer strategy for development work, possibly in consultation with the Government. In addition, better joint working between organisations, politicians and diplomats could increase the impact of development funding. The report also highlights the fact that development work has not successfully been adapted to the South Sudanese context. The scale and depth of the country's challenges have perhaps been underestimated.<sup>37</sup>

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26 UNDP Norge, s.a.

27 WHO, s.a.

28 UNDP Norge, s.a.

29 Regjeringen.no, s.a.

30 Peacewomen.org, s.a.

31 United Nations Security Council Resolution 1325

32 Regjeringen.no, 05.12.2016

33 Bolle, 17.11.2016

34 Norad, 10.01.2017

35 Norad, 10.01.2017

36 Sørbo & Aalen, 2016

37 Sørbo & Aalen, 2016

## CHAPTER 3: Psychosocial work in South Sudan

### 3.1 The situation in South Sudan

Today South Sudan is one of the world's most under developed countries, affected by an on-going war and humanitarian catastrophe. This is related to a complex history of violence stretching back many years.

Before South Sudan became an independent country, Sudan had been ravaged for decades by two civil wars. The second of these was fought between 1983-2005 between the Government in the north and the liberation army in the south. The deep divisions meant that this became Africa's longest continual civil war. The peace agreement that was signed between the partners included, amongst other things, a referendum, and the country was declared an independent state on 9 July 2011.

After the liberation in 2011 there was a strong sense of optimism and a lot of international support. However, internal political differences appeared soon after. Old, long term conflicts between several ethnic groups resurfaced and became more important than a shared national identity. In addition, new disagreements about political power appeared and a conflict between the Government and the opposition led to the outbreak of civil war in South Sudan 15 December 2013. Violent fighting broke out in the capital, Juba, before it spread to three of the largest counties.

There have been many attempts to negotiate a weapons amnesty, with a breakthrough in 2015 when a comprehensive peace agreement was signed. But the agreement was fragile and violence broke out again shortly after. The UN and other international organisations have documented, and made accusations of, serious breaches of human rights. According to Human Rights Watch, the armed forces on both sides have committed serious attacks and possibly war crimes.

In addition to the old feud between two political camps, there are a number of other relationships fueling the conflict. There are many ethnic divisions, economic disagreements about land are rife, and the conflict with neighbouring Sudan in the north continues.

The YWCA of South Sudan views the conflict in light of the population's extensive trauma due to many years of civil war. This has created inappropriate coping strategies and patterns of behavior which makes it more difficult to work for peace amongst the people of South Sudan. Several researchers support this perspective. Tankink and Bubenzer recommend strengthening the link between mental health and psychosocial work, whilst peace building work continues.<sup>38</sup>

#### *The situation today*

South Sudan is a society deeply affected by long term unrest, which still continues. Key towns are destroyed and deserted and the already fragile infrastructure in the country has been seriously weakened. Roads, hospitals, clinics and schools are closed and the water supply is unreliable.

According to the UN's High Commissioner for Refugees (UNHCR)<sup>39</sup> 2 million South Sudanese internally displaced in their own country, whilst nearly as many people have fled to the neighbouring region. The majority have fled to Uganda, then to Sudan and Ethiopia. Nearly 70% of the refugees are under 18 years old and more than half of them are women. This means that the need for help and protection is even greater.

The figures reveal a population that has suffered traumatic experiences and brutal war crimes. Most of those affected have little, or no, access to health professionals who are qualified to deal with mental health. According to WHO, South Sudan has just one mental health professional per 222,000 inhabitants.<sup>40</sup>

In 2007 the Inter Agency Standing Committee (IASC)<sup>41</sup> published guidelines for mental health and psychosocial support (MHPSS)<sup>42</sup> in crisis situations. There have been attempts to implement these in South Sudan which have highlighted many of the challenges there. The Committee points to the fact that the weak health system and lack of resources for health services have had a big impact on the situ-

38 Tankink & Bubenzer, 2017

39 UNHCR, 30.11.2017

40 WHO Africa, u.å.

41 Inter-Agency Standing Committee, 2007

42 UNHCR, u.å.

ation. Mental health expertise in the primary health sector is very limited which means that most of the trauma is not diagnosed. Access to specialist health professionals and medicine is limited. Several international NGOs, including CARE International, Act Alliance and MSF<sup>43, 44, 45</sup> are involved in mental health or run programmes targeting psychosocial conditions. Together this illustrates how comprehensive systemic and structural failures make MHPSS related work more difficult.

### 3.2 YWCA of South Sudan and their working model

YWCA-YMCA Global, a development and solidarity organization, has partnered with YWCA South Sudan since 2002. The women's organization has branches in different parts of the country: Yambio, Mundri, Tambura, Maridi, Ezo, Nzara, Juba and Wau. In 2016 they began work in the refugee camp in Kiryandongo in Uganda. Since 2014, the work has been financed with development funding from Norway. 8 centres affiliated to the project have been opened (extended to Wau in October 2017), and work also takes place in North Uganda. In total there are 34 counsellors in South Sudan and 7 in Kiryandongo in Uganda. However this report only covers the work in South Sudan.

The YWCA's working model is based on social work theories; in other words a systemic approach to the client's challenges. An individual's problem is, per definition, always social. Therefore both the cause and the solution must be found at different levels of society. The YWCA's social work, which deals with trauma, has therefore four complementary components: savings and loans groups, peacemaker groups, advocacy and psychosocial work. Individuals with whom the YWCA of South Sudan works are referred to the different components.

The rationale behind the YWCA's decision to start psychosocial work is that, as a result of years of war crimes and human rights abuses, every inhabitant of South Sudan has undergone traumatic experiences. This is one of the reasons why peace building is so difficult. The idea is that the people of South Sudan

have to work through their experiences before it is possible to create peace in the country. This focus on trauma as a result of violence and war is essential to peace building and to stop further violence.<sup>46</sup> For the YWCA of South Sudan, psychosocial work is therefore critical for peace and reconciliation. It is also key in their work with UNSCR 1325. Through focusing on human rights, gender, culture, as well as international and national policy work, the YWCA believes its work is in line with IASC principles.

The work is based on social work theories, gender theory and trauma theory where the work with the client starts with their networks and resources, such as family, neighbours and religious community. This focus on the community corresponds with the findings of the International Organisation for Migration which indicates that South Sudanese themselves say that their community, their religious community, group discussions and storytelling are factors in protecting their mental health.<sup>47</sup> The YWCA of South Sudan is providing services in levels 2 and 3 of the IASC triangle (see page 6).<sup>48</sup> Community and family based support (level 2) is provided through mapping networks and home visits. Focused non specialist support (level 3) is provided through psycho-education and through focusing on the life stories of individuals and families, together with supportive conversations. There is a severe lack of health services and human resources in South Sudan. Through offering support which is easy to access, the YWCA is attempting to meet a huge need, at the same time as they are delivering training and working on capacity building.

#### *Counsellor skills*

The local psychosocial counsellors are an important foundation for the project and considerable time is spent recruiting suitable counsellors. Many of them are illiterate and few have a background in health, but other skills are emphasized when the YWCA is recruiting. The candidate must be respected, well liked and trusted by the local community. Confidentiality is important in the project, so it is crucial that the counsellors commit to upholding

43 Care International, u.å.

44 Danish Church Aid, u.å.

45 Medecins Sans Frontieres, 31.10.2012

46 Lambourne & Niyonzima, 2016. s. 291

47 International Organization on Migration, 02.2014

48 Inter-Agency Standing Committee, 2014. s. 16

confidentiality. Some of the counsellors are recruited through recommendations from local leaders or churches, and some come to the office and volunteer their help. Being able to read and write is not essential, but the YWCA ensures there is always someone who is able to do this so that, for example, report writing is easier.

### *Psychosocial counsellors and representation*

It has been important for the YWCA to recruit counsellors who represent the local population. This is critical in order to ensure that the services are relevant and can be trusted by the local people. With this in mind, the YWCA recruits counsellors of all ages. They have worked hard to recruit men as counsellors. For this group especially it is important to stress that one must be motivated to actively promote gender equality and a gender perspective, but it is emphasized to all counsellors, including women, that many problems are gender based.

The demographics of South Sudan are characterized by 60 different ethnic groups with different spoken languages. The YWCA strives to recruit counsellors that represent this diversity. In so doing the YWCA makes its programmes accessible for large sections of the population and can maximize participation, as per IASC's second guideline.

### *Counsellor training*

During the project period the YWCA of South Sudan and the local counsellors have received training from a Norwegian social worker with extensive experience of South Sudan. A social work approach was preferred to a psychotherapeutic framework to ensure the project was rooted in the community and in the local population, as well as to ensure a culturally appropriate approach. The training includes concepts from social work theory, trauma theory and gender theory.

Theories from psychology, sociology and social anthropology are also part of the training. Local counsellors receive a broad and varied introduction. The project coordinator emphasizes that the counsellors bring important and relevant experience to the work with the local population, precisely because they have lived in war torn South Sudan.

The counsellor training includes teaching on legislation, gender norms and rights, as well as

communication skills. There is a clear focus on non-discrimination, including in the counsellors own life stories. In addition, an important part of the training is learning how to map the clients' networks. By gaining an overview of the client's family members, neighbours and friends, work can begin on finding ways to activate support from the client's own network. Using this as the starting point, the counsellor can use a resource oriented approach, which highlights the clients' independence and which is empowering.

Teaching trauma reactions and mental health is done by introducing the consequences of social problems, focusing on cognitive and bodily reactions to the traumatic incidents.<sup>49</sup> Extensive use of role play and focusing on basics such as empathy, confidentiality and empowerment, are an important part of the training. It is especially important to show empathy, understanding and compassion for the different people one meets. In addition, the counsellors work with counter transferences (what happens to you when you hear other peoples' stories?) and the strengths and resources the clients have (what is it about your life story that makes you want to help others?). The counsellors are also introduced to the concept of secondary trauma and how one's own experiences can be reactivated when listening to others.

The training happens through interpreters. A lot of visual aids in the form of drawings, colours and figures, are used to help those who cannot read or write.

### *Counsellor tasks*

The psychosocial counsellors are involved in outreach as well as running drop in centres. With the need for help greater than what they can offer, the counsellors refer clients on to other organisations. The YWCA of South Sudan has an extensive partnership with prisons and the police and accepts referrals from both. YWCA counsellors help clients with further schooling or employment. Being able to help clients in practical ways, as well as providing them with opportunities to be advocates and get involved in lobbying, is important for moving the country towards peace and economic growth. The centres also offer savings and loans groups for women, legal advice and information about rights and legislation,

leader training, peacemaker groups for young people wanting to work for peace, as well as policy work.

YWCA South Sudan's psychosocial work covers several of the fields highlighted by the Psychosocial Working Group. It can be assumed that the YWCA's work on democracy and reconciliation, as well as its work supporting individuals to process their traumatic experiences and personal losses, has an effect on the different fields. Through an active decision to reach out to different ethnic groups and to engage in political lobbying of national and international bodies, they are strengthening social ecology. By focusing on mental health and client work, the YWCA is working directly to develop human capacity. Through focusing on equality and challenging cultural and gender norms, culture and values are affected - the last of the fields needed for a psychosocial approach to work.

### 3.3 Data collection

After the individual sessions, the counsellors fill out a form which has been developed especially for the YWCA's work. The different centres also have their own systems for recording information where the clients' cases are recorded in a book. Several of the counsellors are illiterate and ask their colleagues to fill out the forms for them when the client's session is finished. By ensuring that there is always someone who can read and write, no-one is excluded from being recruited as a counsellor because of illiteracy.

Right from the start, clients are told that the counsellors are bound by confidentiality, but that some information is collected for statistical purposes. The YWCA's main office collects the forms from the counselling centres; this can be challenging because travelling is sometimes restricted and dangerous. The data is collected by a lawyer who has connections to the YWCA of South Sudan. He collates the data and follows up on missing information, then puts it all together to create a national overview. It is this data that provides the basis for this report.

### *Challenges and disclaimers*

All the referrals to the counselling centres are categorized according to the kind of case they are. There are however some cases that fall into several categories. For example, a case might cover domestic violence, rape and threats. In such cases the case is put into the most appropriate category which in this example would be domestic violence. Sometimes the case might be categorized according to the most obvious problem, rather than being placed in the most appropriate category. Therefore the data probably shows an underreporting of the different categories. Many of the cases are also difficult to categorise and are therefore marked as «other». These can include, for example, abductions, food shortages, or psychological problems. Some clients do not want to reveal which ethnic group they belong to which means that they are registered as other.

For different reasons, not all of the information about a case is always registered. In such cases, the YWCA of South Sudan goes back to the counsellor in an attempt to map the case again. Even so, in such cases some of the information is probably lost. The journeys that staff must take are often long and the conditions risky, so collecting this information can take time. Many of the counsellors forget details from old cases, and the information can be incomplete. This could also be because many of the counsellors are illiterate so they memorise their cases and get others to fill out the forms.

Families are registered in different ways. This is also a reason for uncertain data. In such cases it is often only the parents who are registered. This can explain the underreporting of children in the data. In addition, the data from 2014 does not include age or ethnicity, making it difficult to assess these factors from the start of the programme.

## CHAPTER 4: Perspectives from psychosocial work: experiences from the YWCA of South Sudan

### 4.1 Who are the YWCA of South Sudan's clients?

#### Gender balance

As mentioned above, it is normal to report the numbers reached in the assessment and reporting of MHPSS measures. The data does not tell us about the effect of the measures, but can show a persistent demand for a psychosocial and advisory services.

The YWCA is world-wide women's organization, but the YWCA in South Sudan has focused on both genders. From the start of the project until today, the gender balance has been satisfactory, with 61% of female clients and 39% male. The figures indicate an increase in the number of clients that the YWCA is

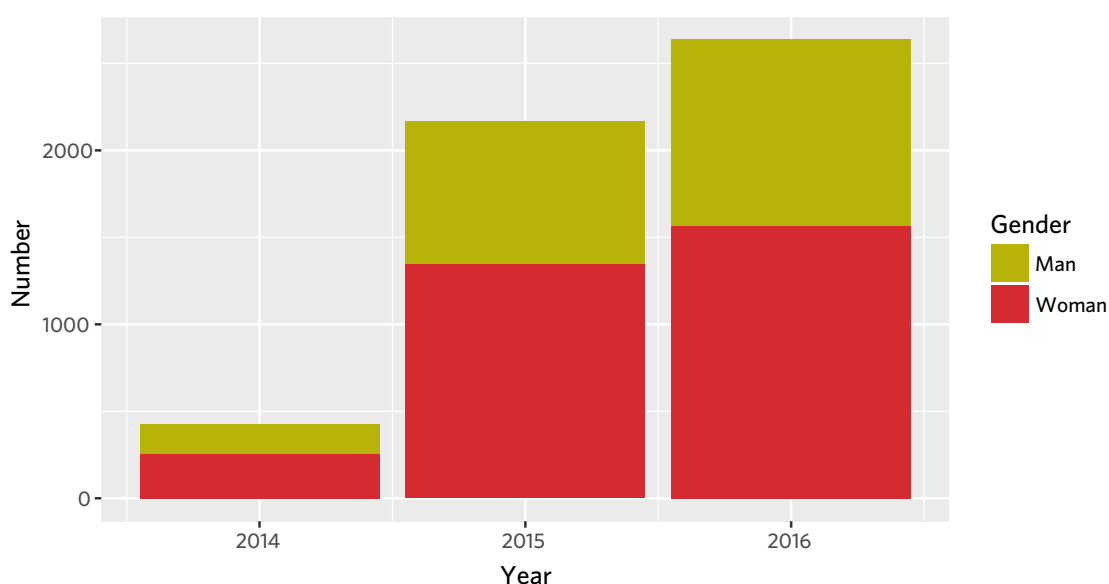
reaching which reflects the persistent and increasing demand.

From 2014 the programme has not focused on children as a target group, with only 12% of clients under 18 years old. As mentioned above, the YWCA of South Sudan has been working in a refugee camp in Kiryandongo, North Uganda, since 2016 where, through art therapy, they are supporting children to deal with their experiences and trauma from the war. These children are not included in the data that this report is based on. The YWCA attributes the low number of clients under 18 to cultural norms. It is unusual to let children share information with outsiders, and confidentiality is not well a well

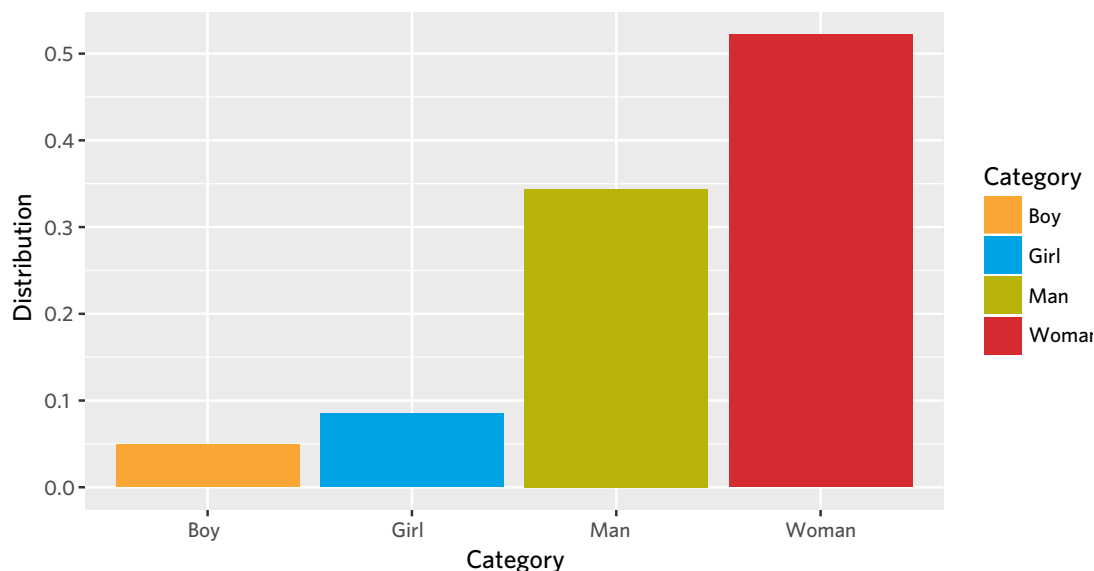
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| Year                    | Total number reached | Women       | Men         | Girls under 18 years | Boys under 18 years |
|-------------------------|----------------------|-------------|-------------|----------------------|---------------------|
| 2014                    | 423                  | 255         | 168         |                      |                     |
| 2015                    | 2167                 | 1176        | 721         | 174                  | 96                  |
| 2016                    | 2636                 | 1331        | 931         | 234                  | 140                 |
| 2017 (jan-apr)          | 583                  | 321         | 190         | 45                   | 27                  |
| <b>Total</b>            | <b>5809</b>          | <b>3083</b> | <b>2010</b> | <b>453</b>           | <b>263</b>          |
| <b>Total in percent</b> |                      | <b>53 %</b> | <b>35 %</b> | <b>8 %</b>           | <b>4 %</b>          |

Men and women in total (2014 - 2016)



## Total distribution of age and gender (2016 - 2017)



understood phenomenon. Furthermore, it is likely that children are accompanied by their parents or other family members and that it is the age of the eldest that is registered.

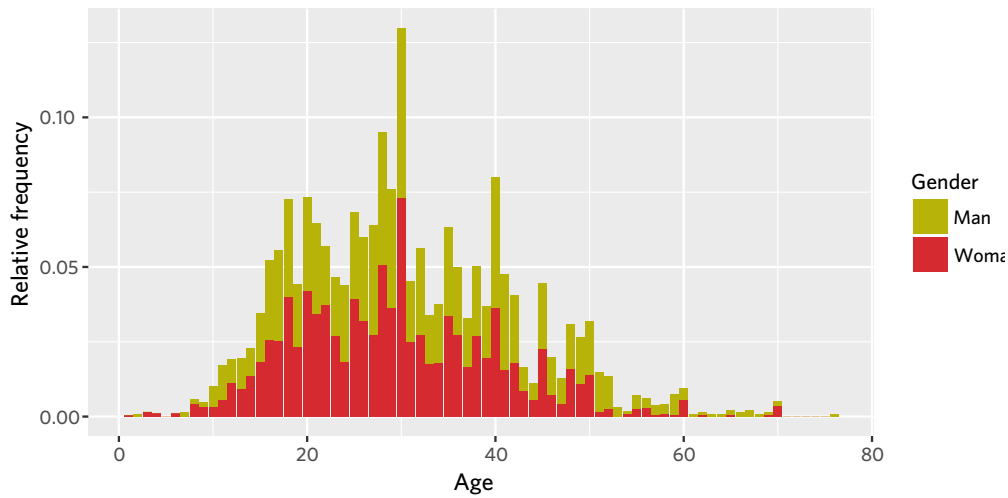
From 2014 until 2016, the YWCA has consistently reached most women with its psychosocial work. The services reach more women each year and the numbers have increased six fold since the work began in 2014. Possible reasons for this might be that YWCA centres have a good reputation amongst the population, they promote their services over the radio, and other institutions make referrals to them.

Girls are also in the majority in the under 18s group. The YWCA attributes this to it being a women's organization, and to the gender difference in the behavior of those seeking help and openness to counselling. The YWCA is very keen to reach men, arguing that «She for He» is just as relevant as «He for She.»

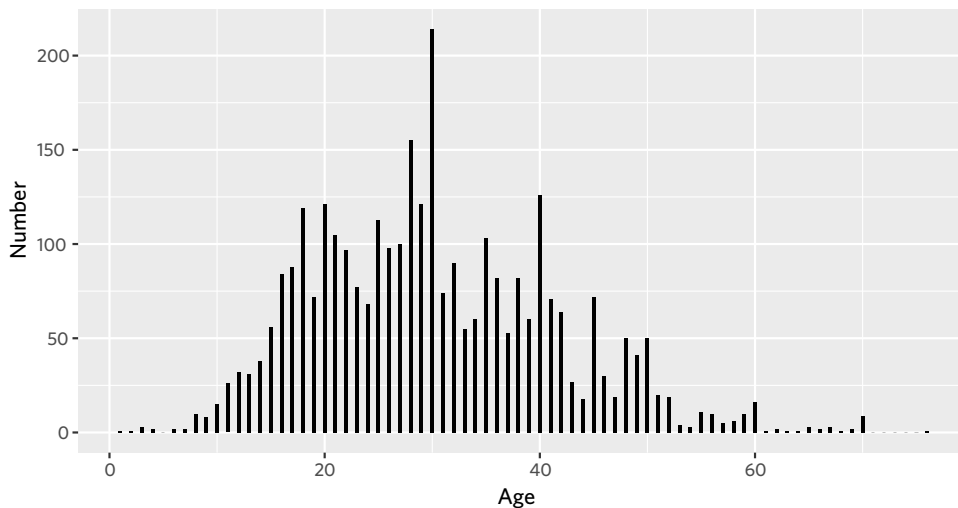
Since 2014, the proportion of men who have received counselling has been stable, at around 40%. It is natural to assume that the proportion of men is linked to the deliberate recruitment of male psychosocial counsellors, as well as a strict emphasis on confidentiality.

It is very positive for the organization that their counselling services are reaching men. This is surprising because of South Sudanese gender roles. Studies in various African countries show how intransigent gender roles and rigid hierarchical structures are entrenched in countries like South Sudan.<sup>50</sup> The masculine ideal is of a man supporting his wife and his family and protecting them from danger. In a country where violence, crisis and hunger are rife, one is largely deprived of the opportunity to do this, and the ideal collapses. This manifests in frustration, defeat and anger in a culture where men cannot show their feelings. Against this backdrop, it is very significant for the YWCA that so many men are actively seeking help from their various counselling centres. Being able to engage the male population could be a unique start on the road to social change. The YWCA comes across as a non-traditional women's organization based on the premise that «one cannot solve women's problems without involving men.» The project has apparently succeeded in creating a space where men and women can talk together about difficult challenges, in an open and non-judgmental way, and in a professional context.

### Age distribution



### Age and gender (2016 - 2017)



### Age distribution

The data shows that many of the clients are registered as being 30 years old. This is probably because there is doubt about actual age. Home births and a decades long conflict has led to a lack of state institutions and therefore a lack of birth certificates, national ID cards or passports being issued. Many clients do not know how old they are. In practice this means that either the client or the counsellor estimates the age on the basis of looks, or other factors.

#### *Distribution of participants' ages*

It is important for the YWCA of South Sudan to

recruit young psychosocial counsellors at each centre. This is in order to create inter-generational meeting places and an exchange of knowledge, as well as ensuring that the counsellors are representative of the population. In light of this, the age distribution is a positive skewed distribution, where the majority of clients can be described as young (18-30 years). This is in line with the YWCA's mission and mandate as an organization for young women and girls. However, questions can also be asked about the inferences made from the data. Only 5,5% of the population of South Sudan are over 55 years old. 25-54 year olds make up 30% of the population, whilst approximately 65% of



the population of South Sudan are under 25 years old.<sup>51</sup> When this is taken into account it is perhaps not surprising that the YWCA reaches out to a larger proportion of young people than older.

## Ethnicity

### *Distribution of ethnicity by year*

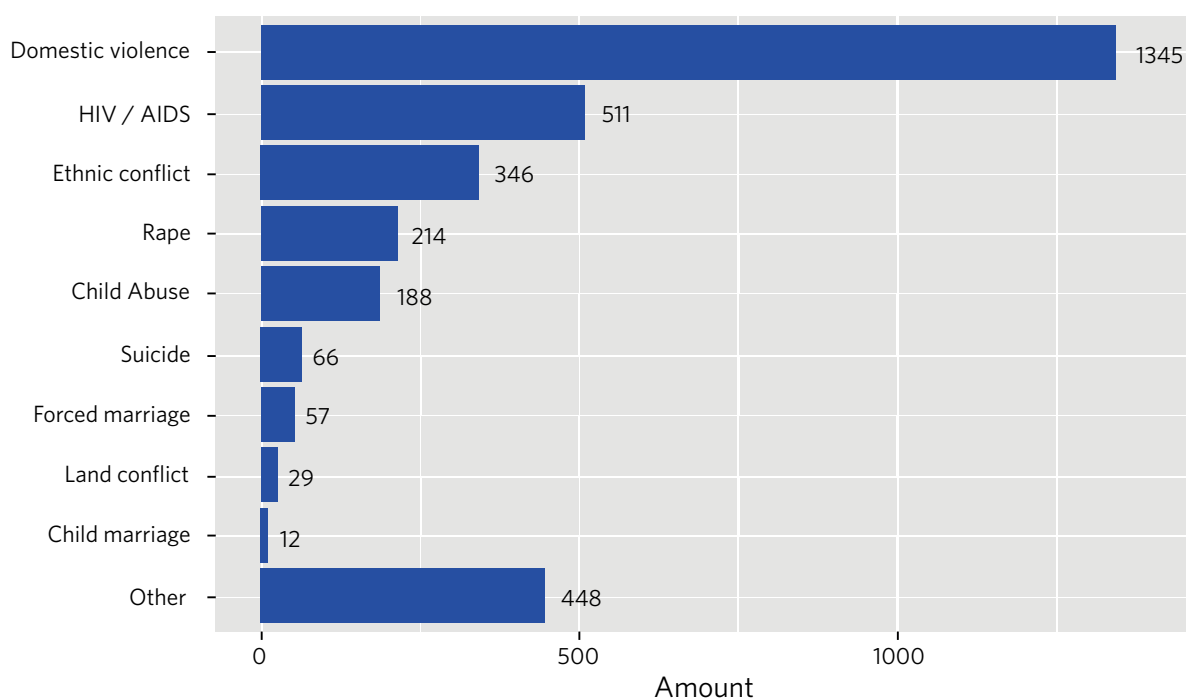
| Ethnicity | 2015 | 2016 | 2017 (jan-april) |
|-----------|------|------|------------------|
| Avukaya   | 3 %  | 1 %  | <1 %             |
| Azande    | 48 % | 47 % | 62 %             |
| Baka      | 6 %  | 5 %  | 5 %              |
| Balanda   | 5 %  | 5 %  | 6 %              |
| Bungo     | <1 % | <1 % | 0 %              |
| Mundu     | 1 %  | <1 % | 1 %              |
| Muru      | 20 % | 18 % | 7 %              |
| Andre     | 15 % | 22 % | 19 %             |
| Foreign   | 2%   | <1 % | <1 %             |

The YWCA's main office is in a region where many people from the Azande ethnic group live. Four of the centres in South Sudan are in Azande areas. The organization is working strategically to reach out to more ethnic groups and in the last few years has started a centre in Wau in an attempt to achieve this. However, the figures show that the biggest proportion of clients belong to the Azande group. The client group as a whole does therefore not represent the country's ethnic diversity.

As previously mentioned, there are cases where the client does not want to reveal his or her ethnicity. This might be connected to the on-going ethnic conflicts in the country. Clients who do not give their ethnicity are defined as other in the data, and make up less than 20% of the client group each year. It is not unreasonable to assume that there is an under-reporting of the different ethnic groups.

The Juba office has psychosocial counsellors from different ethnic groups. In this way the YWCA ensures that the counsellors can deal with cultural and ethnic issues when they meet the clients, and can get advice on possible approaches that can be used when meeting individuals.

## 4.2 What kind of issues do clients present with?



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### Issue category (2016 - 2017)

| Issue category    | Boy | Girl | Woman | Man |
|-------------------|-----|------|-------|-----|
| Other             | 28  | 56   | 196   | 168 |
| Land conflict     | 0   | 0    | 19    | 10  |
| child marriage    | 0   | 8    | 2     | 2   |
| Child abuse       | 64  | 52   | 39    | 33  |
| HIV/AIDS          | 2   | 23   | 287   | 199 |
| Ethnic conflict   | 16  | 16   | 176   | 138 |
| Suicide           | 1   | 5    | 28    | 32  |
| Forced marriage   | 1   | 11   | 36    | 9   |
| Domestic violence | 43  | 45   | 781   | 476 |
| Rape              | 12  | 63   | 88    | 51  |

### Domestic violence

Even if clients present with several issues, there is a tendency to register just one issue. Domestic violence covers a wide range of issues. This category includes violence in the family, emotional/psychological violence and having ones opportunities limited, for example by refusing to allow a spouse to work or own land. In addition, there is a tendency to register poverty related issues and a lack of food in this category. Issues related to the home and family are

registered as domestic violence. Analysis of the data reveals the same: that 40% of all men and 43% of all women are registered in this category. If one looks at the distribution within the domestic violence category there is a higher per cent of women (62% versus 38% men) who report issues related to the home. This could indicate that women are at higher risk from domestic violence. A study from 2013 shows that both women and men in South Sudan accept gender based violence, and, of those selected for the study, more women than men said it was alright for a man to hit his wife if she did not want to have sex with him.<sup>52</sup>

### HIV/AIDS

Problems related to HIV/AIDS is the next most common category. A total of 511 cases have been placed in this category. It is clear that the majority in this category are women. According to YWCA figures, 39% per cent in this category are men, whilst the rest are women and girls. These findings support the prevailing research which shows that the risk of infection is higher for women.<sup>53</sup> For example, according to UN Women, a young woman is twice

<sup>52</sup> Scott, Averbach, Modest, Hacker, Cornish, Spencer, Murphy & Parmar, 2013

<sup>53</sup> UNAIDS, 2014

as likely to be affected by HIV as a young man.<sup>54</sup> The risk is both biological and sociological, to a large extent because men make demands when it comes to sexuality. Many women are also raped, either by the army or by civilians. Young women are especially at risk. According to UNAIDS (Joint United Nations Programme on HIV and AIDS), women make up 64% of all new AIDS cases, a figure which is again reflected in our data.

HIV/AIDS can partly be described as a gender based problem where women are especially vulnerable because of cultural and biological relationships. An especially big problem is the lack of access to health services and family planning for women. This might be connected to the fact that some places refuse to offer women only services. In other places prejudices against women's sexuality prevents access, but this can also be caused by poor services or knowledge. In a country where it is difficult to get satisfactory help, it is a good sign that the YWCA is able to reach out to a high number of women.

#### *Ethnic conflict*

The majority of cases in the ethnic conflict category relate to violent situations and arrests conducted by the military, as well as spouses and sons being forcibly recruited to the army. Theft and damage to property are also included in this category. 55% of the clients registered under ethnic conflict are women, whilst 45% are men. The larger proportion of women can be explained by the fact that it is women who contact counselling centres in cases where a husband or son has been taken by the army. However it must be said that this category includes a wide variety of cases, and that the higher proportion of women may also be explained by other issues connected to domestic conditions and theft.

#### *Rape*

The YWCA of South Sudan assumes that rape happens both outside of, and within, marriage, but the latter is not a crime according to South Sudanese law. It is therefore probable that rape in the home is not reported.

When it comes to rape outside of marriage, the figures are also probably skewed. Of the women who

approached YWCA centres, 8% gave the reason as rape. This seems primarily to be rape committed by a member of the army. However, a report from the Commission on Human Rights in South Sudan<sup>55</sup> showed that 75% of the women in their study had been raped. This is a much higher estimate than the figures from the YWCA. The discrepancy between the two can point to an under reporting of rape cases. One possible reason for this is the stigma and prejudices attached to rape, both from close family and from the local community. Many women are very afraid of being discovered and excluded.<sup>56</sup>

In terms of gender, 70% of rape cases are reported by women, but 30% come from men. The YWCA has worked to raise awareness and reduce the taboo around the fact that men are also raped, and these figures indicate that they are in fact reaching out to men who are victims of sexual violence.

#### *Child abuse*

Child abuse is a category that includes cases where children are forced to become child soldiers, a lack of food, loss of parents, or when parents limit the child's freedom. In other words the cases in this category are a breach of the UN's Convention on the Rights of the Child.<sup>57</sup> A total of 6% of all cases fall under this category. This low proportion can be explained by the fact that it is only recently that the YWCA has had a strategic focus on children in its work. The gender distribution in this category is equal: 50% boys and 50% girls.

#### *Suicide*

There are few boys and girls in this category, but higher numbers of women and men. The gender distribution is almost equal, and approximately 66 adults have access the services since they began. It is surprising that men are well represented in this category in light of the gender patterns which characterize the country. As mentioned above, asking for help and showing ones vulnerability are not part of the masculine ideal. That more than 30 men have nevertheless contacted the centres regarding suicidal thoughts is an indication that the services have reached an otherwise hard to reach group.

However, in spite of the fact that the group is

54 UN Women, 30.11.2016

55 Report of the Commission on Human Rights in South Sudan, 6.03.2017

56 Amnesty International, 24.07.2017

57 UN Convention on the Rights of the Child

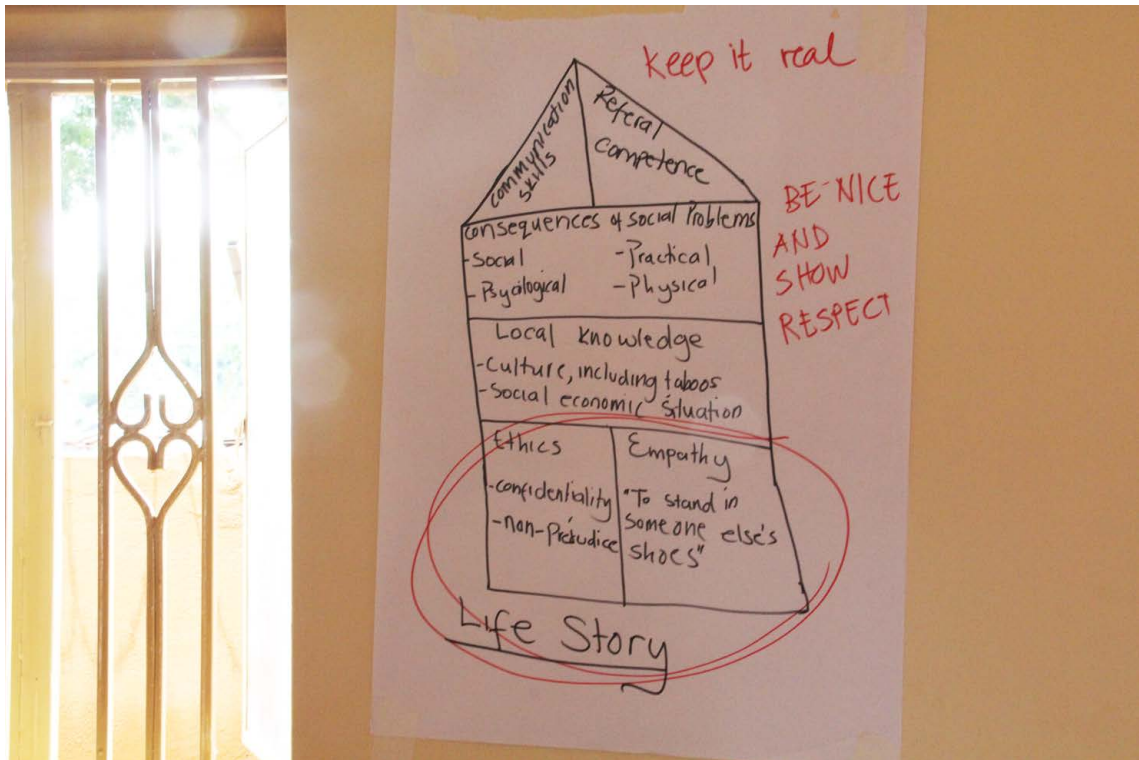
hard to reach, statistics show that, on a national basis, the group is large. According to WHO, in 2015 men were twice as likely than women to commit suicide in South Sudan and the rate of suicide is 6.4 per 100,000 population.<sup>58</sup> In spite of the fact that suicide is a comprehensive health challenge, there is no national strategy for the prevention of suicide.<sup>59</sup> This makes the YWCA's services highly relevant.

### Forced marriage

Findings from YWCA South Sudan's data show that 83% of those coming for help in relation to forced marriages were women. Of these, 23% were under 18 years old. This percentage could also have been defined as child marriage. The YWCA has a clear position internationally against child marriage. According to UNICEF, child marriage and forced marriage widespread. 52% of South Sudanese girls are married by the time they are 18 and 9% by the time

they are 15.<sup>60, 61</sup> According to South Sudanese law, women and girls have the right to consent to enter into marriage and it is a crime to kidnap or abduct a women for marriage. In addition, children under 18 years old are protected from forced marriage, torture and abuse by the Child Protection Act of 2018 which also gives them the right to health, education and development. But the legal framework has several loopholes due to interpretation and, because of the long term conflict, the legal institutions do not have the capacity to enforce the law.<sup>62</sup>

Since February 2017 a South Sudanese working group, part of the Ministry of Gender, has been working to prevent child marriages in the country.<sup>63</sup> That the YWCA is able to reach women, and especially girls, on this issue, is a promising step on the road to the eradication of child marriage. In addition, the total proportion is relatively low, with 57 cases from 2016 to April 2017.



Model for social work, by Kristin Tønnesen Berg

58 Global Health Observatory, 2015

59 WHO, 2014

60 Girls Not Brides, s.a.

61 UNICEF, 2016 s. 152

62 Human Rights Watch, 7.03.2013

63 Girls Not Brides, s.a.

### 4.3. Information about services in South Sudan (2015 - April 2017)

| Year             | Radio | Friend/acquaintance | Institution | Other |
|------------------|-------|---------------------|-------------|-------|
| Total            | 627   | 3625                | 976         | 158   |
| Total in percent | 12 %  | 67 %                | 18 %        | 3 %   |

The data shows that the majority of clients find about how the YWCA of South Sudan's work through their networks and acquaintances. The psychosocial counsellors and YWCA staff have got a good reputation in South Sudan, and other agencies use them to assist with conversations or relational problems. The YWCA has invested in radio advertisements which is important for them. On air they have emphasized an atypical gender focus in a roleplay where a man is raped by his wife. This is important so that the YWCA is not seen just as a women's organization. They fear that men will see them as an organization that «always supported the woman.» At the same time, the figures show that only 12% of clients found out about the services on the radio. This can show that advertising on the radio is not especially effective but it is possible that the impact has not yet had time to be felt.

18% of clients are referred by organisations. These include hospitals, churches, schools and other community based organisations. Some psychosocial counsellors have also weekly meetings in prisons and several police stations have got the counsellors' phone numbers.

### 4.4 Way forward

Until now a Norwegian counsellor has been training the counsellors in South Sudan, with a focus on reactions to trauma and the psychosocial effects of war and displacement. The idea has been to train local South Sudanese to continue this work, but this has proved difficult. This should be a long term goal in order to ensure that the services are sustainable and not dependent on external trainers from other countries.

Another challenge for the future is reaching more ethnic groups. The data shows that the majority of clients are Azande, an ethnic group with roots in the areas where the YWCA has offices. The YWCA should

aim to reach a more representative client group with varied ethnic backgrounds. This is especially relevant given the ongoing ethnic conflicts in the country.

Several aspects of the way the services are managed today are meaningful and promising and should be continued. This applies to the struggle to establish a community culture where both men and women can talk together about important psychosocial challenges. These are attitudes which are reflected in the YWCA's core values and that should be protected in the on-going work. This applies to, for example, the gender balance and the scope of male clients. Reaching out to many women and girls is part of the organisation's mandate. A lot of men also use the services, which is a very positive development.

The effect of the psychosocial counselling on communities is also a key aspect of the services that should be continued. The counsellors are increasingly contacted by other organisations when there is a need to hold sensitive conversations about medical issues, or about conflicts related to crime. For example, Juba Teaching Hospital uses YWCA counsellors to provide HIV/AIDS related help to patients. This shows that the counsellors are regarded as both competent and necessary, above and beyond their own mandate. They are a resource to the community which should continue to be available.

The YWCA chose psychosocial measures as their way of working with UN Resolution 1325. IN general, the data material shows that the individual client cases to a large extent breach the UN's human rights and the UN's Convention on the Rights of the Child. It is noticeable that the categories which subdivide cases are both too broad and too restrictive. This makes it hard for the individual counsellor to make comparisons and to categorise cases. New categories could be army attacks, breaches of the Convention on the Rights of the Child / neglect, or general legal issues.

## 4.5 Conclusions

For the first time, the UN's Development Goals include mental health as being important for development. Longterm war and human disasters can have wide reaching consequences at both community and individual levels. Long term conflict, displacement and abuse can affect mental health and well being and studies show that this is the case in South Sudan.<sup>64</sup> A holistic way of thinking is needed in international aid and development in such areas. Psychosocial work has been a cornerstone of the YWCA's work for peace and reconciliation, and they themselves connect their work to UNSCR 1325.<sup>65</sup>

Through the underlying idea that peace is not just created in the population as a whole, but in individuals, psychosocial measures are placed at the heart of the work for peace. The population of South Sudan is exposed to a massive breach of human rights and the data from the YWCA shows the need for, and the increasing requests for, psychosocial work. That friends recommend the service to others, that institutions encourage their clients to attend the centres, and that police and hospitals contact the counsellors when they need assistance in difficult situations, are all clear indicators that the measures are much needed. The influx of people visiting the centres has grown steadily since the services began. Since the start of the programme in 2014 the number of clients has increased sixfold. The data material that this report is based on does not make it possible to assess the impact of the services, but, as mentioned earlier, this is not always the most appropriate when evaluating such services. It could rather be more meaningful to point to the increase in clients, which indicates that the services are needed and relevant. That the clients recommend the service to others shows that they regard the help as meaningful and useful, which could mean that the individual client gains subjective benefits from the services.

The number of clients has been increasing, but the proportion of men and women has remained stable. Since 2014, men have made up about 40 % of the client base. This is a surprisingly high figure given the cultural norms that dominate the country, across all ethnic groups. Although women's empowerment has been a long awaited and key perspective in development work, the inclusion of men is essential

if there is to be sustainable and holistic change in South Sudan. This perspective will be upheld by having the inclusion of both sexes as a clear goal.

A holistic perspective seems to be at the core of the YWCA's work. The work incorporates both direct contact with clients, focusing on processing individual experiences, as well as establishing systems for dealing with conflict, legal advice and partnerships with government agencies. Through peace and reconciliation groups and leadership training, the organization has focused on political change and empowerment. Working with individual's war experiences is nevertheless a pillar of the work, and forms the basis for further peace work and the country's revival. Modi Enosa Mbaraza, General Secretary and founder of South Sudan YWCA, highlights this perspective, emphasizing the importance of focusing on the trauma that comes with the war and on working with individuals to create peace:

**«When someone is traumatized they might behave in a maladaptive way, and that is what is affecting South Sudan now».**

One can assume that having such a strong local base has led to a better integration and awareness of the services in the population in general. Awareness of the services has been an important factor in recruiting counsellors – this experience could be relevant for psychosocial work in other areas. It seems as though having a strong community base is important for spreading information. This assumes that there is an underlying basis of professionalism, confidentiality and trust – which is exactly what the YWCA highlights when it trains its counsellors.

Having a strong community base as a precondition for the work has made the services sustainable. As the war has intensified and worsened, the support will remain. The local counsellors will stay in the country, even when international NGOs pull out because of the security situation. It's also likely that local ownership of the project will result in long term involvement and taking up of responsibilities. Thus making use of local resources provides a good basis for ensuring there is help in the future. Through continuing to work locally, it is plausible that awareness of, and skills connected to, the project will increase in the future. Another important reason for being rooted in local communities is that it is ethically acceptable

64 International Organization on Migration, 2014

65 United Nations Security Council Resolution 1325

to provide help in the sociocultural context in which it is needed. In this way the services are naturally adapted to the cultural context, and it is not a Western perspective that is being imposed.

Experience from other areas which have undergone long-term conflict and civil war, such as Bosnia and Columbia,<sup>66</sup> and South Africa<sup>67</sup> show the need for a parallel focus on both working for just peace and psychosocial measures. PWG Maynard and Hamber highlight that all work with mental health should also involve social measures and policy work and that a parallel focus on several factors in society is highly relevant and important. In addition, health services provide a unique opportunity for peace building because they are not necessarily seen as politically motivated.<sup>68</sup> This creates an opening to reach more sections of the population, and in this way become a force for peace. Re-establishing trust and rebuilding relationships between ethnic groups and communities is regarded as extremely important for lasting peace and reconciliation. But both practice and research have a long way to go before a clear

model for integrating peacebuilding with psychosocial work is in place.<sup>69</sup> Maybe the YWCA of South Sudan's model can be a step in this direction.

## Acknowledgements

In addition to the sources named, this report is based on conversations and correspondence with several people both within and outside of the YWCA. Special thanks goes to Camilla Ravnsborg Aschjem and Kristin Tønnesen Berg who, together with the YWCA leaders, have developed the project's methodology, for in-depth interviews and for their time in relation to the writing of this report. Modi Enosa Mbaraza, General Secretary of YWCA South Sudan and lawyer Gimiko Jimmy, deserve thanks for their priceless information about the project.

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66 International Centre for Transitional Justice, s.a.

67 Hamber, 2009, p. 26

68 Tankink & Bubenzer, 2017

69 Tankink & Bubenzer, 2017

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