



Illustration: Chuan Ming Ong

COMMENT

Defending the Mental Health of Kuchu Activists During the Covid-19 pandemic

Case Study from Uganda

Douglas Mawadri, Arianna Schindle, Alden Farrar, Zoë West, Joy Mukasa, Elvis Herbert Ayesiga, Bob Bwana, Adam Brown, Sarah Knuckey & Manaswi Sangraula

December 2022

Uganda is one of the hardest places in the world to be LGBTQI (Lesbian, gay, bisexual, transgender, queer or intersex). When the Covid-19 pandemic hit, the Ugandan government adopted public health measures that were heteronormative and exceedingly harsh. The implementation of these measures both exacerbated already difficult conditions and created new forms of vulnerability for many members of the LGBTQI community.

For G, a music-loving third-year medical student living in Kampala, discrimination on account of their gender identity and sexual orientation is a daily aspect of life. Usually dressed in tight jeans and an oversized hoodie – “Ariana Grande style” – G aspires to be one of Uganda’s first openly

trans doctors. But since March 2020, learning institutions in Uganda have been physically closed due to Covid-19, except for a brief period in August 2020. For students like G, who don't have personal computers or Wi-Fi at home, the closing of school libraries makes it impossible for them to continue their education.

The Covid-19 crisis has exacerbated the pre-existing vulnerabilities of homophobia, discrimination, and stigma that the LGBTQI community faces in Uganda. During the pandemic, political and religious leaders have scapegoated the LGBTQI community, conducting **raids on LGBTQI shelters** and safe houses, where many members of the Kuchu (same-gender-loving and gender non-conforming) community, were living, under the pretext of enforcing pandemic lockdown regulations. This forced many LGBTQI persons to return to their families of origin, places where many had experienced ostracism and rejection before the pandemic. Returning to a home that was unwelcoming created new vulnerabilities: for many, community and family rejection led to increased mental health issues. It also led many individuals to drop out of institutions of learning or to lose their livelihoods. The LGBTQI community has also faced criminal punishment for gathering during the pandemic, experienced vigilante violence, and sometimes avoided healthcare professionals for fear of rejection.

The Covid-19 crisis has exacerbated the pre-existing vulnerabilities of homophobia, discrimination, and stigma that the LGBTQI community faces in Uganda.

In March 2020, G returned home to their mother, the only family member supportive of their identity. However, after their mother contracted Covid-19 and passed away. G had to stay with other family members. "Being stuck at home with people who don't like you and people who don't believe in you – but then you have nowhere to go – it's hard," explains G. As a result, they experienced severe mental health issues and lost focus in the pursuit of their education. Additionally, G, who is HIV-positive, was unable to access medications for periods at a time. Reuters has reported on the **impact of Covid on people living with HIV** in Uganda and elsewhere.

Kuchu communities have been **scapegoated** for supporting opposition politicians during the election season in late 2020 and early 2021, and subsequently endured widespread internet blockages, intensive police raids, and systemic attacks. In May 2021, the Ugandan parliament passed the **Sexual Offenses Bill (popularly also known as the "Kill the Gays' Bill)**, which included a provision outlawing "unnatural sexual offences," aimed at homosexual conduct. The bill, while not signed by President Yoweri Museveni due to widespread international pressure, has nonetheless led to increased raids on safe houses (dwelling shelters for homeless LGBTQI persons) and offices, and attacks against Kuchu community members and **sex workers**.

These conditions and events that have roots in past histories in Uganda are made more pressing by the failure of dominant public health institutions to consider the realities of the Kuchu community. This failure has caused physical and mental harm to Kuchu people, leading to individual and collective suffering. To mitigate these effects, Ugandan LGBTQI organizations joined forces with the Rhiza Collective to create Fire that Fuels Uganda (FtFUG), a peer-to-peer support program co-designed by community members and psychosocial health experts. This program, delivered entirely during the Covid-19 pandemic, was aimed at restoring safety, worth,

connection, and imagination, both individually and for the Kuchu community collectively as a resistance movement. By creating support groups facilitated by trained peers as a space for the community to “regenerate,” the program sought to support participants’ growth from experiences of trauma into resilience.

The authors of this commentary work directly with Uganda’s LGBTQI community, to design, implement, and research peer-led mental health and wellbeing programs. The authors include members of Ugandan LGBTQI community, Ugandan human rights advocates and social workers, United States-based creators of the FtFUG program, and human rights and mental health researchers and practitioners. The commentary therefore is intended to present a practitioner perspective, reflecting upon our efforts to advance wellbeing and resilience among LGBTQI community members and advocates in Uganda during Covid-19.

A 2018 report on the state of digital rights by Unwanted Witness reported that “the growth in internet usage has in equal measures attracted interest from the state to control and monitor users’ internet activities.” This report also noted dwindling digital rights and increasing repression in 2018 as compared to 2017.

The FtFUG, originally designed in 2019 and subsequently adapted to respond to the Covid-19 pandemic, underscores the enabling and limiting factors facing LGBTQI activism in Uganda. The pandemic is the program’s context, and in many ways, it is also its enabler. Prior to the pandemic, LGBTQI groups frequently met in person, working on projects together. However, mental health concerns were not as central to the community as it is now. During the pandemic, the heightened isolation and loneliness that already-targeted LGBTQI communities experienced in recent years opened opportunities to tap into unseen forms of resilience. The knowledge gained from the 2019 design process helped the communities establish and run digital Regeneration Circles—small virtual support spaces that organizers and community members can use to connect with each other and offer emotional support. The Circles also act as a dedicated space to solve problems that community members may be facing; they are places where community members help each other take decisions in their hour of crisis.

However, the program also brings to the fore the specific challenges of digital activism in a country with Uganda’s political and cultural context where Covid-19 surveillance came on top of pre-existing state surveillance. Freedom House ranked Uganda as “partly Free” in their [2021 Freedom on the Net report](#). Internet usage has continued to grow in Uganda in recent years with users are connecting via mobile-enabled devices. [A 2018 report on the state of digital rights by Unwanted Witness](#) reported that “the growth in internet usage has in equal measures attracted interest from the state to control and monitor users’ internet activities.” This report also noted dwindling digital rights and increasing repression in 2018 as compared to 2017. In January 2021, on the eve of presidential elections, and months into Covid-19 lockdowns and movement restrictions, the President ordered the complete shutdown of the internet. This resulted in immediate disruption of the regeneration activities halfway through, and left LGBTQI members without this nascent support system. Although it technically would have been possible to use regular phone calls to continue the project, voice calls on the mobile network are significantly

more expensive than VOIP services, and therefore were not possible in this situation. Therefore, activities were paused for several weeks, demonstrating the challenges of convening either in person or virtually during a pandemic.

This commentary will provide some historical background on the discrimination that Kuchu communities face in Uganda, the impacts of Covid-19 on the community, and an analysis of the ways in which members of the community came together to co-design and implement the FtFUG program to respond to the mental health needs of the community during the pandemic. It will also offer a discussion of the challenges faced in implementation, and an assessment of the program. Finally, the commentary concludes with recommendations and lessons learned for ways to support the mental health of LGBTQI communities in Uganda, and in similar contexts, during public health emergencies.

Background

Even before the Covid-19 pandemic hit Uganda, Kuchu people were living under extreme stress, and mental health issues were common. In contrast to precolonial acceptance of sexual diversity in many parts of modern-day Uganda, homophobia was written into the penal code in British colonial-era Victorian regulations and codified in 1950. The colonial-era sodomy law was not actively applied during the early years of independence but remained on the books. With the emergence of the AIDS crisis and a globalized anti-gay discourse associating homosexuality with the spread of HIV, virulently homophobic rhetoric became part of the public vernacular, and the blame continues to this day. In 2000, as part of an erstwhile feminist reform of the penal code that consisted of making references in the penal code gender-neutral, sex between women was criminalized for the first time (Rodriguez 2017). As Sexual Minorities Uganda (SMUG) explained succinctly, “it is more correct to see homophobia as alien to Africa rather than homosexuality” (SMUG, 2014).

However, in the early 2000s, a more formalized LGBTQI movement began to emerge. While prior to that time, there were informal spaces where members of the Kuchu community would congregate (e.g., certain nights at LGBTQI friendly restaurants), in 2003 onward the community started to create formal NGOs to advocate for the rights of Kuchu persons. In 2003, the feminist LBQ organization Freedom and Roam Uganda (FARUG) was founded, and SMUG—an umbrella network for LGBTQI persons—was founded in 2004. Leaders of this movement were quickly subjected to harassment and police abuse, but they resisted, seeking civil remedies. A [decision by the Ugandan High Court in 2008](#) found that LGBTQI people could obtain redress in the courts for civil rights violations.

In response, Ugandan lawmakers—fueled in part by transnational anti-gay organizing based in the United States—began an intensely damaging public debate about the role of criminal law in regulating and suppressing homosexuality and gender non-conforming identities (Tamale 2009; Rodriguez 2017; Sexual Minorities Uganda v. Scott Lively 2018). Between 2009 and 2014, as part of a public debate about a draft Anti-Homosexuality Act, the Kuchu community was falsely and vociferously attacked as “un-African,” blamed for the decline of the family unit, framed as child abusers, and continually targeted for supposedly “spreading” HIV. The Act, which originally included the death penalty for those found to have committed “aggravated homosexuality,” was passed in February 2014 with a reduced but still draconian penalty of life imprisonment (Rodriguez 2017). While the law was later declared null and void by the Ugandan Constitutional Court, which based its decision on a technicality ([Oloka-Onyango & 9 Ors v Attorney General 2014](#)), the colonial-era criminal law remained in place. In May 2021, the Sexual Offences Bill,

which further increased punishment of consenting same-sex loving persons, sex workers, and threatened to extend criminal penalties to Ugandan LGBTQI persons abroad, was passed by parliament. While it has not yet been signed into law, rights groups worry that it will “enhance the already homophobic environment in Uganda.”

Abuse, Stigma, and Discrimination pre-Covid

Members of the Kuchu community experience widespread homophobia and stigma in their personal and public lives. Many have experienced rejection by families, discrimination in religious institutions, and difficulties obtaining or keeping jobs. Some Kuchu people have been evicted by homophobic landlords. Many have been refused healthcare or experienced stigmatizing or degrading treatment by healthcare providers. And in some cases, these reactions have been accompanied by physical threats, violent attacks, and harassment. In a very high-profile case in 2011, a SMUG program officer and prominent LGBTQI activist, David Kato, was murdered weeks after a Ugandan newspaper published photos calling him gay and advocating for him to be hung.

This pervasive and virulent homophobia has dire impacts on the mental health of LGBTQI Ugandans. In a pre-Covid study of the mental health of Kuchu people in Uganda, depression was reported by 40% of participants, anxiety by 24%, stress by 16% and suicidal ideation by a devastating 10%. The same study identified the following causes of mental health issues, as reported by LGBTQI persons themselves: discrimination (30%), family rejection (17%), stigma (14%), hate (13%), denial of civil and human rights (10%), fear of coming out (9%) and harassment (7%). When Kuchu people seek support for these mental health concerns, they often experience discrimination and stigma at worst, and ignorance or lack of tailored care at best. Just 20% of the Kuchu community reported that they were supported by friends, family members and health providers (Ayesiga 2019).

Worsening Conditions during Covid-19

During the Covid-19 pandemic, things have grown worse for the Kuchu community. The closing of public space through social distancing policies which reveal biased, heteronormative assumptions, combined with increasing hate attacks and discrimination, have had devastating impacts for LGBTQI persons. Covid-19 lockdowns and the loss of income from work have forced many Kuchu people to return home to hostile environments where they had no choice but to disclose their sexual orientation and gender identity (Ayesiga 2019). Others have faced significant isolation, intimate partner violence, or other forms of abuse inside homes they could not leave.

On March 24, 2020, the President issued a wide-ranging directive—The Public Health (Control of COVID-19) Rules 2020—to mitigate the spread of Covid-19, requiring, among other things, that events, meetings, and public gatherings of more than 10 people be prohibited (Nyoni 2021). However, the rules were used, almost immediately, as a pretext to crackdown on LGBTQI safe houses and shelters, detaining Kuchu residents in some raids. On March 29, 2020, twenty-three persons were arrested at an LGBTQI youth homeless shelter operated by Children of the Sun Foundation (COSF), an NGO. Nineteen of those arrested were charged under laws accusing them of undertaking “a negligent act likely to spread infection of disease,” as well as “disobedience of lawful orders.”

Even though the majority of those arrested were full-time residents of the shelter (and the remaining six persons were abiding by social distancing rules), the government nonetheless

arrested these individuals under the pretext of enforcing Covid restrictions. Investigations by SMUG found that the LGBTQI youths were initially charged with “carnal knowledge”, which is considered a violation of Section 145 of Uganda’s penal code, substantiating concerns that these arrests were motivated by homophobia and not public health. At the same time, other houses containing more than 10 persons were not targeted by the police for violating the stay-at-home orders, according to national partners on the ground documenting the violations.

During the Covid-19 pandemic, things have grown worse for the Kuchu community. The closing of public space through social distancing policies which reveal biased, heteronormative assumptions, combined with increasing hate attacks and discrimination, have had devastating impacts for LGBTQI persons.

Most of these Kuchu youth were jailed for six weeks without access to counsel and bore “visible” signs of mistreatment at the time of their release (The Fund for Global Human Rights 2020). Although a court later ordered that those arbitrarily detained receive compensation, the message had been sent: Covid restrictions could be weaponized against the Kuchu community. In fact, the raids continued: on 31st May 2021, the Happy Youth shelter was raided under similar circumstances and 44 shelter members who were staying there were arrested.

Hate-based discrimination and attacks appear to have increased during the Covid- lockdown, perhaps spurred by public debate surrounding the introduction of the sexual offenses bill. Anecdotally, we heard of new cases of rape and sexual assault during Covid. In an extreme case of corrective rape, several men broke into a Kuchu woman’s home at night, and sexually and physically assaulted her. The woman experienced PTSD-like symptoms afterwards. There were no safe spaces either to report the incident or to receive medical attention, compounded by the fear of violating Covid lockdown rules when seeking justice or health care.

The lack of work- and government-support led to extreme instability for the Kuchu community during lockdown. For many, neighbors staying home from work during the pandemic meant increased surveillance of LGBTQI people, in their communities and around their workplaces. In one case, a Kuchu woman was forced to move three times in course of just a few months. Openly transgender women reported experiencing harassment from landlords and verbal and physical harassment from neighbors when they left their homes. Several were forced to move because of neighbors’ complaints. Others resorted to choosing alternative times to leave their homes or taking different routes to go to work to avoid harassment.

Domestic violence appears to have increased in the Kuchu community, as it has done so globally during the pandemic. Anecdotal reports indicate increased incidence of violence within interpersonal romantic relationships, and against LGBTQI individuals who were forced to stay at home with partners or family members unaccepting of their gender identity or sexuality. Several individuals came to our attention who had to hide from violence. One individual reported being verbally assaulted by family members and then going to a house where he was sexually assaulted, from couch to couch, never fully safe. Numerous people reported first-hand knowledge of increased verbal and physical altercations between couples, living without financial means or government support, in cramped quarters where tensions were high.

Deep distrust of the healthcare system, borne out of abuse and discrimination, and lack of access to LGBTQI-sensitive health and mental health support has had devastating impacts during the pandemic. Even before the pandemic, many Kuchu community members were **reluctant to seek treatment**. Ayesiga (2019) found that more than one in five LGBTQI individuals reported withholding information about their sexual practices from their doctor or another health care professional, while nearly 30% of transgender individuals reported postponing or avoiding health care when they did not feel well. Studies have found that social stigma, discrimination by healthcare providers, and breach of confidentiality were key barriers preventing the Kuchu community from seeking care (Ssekamatte et. al. 2020).

Despite the hostile environment, in past few years members of the LGBTQI community and NGO allies have conducted medical outreach, to obtain and maintain a list of LGBTQI-affirming healthcare practitioners. Both SMUG and another NGO, Icebreakers Uganda, maintain lists of queer friendly providers, and conduct regular outreach. However, early in the pandemic, the government implemented a rotational system for healthcare workers to minimize their footprint. This system required medical officials to work every three days instead of daily. As a result, members of the LGBTQI community who went to healthcare centers could no longer be sure that the doctor or medical officer who they trusted were working that day. This led to a reduction in LGBTQI persons seeking treatment, especially for chronic illnesses.

Deep distrust of the healthcare system, borne out of abuse and discrimination, and lack of access to LGBTQI-sensitive health and mental health support has had devastating impacts during the pandemic.

Kuchu people who are also human rights defenders have been called upon to aid their fellow LGBTQI community members during this time of crisis. This was the case even before the pandemic, as Douglas Mawadri explains:

Human rights workers exhibit multiple effects of trauma—from both direct or indirect trauma—such as insomnia, substance abuse (addiction), paranoia, isolation, and hyper-vigilance—all of which are common symptoms of post-traumatic stress disorder (PTSD). As a result of what they've experienced or witnessed, some human rights workers even commit suicide, losing their lives in the pursuit for justice, equality, and non-discrimination.

Overlapping with, and in addition to the Covid-19 restrictions, LGBTQI communities in Uganda were further impacted during the presidential elections, held in early 2021. Many LGBTQI persons supported the candidacy of opposition leader, Bobi Wine, who sought to end the thirty-five-year rule of President Yoweri Museveni. Following the election (which Bobi Wine claimed was rigged), the government shut down the Internet, and targeted perceived supporters of the opposition. During election rallies and campaigns, **President Museveni accused (without providing evidence)** the protestors of being funded by foreign LGBTQI groups. Rights groups noted an increase in harassment of LGBTQI persons around the time of the elections. A prominent human rights activist noted for his support for LGBTQI groups was arrested on **unsubstantiated money laundering charges** and his organization suspended.

The combination of Covid-19 restrictions, together with a deteriorating political environment and the tightening of civic space had a catastrophic effect on the Kuchu community during the pandemic. A report examining mental health and psycho-social support for LGBTQI persons in Uganda noted that there had been several impacts of the Covid-19 pandemic, including “suicide, insomnia, alcoholism, anger outbursts among other effects.” Given this painful reality, advocates came together, determined to support the Kuchu community and to adapt and implement the FtFUG program during the Covid pandemic.

Peer Support Efforts: Fire that Fuels

In the face of trauma exposure, burnout, and anxiety (Joscelyne et. al. 2015), human rights advocates have reported that support from their peers is crucial (Satterthwaite 2019). Further, when defenders come together to build resilience, their collective efforts are also likely to strengthen their movements for justice. Others have observed links between healing and justice: as Edström and Dolan (2018) found with male refugee survivors of sexual assault in Uganda, members of the Kuchu community also “heal through mutual support and politicized collective action.” A dynamic in the other direction is very likely as well: as activists overcome their wellbeing challenges—especially those closely linked to tensions, competition, and conflict within the Kuchu community—their collective actions for justice are likely to be more effective. The Covid-19 pandemic and the attendant heightened oppression of LGBTQI people emerged as a specific trigger for innovation and new work among activists in the community. This meant resilience surfaced not just in the face of repression but emerged as a potent tool to fight back against that repression.

The Fire that Fuels (FtF) program, based on these insights and connecting individual, group, and movement resilience, was developed by Rhiza Collective to support human rights activists through peer support. FtF uses a politicized framework that is grounded in popular education/critical consciousness (Friere 2005), liberation psychology (Afuape 2011), and healing justice. FtF situates stress and trauma in the context of systemic oppression and structural injustice, highlighting the connections between individual and collective healing on the one hand and human rights and activist work to change systems on the other. Developed as part of Rhiza Collective’s framework for regenerative movement-building, it can be integrated in a horizontal way into an ecosystem of grassroots movement actors—including formal organizations, informal support groups, or hybrid networks. Crucially, in each context in which it is used globally, the FtF model is adapted and implemented through a collaborative, co-development process that includes frontline activists, mental health professionals, and social movement strategists. This co-design process ensures ownership by the movement, local relevance, and attention to holistic security. At the time of the pandemic when people were forced to keep a distance from each other, this approach offered more regenerative ways of coping, organizing and resisting the ongoing persecution.

Research in the field of psychology justifies this approach. Peer support has been found to be effective with hard-to-reach groups (Van Hasselt et. al. 2019; Acri et. al. 2014) who may trust their own community members more readily than professionals from the ambient community. Studies demonstrate that it is not necessary to have professionals provide psychosocial support: trained peers can offer effective support, increasing hope, self-care, and empathy (Yu et. al. 2018). They can also enhance empowerment and build self-confidence (Resnick and Rosenheck 2008) and strengthen social networks (Castelein et. al. 2008). Peer support is also promising in low-resource communities (Deimling Johns et. al. 2018), in part because it is cost effective (Petersen et. al. 2012). Research on the efficacy and feasibility of peer-to-peer programs for marginalized groups has shown particular benefit for populations living in contexts of oppression,

discrimination, criminalization, and stigma, including sex workers (Benoit et. al. 2017) in humanitarian settings (Rosenberg and Bakomeza 2017), refugee adolescents (Kneer et. al. 2019) persons living with HIV/AIDS (Bernays et. al. 2020; Baron et. al. 2020), the Indonesian gay community (Ekasari 2018) and marginalized women in India (Sharma et. al. 2018). Additionally, peer workers themselves have been found to benefit from the role working in these contexts (Bernays et. al. 2020; Kneer et. al. 2019).

Further—and especially important in the Covid context—peer support is flexible and has been found to be beneficial when delivered face-to-face, by telephone, or online (Murphy et. al. 2017; Morris et. al. 2015; Griffiths et. al. 2015). Peer support has also been used effectively in human rights contexts (Cruz and Dordevic 2020), and it is consonant with the human rights principle of empowerment. Against the background of heightened homophobic abuse and intense isolation, combined with almost unbearable surveillance of LGBTQI people during Covid, FtF’s co-design process was a way of building community in online spaces, fostering intimacy. Openly challenging the way that online spaces can feel alienating, FtF used a variety of community-building exercises, intimate discussions, and online dance parties to open and hold space for Kuchu people to connect through the internet. Crucially, this required resources to ensure access to the Internet for all who wanted to take part.

Psychology research suggests that specific issues should be considered when designing peer support programs. Programs should fit local contexts, cultural perceptions, and security concerns (Deimling Johns et. al. 2018). Training and supervision for peers providing support are integral to effective peer support programs (Deimling Johns et. al. 2018). Trained peers should have access to specialist support so that they can refer individuals with severe mental health problems to professionals (Patel et. al. 2011; Corrigan 2017). In some contexts, while community insiders may be most readily trusted, their involvement may also bring concerns about confidentiality (Hasselt et. al. 2019). Lessons from peer support programs in fields such as human rights suggest that successful programs vary greatly, but some common elements include: a shared identity among peers; organic support for peer-led approaches; a rejection of top-down imposition; truly voluntary participation; robust agreements on confidentiality and trust; and training that empowers peers to provide support in a system that also has opportunities for professional referral in crises.

Fire that Fuels Uganda: The Kuchu Community Becoming More Resilient in the Face of Covid

FtFUG was created by, and for the Kuchu community during the many phases of the Covid pandemic. Coming together to collectively analyze their reality and determine community-specific responses, activists began by affirming that wellbeing is both an individual and a collective issue. Advocates cited intense expectations and demands coming from the LGBTQI movement, including the following:

- Activists should always be available.
- Activists should never be fearful; they should never be scared.
- Activists/defenders should not take a break, should be working 24/7.
- Activists and defenders should be superhuman.

Identifying these demands helped advocates realize that wellbeing depends not only on self-care and organizational practices, but also on transforming activist cultures into supportive spaces. To achieve this, activists recommended that a peer support system be built outside of existing organizations. While staff and volunteers who work with specific organizations would be welcomed into the peer support program, the program itself was built on the honest acknowledgement of cross-organizational tensions and would therefore belong to the whole Kuchu movement. With this commitment in mind, a cohort was selected and began with a co-designed and participatory evaluation of how stress, trauma, and burnout were arising for individuals and showing up within LGBTQI organizations and the movement more broadly.

The group designed a program that could work during the Covid pandemic. A committee of six members from different LGBTQI organizations and three FtF program designers from Rhiza Collective was created to design the curriculum, meeting regularly on zoom. Those interested in training and leadership formed a group to adapt the FtF curriculum to the specific context of the Kuchu community. The group designed activities aimed at helping activists let go of the intense expectations faced in the field, including sharing stories of their “wounds,” the specific trauma LGBTQI members face from their families, media, the government, and society, and their “fire,” the sources of strength that has helped them survive. The group did not distinguish between Covid-related stressors and those arising from other forces, recognizing the intersectional nature of oppression in “normal” times and its expression in times of crisis.

The launch of the second stage of the FtFUG program was built on the collective “fire” of the cohort of participants. It centered on a training session for sixteen focal persons—activists who identify as men, women, intersex, transgender, and gender non-conforming, amongst others—who would become peer group facilitators. One member of the FtF curriculum development team who is also a trainer captures the initial approach and guiding procedure throughout the design and implementation of the program, explaining:

[P]eople best know what serves their community and how to adapt and talk about it ... communities have been doing healing work for so long. This is just like giving another set of resources and a structure for them to go through that process, right? That’s indigenous to them in many ways.

The chosen approach pivoted around a peer-to-peer based model with an understanding that starting with several small strong circles of people who were invested and impacted could allow them to reach out more broadly to their communities later, thereby building momentum. The intervention was implemented with the understanding that the impacted communities are the experts and hold the knowledge essential for their healing. This approach emphasizes the needs and potential solutions specifically for Kuchu persons.

During three remote training sessions, the focal persons were trained in the “regeneration arc” that moves from trauma to regeneration, in which participants reclaimed and reintegrated their sense of safety, worth, connection, and imagination. The focal persons were provided training in leading, in pairs of “Regeneration Circles,” spaces for individual and collective healing from the trauma experienced by frontline communities and activists, and for frontline leaders to provide emotional support and guidance to one another to strengthen their movement work. In circles of peers, regenerators explored what it means to be vulnerable and to be resilient, and what practices can activists adopt in their lives and organizations to support deeper change toward humane expectations from activists and mutual support for each other.

Following the training, focal points, working in pairs, began leading Regeneration Circles for the community. During the first eight-week period when the Regeneration Circles were implemented, FtF psychotherapists provided coaching by Zoom, focusing on methods for effectively leading circles, as well as processing the painful moments within circles in ways that would help prevent vicarious trauma and heightened stress. The coaching also included guidance on when and how to refer for professional support with three therapists (two local, and one international), available to provide immediate crisis support and a limited number of sessions. While the first phase of the Regeneration Circles lasted eight weeks, the model was built on relationships and the goal is for groups to continue to meet beyond grant periods or project deadlines, as change is integrated and extended into daily life.

Challenges

A few significant challenges arose during the Covid-contextualized program. First, we saw increased numbers of hate-based discrimination and attacks, extreme vulnerability due to the lack of work and government support, increased surveillance of LGBTQI people, a rise in domestic violence, and a government shutdown of the internet following contested elections. Our participants’ experience of these violations, and their role in responding to them, impacted the momentum of the program, requiring us to be flexible in allowing some groups to complete their circles in a slightly staggered manner, and over a slightly longer period than originally envisioned.

The total shutdown of the internet during the period of elections in January 2021 combined with the ongoing Covid-19 lockdowns, was one of the biggest challenges that the program faced. At that point, the regeneration peer support circles had already been running for a few weeks, and participants had been using them to combat isolation, loneliness, and other mental health impacts stemming from both the pandemic and their daily lives. When the internet was shut down, it was like people lost the access to their medicine. Therefore, while the pandemic created a crucial window of opportunity to create digital communities and connect people, the experience also demonstrated some of the inherent vulnerabilities involved in relying exclusively on online networks in countries where the state may be willing to shut down the internet to curb dissent. Ultimately, the program had to choose to exist online or not at all, and our experience demonstrates that in this instance, the imperfect was much better than nothing.

At the end of the program the regenerators engaged in a reflection process, assessing lessons learned from the first curriculum and planning for a second level of continuing circles and offering organizational level support. Alongside this extended work, FtFUG regenerators worked to advance new narratives about care and resilience within activist cultures using media and cultural expression to make lasting change.

Assessing Fire that Fuels Uganda

To assess the impact of the FtFUG program, the team partnered with the Human Rights Resilience Project. The FtFUG team utilized mixed methods for data collection and fed insights from this process into the project as it was implemented. Observational qualitative feedback was gathered during the three-week training-of-trainers sessions. This data was used to evaluate the training and was shared with the development team to highlight areas of success and potential areas of improvement. The observational data was grouped along seven dimensions: conceptual understanding, engagement, degree of understanding, openness, trainer efficacy, group cohesion, and participant stamina. Additionally, qualitative interviews were conducted with two members of the curriculum development team, and two members involved with delivering the training, as organizers or focal points. This data provided insights into the iterative co-design of the program, the community-led approach, challenges with implementation, adaptation and authoring of the curriculum, and overall experience with the program. Interview topics included: their role in the program, reasons for involvement, reasons for using the FtF model, key takeaways, creation of materials, security concerns, referral pathways, and rewarding aspects of the program. Covid-19 specific questions were not asked: because the program was implemented with the specific aim of responding to the mental health needs of the Kuchu community during the pandemic, all the assessment questions were focused on how the community responded to the program and the ways in which it improved their wellbeing and functioning during Covid-19.

The qualitative data demonstrated important outcomes of the FtFUG program. Community-level support structures were strengthened, and help-seeking behaviors increased. Numerous conflicts that activists carried into the FtFUG program—between themselves and organizations, or among activists themselves—were resolved through collaboration in the FtFUG program. Practices of care and regeneration, including debriefs, trauma-informed workflows, and the creation of cultures of care, were developed and implemented across LGBTQI organizations. Teams within organizations were given new tools to manage crises, support care, and implement strategy more effectively. Individual activists learned healing practices that they could use in their own lives such as self-regulation skills for times of crisis, new ways to approach work/life balance and respect for boundaries, release of trauma wounds and development of regenerative practices, and ways to create stronger support networks. Individuals interviewed reported that they felt more able to set boundaries and disconnect from work and felt more confident and less worried in their daily life. Numerous focal points reported feeling greater self-efficacy and found professional benefits from the training as well. Many participants also reported feeling more connected to their sense of purpose and to the movement for Kuchu rights.

For G, who joined the Regeneration Circles when feeling particularly low, they noted that it enabled them to build resilience practices into their daily life. “Really, I found my inner peace and resilience,” they explained. “I opened up about my HIV diagnosis, how I got it, and it helped me relieve and learn from my trauma.”

Quantitative data was gathered with sixteen participants using a survey measure before and after the eight-week Regeneration Circles. The survey instrument included 17 Likert-scale (a psychometric scale commonly involved in research that employs questionnaires) questions and two open ended questions. The Likert questions were divided into two primary groups. The first 12 questions explored participants’ individual emotional well-being. This set of questions included topics such as participants’ ability to concentrate, loss of sleep, feelings of usefulness, strain, enjoyment of activities, decision making, feelings of depression, and confidence. Five additional

questions focused on participants' attitudes towards the movement, focusing on topics such as connectedness to the movement, achieving change, liberation, and strength of the movement.

Quantitative results from the pre-test and post-test on individual emotional well-being items indicated that participation in the Regeneration Circles resulted in significant individual improvements for participants. Participants showed a marked increase on survey items, suggesting that the Circles had a significant beneficial effect on participants' emotional well-being and reported negative symptoms such as ability to concentrate, loss of sleep, feelings of usefulness, strain, enjoyment of activities, decision making, feelings of depression, and confidence. The improvement on these survey items across the eight-week intervention offers encouragement for both the feasibility and acceptability of FtF. Given the level of discrimination, surveillance, and crackdown the LGBTQI community was facing during the Covid pandemic, these positive effects are especially heartening, suggesting that peer-to-peer support tailored to advance the wellbeing of activists within movements under attack can be effective even in such moments of crisis—likely because such support provides concrete and valuable tools at moments, they are most important and needed. On the other hand, results from the pre-test and post-test on attitudes toward the movement indicate that the Regeneration Circles did not result in a significant change in participants' attitudes toward the Kuchu movement. It should be noted that participants were already actively involved in the movement to defend Ugandan LGBTQI human rights and may have therefore had generally stable, positive feelings toward it. Further, the small sample size may have contributed to the lack of change in attitudes toward the movement.

Lessons Learnt

In an actively hostile environment and without public resources, members of the Kuchu community were compelled to depend on each other during the Covid lockdown. Facing arbitrary detention and internet shutdowns by the government, as well as increased hate attacks and surveillance by the ambient community, leaders noted that LGBTQI community members were experiencing heightened anxiety, depression, and other mental health impacts. Seeing the crisis as a moment of inflection, FtFUG built a program designed to hold space for the community to address these human rights and mental health challenges jointly and creatively.

The peer-to-peer support system created during the pandemic had to grapple with both ongoing human rights violations and new wellbeing challenges. It did so by introducing skills and tools that peers could use to respond to the emergency needs of their fellow community members, supporting their mental health while beginning to establish self-care as well. The emerging support system has enabled the Kuchu community to regularly be in touch with each other, feel safe sharing their challenges, and freely express themselves, which was rarely the case before. Collaboratively constructing such a space has helped LGBTQI activists collectively heal from the social isolation created by Covid while advancing resilience practices and supporting each other virtually.

While the long-term sustainability of the program continues to face challenges due to limited funding and the daily stressors that the community faces, it has demonstrated that innovative solutions to address wellbeing within the community can be created, and initiatives designed by and led by the community itself can lead to greater cohesion and solidarity.

Despite its very real successes, the FtFUG program was time-intensive, demanding significant commitments by participants and program leaders alike and resource-intensive, requiring that participants be provided internet data as they could not meet in person.

The unexpected opportunities created by the Covid pandemic—including an openness to innovation born of necessity—undoubtedly contributed to program successes. At the same time, the traumatizing impacts of the discrimination and abuse attending the Covid crackdown on the most marginalized within the Kuchu community—including those living in group shelters and/or unable to return safely to a family or community of origin—could not be overcome through a peer-to-peer wellbeing program. Lessons should be learned from both the successes of the FtFUG program and its limits. Persons outside of major cities for example, or persons not already connected to the LGBTQI human rights community could not be reached by the program. In addition, as pandemic conditions transform, FtF leaders will be working to hold onto the lessons from this initial pilot, hoping to create trusted networks that the Kuchu community can depend on in so-called “normal” times.

Recommendations

We offer the following recommendations based on our experience with FtFUG.

1 Mental health support during the pandemic for communities that are the targets of state and private-sector repression and violence is likely to be most successful when it resources and taps into the communities themselves. Institutions and organizations seeking to address the mental health impacts of the pandemic should center and empower grassroots communities and locally based initiatives. They can support the development of tools and platforms that respond to the needs of communities by engaging them directly. Marginalized and oppressed communities such as the Kuchu in Uganda seek resources to ensure they are prepared for public health emergencies beyond, or despite, state responses.

Funders should support and fund wellbeing initiatives, focusing on empowering and resourcing those who are creating innovative programs and using rights-based approaches. Funders should follow the lead of communities and those engaging in wellbeing initiatives, to support those existing initiatives and individuals carrying out the work. Additional resources for local activities in times of crisis could help adapt interventions as needed (e.g., providing funding for internet data when in-person events are impossible).

2 It is important for the NGOs and organizations supporting the LGBTQI community to address and mainstream mental health and wellbeing programs before crises arise. By explicitly inserting attention to wellbeing into their strategic plans and grant applications, leaders signal to staff that individual and collective wellbeing is a priority, and such mainstreaming allows those inside the organization to take it more seriously. This can ensure that organizations and the people within them have the resources, stamina, and fortitude to address mental health issues when crises arise. Perhaps most importantly, for communities that face challenges to their very existence, mental health can be a daily effort, and acknowledging this within organizations can help strengthen advocacy to end these existential threats.

3 Organizations should seek out ways to work with and sensitize officials and state institutions responsible for managing public health emergencies. Creating spaces for dialogue and interaction with health providers, especially when this is done in an organized, strategic manner, has been shown to be effective in beginning to change embedded practices, even in spaces where individual providers’ room for maneuver may be limited (Feinglass et. al. 2016). Approaching health institutions to address barriers to care, such as working with officials in the ministry of health to create codes of ethics to prevent discrimination, can move the needle on ensuring that those most vulnerable have access to LGBTQI affirming care. While it will not

prevent the broader harm—which requires a complete decriminalization and de-stigmatization of homosexuality and transgender identities in Uganda—it can be a way to start to create safe spaces for Kuchu activists and members of the Kuchu community. These safe spaces are crucial when public health emergencies arise.

4 At the global policy-making level, international bodies need to consider the socio-political impact of health measures to ensure that those already on the margins, and already targeted, are not further marginalized during public health emergencies. Organizations such as the WHO should create pandemic response guidelines and approaches that center groups that are most vulnerable or targeted by the State, directly addressing the harm of lockdowns and draconian public safety measures. Rights-based approaches to assessing public health measures are always needed, and in times of crisis, they become even more essential.

References

- Acri M, SS Olin, G Burton, RJ Herman & KE Hoagwood. (2014). Innovations in the identification and referral of mothers at risk for depression: Development of a peer-to-peer model. *Journal of Child and Family Studies*, 23(5), 837-843.
- Afuape T. (2011). *Power, resistance, and liberation in therapy with survivors of trauma: To have our hearts broken*. Routledge.
- Ayesiga EH. (2019). *Invisible Scars: A Focus on the Mental Health of Queer People in Uganda*. Icebreakers Uganda.
- Baron D, F Scorgie, L Ramskin, et. al. (2020). “You talk about problems until you feel free”: South African adolescent girls’ and young women’s narratives on the value of HIV prevention peer support clubs. *BMC Public Health*, 20(1), 1-13.
- Benoit C, L Belle-Isle, M Smith, et. al. (2017). Sex workers as peer health advocates: community empowerment and transformative learning through a Canadian pilot program. *International journal for equity in health*, 16(1), 1-16.
- Bernays S, M Tshuma, N Willis, et. al. (2020). Scaling up peer-led community-based differentiated support for adolescents living with HIV: keeping the needs of youth peer supporters in mind to sustain success. *Journal of the International AIDS Society*, 23, e25570.
- Castelein S, R Bruggeman, et. al. (2008). The effectiveness of peer support groups in psychosis: a randomized controlled trial. *Acta Psychiatrica Scandinavica*, 118(1), 64-72.
- Corrigan PW, DJ Kraus, SA Pickett, et. al. (2017). Using peer navigators to address the integrated health care needs of homeless African Americans with serious mental illness. *Psychiatric services*, 68(3), 264-270.
- Cruz S & J Dordevic. (2020). Protection, Self-Care and the Safety of Human Rights Defenders. *SUR-Int'l J. on Hum Rts.*, 30, 239.
- Deimling Johns L, J Power & M MacLachlan. (2018). Community-based mental health intervention skills: Task shifting in low-and middle-income settings. *International Perspectives in Psychology: Research, Practice, Consultation*, 7(4), 205.
- J Edström & C Dolan. (2019). Breaking the spell of silence: Collective healing as activism amongst refugee male survivors of sexual violence in Uganda. *Journal of Refugee Studies*, 32(2), 175.

- Ekasari D, A Demartoto & B Murti. (2018). Effects of Sexual Behavior, Family Support, Peer Support, Stigma, and Discrimination on Quality of Life Among Gay Community in Tulungagung, East Java. *Journal of Epidemiology and Public Health*, 3(1), 50-59.
- Feinglass E, N Gomes & V Maru. (2016). Transforming policy into justice: the role of health advocates in Mozambique. *Health and human rights*, 18(2), 233.
- Friere P. (2005). *Pedagogy of the Oppressed* (M. B. Ramos). Continuum.
- Griffiths KM, J Reynolds & S Vassallo. (2015). An online, moderated peer-to-peer support bulletin board for depression: user-perceived advantages and disadvantages. *JMIR Mental Health*, 2(2), e4266.
- Joscelyne A, S Knuckey, M Satterthwaite, et. al. (2015). Mental health functioning in the human rights field: Findings from an international internet-based survey. *PLoS one*, 10(12), e0145188.
- Kneer J, A Van Eldik, J Jansz, et. al. (2019). With a Little Help from My Friends: Peer Coaching for Refugee Adolescents and the Role of Social Media. *Media and Communication*, 7(2), 264-274.
- Morris RR, SM Schueller & RW Picard. (2015). Efficacy of a web-based, crowdsourced peer-to-peer cognitive reappraisal platform for depression: randomized controlled trial. *Journal of medical Internet research*, 17(3), e4167.
- Murphy R, E Clissold & RC Keynejad. (2017). Problem-based, peer-to-peer global mental health e-learning between the UK and Somaliland: a pilot study. *Evidence-Based Mental Health*, 20(4), 142-146.
- Nyoni Z. (2021, May 3). Covid-19 Emergency Powers as a Weapon for Targeting LGBTIQ People in Uganda. *Harvard Human Rights Journal*.
- Oloka-Onyango & 9 Ors v Attorney General, Constitutional Petition 8 of 2014 (UGSC, 2014).
- Patel V, HA Weiss, et. al. (2011). Lay health worker led intervention for depressive and anxiety disorders in India: impact on clinical and disability outcomes over 12 months. *The British Journal of Psychiatry*, 199(6), 459-466.
- Petersen I, C Lund, A Bhana, AJ Flisher & Mental Health and Poverty Research Programme Consortium (2012). A task shifting approach to primary mental health care for adults in South Africa: human resource requirements and costs for rural settings. *Health policy and planning*, 27(1), 42-51.
- Resnick SG & RA Rosenheck. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307-1314.
- Rodriguez SM. (2017). Homophobic nationalism: The development of sodomy legislation in Uganda. *Comparative Sociology*, 16(3), 393-405.
- Rosenberg JS & D Bakomeza. (2017). Let's talk about sex work in humanitarian settings: piloting a rights-based approach to working with refugee women selling sex in Kampala. *Reproductive health matters*, 25(51), 95-102.
- Satterthwaite M, S Knuckey, RS Sawhney. (2019). From a Culture of Unwellness to Sustainable Advocacy: Organizational Responses to Mental Health Risks in the Human Rights Field. *S. Cal. Rev. L. & Soc. Just.*, 28, 443.
- Sexual Minorities Uganda v. Lively*, 899 F.3d 24 (1st Cir. 2018)
- Sharma S, D Mehra, F Akhtar & S Mehra. (2020). Evaluation of a community-based intervention for health and economic empowerment of marginalized women in India. *BMC public health*, 20(1), 1-16.

SMUG. (2014). Expanded Criminalisation of Homosexuality in Uganda: A Flawed Narrative--Empirical Evidence And Strategic Alternatives From An African Perspective.

Ssekamatte T, JB Isunju, et. al. (2020). Barriers to access and utilisation of HIV/STIs prevention and care services among trans-women sex workers in the greater Kampala metropolitan area, Uganda. BMC infectious diseases, 20(1), 1-15.

Tamale S. (2009). A human rights impact assessment of the Ugandan Anti-homosexuality Bill 2009. The Equal Rights Review, 4, 49-57.

Van Hasselt VB, KE Klimle, et. al. (2019). Peers as Law Enforcement Support (PALS): an early prevention program. Aggression and violent behavior, 48, 1-5.

Yu S, SD Kowitt, et. al. (2018). Mental health in China: Stigma, family obligations, and the potential of peer support. Community mental health journal, 54(6), 757-764.



Douglas Mawadri is a Ugandan lawyer, human rights defender, and founder of Associates of Health Rights Limited (AHAR-Uganda), a mental health and well-being rights organization offering services to human rights defenders and vulnerable persons in Uganda.

Arianna Schindle is a human rights activist, therapist, and educator, who cofounded the Rhiza Collective, which uses storytelling, healing, organizing, and research to support social transformation.

Alden Farrar is a doctoral candidate in Clinical Psychology at The New School for Social Research whose main research interests focus on increasing global access to mental health care through task sharing and community mental health models.

Zoë West is an anthropologist and oral historian whose work centers on labor and migration; she is a co-founder of Rhiza Collective and Senior Researcher of Worker Rights and Equity at the Worker Institute, ILR School at Cornell University.

Joy Mukasa is a practicing counselor for refugees, children and the LGBTQI community, an activist, a co-founder of AHAR, and a FtF Team member.

Elvis Herbert Ayesiga is an LGBT activist, researcher, Young African Leaders Initiative (YALI) alumnus, mental health expert, and a social worker by profession.

Bob Bwana is an LGBTQI social worker, a seasoned human rights advocate, a FtF regenerator and was a curriculum development partner of the FtFUG program.

Adam Brown is a clinical psychologist, Vice Provost for Research and an Associate Professor of Psychology at the New School for Social Research as well as an Adjunct Assistant Professor in the Department of Psychiatry at New York University School of Medicine.

Sarah Knuckey is a human rights advocate and clinical professor of law, and she directs the Human Rights Clinic and the Human Rights Institute at Columbia Law School.

Manaswi Sangraula is a global mental health researcher and the Assistant Director of Research at the Trauma and Global Mental Health Lab at The New School for Social Science Research.



This commentary was commissioned by the Covid-19: The Social and Human Costs of Pandemic Response project of the Global Health Justice Partnership of the Yale Law and Public Health Schools and supported by Open Society Foundation.
