



**KITUO CHA SHERIA**  
**LEGAL ADVICE CENTRE**  
*we care for justice*

# FORCED MIGRATION PROGRAM (FMP)



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**Zivilier Friedensdienst**  
**Civil Peace Service**  
*We don't shy away from conflict.*



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## FOREWORD

In 1973, young lawyers established Kituo cha Sheria (KITUO) to promote access to justice for the poor and marginalised. It is on this premise that KITUO envisions a just and equitable society. As the oldest, legal aid organisation in East and Central African region, we have found a high demand for legal assistance that we still cannot adequately satisfy due to limited funding and human resources.

Refugee rights is one of the core thematic areas that Kituo operates in pursuit of their vision of a just and equitable society. The Forced migration Program (FMP), has been operational since 2008 with the aim of providing legal protection to urban refugees and asylum seekers through court representation, legal advice, border monitoring, detention monitoring and legal aid. The program having worked on the ground for several years, identified a need to address psychosocial challenges and needs of the refugees and asylum seekers.

In cooperation with the Civil Peace Service (CPS) and (GIZ), Kituo started the Mental and Psychosocial support program for refugees and asylum seekers in the year 2016, in order to complement the existing legal services. These services are also regularly extended to members of staff in all the three offices. Special gratitude to the Civil Peace Service (CPS) and (GIZ) for making the publication of this booklet possible and their support for our Peace project in Trans Nzoia, Uasin Gishu and Coast region on Alternative Justice Systems initiatives.

Dr. Annette Mbogoh  
**Executive Director**

## PREAMBLE

**K**ituo Cha Sheria – “KITUO” is the oldest, most experienced legal aid providing and human rights non-governmental organization in Kenya, and perhaps, across the East and Horn of Africa region. It exists to empower the poor and marginalized and to enhance equity and access to justice for all.

It is important to note that Kenya is among the few countries that have a vibrant civil society spread all over the country. This growth stems from the peoples’ struggles for decolonization, liberation from post-colonial oppression through political, socio-economic and legal regimes.

Subsequent to the high demand for legal

advice and the dedication and work by *pro bono* lawyers, KITUO Cha Mashauri which later became KITUO Cha Sheria (Legal Advice Centre) was founded by young lawyers, then students at the University of Nairobi. These were Hon. Chief Justice Willy Mutunga (*emeritus*), Dr. David Gachukia, Senior Advocate-Steve Adere, Senior Advocate Murtaza Jaffer, Hon. Justice (Rtd) J.V Juma and Hon. Lady Justice (Rtd) Mary Ang’awa who for a long time, sat under a tree in Ngara, within Nairobi County to offer free legal advice and education to poor Kenyans. This humble but focused and visionary work of these young lawyers at KITUO Cha Sheria inspired other professionals and social justice advocates to engage with legal aid and advice.

### Objectives

The objective of Kituo Cha Sheria is to work with the people to respect, promote, protect, demand and access human rights in pursuit of a just and equitable society.

### Core values

- Respect for human rights.
- Justice and equity for all.
- Solidarity with pro-poor people individuals and agencies.
- Courage in the promotion of social transformation and empowerment of the marginalized.
- Service through Volunteerism.
- Commitment to justice and equity for all
- Transparency, reliability, and accountability in its relations with its stakeholders.
- Obligation to upholding the rule of law.
- Professionalism “A society of EQUITY and JUSTICE for all” Kituo exists to empower poor, marginalized and the vulnerable people to effectively access justice and enjoy their human and people’s rights.



## KITUO Forced Migration Program (FMP) - Legal and Mental health Synergy

**K**ituo Cha Sheria (Kituo), is a human rights Non- Governmental Organization committed to helping the disadvantaged, poor and marginalized people in Kenya to access justice. Founded in 1973 by advocates, Kituo offers free legal services covering thematic areas such as land, housing, and labor. The services include legal advice, legal representation, legal education, advocacy and lobbying.

The Forced migration Program (FMP), located on Chai/Pamba Road in Pangani, has been operational since 2008 with the aim of providing legal protection to urban refugees and asylum seekers through court representation, legal advice, border monitoring, detention monitoring and legal aid.

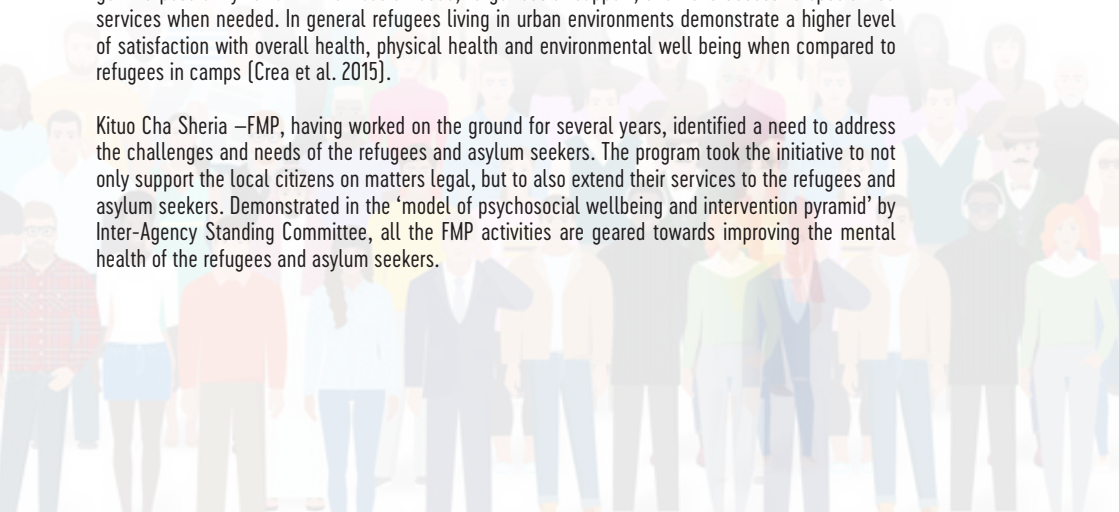
A Refugee is a person who, owing to a well-founded fear of persecution for reasons of; race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.


A person shall be a *prima facie* refugee .....if such a person owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality. Sec 3 (1) a, b & (2) The Refugee Act 2006. FMP provide legal protection to urban refugees and asylum seekers through court representation, legal advice, border monitoring, detention monitoring and legal aid.

### Context of MHPSS at KITUO-FMP

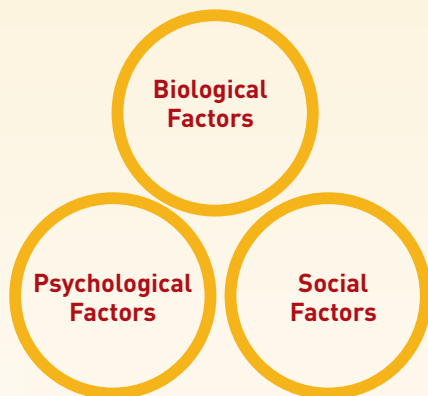
The World Health Organization (WHO) estimates that in the context of conflict and war, the number of mild and moderate disorders such as depression, anxiety, post-traumatic stress disorder, etc. increase from 10% to between 15-20%, and that it doubles with regard to severe disorders [e.g. disorders from psychotic spectrum]. This presents a burden not only to the individual, but also to the family and community. However, most people are able to recover without external assistance when they get the possibility to fulfill their basic needs, to get social support, and have access to specialized services when needed. In general refugees living in urban environments demonstrate a higher level of satisfaction with overall health, physical health and environmental well being when compared to refugees in camps [Crea et al. 2015].

Kituo Cha Sheria –FMP, having worked on the ground for several years, identified a need to address the challenges and needs of the refugees and asylum seekers. The program took the initiative to not only support the local citizens on matters legal, but to also extend their services to the refugees and asylum seekers. Demonstrated in the ‘model of psychosocial wellbeing and intervention pyramid’ by Inter-Agency Standing Committee, all the FMP activities are geared towards improving the mental health of the refugees and asylum seekers.





## Model of psychosocial wellbeing



**T**his Model of needs or losses focuses on the quality and quantity of economic resources, environmental resources and physical resources available to an individual, family or community in each of the domains. These three domains are seen as central to psychosocial wellbeing, but the Psychosocial Working Group 2003, acknowledges the importance of other aspects of life, such as material/ economic factors, infrastructure and the environment.

The model provides a valuable starting point for developing an understanding of the resources

available to a displaced community, and of the areas in which they may experience traumatic events or losses.

Research has shown some of the ways in which conflict and displacement can impact on each of these domains (Economic resources, Environmental resources and Physical resources) as;

### **a. Culture and values (Psychological factors)**

Culture and values guide the belief system of an individual and therefore contribute to the psychological factors that govern the individual's well-being. Wessells and Monteiro (2004) describe how war shatters peace and trust within a society, creates divisions amongst its members, and establishes a societal norm of violence. This can result in an increase in hostility and suspicion amongst families and other groups, and a normalization of violence as a way to resolve conflict, or acceptance that it is a routine occurrence (Martin Baro, 1989).

Therefore, the maintenance of traditional culture and practices might be particularly important to forcibly displaced populations, as ways of maintaining some continuity and giving meaning to life in a situation characterized by loss and disruption of family support, social networks and community structures (Carlson, 2005).





## **b. Social Ecology (Social factors)**

The environmental factors and economic power an individual is exposed to or assumed to have greatly affects their productivity and social well-being at any given time. The experience of displacement affects almost every aspect of social and economic life. Poverty is amplified, and there are often limited opportunities to generate income. Economic disadvantages have been identified as sources of ongoing frustration for refugees [Miller and Rasco, 2004].

stresses, and a lack of access to resources that could improve one's economic situation, have A loss of social role and status is a common consequence of displacement, as people lose their jobs, access to land for farming, and their roles within their communities [Miller & Rasco, 2004, et al]. Such losses contribute to emotional problems amongst refugees [Omidian, 1996; Payne, 1998].

This loss is seen to affect the men more negatively than the women. Female refugees are often able to maintain their traditional roles and responsibilities while they are in camps, and so maintain their gender identity, whilst men are more likely to lose their central roles, especially that of protector and provider, which makes it difficult to maintain their sense of themselves as men in the community and family [Payne, 1998; Schrijvers, 1997]

## **c. Human capacity (Biological factors)**

The human capacity domain includes knowledge, skills and education, as well as physical and mental health. Clearly, conflict and displacement can take a toll in all these areas.

The likelihood of physical injury to those caught up in a conflict situation is high. The consequences of which are inability to work or get gainful employment which in turn block them from contributing to the family or participate effectively in community life ending up negatively impacting their psychosocial well-being.

Children may miss out on education or training and skilled refugees living in camps may not effectively use their skills to generate income, due to limited resources or opportunities. Those who have experienced conflict, and have been forcibly displaced, are likely to experience emotional and psychological distress and more so because of the desperate, isolating and boring life the camp provides with little to do to improve their situation as they wait. Even when their basic needs are met, people report feeling despondent, helpless and apathetic. More so, when their stay is protracted over a long period without clear information on their registration position. [Inter-Agency Standing Committee 2007].







## KITUO Forced Migration Program (FMP) - Legal and Mental health Synergy

*Some of the emotional and psychological problems facing refugees are;*



**a. Stress-** Some describe themselves as nervous and confused. They easily forget and may complain of physical pains in the body. They may resort to alcohol or drugs usage to cope with the tension they experience.



**b. Hopelessness -** Most of the refugees display hopelessness by a sad defeated attitude. “Some would say that they ran away from problems and thought that they have come to a place where all will be well but that they are unable to get a job to improve their lives or even freely live in the community. They are defeated as to what to do to improve their lot”. lacking motivation to do anything [e.g. work]



**c. Fear and worry-** They fear the sight of any guns even those carried by security officers manning buildings. Sounds similar to gun shots also cause them great fear. Some of them fear that what they had run away from could have followed them and there were people planning to harm them. Some of them fear the wrath of family members and the possibility of being returned back to their countries and end up experiencing the problems again, instead of being resettled in countries with better opportunities. They worry about relatives who remained back home, their future and their security in the host country. They also worry and think a lot about their losses and how to solve their current challenges [Health, security, registration, education, and nutrition among others]. They also fear being exploited and treated badly ending up as orphans, children defiled and impregnated, women raped and then rejected by the community.



**d. Anger and aggression -** There are those who are angry passively or aggressively due to ongoing frustrations or perceived injustice. The lack or restriction on movement and lack of opportunities in the camp and urban areas also makes them feel angry. They also become angry and may become aggressive when they remember past events, especially amongst those who lost their families during war in their country or on transit from their country. They also get angry with the difficult life at the camps and life in urban informal settlements. In these areas, they have to queue for water, live in very close and overcrowded areas with the host community and tempers are always rising and disagreements are a daily occurrence.



**e. Frustration-** The refugees say that they are frustrated by the system and the failed attempts to get resettlement. They say they keep following up but are told to keep being patient and wait for their time to reach. They are also frustrated by the poor living situations, hostile climate and inability to solve their problems.



**f. Confusion-** People's minds were said to be mixed up due to things that happened to them, and lack of family and community structures that would previously have given them direction. Those who would have given advice and direction [e.g. family or community elders] are either not around, or have lost direction themselves. People's past experiences and current disappointments and difficulties make it hard for them to think clearly and make decisions.



**g. Jealousy/ Alcoholism/ Drug use-** Some of them experience jealous feelings because of those who are able to do business, receive financial support or are resettled quickly and end up resorting to the use of alcohol and drugs to quell their strong negative feelings.



**h. Jealousy/ Alcoholism/ drug abuse-** Jealousness of others who get something that they want. (resettlement, work, scholarships) and feeling that some people are given what they want while others are not, when all are in the same situation". Jealousy leads to anger and conflict, and sleeplessness as the person thinks about the thing they want and cannot have.



**i. Other emotional and psychological challenges are;** withdrawal from community and avoiding other members of the community, mental illnesses (Post traumatic stress disorders, depression, bi-polar, paranoia and others), insomnia and low motivation.



*Behaviors associated with these emotions and their possible causes are;*

- a. Poor self-care and hygiene (Poverty).*
- b. Staying awake long hours (Fear, alcohol and drug use, disturbing thoughts).*
- c. Attempting to run away or attempting suicide (Frustrations, insecurity, mental health challenges, family conflict and hostile climate and environment).*
- d. Aggression and repetitive quarrelling due to alcoholism or drug use, frustrations, feeling confined at the camp and restlessness or idleness).*
- e. Easily crying brought about by stressful factors and having limited control over them.*
- f. Silent and withdrawn because they may feel the situation is hopeless.*
- g. Criminal activity like con artistry, pretending to be agents to help others with registration and theft to make ends meet.*
- h. Not taking responsibility for self but blaming others for whatever wrong happens due to the difficult circumstances they live in (Poverty, insecurity, discrimination, hostility from host community etc....). They feel wronged and therefore in every area expect understanding acceptance and tolerance without taking responsibility (entitlement mentality).*



These are the common emotional and psychological challenges people experience before, during or after their flight to a country of asylum. If these kinds of feelings and thoughts or behaviors persist over months and the refugees are struggling

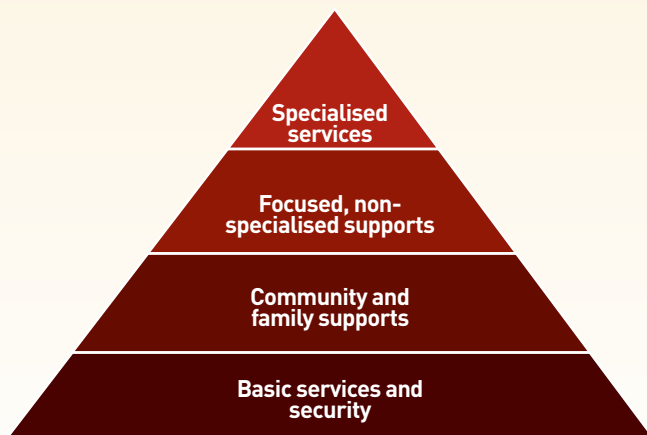
with taking care of themselves and their families, then they will require psychosocial counseling. These bio-psycho-social problems can emotionally cripple one and hinder them from successfully integrating or sustaining self and family.



## Background of MHPSS at KITUO-FMP

In cooperation with the Civil Peace Service (CPS) from [GIZ], Kituo Cha Sheria started its psychosocial support program for refugees and asylum seekers in 2016, in order to complement the existing legal services. The aim of the program is to identify stress and trauma-related problems among clients, offering adequate care or organizing referrals. Therefore, the psychosocial support program works in close collaboration with the Urban Refugee MHPSS Working Group.

*Demonstrated in the IASC intervention pyramid, FMP have implemented the following services;*



### Services offered under Forced Migration Program

1. Mental Health and Psychosocial Support (MHPSS)
2. Peace building activities
3. Advocacy and Networking
4. Training

*Under MHPSS, the Psychosocial Counselors engage in various activities namely:*

- a. Individual assessment, counseling and psychotherapy.
- b. Psychological support and life skill groups therapy
- c. Mind and body self care work outs for refugee groups and staff members [Trauma informed Yoga].
- d. Referral services to other partners.
- e. Mobile psychosocial clinics [jointly with legal aid clinics].

*Under peace-building services offered by FMP, the counselors organize activities to:*

- a. Foster social cohesion between host and refugee communities.

*Under Advocacy and Networking, the activities to meet these objectives are:*

- a. Awareness raising of mental health problems among the refugee communities.
- b. Strengthening cooperation between partners of the Urban Refugee MHPSS Working Group (Nairobi) and the coastal CSO network (Mombasa).

*Under Training, the psychosocial counselors organize activities on:*

- a. Training on stress, trauma-related responses and MHPSS.
- b. Training on self-care and staff care.



## Rationale of Mental Health Psychosocial Support (MHPSS) at KITUO Cha Sheria –Legal Advice Centre

### The mental health situation of refugees and asylum seekers

**F**orced displacement due to war, conflict or natural disasters has multiple adverse effects on human beings. It is often accompanied by loss of loved ones, loss of property and exposure to different forms of violence. Forced displacement can be understood as a sequential process whereby a person is exposed to different stressors before, during and after flight.

Being either a target or witness of violence, having experienced the disruption of family and other social support systems, having been involved in political tensions or being one suffering from a mental health condition, exposes one to some of the factors affecting the mental health and physical health of persons concerned even before displacement has taken place.

During flight and in transitory phase (e.g. in refugee camps), people often face harsh living conditions from the environment, climate, human interactions and or culture differences. They are separated from their families and close community members who are friends through death, divorce or escape to different regions, and are exposed to further insecurities and violence, torture, rape and defilement of children, among others. This period can take from days to years, depending on security related or political circumstances.

Once they arrive at the country of asylum, they face the uncertainty of their refugee status, culture shock, climatic challenges, environmental pressures and confinement challenges. These appear in the form of, unemployment, financial hardship, stigmatization, language barriers, and socio-cultural differences, separation and loss of families and friends, loss of basic and structured community support, education and health care.

These challenges can cause refugees and asylum seekers to experience physical and mental health challenges that have to be addressed by the organizations partnering in the community to help alleviate their negative conditions or challenges. Once one undergoes severe and unattended to physical challenges, they may develop mental challenges if their coping mechanisms are not well developed or right. They may experience trauma, stress, depression, fear, frustrations among others. These may manifest in the form of aggression, drug and alcohol use, criminal activity, mental disorders, confusion, flight from place to place or escape among others.

The mental health and psychosocial problems of refugees and asylum seekers, has therefore to be addressed strategically and consistently by addressing the reasons for their challenges in the best and most practical way in order to assist them settle and integrate with the host community as they await resettlement or repatriation.

## The effect of COVID 19 Pandemic on the refugees and asylum seekers

**T**he coronavirus disease 2019 [COVID-19] pandemic has changed the lives of individuals, communities and societies across the world. To date, the most important insight from the global response has been that, to successfully slow transmission, it is essential to diagnose, isolate and care for all cases of COVID-19, including those with mild disease. In order to stop cases from becoming clusters and clusters to progress into vast and rapid transmission, speed, scale and equity must be the guiding principles.

People affected by humanitarian crises and those living in low capacity settings are differently impacted by the COVID-19 outbreak. In these settings, critical measures for COVID-19 prevention and control that have been a feature of the response in higher resource settings, such as physical distancing, movement restrictions and home confinement, hand washing with water and soap, closure of schools and workplaces may be more difficult to implement and some of them potentially harmful to the survival of many community members. In addition, capacities for testing, isolating and treating those who develop the disease, tracing and quarantining contacts may be severely lacking locally owing to weaker health systems. For the purpose of this guidance, these low capacity and humanitarian settings refer to settings characterized by some or all of the following, regardless of the social, humanitarian, citizenship, migration and asylum status of its residents and location:

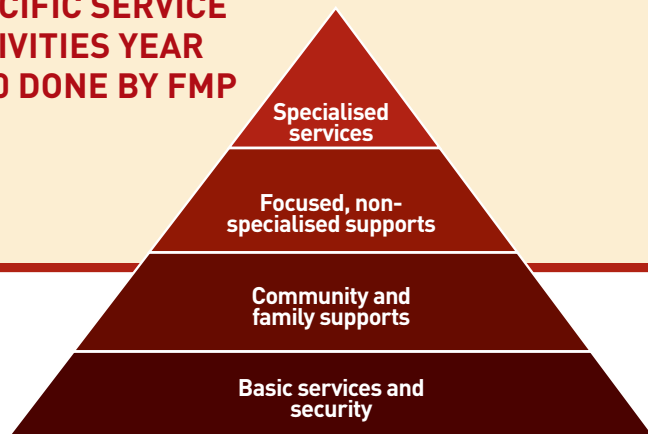
1. Overcrowding and inadequate dwellings or shelter/ insufficient settlement infrastructure.
2. Lack of availability of clean water and sanitation.
3. High dependence on informal economy and daily wages.
4. Poor access to health care and basic services.
5. Disrupted health system.
6. Prevalent food insecurity and malnutrition.
7. Armed conflict and violence.
8. Weak institutions/ challenged governance and lack of emergency response capacities.
9. Prevalence of highly marginalized and underserved communities.

*(Inter Agency Standing committee on Covid 19, May 2020).*





## SPECIFIC SERVICE ACTIVITIES YEAR 2020 DONE BY FMP



**A**ctivities undertaken in the year 2020 have been geared towards helping refugees and asylum seekers as before but now with the incorporation of the directives of the Ministry of Health Kenya in the implementation process in order to help refugees and asylum seekers cope with the novel Covid 19 pandemic;

1. Individual counseling via phone calls (Specialized services) and physical visits by some clients.
2. Debrief /Yoga, team building and supervision for the staff of Kituo who were working during this period, though in shifts (Focused, non-specialized supports).

3. MHPSS peace packages prepared for the most vulnerable in the refugee and asylum seeking community (Covered Ruiru, Eastleigh, Kawangware, Molem and Kitengela regions) (Community and family supports).

4. Government officials' training (psychosocial and legal aid).
5. Court users committee training (psychosocial support on need of self care and management of burnout).
6. Training of refugee community leaders (psychosocial community and family supports).
7. Distribution of IEC materials on MHPSS and Covid awareness (Fliers, brochures and posters) (Basic services and security).





## **1. Individual counseling via phone calls (Specialized services) and physical visits by some clients.**

### *Individual counseling sessions were done both on phone and also physically.*

There were clients who preferred to come to the office for sessions and they were seen. They were feeling mostly confined by their status as refugees and the pandemic and the health requirement of quarantine and lockdown, made them experience the confined feeling all over again. Coming to the office for sessions liberated them a little and assured them of care and support with a human face. Those living far and were avoiding exposure to the pandemic and also respectful of the health directives, agreed to receive counseling on phone.

## **2. Debrief /Yoga, team building and supervision for the staff of Kituo who were working during this period, though in shifts (Focused, non-specialized supports)**

### *Introduction*

The debrief sessions were organized to offer self care first aid to the FMP team. The team has been working though in shifts, during this period of the Covid -19 pandemic. They have therefore been undergoing stress from the uncertainties of the Covid-19 virus transmission pathway and the strict protocols from the Ministry of Health for safety from infection and exposing others in the environment. The FMP team has been carrying out telephone counseling services and on occasion individual counseling at their offices. With the current Covid-19 Pandemic and the challenges it has brought with it, namely;

- *Social distancing and its effects psychologically.*
  - *Working in shifts and its disruptive and disconnecting effect.*
  - *Internet challenges that cause disruptions and sometimes less effective psychological support.*
- Among others.*

The team has continued working and would require debriefing sessions to enable them cope with the build-up of tension and also to discuss the challenges they have faced.

### *Presenting issues*

The staff members brought out many issues that they were struggling with since the onset of the pandemic. Some of them were from the environment, family, work and others from internal pressures as they tried to self regulate. All these issues put together were causing them psychosocial challenges which needed to be addressed.

### *The issues were;*

- *Frustration (Not being able to perform optimally at work).*
- *Fear (Exposure to the virus, or exposing others if asymptomatic).*
- *Little valuable information on the pandemic. (A lot is being mentioned on how to avoid infection).*

### *Conclusion*

The debrief sessions and Yoga exercises helped them cope with their psychological challenges.

### **3. MHPSS peace packages prepared for the most vulnerable in the refugee and asylum seeking community (Covered Ruiru, Eastleigh, Kawangware, Molem and Kitengela regions) (Community and family supports)**

#### *Introduction and objective*

The Covid- 19 pandemic has put pressure and is still heavily weighing down on the mental health of the community at large. More so for the refugees, migrants and asylum seekers who are a vulnerable community!

The FMP MHPSS team has been carrying out telephone counseling services and on occasion individual counseling at their offices to help ease the mental health crisis that has been building up. With the current Covid-19 Pandemic and the challenges it has brought with it, namely;

- *Usage of Sanitizers, soaps for hand washing and masks to be worn.*
- *Loss of jobs or businesses for the migrants.*
- *Misinformation and unclear directives due to language barrier or for other reasons.*

There is need for continuous awareness efforts done at the community level to ensure health protocols from the Ministry of Health are adhered to and accurate and current information on the pandemic is given in order to allay fears that stem from misinformation circulating in the community.

The objective of the awareness distribution package is to give support to the five hundred families, albeit in a small way, in order to ease their frustrations and stress levels. The support is twofold, information giving through fliers, brochures, booklet on Covid and a brief talk upon receiving the package. Secondly, a package distributed comprising of masks, sanitizer, washing soap and bathing soap.

#### *Activity*

All the five hundred participants came for the peace package distribution session at the Kituo Cha Sheria FMP office at Pangani where they were given the information and they collected the peace package before they left. Due to the pandemic, very little time was spent on information giving to ensure safety standards and reduced exposure for all the participants. The distribution was done a region at a time and for three days per region. This was possible as they came in buses or in groups with the mobilizing official to identify them.

The challenges came from the fact that the participants who had received went and gave word out to the other members of the community who now thought they could try their lack to get too. The team remained focused on the actual participants on the list prepared and explained to them the importance of following instructions.

Some arrived in buses and were allowed in groups to control crowding. Their names were checked against a list at the entrance and again in the office before being allowed to receive any support.

#### *Conclusion*

The activity was a success and many of the families were very grateful for the effort the organization had done to remember their plight and give them, even the slightest support.

As challenging as the team thought it would be, they were able to achieve their goal in less days as the participants came in large numbers. The mobilizing team did a commendable job and the group leaders who acted as security also helped manage the participants and organize their arrival in a disciplined manner.

More families did not get to be supported and it was noted as a gap but the organization could only respond in this format just for this period of Covid-19.

## 4. Government officials' training (psychosocial and legal aid)

### *Introduction and objective*

The government training was a two day event, meant to build the capacity of twenty five government officials, like the court clerks, prison warders from Shimo la Tewa and Jela Baridi prisons, registry officers from Mombasa Law courts, probation and children officers.

Facilitators present were, two MHPSS staff from Kituo FMP Nairobi office, Kituo legal officer Mombasa office, two RAS officials.

The main objective was to sensitize them on the mental health, self care and legal process of identification, screening and status of refugees, asylum seekers and stateless persons. This training was meant to help them improve on how to offer services to these special groups of persons.

### *Activity*

On the first day, the psychosocial team covered two main objectives of mental health; presentation of mental health challenges of refugees, asylum seekers and stateless persons and self care of the government officials who are responsible for them in their day to day activities of law enforcement. On the second day, the legal team and Refugee Affairs Secretariat (RAS) officials covered documentation for refugees at different stages of registration and the legal rights of refugees and asylum seekers.

At the end of the training the officers were sensitized and had gained more knowledge and better understanding of refugees, asylum seekers and stateless persons. The two days were participatory and the participants asked several questions of the facilitators which were answered and for some questions, documentations were distributed to participants for clarity and visual understanding of how the documents should appear as.

### *Conclusion*

The participants were grateful for the thoughtful concerted effort made to consider their mental health challenges and capacity building on how to work with the refugees, asylum seekers and stateless persons as a special group of vulnerable persons.

Matters refugees/asylum seekers are very wide and require great study and patience. Their traumatic experiences bring out emotional, physical, economic and sociological challenges which need to be addressed continuously. Being that support may not be immediate or readily and satisfactorily available, it is imperative that they are given support as best as it can be given legally. In consideration is the host community living near or with the refugees and asylum seekers and have to trade with them. The integration of the two communities is important and they begin to develop social and economic relationships. That includes following the rule of law of the host country, which governs all people, and international/refugee laws that protect and govern the refugees living in a host country. For that reason, continuous education and capacity building on the same will go far in improving the knowledge and understanding of the refugees through their chosen leaders and the government officials tasked with serving and protecting them.



## 5. Court users committee training (psychosocial support on need of self care and management of burnout)

### *Introduction and objective*

The Court users committee training was a two day event, meant to build the capacity of twenty five court officers, like the court clerks, prison warders, registry officers, police officers, legal officers and Magistrates, who access and use the Makadara Law Courts and offer services to refugees.

Facilitators present were, one MHPSS staff from Kituo FMP and Kituo legal representative-FMP office.

The main objective was to sensitize them on the mental health of the migrant community and its effect on their behavior and perceptions. Also addressed was trauma, secondary trauma and burnout and the effects thereof. Another objective was self-care for the service providers and its importance. The training was meant to help them improve on how to offer services to these special groups of persons.

### *Activities*

The psychosocial team covered two main objectives of mental health; presentation of mental health challenges of refugees, asylum seekers and stateless persons and self care of the government officials who are responsible for them in their day to day activities of law enforcement. They were also taught the signs of burn out, secondary trauma and its effects and finally how to cope and manage stress and achieve self care.

A compounding challenge they face is language barrier. They sometimes cannot understand what the client is saying and are forced to just arrest them and send them to court for the judge to decide what their fate is.

They gave examples of self care techniques they use as, yoga, reading a book or favorite magazine during a break, taking a power nap, chatting with close friends and at the end of the day some said they visit the gym for a workout.

They identified signs of burn out as, headaches, lack of concentration at work, anger spurts, shouting at others, not feeling like waking up to report to work, exhaustion and lack of motivation at work and snapping at colleagues or family members. They showed willingness to identify and work on the burn out signs to achieve self care.

From this group of participants we come across the mention of a group being held in custody for being aliens and have been trafficked. Matters refugees/asylum seekers, aliens or stateless persons, are very wide and require great study and patience. Their traumatic experiences bring out emotional, physical, economic and sociological challenges which need to be addressed continuously. Being that support may not be immediate or readily and satisfactorily available, it is imperative that they are given support as best as it can be given legally.

### *Conclusion*

For that reason, continuous education and capacity building on the same will go far in improving the knowledge and understanding of the refugees through their chosen leaders and the government officials tasked with serving and protecting them.

## 6.Training of refugee community leaders (psychosocial community and family supports).

### Introduction and objective

Covid 19 has exposed the country to unprecedented times where physical meetings are highly discouraged hence the decision to meet in small groups in cases where online training is not well received. The group was to be trained online but due to lack of good network and proper devices, they opted to come to the office.

The main objective of the training was to sensitize twenty refugee community leaders on mental health challenges affecting refugees and asylum seekers and how to go about handling these special groups of persons. It was also to introduce them to the importance of self care and identification of burn out.

#### *Activity*

The training comprised of the legal team and the Mental Health and Psychosocial department. The legal team gave a brief introduction of their activities and asked the leaders what challenges they could be facing right now in the community much more because of the pandemic. The aim was to give them information and guide them on how to handle questions and challenges refugees /asylum seekers are facing or manifesting.

The MHPSS team covered introduction to terms used in mental health and psychosocial service, feelings and behaviour experienced and shown by traumatized individuals. The participants were informed on trauma, secondary trauma, self-care and burn out. They gave examples of real cases they are working with on in the community that they were experiencing challenges and practiced possible scenarios of reactions or responses and the effect each had on the client.

#### *Conclusion*

The participants were interactive and participatory ready to share experiences and respond to their experiential stories non-judgmentally. They learnt the importance of self-care and that it plays a role in improving mood and reducing anxiety. They also learnt that it enhances productivity and determination which improves relationship with one self and others. They also noted that self-care refuels an individual and enables them to take care of themselves subsequently be able to take care of others as well. It is a day to day conscious decision to find ways and use them to cope with challenges and increase personal productivity levels. One of the participants' said, "Self-care may seem like a selfish act, but it's not as one improves ones health to be able to serve others better".

## 7.Distribution of IEC materials on MHPSS and Covid awareness (Fliers, brochures and posters) (Basic services and security)

The IEC materials are a medium of communication that work well to visually and repeatedly give information to a user. One can read and later refer to remind them and also share with others.

The IEC materials usually and ideally have basic factual information and follow up information or service provision to aid the user seek for more conclusive help or service.

The FMP MHPSS widely use IEC materials to give information and directions for the clients.

## 8. World Mental Health Day 2020

Kituo cha Sheria has a mental health and psychosocial component which strives to work towards mental health and wellness of persons of concern to Kituo (the clients, partners & service providers who work directly or indirectly with Kituo) and Kituo Cha Sheria staff. This is achieved through a number of targeted psychological and social interventions ranging from trainings, debrief sessions, trauma informed yoga sessions, group and individual counseling sessions, staff wellness sessions such as team building activities, capacity building activities in the community among others.

Globally on 10th of October every year the world celebrates World Mental Health Day, with the overall objective of raising awareness of mental health issues around the world and mobilizing efforts in support of mental health. In Kenya the day is celebrated with each working group or sector organizing a celebration tailored to suit its clients. The Day provides an opportunity for all stakeholders working on mental health issues to talk about their work, and what more can be done to improve service delivery to humanity.

As a result of the COVID-19 pandemic this year's World Mental Health Day, on 10 October, comes at a time when our daily lives have changed considerably. From March 2020 Kenyans and persons residing in Kenya have experienced numerous challenges: for humanitarian workers and health-care workers, providing care in difficult circumstances, going to work fearful of bringing COVID-19 home with them; for students, adapting to taking classes from home, with little contact with teachers and friends, and anxious about their futures; for workers whose livelihoods are threatened; for the vast number of people caught in poverty or in fragile humanitarian settings with extremely limited protection from COVID-19 e.g. refugees and stateless persons; and for people with mental health conditions, many experiencing even greater social isolation than before. And this is to say nothing of managing the grief of losing a loved one, sometimes without being able to say goodbye.

These have consequently affected the donor world with more dwindling funding. The Kenyan economy has suffered consequences of the pandemic and its being already felt, companies let staff go in an effort to save their businesses, or indeed shut down completely. Opportunities for the year 2021 going forward.

Given past experience of emergencies, it is expected that the need for mental health and psychosocial support will substantially increase in the coming months and years. Investment in mental health programmes at the national and international levels, which have already suffered from years of chronic underfunding, is now more important than it has ever been.

This is why the goal of this year's World Mental Health Day campaign is increased investment in mental health. The government of Kenya Ministry of Health during the marking of the day highlighted that they have prioritized mental health more than before by doing the following: mental health recognized as an essential service, mental health to be included as a cadre in the ministry of health, employment of 150 mental health professionals to the public service with each county having at least two psychologists. The world bank and the government of Kenya to increase funding targeting mental health services, establishment of protocols, SOPs and guidelines to guide the mental health field.

To this end the team at Kituo cha Sheria is striving to streamline the mental health psychosocial support in Kituo Cha Sheria Programs hence growing beyond the Forced migration program and to make the department work in close collaboration with the human resources department.

**World mental health day note written by - Shem Alubala**  
**Psychologist Kituo Cha Sheria**

Annexed are copies of brochures, fliers, posters and legal judgments' made and printed as part of FMP program activities.

1. All IEC materials (Refugees in the city flier, MHPSS brochure/ flier).
2. Photos of activities.

## Boresha Biashara za Wakimbizi

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## CONCLUSION

In this publication the inter-linkage between psychosocial and the legal aspects of the service provided to the refugees has been clearly brought out.

In any refugee agency while working on documentation, livelihood and placement of refugees their human rights in the host country and their health (MHPSS) also has to be considered. One or the other does not work effectively on its own but requires both legal and the psychosocial department to work hand in hand.

Under legal the team may require self-care support, support to give information to clients during screening who may express strong emotions of anger, frustration, confusion or lack of understanding simple information. The team can also provide assessment and guidance on those refugees meant to appear in court on matters like Sexual and gender based violence (SGBV).

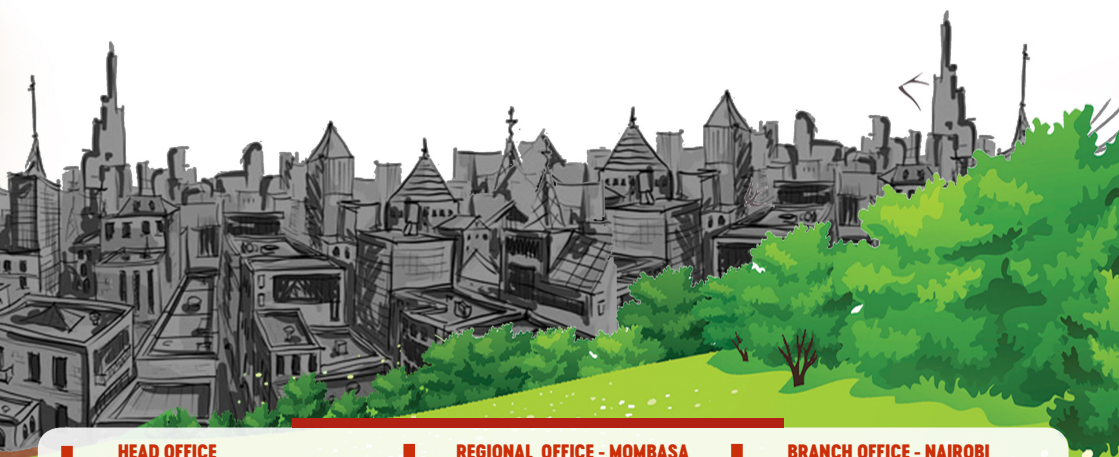
Under psychosocial the team may require guidance on legal matters that arise for the clients and the breakdown of laws that govern refugees and their status. Issues to do with frustration due to police harassment may need immediate assistance by the legal team.

The training and support given to all officers working with refugees at the organization and those they service from or interact with in the line of duty is very essential. It brings out the challenges they may be facing, the behavior and responses of the refugees and service providers and possible ways to respond and achieve or remain in good mental health.

Therefore the synergy between psychosocial and legal is imperative to meet the objective of Kituo Cha Sheria and partner organizations in order to achieve peace and to resolve conflict.



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