

The Influence of Poverty and Depression among the Congolese Immigrants in Makindye Division, Kampala Uganda.

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Abstract

The aim of this article is to examine the influence of poverty and depression among Congolese immigrants in Makindye division, Kampala Uganda, the study was underpinned by the Cognitive theory by Beck, (1979) and Hope theory by Snyder, (2002). Employed Descriptive Correlational design and considered both quantitative and qualitative approaches of data collection. The research instruments used to collect data were questionnaire and interview guide. Data from questionnaires were edited and coded then entered in a computer and Statistical Package for Social Scientists (SPSS) program was used to analyse it. The percentage number of respondents according to variables such as; sex, age, objectives and so on were computed and presented in tables. The influence of poverty and mental health of Congolese immigrants in Makindye division, Kampala Uganda, the study was underpinned Immigrants was established using Pearson Linear Correlations Coefficient Statistical Method. Findings revealed that the influence of Poverty and depression among Congolese immigrants Makindye Division, Kampala Uganda had a mean rated to 2.6772 and standard deviation of 1.22998 interpreted as A lot. The study results based on a Pearson's Correlation revealed that there is a positive relationship between Poverty and Depression among Congolese immigrants in Makindye Division, Kampala Uganda. Which rated to a mean of 3.50708 and standard deviation of 0.57402 and interpreted as Extreme. From the findings the researcher recommended that the government of Uganda should support the Congolese Immigrants socially, physically and psychologically and concluded that the services provided to the host communities would also be introduced to Congolese immigrants.

Key words: Poverty, Depression, Immigrants, Congolese Immigrants

Introduction

According to the International Organization for Migration, (2013) worldwide the migratory patterns have existed with in diverse social, political and economic contexts and driven by political factors, poverty, rapid population growth and the porosity of the international borders through which individuals become permanent residents or citizens of another country (IOM, 2013). The current global estimate is that there are 281 million international immigrants in the world which equates to 3.6 percent of the global population. The overall, estimated number of immigrants has increased over the past five decades. (IOM, 2022), with an estimated 50.6 million immigrants, or slightly more than 15% of the 331.4 million individuals who were born there, the United States has the biggest immigrant population in the whole globe. Since 1965, there have been at least 400 percent more immigrants living in the US. Nearly every nation in the globe is represented in the enormously diversified immigrant community of the United States (World Population Review, 2021). Variations in the origins and size of immigration flows are shaped by U.S. immigration laws but also by conditions in the migrants' homelands which lead them to search for better economic opportunities, social stability, safety, and to join family and friends (UNHCR, 2008). People decide to migrate for purposes of employment, study purposes and since world began period, immigration has largely increased as a result of serious human rights violations, persecution, and political, ethnic, religious and international armed conflict. However, immigration has led to economic marginalization, massive unemployment, and environment degradation and population pressure into the host countries while Poverty jeopardizes the mental wellbeing of immigrants' families which in turn adversely affects the mental health of their children (Bennett et al., 1997).

Africa is home to 40% of the world's population of concern. Immigrants, asylum seekers, internally displaced persons (IDPs), returned immigrants, and stateless individuals comprised 33 million people in 2019. (Kamer, 2020). More people are internally displaced in Africa than everywhere else. These people are compelled to leave their homes yet remain inside the borders of their country. Asylum seekers are often compelled to flee their home countries due to a combination of economic hardship, political unrest, and acts of terrorism. The Horn of Africa and the Eastern part of Africa are home to the bulk of African immigrants. Uganda, Sudan, and Ethiopia make up this group (UNHCR, 2008). As immigrants flee to another country of asylum they come along with physical, psychological and social challenges caused by the effects of war (UNHCR, 1999). Five years after the genocide in Rwanda, some immigrants (women)

resettled in the USA, it was reported that 51% were suffering from major depression disorders associated with war-related violent events experienced in their country of origin. Immigrants are exposed to danger and potentially traumatic events during the course of their flight. Therefore, many are already suffering from psychological and physical impairments when they arrive in their new countries of residence. These potentially stressful experiences and diminished quality of life are connected with the prevalence of a variety of psychiatric illnesses among immigrants (Miller et al., 2010). In which the conditions of poverty lead to high levels of stress, social exclusion, reduced access to social capital, malnutrition, obstetric risks, increased risk of violence and increased prevalence and worse outcomes of mental disorders (Patel, 2001). On the other hand, mental ill-health leads to increased health expenditure, reduced productivity, job loss and social drift into poverty.

In the context of Uganda's generosity and good will to welcoming immigrants, Uganda is a mixed migration country acting as origin, transit and destination country. Historically it has been a destination for immigrants due to multiple instability crises in their origin countries (IOM, 2017). Uganda, on the other hand is known for its political stability, traditional hospitality and generous asylum policies, increasing its attraction for the seekers. This is a result of both its geography and the instability in its neighbouring countries, as well as its generally favourable Congolese immigrant's protection mechanism (Ongaro, 2017). Since 2010, there has been a steady increase in arrivals to Uganda the majority of arrivals come from the immediate neighbouring East African countries of Kenya, South-Sudan, Rwanda, Democratic Republic of Congo, Eritrea, Ethiopia, and Somalia, however, there are also more entries of residents from United Kingdom (IOM, 2013).

In the context of Kampala district, large numbers of immigrants tend to seek opportunities in urban centres. According to the Office of the Prime Minister Kampala hosts a total number of 157,803 Immigrants/ immigrants living in the capital city Kampala (OPM, 2025). These live in Kampala central, Makindye division, Rubaga division, Nakawa division, Kawempe division, Makerere University and Ssabagabo –Makindye (UNHCR,2022). These originate from Somalia with the largest number of immigrants at 50, 611 Democratic Republic of Congo with 26,898, Eritrea with 35330, South Sudan with 6,109, Burundi with 4,936, Ethiopia with 3,485, Rwanda with 2,265, Sudan with 1,840, Pakistan with 227 and Turkey with 76 immigrants (UNHCR, 2022). These live a life of struggling and poverty, with regard to lack of supply and demand of basic services as well as household needs and insecurity compared to Ugandans

leading to a burden of managing daily life style that contribute to depression and other mental health conditions (UNHCR, 2018).

Theoretical Perspective

This study was based on both **Cognitive theories** stated by Aaron Beck, (1979) and **Hope theory** by Snyder, (2002). Cognitive theory theorizes that depressed people have negative and hopeless thoughts or core beliefs about themselves, their experiences in the world and their future (Beck et al., 1979). The choice to use Cognitive Behavioural Theory (CBT) will base on the notion that human beings can be understood by studying their internal processes of thinking, feeling and behaviour. The triad refers to thoughts about self, world and future. In all the three instances depressed individuals tend to have negative views. Thus, a depressed individual would tend to think he/she is a worthless person living in a futile and unforgiving world with a hopeless future. Beck's work also led to the identification of particular patterns of habitual and maladaptive thinking that he called errors of thoughts. For example, where an individual quickly thinks, on the basis of limited evidence, draws a conclusion that others don't like him/her because he is an immigrant, this thinking lowers his/her mood, developing unhelpful thinking. Given the fact that immigrants experience traumatic events in the past and negative thoughts about themselves, the theory will help to create a link between the past traumatic stress events and current events in the assessment of a person's psychological well-being.

Whereas **Hope theory** will be adopted as the basis for the theoretical frame work of this study, Hope theory derives pathways to desired goals and it motivates one to think the ability to start and continue on a chosen pathway (Snyder, 2002). Hope theory has mainly been applied to individuals but it has applicability to large populations (Bernardo, 2010). Having hope in difficult situations such as poverty is applicable to social work practice in that a deep appreciation for such surmountable odds is needed to make systematic change in immigrant's mind set. The theory of hope therefore seeks to provide guidance in understanding how an individual's mind set can be changed towards poverty reduction and increase of economic opportunities

Conceptual Perspective

The conceptual perspective covers two major variables as follows: Poverty as an influencing factor and an independent variable and Depression among immigrants as a dependent variable.

According to the United Nations (1998), poverty is a violation of human dignity since it denies options and possibilities. It indicates an inability to contribute successfully in society on a fundamental level. It implies not having enough to feed and clothe a family, not having access to a school or clinic, not having land to produce food or a job to support oneself, and not having credit. It implies instability, helplessness, and marginalization for people, families, and communities. It signifies vulnerability to violence and often entails living in marginal or vulnerable surroundings without access to clean water and sanitation. Iceland and Bauman (2004) discovered that income poverty is more strongly associated with certain hardship measures, such as food insecurity, difficulty paying bills, and possession of durable consumer goods, and less strongly associated with others, such as housing, medical, and neighbourhood problems, and fear of crime.

Depression is therefore a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep, appetite, and poor concentration (WHO, 2012). According to the World Health Organization, common mental diseases including as melancholy, anxiety, and post-traumatic stress disorder (PTSD) are more prevalent among immigrants exposed to hardship among the host community. Before and during their migration trip, during their settlement and integration, immigrants may be subjected to a variety of stressors that influence their mental health and well-being (WHO, 2021). Immigrants' mental health should be addressed by creating inclusive and accessible promotion programs, integrating mental health into general health care, and assuring prompt depression diagnosis, treatment, and rehabilitation. Immigrants make beneficial contributions to society, but they are unable to realize their full potential unless they are in excellent mental health.

Theoretical Review

This research study was based on cognitive theory stated by Aaron Beck, (1979) empirical studies in social work support cognitive behavioural theories that researchers and clinicians have long acknowledged that cognition plays a critical role in the onset and maintenance of depressive disorders. Fifty years ago, Beck (1979) posited that biased acquisition and processing of information influences the system and cause depressive episodes. Beck argues that internal mental representations or schemes affect how depressed individuals will perceive themselves and the world around them. Depression is mostly the result of unfavourable interactions between a person and his or her environment (e.g., low rate of

reinforcement or unsatisfactory social relations). These exchanges are affected by thoughts, actions, and emotions (Antonuccio, 1989).

Beck's cognitive theory (1979) is one of the most commonly recognized cognitive models of depression (Vázquez, 2000). Cognitive attributions, which can be specific/global, internal/external, and stable/unstable, are associated with learned helplessness (Hereto and Seligman, 1975; Abramson et al., 1978). People prone to depression ascribe unpleasant occurrences to internal, stable, and global forces, whereas they credit success to external, unstable, and particular variables (Abramson, 1978; Peterson, 1993). Identifying the origins and risk factors of depression, as well as addressing negative thoughts, feelings, and behaviors, are described in greater length and supported by empirical evidence in the theory.

According to Snyder (2002), Hope theory incorporates objectives, routes, and choice. Hope theory has at least three components to which individuals can relate: To attain this objective, you must have concentrated ideas, prepare strategies in advance, and be determined to put up the work necessary to achieve these objectives. The more the people's confidence in their potential to attain the aforementioned elements, the greater the likelihood that they will acquire a sense of optimism. Before discussing Snyder's Hope Theory, it is useful to define the term 'hope'. Hope may be viewed as the imagined capacity to navigate specific routes leading to a desired goal. In addition, hope helps people stay motivated when walking these paths. A. T. Beck's theory (2008) of hopelessness is compared with Snyder's hope theory. Hope theory constructs are used to examine the relationship of suicide to hope/hopelessness, goals, pathways thinking, and agency thinking. This theory is intended to broaden our theoretical understanding of the causes and effects of poverty for future empirical investigation on how poverty can be eradicated using the framework.

Hope theory is used to underpin this study because it helps to break the cycle of poverty in Kampala Uganda. The theory provides technical guidance to the immigrants of Makindye division, on how to reduce poverty and enhance economic opportunity.

Influence of Poverty among Congolese Immigrants in Makindye Division

United States of America is a nation of immigrants, nearly three quarters of all U.S.A hired farm workers who harvest the majority of their country's fruits and vegetables are immigrants, most of whom are undocumented. Despite their contributions, many immigrants face

discrimination based on race, ethnicity, citizenship status, and/or gender and barriers to opportunities. Many immigrants, especially those from Mexico, Central America, and parts of Africa and Southeast Asia, leave their home countries to escape deep poverty or violence (Molieri, 2016). In addition to Molieri (2016) study, the local communities marginalize Congolese immigrants as people who are not worthy to stay with, they are judged for being poor because most of time they survive on the support given by Humanitarian Organisations without that, they are seen suffering and the host community don't want to be bothered being asked to help all the time.

There are millions of Congolese immigrants who have been forced to flee their homes to neighbouring countries, such as Uganda, South Africa, Burundi, Tanzania, Zambia and Angola. At the beginning of this year, nearly 630,000 Congolese have sought refuge in Uganda (UNHCR, 2025). UNHCR is on the ground providing lifesaving humanitarian support to millions of IDPs and immigrants in the Democratic Republic of the Congo (UNHCR, 2025). However, this explains why Congolese immigrants are in need of help. The United Nations High Commissioner for Immigrants is a UN agency mandated to aid and protects immigrants. Recently the Uganda government called upon all well wishers and countries where immigrants come from to give help because of the increasing numbers of immigrants entering Uganda every day.

Many Congolese originate straight from eastern DRC cities such as Goma, Buzau, and Uvira, which may partially explain why they prefer to reside in Kampala or other urban locations. However, some come to Kampala from rural regions of the DRC because of the possible prospects or because they felt more at ease in the city. Other Congolese immigrants in Kampala came from Congolese immigrants' camps such as Nakivale, Kyaka, Rwamwanja, and Kyangwali, and have resided in the city for years, despite official regulation forcing them to remain in specified zones. Nevertheless, these immigrants have the responsibility to take care of their families which they are not able to, living in poverty for a long-time having hopes of being resettled to other countries by UNHCR or a well-wisher blessing them.

According to Hand (2001), there is a large school of thought that presents the destruction of physical and human capital (i.e., the loss of assets and human lives) as primary causes of poverty. Armed conflict results in forced displacement, dangers to the physical and emotional health of the population, and limited employment and educational prospects. In addition, armed conflict disrupts local social networks, diminishes social cohesiveness, and generates

ambiguity over property rights (Hand, 2001). It is important to remember that Hand (2001) stated that every conflict in a country is extremely devastating in those lives are lost, property is destroyed, and people are left wondering what to do, resulting in tremendous poverty.

Influence of Depression among Congolese Immigrants in Makindye Division

Poverty can strain a person's physical and mental health. Many low-income people work long hours to pay bills and provide for their families. This lifestyle can impose immense stress and reduce a person's cognitive ability. In 2013 a study published in the journal science found that poverty impedes cognitive functioning, which can lead to poor decision-making. In the study, low-income people who thought about financial issues in their lives performed poorly on a series of cognitive tests (Recovery village, 2021). In addition, research indicates that depression and anxiety are positively connected with increased rates of suicidal behaviour, and that depressed teenagers are 35–50% more likely to attempt suicide (Dopheid, 2006). In addition to those many Congolese adolescent immigrants have been victims of depression because they have not been able to seek for help and kept the pain inside them. When they are taken to hospital thinking they are sick they find that they are not physically sick but psychological disturbed by the situations they pass through.

The voluntary or involuntary nature of migration can affect immigrants' mental health (Ogbu 1987). Voluntary immigrants have chosen to undertake the migration journey with hopes that they will be able to improve their circumstances and futures. For them, migration is an opportunity that is worth the stress and sacrifices endured. For adolescents, who typically migrate in response to a decision made by their parents, migration may not be viewed as an opportunity or a voluntary decision but a stressor (Perreira et al., 2006). It is true that a Congolese adolescent immigrant may really need an explanation to know why his/ her parents decide to leave their own home and belongings and decide to go to another country with totally nothing but prioritising safety for his/ her family from danger. Without a clear explanation the situation may seem unpleasant to the adolescent causing depression.

Congolese immigrant's life remains extremely precarious as they face problems such as language barrier which is a significant concern when it comes to searching for employment they are easily identified as foreigners, and issues of xenophobia and discrimination often emerge. For professional-skilled Congolese immigrants residing in Kampala, achieving equal recognition and validation of their academic and professional certifications was found to be, at

best, extremely difficult and costly, and the same was true for continuing education (Kigozi, 2015) Therefore, measures to address this issue must be enacted or executed more effectively to enable people to become self-sufficient through training in developing skills, therefore increasing their work opportunities.

In terms of the consequences of migration for the poor, Oucho (1996) discusses the problems of balancing the costs and returns to rural areas of rural-urban migration, in terms of loss of labour, the cost of supporting the move and establishment in the town, returns in the forms of remittances, both economic and socio-cultural, and the eventual return migration. He argues that migration creates dependency in rural areas of Western Kenya on urban immigrants and remittances (Oucho 1996). In addition to that, Congolese immigrants have also faced the consequence of poverty in that due to unemployment they depend on other people, agencies to keep on helping them in times of need as they move from one organisation to another requesting for food, medical and rent assistance. This system tends to be a routine and they are seen as a dependent which leads them to being physically, psychologically and sexually abused.

Relationship between Poverty and Depression among Congolese Immigrants in Makindye Division

According to Matthew, Ridley, (2020) he examined why people living in poverty are affected by mental illness. He reviewed the interdisciplinary evidence of the bi-directional causal relationship between poverty and common mental illnesses such as depression and anxiety-and the underlying mechanisms. Research shows that mental illness reduces employment and therefore income, and that psychological interventions generate economic gains. Similarly, negative economic shocks that cause mental illness and antipoverty programs such as cash transfers to improve mental health. A crucial step towards the design of effective policies is to better understand the mechanisms underlying these causal effects (Foo, 2018). In addition, such effects may also require social work intervention in order to have them reduced or solved for good or for some time.

Depression is just one of a number of illnesses that are more prevalent in the poor than in the general population. Depressive illness is a sickness that affects all socioeconomic groups, but it is worsened by poverty, which prevents people from receiving sufficient medical care. However, fewer people will suffer from depression if the root causes of poverty are addressed (Gallup, 2015). Depression is described by the CDC as a "depressed or sad mood, diminished

interest in activities that used to be pleasurable, weight gain or loss, psycho-motor agitation or retardation, fatigue, inappropriate guilt, difficulties concentrating, as well as recurrent thoughts of death." The CDC defines depression (Gallup, 2015). Depression, if left untreated or treated incorrectly, can become a chronic disorder that strains relationships and weakens families. Smoking, drinking, physical inactivity, and sleep disturbances are all more common in those who are suffering from depression.

According to Gallup's (2015) study, the correlation between poverty and chronic disease is alarmingly strong in the United States. Those who live in poverty have greater rates of depression, asthma, obesity, diabetes, hypertension, and heart attacks than those who don't: six out of the eight chronic health conditions studied. 30.9 percent of people living in poverty were impacted by depression, while only 15.8 percent of those who were not in poverty were afflicted. Medical care, fresh vegetables, safe locations for exercise, and other things that assist alleviate depression are more difficult for those in poverty to get access to than they are for the wealthy. As one researcher wrote in the report with these findings: "Depression could lead to a lack of resources and a lack of resources could lead to poverty; regardless, it is clear that people in poverty have twice the risk of being a victim of a potentially debilitating illness and one that could be impeding them from getting out of poverty" (CDC, 2025). Even if depression is successfully treated, there may be a lingering part of it. It was found that even when depression is latent; it produces hyper-connected cognitive and emotional networks that are related with rumination, thinking about a problem over and over again, even if there is little hope for resolution. Participants without a history of depression showed less rumination in MRI scans than those with a history of depression. Poverty is linked to depression, which means that when poverty diminishes so does the prevalence of depressive symptoms. Inequality between the rich and the poor is being narrowed as part of the fight against poverty (CDC, 2025). Even if Congolese immigrants who suffer from depression can be detected and treated much more quickly because of the availability of medical care in their home countries.

Methodology

This study employed descriptive correlational design. Descriptive correlational design was used in research thesis aiming to establish the relationship between different variables (McBurney, 2009). Descriptive research is designed to also allow the prediction of future events from present knowledge using both quantitative and qualitative approaches of data collection. Researchers have used the descriptive correlational design for many years across a

variety of disciplines. Social scientists, in particular have made wide use of this qualitative research approach to examine contemporary real- life situations and provide the basis for the application of ideas and extension of methods. A researcher Fowler (2013) defines descriptive correlational design as a design used to provide statistical data that can either be used for further research studies or as independent entity that can be used to make conclusions. Qualitative technique helped the researcher to come up with conclusions on variables that could not be measured using quantitative techniques.

Findings

Influence of Poverty among Congolese immigrants in Makindye Division.

The findings examine the influence of poverty among Congolese immigrants in Makindye division, Kampala Uganda. Below are descriptive statistics showing the resultant findings.

The second objective of the study sought to identify the influence of Depression among Congolese immigrants in Makindye Division basing on the overall mean of 2.4061 and Std. Deviation of 1.20882 and this was supported by majority of respondents included in the study i.e. 83(46.3%) who strongly agreed that their children eat one meal a day and 23(12.8%) strongly disagreed with a Mean of 3.1564 and Std. Deviation of 1.00454 which is interpreted as a lot. Implying that Congolese immigrants face a problem of depression because their children eat one meal a day.

In another interview sessions with a social worker of Refuge and Hope International, when asked if they receive immigrants in their Organization and the kind of service they offer to immigrants, she said that;

“Yes, we receive Congolese immigrants in our community and as a Faith

Based Organisation we giving hope to immigrants, through evangelism,

Individual counselling in order to help them through difficult

life situations, such as the death of a loved one, divorce, natural disasters,

lack of food, shelter and financial support.

We also offer self-awareness, sustainable programs such business

and saving skills and provide social assistance to all kinds of immigrants in times of crises i.e. (war and conflicts, human rights violations, environment and climate issues, and economic hardship, among others).''

In relation to whether Congolese Immigrants take medication without food; 92 (51.4%) Strongly agreed and 51 (28.5%) Strongly disagreed, with a Mean of; 2.9274 and Std. deviation of 1.29401 which is interpreted as a lot. This implies that Congolese immigrants face a problem of depression because they take medicine without food.

Majority of respondents 126(70.4%) Strongly disagreed that their children are thieves on the street and 29 (16.2%) Strongly agreed with a Mean of 1.6704 and Std. deviation of 1.14055 which is interpreted as somewhat. This means that the Congolese immigrants disagree with the statement that their children are thieves on the street.

Furthermore, majority of respondents 103 (57.5%) Strongly agreed that they are very worried and they think a lot while 36(20.1% strongly disagreed with the statement and this was with a Mean of 3.1397 and Std. deviation of 1.18395 which is interpreted as a lot. Implying that Congolese immigrants face a problem of depression because they worry and think a lot.

While when it came to the statement whether Congolese Immigrants were raped by men when, I had gone to wash clothes to support my family and I don't want to tell my husband; 42 (23.5%) Strongly agreed and 101(56.4%) Strongly disagreed, with a Mean of 2.0056 and Std. deviation of 1.26977 which is interpreted as moderate. This means that the Congolese immigrants disagree with the statement that they were raped by men.

In the aspect whether Congolese Immigrants in Makindye division have several infections but I cannot afford to buy the medicine; 93(51.9%) Strongly agreed and 53(29.6%) Strongly disagreed with a Mean of; 2.8492 and Std. deviation of 1.3301 which is interpreted as a lot. Implying that Congolese immigrants face a problem of depression because they suffer from several infections that they are not able to treat.

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For the issue whether wives of Congolese Immigrants in Makindye division are drug addicts and drunkards, majority of the study respondents Strongly disagreed with this statement with a response rate of 117 (65.4%) who Strongly Disagree while only 29 (16.2%) Agreed with a Mean of; 1.7598 and Std. deviation of 1.15795 which is interpreted as moderate. This means that the Congolese immigrants disagreed with the statement that their wives are drug addicts and drunkards.

Further still, when it came to whether wives of Congolese immigrants divorced and left their husbands with the children whereby their husbands are unable to take care of the children alone; 23 (12.8%) Strongly agreed while 137 (76.5%) Strongly disagreed with a Mean of; 1.5140 and Std. deviation of 1.03510 which is interpreted as somewhat. This means that the Congolese immigrants disagree with the statement that their wives divorce.

Recommendations

The Researcher recommends that the government of Uganda supports the Congolese Immigrants socially, physically and psychologically. This is to say that: The services provided to the host communities would also be introduced to Congolese immigrants such as medical care, protection, Parish Development Model to eradicate poverty that is affecting their wellbeing leading to Depression.

Additionally, healthcare workers working alongside Congolese immigrants should pay attention to Congolese immigrants who have experienced depression linked to their poor

economic backgrounds. Therefore, Programs set for Congolese immigrants should respond to the persistence sadness brought about by the lack of financial support

CBOs in Makindye should use the grass root approach of engaging local community leaders like Local Chairpersons in the process of empowering Congolese immigrants before they are affected with poverty. The empowering programs in areas of business, skilling and saving. With the help of the CBO, they are helped in forming a village saving group based on their occupations.

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