Evaluation of Network for Africa's Livelihood Support Programme for People with Mental Health Issues in Northern Uganda

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The Bright Ideas Partnership

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Executive Summary

This evaluation considers the work of Network for Africa (N4A)'s and Basic Needs UK in Uganda (BNUU)'s 3.25-year Livelihoods Programme in Northern Uganda funded by the National Lottery Community Fund's East Africa Disability Fund.

In 2017, building on their track record, Network for Africa (N4A) were awarded a Comic Relief grant to bring more formal community mental health services for the first time to Agago District, northern Uganda. Delivered in partnership with their local partner BNUU, this programme provided monthly mental health clinics, home visits and counselling to people with mental illness and epilepsy (PMIEs) and their caregivers. The programme also included community stigma reduction activities, including raising awareness of mental health in the wider community, offering an extensive training programme to government health workers and other duty-bearers, and supporting participants to form themselves into self-help groups (SHGs), comprising people with mental illness and their caregivers, so that they could use their collective voice to advocate for improved mental health services and challenge stigma/discrimination. The success of this programme on individuals' mental health was clear. At the start of the project in 2017, only 8% of clients interviewed scored above a clinical cut off point for psychological distress: by 2019 this had increased to 46%. As beneficiaries improved/stabilised their mental health, they began asking N4A/BNUU for support to increase their income and move out of poverty. In 2019, N4A secured a grant from the National Lottery Community Fund's East Africa Disability Fund in 2019 to work with 25 existing SHGs to enable them to develop income generating activities.

This Lottery funded project is located in four sub-counties of Agago District: Wol, Lukole, Paimol and Kalongo Town Council. Over the last 3.25 years, the programme has provided livelihoods inputs (e.g. seeds, tools, equipment, cooking oil, sugar, salt etc.) and practical support/training to 447 people (189 people with mental illness and epilepsy and 258 caregivers). Support has also been provided to allow SHGs to set up Village Savings and Loans Schemes (VSLAs) and drug banks, to ensure members have a regular supply of medication even if there is none available at health centres. Alongside this, PMIEs continue to attend the mental health clinics, as well as receive continued support from the project's counsellors, to help maintain their mental health. Finally, the SHGs have been supported to carry out stigma reduction activities in their communities, to reduce discrimination and ensure that beneficiaries' income generating activities (IGAs) don't fail due to community members holding negative attitudes e.g. refusing to buy their products.

This evaluation of the livelihoods work has found that the programme's impact has been considerable. Beneficiaries – both PMIEs and their caregivers – are clear that the support provided has been transformational in the lives of themselves and their families. Beneficiaries are proud of their achievements over the last 3.25 years and have improved self-esteem and confidence. Beneficiaries report earning more, saving more and borrowing more. This is confirmed in the quantitative data collected through the project. Beneficiaries have experienced a 44% increase in their income (62% for PMIEs and 29% for caregivers) and have increased their monthly savings (PMIEs by an average of 602% and caregivers by an average of 481%). At baseline, only 6% of beneficiaries felt they could meet their own basic/economic needs – this increased to 30.1% of beneficiaries at project end strongly agreeing they could meet their own needs, with a further 67.5% partially agreeing. Furthermore, PMIEs' mental health has significantly improved from the project start, which has had a positive knock-on effect to caregivers, the burden of care and caregivers' own mental wellbeing. There are also indications through project monitoring/evaluation that the livelihoods and associated changes (decreased poverty, improved food security, more hope for the future) have boosted improvements in mental health, compared to receiving just mental health support. In addition, during the project, beneficiaries noted a marked reduction in stigma, which has boosted the likelihood of their IGAs succeeding. Again, it would appear from project monitoring/evaluation, that those who received livelihoods support experienced a higher

reduction in stigma compared to those only receiving mental health support and stigma reduction activities, perhaps because being seen as successful and capable entrepreneurs further reduces stigma and social isolation.

As a result, beneficiaries (both PMIEs and caregivers) can now not only meet their families' basic needs but are also in a financial position to grow their businesses, make big changes in their lives (such as building a new, improved home) and plan a positive future for themselves and their families. As such, the model employed through the project (i.e. combining livelihoods support with ongoing mental health and stigma reduction support) is clearly effective, and should be used when expanding/replicating the programme. However, it should be noted that the two years of mental health support provided prior to the start of this livelihoods support would have provided a strong foundation, boosting not only the mental health outcomes, but also - most likely - the livelihoods outcomes within this programme too. Therefore, it is likely that the most effective/impactful delivery model is one where mental health support is provided prior to livelihoods support being introduced, to enable beneficiaries to stabilise their mental health and become 'livelihoods ready'.

This positive impact is even more impressive when considering the challenges faced during the project. The outbreak of the global Covid-19 pandemic caused significant changes to project delivery and delayed some project activities, most importantly, the distribution of livelihoods inputs and the establishment of the drug banks. In addition, the economic issues, high cost-of-living and inflation being experienced post-pandemic, also led to increased insecurity across the project sub-counties. Throughout all these challenges, BNUU kept up to date with how individuals' IGAs were functioning and provided support where needed. This included encouraging beneficiaries to diversify their IGAs, supporting them to analyse the market to identify new opportunities, supporting them to reduce risks and by directly supporting beneficiaries to have access to markets. In addition, BNUU supported beneficiaries branching out into small scale agriculture ('kitchen gardens'), which enabled them to improve their food security, safeguard their IGA inputs (as they wouldn't be forced to eat them when food was scarce) and ensure an additional income when products were scarce. Overall, how BNUU/N4A responded to the challenges faced, clearly had a positive impact on beneficiaries' abilities to continue their IGAs despite challenges. Many beneficiaries also highlighted that the IGAs, self-help groups and VSLAs had boosted their resilience, directly helping individuals cope with the significant challenges experienced during the project. Given these experiences, in future livelihoods project N4A/BNUU should support beneficiaries to diversify their IGAs and include agricultural inputs and seeds (for 'kitchen gardens'), to boost project outcomes and build beneficiaries' resilience against future economic shocks.

There was a high level of complexity in the project's monitoring processes, which generated huge amounts of data, not all especially useful. This also placed pressure on BNUU staff to gather the data. For future projects, N4A/BNUU should ensure monitoring and evaluation processes are designed at the project outset, including a plan of how the data will be analysed and understood. Overcomplication should be avoided, with a clear focus on the key questions the data is aiming to answer. The 'endline' data should be gathered and analysed a few months before project end, to allow time to explore unexpected findings.

Finally, the significant amount of work done by BNUU to successfully build in longer-term sustainability into the project is impressive, especially when bearing in mind the high levels of disruption in the project activities due to e.g. Covid-19. For example, the continual engagement of community members and duty-bearers (e.g. district officials) has truly changed their attitudes and perceptions of mental illness. This has resulted in clear changes in policy and practice, such as government funding programmes being opened up to PMIEs (support the longer-term sustainability of their IGAs). One huge achievement is that the Dr. Ambrosoli Memorial Hospital in Kalongo has agreed to take on mental health provision in Kalongo going forward. Whilst BNUU will be supporting the hospital to do this, ultimately this will ensure ongoing, appropriate local mental health provision, and free up BNUU to expand its support to new beneficiaries/areas.

Methodology

The Bright Ideas Partnership was appointed by Network for Africa (N4A) to support the evaluation of their National Lottery Community Fund Livelihoods Programme, run in partnership with Basic Needs UK in Uganda (BNUU), in Agago District, Northern Uganda. The evaluation covers the period of Lottery funding, from 1 October 2019 to 31 December 2022 (which includes a 3 month no-cost extension added to the end of the project).

Bright Ideas has experience of producing evaluations of projects on behalf of organisations including Victim Support, the Basement Project, Porchlight, Help for Carers and Justlife. The Bright Ideas Partnership is a Social Value Pioneer with Social Value UK. Jo Ryan, the lead evaluator, also has a Masters in Forensic Psychology and Criminology, which covered in detail qualitative and quantitative research methodologies, and is a member of the UK Evaluation Society.

In Autumn 2022, Jo Ryan, of the Bright Ideas Partnership, Annabel Harris, CEO, Network for Africa and Tom Doughty, Project Manager at Network for Africa, confirmed the aims and objectives of the evaluation and the proposed research methodology. A schedule for completing the evaluation in early 2023 was agreed.

The following research has been conducted to produce this evaluation:

- Desktop analysis of all documents associated with the project. This included a draft version of the baseline Learning Study report, and notes from Network for Africa staff following visits to the project.
- Reviewing relevant quantitative and qualitative data, including endline data for the Learning Study.
- Analysis and review of beneficiary case studies.
- Interviews with 12 BNUU frontline staff, responsible for managing and running the Livelihoods Programme, specifically: the Programme Manager, Head of Livelihoods, Livelihoods Officer, the Psychiatric Nurse, Field Operations Officer, Senior Counsellor, the three Counsellors, Programme Assistant, Monitoring and Evaluation Officer, Finance and Administration Manager, plus one volunteer supporting monitoring and evaluation. The interview questions were developed by the evaluator but administered by local staff. The evaluator then analysed the provided transcripts.
- 15 focus groups with 300 beneficiaries to discuss their experiences (a further 5 focus groups were undertaken but the transcripts were not usable). As with the staff interviews, the evaluator drafted the focus group questions, but the focus groups were run by BNUU staff. The evaluator then analysed the provided transcripts. Some of the focus groups involved translators translating responses in the local language Acholi to English. Where quotes of these sections have been used, these have been converted into the first person, assumed that the translation provided was faithful to the original speaker, but allowing for some paraphrasing.
- Desktop analysis of top line financial figures for project spend vs the original budget.

This evaluation is based on the information provided. If any of the information supplied is incomplete or inaccurate, the findings of this evaluation may be rendered invalid.

The Bright Ideas Partnership would like to take this opportunity to thank everyone who contributed to and took part in this evaluation.

A one-to-one counselling session

Project background

About Network for Africa

Network for Africa (N4A) works with communities in sub-Saharan Africa in the aftermath of conflict and genocide, offering sustained support to help communities overcome the paralysis of trauma and mental ill-health and rebuild their lives. With local partners, N4A currently have projects in Rwanda, Sierra Leone and Uganda.

N4A have been working in Northern Uganda for over 10 years. They work with people who lived through the brutal 21-year long civil war, characterised by unspeakable atrocities, including the abduction and forcible recruitment as child soldiers of tens of thousands of children. Depression, anxiety and post-traumatic stress disorder (PTSD) were – and continue to be - rife. The estimated incidence of mental illnesses is massive: 35% of Ugandans suffer from a mental illness, and 15% of Ugandans require treatment (Molodynski et al, 2017). However, mental health services are scarce at best. There is only one psychiatric hospital in Uganda and whilst there are 28 inpatient psychiatric units in other hospitals in Uganda, the majority of these are near Kampala, the capital city. Given that 87% of the population in Uganda lives in rural areas, this means that the majority of Ugandans have little access to mental healthcare (all from Shah et al., 2017). As a result, family members (usually women and girls) shoulder the burden of care, bridging some of the treatment gap for people living with severe mental illnesses in Uganda (Verity et al, 2021). This is not without cost – caring responsibilities hinder an individual's ability to earn an income and go to school (International Labour Organisation, 2018). The high burden of care, high social stigma and low social support for caregivers of people with mental ill-health can also lead to burnout and jeopardise a caregiver's own physical and mental health (Akbari et al, 2018) meaning caregivers themselves can also often be considered hidden patients (Hudson et al 2013).

As a result of the lack of local, appropriate mental health support, in 2010 N4A started a community peer counselling project in Patongo, one of the biggest refugee camps during the 21-year civil war, where there was no mental health provision available. This peer counselling programme supported a total of 13,000 community members with their mental health issues. N4A also supported 28 self-help groups (SHGs) comprising 840 community members, to set up Village Savings and Loans schemes. Furthermore, over the course of 5 years, N4A provided SHGs with the start-up costs for income generating activities (IGAs).

Background to this project

In 2017, building on their track record, N4A were awarded a Comic Relief grant to bring more formal community mental health services for the first time to Agago District, northern Uganda. Agago District has no psychiatric personnel in the whole District. Based in Kalongo, and delivered in partnership with BNUU, this programme has been providing monthly mental health clinics, where people with mental health conditions receive diagnosis/treatment/support. Support is also provided to caregivers, through home visits and counselling. Given that stigma around mental health leads not only to discrimination, human rights violations and social exclusion (Newton and Garcia, 2012), but also acts as a barrier to patients accessing healthcare and promotes non-adherence/decreased adherence to treatment, increasing morbidity and mortality (Mula and Kaufam, 2020), N4A have built stigma reduction activities into the project design. This includes: raising awareness of mental health in the wider community; offering an extensive training programme to government health workers and other duty-bearers; and supporting participants to form themselves into SHGs (comprising people with mental illness and their caregivers), and training them in advocacy and human rights, so that they can use their collective voice to advocate for improved mental health services and challenge stigma/discrimination. There are now 61 SHGs, all of whom have also set up Village Savings and Loans schemes.

The success of this Comic Relief funded programme on individuals' mental health is clear. At the start of the Comic Relief funded project in 2017, only 8% of clients interviewed scored above a clinical cut off point for psychological distress: by the end of the Comic Relief funded project (i.e. the start of the Lottery funded work in 2019) this had increased to 46%. There were also positive outcomes for the SHGs through the Comic Relief funded project activities – they successfully advocated for the inclusion of e.g., extra health workers at the mental health clinics. These successes gave the SHG members confidence and has empowered them, which convinced more beneficiaries to join SHGs.

An integral part of N4A's approach is providing livelihood inputs (e.g. tools, seeds, cooking utensils etc) once participants are well enough, so that they can earn an income, break the cycle of poverty and avoid falling back into mental ill health. There is a good reason for this. Mental illness and poverty exist in a vicious cycle – poor housing, financial insecurity, shame and poor physical health because of poor nutrition all increase the risk of developing mental illness or worsening existing conditions (WHO, 2012). Whilst poverty increases the risk of mental health problems, having a mental illness also increases the likelihood of descending into poverty (Elliot, 2016). This is the first-hand experience of N4A's beneficiaries: in a survey in 2019, project beneficiaries and their caregivers reported a median monthly income equivalent to £15.47, less than a 52p a day. In addition, 88% of respondents felt that their mental health had negatively impacted on their ability to work and generate an income. That said, 98.6% of respondents stated they now felt ready to start an income generation activity, given the improvements they had seen in their mental health conditions thanks to BNUU/N4A's support. However, there is very little support for beneficiaries and their caregivers to do this. While there are several government-run livelihood programmes like the National Agricultural Advisory Services (which provides farm inputs) and the Project for Restoration of Livelihoods in Northern Uganda (which targets vulnerable individuals to benefit from a food security grant worth $100), none of these target people with mental illnesses due to their perception that they are unable to engage in productive activities. A study in Uganda also revealed people with mental illness are denied access to credit services because they are believed to have impaired functioning, be unable to meaningfully engage in productive work and are hence incapable of paying back loans - a discriminatory practice that has denied people with mental illness the opportunity to escape poverty through income-generating activities (Ssebunnya et al, 2009).

<u>This project, and the aims of this evaluation</u>

As a result of demand from beneficiaries and their caregivers for support to increase their income and move out of poverty, N4A secured a grant from the National Lottery Community Fund's East Africa Disability Fund in 2019 for this specific project, to work with 25 of these existing SHGs to enable them to develop income generating activities. This evaluation looks to identity the impact of this Lottery-funded livelihoods and associated support for people with mental illness and their caregivers in these 25 SHGs, in terms of their income, level of savings, mental wellbeing, quality of life and hope for the future. However, it should be borne in mind that the two years of Comic Relief support received prior to the start of this Lottery funded project clearly supported beneficiaries to improve/stabilise their mental health (as can be seen above); as such this work acts as a key foundation for this Lottery funded project, and the outputs/outcomes achieved.

Project Description, Outcomes and Indicators

Livelihood Support for People with Mental Health Issues in Northern Uganda: Project Description

The project is located in in four sub-counties of Agago District, northern Uganda. These sub-counties are Wol, Lukole, Paimol and Kalongo Town Council. The project is delivered in partnership with N4A's local partner, Basic Needs UK in Uganda (BNUU). BNUU has 6 years of experience of delivering mental health programmes in Northern Uganda.

The overarching aim of the project was to provide livelihoods to 400 SHG members (in 25 groups). The SHGs selected comprise 50% people with mental illness and 50% caregivers. This is in recognition that caregivers themselves often suffer from depression and anxiety and are living in poverty, due to their caring responsibilities. In addition, the involvement of caregivers means that each person with a mental illness has at least one family member fully engaged in their IGA, who can provide 'back-up' in case they relapse into a period of ill-health - ensuring the continuing success and sustainability of their IGA. The aim of this livelihoods support is to enable beneficiaries to earn a living from IGAs that will lift them out of poverty, provide them with enough income to be able to pay for any necessary medication (to prevent them from relapsing into mental ill-health and poverty) and reintegrate them into their communities. It should be noted that all beneficiaries will have already had two years of mental health support from BNUU (through the Comic Relief funded programme), which has already improved their mental health (see section above) so none are starting from 'ground zero' in terms of their mental health.

Led by the project's Livelihoods and Field Officers (all employed by BNUU), the SHG members firstly receive practical training and support to establish and enhance their future IGAs before they are given their IGA inputs. This training/support includes financial literacy, market analysis, and enterprise selection. Support is also provided to allow SHGs to set up their Village Savings and Loans Schemes (VSLAs) and drug banks, to ensure members have a supply of medication even if there is no medication available at the health centres, which is not an unusual occurrence.

Once SHGs have chosen their IGAs, and are ready, the IGA inputs (e.g. tools, seeds, cooking utensils, bakery items, items for hairdressing/barbers, bicycle repair items etc) are distributed to the SHGs in a phased and measured way, so that the BNUU Livelihoods Officers can offer supervision and support in the early phases of IGA implementation. Following that, BNUU's Livelihoods Officers provide regular help and support where needed.

Alongside all of the above, the PMIEs continue to attend BNUU's mental health clinics, as well as receive continued support from the project's counsellors, to ensure that they adhere to their medication and attend their follow up appointments at the mental health clinics, helping to maintain their mental health (which helps ensure the IGAs are successful). The project also carries out home visits if there are any other problems PMIEs/caregivers have that need to be addressed (either mental health-wise or IGA related). This work was funded by Comic Relief in year 1, with the Lottery 'taking over' the funding of the mental health support from year 2.

Finally, SHGs, supported by the Field Officers, carry out stigma reduction activities in their communities, talking about their rights and how the community needs to respect them. This is not only needed to reduce discrimination, but also to ensure that beneficiaries' IGAs don't fail due to community members still holding negative attitudes towards them and e.g. refusing to buy their products.

Original outcomes and indicators agreed with the Lottery

The specific outcomes N4A agreed with the Lottery for this project were:

Outcome 1: Improved psychological wellbeing of PMIEs and their caregivers. The associated indicators are:

- Indicator 1A: Change in level of empowerment for PMIEs and their caregivers.
- Indicator 1B: Percentage of PMIEs and their caregivers who feel positive about the future.
- Indicator 1C: Percentage of PMIEs and their caregivers who feel that they are valued contributors in their family and community.

Outcome 2: PMIEs and their caregivers experience increased income. The associated indicators are:

- Indicator 2A: Percentage of PMIEs and caregivers that improve their monthly net income.
- Indicator 2B: Percentage of PMIEs and their caregivers who can meet their own basic/economic needs (i.e. food, medicine, treatment, school fees and clothing etc).

Outcome 3: PMIEs and their families experience greater financial security. The associated indicators are:

- Indicator 3A: Percentage of PMIEs and care givers that have surplus income/savings.
- Indicator 3B: Evidence of increased financial security among PMIEs and caregivers as a result of access to savings and loans.
- Indicator 3C: Percentage of PMIEs with contingency plans and resources that outline how income will be maintained in case of relapse.

People with mental health issues and their carers in Uganda receiving their first items for their small businesses.

Report on targets and outcome indicators

This evaluation considers the work of N4A's and BNUU's Livelihoods Programme in Northern Uganda for the three years, plus a three-month extension, between the 1st October 2019 to the 31st December 2022, including progress against the outputs and outcomes agreed with the National Community Lottery Fund's East Africa Disability Fund.

Overall, over 3.25 years, the project has engaged a total of 447 project beneficiaries, consisting of 189 people with mental illness and epilepsy (124 females, 65 males) with 258 caregivers (167 females, 91 males) in 25 SHGs from the four project areas - Wol, Lukole, and Paimol subcounties and Kalongo Town Council.

The number of caregivers involved in the project exceeded the number of PMIEs, as some caregivers care for PMIEs who are too young to take part in the IGAs, too unwell with their mental illness to manage an IGA and/or PMIEs whose physical disability prevents them from being able to engage in an IGA. Finally, an additional 7 people with mental illness and epilepsy have died since the start of the project, with their caregivers continuing to engage with the SHGs. Overall, there are 92 people with mental illness and epilepsy who are not engaging in the IGAs/SHGs but since their caregiver is, they still benefit from the project. Including these PMIEs increases the number of beneficiaries to 539. As such, the project has exceeded the original target of 400 beneficiaries (of which 200 should be people with mental illness and/or epilepsy and 200 should be caregivers).

A list of the key activities/outputs achieved in the 3.25 years of the project can be found in Appendix 1.

Report against the project's outcomes

For Outcome 1 (improved psychological wellbeing of PMIEs and their caregivers), progress against indicators is shown below:

Indicator 1A: Change in level of empowerment for PMIEs and their caregivers – "I feel worth/at least on the same plane with others".						
	Strongly agree			**Partly agree**		
	PMIEs	Caregivers	**Average**	PMIEs	Caregivers	**Average**
Baseline	34.8%	29.4%	**32.2%**	33.8%	36.8%	**35.3%**
Year 2	38.5%	45%	**41.8%**	48.7%	50%	**49.4%**
Year 3	73%	92%	**80%**	28%	4%	**18%**

Indicator 1B: Percentage of PMIEs and their caregivers who feel positive about the future						
	Strongly agree			**Partly agree**		
	PMIEs	Caregivers	**Average**	PMIEs	Caregivers	**Average**
Baseline	44.8%	48.7%	**46.6%**	37.8%	33.2%	**35.6%**
Year 2	38.5%	45%	**41.8%**	20.5%	16.7%	**19.0%**
Year 3	45%	53.3%	**48.2%**	54.7%	36.7%	**48.2%**

Indicator 1C: Percentage of PMIEs and their caregivers who feel that they are valued contributors in their family and community						
	Strongly agree			**Partly agree**		
	PMIEs	Caregivers	**Average**	PMIEs	Caregivers	**Average**
Baseline	23.4%	32.6%	**27.8%**	36.3%	38.0%	**37.1%**
Year 2	38.5%	57.5%	**48.1%**	35%	59%	**46.8%**
Year 3	41.5%	63.3%	**49.4%**	54.7%	33%	**47%**

The changes in empowerment levels can be seen in the project. First and foremost, the start of beneficiaries' IGAs has greatly boosted beneficiaries' level of empowerment, by increasing incomes and thus financial independence and status. PMIEs and caregivers also told BNUU/N4A that the distribution events themselves, where many had the opportunity to stand up and deliver their own testimonies to attendees including district officials, significantly boosted their feelings of empowerment.

Improving levels of empowerment can also be seen in the stigma reduction work the SHGs have undertaken. Since year 1, SHGs have been successfully tackling individual issues of stigma and discrimination that their members face, such as verbal abuse from neighbours, abuse in the home, and denial of access to ancestral land. This is evidence of beneficiaries' understanding of their human rights, and their capacity to identify and confidence to report human rights abuses, which previously they would not have been able to do. The community awareness raising about human rights for PMIEs are also having a positive impact on stigma reduction. For example, some beneficiaries now report that their local communities are now providing first aid when someone has an epileptic attack, rather than being afraid.

Overall, stigma and discrimination has been decreasing with fewer cases being reported. By the end of year 2, 88% of PMIEs reported that they were now not experiencing stigma, because their livelihoods had raised their standing in their communities, and they were now seen as making valued contributions to their families and communities. By the end of year 3, 96% of PMIEs reported that they were now not experiencing any stigma. This evidences that the project has successfully challenging negative beliefs of community members that PMIEs are unable to engage in productive activities, contributing to a clear reduction in stigma and discrimination. This is supported by the fact that in years 2 and 3, community members attended community stakeholders' meetings and gave positive feedback about PMIEs' and caregivers' IGAs and the contribution they are making in their communities e.g. bringing goods closer to the communities thus reducing travel to reach local markets.

It is not just the wider community – there has also been an improvement in caregivers' attitudes to PMIEs' ability to participate in meaningful activity (in BNUU's first baseline survey in 2018, caregivers were not enthusiastic about the abilities of PMIEs to work). Now caregivers are supportive of PMIEs taking up leadership positions in SHGs and even taking out loans. In fact, in the final 3 months of the project, there were no complaints at all regarding discrimination/stigma about either family members or the wider community.

SHGs have also successfully advocated for change from duty bearers in the services they can access. This has included securing Ministry of Health approval to upgrade Patongo's Health Centre III to a Health Centre IV (which will increase the supply of mental health medicines and enable the district health team to fund a new psychiatric nurse) and the relocation of mental health medicines from health centres with surpluses to the project's health centres during shortages. The SHGs' advocacy actions have also secured local government commitment to construct access roads to Lapirin and Paimol health centres. The SHGs have also engaged local councillors and Community Development Officers from Wol and Lukole sub-counties to highlight negative attitudes/behaviour of several health workers, which led to meetings to address the behaviour and attitude of health workers who were given a formal warning (after which PMIEs reported an improvement in their behaviour during home visits). This not only has a positive impact on beneficiaries in terms of mental health services, but also builds self-confidence and self-esteem, which in turn improves mental wellbeing. The successes achieved have also empowered other SHG members to feel empowered to find their voice and using it to effect change.

For Outcome 2 (PMIEs/caregivers experienced increased income), progress is shown below:

Indicator 2A: Percentage of PMIEs and caregivers that improve their monthly net income. By the end of year 2, 75.7% of beneficiaries (74.5% of PMIEs and 76.6% of caregivers) had improved their income (comparing from the first month of year 2 to the final month of year 2).

This rate of change slowed in year 3, although 60.6% of beneficiaries (51.8% of PMIEs and 73.7% of caregivers) had still improved their income (when comparing the first month of year 3 with the final month of year 3). Therefore, the majority of project participants continued to increase their monthly earnings throughout years 2 and 3. In terms of actual levels of income, the baseline study showed that the average income of beneficiaries was UGX 97,476 per month (UGX 94,765 for PMIEs and UGX 100,637 for caregivers). By the end of year 3, the average was UGX 140,463 per month (UGX 153,418 for PMIEs and UGX 129,475 for caregivers): this represents a 44% increase (62% for PMIEs and 29% for caregivers).

Indicator 2B: Percentage of PMIEs and their caregivers who can meet their own basic/economic needs (i.e. food, medicine, treatment, school fees and clothing etc).						
	Strongly agree			**Partly agree**		
	PMIEs	Caregivers	**Average**	PMIEs	Caregivers	**Average**
Baseline	2.5%	3.2%	**2.8%**	30.8%	32.1%	31.4%
Year 2	23.1%	32.5%	**27.8%**	61.5%	62.5%	**62%**
Year 3	26.4%	36.7%	**30.1%**	71.7%	60%	**67.5%**

Evidencing this, project beneficiaries are now able to pay school fees for their children/dependents and afford personal care items such as soap which enables them to maintain good personal hygiene.

For Outcome 3 (PMIEs and their families experience greater financial security), progress against indicators is shown below:

Indicator 3A: Percentage of PMIEs and caregivers that have surplus income/savings.						
	Strongly agree			**Partly agree**		
	PMIEs	Caregivers	**Average**	PMIEs	Caregivers	**Average**
Baseline	4%	2.7%	**3.4%**	14.9%	14.4%	14.7%
Year 2	45%	52%	**48.5%**	61.5%	45%	**53.2%**
Year 3	54.7%	60%	**56.6%**	35.8%	36.7%	**36.1%**

Before the distribution of IGA inputs in March 2021, the average monthly savings was UGX 1,580 (£0.35) for PMIEs and UGX 1,600 (£0.36) for caregivers. During year 2, PMIEs' average monthly savings increased from UGX 5,600 (£1.24) to UGX 9,474 (£2.10) and caregivers' average monthly savings increased from UGX 5,400 (£1.20) to UGX 10,134 (£2.25). During year 3, PMIEs' average monthly savings increased from UGX 9,474 (£2.10) to UGX 11,095 (£2.47), whilst caregivers' average monthly savings decreased from UGX 10,134 (£2.25) to UGX 9,292 (£2.07). As such, across the course of the project, PMIEs experienced on average a 602% increase in their monthly savings, and caregivers a 481% increase. However, it should be noted that the greater percentage increase in average monthly savings for PMIEs compared to caregivers is because all PMIEs are saving money exclusively in their self-help group VSLAs. PMIEs' savings also tend to be better because they know they need to put money aside for the drug bank. Meanwhile, caregivers are more likely to be saving their income across other savings groups as well, meaning not all their savings go into these SHG VSLAs. As such, it is likely that the caregivers increase in savings measured through the project is an underestimate of their real levels of savings.

Furthermore, at the end of year 2, the total savings for the 25 SHGs were UGX 73,450,000 (£16,325). At the end of year 3, the total savings for the 25 SHGs had increased to UGX 123,860,236 (£27,524.50).

In addition, in year 2 a total of UGX 1,695,100 (£377) was saved by the SHGs for the drug banks. In year 3, there was an increase in SHGs saving for drug banks, as group members wanted to avoid relapse owing to medication stock outs. As a result, by December 2022, UGX 7,451,426 (£1,655.87) was saved for the drug banks – UGX 3,708,126 (£824.03) by PMIEs and UGX 3,743,300 (£831.84) by caregivers. Overall, this is a 340% increase on what had

been saved in the drug banks by the end of year 2, even after some expenditure from the drug bank savings because of drug stock outs.

Indicator 3B: Evidence of increased financial security among PMIEs and caregivers as a result of access to savings and loans. As can be seen above, the project has seen an increase in the amount saved by PMIEs and caregivers.

Furthermore, over the life of the project the VSLAs had disbursed UGX 23,243,000 (£5,165.11) as loans, with PMIEs taking UGX 8,379,000 (£1,862) and caregivers taking UGX 14,864,000 (£3,303.11). SHG members had, on average, borrowed UGX 52,467 (£11.66) per person in loans from their VSLAs. The most common reasons for taking a loan were to purchase food, to boost their businesses, for medication, payment of school fees, and purchase of other basic/essential household needs.

The levels of both saving and borrowing indicates increased financial security among PMIEs and caregivers. There is also evidence here for reductions in stigma and improvements in economic inclusion: at the end of year 3, 70% of PMIEs reported they had borrowed money from community members, and 77% reported that other community members had borrowed money from them. Project beneficiaries report that this is due to the fact that they have proven through their businesses and savings that they can be trusted with finances. As one PMDE stated:

“I am able to borrow money from people now because they know I am running a business and this makes me happy because I feel trusted and valued”.

Indicator 3C: Percentage of PMIEs with contingency plans in case of relapse. At baseline, 74% had a plan in place, this increased to 100% by the project end. These plans include borrowing money from their VSLA in the case their business starts to fail and engaging relatives so they can continue to manage the PMIEs’ businesses if they are unable to. One PMDE stated that:

“My husband who is my caregiver will manage the IGA (charcoal selling) in case the symptoms of my mental illness reoccur, because we have been doing it together and I trust that he will manage it well”.

One of the self-help groups with the BNUU team

Wider/Qualitative assessment of impact

External Evidence

Wider evidence suggests that livelihoods for people with mental ill-health can positively impact both poverty and their mental wellbeing.

A livelihoods component in mental health programming can contribute to a virtuous cycle whereby economic, mental health and psychosocial wellbeing become mutually reinforcing (Schinina et al, 2016). Participation in economic livelihoods has been shown in multiple studies to be associated with positive changes in clinical mental health status (Kang Dufour, 2011, and Lund, 2011) and subjective wellbeing (Jalal et al., 2015). A recent study on the impact of livelihoods interventions on the mental health of people living with HIV in Kenya, found mental health improvements that included reduced stress, fewer symptoms of anxiety, improved mood, fewer depressive symptoms, fewer repetitive and ruminating thoughts, and beneficiaries feeling more hopeful about the future (Hatcher et al, 2020). The study found these improvements were as a result of: better food security and income; increased physical activity; and, improved sense of self as an active member of the community - all brought about by engaging in a livelihood. Studies also show that earning income can greatly reverse the stigma faced by people with mental ill-health. Shimizu et al (2016) found participation in a livelihood programme in Côte d'Ivoire elevated participants' status and reduced stigma and discrimination. The mental wellbeing that livelihoods programmes provide is particularly important for groups who have been subjected to prolonged distress, for example, post-conflict environments (Schinina et al., 2016), as is the case in Northern Uganda.

Therefore, the evidence highlights that livelihoods support can reduce poverty and boost mental wellbeing for people with mental ill-health. However, mental health issues may prevent people from participating fully in livelihood interventions and may reduce intervention effectiveness, unless mental health care is incorporated into the interventions (Dufour and Julie, 2011). Studies highlight that people with mental illnesses may be more vulnerable to unsuccessful livelihood outcomes (e.g. income insecurity, high vulnerability to shocks, loss of assets and impoverishment) due to the nature of their illnesses, the lack of/poor access to quality services and stigma (Carlorine, 2005). As such, livelihood programmes need to ensure that there are strategies in place to ensure livelihoods programmes are successful. These strategies include appropriate access to services/support, including counselling, medication, vocational skills development and social support, e.g., peer self-help and home visits (Funk et al, 2012). This additional support is available through this project. The most successful livelihoods programmes also integrate support groups (Regnier, 2007), e.g. the SHGs.

Considering the above, it is clear that the model employed by N4A has the potential to deliver significant positive outcomes around poverty, mental ill-health and stigma reduction.

Internal Qualitative Evidence

To develop an understanding of the actual outcomes/impact of the Livelihoods Programme, beneficiary case studies were analysed, and focus groups undertaken with 300 people with mental illness/epilepsy and their caregivers.

The below case studies illustrate how the Livelihoods Programme has improved beneficiaries' mental wellbeing, income, savings and hope for the future, alongside reducing social isolation and stigma:

Helen's story: *"My life was not easy. I was going through a lot with my mental illness when I first came in contact with BNUU. I used to forget where I put things, even money. I used to sell a few items in the market, but I used to forget what I was going to do and wander off. When I got in contact with BNUU, they enrolled me on medication. However, back at home, I thought of committing suicide. I bought 35 tablets of aspirin - I wanted to take them to end my life. I*

was talked to by staff at BNUU, who prevented that from happening - that is why I'm still alive now.

Once I was better, I was given income generating activities. I was supported with a bag of sugar, which I sold. However, with the inflation that hit the country it was really hard for me to continue restocking sugar, so I diversified the business to sell cooking oil, soap, stock - the small items that have a market. That business is going well and I'm continuing with it, I have many things I'm selling. I also bought some pigs but there was an outbreak of disease, and unfortunately all the pigs died. The outbreak of Covid-19 made business very hard. Prices had increased and it meant restocking was really hard. I decided to carry out casual labour wherever I could, and with that money I would keep on investing it in the business, to ensure the business continued growing and ensure I didn't lose track of my customers.

Post Covid, my savings increased, this gave me the opportunity to cultivate rice. When I harvested the rice, I sold and got UGX 1,078,000 (£240). This enabled me to buy 16 sheets of iron that I'll be using to put a roof on the house I am building. I also borrowed UGX 100,000 (£22.22) from my VSLA to top up some money that I had. I used that money to buy household equipment, so I now have all the necessary things needed at home. Now, every day I make savings amounting to UGX 200,000 (£44.44) to UGX 300,000 (£66.66). This is because I have many customers that regularly buy from me. I've used some of these savings (UGX 160,000 -£35.55) to buy a solar panel and the accompanied battery (costing UGX 230,000 - £51.11) for lighting my home. Now I have no issues with supporting the needs of my small family daily, and can provide food for my household, not like before.

I'm going to continue working hard to ensure I continue expanding the business, making it more effective. This will give me more to save in my VSLA. It will give me income to buy things needed for my family, including finishing off our brand-new home. I will also save money that I'll use for medical care and I will also save for the drug bank, as that helps me to get drugs when I need them because I have seen the benefit of regular medication.

The support BNUU gave me, made me recover and regain my mental health. This made people start trusting me. And they elected me to be the women counsellor of our parish, whereby I lead the women in doing several things. I also encourage those who are having mental health issues to seek treatment. BNUU has impacted a lot in my life, my life has been transformed".

Mwaka's story: *"I'm a caregiver. I look after someone with depression. Before I met BNUU, I was confused. I didn't know how to take care of her and as much as I tried taking my family member to the hospital, but there was no proper medication available for curing the depression that she had. Even when the hospital did have medication, I didn't have the money needed to transport her to hospital and also to buy the medicine. BNUU helped cure my family member, giving her the medication she needed.*

After that, I was given a box of soap and a carton of salt to start my IGA. I sold these items and then I diversified the business to goat rearing. When I reared the goats, it was unfortunate that the Karamajong cattle rustlers came and took the goats, but I never gave up, I continued to doing poultry rearing and the poultry rearing gave me money. What made me diversify my business from selling soap and salt is because I saw that doing poultry could make more profits. Like, for example, if I buy chicken at UGX 10,000 (£2.22), when they grow bigger, I can sell it at UGX (£5.55). That's giving me more profits. The challenges [due to Covid-19] faced in the business, also meant I had to devise means of ensuring that I kept in business, so I could continue providing things that are needed by my customers, such as chickens.

After selling some chickens I used the money to pay for school fees for my children. The very same money, I also used it to add more stock for my business and then also used part of it to save in our VSLA group. Also out of that, I was able to provide treatment for my family

member, not just for her depression, but also for other illnesses. So, I now ensure that I get medical care for her and my children at home.

Overall, the business has really improved my level of savings. For example in a week, I used to save UGX 1,000 (£0.22), but having business at hand gave me the opportunity to earn and then also save between UGX 5,000 (£1.11) to UGX 10,000 (£2.22) per week. My weekly savings for the drug bank is also increasing, just in case my family member relapses. The project gave me more courage to do savings. I now save with a purpose. The money I get from the business also ensures we have food security at home, my family eats well. There is happiness now in my family. We live in peace since my family member has also recovered. I am aware about how to handle mental illness, so I'm able to manage relapse in case my family member relapses.

I have some positive plans, dreams and hopes for myself and my entire family. By paying my children's school fees, I have plans of seeing them becoming big people in life, such as professionals like doctors. I plan to continue with poultry rearing because this is a very profitable business. I plan to buy a motorbike so I can go wherever I need to go. I plan also to continue working hard in the business to ensure that if my family member relapses, I'll have all the resources needed to provide medical care. Now that my family member has recovered, I'm thinking about organising a Thanksgiving celebration for her. This is to motivate and encourage other people still on medication to take it seriously. It will also help those not yet enrolled on treatment to encourage them also to start seeking treatment, because my family member is proof that when someone is put on medication, they are able to recover and get better".

Joseph's story: *"I have epilepsy. Before I met BNUU, I was going through a lot of difficulties because of the illness that I've had for a long time, and this affected how I was living. I had no money and would rely on support from a few family members. In my neighbourhood, [when I was little] the elders would not allow me to play with their children because they feared that I could infect them - that I could transmit the illness to their children. So that made me isolated. I felt so, so bad about that. Eventually, I heard about BNUU through a health worker. I went to the health facility, and I started treatment and medication under BNUU's programme.*

The IGA that I was given was a bag of sugar. And then I kept on selling it. To date, I am two years in business. My business items have increased. In my place where I sell, I have soap, I have salt, I have cooking oil, I have biscuits, razor blades, I have pens, bread, torches and the cash I have at hand is UGX 150,000 (£33.33). The stock I have now totals UGX 200,000 (£44.44). The business also helped me to save more money. Not like when I was still sick. This business really gave me a source of income and weekly I save between UGX 15,000 (£3.33) to UGX 20,000 (£4.44). Yeah, before I was supported by BNUU, I used to save like UGX 1,000 (£0.22) or even nothing at all because I had no clear source of income.

Just like in other business, I experienced some challenges. The lockdown because of the COVID 19 virus caused difficulties in transport, prices had increased, and if I could go to restock an item, I would spend more. And then the profit that I could get was really not good. So, I thought of diversifying the business. What I did was to do vegetable cultivation, so I would sell those vegetables and then get more money. I could also use my savings in the VSLA, when I was sick or needed medication. So those are the ways that I use for ensuring that much as there were challenges in the business I would still have ways of ensuring that I keep running the business. The business helped me a lot in a ways - I would always get ways of solving my problems or meeting my needs, either through the business itself or through the VSLA that that we have in the group. Being part of BNUU's programme has increased my income. My daily sales now range from UGX 5,000 (£1.11) to UGX 25,000 (£5.55).

Another impact of BNUU's services and the IGA given to me was that this made people to start valuing me more, because when I was sick, no one would value and respect my views. So, with the recovery that I have had, I have been elected as the Vice Chairperson on my

SHG, I am on the School Management Committee for a primary school near our place here and I've been elected to be the Youth Chairperson. Also, at Kalongo Town Council level, the different self-help groups have elected me to be the chairperson for the Drug Bank. The Drug Bank initiative has been really of great impact because there are times when there are no supply of mental health drugs. The bank also reduces the burden of care for the caregiver because they are sure of the money for buying medication. They are all very happy just like me. I am now of worth to people, the advice that I give to people is appreciated because now I'm just like another person and I'm capable of doing many things, just like another normal person because I've recovered from my epilepsy. My life has improved. There is no more stigma because I am now a person of value.

I have future plans for myself and my family. I want to expand on the level of my business, I want it to grow bigger. And that will help me to develop my home, develop my family members who stood by me when I was very ill. I also have plans of building a permanent house, which will help me in protecting the things I sell and ensuring that they are not stolen, and then also improve the housing that I have from my current grass thatch house to the permanent building. I see that in future, if there is a gap in the supply of mental health medicine, that is not going to worry me because I have my business and the drug bank savings".

Christine's story: *"I am a caregiver of someone with epilepsy. Before I got into contact with BNUU, I was going through a lot of problems, including the long distance that I would walk to look for medical care for my family member with epilepsy. And then also that gave me no time to do my personal things because I had to spend a lot of time ensuring my family member does not run around or go outside. When BNUU came, we heard about the services and then we went to the health centre. We registered and started receiving medication from there. On receiving medication, my family member improved, and the hardship reduced, giving me time to do some other things.*

Then I received silver fish from BNUU. I sold the silver fish and realised some good profits which made me add more stock to my business. So, I restocked with cabbage, tomatoes, okra and vegetables. I also used the very money that I got from the business to save in the group VSLA. Previously I used to save UGX 2,000 (£0.44), but with business in place I started saving UGX 5,000 (£1.11). Now I save up to UGX 10,000 (£2.22) per week. The business that I do is helping me provide for my family. The IGA that I do has really changed the situation at home. The living conditions changed…there's always money to provide for whatever needs come up in the family. I am also able to pay school fees for my children. With Covid, I had to change my marketing strategy. I had to keep on restocking, go out to my customers, and, when the lockdown was in place, my customers came to me to buy items they needed. So that kept the business going and that is the reason why I still have my business running now. The income I got from the IGA gave me the ability to buy a goat that has produced [a kid], and now I have four of them that are very healthy. And the business also gave me the ability to increase my farming. In the past I couldn't do that with the burden of care, I would only take care of my family member which left little time. I can now farm two acres. BNUU has impacted on my life - I see a lot of changes in myself and in my family members because my level of income increased and that gave me the power to provide for all that is needed at home.

My plans are to continue with the business that I'm doing and that will give me money to buy drugs for my family member when there are no drugs in the facility. And then also the same business will help me to generate money for paying school fees and also generate income to increase my farming level. I have plans of managing my business effectively so that I get enough money to build my own house".

The following quotes from beneficiaries highlight that the Livelihoods Programme is needed, and that there is a lack of other available support:

"I think that there was no other place that we could have gone to seek for support…to help our family members [PMIEs]…previously we used traditional herbs. They were not working for us.

But others could continue going to get those traditional herbs and their money would be eaten up for nothing. And in our area also, there is no other organization or body or government programme that supports people with mental illness and epilepsy. We had nowhere else to go".

Participant in the Akony Kena SHG focus group

"Before BNUU I had a family member who was battling epilepsy and because of the challenges and the care burden that I had, I developed depression. We had no hope, and we were quite sure that all of us, we were going to die".

Participant in the Lobo Rac Wol SHG focus group

"I don't think we would have gotten this kind of support from anywhere, if not BNUU, because there was a lot of stigma that you are facing. Even if the government brings in supports who are left out because of our mental illnesses".

Participant in the Mak Mukemi Paimol SHG focus group

"If BNUU had not intervened, we would have buried many PMIEs".

Participant in the Lobo Rac Wol SHG focus group

Beneficiaries – both people with mental illness/epilepsy and their caregivers - also highlighted that N4A's/BNUU's Livelihoods Programme had helped improve and maintain their emotional and mental health:

"I've got some massive improvement. Ever since I started getting…medication from BNUU. Those days before the sickness coming in, I used to convulse like, 2 to 3 times in a month. But now I'm improving. There's some massive improvement. Now I can go, like 1 to 2 months without getting convulsion".

Participant in the Yot Kom Aye Kwo Ngora SHG focus group

"I've gone through a lot of depression. And I could not socialise with people. I used not to sleep, eat, or even go to the garden. I used to stay alone. I was really depressed. But when I heard about BNUU, I went to them. They counselled me. They talked to me. Now I'm really very happy. I sleep very well. I eat now very well, and everything is moving very well".

Participant in the Yot Kom Aye Kwo Ngora SHG focus group

"As I talk now, I can say I have recovered from mental illness".

Participant in the Akony Kena shg focus group

"My having sleepless nights has been brought to an end because of the treatment provided to my PMDE by BNUU and even the number of seizures that the PMDE used to get also reduced. He used to experience about three fits in a day, but now he experiences only one in a month. And it's not so difficult to manage like before where we would…struggle calming him down. But now it is something that is minor".

Participant in the Akony Kena SHG focus group

PMIEs and their caregivers report that the programme had increased their income:

"The most significant changes that IGA brought was the increase in household income. And because of the IGA, I was able to buy a sewing machine. It was a very great opportunity. And I'm handling a good sum of money. The money I got from this has also enabled me to buy animals. I was able to buy goats, I was also able to buy pigs. This is supporting me a lot also in ensuring that I pay my children at school".

Participant in the Yot Kom Ayer Kwo Lai SHG focus group

"The change that the livelihood support gave to me is that I have now constant flow of income because I…have a small restaurant selling food for people that are buying and selling in the market. So that ensured me to be having a source of earning".

Participant in the Akony Kena SHG focus group

"The IGA has brought a lot of change in my life. The first change…is the increase in my household income. I was given IGA. I managed it very well. And this, by implication, has increased my earning. My saving level has also increased. I'm happy that, weekly at least, I can't fail to save with my group. I attribute all this to the IGA support that I was given. Another great change…was on food security, because of the increase in my household income, I was able to invest in agriculture and God willing this year has been a good year and I am able to realize a good harvest".

Participant in the Lobo Rac Wol SHG focus group

"I sew people's clothes. I have my sewing machine that I make my money with. I also make some household items that I do sell and maintain my business…it brings me some little bit of income that pushes me on. So I have plan of maintaining my business. I also diversify my business as well…so, I'm also looking forward on expanding my business as well. I also pay my rent and make sure life is good".

Participant in the Wakonye Kenwa Kalongo Town Council SHG focus group

Which has resulted in them being better able to meet their own basic/economic needs:

"[Thanks to my IGA] I'm now able to go to the hospital if I'm sick, whether with mental issues or with other illnesses. I'm able now to go to the hospital because I have money. I didn't stop there, I also diversified my business. I bought some charcoal and some beans, [which] …enabled me to sell and get more money….that enables me to save at least UGX 5,000 per day plus. I now eat, I used to eat like twice or even once in a day, but right now at least I eat thrice in a day. I take good breakfast, lunch, I take and supper. I feel my life is now much better compared to the previous life that I was living".

Participant in the Wakonye Kenwa Kalongo Town Council SHG focus group

"I started getting medication for my child. After that, my child recovered and went back to school. They also supported me with the IGA that I sold and used part of the money to pay school fees for my child. I also use part of the money to buy land. And then I bought a goat that produced twins".

Participant in the Lubanga Twero SHG focus group

"The IGA given to me was such a great relief because I had skills in hairdressing, but no materials for running the business. So BNUU supported me with these materials which I used in my salon. This also empowered me to be able to meet the needs of my family, which has improved the living conditions of my family. I am able to buy medicine when it's needed. I'm able to buy food stuffs. I am also able to support my family in any ways when it's needed because the money is now there with the proper management of my IGA".

Participant in the Kwo Ber Wol SHG focus group

"I thank BNUU for boosting our business and restoring happiness in our families. Since as a result of this business, all income generating activities, we are able to take care of our children and support our daily lives in a family".

Participant in the Aye Teko Paimol SHG focus group

"I never dreamt of money. But now I get my money and I don't even disturb people….I don't disturb my neighbours with money issues. Because now at least I get my money and I cater for myself. I buy my other necessities like soap, sugar, clothes, things like that".

Participant in the Wakonye Kenwa Kalongo Town Council SHG focus group

PMIEs and their caregivers can also now save and borrow more, which has led to having increased financial security:

"Actually, we were very surprised the day we were discussing of our VSLA savings, we realized we had saved a lot of money. I was able to go back home with 20,000 shillings. Something that I could not have saved on my own if it wasn't because of being in that group".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

"The income generating activity or the business has strengthened the levels of our savings and these savings can be used during times of need when we have something pressing on us or even we can use it to support one another in the group".

Participant in the Kwo Ber Wol SHG focus group

"The biggest support…was the VSLA support, because I had a lot of challenges in taking care of my family member [and PMDE]. Now, in case of any challenges that I have, I can go and borrow loan from the group and later pay the loan back. It is very hard in this community to access loans because of the family challenges, we might not be in a position to provide all the securities that bank needs so that I can gets a loan. But because BNUU was able to put us into VSLA groups they now have the opportunity to get a loan and…save for drug bank. This has helped in ensuring that our family members [PMIEs] recover well".

Participant in the Lobo Rac Wol SHG focus group

"BNUU introduced VSLA in our groups. And from this VSLA, I'm now in a position to borrow money to solve my problems. If I get an emergency at home, I run to the VSLA savings. I go out and borrow the money. I've actually realised that our VSLA savings is much better than getting a loan from the bank. And I pledge to continue with the VSLA saving forever because it has helped me a lot. It has really changed my life".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

Beneficiaries also highlighted that there were benefits above and beyond group savings and loans for being part of a self-help group:

"Before I joined the group, I used to overthink too much. But when I joined the SHG the thinking that I had reduced because I am able to talk to people, and also share ideas".

Participant in the Wakony Kenwa Lukole SHG focus group

"In the past, we…were isolated. But when information came that we should start up self-help group, we came together and started this self-help group. We also got the opportunity to become leaders through the election that was done. Some members became the group chairperson, secretary, person in charge of information sharing. The group started and we feel the group is helping us to unite and coordinate information among ourselves".

Participant in the Lubanga Twero SHG focus group

"Within our group we always share some of the best practices regarding care for person with epilepsy and other mental health conditions. This has made it very easy for us to take care of our family members [PMIEs]".

Participant in the Lobo Rac Wol SHG focus group

"Being part of the group has helped to reduce stigma and discrimination. This was one of the things I used to face a lot. But now being in the group, we are able to advocate for our rights. [Now] the people who used to discriminate us…are coming back to us. They have realised the impact of being in the group in our lives because they have seen great change in us".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

"When a member is going through a difficult time or a tough situation, we mobilise resources and money and then we go and support or stand with the member who is going through a tough time. It can be sickness, or it can be anything that is really challenging for a member. We also…encourage the self-help group member. This is something that you cannot get outside when you are not in a self-help group. So being in a self-help group is the only way to be together and then also work together".

Participant in the Lubanga Twero SHG focus group

Many caregivers highlighted that the support provided had reduced the burden of caring:

“I first contacted BNUU so that I am assisted to ensure my son’s recovery. I used to chain him and lock him in the house. I used to have sleepless nights because of the caregiving burden. When he enrolled on treatment his condition improved and I stopped locking him in the house. He is now able to play with other children in the neighbourhood. He continued improving in his condition. He started asking me to help in sweeping the compound, taking the goats to graze. When he saw that he had recovered, he started asking me that he wanted to go to school. His fellow kids could give him mathematics assignment to do and he could do and passed them all. So, I saw the need in him being taken back to school as well”.

Participant in the Akony Kena SHG focus group

“The IGA given to me made me able to buy medication when it's needed for my PMDE. And part of the money I could use for buying to make porridge for the child. With all the profits I have made, I have been able to buy healthy foods which also ensures that my PMDE is healthy. The financial support through the IGA also zeroed down on some of the worries that I had about the care giving burden, as my PMDE has also recovered and I have [money] at hand to meet their needs”.

Participant in the Kwo Ber Wol SHG focus group

“The fortunate bit of it all is that BNUU came on board and started providing services to ensure that the sick ones recover, which has also reduced or has eased and freed the minds of caregivers and family members as a result of the recovery they saw in their PMIEs”.

Participant in the Kwo Ber Wol SHG focus group

“The most significant achievement [for the project] is family members’ [with mental ill-health or epilepsy] recovery. I'm happy that most of our family members [PMIEs we care for] have recovered, and currently they're managing their businesses well. For children, most of them they have been now reintegrated back to school. And they are studying well, something that was very hard for me to believe that it could happen. Besides a good number of family members [PMIEs] now engage in the different activities. They are now going to the garden (fields) to do garden work. They can now do home care activities, and this has helped a lot in ensuring that the family also is relieved from their burden of care”.

Participant in the Lobo Rac Wol SHG focus group

Beneficiaries also reported that the project had made them feel more empowered, and more valued by their family and community:

“I am very grateful for the support that I received from the SHG because when my neighbour fought me, the SHG member stood with me and the leaders were able to follow up my case until I got justice. The awareness raising is helping a lot because the community members now know that even people with mental illness have equal rights like any other person”.

SHG member

“I thought that being a PMDE you have no future, you have no voice. However, being in the self-help group with the different trainings that we have done, this empowered me to be elected into leadership position. Life is really good for me now in the SHG because my self-esteem has been boosted. And even when I go out in the community in meetings, I now have the voice, authority and power to talk and demand for services or [changes to] things that are not going well”.

Participant in the Kwo Ber Wol SHG focus group

“Right now, we have been empowered. Our children are going back to school to study and others are studying. We have businesses. Our eyes have been open to see the world in a different way, not like before”.

Participant in the Lubanga Twero SHG focus group

“I had severe depression. BNUU staff came and talked to me. They encouraged me. They guided me. Out of that, my self-esteem has gone up. I had very low self-esteem. Out of that, I'm now able to do peer counselling. I can actually now give basic counselling to my group

members. I'm also now in a position to encourage other community members who I see having the same problem that I had to go and access BNUU services so that they also be like me. I'm now a very strong and empowered woman in my community".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

Many felt they now faced less stigma than at the start of the project:

"I am a caregiver. Before joining BNUU, I faced a lot of stigma and isolation from my neighbours and the community because of what my child was going through. But BNUU…did a lot of community sensitisations. And right now, I am free to contribute or stay in the community without any stigmatisation".

Participant in the Mak Mukemi Paimol SHG focus group

"There used to be a lot of discrimination. And there was a lot of stigma to my family member [with mental ill-health] and to me as well, because back then when I was not given the IGA items, I was really stigmatised because I didn't have enough money. I could go to the neighbours to borrow money when my family member was sick…I had to ask for help or beg for money, and they [the neighbours] could really say a lot of words to me that really demoralised me. Now, with the IGA, I feel secure because I generate money. And when my family member falls sick, I now can get the money and take them to the hospital. Now, I don't go to the neighbours to ask for money. I really feel it's really [positively] impacting a lot on my life".

Participant in the Yot Kom Aye Kwo Ngora SHG focus group

"Initially, the community did not understand epilepsy very well, but from various community engagements that BNUU had with our community, myths and misconception about epilepsy was addressed. Initially they never used to give us first aid. People would run away from us. But now people come and give us first aid. Stigma and discrimination was there, but right now it's not there".

Participant in the Owiny Cwiny and Orib Cing SHG focus group

"These people [PMIEs] were being discriminated and stigmatised in different ways. They were not allowed to eat together with their fellows at home. They were not even allowed to play together. Even when they had their own belongings they were taken forcefully. Those are all forms of abuse and stigma and discrimination [that happened] before the coming of BNUU, it was rampant but now, later on, after the coming of this [project]…a lot of awareness has been created and trainings on all forms of stigma, it has reduced".

Participant in the Rubanga Konya Wol SHG focus group

This included reducing stigma within families:

"In the past, I used to be stigmatised. I could be discriminated by community members, by even relatives. One of the relatives also discriminated me [because of my] epilepsy…I should have access to my land. And he took away my land, the land that I was doing cultivation on. But with the support of the community, after when I recovered, I was given back the land that I used to have. Even the community when they saw that I had recovered, they stopped stigmatising me. They started befriending me and visiting me at home".

Participant in the Akony Kena SHG focus group

"My husband's perception towards [my] mental health was so negative and used to stigmatise me. But when I started getting treatment, he saw a great improvement. I've been given a drug holiday now two years without medicine and I'm doing properly well. And this has changed his perception. And as I talk, there is love and peace in our home. He has stopped stigmatising me because he has now understood about mental health and that it can be treated".

Participant in the Lacan Pe Nini Lukole SHG focus group

"Before my child who had epilepsy was being discriminated even in terms of eating food at home. They would fear that the saliva could drop in food that people are eating. They would

give him food to eat separately. But when the child received treatment and recovered, the child can now eat together with their family because he has recovered. This has also changed the mindset of people who use to discriminate and overlook him because of his condition. This is something that I never expected and it has created a positive change and a positive unexpected change in my family".

Participant in the Lubanga Twero SHG focus group

And from government bodies:

"The issue of stigma at the very beginning was very rampant, and it is so unfortunate that we were also being discriminated even by government civil servant. I recall when government came up with the initiative called Restocking Programme, our group was not considered. PMIEs were not considered…However, I am happy that when BNUU came to the advocacy forum that we had, we sat together with Civil Servants and we are now receiving a good number of services and a government programme".

Participant in the Lobo Rac Wol SHG focus group

"Initially, we were not fully involved in the different government programmes. We used to be discriminated. But when IGA support was given, government officials also realised that we can really participate in government activities. And I'm happy that, currently, if there is any government programme, they are considering our groups".

Participant in the Yot Kom Ayer Kwo Lai SHG focus group

However, some respondents did highlight that stigma and discrimination had sometimes been increased through the project, although they highlighted that BNUU had acted early to address this:

"The issue of stigma became rampant, especially when members of the self-help groups were given IGAs. Whenever we went to the market first of all the local community members would refuse to buy our IGA items, saying that we have mental health issues. A few…would borrow items and also fail even to pay. And this brought a lot of challenges to us. But we came back as group members together with BNUU and we started scaling up awareness raising and after, community attitudes towards PMIEs has greatly changed".

Participant in the Lobo Rac Wol SHG focus group

"Sometimes back we were facing stigmatisation. This started when we received the IGAs and people could stigmatise us. They discriminated against us. They used also to discriminate against our children. They don't want our children to play with other children…and used to call them mad people. So we sent that information to BNUU and they came. Then sensitisation and awareness raising was done to stop stigma and discrimination. Then after that, yes, the community realized that it was bad and they stopped stigmatising and discriminating our PMIEs. We are not being stigmatized and discriminated. We are free to do our IGAs. Even our children are free to move in the community. So everything is now okay".

Participant in the Lubanga Twero SHG focus group

Finally, many of the PMIEs and their caregivers also reported having either diversified their income or developed contingency plans in place which outline how income will be maintained in case of relapse:

"BNUU helped us a lot. Basically supported both me and my caregiver. We were given IGA that we were able to sell and we diversified our business. My caregiver right now is doing charcoal business and, I'm running our small shop".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

"In case things are not moving on well, I have other options. That is, I'm doing beekeeping. When it reaches the month for harvesting, I just diversify my business and start selling honey".

Participant in the Lacan Pe Nini Lukole SHG focus group

"If my child relapses, what I'm going to do is to use the income generating activity that I have to generate money and then use that to give medical treatment for my child. Because we also bought some animals that we are rearing. We can sell those animals and then use the money to buy medicine. Since we also now know the type of medicine the child is on, and we also know the procedures on how to administer the medicine to the child when they relapse".

Participant in the Lubanga Twero SHG focus group

"I plan to continue with the VSLA savings…I also plan to continue with my drug bank savings to help me in case I relapse so that I can be able to acquire treatment for myself".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

The drug banks have a clear role in this contingency planning:

"The drug bank is useful bank so that these PMIEs do not relapse from lack of medication".

Participant in the Kwo Ber Wol shg focus group

"We set up a drug bank because we were told the outcome at time that we don't have medicine at the facility. So this money that you will be saving will help us to have access to medication from the pharmacy or from the clinic. And this will help us so that we don't we don't skip medication. And in other words, this would help to avoid the cases of relapse among our family members [who are PMIEs]".

Participant in the Lacan Pe Nini Lukole SHG focus group

"We were trained on drug bank initiative and…through drug bank initiative, many people [beneficiaries] have recovered because they are now accessing medicine. This has also helped to manage cases of relapse. For the last three months, we have not registered any cases of relapse".

Participant in the Lobo Rac Wol SHG focus group

"I want to talk about Drug Bank how it has been my life. I'm now able to buy medicine for my child, out of my drug bank savings. And because of that, my child has greatly improved. In case we go to the facility, we don't find medicine. We run to our drug bank, we get medicine and we buy drugs for our children. And this has really helped a lot".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

Overall, the support has enabled PMIEs and their caregivers to feel more positive about the future:

"This [project] has actually helped in transforming our lives. I'm happy that I can now run my business. I can now save. And this has given me a green light on how I can move with my life. And I'm optimistic that I'm going to be a very progressive person".

Participant in the Yot Kom Ayer Kwo Lai SHG focus group

"When BNUU came, I started doing business and people didn't believe that I could really multiply my business. I am still multiplying. Now I have money to buy…the basic necessities like sugar, salt, soap to wash my clothes. So that has been some serious, unexpected changes that really happened to me. I still see good things coming ahead of me".

Participant in the Wakonye Kenwa Kalongo Town Council SHG focus group

"When BNUU supported me with an IGA, I was able to manage my business as well. And at the end of the day, I was able to reintegrate all my children back to school. And now I have no challenges in paying school fees. I have lot of hope that in future my children will live a life that everyone will appreciate".

Participant in the Lobo Rac Wol SHG focus group

"I have a plan to continue with my business. I have a future dream to buy land and be able to construct. I also intend to have a project, for example, rearing pigs that will help to sustain me when BNUU is no [longer helping me]".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

Many respondents also shared general praise for the project:

"Back in those days, even during the time of our ancestors, people tried using traditional herbs, but traditional herbs never cured mental illness and epilepsy, and the cases kept on increasing. But I know of only the services that BNUU offers modern medicine for curing mental illness and epilepsy. That is the only solution. And this has also helped us. In the community the numbers of people having mental illness and epilepsy has reduced…So the treatment given by BNUU has really helped in ensuring that people get treated and people recover from mental illness and epilepsy".

Participant in the Wakony Kenwa Lukole SHG focus group

"I don't think without BNUU we could have accessed any other service from elsewhere… Government projects came, they even write our names [down]. But at the end of the day, we don't get anything. I think we have not been getting anything because we were seen as people with no value, because we had mental illness. But when BNUU came, BNUU saw that we have challenge and deserve to get help. BNUU gave us medicine. We improved. Some of us even ill, we got cured, Basic Needs gave us business".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

"If BNUU had not come, we would be dead. Mental illness would have killed us. BNUU came and gave us business. If they hadn't given us that business, we were not going to get money to pay fees for our children. We were not going to be in a position to buy animals and keep at home. We would not even get food to eat".

Participant in the Makmukemi and Cukekene Lukole SHG focus group

"If BNUU was not to be there, I expect that the level of poverty would have gone up, because currently, at least we are getting some money because of the IGA that was given. Beside, I expect that the issue of food insecurity and food shortage would have been very high".

Participant in the Yot Kom Ayer Kwo Lai SHG focus group

Respondents, including PMIEs and their caregivers, were asked how the Livelihoods Programme could be improved or what else BNUU/N4A could be doing to support them. Many people were keen on receiving more/ongoing support:

"I encourage BNUU to continue providing us with medication, because some of us have not yet been withdrawn from medication much as there is improvement. We are still not yet withdrawn from medication. So if BNUU can continue supplying us with the drugs and then supporting us, we will be able to recover completely from mental illness and epilepsy".

Participant in the Akony Kena SHG focus group

"I'm praying that BNUU continue with their service of supporting persons with mental illness and epilepsy".

Participant in the Kwo Ber Wol SHG focus group

"BNUU should also support to widows and orphans because they have more caregiving burden than others who are a couple and they are working together to support their family".

Participant in the Akony Kena SHG focus group

"I would request BNUU continue supporting us the way they have been supporting to help us continue with this togetherness that we have in the society and in our group. The support I'm talking about is in terms of medication to help us continue adhering well to medication and avoid the cases of relapse".

Participant in the Lacan Pe Nini Lukole SHG focus group

"We still need support from BNUU, especially in the area of medicine, and also support in terms of business, because we've encountered a lot of sunshine [drought] which has affected our crops for production".

Participant in the Mak Mukemi Paimol SHG focus group

"I feel like BNUU should support us with more income generating activities to help or to boost the current one that was distributed like silverfish, beans, since there was some issues that arose that really affected our business like Corona and drought or famine".

Participant in the Aye Teko Paimol SHG focus group

However, many people stated they would like BNUU/N4A to extend support to more PMIEs and their caregivers in their local area:

"I would also request that BNUU give livelihood support to those who have not yet benefited out of their livelihood support and they have the care giving burden to persons with the mental illness or epilepsy".

Participant in the Wakony Kenwa Lukole SHG focus group

"I would also request because in our area here, there are many people that are on medication for mental illness and epilepsy who were enrolled later and they didn't get the livelihood support. So if they can be supported with the livelihood project by giving them some small income generating activities, that will also be good for them".

Participant in the Wakony Kenwa Lukole SHG focus group

"I request that BNUU continues with the programme and promises to replicate this important model to…other community members, [as it is] indeed is a very good sustainability driver".

Participant in the Yot Kom Ayer Kwo Lai SHG focus group

"I am requesting BNUU as the organisation to stay, not to leave Paimol, and continue to help give medication for other people who has failed to recover and those who are still new to joining to get the mental health support from BNUU".

Participant in the Yot Kom Aye Kwo Ngora SHG focus group

This is going to happen thanks to a grant from a recent corporate funder to extend the livelihoods support to 12 more self-help groups in the four Lottery sub-counties.


A beneficiary, running their small business

Learning questions

The National Lottery Community Fund also required a 'test and learn' approach in their funded projects. The project therefore included a ‘learning study’, aimed to better understand/establish the relationship between livelihoods and managing symptoms of mental illnesses and epilepsy. This learning study was structured around five key learning questions:

- **Learning Question 1**: How different are the outcomes of livelihood programmes for people with epilepsy, and people living with mental illness? The idea is to understand whether the same inputs provide the same outcomes for all the participants or whether there is a difference in outcomes for people with epilepsy and people with mental illness.
- **Learning Question 2**: Do livelihoods contribute to an increase in confidence and participation, and a reduction in stigma for PMIEs? If so, how do livelihoods impact on reduction of stigma?
- **Learning Question 3**: What is the relationship between livelihoods and the ability to manage symptoms? For example, is there a reduction in relapse, is there an improvement in mental wellbeing, is there better adherence to medication etc.? I.e. how does support with livelihoods help reduce/manage symptoms of mental illness and epilepsy?
- **Learning Question 4**: What are the relative impacts of livelihoods on improved mental wellbeing, as compared to the impacts of other interventions and support – support from self-help group members, awareness raising and stigma reduction, individual and group counselling, and duty bearer/influencer support?
- **Learning Question 5**: How do livelihoods contribute to a reduction in the burden of care amongst caregivers?

20 SHGs participated in this learning study, drawn from across the four sub-counties of the project, to reduce the likelihood of participants being influenced by their interaction with other SHGs (e.g. by meeting at mental health clinics). In addition, 10 of the SHGs were not due to receive livelihoods inputs under the Lottery funding, so they could act as a control group in the study. The rationale was this would allow N4A/BNUU to control for other factors impacting on PMIEs and their caregivers’ mental health – including positive factors such as the mental health clinics, counselling and medication provision, and negative factors such as drought - and thus identify the specific impact of livelihoods on outcomes. The ethical justification for the inclusion of control groups in the Learning Study was that N4A/BNUU plan to provide support in future. Ethics approval was granted by the Independent Review Board of Lira University in Uganda. The methodology was also co-produced with SHG members and involved a baseline and an endline survey/assessment to determine change.

The 20 SHGs participating in this learning study were also divided into subgroups of: people with epilepsy (PWEs); people with mental illnesses (PMIs); caregivers of PMIs (CPMIs); and caregivers of PWEs (CPWEs). This was to ensure the study could distinguish between the outcomes for those with epilepsy and those with mental illnesses, and the caregivers of each.

<u>Findings from Learning Question 1</u>

For the first Learning Question, through participatory processes with the SHG members, the learning question was broken down into the following research questions:

- What inputs go into supporting PMIEs to carry out viable IGAs? Are these inputs provided in the same ways to PWEs and PMIEs? If not, what are the differences and why?
- What do PWEs, PMIs, caregivers of PWEs and caregivers of PMIs consider to be achievements (outcomes) of their livelihood’s activities? What are the similarities and differences, and why?

- At what point do PMIEs and their caregivers report that they can celebrate the achievements of their livelihood activities? [In reality, this appears to focus on when PMIEs and their caregivers achieve the outcomes above, rather than celebrating their personal achievements].

For the type of inputs needed, BNUU field/frontline staff participated in a focus group to respond to this question. They noted that they provide the same inputs to PMI and PWEs and their caregivers, but that there may be some difference in the focus of the activity. For example, all beneficiaries with a mental illness/epilepsy receive counselling from BNUU counsellors, however usually counselling PWEs focuses on adherence to medication (because many PWEs stop taking medication as soon as they experience a significant reduction in the frequency of seizures, which causes a relapse) whilst counselling PMIs focus mainly on empowerment, developing positive coping skills and self-esteem.

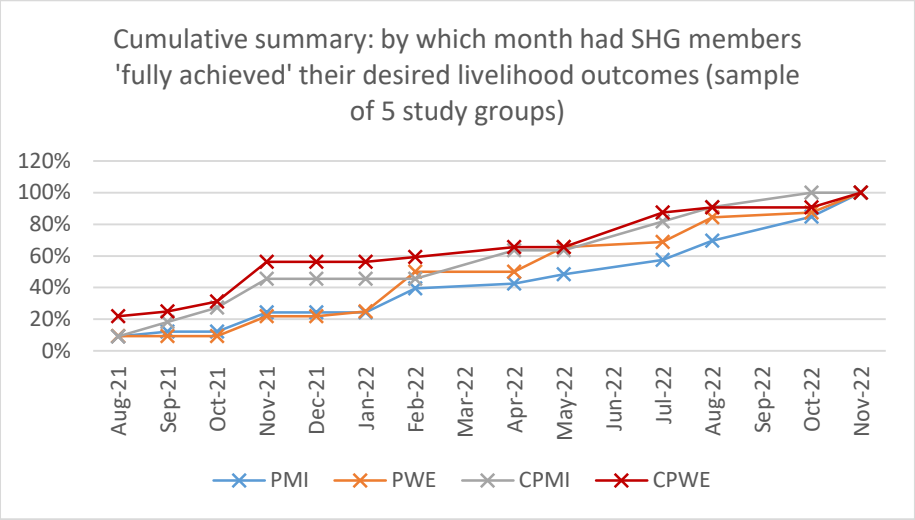
The baseline survey asked the different subgroups what they would consider to be the key achievements (outcomes) of their livelihood's activities. There were no significant differences between the subgroups, or between the control group and the beneficiary groups, in terms of the achievements/outcomes of livelihood activities. The top five livelihoods' outcomes were:

1. Expanding or diversifying their income
2. Expanding or increasing land cultivated for crops or livestock
3. Home improvement (e.g. building a house or improving the structure of their existing house).
4. Ability to buy groceries and home supplies.
5. Ability to pay for medicine, medical bills and respond to medical emergencies.

The endline data found that a greater proportion of PMIs than PWEs (62% vs 52%) said that they 'fully achieved' their desired livelihoods outcomes, while for caregivers, a greater proportion of CPWEs than CPMIs (45% vs 38%) said that they 'fully achieved' their desired livelihoods outcomes. However, when these figures are combined with those who stated that they had 'partially achieved' their livelihoods outcomes – to a greater or a lesser extent – there is less of a difference between PMIs (86%) and PWEs (89%). There remains a lower proportion of CPWE than CPMIs either fully or partially achieved their desired livelihoods outcomes by the end of the project (86% of CPMIs vs 70% of CPWEs). However, there is no clear reason for this lower rate in the feedback from participants.

Overall, the reasons given for lack of achievement were: Covid-19 and restrictions on movement which made it difficult to restock their livelihood items; the fact that they are still building up their savings; and that part of their income was used to pay school fees. Housing outcomes also had the lowest proportion of participants fully or partially achieved it. This is likely because buying land and materials for housing required greater capital outlay in one go than other outcomes. In addition, beneficiaries tended to prioritise other outcomes (such as growing their business, purchasing livestock or meeting health costs) first.

BNUU/N4A also used a sample of five of the 10 study groups, to determine when exactly in the project participants felt they had "fully achieved" their livelihoods outcome:



As can be seen, people with epilepsy and people with mental illnesses started off on a similar trajectory – however, during 2022, PWEs achieved their desired livelihoods outcomes at a faster rate than PMIs. Similarly, CPWEs who fully achieved their outcomes did so at a faster rate than CPMIs. Furthermore, caregivers tended to achieve their outcomes sooner than PMIEs. There does not appear to be any clear rationale for why this is the case.

Findings from Learning Question 2

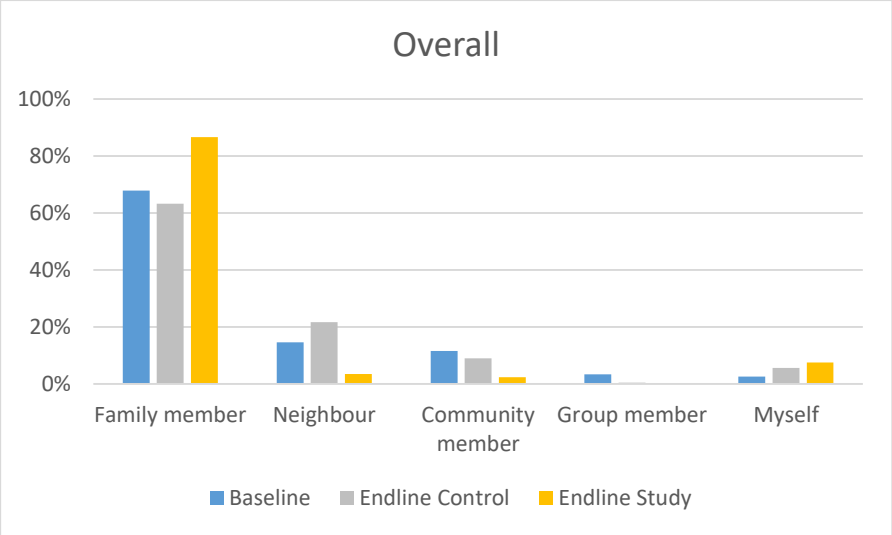
The second Learning Question/s were: Do livelihoods contribute to an increase in confidence and participation, and a reduction in stigma for PMIEs? How do livelihoods impact on reduction of stigma? With the SHGs, these questions were broken down into:

1. How do PMIEs spend their day? What activities are they engaged in? Which ones do they consider meaningful and which ones are mundane?
2. Which of the activities listed above are carried out with family and other members of the community?
3. How do PMIEs perceive the spaces provided for them to participate by family and other community members? What are their reasons for this?
4. How do PMIEs and caregivers describe the change in participation in broader family and community activities after they start income generating activities? What are their reasons for this change?

There is a key issue with these questions, as they don't specifically ask about perceived stigma and/or changes in experiencing stigma. N4A/BNUU argue that e.g. an increase in hours of gainful employment; a greater number of activities done away from the house; more time spent doing activities with non-family members, can all be used as proxies for a reduction in the stigma faced by PMIEs. However, whilst some of these changes (e.g. participating more in the local community) may be due to reduced stigma, it could equally be due to e.g. having more disposable income to spend on travelling to, and partaking in, community activities. This is acknowledged by N4A, who recognise that being unwell, or caring for someone who is unwell, is expensive – both due to expenditure on things like healthcare and drugs, but also due to 'opportunity costs' e.g. time lost due to care, stigma and other lost opportunities. Taken together, this can exclude many PMIEs and their caregivers from participating in development or leisure activities in the community.

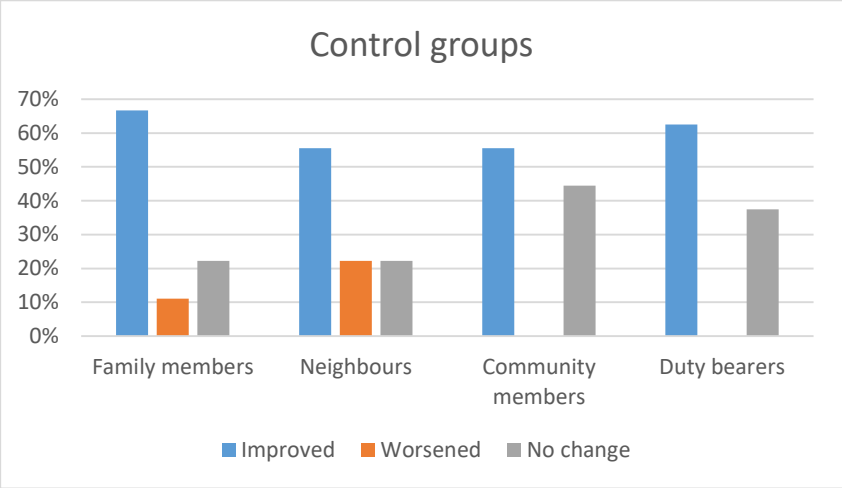
However, focusing on what BNUU/N4A found when asking the above questions - at the baseline survey, there were no significant differences in the way that PMIEs and caregivers spent their time, and no significant difference between the control group and the treatment group. Household chores take up the bulk of the day for all participants, followed by farming and relaxation time. Participants categorised all activities as meaningful. At endline there was little difference between the control groups and the groups supported with livelihoods. The

main difference was that more time was spent on the business, which often corresponded with a reduction in relaxation time, or time doing other household chores. The changes in who PMIEs spent time with between baseline and endline can be seen in the following graph:



This change could again be due to the amount of time spent working on the IGAs, which would most likely necessitate more contact with family members (if they are working with IGAs together) or alone. However, it is strange that there seems to have been a drop in people spending time with other SHG group members from baseline to endline. BNUU believe this could be because of the impact of Covid-19 (which interrupted meetings) or because they were busy with their IGAs, meaning they had less time to attend SHG meetings. However, there is no direct evidence to confirm these assumptions/beliefs.

At baseline, in terms of PMIEs 'perceptions' of the spaces provided them, this question didn't seem to be well understood by respondents; the main responses were that PMIEs felt consulted in the home, and that they feel like they collaborate with family members. At endline, BNUU/N4A rephrased this question, to try and make it more focused on stigma. As such, PMIEs were asked about whether their treatment by family members, neighbours, community members and duty bearers has changed since baseline. The results for the control and treatment/study groups can be seen below:



Participants were also asked to give reasons for their answers. Those in the control group mentioned the medication and community sensitisation. Study group members did reference their livelihoods, which does appear to have boosted the stigma reduction initiatives, as less study group members had experienced 'no change' compared to the control groups. However, given the complicated nature of the data collected (outlined further in the discussion section), conducting statistical analysis to understand statistical significance is difficult, and impossible in the timescales of this evaluation.

Findings from Learning Question 3

The third Learning Question (what is the relationship between livelihoods and the ability to manage symptoms). This question was broken down into the following research questions:

1. What, mental/neurological illness have you been diagnosed with? What are its signs or symptoms? Which of these symptoms are you currently experiencing and which symptoms have reduced? What do you think are the possible reasons for the symptoms that are still active?
2. What if any, changes to the symptoms do you hope to experience/see as a result of participating in income generating activity?

The first of these questions was tracked using clients' clinical records. At endline, 38% of the study group (i.e. those that had received livelihoods) stated their symptoms had completely gone or stopped, compared to 34% of the control group. Similarly, 98% of the study group stated their symptoms had either completely gone OR had reduced, compared to 89% of the control group. Therefore, there is more of an improvement in the study rather than the control group, indicating that livelihoods can have a positive impact on mental health. However, given there is not a huge difference between the groups, it is unlikely that the difference seen is statistically significant. The complicated nature of the data collected for this question also makes statistical analysis problematic (see discussion section below for further details of this).

The control and treatment groups were asked the second question at baseline. All PMIEs and caregivers agreed that they would like to see the following changes:

- The symptoms of the mental illness will improve because they can afford to buy medicines during drug shortages.
- Reduced depression related to having a mental illness because having a livelihood enables them to meet the needs of their households.
- Caregivers can afford to buy adequate food which will enable PMIEs to have enough energy to engage in meaningful activity.
- They hope IGAs will change their position or community/family attitudes towards them in the following ways: Family: PMIEs feeling consulted during decision making because their family value their ideas and feel they are capable at decision making; Neighbours: will

support them and buy their goods; and Community members: will give PMIEs a chance to discuss important issues because they value their ideas.

It is clear that some of these questions also touch on PMIEs perceptions of stigma. At endline, in relation to the above bullet points, participants in the study group confirmed:

- That their more regular income, together with the drug banks, means they have access to medication even during 'stock outs' at the health centres. Many no longer worry about what they might do in the event of relapses, as they know they'll be able to access medication. This had also reduced the occurrence of relapses in PMIEs triggered by sudden withdrawal of medication, which used to be an issue.

  "Because of IGA support, [I] was able to save in the drug bank and this has enabled [my PMDE] to adhere to drugs. Before this intervention, [we] used to have a lot of challenges in relation to drugs stock outs, but with the IGA support [I am] now able to save at the drug bank and indeed [my PMDE] is recovering very well."

  Beneficiary feedback

- Both PMIEs and caregivers are feeling more able to provide for their households. PMIEs also felt less of a burden, and caregivers have more time to do other things besides caring. Some children who were out of school, are now back in school.
- PMIEs and caregivers on the whole feel that they are more food secure thanks to their livelihoods, as well as the agricultural activities that BNUU/N4A has also supported them with. Some reiterated the importance of adequate food being required in order to take medication – and so the increase in food security has meant better drug adherence. This was mentioned more than the impact of adequate food on PMIEs' ability to engage in meaningful activity.

  "They also supported us with…livelihood that ensures we always have food at home. Because this medication is strong, it needs…the PMDE to eat well for it to work well."

  Beneficiary feedback

- Community members and neighbours have been buying from PMIEs' businesses - and in cases where they weren't, BNUU's awareness raising work has addressed this. PMIEs are finding that they are more respected and valued members of their community, now that they are seen in productive roles. And community members are learning because of this, that it is possible to recover from mental illness.

  "The IGA has helped a lot in building good and harmonious relationship between the local community here and people with mental health conditions. Initially people used to despise [us], but when IGAs were introduced, we started managing business well….This drew the attention of the local community. Currently I see so many people interested in joining this group so that they [can] also change their lives. And I heard that [we] have become more of a role model now in this community".

  Beneficiary feedback

<u>Findings from Learning Question 4</u>

This Learning Question (What are the relative impacts of livelihoods on improved mental wellbeing, as compared to the impacts of other interventions and support – support from self-help group members, awareness raising and stigma reduction, individual and group counselling, and duty bearer/influencer support?) was broken down into:

- What services have you received from the BNUU project? What project activities have you participated in?
- How do PMIEs/caregivers rank the effectiveness of each of the services they have received from BNUU, in helping you better manage your mental health?
- What are the differences in mental wellbeing between the study and control groups?

At baseline, all participants outlined the services received from BNUU. While the wording used was often different, they could be categorised into three broad project activity areas: capacity building, mental health treatment and creating an enabling environment. Overall, PWEs and PMIs from both the control and study groups ranked capacity building (i.e. VSLA training, training on how to start a business, income generation activities) the highest. However, for caregivers, mental health treatment ranked the highest. This indicates that – at the start of the project – while PMIEs feel that these capacity building activities will be most important for enabling them to manage their mental health, their caregivers feel that mental health treatment activities will remain most important. This also suggests that PMIEs' ability to generate income is seen as more important to the PMIEs, than it is to their caregivers.

At endline, the control groups were asked to do the same ranking while the study groups were asked to do this with the addition of livelihoods and drug banks. For both PWEs and PMIs in the study group, livelihoods and drug banks was ranked highest, followed by mental health treatment. Capacity building had fallen to third (PMIs) and fourth place (PWEs) respectively – although this is no great surprise, given the capacity building was to lead up to beneficiaries starting IGAs. Comparing to the study group, PMIs and PWE in the control groups ranked mental health support as the most important element of BNUUs support. Capacity building had dropped down in level of importance – this may be because it hasn't led to the start of IGAs or support from BNUU around starting IGAs, so people may have 'lost interest'.

When looking into the study group PWEs' and PMIs' ranking of livelihoods and drug banks, PWEs ranked drug banks consistently above livelihoods, while PMIs ranked livelihoods consistently above drug banks. This corresponds with the fact that epilepsy medication in particular has a significant impact on PWEs ability to function, and the drug banks have enabled a more reliable supply of such medication.

Looking at the caregivers in the study group, caregivers of PMIs continued to rank mental health treatment highest, whilst caregivers of PWEs had switched from mental health support to rank capacity building the highest, while both ranked livelihoods and drug banks lowest. There is no a clear rationale for this. For the control group, caregivers of PWEs had switched from ranking mental health first to ranking creating an enabling environment first. This perhaps demonstrates the importance of BNUU's continuing stigma reduction activities in the community, especially for families supporting someone with epilepsy. In contrast, caregivers of PMIs switched (from mental health support again) to rank capacity building first. This might perhaps indicate that as the mental health symptoms of the person they care for have improved, they have started to look towards the future, in terms of developing VSLAs and IGAs.

<u>Findings from Learning Question 5</u>

For Learning Question 5 (how do livelihoods contribute to a reduction in the burden of care amongst caregivers?), this was split into four questions, which were asked at baseline just to the caregiver participants:

- How does caring for PMIEs affect your life? Which of these are examples would you consider burdensome and why?
- What support do you need to help reduce the burden of care? Who would provide this support and why?
- Specifically, how would you feel starting or growing your livelihoods activities affects your ability to care for the PMDE?

The responses at baseline found that caregivers from both the study and control groups reported that caregiving was difficult and burdensome. Examples were coded into four categories for caregivers of PMIs, and five for caregivers of PWEs. The four categories of caregivers of PMIs were: the family members' behaviour (e.g. aggressiveness), feeling

inadequate for the caregiving task (e.g. facing communication challenges, or difficulties understanding the person's needs), sleep deprivation and limited or lack of opportunities for self-care (e.g. no time for work or sleep), financial constraints (e.g. lack of food, shortage of medicines). The caregivers of people with epilepsy also mentioned stigma, which included ostracization from their community.

In terms of what support they needed to reduce the burden of care, caregivers of PMIs felt that medication/treatment of PMIs, livelihoods support, counselling/training for caregivers and community education and sensitisation (to reduce stigma) would most help reduce the burden of care that they faced. Caregivers of PWEs provided similar responses, with a slightly greater emphasis on medication/treatment and community education and sensitisation. However, the fact that caregivers of PMIs included community education and sensitisation is likely to mean that they are also suffering from stigma, even though this was not included in their list of things that are burdensome about being a caregiver. In addition, interestingly, livelihoods support ranked 4th out of five in the list of support required by all caregivers, which chimes with the relative important of mental health services versus capacity building in learning question 4.

For the third sub question asked at baseline, caregivers stated that starting or growing their livelihoods activities would affect their ability to care for the PMDE, as they would be able to buy medicines when health centres run out, buy new clothes (so they and the person they care for 'stand out' less) and/or pay for transport. They also stated that taking care of their family member with mental illness/epilepsy will become easier because they would not be worried about their finances.

At endline, all caregivers who had received livelihoods, appear to have experienced a decrease in the burden of care, while some of those in the control group (who had not received livelihoods) experienced a decrease while others experienced an increase.

Chart: Change in the burden of care reported by study group members (CPMIs and CPWEs) at endline

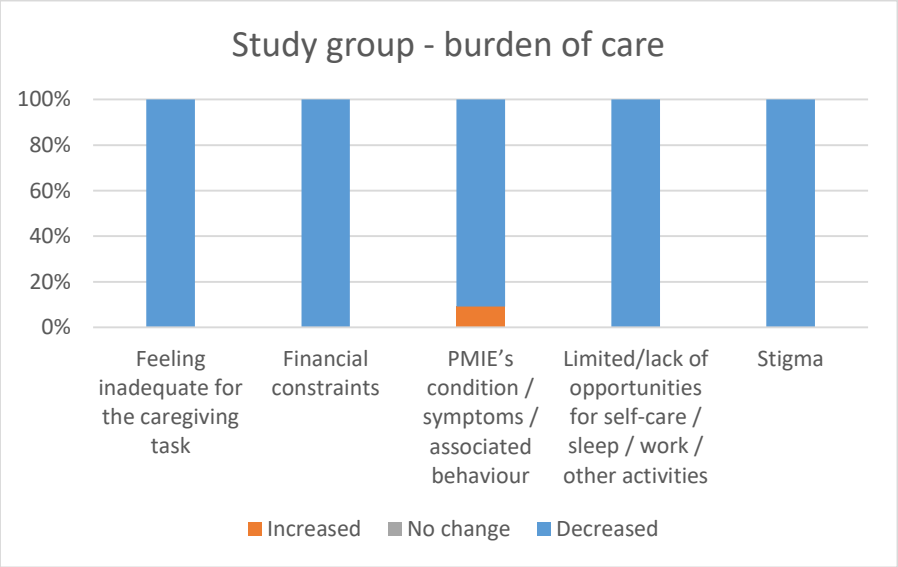
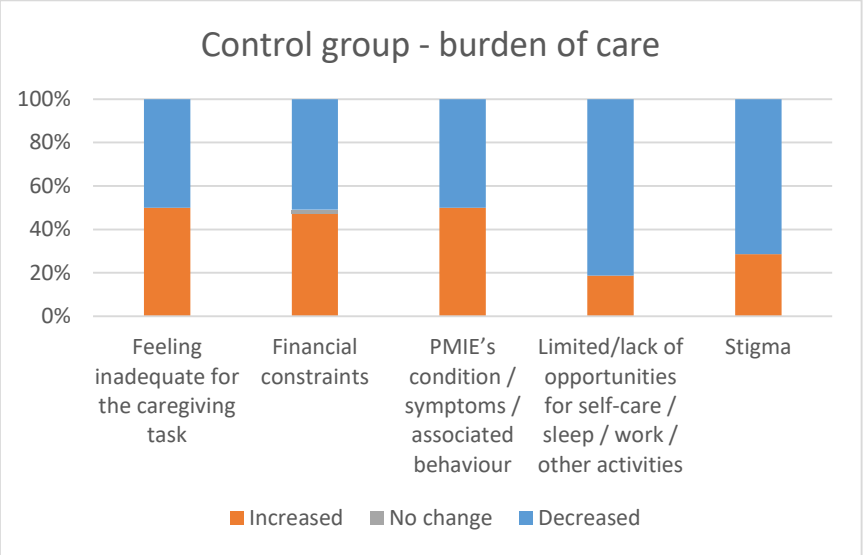


Chart: Change in the burden of care reported by control group members (CPMIs and CPWEs) at endline



The repeated reason cited for this reduction in the burden of care was that their IGAs now provide income to buy medicines which had previously been a huge challenge. Other reasons cited included:

- The extra income allowed them to buy food.
- PMIEs' adherence to medication has reduced their symptoms, enabling some to take drug holidays, and in turn this has meant that other family members have felt able to support taking care of PMIEs, freeing up their primary caregivers.
- As PMIEs have been able to take drug holidays as their conditions have improved, this has meant they require fewer trips to/from mental health clinics and/or the hospital, reducing the amount of money spent on transport.

Summary of key learning from the learning study

In conclusion:

- When considering those that had 'fully' or 'partially achieved' their desired livelihoods outcomes, there is very little difference between PMIs, PWEs and CPMIs. However, the proportion of CPWEs who had either fully or partially achieved their desired livelihoods was lower. No clear reason for this was identified.
- Caregivers tended to achieve their desired livelihoods outcomes sooner than PMIEs. Again, there does not appear to be any clear rationale for why this is the case.
- There appears to be a greater reduction in stigma for SHGs engaged in livelihoods.
- There is more of an improvement in reduction in symptoms in the study group rather than the control group, indicating that livelihoods may have a positive impact on mental health, compared to just mental health support alone. However, further data and analysis would be needed to confirm this.
- When looking into the study group, PWEs ranked drug banks above livelihoods, while PMIs ranked livelihoods above drug banks. This corresponds with the fact that epilepsy medication in particular has a significant impact on PWEs ability to function, and the drug banks have enabled a more reliable supply of such medication.
- Caregivers from both the study and the control groups consistently rate mental health support above livelihoods. This includes at endline, even after receiving livelihoods support i.e. the study group both ranked livelihoods and drug banks as the least important form of support from BNUU/N4A. There is not a clear rationale for this.
- There was greater reduction in the burden of care for the caregivers who received livelihoods, compared to those in the control group, suggesting livelihoods support can reduce the burden of care.

A project beneficiary with epilepsy with three of his five employees at his bike workshop

Project spend

This evaluation considers the work of N4A's and BNUU's Livelihoods Programme in Northern Uganda for the three years, three months between the 1st October 2019 to the 31st December 2022, funded by National Community Lottery Fund's East Africa Disability Fund.

An overall underspend across the 3 project years, primarily due to the impact of Covid-19, was used (with the Lottery's agreement) to cover a three-month extension until December 2023. N4A also contributed £827.28 from its unrestricted reserves during this 3 month extension, to cover increased fuel costs and some staff salaries during this period.

The total cost of the project over the 3.25 years was £282,680.48 (including the additional free reserves N4A committed to this project). The per beneficiary cost of the project, considering the 539 PMIEs and their caregivers supported by programme was £524.45. It would require a full Cost Benefit Analysis (CBA) was to assess the value and economic return of the project, based on these input costs. However, other assessments of similar services do demonstrate high levels of returns. For example, an analysis carried out for the World Bank found a 3 to 5 times return on investment for mental health services (World Bank, cited in the article 'Mental health in Africa: The need for a new approach' published in African Arguments, 2019). In addition, as assessment modelling the potential return on investment of using the WHO Mental Health Gap Action Programme (mhGAP) intervention guide (the approach utilised by Network for Africa for its community mental health programmes) to treat depression and anxiety illness found that the benefit to cost ratio of the investment was 2·3–3·0 when only workforce issues were considered, increasing to 3·5–5·7 when the implicit value of years of health gained were included (Chisholm et al, 2016).

In terms of the cost benefit return of livelihoods interventions, a cost-benefit analysis of a Cocoa Livelihoods Programme in Sub-Saharan Africa, looking at the benefits over a 25-year period, found estimated benefit-cost ratios ranging from $13 to $22 for every dollar spent (Tsiboe et al, 2014). Another cost-benefit analysis, of a livelihoods, food security and disaster preparedness interventions in Zambia found a benefit-cost ratio of 4.9 over a 5 year period (International Federation of Red Cross and Red Crescent Societies, 2016). Similarly, a livelihoods preparedness intervention in the Zambezi Region of Namibia found a benefit-cost ratio of 3.7 over a 5-year period (International Federation of Red Cross and Red Crescent Societies, 2016). As such, there are indications that livelihoods interventions such as this programme could provide a reasonable return on investment over the medium to long-term.

The income of beneficiaries (both caregivers and PMIEs) has increased by UGX 97,476 to UGX 140,463 per month. This equates to an additional UGX 515,844 per year on average for beneficiaries, equating to £115.55 per person. Applying this to the 447 project beneficiaries who were engaged in the IGAs results in increased earnings of £51,650.85 per year. As such, the earning of beneficiaries, assuming they remain the same over coming years, will offset the total investment in this project within 5.5 years. This is probably a conservative investment, given many beneficiaries are planning on continuing to expand their businesses over coming years. This provides further evidence that – assuming the benefits of the project are lasting – the project provides good value for money.

Discussion and key conclusions

Following interviews/discussions with project staff, desktop research, analysis of case studies and beneficiary feedback (through the focus groups), it is clear that there have been a number of successes, as well as lessons learnt, during this project. These are discussed below:

Impact of the Livelihoods Programme

It is clear that the impact of this programme has been considerable. Beneficiaries in the focus groups – both PMIEs and their caregivers – consistently talked about how the support provided by the project had been transformational in the lives of themselves and their families:

"The IGA that BNUU gave to me helped me to chase poverty from my home. I was given silverfish. I sold all my silverfish. I made profit. I expanded. I bought tomatoes. I added onto my silverfish. I sold my tomatoes and the silverfish, so I needed to add eggplants. So I started selling three things silver fish, tomatoes and eggplants. Out of this, I was able to rent a garden. And I started planting crops. One of the things I planted last year was pigeon peas. And I harvested two bags of pigeon peas. As if that is not enough, I went ahead and bought a plot of land. I'm now a landlady. All thanks to BNUU. I now have land. I can take care of my family member very well. I have food in the house. In short, bye bye to poverty!"

Participant in the Makmukemi and Cukekene Lukole SHG focus group

As can be seen in the above quote, whilst beneficiaries are thankful to BNUU for supporting them, the project made them feel empowered rather than 'done to'. Beneficiaries are proud of their achievements over the last 3.25 years and have improved self-esteem and confidence. PMIEs' mental health has significantly improved from project start, which has had a positive knock-on effect to caregivers, the burden of care and their own mental wellbeing. Beneficiaries report earning more, saving more and borrowing more, which is enabling them to not only meet their families' basic needs, but is allowing them to grow their businesses, make big changes in their lives and plan a positive future for themselves and their families:

"A lot has changed for me. For example, when I got livelihood support, I was able to raise enough money that has enabled me to build on the land that I have. I was able to construct a two roomed house".

Participant in the Lacan Pe Nini Lukole SHG focus group

This positive impact is confirmed in the quantitative data collected through the project. For example, beneficiaries have experienced a 44% increase in their income (62% for PMIEs and 29% for caregivers) and have increased their monthly savings (PMIEs by an average of 602% and caregivers by an average of 481%). At baseline, only 6% of beneficiaries felt they could meet their own basic/economic needs – this increased to 30.1% of beneficiaries at project end strongly agreeing they could meet their own needs, with a further 67.5% partially agreeing. This is even more impressive when considering the livelihoods inputs were delayed due to Covid, so all of this change is from March 2021, less than two years ago.

It is not just PMIEs and their families that have seen a difference: the community have noticed the change too. Combined with the community sensitisation and stigma reduction work BNUU have been undertaking throughout the project, beneficiaries have noticed a marked reduction in stigma:

"BNUU also empowered to build self-esteem and through doing the income generating activities, people started treating us with the values - we know how to talk, we know how to present ourselves in the community because also we have something that we do that people will also need to buy. And then also they continue to live with us in the community".

Participant in the Akony Kena focus group

The model employed by BNUU/N4A, to provide livelihoods support alongside continuing mental health support and stigma reduction activities works well, and is central to the successes seen in the project. The ongoing mental health support reduces the likelihood that PMIEs relapse, improving the likelihood of their and their caregivers' IGAs being successful. There are also indications from the learning study that the livelihoods and associated changes (decreased poverty, improved food security, more hope for the future) boosts improvements in mental health. For example, 98% of the study group (who had received livelihoods inputs) reported their symptoms had completely gone or reduced, compared to 89% of the control group. Similarly, the stigma reduction work with communities, families and duty-bearers such as local government, has boosted the likelihood of beneficiaries' IGAs succeeding (as they will have customers from the local community, the support of their family to succeed and access to government livelihoods inputs/support). Again, it would appear from the learning study that those that received livelihoods support experienced a higher reduction in stigma compared to those in the control group (who just received mental health support and stigma reduction activities). This is because being seen as successful and capable entrepreneurs further reduces stigma and social isolation:

"The IGA has helped a lot in building good and harmonious relationship between the local community here and people with mental health conditions. Initially people used to despise us, but when the IGAs was introduced, we started managing our business well. We started with recovery and this drew the attention of the local community. I have heard that we have become more of a role model now in this community".

Participant in the Lobo Rac Wol SHG focus group

The stigma reduction support is also crucial where members of the local community feel that PMIEs and their caregivers are receiving 'special treatment', taking support away from other people in need who do not have a mental illness or a family member with mental illness:

"Before the intervention of BNUU in this area, there was no stigmatisation and discrimination. And with the BNUU support of giving IGAs to the project beneficiaries people started stigmatizing us, abusing us, saying that these are free things given because you have mental illness and epilepsy".

Participant in the Kwo Ber Wol SHG focus group

In the above example, BNUU responded by undertaking community sensitisation sessions to highlight why they were providing targeted support to PMIEs and their caregivers, outlining how other existing programmes exclude PMIEs and emphasising the need for the local community to support PMIEs and their caregivers, including in their IGAs.

As such, the model employed through the project (i.e. combining livelihoods support with ongoing mental health and stigma reduction support) is clearly effective, and should be used when expanding/replicating the programme. However, it should be noted that the two years of mental health support provided (funded by Comic Relief) prior to the start of this three-year livelihoods support would have provided a strong foundation to this Lottery funded programme of work, boosting not only the mental health outcomes, but also - most likely - the livelihoods outcomes too. As such, it is likely that the most effective/impactful delivery model is one where mental health support is provided prior to livelihoods support being introduced, to enable beneficiaries to stabilise their mental health and become 'livelihoods ready'.

Many beneficiaries in the focus group, and some BNUU staff, felt that three years of livelihoods support was not sufficient, especially given some of the challenges encountered during the grant period (see below), and that ideally grants should last for 5 years:

"I think BNUU could continue to help us in overcoming some of the challenges that we faced during the COVID 19 lockdown and the bad weather that affected our yields in the garden. [They could] add more support in terms of the livelihoods to give us more financial strength since our businesses have been affected".

Participant in the Akony Kena SHG focus group

"If you are going to do this kind of a project…you want to see real change, three years is not enough, I think a good [timeframe] is five years, at least then you can be able to learn more. For example we start a project in year 1, second year we distributed inputs, third year we are winding up the project and closing, so you will not be able to see the successes, you can't learn - just like you see the growth of a tree, you have not seen the tree going to the level that can grow by itself without disturbance of external factors. You really needed time to see it can grow to the extent you can say at this point if I can leave this tree to grow, it will grow".

BNUU Programme Manager

"I would also request in terms of the project period, given the nature of our beneficiaries, in the first year always, given the conditions of our family members [PMIEs] we focus on treatment and recoveries start coming in the second year and so business takes off. For me I would recommend that this project takes at least 4 to 5 years".

BNUU Counsellor

This evaluation cannot make a recommendation on increasing the project length, as it may be that outcomes continue to improve if the project had provided two more years support, or it may be that the outcomes would have started to plateau in years 3 and 4 (as can be seen already in indicator 1C, the percentage of PMIEs and their caregivers who feel that they are valued contributors in their family and community). It is also hard to assess what the rate of change could have been if some of challenges in the project (e.g. Covid-19) hadn't happened. However, N4A, funding allowing, could trial offering support over a longer period for some SHGs, in order to compare outcomes to a 'control group' of SHGs who are only provided with three years support.

Challenges faced during the grant period

The outbreak of the global Covid-19 pandemic severely impacted the project. This caused changes to project delivery and delayed some project activities, most importantly, the distribution of livelihoods inputs and the establishment of the drug banks. This had a clear impact on beneficiaries' engagement in their IGAs, and the wider support BNUU offered:

"Allow me talk about one of the things that negatively impacted on the services offered by BNUU. This is Covid 19. We call it Corona. When Corona came, it affected our lives so much. It affected the way we used to do our things. For example, there was lockdown. We could not move to go and restock our goods. Me I used to buy my items from Patongo, but now I could not go to Patongo to go and buy my items. The other thing that happened due to Corona was changes in the prices of the commodities - the prices went up. For example, a piece of soap used to cost 500 shillings. But with Corona, a piece of soap was 1000 shillings. It actually doubled. This [also] affected the services that BNUU offered. We even used to fear going to the health facilities to get treatment because we feared to get in contact with people with Corona. We were staying at home. This affected the services we were receiving from BNUU".

Participant from the Makmukemi and Cukekene Lukole SHG focus group

"When we started, our businesses was running smoothly. But when COVID came in, it affected the business where we incurred losses. All the losses that came in…when we had just restocked our goods. And when I'd just restocked my goods, the prices increased. So when my goods were sold I went back to do restock and the prices become so high so me. I mean,…I didn't want my business to go. To go just like that".

Participant from the Lacan Pe Nini Lukole SHG focus group

However, BNUU have ensured they have continued to provide support, even throughout Covid-19 lockdowns:

"The COVID situation, our manager and some other people on the team went to the district and explained…since BNNU is a non-governmental organisation that deals with…health

issues in the district, so we were allowed to move, we were given permits to move and check on our clients from their areas and then we also embarked on checking on some of our clients on phone, we were not disconnected and far away from them".

BNUU Psychiatric Nurse

In the grant period, there was also a significant drought, which impacted on any agricultural IGAs and food security more generally:

"[There has been] extreme drought in our areas. We did not receive enough harvest in that year so famine [meant we] were tempted to use the money that we got from the business to feed the family. That led to the downfall of the business".

Participant from the Rubanga Konya Wol SHG focus group

There was also the impact of the war in Ukraine, which has affected global fuel and food prices:

"One of the negative barriers that happened was the sudden increase in prices of commodities. Initially apiece of soap was 500 shilling, but later…the price of soap went up and a piece of soap currently was selling at 1,000. A cup of sugar used to be 1,500, but it has doubled to 3,000. This has really affected us, more especially in terms of restocking".

Participant from the Lobo Rac Wol SHG focus group

The economic issues, high costs and high inflation, also led to increased insecurity across the sub-counties where BNUU works. For example, there have been increasing instances of cattle rustling by people from the neighbouring Karamoja sub-region, in Paimol, Kalongo's neighbouring villages, and Wol sub-county. This has meant some project participants lost animals to raiders.

Throughout all of these challenges, BNUU kept up to date with how individuals' IGAs are functioning and providing support where needed. This included encouraging beneficiaries to diversify their IGAs, supporting them to analyse the market to identify new opportunities, supporting them to reduce risks (e.g. switching to raising animals like pigs that are less likely to be taken by Karamojong warriors) and by directly supporting beneficiaries to have access to markets:

"We encouraged them that since there is no market, people are not buying, people don't have money right now, you try your best and you divert these things into maybe poultry, you buy chicken,…you buy goats, you buy pigs…so at the end when things got better, they can sell these things, and they sold the pigs, they sold the chicken and they started coming back into the business and I believe it helped".

BNUU Head of Livelihoods

"We also convinced them that since they are selling [items during lockdown], that they should do their sales amongst themselves, like if you have sugar, you tell a family A or family B, that I have this instead of them going to the shop, you just come home during the daytime and then you do the selling".

BNUU Psychiatric Nurse

"We did a lot of engagement with the community because the major challenge was access to the market because the one market we have in the community was closed and that means access to their business stock was really a challenge, transport was doubled [in cost]…what we did, we had to liaise with some business men and women who sell these items and we link them up with the beneficiaries so that they are able to come up as a group and say we need cooking oil maybe five jerrycans, we need boxes of soap, so they could have mobile trucks that move to those particular areas and that's how they could get their stock".

BNUU Programme Manager

"Another thing that we did during the lockdown was to talk to the sub county officials because normally they take their town agents to collect market dues so we talked and explained to them that these people are doing this business, it is very small again if they are to be charged with market dues, that would affect the capital meant for running the business. They agreed and our project beneficiaries were not charged the daily market dues".

BNUU Field Operations Officer

This clearly had a positive impact on beneficiaries' abilities to continue their IGAs despite these significant challenges:

"The lockdown also affected the restocking of the income generating items because it was really hard to pay for transport costs, which also affected the business. Being at home, it was really hard to stay without money and food stuffs, so some of the income generating items that were there were consumed at home which reduces the level of the IGAs. In that some of the self-help group members decided to divert the capital and bought with the livestock for rearing at home, which is something good. That is another way of saving the business from dying".

Participant from the Wakony Kenwa Lukole SHG focus group

This is confirmed by both income and saving levels, which continued to increase across years 2 and 3. The focus groups also highlighted that often the IGAs, self-help groups and VSLAs had boosted resilience, helping individuals' cope with these challenges:

"BNUU did not only give us the business, but it also gave us knowledge on how to do this business…and how to manage it well. However, this business came when lockdown has been set up due to Covid, I must say this business really helped us. Even though it was negative in a way - the market was closed, and it was hard for us to sell, but at least we managed to do a business at our homes and people knew about it so they could come and buy from home".

Participant from the Lacan Pe Nini Lukole SHG focus group

"After that we continued and when the lockdown was removed, we sat down as a self-help group and we borrowed money from the VSLA and we used it to reactivate the businesses".

Participant from the Lubanga Twero SHG focus group

In fact, some entrepreneurial beneficiaries were able to spot opportunities within these challenges:

"Some of them [beneficiaries] by the way exploited the opportunity, they started making and selling masks, sanitizers, liquid soap".

BNUU Counsellor

Overall, the approach taken by BNUU to supporting beneficiaries' resilience during the many external challenges encountered during the grant period should be commended. It is also recommended that in future livelihoods projects that BNUU support beneficiaries to diversify their IGAs, to build their resilience against economic shocks.

Many of the beneficiaries diversified their IGAs by buying agricultural inputs. Initially, BNUU/N4A were concerned by this, as they wanted beneficiaries to keep to their original plans. However, the project is driven by participants, so N4A/BNUU trusted their instincts to know what is best for them. By branching out into small scale agriculture, beneficiaries were able to improve their food security, safeguard their IGA inputs (as they wouldn't be forced to eat them when food was scarce) and ensure an additional income when products were scarce. The value of the kitchen gardens has been recognised by BNUU:

"We have to talk about the vegetable garden, the kitchen garden, it's not one of the projects within the Lottery funded activities, but we have seen it really working, they [beneficiaries] have been growing things like okra, boo, they eat it, the balance they sell it and then they buy something they don't have. Some people were telling us that the only thing that made their businesses survive was that small kitchen garden because people were relying on it, so if we

were to do a programme, I would recommend we have a kitchen garden for every household…as if they have food to get from a small garden, you see them being able to keep their businesses for a longer time. If you have challenges of what to eat in the house, you first eat the silver fish you have in your house, if I have cooking oil, [you think] why do I have to struggle, I have to cook with what I have. They will tell you I can't sleep hungry when I have things in my house and if people are not coming to buy, I need money, why not eat this one and pay back later but how do you pay back when you are failing to get money to buy food. I would recommend vegetable gardens for…two reasons: being able to meet the basics in the house and a therapeutic approach [where people with] mental health conditions can also interact with nature".

BNUU Programme Manager

"I feel that if we can include some agricultural inputs [as a kitchen garden], maybe we give them the seeds because when we tried it, it really worked. Some people are still saving so much up to now because of the harvests they got from eggplants and okra".

BNUU Head of Livelihoods

Project beneficiaries also highlight the benefits of the agricultural support/kitchen gardens:

"The most significant achievement, I realise, is the improvement in agriculture. BNUU supported us with agricultural inputs, and this has enabled us to engage in a good number of agricultural activities. We planted beans, we planted okra, and this helped a lot in supplementing our food. [I'm] grateful that during this year there was a lot of food insecurity, but looking through the group members, they were food secured compared to other community members."

Beneficiary feedback

N4A/BNUU now believe it is safer to run both IGA and kitchen garden projects simultaneously, to reduce the pressure on beneficiaries using the business money to buy food, or eating IGA inputs that are also foodstuffs. This also enables beneficiaries to reinvest surpluses realised back into the business to accelerate growth. The kitchen gardens also increase access to and availability of healthy food for all family members, important given many PMIEs need to take their medication with food for it to work effectively. This evaluation also recommends that BNUU include kitchen garden projects (i.e. by providing agricultural inputs and seeds) alongside IGAs in future projects.

<u>Monitoring and Evaluation processes</u>

The complexity of the project's monitoring and evaluation processes were flagged by BNUU staff:

"I feel like our monitoring system for these livelihoods has not been properly planned because if you look at the IGA data collection, it gets in a lot of things, some is supposed to tell you how they are spending every day and these people who are doing the data collection are frequenting these beneficiaries, asking what have you sold today, what did you buy today, it becomes tiresome also at one point, you find its now bringing issues between the data collectors and the beneficiaries, so the data collection aspect, the M&E system around it needs to be worked on".

BNUU Head of Livelihoods

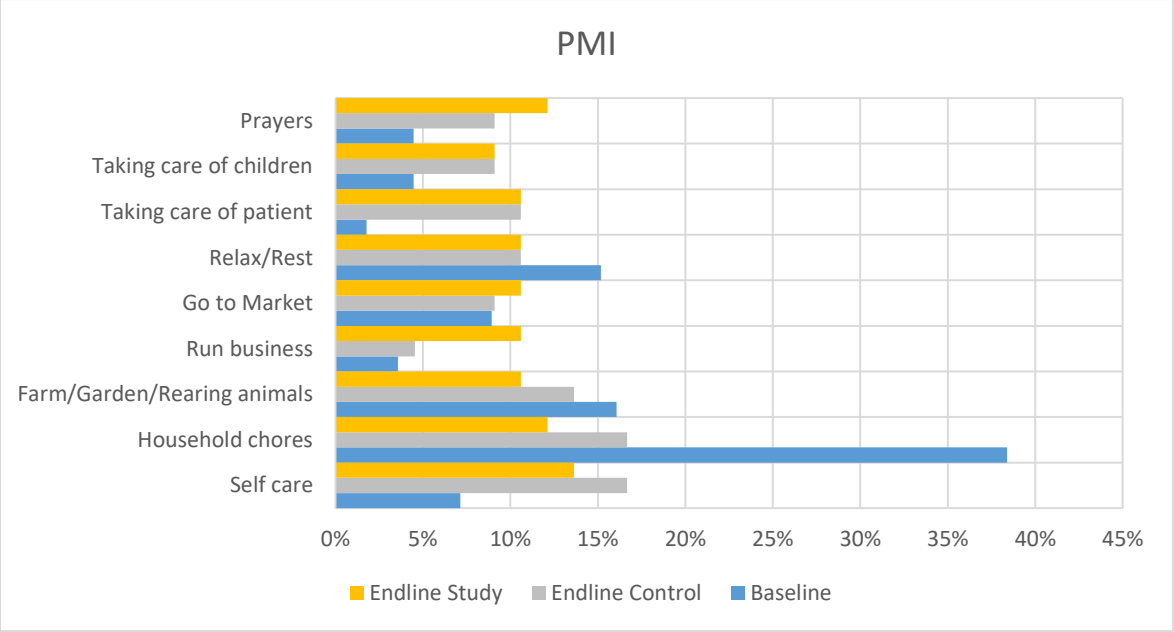
"Some people were saying the forms are hard to fill in because they need some little bit of math, addition, subtractions, they are not used to it because they are no longer in class, so they need simple things".

BNUU Programme Manager

The evaluator also found that there was a high level of complexity in the monitoring and evaluation processes used in the project, which generated a huge amount of data, but not necessarily especially useful or insightful data.

One key reason for this is that several of the indicators were selected because all applicants to the National Lottery Community Fund's East Africa Disability Fund were required to choose indicators from a defined 'basket of indicators', rather than being free to choose indicators which best met the outputs and outcomes of their specific projects. In addition, N4A was encouraged to undertake a 'Learning Study' to generate further learning, which ideally would focus on questions not covered by the chosen indicators, in order to better demonstrate impact/success (with the possibility then of securing more funding from the Lottery to expand the programme). Bearing in mind that N4A and BNUU are small, under-resourced charities, this was not a good approach. Instead, it would be better if in the future N4A/BNUU had the freedom to establish the indicators, outcomes and learning questions that best meet the needs of the project/its beneficiaries, rather than reacting to funder expectations/requirements.

Setting aside the reasons behind such a complicated monitoring and evaluation framework, the way that N4A/BNUU developed the scope of the learning study also lent itself to complicated, voluminous levels of data. The learning study was co-produced with the SHGs in the study and control groups, led by an external consultant (partially because BNUU was without an M&E Officer at the start of the project). Whilst beneficiary consultation and involvement is essential, the process was not well facilitated, meaning that there was often drift in the focus of questions, and no oversight to ensure the final questions selected would truly allow N4A to answer the learning questions set. The key example here is the question regarding how livelihoods impact on the reduction of stigma. This ended up focusing on how PMIEs spend their days, the activities they do, what activities they find mundane, who they do activities with, how they perceive the 'spaces provided for them to participate' and changes in participation in broader family and community activities. No question at baseline specifically asked about perceived stigma and/or changes in experiencing stigma. N4A/BNUU argued that the questions asked could all be used as proxies for a reduction in the stigma faced by PMIEs. However, whilst some of these changes (e.g. participating more in the local community) may be due to reduced stigma, but it could equally be due to e.g. having more disposable income to spend on travelling to, and partaking in, community activities. Asking these questions at baseline produced huge amounts of data, such as these graphs on how individuals spent their time:



None of this information was directly useful in understanding stigma, and as such, a lot was discounted by the evaluator when assessing the findings of the learning study. In recognition that many of these questions didn't relate clearly to stigma, BNUU and N4A added in a question at endline which asked beneficiaries about how their treatment by family members,

neighbours, community members and duty bearers has changed since baseline. This did provide useful insights, but since a similar question wasn't asked at baseline, the findings are going to be more subjective, based on beneficiaries' recollections.

Even where information was useful and relevant, such as changes in mental wellbeing and stigma, the complicated nature of the data collected meant it did not lend itself to statistical analysis. For example, question 3 was broken down into all of the different types of symptoms (such as confusion, depression, forgetfulness, headache, lack of concentration, pain etc), rather than just if symptoms of either mental illness or epilepsy had reduced. This means it is extremely difficult to determine if the difference seen between the study and control groups is statistically significant, i.e. most likely as a result of the project rather than down to chance alone.

Network for Africa recognised some of these issues – and for example, ended the contract with the external consultant to try and take back control of the learning study. However, this approach was not sufficient to undo the key issues in the way the learning study was designed/developed, and how over-complicated it was:

"The development of the learning questions and methodology…was perhaps made too overcomplicated, [with] BNUU having to fit the data collection in around all their other work and data collection. [In addition], both at baseline and endline, the data took much longer to collect, translate and enter in Uganda than anticipated. This is not as a criticism of BNUU, but rather an acknowledgement of the significant resources required to undertake a piece of research that is bigger than the usual monitoring and evaluation activities".

N4A Project Manager

N4A staff also recognised the pressure this put on BNUU staff to gather large amounts of data:

"With hindsight, I wonder whether it would have been good to have had an academic/social scientist to validate the methodology at the start of the learning study, just to help ensure it provides the data we were looking for…If I were starting a learning study now I might approach some questions differently. For example, participants' treatment by others: I would seek to gather data…at baseline e.g. ask participants to rate on a 1-5 scale how they felt they were treated by others, then do the same ranking at endline, rather than asking participants at endline to say whether their treatment had improved, worsened or not changed [just at endline]".

N4A Project Manager

This evaluation recommends that N4A/BNUU ensure that monitoring and evaluation processes are designed at the project outset, including a plan of how the data will be analysed and understood (including statistical analysis). Overcomplication should be avoided at all costs, with a clear focus on the key questions the data is really aiming to answer.

In addition, analysis of the endline data was still being undertaken at the time of writing this evaluation, with no time built in to explore emerging findings. For example, in question 4, it emerged that caregivers ranked the livelihoods support as the least effective/important of all the support BNUU has provided, which is very surprising given that it has clearly had a positive impact on income, savings and mental wellbeing more generally. There is no clear reason for this in the endline data. It would therefore have been good to allow more time to explore some of these findings, as highlighted by N4A staff:

"Some of the results that come from the analysis,…I think could potentially do with being explored and discussed further through focus groups with participants. To be able to dig more into the reasons for such results as they've emerged".

N4A Project Manager

This evaluation would recommend that the 'endline' results actually be gathered and analysed a few months before project end, to allow time for additional focus groups as needed to explore unexpected findings.

Sustainability of the programme and its outcomes

Network for Africa report they have secured further grants to expand their mental health work to new areas of Agago District and to bring livelihood support to other SHGs in the areas in which they already work. As a result, they will be able to continue providing some mental health support in the four sub-counties that were covered by the Lottery grant:

"We are not going to pull out totally from those particular sub counties. We are going to deliver what I have mentioned in a cost-effective way, like using the existing team so that we don't pull out all of a sudden, going to clinics and going and meeting with the drug bank committee…and we open our phones to be available especially the office phones for them to call when they need help and we guide them".

BNUU Programme Manager

The project's activities, and BNUU's engagement with other agencies/organisations over the last 3 years, have also helped develop the possibility that the positive change seen in the lives of project beneficiaries will be supported/maintained over the longer-term:

"My plan is to continue with the business and to make it expand so that in case I need any help, I can rely on this business, because I don't think there is another organisation that will come in to support us, the way BNUU did. And in case of relapse, I know where to go".

Participant in the Mak Mukemi Paimol SHG focus group

"Then when we come to the IGAs, we have been telling them…if you cannot sit in the retail business day in day out, buy chicken, buy ducks, buy goats, buy pigs by doing this, you are going to have a stable source of income, though you will not be able to earn everyday but in case you need, people easily buy goats, people easily buy chicken, so we are telling them, it's very good for you have a source of income which acts as your fallback position".

BNUU Head of Livelihoods

"BNUU has been training these other health workers and the community structures like the Village Health Teams and Local Councillors, they can remain working with in the community because they already have the knowledge that BNUU used to use so there will be sustainability".

BNUU Counsellor

"The confidence levels of health workers in assessing clients with mental health conditions has greatly improved over this year, and they are now able to assess clients independently without needing supervision from the psychiatric nurse. Also, they screen all patients showing up in outpatient department for mental health conditions".

Network for Africa report to the Lottery

"We are going to work hard to ensure that we sustain the programme of the drug bank to help us in buying medication when BNUU have stopped working with us. Because it's really challenging to get medicine from outside. We will ensure that the business that we have continues to generate income that will help us in buying medicine".

Participant in the Lubanga Twero SHG focus group

"We are looking at a bigger picture of the drug bank because there will reach a point in time when BNUU will not be working with us and we will still be in need of medicine. So the drug bank will help us to buy the medicine even when Basic Needs has gone. So we will continue with this because we want to see recovery in our family members [PMIEs]. And then also we want them not to lack medicine at any point. That is why we take the drug bank seriously".

Participant in the Lubanga Twero SHG focus group

"Drug 'stock outs' (shortages of drugs) in most health centres in the district...is a regular occurrence, and negatively affects the retention and recovery rates of clients on treatment... The drug banks are reducing the impact of such shortages, by enabling PMIEs to purchase drugs in emergencies. Additionally, BNUU is working with the district health teams to reallocate drugs from nearby districts like Kitgum. Finally, in June 2023 BNUU will feed into Agago District's planning process for the new financial year, including on drugs – and is building up useful data on stock and usage in health centres, which will provide useful information for this exercise".

Network for Africa report to the Lottery

BNUU have also provided training for SHG members to undertake peer-to-peer counselling. As a result, some SHG members are now offering peer counselling to other self-help group members. This is a further support to those receiving the counselling and also builds the self-confidence and feelings of self-worth of those doing the counselling. This work should also support the longer-term sustainability of the project. This is already having a positive impact:

"We have trained the group members mostly the leaders to do counselling and they are now doing it well, these patients, they already know their medicines, they are able to go to the facilities and if they are given wrong medicines, they are able to know that this is not my medicine. The health workers have also been empowered, they have the confidence to prescribe these medicines without us. At times, we go for clinic and find they have already started seeing the patients, which is a good thing for sustainability".

BNUU Counsellor

In addition, the continual involvement of community members and duty-bearers (e.g. district officials) in the project, e.g. through BNUU's stakeholders' engagement meetings and the direct advocacy of PMIEs, has truly changed their attitudes and perceptions of mental illness, and those affected by mental illness. This has resulted in not just commitments from different stakeholders in support of PMIEs, but clear changes in policy and practice:

"The most significant change is under stigma reduction. Issue of stigma and discrimination used to be very rampant in this community. But I am grateful that with BNUU's intervention and continuous awareness raising…stigma has drastically reduced. This has now enabled our clients [PMIEs they care for] to associate freely with the rest of other community members something that used to not to happen…People with mental health conditions used not to be involved in government projects. And that was a common discrepancy in this community, but I'm happy that currently they are now receiving government support through the different projects that government is enrolling in their community."

Participant in the Lobo Rac Wol SHG focus group

The positive response of government duty-bearers is clear in the 'Report on outputs and outcomes' section above. Government programmes have been opened up to PMIEs, which has enabled them to access new opportunities which will support the longer-term development of their IGAs, as well as improving longer-term food security.

A huge success secured is that BNUU has successfully collaborated with the local Dr. Ambrosoli Memorial Hospital in Kalongo, who have agreed to take on mental health provision in the Kalongo area going forward. They are planning on establishing a core mental health team, which will consist of one clinical psychiatric officer, two psychiatric nurses and a counsellor. Training will also be provided for a further 25 staff (out of the hospital's 200 staff) who will then supplement the mental health team. Through this new dedicated mental health team, Ambrosoli Memorial Hospital aims to support 3,000 PMIEs over the coming 3 years. BNUU will be supporting the Hospital to develop this project, but ultimately this new provision will free up BNUU to expand its support to new beneficiaries.

The evaluator was impressed by the significant amount of work done to successfully build in longer-term sustainability into the project over the last few years, especially when bearing in

mind the high levels of disruption in the project activities due to Covid-19. There is no doubt that this level of success is due the positive change clearly seen in the lives of PMIEs supported through this project – which has meant beneficiaries, family members, community members, duty bearers and health services can see the real value in investing in services and support for PMIEs and their families.

Recommendations

This report makes several recommendations:

1. The model employed through the project (i.e. combining livelihoods support with ongoing mental health and stigma reduction support) is clearly effective, and should be used when expanding/replicating the programme. However, it should be noted that the two years of mental health support provided (funded by Comic Relief) prior to the start of this three-year livelihoods support would have provided a strong foundation and most likely boosted all the project outcomes. As such, it is likely that the most effective/impactful delivery model for future programmes is one where mental health support is provided prior to livelihoods support being introduced, to enable beneficiaries to stabilise their mental health and become 'livelihoods ready'.

2. Funding allowing, N4A/BNUU could trial offering support over a longer period of time for some SHGs, in order to compare outcomes to a 'control group' of SHGs who are only provided with three years support, to help determine the optimal programme length.

3. In future livelihoods projects, BNUU should support beneficiaries to diversify their IGAs, as they did in this project, to build their resilience against economic shocks.

4. BNUU/N4A should include kitchen garden projects (i.e. by providing beneficiaries with agricultural inputs and seeds) alongside IGAs in future projects, to help bolster food security and safeguard IGA inputs.

5. In future projects, N4A/BNUU should ensure that monitoring and evaluation processes are designed at the project outset, including a plan of how the data will be analysed and understood. Overcomplication should be avoided, with a clear focus maintained on the key questions the data is really aiming to answer.

6. Any 'endline' results should be gathered and analysed a few months before project end, to allow time for additional focus groups as needed to explore unexpected findings.

Appendix 1: The key activities/outputs achieved

In year 1:

- All SHGs held regular meetings, until pandemic restrictions were put in place.
- All 25 SHGs had a registration certificate issued by the community development officers of their sub county. This process ensures all of the SHG had strong leadership structures, with 42 PMIEs (25 females and 17 males) and 48 caregivers (23 females and 25 males) taking up leadership positions. Formal registration also gives SHGs access to any available government initiatives (which otherwise they can't access).
- 219 PMIEs[1] and 218 caregivers participated in enterprise selection training. Following this, PMIEs and their caregivers selected IGAs.
- 460 SHG members from 25 SHGs attended the training on Village Savings and Loans (VSLAs), consisting of 215 PMIEs and 245 caregivers.
- 452 SHG members attended financial literacy training, consisting of 214 PMIEs and 238 caregivers.
- 289 beneficiaries - 143 PMIEs and 137 caregivers – received awareness raising sessions on stigma reduction. Following this, one SHG in Kubwor Parish, Kalongo Town Council, undertook an exercise to talk to their community about the rights of PMIEs, to reduce stigma and discrimination against PMIEs.
- BNUU's team visited 442 PMIEs and caregivers at their homes (99% of project beneficiaries).
- Although not funded by the Lottery, the Comic Relief funded project enabled 733 project beneficiaries to attend the mental health clinics and 441 engaged in counselling.

In year 2:

- Covid-19 and restrictions on movement were gradually eased towards the end of 2020, meaning most SHGs resumed normal meetings, whilst observing social distancing, providing handwashing facilities and restricted meetings length. However, 4 groups were nervous about reverting to larger group gatherings. As a result, these groups continued with just the Chair, Secretary and Treasurer present with members attending individually to deposit their savings which were recorded and leaving before the next SHG member arrived. The Chair, Secretary and Treasurer of these groups also used the opportunity to encourage each group member to attend their appointments at the mental health clinics.
- Even before the IGA inputs were provided, some SHGs engaged in group farming, and/or growing sesame, cotton, aubergines, onions, tomatoes and sunflowers for sale.
- All SHG members, supported by the BNUU team, undertook a process of enterprise selection. Following this, income generating activity (IGA) inputs were distributed to all 447 SHG members in March 2021. This was delayed from the end of 2020 because of Covid-19 restrictions. The distribution was well-attended by district officials who were impressed with the project beneficiaries - many of these officials had never previously engaged with PMIEs – that they pledged their future support.
- 401 SHG members participated in business trends analysis sessions, to assess how their individual business enterprises had fared after the first round of sales. This found that 78% of IGAs were running well, with 22% not so well. The reasons included the closure of the monthly market due to Covid-19, ill-health, food shortages and difficulties with restocking. By analysing/understanding what IGAs worked well and why, SHG members could determine what steps could be taken to maintain an upward

[1] For this, and the other training provided, is higher than the 189 people with mental disorders and epilepsy directly involved in the IGAs, as it included some of the 92 non-participating PMIEs, i.e. those that were e.g. too unwell to take part, but whose carer was taking part in the project.

trend in their income and savings. As a result, 61% of participants decided to diversify their IGAs. This analysis also identified that there was a correlation between high attendance at SHG meetings and better savings, which encouraged more SHG members to regularly attend meetings.

- BNUU's team (counsellors and field officers) visited 545 PMIEs and caregivers at their homes (this includes project beneficiaries, and others not engaged in the project).
- 284 beneficiaries (141 caregivers and 143 PMIEs) received counselling.
- 491 PMIEs attended the monthly mental health clinics.
- BNUU provided training to 426 SHG members on how to set up and manage drug banks. This training covered what the purpose of a drug bank is; how to set one up; what factors make a successful and effective drug bank; and challenges that may affect the drug bank. SHGs elected 60 representatives to be on the drug bank management committees. These committee members then attended further training.
- 25 PMIEs from Kalongo Town Council needed to access medicine from the drug banks due to shortages. The other three sub-counties had no drug shortages.
- BNUU conducted four community education sessions with 1,049 attendees.
- BNUU facilitated a meeting in July between SHG members and sub-county civil servants and political leaders to advocate for the inclusion of PMIEs and caregivers in government programmes. A total of 25 SHG leaders (comprising 10 PMIEs and 15 caregivers) attended the meeting.
- 16 sub-county stakeholders (such as chairpersons of Local Council III, community development officers, and disability councillors) shared information with SHGs about suitable government programmes. As a result, 24 SHG members received 1kg of maize seeds from the office of the Community Development Officer and one SHG was shortlisted to benefit from the President's Initiative for Wealth Creation.

In year 3 (including the 3-month extension):

- All SHGs held regular meetings, once the Ugandan government permitted community gatherings post-Covid.
- 387 SHG members participated in business key trends analysis sessions, to identify what was working well in SHG member's IGAs, and what challenges SHG members were facing. This found that 95% of IGAs were running well, with 5% not so well, due to issues such as the drought, physical ill-health conditions or needing to use part of their money to meet medical expenses. However, 81% of beneficiaries (151 PMIEs and 164 caregivers) had successfully diversified their businesses beyond a single product, activity or service, in order to better manage external challenges such as the fluctuations in the prices of key goods.
- 236 SHG members (70 PMIEs and 166 caregivers) are at the stage of sustainably managing their businesses without any external financial support. A majority of those with sustainable businesses were selling more than one item, which was a useful learning point for others who hadn't diversified what they sell.
- In these analysis sessions, PMIEs were found to have average working capital (value of stock plus cash at hand) for their IGA worth UGX 177,715, and caregivers UGX 193,972. This indicates a significant increase in the working capital since the project only distributed inputs worth UGX 100,000 on average.
- 329 beneficiaries (224 caregivers and 105 PMIEs) received counselling.
- BNUU's team visited 272 PMIEs and caregivers at their homes (61% of beneficiaries).
- 494 PMIEs attended the monthly mental health clinics.
- The SHGs continued significantly saving for their drug banks, with beneficiaries using the drug bank when faced with health centres running out of specific medicines. Several issues were identified and raised by PMIEs during the year relating to drug supply, such as the delay by National Medical Stores in delivering drugs and the high prices of drugs from the private pharmacies. This led to key actions being agreed between health workers, the mental health clinics, BNUU and PMIEs, which included:

drug bank committees holding monthly planning meetings; BNUU's Psychiatric Nurse doing drug stock assessments at the facilities prior to Drug Bank Committee meetings; health workers prioritising mental health drugs during planning; and BNUU sourcing more affordable pharmacies.

- Health education talks were regularly conducted on each mental health clinic day, to increase awareness and understanding of mental health services by PMIEs, caregivers and other health centre patients.
- 8 SHGs members created awareness about the rights of female PMIEs and their caregivers on International Women's Day, in Kalongo Town Council. Key issues presented included stigmatisation and discrimination of PMIEs in the community, the burden of care being shouldered by women, and a request to local government officials to include more female PMIEs and their caregivers in government programmes.
- 8 community stakeholders' engagement meetings were run, involving 162 project participants and 315 community members.
- A district stakeholders' engagement meeting took place in August, which was attended by 5 SHG representatives and 35 district stakeholders including sub-county Disability Councillors, district and sub-county Community Development Officers, the Local Council III chairpersons and the Local Council V chairperson, among others. This meeting discussed key challenges presented by the SHG representatives, which they had agreed on with their SHGs, including: A lack of inclusion of the PMIEs and their caregivers in government programmes; Abuse of the rights of the PMIEs in the communities where they live; and Inadequate mental health drugs at the health facilities. Actions were agreed, which were followed up at a further meeting in November between the SHG representatives and the local authority.
- With BNUU's support, SHG members have been increasingly successful in accessing and benefitting from government programmes. For example, 176 beneficiaries have registered to benefit from the Parish Development Model, which will mean they can access funding, 27 SHG members were supported with maize seeds to address food shortages, and 6 beneficiaries benefited from PRELNOR, each receiving 5 beehives.

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