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Report on Independent Evaluation of Network for Africa's Comic Relief funded community mental health project in Agago District, Northeast Uganda

Submitted to Network for Africa

Contents

Acronyms

BNUU	Basic Needs UK in Uganda
CDO	Community Development Officer
CORE-10	Clinical Outcomes in Routine Evaluation 10
FGD	Focus group discussion
HC	Health Centre
HUMC	Health Unit Management Committee
HW	Health worker
KII	Key informant interview
LC1	Local Council One
LRA	Lord's Resistance Army
MLC	Malachite
MDE	Mental disorders and epilepsy
MH	Mental health
mhGAP	Mental Health Gap
mhGAP-IG	Mental Health Gap Intervention Guide
N4A	Network for Africa
PLHA	People Living with HIV/AIDS
PMDE	People with mental disorders and epilepsy
SHG	Self-help group
VHT	Village Health Team
WHO	World Health Organisation

1. Executive Summary

In December 2017 N4A and BNUU launched the three-year Comic Relief funded project in four sub-counties in Agago District, northern Uganda to strengthen mental health provision. The project aimed to benefit 1,842 people with mental disorders, including depression, anxiety, post-traumatic stress disorder, psychosis and epilepsy and 1,642 of their care-givers.

Northern Uganda suffered from a brutal conflict that lasted more than 20 years, during which people suffered from unimaginable violence which resulted into widespread trauma. Whilst the war ended more than 10 years ago, war related trauma is still a significant problem which exacerbates other mental health issues. Many people with mental illness and epilepsy did not access medical support. Health workers often lack the skills and/or resources to offer adequate treatment since only 4% of Uganda's health expenditure is spent on mental health, and funding is skewed away from rural, poverty stricken areas like Agago District.

Intervention in this area was spearheaded by Network for Africa (N4A). Founded in 2007, N4A works with communities in the aftermath of conflict, genocide and disaster. N4A helps forgotten survivors left behind by the world after the fighting stops and the disaster relief moves on. In 2017 N4A was awarded two three-year grants from Comic Relief (£300,000 each) to deliver community mental health programmes in Sierra Leone and in Agago district, Uganda. N4A worked with BNUU, a local partner organisation to implement the project in Uganda. BNUU was registered in 2009. Its vision is to support people with mental disorders and/or epilepsy (PMDEs) and their caregivers in Uganda to meet their basic needs and exercise their basic rights. BNUU were supported by Christina Ntulo of Malachite Consulting Ltd., who provided consultancy and capacity building throughout the period of the grant.

This 3-year pilot project tried to fill the gap in mental health services. The project aimed to raise awareness of mental illness to reduce stigma and encourage people to come forward for treatment; train health workers in how to recognise, diagnose and refer people with mental health disorders; hold mental health clinics with the support of health workers; offer counselling support to those with less severe mental disorders and to build capacity for PMDE's to improve their lives through advocacy.

The evaluation was undertaken in the final month of the project (November, 2020). This presented an opportunity for the evaluation team to see the project in action and review the work undertaken to date. The evaluation sought to assess how effective BNUU has been in delivering the outcomes of the project, and how effective N4A's role has been in enabling BNUU and Comic Relief's contribution to the project. The evaluation found promising achievements by BNUU especially in the area of integrating counselling into mental health care which increased both mental health seeking behaviour and service user satisfaction. There were promising achievements on stigma reduction although some latent stigma still exists because community attitudes take longer to change than would be expected in a three-year pilot project. A good foundation was also set for PMDEs' advocacy through formation of self-help groups. The evaluation found clear evidence of N4A's invaluable role in supporting BNUU to achieve the project aims; as well as Comic Relief's support through their grant making and management policies.

The results of this evaluation are based on the assumption that all documentation including reports, monitoring forms and databases; and the testimonies of all individuals and groups presented for interview by BNUU and N4A are a true reflection of the project's aims and activities.

2. Evaluation Methodology

2.1 Evaluation plan

The evaluation plan proceeded as laid out in the TORs with suggested changes by the evaluation team leader. It was agreed upon by N4A, BNUU and the evaluation team leader. The independent evaluation took a participatory approach involving consultation with Network for Africa's CEO and other staff, the implementing partner BNUU, PMDEs and their care-givers, and other relevant stakeholders in Agago District. It included:

- **Document review:** The evaluation team looked documentation/reports related to the project. These included:
    - Project data monitoring and evaluation tables including the clinical database, the counselling database and the home visit database.
    - Six-monthly and annual reports for Comic Relief. The 2020 annual financial report to Comic Relief was not part of this evaluation because it was not available by the time this evaluation wasdone.
    - Quarterly reports for N4A
    - Baseline, midline and end line reports to N4A
    - Original Comic Relief application
    - Comic Relief Start-up form
    - Project Theory of Change

    The sources of these documents were N4A and BNUU

- **Meetings and consultations:** An initial consultation meeting with BNUU's project manager was undertaken to review these terms of reference before the field visit was made. The field visit was then carried out and included:
    - Interviews with BNUU staff who were responsible for delivering the project
    - Interviews with BNUU collaborative partners e.g. health centre staff, District Health Office etc.
    - Focus group discussions PMDEs and their care-givers in three different SHGs.
    - Discussions with available family members.
    - Interviews with N4A staff

- Analysis of monitoring data and triangulation with fieldresults.

  Note: A presentation on the findings of the field visit is available in the appendix.

2.2 Strengths and weaknesses of selected design and research methods

Participatory methods were used for the field evaluation due to limited time (3 days). The BNUU team witnessed all discussions with respondents. It may be argued that this limited the openness of the respondents. However, the evaluation team took the approach that this is an evaluation, not an audit. Asking respondents to speak to the evaluation team privately would imply that they did not trust the BNUU team. The evaluation team did not wish to tamper with the good working relationship that the BNUU ground team has with the community.

The evaluation team had two experienced psychologists with relevant expertise to support free communication from respondents.

Respondents were not directly asked to evaluate the BNUU staff/program. Instead discussion questions targeted intended outcomes of the project, based on respondents' experiences. This promoted free expression and discussion.

In-depth interviews with patients were not done. These respondents were intended to have been selected before the field visit based on client symptoms before and after treatment, but due to some challenges with accessing the client symptom database, they were not selected in time for appointments to be made. Further information about patient outcomes was obtained from the Focus Group Discussions with PMDE's and their families and from document review.

2.3 Summary of problems and issues encountered

The main problem encountered was the limited time (5 weeks) to carry out the entire analysis. This was further constrained by delays in obtaining key documents such as the monitoring databases and end line report. This made it difficult to complete some activities stated in the evaluation proposal such as the in-depth interviews with PMDE's representing various demographic subgroups. The in depth interviews were also proposed to be done with PMDE's that had shown different recovery rates based on their clinical symptoms at enrolment till the end of the project. These could not be surmised from the clinical database because clinical symptoms of individual PMDE's over time were not tracked by the project.

The evaluation team established that the delays were due to the constraints occasioned by having to change Monitoring and Evaluation officers over the course of the project. At the time of writing this evaluation report, it was understood that final edits to the end line report were being completed and that is why it had delayed.

3. Findings

3.1 Overall results

The overall results of the evaluation are presented below in a summary matrix of the findings on all the evaluation questions presented in the terms of reference. The summary matric shows the findings, and the corresponding source of evidence for each evaluation question.

Table 3.1.0: matrix of overall results of the evaluation

Evaluation question	Evidence (Sources of information)	Summary findings
A. Effectiveness of the pilot based on results achieved against intended objectives		
Outcome 1: Increased provision of appropriate and adequate treatment for mental illness and epilepsy.	Field observation, interviews with BNUU staff, Interviews with PMDEs, families and caregivers District officials, selected duty bearers, document review of BNUU reports to N4A,	- Adequate and appropriate treatment was provided - PMDE's were functional and enjoying recovery - BNUU staff and duty bearers received adequate training to provide treatment Gaps - PMDEs portray less knowledge on mental illness than epilepsy - Challenges with drug supply persist and affect sustainability of care - No evidence of continued training and self-care protocol for BNUU staff
Outcome 2: Increased take up of appropriate mental health and epilepsy services.	Field evaluation, testimonies from PMDEs, care-givers and family, interviews with district leadership	- Widespread awareness of good mental health care by BNUU created opportunity to access mental health services - District officials emphasized attention now paid to mental health and epilepsy due to BNUU intervention
Outcome 3: Reduced levels of stigma as perceived by (PMDEs) and their families and communities.	Field evaluation; testimonies by PMDEs caregivers and families	- PMDEs care givers and families report several activities they can now engage in due to reduced stigma from community Gaps - Secluded location of SHGs indicate some persisting perception of community stigma. Attitudes and behaviour take long to change; may extend beyond the life of this project. The existence of the SHG's is testament to the PMDE's courage despite the challenges.
Outcome 4: PMDEs and care-givers able to advocate for appropriate	Field evaluation, interviews with PMDE's, caregivers and families, observation	- Existence of SHGs is the first step to building a framework to support advocacy function - Evidence of confidence by PMDEs to speak openly about their needs. Gaps

mental health interventions.		- Members of SHGs do not articulate advocacy as a major role of SHGs. Focus on advocacy started later in the project according to project manager, some advocacy achievements are reported by the end line report
B. Approaches used by project and BNUU		
Effectiveness of theory of change in bringing about lasting change	Document review of theory of change: inputs, outputs and outcomes. BNUU and N4A reports, interview with BNUU project manager	- Logic of theory of change and assumptions proved effective in counselling function, supporting caregivers, bringing services closer, stigma reduction, addressing drug stockout to some extent, Gaps - Less effective due to lack of psychiatric nurse, low evidence in field on advocacy function by PMDEs and caregivers, low evidence in field of PMDE and caregiver knowledge about mental illness, more knowledge on epilepsy
Most effective approaches BNUU used to bring about improvements in mental health outcomes and lives of the project's participants	Document review of project reports to BNUU and Comic relief, field evaluation with PMDEs and caregivers	- Most effective approaches included integration of counselling into treatment, creation of SHGs to sustain and enhance recovery. - Effectiveness of using SHGs for advocacy yet to be fully realised.
Effectiveness of the project's management, monitoring, learning and financial systems been	Document review of project reports to N4A and Comic relief, baseline, midline and end line reports, annual financial reports, available monitoring databases. Interview with management consultant supporting the project.	- Management: well-planned system where the project manager was mentored and supported by a senior mental health service provider - Monitoring: fair; could have benefited from better planning and funding, suffered staff turnover, gaps in the records system. Clinical symptoms of individual patients not followed up, therefore results not generalizable. - Learning (See section D below) - Financial system: very effective through support and oversight by N4A's well established financial systems.
Cost effectiveness of the project	Document review of annual financial reports, Mid line and end line report	- Conclusive evaluation not possible because annual financial report for 2020 not available. - Available indicators show that project was cost effective, overspends occurred on retraining due to several staff leaving. Considerable overspends on capacity building and monitoring by external

		consultant. However, this increased efficiency and did not stretch the overall budget.
C. Evaluation of approaches used by Comic Relief		
How Comic Relief's grant making policies helped/hindered delivery of lasting change	Interviews with N4A, Document review of Comic Relief's grant application requirements and specifications	- Policy that focuses on learning allowed N4A space to take chances on potentially effective methods of service delivery. - Limited time for funding (3 years) may have interfered with achievement of changes that take longer to manifest such as community stigma. - Comic Relief's definition of beneficiaries which excludes family members of direct beneficiaries does not reflect the African social-cultural set up where extended families are close knit.
Comic Relief's approach to grant management helped or hindered delivery of lasting change	Document review of N4A reports to Comic Relief, interview with N4A staff	- Grant management approach was ideal for supporting a project in the developing world where many monitoring and accountability systems are not well established. - Internal human resource changes over the course of the grant affected smooth work flow for N4A. - No evidence found that Comic Relief provided for shared learning between grantees.
How Comic Relief's use of its organisation's assets helped or hindered the delivery of lasting change	interview with N4A staff	- No evidence found that Comic relief provided any further support outside that associated to grant reporting e.g. media, accessing decision makers.
D. Specific learning questions included in the original grant application *(Focusing on whether the project was able to answer these leaning questions)*		
How have the project's activities contributed to changes in mental health decision makers' policies, practices and/or attitudes?	End line report	- Evidence of sufficient information to answer this question. BNUU is a member of the district NGO monitoring committee. Uganda MH Act is now a law.

How effective was the project's approach to stigma reduction?	Baseline and End line reports	- Evidence of sufficient information to answer this question. Differences noted in stigma levels between baseline and end line.
How has integrating counsellors into health structures affected treatment for mental illness/epilepsy? Is it an effective way to improve treatment?	End line report	- Evidence of sufficient information to answer this question. Integrating counsellors into the health structures dramatically improved help seeking and service user satisfaction.

3.2 Assessment of accuracy of reported results

The evaluation team believes that the results of the evaluation are accurate. The results accuracy is based upon the accuracy of reports and other relevant documents provided by N4A, and the honesty of the respondents provided for interview by both N4A and BNUU. The reports and documents have been critically analysed and the information therein triangulated with interviews with various stakeholders including PMDEs and their caregivers and families, Agago district officials and other duty bearers, staff of BNUU and N4A and an external consultant from Malachite Consulting. This critical analysis and triangulation of information forms the basis of the conclusion that the results of this evaluation are accurate.

3.3 Relevance

Project relevance refers to the extent to which the project activities are suited to the priorities and policies of the target group. The priorities of the funding agency and recipient are also considered. The relevance of this project cannot be overstated. The Uganda government's "Mental Health Strategic Plan 2014-2018" (MHSP) confirms that mental disorders are increasing, and stigma, inadequate skills and low staffing levels are major barriers to treatment. This situation is even more dire in northern Ugandan districts like Agago which were ravaged by years of LRA war.

WHO mental health action plan 2013-2020 also echoes the relevance of this project. Its overall goal includes providing care for PMDEs, enhancing recovery, promoting human rights and reducing the mortality, morbidity and disability for persons with mental disorders. In the same vein, the WHO Mental Health Gap Action Programme (MHGap) aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income. This program is relevant to help achieve this objective.

Further on the global scene, the project operationalises several SDGs. These include SDG 3: good health and wellbeing (focus on improving the health and wellbeing of PMDE's); SDG 10: reduced inequalities (provision of mental health care improves the livelihood and outlook for marginalised PMDEs) and SDG 8: Decent work and economic growth (which can only be possible for PMDEs through accessing quality treatment and reduced stigma in the community).

This project is also relevant to the priorities of the funder and the funding recipient. The project is relevant to two of Comic reliefs priority areas including Improving the health and wellbeing of vulnerable and disadvantaged people, and Building stronger communities in areas of disadvantage, deprivation and poverty. N4A's priorities and lessons learnt from 6 years' work with Patongo Counselling Community Outreach (PCCO), counselling people with PTSD and depression are also addressed.

3.4 Effectiveness

Effectiveness refers to a measure of the extent to which a project activity achieves its intended objectives.

A. The evaluation addressed the effectiveness of this pilot project by focusing on results achieved against the intended project's outcomes

Project Outcome 1: Increased provision of appropriate and adequate treatment for mental illness and epilepsy. ('appropriate and adequate' means as determined by the psychiatric nurse and the WHO's mental health gap (MH GAP) intervention guide).

- The field evaluation found overwhelming evidence that adequate and appropriate treatment was provided by the BNUU team. This was testified to by the patients who received the treatment, and their caregivers and families. Other duty bearers interviewed including Agago district leadership and hospital staff testified to the same.
- The field evaluation observed that patients in self-help groups were functional and seemed to be enjoying recovery, this can be attributed to having received adequate and appropriate treatment.
- BNUU staff reported having been well trained to provide adequate treatment based on the MH Gap guidelines, this contributes to provision of adequate treatment.
- Other hospital staff and duty bearers testified to having been trained to recognize mental health issues. This also contributes to provision of adequate treatment.

Gaps in in increased provision of appropriate and adequate treatment for mental illness and epilepsy

- The field evaluation observed that patients and caregivers in almost all groups could not describe mental illnesses they had been taught about, apart from epilepsy.

  The implication of this could be that epilepsy is an overwhelmingly prevalent problem in the area, so it easily comes to mind. It may also show a gap in understanding of mental illnesses in persons affected by other illnesses apart from epilepsy. This could affect continued health seeking behavior and treatment adherence.

  Another implication of this could be that other mental illnesses are harder for locals to describe in the local languages. This is a common challenge for mental health services in Uganda, but affects services users' understanding of their symptoms, prognosis and generally affects recovery.

- Both BNUU staff and the district officials noted that the project was often challenged with lack of drugs, as a side effect of the success of the program to increase health seeking behaviour of the community

- The major implication of this is that project results may not be sustainable in the long run if it closes, because according to the field evaluation, it has mainly been BNUU staff to negotiate for drugs to be made available.
  This state of affairs also speaks to the funder's priorities; which do not include provision of drugs rather than any weaknesses in the BNUU or Network for Africa programming.

- The evaluation noted a gap indicated in the training and support of the BNUU mental health service providers. There was no evidence that BNUU staff received a refresher training after the initial MHGap training. There was also no clear protocol for BNUU staff self-care, apart from weekly debriefing that focused on patient evaluation rather than the staff's wellbeing.

  Mental health knowledge evolves quickly and the treatment environment has several challenges. Even the most experienced service providers need specific refresher courses to keep abreast of the challenges and new information in order to provide appropriate treatment.

  Mental health service providers are highly susceptible to burn out. They need to be constantly encouraged and provided room/facilitation for self-care if they are going to continue to provide adequate treatment.

  Documentary evidence in the midline and end line report shows that the counselors far exceeded the targeted counseling sessions. Although this is commendable, it further highlights the need for their own welfare to be carefully managed. It was not clear whether failure to budget for staff continuous education and welfare was an oversite in project planning or occurred due to a gap in the funder's (Comic Relief) funding policy.

Project Outcome 2: Increased take up of appropriate mental health and epilepsy services.

- During the field evaluation, all patients, carers and family members interviewed testified to the increased take up of appropriate mental health and epilepsy services due to BNUU's intervention. The success on this intended outcome showed in testimonies about how patients and caregivers came to know about BNUU services. Many said that they came to know about BNUU because they saw how other patients had recovered after interacting with BNUU staff.
- District officials and other duty bearers admitted that mental health services did not get much attention before BNUU's intervention. According to them, after BNUU came on board, even the system was overwhelmed by the people that turned up at the health facility to receive services

Project outcome 3: Reduced levels of stigma as perceived by people with mental disorders and/or epilepsy (PMDEs) and their families and communities.

- All participants in Self Help Groups that were visited during the field evaluation testified that they experience less stigma from community members since the start of BNUU's work.
- Care givers and family members reported that before BNUU's intervention, the community used to shun them because of their loved one's illness but this is no more.
- In one of the SHG's, a group member has developed the courage to stand/campaign for an elective politics position in his area. Implies that stigma levels as perceived by PMDEs are greatly reduced

  Gaps in reducing levels of stigma as perceived by people with mental disorders and/or epilepsy (PMDEs) and their families and communities.

  - Despite the commendable efforts by the team, indirect aspects of stigma still remain. Members of SHGs were asked why they meet in the specific secluded places where they meet. Their response was that it was the treasurer's home, but that if they met in any other place, people would say "Ah! these are the patients!"
    The implication of this is that PMDE's are still aware of some negative perception about them in the community.

    This however does not necessarily point to a weakness in BNUU's services as community beliefs, perceptions and behavior take long to change. The same has been noted in the project's end line report. The evaluation is of the opinion that the commendable efforts done by the project to reduce stigma levels will outlive the lifespan of the project.

Project Outcome 4: PMDEs and care-givers are able to advocate for appropriate mental health interventions.

- Overall this has been achieved. Existence of SHGs is evidence of efforts to help PMDEs and care-givers advocate for appropriate mental health interventions.
- PMDEs have the confidence and courage to advocate for their actual needs as evidenced by the statement below made by one patient with epilepsy during one field evaluation meeting"

> *"I know these people do not want me to say this (indicating her caregivers, who indeed tried to shut her down in the presence of the BNUU and evaluation team), but I need a better place to stay…it is very dangerous to stay in the same room where there is fire…this is how I even got this wound!" (Pointing at a scar on her head)."*

Gaps in PMDEs' and care-givers' ability to advocate for appropriate mental health interventions.

- Broad, open ended questions were asked in meetings with SHGs to get a better understanding of the key activities of the groups. Members of SHGs did not spontaneously mention advocacy activities as the major aim of the group or as a benefit of being in the group. The evaluation also noted a lack of consistency/clarity in the main agenda and activities of the groups. Mostly mentioned savings, encouraging each other, helping each other with chores or small contracts.

  The implication of this is that if the core functions of the groups are not clearly understood and embraced, it may be difficult to sustain them after the end of BNUU's project. It may also be difficult to achieve and maintain the advocacy function of the SHGs; their focus may be overtaken by other competing interests especially of a financial nature.

  Further interaction with the BNUU project manager brought more clarity to this state of affairs in the SHGs. She explained that the focus on advocacy activities did not start until the third year of the project. As such, the advocacy function may not have taken root effectively with the members. There is hope however that this situation will improve at BNUU/N4A has received further funding to maintain some SHGs. Also, some advocacy achievements are recorded in the end line report.

B. The evaluation looked at the approaches used by the project and implementing organisation (BNUU)

- Has the theory of change for the project been effective in bringing about lasting change? Were there any gaps?

  The evaluation found that overall, the logic of the intervention as set out in BNUU's theory of change for the project was sound and would be expected to bring about lasting change. The project outcomes as set out in the theory of change are what would be expected to support the targeted outcomes. The evaluation of the project in terms of its outcomes has already been explained in section A above. It is important to make some comments here on the project outputs plus the assumptions and mitigating strategies made to support achievement of these outputs as laid out in the theory of change.

  The theory of change proved effective on the outputs of

  - having sufficient counselling staff to manage less severe mental illnesses like depression and anxiety
  - Family members and caregivers feeling less stressed as they receive support
  - Bringing services closer to the people that needed them most through using field teams.
  - Stigma reduction leading to more PMDEs seeking help

- To some extent drug provision, supplemented by the project being enough to supply the PMDEs that need it. However, the mitigation plan on drugs seems to have been overwhelmed by the fact that more PMDEs sought help coming from other areas than the project intended to target.

The theory of change proved less effective on the outputs of

- The psychiatrist nurse being available to treat all PMDEs that needed help. This was beyond the project's control; according to reports by BNUU to N4A and N4A to Comic Relief the available psychiatric nurse passed away midway through the project and government structures did not support getting a replacement fast enough
- The evaluation did not find sufficient evidence of advocacy action by the SHGs.
- The evaluation did not find sufficient evidence that PMDEs and caregivers correctly understood symptoms of mental illness, but they correctly understood symptoms of epilepsy. It should be noted that this may be due to problems with translation. The author is aware that there are more translations in Ugandan local languages about epilepsy than about mental illness in general. Translation about epilepsy in the local language also carries less stigmatising denotation than mental illness in general. This could be an alternative explanation why PMDE's and their families spoke more spontaneously about epilepsy, rather than lack of knowledge.

Finally, as to whether this change will be lasting in all the targeted aspects, this cannot be objectively surmised at this time. However, the structures set in place by the project show promise in effecting lasting change especially in areas of increased access to services by PMDEs and their families, stigma reduction and the potential for advocacy activities by SHGs.

- What have been the most effective approaches BNUU used to bring about improvements in mental health outcomes and lives of the project's participants? What has worked and what has not? What lessons have been learned? Who have they been shared with?

The evaluation found that the most effective approaches BNUU used to bring about improvement in the health outcomes included the strong focus on counselling; the counselling team exceeded its targeted number of counselling sessions and PMDEs and caregivers counselled right from the start of the project activities. PMDEs also reported that they felt "loved"; in this context this speaks to the high regard that the recipients hold for the counselling team. The other very effective approach was putting the beneficiaries in SHGs; although the intended objectives of the SHGs had not yet been fully realised, SHGs provide great potential for sustaining recovery and supporting improved quality of life.

On the other hand, the approach of using SHGs for advocacy is yet to yield substantial fruit as observed from self reports by PMDEs and caregivers during the field evaluation. The field evaluation also did not find that teaching PMDEs and caregivers about mental illnesses as described in the MHGap was useful for their understanding of the symptoms of mental illness; it was more useful for teaching them about epilepsy.

Lessons learned and who they have been shared with

According to the end line report, a number of valuable lessons have been learned in the areas of staffing; it is not advisable to depend on the government systems to provide mental health staff alone because their human resource processes are so slow. Another key lesson learned was about the importance of bringing services closer to the people; this helped lessen the burden of seeking mental health care. Challenges with drug availability still persist and discourage PMDEs from making the journey to the clinic. The project also makes a case for specialising in depression, anxiety, psychosis and epilepsy rather than all mental health conditions in the MHGap

The evaluation team was informed that a planning meeting was organised by Agago District Local Government at which the findings of the End Line Report were shared. The attendees were:

NGOs:
1. Care International
2. ActionAid Uganda
3. Human Rights Focus
4. Norther Uganda Women and Orphans Support Organisation
5. GOAL Uganda

District Executive Committee members:
1. Local Councillor 5 (LCV)
2. Vice Chairperson LCV
3. All the secretaries (Secretary of Health, Production, Community based services, Finance etc.)

Administration
1. Chief Administrative Officer (CAO)
2. District Planner
3. All Heads of Department (13 different departments) represented by the District Health Officer, District Production Officer, Principal Human Resources etc.
4. All District Councillors from the 16 Sub-Counties
5. All Sub-County Chiefs (Senior Assistant Secretaries) from all the 16 Sub-Counties/local administration units
6. All Local Council 3 (LC3 from the 16 Sub-Counties)
7. 2 Acholi Paramount Chiefs
8. Media House (Radio Wang OOH)

Other organisations/thematic groups in Uganda
1. National Mental Health sub-pillar
2. National mental health task force
3. NGO Leaders' group

In the UK
1. On Network for Africa's website
2. With Network for Africa's mental health networks
3. With Comic Relief (funder of this project)
4. The National Lottery Community Fund

- How effective have the project's management, monitoring, learning and financial systems been? How have they helped or hindered the delivery of lasting change?

Management
The evaluation found that project management system has been effective because it was well planned. The project manager of BNUU was ably mentored by a more senior mental health service provider. There was evidence that she benefitted from this mentorship through her improved management of challenges such as drug stock outs, and her increased engagement with the District health officials, and forming more linkages such as through working with the district NGO forum.

Monitoring
The evaluation found that the monitoring system could have been managed better; it is common shortcoming of projects not to sufficiently plan and budget for experienced M and E officers. This was the same with the BNUU project because the evaluation found that BNUU has had to work with two or three different M and E officers over the life of the project, their training was not efficiently managed

and this eventually showed in the gaps in the record systems and databases. From the author's experience, this problem is more systemic than tied to this particular project.

Another weakness found in the monitoring system was that the clinical symptoms of each enrolled PMDE were not consistently followed up from enrolment till recovery. This can lead to challenges in objectively making conclusions about patient recovery. What the project did monitor was overall clinical symptoms of PMDEs that could be found at the time of baseline, mid line and end line project reviews. These were not always the same patients, which is a problem for generalisation but improvement on the core clinical symptoms was noted.

Learning
More information on the specific learning questions is presented in section D below.

Financial system
The evaluation found that between Network for Africa and BNUU, the project had a very effective financial system. BNUU did not receive quarterly disbursements; instead they had to requisition per activity and this saved the project from the common problems a lot of projects in the developing world run into due to poorly organised financial systems. It could be argued that having to requisition for each activity slowed down the project activities in the beginning of the project but it appears that the project team became better over time at managing timely requisitions and accounting.

- Has the project been cost effective?

The evaluation could not make final objective conclusions about the overall cost effectiveness of the project. This is because the annual finance report for 2020 was not available at the time of the evaluation. However, some assumptions about cost effectiveness can be made based on the annual finance report for 2019. This information is triangulated with the midline and end line report on the project.

The evaluation found that the project was on the whole cost effective because core projected activities were achieved without significant overspend on most budget lines. The least cost effective areas were in capacity building and transporting the psychiatric nurse to support at clinic to clinic. Extra funds had to be spent to train counsellors that were recruited to replace two other counsellors that left. The midline and end line report also noted that over the course of the project, three M and E officers were employed. This means that funds had to be spent to train them. Due to gaps in the capacity of the BNUU team extra overhead costs amounting to *£18,681* were spent to build capacity of the team and help with M and E. The fact that the project did not employ its own psychiatric nurse saw extra funds being spent on car hire for the psychiatric nurse who could not use the project's motor cycles.

The overspends however do not in any way diminish the cost effectiveness of the project. The evaluation found two reasons for this; one is that these were necessary costs to improve the overall effectiveness of the intervention so it was money well spent. The 2019 annual report also did not record any significant overspends on the overall budget. This was partly because savings were made on some budget lines such as electricity (the project used its own solar power) and transport for staff who opted to use public means for mental health clinic visits instead of spending more on fuel for motorbikes. Even if these savings were not significant, they speak to the projects willingness to deliver services in a cost effective manner.

- How have Comic Relief's grant making policies and processes (e.g. how they define our programme strategies and outcomes, how they assess applications) helped or hindered the delivery of lasting change?

  Based on interviews with N4A, the evaluation found that Comic Relief's grant making policies were very helpful for delivery of lasting change. According to N4A, Comic Relief prioritised "learning" and this is a helpful attitude with which to approach such a mental health project that is not well supported by pre-existing health structures.

  A documentary review of Comic Relief's stage 1 application form from 2016 presents some gaps in grant making policies that may affect lasting change. The main gap is the limited time for funding. Comic Relief only accepts up to three years for funding and this time may not have been sufficient to realise lasting change for example in areas of stigma reduction. This however is not a fatal error since the project was specifically described as a pilot intervention.

  Another area the evaluation noted is how Comic Relief defines beneficiaries. Comic Relief, in its funding application guidelines is specific that family members of a person that directly benefit from the project are not considered as indirect beneficiaries. This is counter to the social-cultural set up of an African Society like in northern Uganda where families are close knit and extended. In this society, what happens to a family member affects the entire extended family. Excluding family members in the description of beneficiaries, indirect or otherwise may lead to a missed opportunity to target families and care givers of PMDE's for direct intervention (care for carers) which contributes to sustained recovery and wellbeing.

- How has Comic Relief's approach to grant management (e.g. individual work with grant holders, and learning activities with other funded organisations) helped or hindered the delivery of lasting change?

  The evaluation found that Comic Relief's grant management approach was generally useful for delivering lasting change.

  A document review of reports that N4A had to submit to Comic Relief revealed that Comic Relief provides very straightforward reporting formats and sufficiently explains the information required and how it can be obtained and presented. This went a long way in ensuring that N4A was able to effectively monitor their performance on the grant according to Comic Relief's expectations and standards.

  N4A staff, who were responsible for interfacing with Comic relief on the grant reported that Comic Relief had a supportive approach to grantees working in the developing world. This was evidenced in their understanding attitude towards challenges of submitting reports in time, that resulted from challenges with obtaining monitoring data especially in the earlier days of the project.

  The challenge came in with internal human resource processes at Comic Relief that resulted in multiple changes of grant managers; apparently the transition between grant managers wasn't always smooth, and this affected the smooth flow of work for N4A.

  The evaluation found no evidence that Comic Relief provided for shared learning activities between funded organisations. This was a potentially missed opportunity that could have helped the delivery of lasting change.

- How has the way Comic Relief used its organisation's assets helped or hindered the delivery of change (e.g. use of the media, access to decision makers)?

The evaluation found no evidence that Comic Relief availed its organisation assets such as media support or helping with access to decision makers that grantees could take advantage of. The main intervention was provision of the grant.

- Are there any other ways in which Comic Relief has helped or hindered the delivery of change?

  The evaluation found that the pilot was not to be extended into a full project under the auspices of N4A. This could potentially affect lasting change because this pilot project benefitted greatly from the oversight of N4A on issues of grant proposal writing, monitoring and managing financial systems.

D. The evaluation looked at the specific learning questions included in the original grant application:

Note: The evaluation did not focus on answering these learning questions, but rather focused on whether the project was able to answer these learning questions as evidenced from the end line report.

- How have the project's activities contributed to changes in mental health decision makers' policies, practices and/or attitudes?

  The evaluation found that project activities resulted in sufficient information to answer this learning question. The end line report noted that BNUU is an active member of the district NGO monitoring committee and thus has the structure in place to continue influencing mental health decision makers' policies practices and/or attitudes. The report also noted that the new MH act came into law in 2018, but there is slow movement on MH policy at national level.

- How effective was the project's approach to stigma reduction? How did it affect discrimination experienced by PMDEs? Why did this approach work (or not)?

  The evaluation found that project activities resulted in sufficient information to answer the learning question on stigma reduction approaches and whether they worked or not. The end line report noted that there had been progress towards improving some of the negative perceptions that the community had at baseline. The report also noted that, a lot more needed to be done to improve community attitudes towards PMDEs' right to work and engage in meaningful activity.

- How has integrating counsellors into health structures affected treatment for mental illness/epilepsy? Is it an effective way to improve treatment?

  The evaluation found that project activities resulted in sufficient information to answer the learning question about the effect of integrating counsellors into health structures and whether this was an effective way to improve treatment. The end line report noted the great success of integrating counsellors into the health structures, and how this dramatically improved help seeking through testimonies of PMDEs and caregivers that had interacted with BNUU staff, and also improved overall recovery.

3.5 Efficiency

Efficiency measures the out puts in relation to the inputs; and overall the evaluation found that the project implementers carried out activities while optimising time and effort in a number of areas:

- The evaluation found documentary evidence that speaks to the efficiency of project processes in the area of counselling; the mid line and end line report show that counselling was done in groups wherever possible and this maximised the reach of the counsellors.

- The extension of psychoeducation sessions at home also helped to maximise the efficiency of the treatment process; psychoeducation for patients and caregivers effectively provides information about symptoms, prognosis and treatment, and self-care and contributes to faster achievement of recovery. The fact that this service was extended to patients and caregivers at home reduced waiting hours at the hospital, maximising utility of mental health services for PMDE's and their families.

- A number of efficient measures were used to raise awareness; this included the use of drama groups to carry messages about mental illness and epilepsy. The advantages of this is two-fold; the use of drama targets the emotions of people and captures their attention, increasing the strength of the message. Drama groups are also entertaining and attract large groups, thus widening the reach of the awareness messages. The project was also creative in using PMDE's and their families to spread the message about available mental health services.

- The use of VHTs and LC1s to provide mental health knowledge to communities and provide support to PMDEs and SHGs is also testament to the efficiency of the processes put in place to maximise efficiency in increasing community knowledge about mental illness and epilepsy. This method simultaneously contributed to increased access to mental health services and reduction of stigma towards PMDEs and their families.

- Project reports also carry evidence of efficiency in dealing with challenges that caused changes in the way services had to be delivered. With the advent of the Covid-19 pandemic and subsequent social distancing measures put in place to curb its spread; home visits and other community awareness raising activities became a challenge. BNUU quickly took on more creative ways to reach the PMDEs with relevant information e.g. through use of community radios that reach a large number of people at the same time while minimising exposure and risk to Covid-19.

Gaps in efficiency

- The evaluation noted a considerable gap in the area of monitoring. The project had to employ three different M and E officers over its course, this means that considerable time and effort went into training the incoming M and E officers. Failure to maintain this function also affected other areas of the project for example participatory Data Analysis (PDA) sessions were not carried out in the 2nd year of the project because a new M and E officer needed to be sourced and trained. It is conceivable that failure to carry out this data analysis cost the project an opportunity to correct some inefficiencies in their processes or approach.

3.6 Sustainability

Sustainability refers to the likelihood that project activities will continue to yield benefits after the aid has been withdrawn. BNUU reports and N4A reports to Comic relief show that many PMDEs and their caregivers had continued to attend the SHGs several months after they were enrolled. These SHGs have existed without any external funding being provided for their activities. This is a good sign for the sustainability and resilience of the SHGs and the benefits thereof such as emotional support for sustainable recovery.

Gaps in sustainability

- The evaluation found that a number of achievements by BNUU may be threatened by the end of the project. One question asked often during the field evaluation was "What do you think will happen if BNUU closed tomorrow?" Many respondents including Dr. Ambrosoli hospital staff and district officials noted that they did not yet have the capacity to take on the work that BNUU had initiated. There are still considerable structural weaknesses in the area of capacity building and drug supply. This gap is not in any way a measure of weakness in the project; the project was a pilot that lasted only three years. However, these challenges threaten the sustainability of access to mental health services that had been greatly rejuvenated by BNUU activities under the funding by Comic relief.
- The evaluation also notes a gap in the advocacy function being sustainable by the SHGs. The field evaluation revealed that many members of the SHGs did not spontaneously talk about advocacy as a major activity of the groups. Instead they talked about emotionally supporting each other and carrying out some small scale group savings. As noted earlier, BNUU reports and N4A reports to Comic relief show that many PMDEs and their caregivers had continued to attend the SHGs several months after they were enrolled. However, it is possible that unless the SHGs obtain further support to carry out economic activities that bind them together in shared effort; they may disintegrate soon after the close of the project and not achieve the advocacy function they were put in place for. It is therefore good that from information that reached the evaluation team, 25 SHG's would receive further funding outside the Comic Relief grant and efforts to increase such support should be stepped up.

3.7 Impact

Project impact refers to the positive and negative changes produced by an intervention, intended or unintended. It is too early to objectively evaluate any substantial impact of the project. Changes such as in policy (looking at increased psychiatric professionals at health centres and steady availability of medication) and behaviour change (specifically looking at community stigma) take time and the impact of this project on those two aspects may not be seen till much later. However, there are some indicators about the possible impact of the project:

- The project has created awareness on a large scale about mental illness and epilepsy. By obtaining the attention of the district officials about the plight of PMDEs and demonstrating the efficacy of treatment, it is likely that the positive effects of this awareness creation may carry long term impact.
- The project initiated the formation of SHGs for PMDEs; as noted in the end-line report, this has not happened before on this scale in Agago district. It can be expected that there will be several long term and unexpected benefits from PMDEs and caregivers coming together in shared effort. The fact they are in groups allows them to take advantage of available funding opportunities from local government and development partners that are usually vailed to groups rather than individuals.

6. Conclusions

Table 6.0: Overall conclusions of the evaluation

Evaluation Criteria	Summary findings
Relevance	- Project was relevant to Agago community with widespread trauma following years of conflict, extreme poverty and poor mental health service system in Uganda; to various local and global priorities including WHO mental health action plan, Sustainable development goals; to funder (Comic Relief) and grant recipient (N4A) and implementer (BNUU) priorities
Effectiveness	- Widespread evidence of effectiveness on planned project outcomes such as counselling and stigma reduction with modest results on advocacy by PMDEs; significant effectiveness in approaches used by BNUU through its theory of change with some limitations on availability of staff e.g. psychiatric nurse; approaches used by Comic relief were generally supportive to achieve effective implementation of the project, with some challenges caused by several changes in grant managers; and finally significant progress made on answering all learning questions set out in the original grant application.
Efficiency	- Project processes were efficient on the whole because they were well planned out. Efficiency was maximised by integration of counselling, provision of psychoeducation at PMDEs homes and awareness raising. Some gaps in efficiency noted in monitoring processes
Sustainability	- Positive indicators of sustainability; PMDEs and their caregivers continued to attend the SHGs several months after they were enrolled. SHGs first existed without any external funding being provided for their activities (a good sign for the sustainability and resilience of the SHG's and the benefits for sustainable recovery). Main threats to sustainability: Agago district officials said they did not yet have the capacity to take on the work that BNUU had initiated and would appreciate longer collaboration.
Impact and value for money	- Too early to objectively evaluate overall impact of the project. Positive indicators about the possible impact of the project found in areas of large scale awareness creation on mental illness and what quality mental health treatment and care look like; with formation of SHGs it can be expected that there will be several long term and unexpected benefits from PMDEs and caregivers coming together.

7. Lessons learnt

The table below lays out the lessons learnt from the project, reflected in the projects end line report and other observations by the evaluation

Area	Key lessons learnt
Project level – management, design, implementation	- Management policies should have a solid plan and budget for human resource such as M and E officials - Implementation: lack of specialist mental health personnel in the district remains a challenge to be tackled; Drug shortages may not be removed by government interventions soon, may be useful to focus on depression, anxiety, psychosis and epilepsy rather than all illnesses in the MHGap, it is not reasonable to expect that demand will be limited to the intervention areas alone due to increased awareness, more outreach work to help offset the effects of long distance on health seeking and adherence is a key intervention.
Policy level	- Mental Health policy implementation in Uganda is still a long way from full operationalisation. Space still exists for the contribution of projects similar to this one for effecting movement on mental health policy in Uganda.
Comic Relief management	- Grant management personnel have a big role to play in the effectiveness of grantee's work. - Working with partner organisations such as N4A with more experience and structures to support project implementers like BNUU in the developing world can have positive results

8. Recommendations

Recommendations for effectiveness of project implementation:

- Increase partnership with Ugandan academia and mental health research institutions to help improve communication about mental illness in local languages
- Streamline and budget for continued training of BNUU core staff and self-care activities
- Streamline the agenda for SHG's. From the authors experience, a number of funding agencies look to provide funds to groups with a common economic activity rather than individuals. It may also be useful to form the SHG's around common demographic characteristics such as gender and age, to allow for better focus on the group members core needs. They can also be participants in a larger forum that brings all SHG's together. This will hopefully contribute to sustainable recovery.
- Continue efforts to reduce stigma. Lessons from HIV/AIDS approach shows that perceived stigma can be minimized with continued effort
- Pick more lessons from Malaria and HIV/AIDS interventions targeting stigma, drug issues.

Recommendations for next steps: BNUU/N4A

- Advocate for another project with a robust drug support budget built in

Recommendation to Comic Relief management

- Consider extending grant support for a longer intervention implemented by BNUU, covering all sub counties in Agago district and with continued oversight by N4A to support management, finance and monitoring process.

9. Appendices

7.1 Final evaluation terms of reference

Terms of Reference for consultancy for Lynda Nakalawa ("You"), covering the period 1 November – 14 December

2020 Date 11 November 2020

Network for Africa ("N4A") would like to agree the Terms of Reference for you to provide your services as an evaluation consultant to carry out an end of project independent evaluation of Network for Africa's community mental health programme in Agago District, northern Uganda. This 3-year project was funded by Comic Relief and will be ending on 30 November 2020.

Background
In December 2017 N4A and BNUU launched the three-year Comic Relief funded project in four sub-counties in Agago District, northern Uganda to strengthen mental health provision by working with, and developing existing health structures. The project would directly benefit 1,842 people with mental disorders, including depression, anxiety, post-traumatic stress disorder, psychosis and epilepsy and 1,642 of their care-givers, through counselling, referral and treatment. There would be an extensive mental health training programme to
include training the programme staff (four counsellors and 2 advocacy field officers), as well as village health teams, local councillors, health centre (HC) staff, and key community duty-bearers e.g. teachers, religious leaders etc. The programme would follow the World Health Organisation's (WHO) Mental Health Gap Action Plan (mhGAP) designed to provide mental health services in low resource countries and settings. A key part of the training would be focused on local health workers to build knowledge of diagnosing and treating people with mental illness, thereby increasing the provision of appropriate community-based services for PMDEs and would contribute to the long-term sustainability of the project's impacts. BNUU would work closely with the District Health Officer (DHO) and other key government structures to ensure local health services incorporate mental health service provision into their work.
Community education sessions and radio broadcasts would raise awareness about mental illness and epilepsy and how people could seek help if they needed it, as well as working to reduce stigma surrounding mental illness. In addition, beneficiaries would form self-help groups in order to act as a support network, and to advocate for more appropriate and better mental health provision and to raise the profile of mental illness.

Scope of the work
You agree to ensure the evaluation is undertaken in the final month of the project (November) as it will present an opportunity for the evaluation team to see the project in action, as well reviewing the work undertaken to date. As outlined in your proposal, you are planning to work with a team of 3 consultants (Juliana Nyombi, Atok Solomon and Ageno Harriet) and it will your responsibility to sub-contract this team under the same terms and conditions outlined below. Their fees are included in the budget.

The evaluation will seek to assess how effective BNUU has been in delivering the outcomes of the project, and how effective N4A's role has been in enabling BNUU and Comic Relief's contribution to the project.

The evaluation will focus on the impact of the community mental health programme over the three-year funding period, and its contribution to delivering the outcomes in the grant proposal, and any future challenges and issues for the work ahead.

- The evaluation should address the project's outcomes which are:
  - Increased provision of appropriate and adequate treatment for mental illness and epilepsy.

- ('appropriate and adequate' means as determined by the psychiatric nurse and the WHO's mental
- health gap (mhGAP) intervention guide).
- Increased take up of appropriate mental health and epilepsy services.
- Reduced levels of stigma as perceived by people with mental disorders and/or epilepsy (PMDEs) and
- their families and communities.
- PMDEs and care-givers are able to advocate for appropriate mental health interventions.

- The evaluation should look at the approaches used by the project and implementing organisation (BNUU):
  - Has the theory of change for the project been effective in bringing about lasting change? Were there
  - any gaps?
  - What have been the most effective approaches BNUU used to bring about improvements in mental
  - health outcomes and lives of the project's participants? What has worked and what has not? What
  - lessons have been learned? Who have they been shared with?
  - How effective have the project's management, monitoring, learning and financial systems been? How
  - have they helped or hindered the delivery of lasting change?
  - Has the project been cost effective?

- The evaluation should look at the approaches used by Comic Relief:
  - How have Comic Relief's grant making policies and processes (e.g. how they define our programme
  - strategies and outcomes, how they assess applications) helped or hindered the delivery of lasting
  - change?
  - How has Comic Relief's approach to grant management (e.g. individual work with grantholders, and
  - learning activities with other funded organisations) helped or hindered the delivery of lasting change?
  - How has the way Comic Relief used its organisation's assets helped or hindered the delivery of change
  - (e.g. use of the media, access to decision makers)?
  - Are there any other ways in which Comic Relief has helped or hindered the delivery of change?

- The evaluation should look at the specific learning questions included in the original grant application:
  - How have the project's activities contributed to changes in mental health decision makers' policies,
  - practices and/or attitudes?
  - How effective was the project's approach to stigma reduction? How did it affect discrimination
  - experienced by PMDEs? Why did this approach work (or not)?
  - How has integrating counsellors into health structures affected treatment for mental illness/epilepsy?
  - Is it an effective way to improve treatment?

Methodology

The independent evaluation methodology will take a participatory approach involving consultation with Network for Africa's CEO, the implementing partner BNUU, PMDEs and their care-givers, and other relevant stakeholders in Agago District and will include:

- Document review: The evaluation team will look at documentation/reports related to the project and

- those from other recommended organisations and agencies.
- Meetings and consultations
- Suitability for different audiences
- Debriefing with BNUU and N4A

Evaluation Report

You will draft an Evaluation Report which is clear and simply written, free of jargon. The main body of the report should not exceed 30 pages and should include an executive summary and recommendations (you should follow the suggested structure as set out in the Terms of Reference for Independent Evaluation of Network for Africa's Comic Relief funded community mental health programme in Agago District, northern Uganda). Technical details should be confined to appendices, which should also include a list of informants and the evaluation team's work schedule.

Background information should only be included when it is directly relevant to the report's analysis and conclusions.

The report's authors should support their analysis of the project's achievements with relevant data and state how this has been sourced. Recommendations should also include details as to how they might be implemented.

We expect the report to include guidance on the process by which findings will be shared and discussed with all stakeholders, including those who are benefiting from the project and how any resulting changes in the report will be included. Network for Africa and BNUU will jointly own the report.

Key findings and recommendations will be presented and discussed with members of the project team in Uganda.

The final report should be delivered by you to Network for Africa by 14 December 2020.

You will carry out these responsibilities consistent with the charity's Code of Conduct and overall policy framework. You will confirm that you have read and understood our Safeguarding Policy (https://network4africa.org/about- us/finances-policies-reports/).

Fee

A total fee of GBP XXXXX has been agreed. You will be paid 50% on signature of this Agreement, 40% on completion of the draft report and 10% on completion of the final report. You will need to invoice N4A in order for these payments to be made, specifying what exchange rate your bank will use to make the conversion from GBP to UGX each time.

Should you or N4A be unable to fulfil the full contract period, it is agreed that a reduced fee may be agreed by the parties.

Expenses

Additional costs such as participant transport/meals and the dissemination workshops, should be agreed in writing and in advance with the CEO. Evidence of expenditure will be required.

Confidentiality

You must ensure confidentiality is maintained in relation to the work carried out for the charity and warrant that any confidential or sensitive information will not be disclosed without the written consent of the charity unless it is required by law or regulatory authority. You agree to keep confidential records securely and will return or delete /

destroy such records at the end of the contract as necessary. You will comply with data protection legislation and the charity's policy and practice.

Copyright & Intellectual Property

The charity will respect your intellectual property and any pre-existing copyright. You assign copyright and license to use freely all material provided or created by you under this contract for an unlimited period and you agree not to use, sell or distribute material or resources which are the intellectual property of the charity except for the sole benefit of the charity and its mission.

Use of Information Technology

You will ensure that the IT equipment to be used in the course of the project meets satisfactory professional standards (such as good quality anti-virus protection) to minimise loss of data and / or security risks. You are also expected to have a good awareness of basic IT maintenance and security issues.

You agree to abide by the charity's policies on confidentiality, information security and use of information technology such as the IT acceptable use policy and will ensure security of the charity's network at all times.

You will ensure that any computer equipment and files used in the course of the project (including portable technology) is secure and cannot be accessed by unauthorised individuals using secure log-on password protection and file encryption as necessary.

You agree that all data belonging to Network for Africa should remain within the organisation's IT networks where possible. Where data is stored on your equipment, it should do so for as short a time as possible and will be removed at the conclusion of this agreement (and emailed to the CEO if required) as dated in section 3 above.

Health and Safety

You agree to ensure your activities are in accordance with health and safety legal requirements.

Termination

The contract may be terminated without notice in the event of a significant breach of a term of the contract or negligence or misconduct.

Status

You confirm that you have the right to work in Uganda.

The charity does not employ you and there is no employment contract. You are wholly responsible for paying tax and National Insurance contributions. You are liable for any compensation or damages due to losses sustained as a result of any mistakes or negligence in your work or professional advice. The charity recognises that you have a right to conduct business with other organisations and will not impede the conduct of their business in any way. You are not authorised to act as an agent of the charity unless this is specifically instructed, and you are not permitted to purchase goods or services or enter into contractual arrangements with suppliers on behalf of the charity unless specifically authorised.

AGREEMENT AND SIGNATURE:

I agree to the Terms of Reference set out in this document:

…… ……

Signed by Annabel Harris, Network for Africa

Date:

……

Signed by Lynda Nakalawa

Date:

7.1 Evaluation research schedule

Activity	Week 1 09/11/20	Week 2 16/11/20	Week 3 23/11/20	Week 4 30/11/20	Week 5 07/12/20
Set-up					
• Negotiating and agreeing contract					
• Agree implementation plan					
Document Review					
• Agree on documents to be reviewed					
• Make relevant documents available					
• Review of documents					
Data collection and analysis					
• Design methodology and tools					
• Data collection					
• Data analysis					
Report findings and writing					
• Presentation of findings					
• Initial draft of report for comment					
• Final draft of report					

7.3 List of people interviewed/consulted

- Focus group discussions with BNUU staff
- Focus group discussions with self-help groups including
    - Wakonye Kenwa
    - Lacan Pe nino Group in Lokole sub-county
    - Rubanga Lakica group in Paimol Sub-county
- Key informant interviews with selected opinion leaders who closely work with BNUU:
    - The DHSS of Agago district
    - Enviromental health officer Agago district
    - Medical superintendent of the Fr. Ambrosoli Hospital in Kalongo T.C
    - One religious leader, Bishop of Evangelical Revival Church
    - Key informant interviews with selected caregivers and other family members
- Interview with CEO Malachite Consultants
- Group Interview with N4A staff

7.4 Details of the evaluation team

	Name	Expertise/skills	Expected Role
1.	Lynda Nakalawa	Mental health program design and implementation in resource limited settings. Psychotherapy Psychological Assessment Mental health research	- Team leader/ coordinator - Design methodology and evaluation tools - Design and monitor implementation of activity plan.

		Qualitative data analysis Quantitative data analysis	- Lead interviews of project team, beneficiaries and their family members - Design and implement qualitative and quantitative data analysis plans - Write evaluation report and recommendations
2.	Juliana K. Nyombi	Program management Independent program evaluation	- Overall technical support supervision on evaluation plan and implementation - Develop evaluation methods and tools - Assist in evaluation implementation - Assist in writing evaluation report and recommendations
3.	Solomon Atok	Community development work in Agago district Research Keen understanding of the language, community dynamics, social mores and norms of the Acholi people	- Assist in designing tools - Translating tools - Translation in field - Interview transcription and translation - Assist in writing evaluation report
4.	Ageno Harriet	Research Knowledge of local language and norms	- Translation in field with female respondents - Interview transcription and translation

7.5 Response to report findings and recommendations

(will be added to the final report) after feedback from N4A and BNUU

Network for Africa is grateful to Lynda and her team for carrying out this independent evaluation. We are pleased with the overall findings namely that BNUU is fulfilling a need in Agago District and is doing it well. We are also pleased to read the recommendations which in some instances, confirm what we thought, and in others are helpful suggestions providing food for thought.

We have responded to the recommendations/observations below.

- **M&E Officers leaving for higher paid jobs has been a weakness to the project -** We fully appreciate this and have had many discussions with Florence, the Programme Manager, about it. Unfortunately, there was no room in the budget to increase the salary, and Florence wasn't sure that offering a higher salary would guarantee that the person would stay. She felt that less experienced M&E Officers gained a lot of experience at BNUU which they would then take to a larger INGO. It put a considerable amount of pressure

on Florence to have new people who would then have to be trained before they could get up to speed. We're not sure what the answer to this problem is, given that experienced M&E Officers are so in demand in Uganda.

- **Budget is not big enough to offer supervision and support to the counsellors –** We understand that this is something that the counsellors have needed, especially when their client caseloads are so high. The counsellors talked about how they would like to have regular supervision and how it would help them with stress and their workload in terms of support and advice with difficult cases, but the budget wouldn't extend to providing it. We will see if we can provide the extra funds for regular supervision for the counsellors during the National Lottery Community Fund grant.

- **No refresher training for the staff –** We will build this into any future budgets. Do you have any recommendations as to how often this should take place and for how long?

- **Comic Relief not counting family members as indirect beneficiaries which is out of step with the African extended family and culture –** Thank you for pointing this out.

- **3-years not being long enough to deliver real change –** We would agree with you and feel that the project is now getting into its stride. We are therefore grateful that The NL Community Fund will be supporting this project for a further two years, with the provision of livelihoods for 25 of the self-help groups and keeping the current mental health services running.

- **Needing to have a psychiatric nurse on the staff –** We agree on the need for this, and have been exploring options. The view of funders is to prefer not to provide posts that are in the government plan as it isn't sustainable. I tend to agree but we have discussed this with Florence and have talked about the possibility of recruiting a psychiatric nurse but also have a MOU with the District Health Authority that it would take over his/her salary in time and when their budget permits.

- **The importance of organisations like N4A to manage and support projects –** We are glad that N4A's role is acknowledged. The move with funders in the UK is now to fund directly in-country, which of course is a good thing in many ways. But there is a minimum income level to be eligible to apply, which would exclude quite a few community based organisations that are doing good work. We're not sure what the solution to this is.

- **Due to gaps in the capacity of the BNUU team extra overhead costs amounting to *£18,681* were spent to build capacity of the team and help with M & E –** We needed extra support with M&E to verify the data and help with the Annual Report figures as N4A had lost a key staff member at that point and BNUU was still a very young organisation. We invested heavily in capacity building for the team as they were all new, with the exception of Florence, and Tina's consultancy and associates provided training and mentoring. N4A also paid for their fundraising consultant to give some support with report writing.

- **Good to limit the scope of the range of MH conditions –** We agree with this recommendation. Florence has raised this herself and we think it would be better for the counsellors to develop a limited range of specialisms.

- **Comic Relief not paying for drugs is a problem –** I'm not sure that Comic Relief would change their policy because they feel this is a government responsibility. However, when the self-help groups start their income-generating activities, some of their income will be put towards setting up and maintaining a drug bank so that there is always a supply in the event of a shortage. This is part of The National Lottery Community Fund project.

- **SHGs and advocacy –** We have a grant from The National Lottery Community Fund to continue the work and to provide livelihoods to 25 self-help groups. Advocacy is a key activity so we hope that this will strengthen the PMDEs' voices. We are also looking to find ways to roll this out further beyond the initial 25 SHGs

- **Streamline the agenda for SHGs. Literature emphasises the benefit of SHGs having a common economic activity –** This is interesting to see. The advice we have received regarding SHGs and PMDEs is not to have a common activity and that it works better for them to have smaller and manageable activities that they manage on an individual level. We would be interested to hear about literature recommending otherwise. It could be an important part of our learning.

- **Consider a larger forum that brings all SHGs together –** This is a good idea as there will be much shared learning for the SHGs to benefit from.

- **Continue efforts to reduce stigma. Lessons from HIV/AIDS approach shows that perceived stigma can be minimized with continued effort** – We will continue to do this and will reach out to HIV/AIDS experience.

- **References to budget overspends on pages 8 and 16 –** The 2020 Finance Report has now been completed and the underspends over the 3 years of the project more than cover the overspends on capacity building. Overall the project budget has not been overspent.