

INTEGRATED CHILD SUPPORT FOUNDATION (ICSF)

JANUARY – APRIL 2025 PROJECT COHORT REPORT

Project Name:	MHPSS Project
Submitting partner name:	Integrated Child Support Foundation (ICSF)
Contact of the project	Ocen Daniel Osako
Implementation area	Nakivale Refugee Settlement
Reporting Period:	January to April 2025
Date of report:	24 th June 24, 2025

This progress report is based on ICSF internal reporting format, which will also be used for Final Report (unless otherwise required by the donor).

Section 1. General Information

1.1 Context Information



Uganda continues to host Africa's largest refugee population, with numbers reaching approximately 2 million as of 23 May 2025, and an average of 2,500 new arrivals each week primarily from South Sudan, the Democratic Republic of Congo (DRC), and Sudan driven by ongoing regional instability. While Uganda's progressive refugee policy provides access to land, education, healthcare, and the right to work, the system is under growing strain. Reductions in food assistance have left nearly 1 million refugees without adequate support, with malnutrition rates exceeding 15%, and essential services especially in health, education, and water, sanitation, and hygiene (WASH) are severely overstretched. Sustaining this inclusive model will require urgent and predictable donor support, strengthened local systems, and greater investment in refugee self-reliance.

Since 2021, in partnership with Focusing Initiative International, the Integrated Child Support Foundation (ICSF) has implemented a Mental Health and Psychosocial Support (MHPSS) project (Better World for Kids) in phases within Nakivale Refugee Settlement. The project targets refugee children and their caregivers particularly those displaced by the conflict in the DRC by addressing their psychosocial well-being and building resilience.

The intervention utilizes a unique Community Grandparents Model, which bridges intergenerational gaps by connecting children with older community members to provide emotional healing, mentorship, and support. Through culturally grounded approaches such as storytelling, the project fosters

intergenerational bonds, promotes trauma recovery, enhances emotional expression, and strengthens community identity.

This report presents the progress, outcomes, and reflections from the January to April 2025 cohort of the MHPSS project in Nakivale.

1.2 Summary of Beneficiaries in the Jan-Apr 2025 Cohort

From January to April 2025, ICSF enrolled children and adults into the Mental Health and Psychosocial Support (MHPSS) project, reaching a total of 1,228 beneficiaries. This included 710 children 359 refugee boys, 349 refugee girls, and 2 host children (1 boy and 1 girl) who participated in storytelling, play therapy, and positive discipline activities. Additionally, 518 caregivers (301 females and 217 males) received psychoeducation and positive parenting messages. The project also engaged 12 grandparents (10 women, 2 men), who were supported through mentorship to facilitate storytelling sessions for children. Furthermore, three community volunteers (2 men and 1 woman) contributed to the successful delivery of the project. ICSF also conducted advocacy meetings with local leaders and reached a total of 40 refugee leaders.

Figure (below): Summary of unique beneficiaries (target and reached)-January-April 2025

Activity	Target					Reached				
	Total	Refugee male	Refugee female	Host male	Host female	Total	Refugee male	Refugee female	Host male	Host female
PSS and positive discipline sessions for children (Cohort1)	200	70	70	30	30	710	359	349	1	1
Pshychoeducation and focused sessions Caregivers	200	70	70	30	30	518	127	188	113	0
Grand parents selection and orientation/training	20	7	7	3	3	12	2	10	0	0
Advocacy event with refugee and host community leaders	20	7	7	3	3	40	20	12	5	3
Total Beneficiaries	440	154	154	66	66	1,280	508	559	119	4

1.3 Detailed Activities and Outcomes



a) MHPSS Storytelling Sessions for Children

Story Telling Sessions: From January to April 2025, a total of 710 children including 359 refugee boys, 349 refugee girls, and 2 host community children participated in storytelling sessions conducted under ICSF’s Mental Health and Psychosocial Support (MHPSS) project in Nakivale. These sessions were facilitated by trained grandparents and community-based facilitators, and were designed to foster emotional healing, build

resilience, and strengthen the psychosocial well-being of children affected by displacement. Nrolled children consistently attended sessions, and were followed up by community facilitators, and grand parents, to check their wellbeing at home. The caregivers of children were also engaged under the caregiver psychoeducation and parenting sessions to enhance wellbeing support to children.

Recreational activities: As part of the psychosocial support (PSS) program for refugee children, storytelling sessions were complemented by weekly structured recreational game sessions. These activities played a vital role in promoting stress relief, emotional expression, and social interaction among children affected by displacement. Facilitated by trained community members, the sessions featured age-appropriate games designed to foster teamwork, communication, and problem-solving skills while also providing a much-needed sense of normalcy, joy, and routine in the children's daily lives. The games included relay races, cooperative team challenges, and storytelling-based activities, all carefully structured to build trust, boost self-esteem, and strengthen peer relationships. These playful yet intentional interactions created a safe and engaging environment where children could express themselves, connect with others, and develop essential life skills in a supportive setting.



Art for Peace: Art for Peace sessions were conducted as part of the psychosocial support (PSS) activities for children in the refugee settlement. These sessions created a safe, expressive space where children could explore themes of peace, hope, and togetherness through creative drawing. By encouraging children to visualize and share their personal interpretations of peace, the sessions supported emotional healing and resilience-building in a non-verbal, child-friendly way. Children's artwork featured powerful symbols such as doves, homes, united communities, and natural landscapes reflecting their inner desires for safety, friendship, and a brighter future. Through this creative process, children not only found comfort and meaning in expressing their emotions but also gained a sense of agency in imagining a more peaceful world.

b) Trainings and Support

Three community-based facilitators were trained to deliver positive parenting sessions and psychoeducation to caregivers and elderly community members, equipping them with essential skills to support family well-being and promote non-violent parenting. Simultaneously, twelve elderly refugees (grandparents) received refresher training on child-friendly storytelling and child safeguarding, enabling them to actively contribute to children's psychosocial development. To ensure quality and sustainability, facilitators and grandparents receive ongoing mentorship and participate in monthly reflective meetings to review progress, address challenges, and reinforce good practices.

At the settlement level, ICSF's community facilitator participated in a one-day suicide prevention and response training organized by TPO Uganda to address growing mental health concerns and suicide risks. The training enhanced skills in identifying suicide risk, providing basic psychological first aid, empathetic communication, and strengthening referral pathways. Following this, ICSF's facilitator initiated suicide prevention activities that support timely identification, peer support, and referrals for at-risk individuals, boosting community capacity and sustainability of MHPSS interventions locally.

ICSF staff were also privileged to participate in an online Psychological First Aid (PFA) training offered by FII, which strengthened their ability to deliver immediate, compassionate support to individuals in crisis, improve early intervention, and promote mental health resilience among vulnerable

populations. This training has further enhanced ICSF's capacity to provide effective and sensitive psychosocial support across its programs.

c) Psychoeducation and Positive Parenting Sessions for Caregivers

The project set out to reach 400 parents and caregivers through psychosocial and positive parenting sessions designed to improve caregiving skills, raise mental health awareness, and promote non-violent parenting practices. These sessions focused on self-care, emotional regulation, and stress management techniques aimed at empowering caregivers to maintain their own mental well-being while providing better emotional support to their children.

By the end of April, the project had surpassed its target, reaching a total of 518 caregivers (301 women and 217 men). Through modules such as Parenting Without Violence and guided self-care discussions, participants received practical tools for understanding the psychosocial needs of children and implementing safe, empathetic, and non-violent parenting strategies in daily life. Many caregivers reported an increased understanding of the emotional and behavioral challenges faced by children, and expressed a stronger commitment to creating supportive and nurturing home environments.



Targeting caregivers has been critical to improving the long-term mental health and well-being of children. When caregivers are emotionally resilient, informed, and supported, they are better equipped to respond sensitively to their children's needs. Positive caregiving not only fosters secure attachment and emotional development in children but also creates a protective environment that mitigates the effects of trauma, displacement, and instability. By strengthening caregivers' capacity to provide consistent, nurturing care, the project has laid the groundwork for more resilient families and healthier communities.

d) Advocacy and Stakeholder Engagement

In January 2025, ICSF organized an advocacy event that brought together 40 stakeholders from government agencies and non-governmental organizations. The event was aimed at promoting Mental Health and Psychosocial Support (MHPSS) programs, fostering peacebuilding initiatives, and encouraging collaboration to reduce tensions and conflicts between refugee and host communities. During the event, ICSF briefed the stakeholders on the project's coordination efforts, shared key achievements, and discussed plans moving forward. One of the key outcomes of the meeting was a shared commitment to hold a follow-up session focused on raising awareness about the integration of refugees into local community development efforts in Isingiro District. This event served as a platform to reinforce the importance of multi-sectoral engagement and alignment around shared goals related to refugee inclusion and mental health support.

2. Field Coordination and M&E

2.1 Coordination and AAP

Coordination and Collaboration

As part of its advocacy and program implementation efforts, ICSF actively participated in four coordination meetings at both the settlement and district levels, including regular engagement in the Mental Health Working Group and monthly MHPSS coordination meetings. These platforms brought together key partners to review progress, align on emerging needs, and plan joint activities, with a shared emphasis on strengthening collaboration to address ongoing MHPSS challenges. ICSF contributed updates on its school-based psychoeducation and storytelling interventions, and played an active role in collective planning particularly in advancing joint awareness sessions targeting new arrivals and encouraging community-wide use of mental health services. ICSF ensured timely submission of monthly reports to the

	<p>Office of the Prime Minister (OPM), where the organization’s high-impact work, achieved despite a small field team, was recognized and commended. These coordinated efforts have helped align ICSF’s programming with broader protection goals while reinforcing quality, consistency, and shared responsibility across partners.</p> <p>Resource Mobilization</p> <p>To support the sustainability and potential expansion of the MHPSS project, ICSF has undertaken various resource mobilization efforts. The organization has recently responded to five calls for Expressions of Interest from potential donors and actively participated in the GlobalGiving fundraising platform to increase visibility and attract international support. In addition, ICSF has held discussions with individual stakeholders and potential partners to explore avenues for collaboration. These efforts are ongoing and hold promise in strengthening the organization’s funding base. If successful, they will complement the funding already secured from FII, allowing ICSF to deepen its impact and reach more beneficiaries through its mental health and peacebuilding initiatives.</p> <p>ICSF will continue to participate in the different working groups and coordination meetings. We will also engage caregivers, children and teachers in feedback sessions to obtain their views regarding the services offered, to make necessary improvements.</p>
<p>2.2 Monitoring and Evaluation</p>	<p>Baseline and endline assessments and the Gains.</p> <p>The MHPSS project aimed to improve the psychosocial well-being and resilience of war-affected, newly arrived refugee children in Nakivale through a culturally grounded storytelling methodology, delivered with the support of grandparents. To assess the effectiveness of the intervention, a representative sample of 201 children 28% of the total participants were evaluated using the WHO-5 Wellbeing Index before and after the sessions. The baseline assessment provided critical insight into the children’s initial psychosocial state and helped the project team to tailor and strengthen their efforts to support the children’s well-being. The endline assessment, conducted at the end of the sessions measured the impact of the storytelling approach. Below is a summary of the impact, presented by key thematic areas:</p> <p>1. Improvement in Children's Cheerfulness and Positive Mood</p> <p>Mood is a key indicator of a child’s psychosocial well-being. Children who feel cheerful and in good spirits are more likely to engage, learn, and build relationships, all critical to recovery and long-term resilience. For children who have experienced conflict and displacement, sustained low mood can be a sign of emotional distress and trauma, making it an essential area to monitor.</p> <p>At baseline, only 18% of the 201 children (37 children) reported feeling cheerful most of the time or always. This low figure reflects the emotional challenges they faced as newly arrived refugees, many still processing the trauma of conflict and displacement. By endline, that number rose to 99% (199 children), showing a nearly fivefold increase in children consistently experiencing positive moods.</p> <p>This high increase in children’s mood at the end of the project highlights the effectiveness of the intervention in restoring emotional well-being and fostering resilience among some of the most vulnerable children.</p> <p>2. Enhanced Sense of Calmness and Emotional Security</p> <p>Feeling calm and emotionally secure is fundamental to a child’s psychosocial recovery. For children affected by war and forced displacement, persistent fear, anxiety, and uncertainty can disrupt their ability to trust others, concentrate, and regulate their emotions. Assessing calmness helps identify whether children are beginning to feel safe, settled, and emotionally supported, critical building blocks for healing and resilience.</p> <p>At the start of the intervention, only 29% of the 201 children (58 children) reported feeling calm and relaxed most or all of the time, revealing high levels of internal stress and emotional</p>

unrest. By the end of the program, that number rose sharply to 98% (197 children), representing a more than threefold increase in emotional calm and security.

This substantial improvement points to the program's success in creating a safe, consistent, and emotionally nurturing environment where children could begin to feel secure again.

3. Enhanced Physical Energy and Vitality

Energy levels are closely linked to a child's emotional and psychological well-being. Children who feel emotionally safe and mentally well are more likely to be physically active, engaged, and motivated. On the other hand, persistent low energy can reflect stress, depression, or emotional withdrawal all common in children who have experienced trauma, displacement, or instability. Assessing vitality provides important insight into how children are coping both mentally and physically.

At baseline, only 21% of the 201 children (42 children) reported feeling active and vigorous most or all of the time, suggesting a profound emotional and physical toll. By the end of the intervention, this number jumped to 99% (199 children), reflecting a near-complete reversal.

This remarkable transformation shows that the storytelling intervention not only supported emotional healing but also helped restore children's energy, motivation, and capacity to participate fully in daily life.

4. Better Sleep Quality and Morning Refreshment

Sleep is one of the most sensitive indicators of a child's emotional well-being. When children experience stress, trauma, or anxiety, it often disrupts their sleep making it harder for them to feel rested, concentrate, or manage emotions during the day. Assessing how children feel when they wake up provides valuable insight into whether they are beginning to experience emotional stability and recovery.

At baseline, only 22% of the 201 children (44 children) reported waking up feeling fresh and rested most or all of the time. This reflects the emotional strain many were carrying, likely due to fear, disrupted routines, and feelings of insecurity. By the end of the intervention, that figure had risen to 99% (199 children), indicating a great improvement in sleep quality and emotional restoration.

This highlights the program's holistic impact not only improving emotional well-being during the day, but also helping children regain restful sleep, a key foundation for healthy development and resilience.

5. Overall Psychosocial Resilience and Well-being Gains

The project achieved significant and wide-reaching improvements in the psychosocial well-being of the 710 war-affected refugee children enrolled in the the first cohort of 2025, (January to April 2025) in Nakivale refugee settlement. The storytelling methodology, facilitated by grandparents in safe, culturally grounded spaces, helped children process trauma, rebuild emotional resilience, and reconnect with their identities and community support systems.

By the end of the intervention, near-universal gains were observed in mood, calmness, energy levels, and sleep quality all key markers of emotional and psychological recovery. These results underscore the success of this approach and its potential as a scalable, community-driven model for delivering mental health and psychosocial support (MHPSS) to children in humanitarian settings.

2.3 Feedback from project participants

Agaba Emmanuel Nasser: A Facilitator's Journey in Transforming Lives through PSS

"As a psychosocial support (PSS) facilitator in Nakivale settlement, I've encountered many stories marked by pain but also by resilience. One story that stays with me is that of Bizimungu Enock, a 13-year-old boy who had lost nearly everything: his home in Congo, his father, and

his sense of purpose. When Enock first joined our PSS group, he barely spoke. He would sit quietly, his eyes filled with sorrow and detachment.

The first few sessions were difficult. Like Enock, many participants were hesitant to share. But through consistency, engaging activities, and the creation of a safe, supportive space, things started to change. We used storytelling, art, and group discussions to help them open up emotionally. Week by week, I began to see a visible transformation not just in Enock, but across the group.



By the fifth session, Enock spoke for the first time. He shared his story, cried, and then for the first time in years he smiled. That moment was powerful. The group rallied around him with encouragement and support. It became a turning point in his healing journey.

Today, Enock is one of our most active members. He volunteers to support others and even leads mindfulness activities during sessions. His transformation has been nothing short of inspiring.

This success doesn't belong to me alone it belongs to the community. The PSS project has helped rebuild lives, restore trust, and foster belonging among people who were isolated by trauma. As a facilitator, I am proud to be part of this journey. We may not change the past, but through psychosocial support, we are helping people build a better future one session at a time."

Hope Rekindled – A 15-Year-Old Burundian Girl's Journey through PSS in Nakivale

Alice (not real name), a 15-year-old girl from Burundi, arrived in Nakivale Refugee Settlement with her mother and two younger siblings after fleeing conflict and violence. The journey was long and painful, and the trauma she carried left her withdrawn, anxious, and afraid to speak to others.

During the PSS sessions, Alice found a safe space—a space where she could express her feelings without judgment. Through storytelling, drawing, and group discussions, she gradually began to open up. At first, she spoke through her art. Then, slowly, she began to use words.

Week by week, her confidence grew. She shared her story with the group and was met with empathy from peers who had also experienced loss and fear. This sense of connection and belonging made her feel less alone.

Today, Alice is one of the most active participants in the youth group. She supports her peers and helps organize activities for younger children. Her teachers have noticed a big improvement in her classroom participation and academic performance.

"I used to feel like my heart was closed," Alice says. "But now I feel free. The group helped me believe in myself again." She adds: "To every boy and girl who feels alone, scared, or like no one understands—please join the PSS sessions. It's a safe place where you'll be heard,

	<i>supported, and reminded that you are not broken. If it helped me find my voice again, it can help you too.”</i>
2.4 Lessons Learnt	<p>Lessons Learned</p> <ol style="list-style-type: none"> 1. The emotional toll of conflict, displacement, and uncertainty remains profound. This project showed that even short-term interventions can deliver meaningful improvements in well-being when targeted, intentional, and culturally responsive. 2. The intergenerational connection fostered emotional safety and trust, allowing children to process experiences in a way that felt natural and empowering. This method also restored the caregiving role of elders, reinforcing social cohesion within the community. 3. Throughout the intervention, it became evident that grand parents and facilitators were regularly exposed to children’s trauma and emotional pain. Providing structured support for these workers is essential to sustaining their ability to care for others. 4. Complementing the storytelling sessions with parent and caregiver psychoeducation sessions created a more supportive home environment. This dual approach helped reinforce children's progress and extended the reach of the intervention beyond the group sessions. <p>Recommendations</p> <ol style="list-style-type: none"> 1. Increase dedicated funding for mental health and psychosocial support (MHPSS) for refugee children and communities in Uganda. Despite the clear and measurable impact of this intervention, MHPSS remains underfunded in many humanitarian settings. Given the scale of displacement and the long-term psychological effects of war and trauma, donors and humanitarian actors should prioritize and allocate more consistent funding to child-focused mental health programming including both emergency and long-term support. 2. Empower grandparents and community-based structures to lead sustainable psychosocial interventions. The success of this project demonstrates the untapped potential of community elders and cultural practices in delivering healing and connection. Scaling up such models means training more grandparents and integrating them into formal MHPSS delivery mechanisms, alongside broader community structures such as religious leaders, local caregivers, and community-based child protection groups. 3. Strengthen integrated caregiver and community engagement in children’s emotional recovery. Beyond direct work with children, interventions should incorporate structured sessions for caregivers and guardians, building their capacity to recognize signs of distress and reinforce emotional safety at home. This strengthens the ecosystem of care surrounding the child and ensures that gains made in sessions are sustained in daily life. 4. Provide structured well-being and supervision support for frontline workers. Facilitators and child protection staff frequently encounter secondary trauma when working with highly distressed children. Mental health support, supervision, and peer support groups for these workers are crucial to maintaining quality service delivery and reducing burnout in high-stress environments.

3.0 Operations

3.1 Human resources and management capacities	Project implementation was supported by 3 full-time community-based facilitators recruited from the community locations with good knowledge of the context including languages, cultural and structural issues. The capacity of staff has been built through trainings, mentorship and coaching and support. Technical oversight has been provided by the project officer and other technical staff.
3.2 Equipment and goods	No equipment was procured by for the project. However, a motorbike, procured in the first phase of the project continues to support implementation. ICSF contributes to this project

	through use of the available assets to support the project, including office space and computers. ICSF also procured major supplies for the story telling sessions including session kits, stationary, play materials and sitting materials.
3.3 constraints/challenges	No major constraints that affected the project location during the reporting period. However, It is crucial to sustain the MHPSS project in Nakivale, as the refugee crisis shows no signs of ending, and the mental health gap continues to widen each day. Many organizations have withdrawn from providing services due to funding challenges, making it even more critical to maintain and expand mental health support for the refugee population. The ongoing need for mental health services is pressing, and without continued funding, the well-being of these vulnerable individuals will remain at significant risk.

4. Plans

4.1 Plans for the next period (May to September 2025)	<p>The following activities will be undertaken/continued between January to June 2025</p> <ul style="list-style-type: none"> • Refresher training for grandparents and community-level facilitators • Baseline assessment for cohort 2 • Conduct MHPSS, story telling sessions for children • Conduct psycho-education sessions for caregivers • Conduct targeted parenting sessions for caregivers • Supervision meetings with grand parents and facilitators • Fundraising activities
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APRIL-OCTOBER 2025 MHPSS PROJECT WORKPLAN/BUDGET									
	Activity	25-May	25-Jun	25-Jul	25-Aug	25-Sep	Output	Budget-UGX	Estimated Budget (USD)
1.0 Programme Activities									
1.1	Refresher training for community facilitators and grand parents						One training	2,000,000	541
1.2	Conduct baseline and endline assessments						One time	1,800,000	486
1.3	Enrolment and grouping of children							1,500,000	405
1.4	Conduct MHPSS, story telling sessions with children						900 reached	-	0
1.5	Conduct psycho-education sessions for caregivers						500 reached	3,000,000	811
1.6	Conduct targeted parenting sessions for caregivers						200 reached	-	0
1.7	Monitoring and Evaluation tools						Project outcomes	1,480,000	400
1.8	Supervision meetings with grand parents and facilitators						12 grand parents, 2 facilitators, 1 social worker and the M&E.	1,200,000	324
	Subtotal							10,980,000	2,967.00
2.0 Coordination									
2.1	Coordination meetings						Social worker and he M&E	0	0
	Subtotal							1,000,000	270
3.0 Operational Costs									
3.1	Office Running								
3.1.1	Internet and Airtime						06 months	600,000	162
3.1.2	Office consumables and utilities						06 months	1,200,000	324

3.1.3	Motorbike insurance						12 months	1,800,000	486
3.1.4	Motobike service and fuel						06 months	1,200,000	324
	Subtotal							4,800,000	1,296
3.2	Salaries and allowances								
3.2.1	Project Officer						06 months	24,000,000	6,486
3.2.2	Grant writer						06 months	18,000,000	4,865
3.2.3	Social worker						06 months	18,000,000	4,865
3.2.4	Monitoring and Evaluation officer						06 months	15,600,000	4,216
3.2.5	3 Facilitators						06 months	9,000,000	2,432
3.2.6	Grandparents remuneration						06 months	2,400,000	649
	Subtotal							87,001,800	23,514
	Grand total							103,773,900	28,047