NETWORK FOR AFRICA

STRATEGIC PLAN

Covering the period:
1 JANUARY 2021 – 31 DECEMBER 2023

www.network4africa.org

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Executive Summary

Introduction

N4A is a UK charity that works with communities in post-conflict recovery in sub-Saharan Africa, supporting people recovering from trauma to rebuild their lives through community mental health programmes and livelihoods support. Founded in 2007, it currently has projects in Rwanda, Sierra Leone and northern Uganda. This strategic plan sets out a direction and framework for N4A for the period 1 January 2021 until 31 December 2023. Some of the goals are aspirational and are subject to securing funding, however they express an intent and direction in which N4A wishes to go. N4A will continue to build on its experience of supporting community mental health projects, and will also support its implementing partners to build on their strengths, to forge their sustainability and long-term future as mental health experts within their countries.

Community work with beneficiaries in Rwanda. Photo: SURF

Objectives of the plan

- N4A's focus will continue to be to provide affordable and appropriate community mental health programmes for people with mental health issues and their carers living in poverty in post conflict settings in sub-Saharan Africa.
- N4A will, where possible, support project participants to develop livelihoods, capitalising on their improved mental health and breaking the cycle of mental illness and poverty.
- N4A will investigate the possibility of replicating its work in other countries and areas in sub-Saharan Africa, including Cameroon, Nigeria and refugee settlements in northern Uganda. New implementing partners will be assessed, and due diligence carried out.
- N4A will continue to refine its mental health models, whist exploring other related thematic areas to support e.g. maternal mental health, youth, people living with HIV, carers.
- N4A will work with its implementing partners to support their own fundraising, so that they can benefit from funders awarding grants directly to implementing organisations, rather than through UK NGOs.
- N4A will work with its implementing partners to further develop their skills and programmes with the longer-term ambition for their work, and their organisational model, to be sustainable and self-funding.
- N4A will develop a network of mental health professionals in Rwanda, Sierra Leone and Uganda who can support mental health work in those countries and support NGOs and their staff who are working in the field of mental health.
- N4A will ensure that its implementing partners' staff who are delivering direct mental health services are receiving supervision and support.
- N4A will continue regular Safeguarding discussions and provide training opportunities throughout the project period.

- N4A will develop strategic partnerships with other NGOs in order to share learning, increase support in-country and to enable consortium funding bids.
- N4A will have the right staff and structure in place to manage its workload.
- N4A will need to raise £1,361,566 in order to support the budgeted activities in this 3-year strategic plan.

Opportunities and risks

- N4A will benefit from its experience in implementing community mental health programmes, and its growing mental health networks in-country. This will enable it to work with its implementing partners to develop projects to reach other groups of people that need support e.g. maternal mental health.
- N4A will benefit from the fact that its implementing partners and UK staff team are diligent, experienced and have strong local knowledge which will help to strengthen and refine its project models.
- N4A will use its wealth of stories and testimonies to bring life to its work and to draw in supporters.
- N4A's board of trustees is committed and will use its strengths and knowledge to support N4A's ambition and strategic goals.
- N4A recognises that the cost of implementing the plan will require careful financial planning and effective fundraising. It also recognises the potential to over-burden the staff, and will monitor this carefully. The strategic plan will provide boundaries to prevent mission creep in order to attract funding.

Resourcing the strategic plan

- The total cost of implementing the strategic plan will be £1,361,566 over 3 years. N4A will draw on fundraising and communications support as necessary.

Implementing the strategic plan

- The trustees and CEO will have ultimate responsibility for ensuring that the strategic plan is implemented. Progress will be regularly monitored, and reports made at quarterly trustees' meetings.

1. Introduction

1.1 Vision
N4A's vision is that communities torn apart by conflict and genocide can overcome the paralysis caused by trauma, identify and treat mental health problems, and dispel myths about mental illness, thereby supporting efforts to rebuild their lives through education, health and livelihoods.

1.2 Mission
N4A works with communities in the aftermath of conflict and genocide, supporting survivors of African conflicts who have been left behind after the fighting stops and the humanitarian aid moves on. We provide counselling and mental health support for these survivors so they can tackle the long-term psychological consequences that often block their communities' recovery. We equip community leaders with the skills to identify those in need and challenge the stigma attached to trauma, depression and mental illness. We listen to what these communities tell us they need, so we can offer appropriate and sustainable support.

1.3 What we do
We place post-conflict recovery at the centre of everything we do. Working with local organisations we address the psychological, social and health problems created by conflict that prevent community members from rebuilding their lives. We work with our implementing partners, sharing capacity to deliver and manage these programmes. Once participants are sufficiently recovered, we provide livelihood support to lift them out of poverty and break the cycle of mental illness and poverty.

1.4 How we work
We identify effective and respected local organisations that are responding to legitimate community needs. We listen to their analysis of what should be done to improve their situation, and we work with them to provide expertise, training and funds, where appropriate. We sponsor and support local needs assessments and consultations with potential participants in the form of surveys and in-depth interviews. We engage local leaders, decision-makers and stakeholders (i.e. duty bearers) to ensure that they are appropriately equipped to fulfil their responsibilities towards conflict affected communities. In addition to regular email and telephone contact, we monitor our projects through quarterly written reports and budgets, and we visit twice a year. We work transparently, holding our implementing partners and ourselves accountable to clear goals and objectives.

1.5 Relationships with implementing partners
N4A works with implementing project partners in countries where it has programmes. It works closely with its implementing partners, and offers advice and support where required. Its implementing partners manage their own governance and staffing structures, and have key policies in place, and N4A shares capacity building support as/when required to ensure appropriate standards are met. Our implementing partners set their own strategies and N4A supports them in applying for other sources of funding to secure necessary income so that N4A is not their sole funder. We generally have fixed terms for our implementing partnerships, and expect monthly financial reports and quarterly narrative reports. We send funds monthly, subject to satisfactory reporting and financial checks.

1.6 Structure
N4A is based in the UK, but is also a 501 (c) (3) registered charity in the USA. N4A UK is governed by its board of trustees and has four staff members (one full-time and three part-time).

2. Implementing partners

N4A's current in-country implementing partners are:

2.1 Rwanda

- **Survivors Fund (SURF)** was founded by Mary Kayitesi Blewitt OBE in 1997. It supports survivors of the 1994 genocide against the Tutsi in Rwanda through local partner organisations established and managed by survivors themselves, including AVEGA (Association of Widows of the Genocide) and AERG (National Student's Association of Genocide Survivors). SURF delivers technical support including capacity-building and monitoring and evaluation to these local partner organisations to deliver projects ranging from healthcare to housebuilding, education to entrepreneurship. SURF is a UK registered charity, managed and run out of its head office in Kigali, Rwanda.

Group counselling session, Rwanda. Photo: SURF

2.2 Sierra Leone

- **Conforti Community Aid Children Organisation (CCACO)** is a Sierra Leonean NGO based in Freetown and Port Loko. It addresses the educational and welfare needs of young people including their mental health and psychosocial needs. We started working with them in 2018. We initially worked with both their Freetown Office and their Port Loko Office implementing community mental health programme, but are now implementing a 3-year livelihoods and mental health programme with their Port Loko office.
- **Health Poverty Action (HPA)** is an international NGO with its headquarters in the UK. Its vision is of a world in which the poorest and most marginalised people enjoy their right to health. It has been implementing programmes in Sierra Leone since 2005.

Village saving and loaning association, Sierra Leone. Photo: CCACO PL

2.3 Uganda

- **Basic Needs UK in Uganda (BNUU)** is a Ugandan NGO that supports and provides access to community mental health services through training, research, advocacy and awareness raising, targeting sufferers of mental disorders. It addresses stigma, discriminatory policy, access to quality mental health care and poverty affecting people with mental illness. Initially implementing a 3-year programme to support people with mental illness and epilepsy in northern Uganda, BNUU is now implementing a 3-year programme to provide livelihood support and mental health services to people in Agago District, northern Uganda.

The BNUU team in Agago district, Uganda. Photo: BNUU

3. External environments

3.1 External environment: Cameroon

Background – From 1919 to 1960, there were two Cameroons. The larger territory was administered by France, using the French legal and education systems and language. In regions in the south, west and north, the British were in charge. At their schools, students spoke English and studied for O and A Levels, and in their courts, English Common Law was dispensed by English-speaking judges.

In 1961, a referendum asked the inhabitants of British Cameroon if they wanted to join the newly independent next-door Nigeria or French-speaking Cameroon. A third choice – independence for British Cameroon – was not on offer. English-speaking Cameroonians in the north voted to join Nigeria, and in the south and west to join French Cameroon, which meant they were an immediate minority (20%) in the new Federal Republic of Cameroon. The constitution guaranteeing a federation of equal Francophone-Anglophone rights was dismantled in 1972 by the Francophone-majority government which consolidated its power. Until recently, only one of 35 cabinet members was Anglophone. It is fair to say that Anglophones have been marginalised politically, economically and culturally by the Francophone-dominated government for many years.

The current crisis began in 2016 with peaceful protests against the central government's imposition of French-speaking judges and teachers in English-speaking courts and schools, including a systematic erosion of Anglophone Common Law procedures. It deteriorated into a violent conflict and humanitarian disaster after the government used disproportionate force. There is overwhelming evidence from impartial human rights watchdogs such as Human Rights Watch[1], Crisis Group[2] and Amnesty International[3], of war crimes and crimes against humanity perpetrated by all sides. The University of Toronto houses a database of verifiable atrocities.

Despite UN Security Council Resolution 2532[4], the main warring parties refused to call a ceasefire to let medical workers treat the Covid-19 pandemic. Opinions on all sides have polarised, stalling international mediation efforts. Violence has intensified, and unarmed civilians are being increasingly persecuted by both government forces and non-state armed "separatist" or Ambazonian groups. The past weeks have included beheadings, executions, kidnappings for ransom, IED explosions, and target killings of aid workers.

- The UN estimates 700,000 civilians[5] (out of a population of 6 million Anglophones) are internally displaced by fighting and the destruction of homes and villages by government and separatist forces.
- UNICEF estimates that for four years, up to one million children have been unable to attend school[6], and over 80% of schools were shut down[7] before the Covid-19 pandemic lockdown.
- UNHCR believes that more than 60,000[8] Anglophones have fled to neighbouring Nigeria.
- UNOCHA estimates that hundreds of Anglophone villages have been burnt down by Cameroonian armed forces.
- Human rights watchdogs agree that more than 4,000 people have been killed since 2016[9]. Local NGOs believe the figure is 12,000.
- Impartial human rights NGOs have evidence implicating the Cameroon government's Rapid Intervention Battalion (BIR), army, gendarmerie, and police, as well as non-state separatist fighters, in burning structures and "roasting" people, kidnapping, extorting, torturing, and killing unarmed civilians.[10]

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[1] Human Rights Watch, 2021, https://www.hrw.org/africa/cameroon
[2] Crisis Group, 2021, https://www.crisisgroup.org/africa/central-africa/cameroon
[3] Amnesty International, Cameroon Report, 2020 https://www.amnesty.org/en/countries/africa/cameroon/report-cameroon/
[4] United Nations Security Council, 2020, Resolution 2352, https://undocs.org/en/S/RES/2532(2020)
[5] UN OCHA Cameroon Situation Report, updated 27 April 2021, https://reports.unocha.org/en/country/cameroon/
[6] UNICEF, 2020, Press Release: "UNICEF alarmed by spike in school attacks in Cameroon" https://www.unicef.org/press-releases/unicef-alarmed-spike-school-attacks-cameroon
[7] UN News, "Over 80 per cent of schools in anglophone Cameroon shut down, as conflict worsens" https://news.un.org/en/story/2019/06/1041071
[8] UNHCR Nigeria: Cameroonian Refugees Overview, March 2021: https://data2.unhcr.org/en/documents/details/86049
[9] Crisis Group: https://www.crisisgroup.org/africa/central-africa/cameroon
[10] Amnesty International, 2017, "Cameroon's Secret Torture Chambers: Human Rights Violations And War Crimes In The Fight Against Boko Haram": https://www.amnesty.org/download/Documents/AFR1765362017ENGLISH.PDF; Human Rights Watch World Report 2021: Cameroon, https://www.hrw.org/world-report/2021/country-chapters/cameroon; and International Crisis Group, 2021, https://www.crisisgroup.org/africa/central-africa/cameroon

- Amnesty International says that dozens of political opponents remain in prison, with journalists also behind bars.
- Cameroonian security forces regularly carry out arbitrary arrests.

Political situation – President Paul Biya, age 88, has been in power since 1982. No reputable international body considers elections in Cameroon to be free and fair. Freedom House has given Cameroon its lowest rank of 'Not Free' in its 2021 Freedom in the World scoring[11], and it is categorised as 'highly corrupt' in Transparency International's 2020 Corruption Perceptions Index[12]. There is limited media freedom, but political opponents are routinely detained without charge for long periods of time. The USA has sanctions against Cameroon[13], suspending the export of military equipment and training due to the violence in the Anglophone regions. However, Cameroon plays a role in fighting Boko Haram in the Far North Region, and thus the regime largely escapes criticism from the international community. Nigeria is also influential in opposing any consideration of independence for the English-speaking regions, fearing it may embolden Nigeria's own Biafran rebellion in the Delta. The Vatican and Switzerland are offering mediated inclusive peace talks, but the Cameroon regime continues to seek a military solution to the unrest in the Anglophone regions. In addition, the rebel secessionists of so-called Ambazonian Restoration Forces are disunited and cannot agree on a common road map to find a new constitutional settlement addressing their grievances. Ambazonian leadership comes mainly from self-proclaimed interim governments in the diaspora, from which funding and military equipment is also sourced.

Economic situation – Cameroon's economy is based on oil, minerals, timber and agricultural exports. Corruption is rife, with the World Bank ranking the country as 167th out of 190 territories globally for ease of doing business [14]. However, in 2021, the UK signed one of its first post-Brexit trade deals with Cameroon[15]. The UN Human Development Index places Cameroon in its medium human development category (153 out of 190 countries)[16]. However, the Anglophone conflict has adversely affected the English-speaking population, not least because the economy has ground to a halt in areas where there is conflict. Cameroon's main business links are with France, its former colonial power, and it still relies on France for military aid, equipment and training.

Mental health – A representative of N4A participates in a forum of mental health professionals in the Anglophone regions. Despite challenging circumstances and poor facilities, there are mental health nurses and psychologists at Ground Zero (as it is known locally) offering support to vulnerable people. However, internally displaced persons (IDPs) have little access to support, and nor do the Cameroonian refugees in neighbouring Nigeria. UN statistics only cover the mental health circumstances of refugees within Cameroon who are fleeing violence in the Central African Republic and Nigeria. There is no accurate picture of the needs of IDPs or refugees fleeing the violence in the Anglophone areas. However, N4A has contact with mental health professionals in NGOs active both in the informal and formal refugee settlements in Nigeria and at Ground Zero. Travel to Ground Zero is not recommended at present, due to attacks by secessionist rebels against UN and NGO workers. Accessing vulnerable people in the refugee settlement across the border in Nigeria would be more practical, until there is a ceasefire in the Anglophone regions.

The aspects of Cameroon's external environment that N4A can have an impact on are trauma, anxiety and depression.

[11] Cameroon scored 16/100 on overall freedom, and is designated 'Not Free'. Source: Freedom House, 2021, Freedom in the World 2021, https://freedomhouse.org/country/cameroon/freedom-world/2021
[12] Cameroon scored 25/100, and is ranked 149/180 countries, which places it in the category of 'highly corrupt'. Source: Transparency International, Corruption Perceptions Index 2020, https://www.transparency.org/en/cpi/2020/index/cmr
[13] Human Rights Watch News, 2019, "US Cuts Cameroon Trade Privileges Over Rights Abuses" https://www.hrw.org/news/2019/11/05/us-cuts-cameroon-trade-privileges-over-rights-abuses
[14] Cameroon: The World Bank, Doing Business, https://www.doingbusiness.org/en/data/exploreeconomies/cameroon, https://www.doingbusiness.org/en/rankings
[15] UK Government, 2020, "Press release: United Kingdom and Cameroon secure Economic Partnership Agreement" https://www.gov.uk/government/news/united-kingdom-and-cameroon-secure-economic-partnership-agreement
[16] United Nations Development Programme, Human Development Indicators, http://hdr.undp.org/en/countries/profiles/CMR

3.2 External environment: Nigeria

Background - Plateau State, particularly its capital city Jos, has been at the centre of ethno-religious violence since 2001 and has seen many attacks on unarmed civilians with thousands of people killed. Over the last two years the violence has subsided, and Jos has become safer, and the state is no longer considered to be 'in conflict'. However, tensions remain high and religiously motivated attacks by herdsmen in the suburbs are still common. As a result of the violence there are many trauma cases that are not being addressed by the community, government or NGOs[17]. According to the Nigeria Reconciliation and Stability Programme policy brief: "All citizens have been affected by violence in one way or another, but this is especially true of vulnerable groups such as women, children and youth, who have suffered loss of life, injury, rape, assault, psychological trauma, forced displacement and a disruption of social services"[18]. Plateau State still has 84,979 internally displaced people (IDPs) spread across 235 locations[19] who have predominantly fled from herdsmen and Boko Haram. Our potential implementing partner, the Centre for Gospel Health and Development (CeGHaD), has observed that trauma is rife both amongst IDPs and in the local community. Several recent group discussions and key informant interviews carried out by CeGHaD with the local community, IDP camp leaders and IDPs found that people from both communities show signs of trauma, depression and anxiety, citing constant feelings of panic, shame, fear, humiliation, helplessness and dejection.[20]

Political situation - Nigeria is Africa's most populous country, with a population of 219,463,862 people.[21] Nigeria experienced a series of military coups from its independence in 1960 until 2003[22]. Recently, there have been five elections, with accusations of widespread violence surrounding the 2019 re-election of President Buhari.[23] Corruption, however, is rife: Nigeria ranks 149 out of 180 in Transparency International's corruption perceptions index[24], though Freedom House noted that under current President Muhammadu Buhari, transparency has improved (though Freedom House still only rates the country as "partly free")[25]. The country is divided between Muslims living in the north and Christians in the south, which has fuelled sectarian violence in multiple states. This violence has killed thousands of people since 2011. Boko Haram, an Islamist militant group active in north and central Nigeria since 2009, has contributed significantly to this death toll with its attacks against police, military and civilians.[26]

Economic situation - Nigeria has recently overtaken South Africa to become Africa's wealthiest country, in a large part thanks to its plentiful oil reserves. However, widespread corruption has prevented much of the country's wealth from reaching its citizens: 41% of the population still lives in extreme poverty.[27] GDP per capita is estimated at $2,229.[28]

Mental health - It is estimated that 20% to 30% of Nigerians have a mental health problem [29], and approximately 80% with serious mental health needs cannot access care,[30]. While there are more

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[17] Nigeria Stability and Reconciliation Programme, 2014, Policy brief Responses of Plateau State Government to violent conflicts in the state: http://www.nsrp-nigeria.org/wp-content/uploads/2014/11/E189-NSRP-Policy-Brief-Response-of-PLSG-to-Violence_FINAL_web.pdf

18 Ibid.

[19] UN Migration Agency (IOM), 2021, Displacement Tracking Matrix: Nigeria — North Central And North West Zones Displacement Report 5 (January 2021), https://displacement.iom.int/reports/nigeria-%E2%80%94-north-central-and-north-west-zones-displacement-report-5-january-2021

[20] Three Focus Group Discussions and Key Informant Interviews carried out by CeGHaD (17-18 June 2017)

[21] CIA World Factbook, 2021, Nigeria: People and Society. https://www.cia.gov/the-world-factbook/countries/nigeria/#people-and-society

[22] BBC, 1999, Nigeria: A History of Coups: http://news.bbc.co.uk/1/hi/world/africa/83449.stm

[23] Human Rights Watch, 2019, Nigeria: Widespread Violence Ushers in President's New Term, https://www.hrw.org/news/2019/06/10/nigeria-widespread-violence-ushers-presidents-new-term

[24] Transparency International, 2020, Corruption Perceptions Index: Nigeria: https://www.transparency.org/en/countries/nigeria

[25] Freedom House, 2021, Freedom in the World: Nigeria: https://freedomhouse.org/country/nigeria/freedom-world/2021

[26] Council on Foreign Relations, 2018, Nigeria's Battle With Boko Haram: https://www.cfr.org/backgrounder/nigerias-battle-boko-haram

27 World Data Lab, 2021, Nigeria, https://www.worldpoverty.io/map

[28] The World Bank, 2019, GDP per capita (current US$) – Nigeria, https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=NG

29 Africa Polling Institute and EpiAFRIC, 2020, Mental Health in Nigeria Survey, https://nigeriahealthwatch.com/wp-content/uploads/bsk-pdf-manager/2020/01/MENTAL-HEALTH-IN-NIGERIA-SURVEY-Conducted-by-Africa-Polling-Institute-and-EpiAFRIC-January-2020-REPORT.pdf

30 Ugochukwu O., et al, 2020, "The time is now: reforming Nigeria's outdated mental health laws", https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2820%2930302-8/fulltext

psychologists and psychiatrists than in other countries in which we work (150[31] and 250[32] respectively), this still amounts to only 0.07 psychologists and 0.11 psychiatrists per 100,000 people. The Mental Health Bill was introduced in Parliament in 2013 to replace the stigmatising Lunacy Act of 1958, but has not attracted much support and has not been tabled.[33] There is widespread stigma around mental illness, likely caused in part by the belief that sufferers have brought it on themselves or are in some way deserving of it[34]. Anecdotal evidence from our potential implementing partner CeGHaD, indicates that people hide family members who suffer from severe mental illnesses, and chaining people up/locking them in the house is common. Primary health centres (PHCs) which serve people at community level, are not empowered to handle mental disorders[35]. Specialist mental health services are only available at larger hospitals and psychiatric units (in Plateau State Specialist Hospital and Jos University Teaching Hospital) which are inaccessible to most because of distance and poverty. Overall, mental health provision in Nigeria is woefully inadequate.

The aspects of Nigeria's external environment that N4A can have an impact on are trauma, anxiety and depression.

[31]The Guardian, 2019, People, heal thyselves: Nigeria's new mental illness approach, https://www.theguardian.com/world/2019/sep/25/people-heal-thyselves-nigerias-new-mental-illness-approach

[32]Association of Psychiatrists in Nigeria, 2018 http://www.apn.org.ng/#about

[33]Journal of Law, Policy and Globalization,2016 , http://www.iiste.org/Journals/index.php/JLPG/article/viewFile/32697/33589

[34] British Journal of Psychiatry, 2018, Community study of knowledge of and attitude to mental illness in Nigeria, https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/community-study-of-knowledge-of-and-attitude-to-mental-illness-in-nigeria/070F7DCA68F81CA2B96B861F988E0FCC

[35] Statement made by a senior official in the Department of Primary Health Care in one of the LGAs saying: We don't have licenced psychologists, licenced therapists at the PHC level. However we have Nurses and Community Health Extension Workers. Part of the training curriculum for nurses is mental health, with this they are able carry out post trauma counselling and refer to tertiary facilities for comprehensive therapy.

3.3 External environment: Rwanda

Background - Rwanda was a poor and underdeveloped country even before the genocide in 1994 that left an estimated one million people dead. The war destroyed much of its meagre infrastructure, leaving survivors to start again with very little. Of those who survived, 97% witnessed the violence[36], and trauma has been a serious factor in holding people back from being productive at work or at school.

Political situation – The political system is technically a multi-party system, but has been dominated by Paul Kagame's Rwandan Patriotic Front since the 1994 genocide. Presidential elections are held every 7 years since the introduction of a new constitution in 2003.[37] President Kagame has been in power since 2000. He was re-elected in 2017 for a third 7-year term with nearly 99% of the vote. There is no longer a two-term limit after a constitutional amendment was passed before the 2017 election, so Kagame could remain President until 2034[38]. Rwanda is ranked as 'not free' by Freedom House.[39] Media censorship persists. Rwanda has more elected female representatives (62% following the most recent election)[40] and cabinet ministers than any other country, but it remains to be seen how great the impact has been on recognising women's rights and needs. For example, in 2014 the Parliament reduced statutory maternity leave from 12 weeks to 6 weeks.[41] While literacy levels and school attendance are similar for women and men, women are still more likely than men to work in the informal sector.[42] Rwanda's response to the Covid-19 pandemic has been comprehensive, with early response, wider testing than much of sub-Saharan Africa, and distribution of food and other supplies to the poorest during lockdown periods.

Economic situation - Rwanda has had high GDP growth– on average 7.2% annually in the decade to 2019 (though with a 0.2% drop in 2020 due to the Covid-19 pandemic). Although as part of the Rwandan government's 'Vision 2020' it aimed to become the first middle-income country in Africa by 2020, this aim has now been postponed to 2035.[43] Rwanda's poverty rate stands at 45%[44] and the country remains on the UN's list of 46 'least developed countries' (LDCs).[45] The government is focusing on four main sectors to improve the economy: agriculture, investment, tourism and information and communications technology (ICT). The government's long term economic policy is guided by Vision 2050 (superseding the previous Vision 2020, and align with the UN Sustainable Development Goals, EAC Vision 2050 and AU Africa Agenda 2063)[46], and in the short term by the National Strategy for Transformation (NST 1) 2017-2024 (superseding the Economic Development and Poverty Reduction Strategy (EDPRS2) 2031-2018.[47] Despite progress, the headline agricultural, industrial, service and overall economic growth targets of EDPRS2 remain unmet, yet NST 1 remains ambitious with a target of 9.1% average GDP growth over the period. The impact of the pandemic is likely to further undermine this – both due to economic contraction, but also prolonged school closures and a projected rise in poverty during 2021 by 5.1%.[48]

Mental health - The legacy of the 1994 genocide has had a profound impact on people's mental health, leaving many with depression, anxiety or post-traumatic stress disorder (PTSD). Mental ill-health is even more prevalent in the most vulnerable groups in Rwanda, including women who are victims of sexual violence, widows and those infected with HIV: one study found that 59% of women from these vulnerable groups had clinical levels of anxiety and 38% were suicidal (World Economic Forum, 2016). The nationwide Rwanda

36 Institute for the Study of Genocide: http://www.instituteforthestudyofgenocide.org/oldsite/newsletters/25/athanse.html
37 CIA World Factbook Rwanda 2021: https://www.cia.gov/the-world-factbook/countries/rwanda/
38 The Guardian 2017: https://www.theguardian.com/world/2017/aug/05/paul-kagame-secures-third-term-in-rwanda-presidential-election
39 Freedom in the World – Rwanda 2021: https://freedomhouse.org/country/rwanda/freedom-world/2021
40 National Geographic 2019: https://www.nationalgeographic.com/culture/graphics/graphic-shows-women-representation-in-government-around-the-world-feature
41 The New Times 2014: https://www.newtimes.co.rw/section/read/74269
42 WEF Global Gender Gap Report 2021: http://www3.weforum.org/docs/WEF_GGGR_2021.pdf
43 World Bank Rwanda Overview 2021: https://www.worldbank.org/en/country/rwanda/overview
44 World Poverty Map April 2021 – Rwanda. "Total number of people living in extreme poverty (threshold $1.90/day or below): https://worldpoverty.io/map
45 UN List of Least Developed Countries (as of 11 February 2021): https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/ldc_list.pdf
46 Republic of Rwanda Vision 2050: https://www.nirda.gov.rw/uploads/tx_dce/Vision_English_Version_2050_-31_Dec_2020.pdf
47 Republic of Rwanda National Strategy for Transformation 1: https://www.greengrowthknowledge.org/sites/default/files/downloads/policy-database/NST1_7YGP_Final.pdf
48 World Bank Rwanda Overview 2021: https://www.worldbank.org/en/country/rwanda/overview

Mental Health Survey 2018, conducted jointly by the Rwanda Biomedical Center, University of Rwanda, and other partners, showed that of the 223,500 who sought mental health support in public hospitals during 2018, 35.6% were genocide survivors (compared to 11.9% in the general population).[49] There is a clear link between poverty and mental illness, and in countries such as Rwanda where people suffered and continue to experience debilitating trauma from the genocide, the problem is apparent. Poverty-related factors (e.g. poor housing, financial insecurity, low levels of education, shame at not being able to provide for one's family, poor physical health as a result of poor nutrition etc.) have been shown to increase the risk of developing common mental disorders such as anxiety and depression[50]. People with mental disorders may not be able to work because of their illness[51], meaning they become trapped in a cycle of poverty and ill-health. Addressing this trauma and mental ill-health is crucial if a community is to rebuild. However, Rwanda ranked 160 out of 189 nations in the 2020 UN Human Development Index. Though there has been improvement in the following figures over the past decade, mental health services in Rwanda remain under-resourced: in 2017 there were 0.06 psychiatrists, 1.38 mental health nurses and 0.17 mental health social workers and 0.39 psychologists per 100,000 people, and two psychiatric hospitals and 46 psychiatric units in general hospitals in the country[52]. The need to decentralise medical health services has been acknowledged with the government rolling out a new remote training service platform, that is enabling frontline health care workers to update their knowledge on how to recognise mental health disorders[53]. The Covid-19 pandemic placed restrictions on movement and gatherings, including commemoration of the genocide. This has increased the prevalence of stress and loneliness among survivors[54]. The ongoing discovery of mass graves from the 1994 genocide (such as in Kiziguro, Gatsibo district), and their exhumation and reburial, continues to cause trauma in nearby communities and relatives of the dead.

The aspects of Rwanda's external environment that N4A can have an impact on are mental illness and poverty – particularly extreme pockets of poverty that impact on vulnerable young survivors of the genocide.

[49] Survivors Fund 2019, "35% of Genocide survivors have mental health problems", https://survivors-fund.org.uk/news/35-of-genocide-survivors-have-mental-health-problems/

[50] Survivors Fund 2019: Vikram Patel and Arthur Kleinman "Poverty and common mental disorders in developing countries" WHO Bulletin 2003.

[51] "Breaking the vicious cycle between mental ill-health and poverty" WHO 2007.

[52] WHO Mental Health ATLAS 2017 Member State Profile Rwanda 2017: https://www.who.int/mental_health/evidence/atlas/profiles-2017/RWA.pdf

53 Devex, 2020, How Rwanda is spearheading efforts to tackle mental health: https://devex.shorthandstories.com/how-rwanda-is-spearheading-efforts-to-tackle-mental-health/index.html

[54] The New Times, 2021: https://www.newtimes.co.rw/news/kwibuka27-call-help-survivors-country-gears-commemoration-amidst-covid

3.4 External environment: Sierra Leone

Background – Sierra Leone has a significant mental health burden stemming from its civil war, the Ebola epidemic, and pervasive extreme poverty levels, while having very little mental healthcare provision and a weak healthcare system in general. Having worked with our implementing partner Conforti in both Freetown and Port Loko District from 2018-2020, since 2020 our focus has been on Port Loko District, in the north west province, where we cover three rural chiefdoms around Port Loko town.

Political situation - Sierra Leone is a democracy with a unicameral (one legislative chamber) Parliament made up of 124 members. It has had four elections since the end of its brutal civil war in 2002. Rtd. Brig. Julius Maada Bio of the Sierra Leone People's Party (SLPP) was elected in the most recent general election – 2018 – defeating Samura Kamara of the incumbent All People's Congress (APC) party, and marking the second transition of power since the war.[55] Freedom House rates Sierra Leone as "partly free" and notes that opposition political parties face police violence and restrictions on the right to assemble. In May 2019, the High Court removed 10 opposition members from Parliament following a decision on the 2018 election, with the president's party taking nine of these seats, and thus a majority. Corruption is widespread, with high rates of bribery among ordinary citizens seeking services. The government has taken steps to repeal defamation laws which have been used to threaten journalists critical of the government. Freedom of religion is constitutionally protected, and respected in practice.[56] Sexual and gender based violence is becoming more recognised as a widespread problem across Sierra Leone, with the president declaring a 'state of emergency' on the issue in February 2019, following a series of high profile cases of assault against young girls, and bringing in more severe punishments for perpetrators.[57] However, domestic abuse, rape and underage marriage of girls remain high, affecting over half of all female Sierra Leoneans.[58] Over 90% of women undergo female genital mutilation (FGM) in Sierra Leone, which is seen by many as necessary for a girl to reach womanhood, and leaving few politicians willing to address the issue.[59] Sierra Leone has one of the world's worst maternal mortality rates, at 1,165 deaths due to pregnancy-related causes per 100,000 live births – due in part to inadequate birth attendance and the high rate of teenage pregnancies.[60]

Economic situation - The Government of Sierra Leone's Medium-term National Development Plan (MTNDP) 2019–2023 is titled 'Education for Development', and focuses on human capital development as a driver of economic change, including via the government's Free Quality School Education Programme.[61] However, the country faces significant economic challenges. Sierra Leone ranks 182 out of 189 countries in the 2019 Human Development Index,[62] and 43% of the population lives below the poverty line ($1.90 a day).[63] Nearly half of the population earns their income from subsistence agriculture. The country's main source of income is iron ore mining, though a drop in commodity prices, coupled with the Ebola crisis led to a 21% drop in GDP in 2015.[64] The GDP started to recover from 2016 onwards, with annual economic growth of between 3.5% and 5% per year since.[65] GDP per capita was estimated at $1,718 in 2019; only 13 countries in the world have lower GDP per capita.[66] Sierra Leone's inflation rate is one of the world's highest, at 14.8% in 2019 (14th in the world).[67]

55 CIA World Factbook Sierra Leone 2021: https://www.cia.gov/the-world-factbook/countries/sierra-leone/
56 Freedom in the World – Sierra Leone 2021: https://freedomhouse.org/country/sierra-leone/freedom-world/2021
57 The Conversation 2020: https://theconversation.com/taking-stock-one-year-after-sierra-leones-gender-violence-emergency-130487
58 UNFPA 2020: https://sierraleone.unfpa.org/en/topics/gender-based-violence-11
59 28 Too Many 2021: https://www.28toomany.org/country/sierra-leone/
60 Global Citizen 2020: https://www.globalcitizen.org/en/content/UN-tackles-maternal-mortality-Sierra-Leone/
61 Sierra Leone Medium Term National Development Plan (MTNDP 2019–2023: Full document: https://www.imf.org/en/Publications/CR/Issues/2019/07/09/Sierra-Leone-Economic-Development-Documents-National-Development-Plan-2019-23-47099 / Overview: http://moped.gov.sl/Development-Plan/MTNDP
62 Human Development Report Sierra Leone 2020: http://hdr.undp.org/en/countries/profiles/SLE
63 World Poverty Map April 2021 – Sierra Leone. "Total number of people living in extreme poverty (threshold $1.90/day or below): https://worldpoverty.io/map
64 CIA World Factbook Sierra Leone 2021: https://www.cia.gov/the-world-factbook/countries/sierra-leone
65 World Bank Sierra Leone Overview 2019: https://www.worldbank.org/en/country/sierraleone/overview
66 CIA World Factbook Country Comparisons 2021 - Real GDP per capita
: https://www.cia.gov/the-world-factbook/field/real-gdp-per-capita/country-comparison
67 CIA World Factbook Country Comparisons 2021 - Inflation rate (consumer prices):
https://www.cia.gov/the-world-factbook/field/inflation-rate-consumer-prices/country-comparison

Ebola and civil war - Sierra Leone endured a double blow: the brutal 11-year civil war that ended in 2002 and Ebola from 2014-16. The war resulted in 70,000 casualties, created 10,000 child soldiers, an estimated 25,000 people had limbs amputated by the Revolutionary United Front (RUF) rebel army, and led to an exodus of educated middle classes and economic ruin[68]. The Ebola epidemic infected 14,000, killing 4,000[69]. Poverty rose when quarantine prevented people working, and misinformation about Ebola fuelled stigma and social exclusion. People lost businesses, possessions, food, homes and family breadwinners. Sierra Leone was declared Ebola free in March 2016 but still has a long road to recovery.[70] One legacy of the Ebola epidemic and its associated rise in teenage pregnancies was a ban on pregnant girls attending school. This was in place for five years before being overturned in March 2020[71]. While Sierra Leone experienced low Covid-19 cases and death rates in 2020 and early 2021 (the lowest of the four Mano River Union countries), prolonged border and airport closures have had an economic impact. Additionally, fear of Covid-19 led to a drop in health centre attendance for non-Covid-19 reasons, such as antenatal care, childhood vaccinations and malaria.[72]

Mental health - The legacy of war has increased mental illness; of 102,000 people in 2011 estimated to have severe mental health problems, only 2% received treatment (Alemu et al 2012). Ebola added stigma, trauma and poverty to existing stresses – burial procedures were imposed that conflicted with cultural customs which worsened grief. Mental health provision in Sierra Leone amounts to one retired psychiatrist and one who works for the Army; one clinical psychologist in private practice; 21 mental health nurses who graduated in 2012 (of whom 15 remain active – equivalent to just 0.33 mental health nurses per 100,000 people); and one government psychiatric hospital, in Freetown (where until 2018 patients were kept in chains). Health workers have little or no mental health training. Whilst Sierra Leone historically relies on families, traditional healers and religious leaders to tackle mental health issues, the lack of treatment options has led some to self-medicate with alcohol, increasing poverty.[73] It is expected that Covid-19 related hardship has once again increased rates of alcohol and drug abuse. Ebola left survivors with depression, anxiety and post-traumatic stress disorder. The WHO estimates that 240,000 suffer from depression annually; stigma prevents them from seeking help. Port Loko district suffered the highest number of Ebola infections, the highest percentage of deaths, and the highest number of Ebola orphans of any district during the Ebola epidemic, but has just one Mental Health Nurse for the district population of over 600,000 people. In 2017, we carried out 4 Focus Group Discussions (FGDs) with Ebola survivors, burial workers, and health workers: all reported symptoms of mental illness and stigma, but none had access to relevant services. There is little to no support for people with epilepsy outside Freetown, despite an estimated epilepsy rate of 2% (compared to 0.05% in the UK) due to meningitis, malaria and birth trauma.[74] While epilepsy medication and other psychotropic medications are on MOHS' list of essential medications, there is virtually no procurement or provision of these by MOHS, with those who do access such medication doing so via donations. Extreme poverty remains a significant barrier to people with mental illness' recovery. Our February 2021 survey of Port Loko self-help group members – PMDEs and caregivers, including amputees - showed that the most common livelihoods are subsistence farming followed by begging, and that three quarters are unable to save any money. The government is calling for NGOs to help tackle stigma, mental illness and to provide basic mental health services such as talking therapies. There is a Sierra Leone Mental Health Coalition, but its resources and scope are limited. The government has finalised its Mental Health Policy and Strategic Plan 2019-2023, however it is not resourced and there is no budget line for mental health. There has been a longstanding initiative to repeal and replace Sierra Leone's outdated colonial-era 1902 Lunacy Act, however this is yet to happen.[75]

The aspects of Sierra Leone's external environment that N4A can have an impact on are mental illness support, training and upskilling, stigma and poverty reduction, amputee mental health and poverty and maternal mental health.

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68 Bah, AJ et al, 2018, A Scoping Study on Mental Health and Psychosocial Support (MHPSS) in Sierra Leone, NIHR Research Unit on Health in Situations of Fragility (RUHF) Institute for Global Health and Development Queen Margaret University, Edinburgh, https://www.qmu.ac.uk/media/5362/mhpss-scoping-review-14092018.pdf

69 WHO, 2016, Ebola Situation Report: https://apps.who.int/ebola/current-situation/ebola-situation-report-20-january-2016

70 Freedom in the World – Sierra Leone 2021: https://freedomhouse.org/country/sierra-leone/freedom-world/2021

71 BBC 2020: https://www.bbc.co.uk/news/world-africa-52098230

72 INTERNATIONAL GROWTH CENTRE 2020: https://www.theigc.org/wp-content/uploads/2020/07/Meriggi-et-al-Data-Brief-2-2020.pdf

73 British Journal of Psychiatry 2019: https://www.cambridge.org/core/journals/bjpsych-international/article/mental-health-in-sierra-leone/697A92A663E076DFB2E6870EAFD7CC9E

74 Medical Assistance Sierra Leone 2021: https://www.masierraleone.org.uk/epilepsy-support/

75 British Journal of Psychiatry 2019: https://www.cambridge.org/core/journals/bjpsych-international/article/mental-health-in-sierra-leone/697A92A663E076DFB2E6870EAFD7CC9E

3.5 External environment: Uganda

Background - Our project in Uganda is in Agago District, a remote corner in the north east of the country, which for more than 20 years, from the late 1980s, was a battleground for sustained and brutal conflict between the Lord's Resistance Army (LRA) and the Ugandan army (the UPDF). The LRA killed and terrorised thousands of civilians, and abducted at least 30,000 children to be soldiers, porters and sex slaves.[76] Some 1.7 million internally displaced people (IDPs) were herded into over-crowded IDP camps, ostensibly for their own safety, yet without any infrastructure, adequate protection or sanitation, leaving them vulnerable to abuse from both the LRA and the UPDF, and prone to sickness and starvation. Once traditionally successful farming communities, their society was tested to breaking point. Proud farmers who were no longer able to access their land, lost their wealth and social status, and lived on hand-outs for years; children who returned from abduction and war were unrecognisable to their mothers; a generation of youth only knew life in an IDP camp; the elderly saw their strong, family-based community disintegrate before their eyes. The stress of war and living in overcrowded IDP camps has destroyed the fabric of society. Traditional farming skills once passed down through the generations were lost. People now struggle to sustain small businesses.

Political situation - The political system is technically a multi-party system. The 2005 Constitutional amendments removed presidential term limits.[77] President Museveni has been in office since 1986. In the January 2021 general election, Museveni was declared the winner with 59% of the vote, giving him his sixth term in office.[78] The internet was shut down for five days across Uganda either side of election day, after a campaign period marred by violence by security forces, at least 54 deaths, and the mass arrest of opposition supporters (often under the pretext of enforcement of Covid-19 restrictions).[79] In 2015, Freedom House downgraded Uganda from "partly free" to "not free". According to their 2020 report, the credibility of Uganda's elections has continued to deteriorate over time. Furthermore, in 2019 the interior minister called on thousands of NGOs to cease activities in Uganda after failing to pass a new reregistration process. Journalists operating in Uganda – both Ugandan and international - have faced increasing government restrictions, and have been beaten and arrested routinely by state police.[80] There have been accusations of Covid-19 restrictions, introduced in 2020, being used as a pretext for violence by security forces and arbitrary detention.[81]

Economic situation - Uganda aims to be a middle-income country by 2040, in line with the government's Uganda Vision 2040 strategy (2011).[82] Uganda's average annual growth in the 5 years to 2016 was 4.5%, compared to 7% in the years to 2011. It dropped to 2.9% in 2020 due to the Covid-19 pandemic.[83] Uganda's Third National Development Plan (NDPIII) 2020/21 – 2024/25 aims to reduce the national poverty rate from 21.4% to 18.5%,[84] however the World Poverty Clock puts Uganda's poverty rate at 38% and rising.[85] Prior to the pandemic, the total proportion of the workforce working in agriculture was decreasing, and industrial production increasing, however the shock of Covid-19 has all but stopped this trend. Low productivity agriculture accounts for about 25% of the economy and 70% of employment, while the economy needs to generate an estimated 700,000 new jobs per year to keep up with Uganda's labour force growth (whereas it currently creates about 75,000).[86] As we know from our experience and research, northern Uganda is much worse off economically. In Agago District in 2014, 68.4% of the population were living in poverty (though there have been no official district level poverty statistics published since 2014).[87] Data on electricity access by region has also not been published since 2014, when 3.7% of northern Ugandan households had access,

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[76] The Wilson Center, 2018: https://www.wilsoncenter.org/publication/forced-to-fight-integrated-approach-to-former-child-soldiers-northern-uganda

[77] CIA World Factbook Uganda 2021: https://www.cia.gov/the-world-factbook/countries/uganda/

78 The Guardian 2021: https://www.theguardian.com/world/2021/jan/16/uganda-president-wins-decisive-election-as-bobi-wine-alleges

79 Human Rights Watch 2021: https://www.hrw.org/news/2021/01/21/uganda-elections-marred-violence

80 Freedom in the World – Uganda 2021: https://freedomhouse.org/country/uganda/freedom-world/2020

81 Human Rights Watch Uganda 2021: https://www.hrw.org/world-report/2021/country-chapters/uganda

82 Uganda Vision 2040: https://www.greengrowthknowledge.org/sites/default/files/downloads/policy-database/UGANDA%29%20Vision%202040.pdf

83 World Bank Uganda Overview 2021: https://www.worldbank.org/en/country/uganda/overview

84 http://www.npa.go.ug/wp-content/uploads/2020/08/NDPIII-Finale_Compressed.pdf

85 World Poverty Map April 2021 – Uganda. "Total number of people living in extreme poverty (threshold $1.90/day or below): https://worldpoverty.io/map

86 World Bank Uganda Overview 2021: https://www.worldbank.org/en/country/uganda/overview

87 Uganda Third National Development Plan (NDPIII) 2020/21 – 2024/25: https://devinit.org/resources/poverty-uganda-national-and-regional-data-and-trends/

compared to 32.3% of households in the central region.[88] While 60% of urban Ugandans have electricity access, this drops to 18% in rural Uganda.[89]

Refugees – Uganda is the largest refugee host country in Africa, and the third largest in the world. Its refugee population has tripled since July 2016 to 1.4 million people, or about 3.6% of Uganda's total population. The majority of Uganda's refugees are from South Sudan (61.4%), and the Democratic Republic of the Congo (DRC) (29.2%).[90] Refugees in Uganda face favourable conditions compared to most countries – they are granted freedom of movement, the right to work, and the right to public services such as education. Most live in rural settlements in Uganda's northwest and southwest, where they are allocated land plots. However, in 2020 the Ugandan government suspended 208 refugee aid organisations' operations, leaving only 69 authorised aid agencies supporting its 1.4m refugees. Additionally, the border closures and movement restrictions due to Covid-19 has worsened the living situation for many of Uganda's refugees.[91] UNHCR reported in 2019 that 22% of refugee households had at least one member in psychological distress.[92]

HIV - HIV infection rates in northern Uganda stand at 10.1%[93] against a national average of 5.8%. This is largely attributable to the 22-year war and the privations of living in a refugee camp for two decades where starvation forced people to have sex in return for food, and where alcohol abuse and sexual gender-based violence (SGBV) proliferated – and has resulted in young women being four times as likely to be HIV+ than young men.[94] There is still a lot of stigma associated with HIV. Our implementing partner BNUU often treats HIV+ people for depression at their mental health clinics, but their HIV status is only revealed when the counsellors start trying to find out the cause of their depression. There has been some concern about adherence to anti-retroviral medication because Covid-19 restrictions on movement are impacting on poverty levels and thereby creating food shortages. People who are taking anti-retroviral medication need to eat well in order to tolerate the medication and for it to be properly effective.[95] Because Uganda imposed a strict lockdown almost immediately, there were initial problems with people getting their HIV medication. And some didn't have the required masks to visit health centres to collect it. However, these problems were mitigated by a network of volunteers who used bicycles and motorbikes to deliver medication. At its peak in 1992, HIV rates were 19.2%, so great strides have been made to bring the infection rate down.

Mental health - The Ugandan government has theoretically prioritised mental health in the last 20 years by including it as one of the twelve components of the National Minimum Healthcare Package.[96] The government also has a mental health policy in place. However, health workers say that in practice the government has not prioritised it, reflected by the lack of funding and support.[97] Mental health in Uganda is severely underfunded and makes up 4% of overall national health spending. Uganda has 0.08 psychiatrists, 0.01 child psychiatrists, 2.24 mental health nurses, 0.04 mental health social workers and 0.04 psychologists per 100,000 people. Furthermore, mental healthcare provision is skewed towards urban areas, e.g. 62.4% of psychiatric beds are located in Kampala, which is where Uganda's only mental health hospital is located.[98] The most recent law relating to mental health, the Mental Health Act, was passed in 1964 and is badly in need of updating. The Mental Health Act of 2014 has been drafted but has yet to become law[99], having been criticised by the UN Committee on the Rights of Persons with Disabilities, among others, for being in breach of people with mental health disabilities' human rights.[100]

88 World Bank Uganda Poverty Assessment 2016: https://www.worldbank.org/en/country/uganda/brief/uganda-poverty-assessment-2016-fact-sheet
89 Sustainable Energy for All – Uganda: https://www.se4all-africa.org/seforall-in-africa/country-data/uganda
90 UNHCR Uganda Refugee Portal 2021: https://data2.unhcr.org/en/country/uga
91 The Conversation 2020: https://theconversation.com/why-uganda-has-suspended-hundreds-of-refugee-aid-agencies-145708
92 UNHCR 2019: https://data2.unhcr.org/en/documents/download/72875
93 Lancet 2019: https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30152-8/fulltext
94 Avert 2019: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/uganda
95 Thompson Reuters Foundation 2020: https://www.reuters.com/article/us-health-coronavirus-uganda-hiv-trfn-idUSKBN22X0GG
96 IJMHS 2010: http://www.ijmhs.com/content/4/1/1
97 Oxford Health Policy and Planning 2011: http://heapol.oxfordjournals.org/content/26/5/357.full#ref-3
98 WHO Mental Health ATLAS 2017 Member State Profile Uganda: https://www.who.int/mental_health/evidence/atlas/profiles-2017/UG.pdf
99 Uganda Mental Health Bill 2014: https://www.parliament.go.ug/cmis/views/36e913af-ae45-4800-98d2-6e82ee5e9f9f%253B1.0
100 Validity 2018: https://validity.ngo/2018/09/09/mental-health-law-proposal-in-uganda-will-breach-human-rights-says-civil-society-coalition/

The aspects of Uganda's external environment that N4A can have an impact on are mental health, HIV, poverty and violence against women. These are all interlinked and cross cutting and can be traced back to the war. There is also potential for N4A to use some of its experience and expertise to support mental health for South Sudanese refugees in Palorinya refugee settlement in Moyo District, north west Uganda.

One of BNUU's counsellor's visiting a child PMDE at home, Agago, Uganda. Photo: BNUU

4. Strategic Objectives

- N4A's focus will continue to be to provide affordable and appropriate community mental health programmes for people with mental health issues and their carers, who are living in poverty in post-conflict settings in sub-Saharan Africa.
- Continue to support our implementing partners with developing their fundraising, mental health expertise and strategies to further their long-term sustainability.
- Develop a network of in-country associates who are mental health practitioners and who can both work with our partner organisations to help with continuing professional development and also provide useful contacts for other NGOs. This will strengthen our N4A's in-house mental health expertise. This network will cover a range of mental health knowledge and skills relating to N4A's model of community mental health e.g. people who can provide peer counselling training, people who can provide counselling supervision, people who can provide training in trauma counselling, people who can provide livelihoods training etc.
- Refine N4A's mental health strategy to clearly set out its mental health implementation plans in conjunction with its implementing partners.
- Carry out mental health needs assessments for each of its operational areas in sub-Saharan Africa.
- Develop and refine the mental health models for each operational area, having a clear understanding of what works best in each context and why. This will include an understanding of each country context and the capacity of each in-country implementing partner (alongside a Safeguarding assessment), recognising that there will be local differences.
- Gather robust evidence to demonstrate the impact of the individual country programmes. This will include measuring the impact of livelihoods provision on poverty and mental health, demonstrating the impact of one on the other.
- Continue to provide livelihood inputs and training where possible to complete the cycle of mental health recovery.
- Explore the possibility of piloting community mental health projects in Cameroon, Nigeria and refugee settlements in northern Uganda, using existing models with necessary adaptations.
- Keep our safeguarding and other related policies up to date. Maintain regular dialogue on safeguarding with current implementing partners and continue to share and adapt training materials with them. Maintain the search for local Safeguarding experts who are able to offer face-to-face training for our local partners, and who could also provide additional support when/if Safeguarding cases require it.
- Expand knowledge on any particular areas that might require it, such as disability-inclusive child safeguarding.
- Ensure that monitoring and evaluation plans for each programme are relevant and straightforward for our implementing partners to use, whilst verifying that data is accurate and useable. Use the findings to adjust the programmes accordingly and inform the development of new programmes.
- Draft a fundraising strategy to provide for adequate staffing and the right structure to effectively manage N4A's workload and programme delivery.
- Continue to develop strategic partnerships with other NGOs e.g. Health Poverty Action, to enable consortium funding bids, shared learning and increased support in-country.
- Continue to develop new project proposals in readiness for meeting funding opportunities both in the UK and in-country.
- Continue to develop N4A's online profile.
- Support implementing partners to develop their on-line profile.
- Develop other fundraising opportunities and leads e.g. consortium funding, corporate partnerships.
- Diversify the trustee membership.
- Develop N4A's voice and profile in the mental health NGO community so that its reputation for delivering community mental health programmes continues to grow.
- Continue to nurture relationships with funders that have supported N4A's projects and work.
- Carry out an organisational theory of change.

5. Current projects

5.1 Projects: Rwanda

Rwanda – Survivors Fund (SURF)
In 2017 N4A was approached by SURF to support its programme of entrepreneurship training for young survivors of the genocide. The high level of underlying mental health issues had resulted in the young survivors struggling to engage with the entrepreneurship and training on offer. As a result, SURF asked N4A to offer mental health support to address the underlying trauma and depression, crucial if these community members were to start rebuilding their lives. So far, this project has helped more than 1,300 young people. Every year SURF recruits 260 new participants for the year-long programme, targeting different areas each time. They are divided into 12 groups with approximately 21 members in each. Two members of each group are selected to become Peer Support Counsellors (PSCs) who coordinate and moderate the fortnightly group counselling sessions, and play a vital role in recognising signs of distress so that they can refer group members for individual counselling and support if necessary. The PSCs are trained to moderate the group counselling sessions, and are trained to recognise signs of more serious mental illness. The counselling groups are monitored by the project's counsellors, who also offer them regular supervision to support them in their role and help with difficult cases. The project's four counsellors are there to take on more complicated cases and to talk through and help PSCs with more difficult cases. The project also offers training to some 25 health workers a year to build their knowledge and understanding of the causes, symptoms and treatment for mental health problems (with the aim of strengthening community mental health services). In 2021, we plan to raise funds to provide participants of the counselling programme with entrepreneurship training and support with livelihoods, so that we can help to break the cycle of poverty and offer a brighter future. We are also planning to provide childcare for the many young parents who bring their babies and toddlers to the group counselling sessions. Given the positive impact of the programme and the current demand for places, we will continue to replicate the peer counselling groups for the next three years, taking it to new areas and people.

Targets for 2021-2023
In 2021 we will:

- Replicate the peer counselling model taking it to a further 250+ young genocide survivors.
- Provide childcare for the peer counselling groups so that they can fully engage with their counselling without interruption.
- Provide training and livelihoods support for the peer counselling participants to maximise the improvement in their mental health and the benefit of their new-found support networks.

The direct cost of running this programme in 2021 will be: £82,528.

- £35,000 for the peer support counselling groups
- £26,475 for the livelihoods programme
- £8,700 for the childcare provision
- £12,353 for project management, monitoring and evaluation

In 2022 we will:

- Replicate the peer counselling model taking it to a further 250+ young genocide survivors.
- Provide childcare for the peer counselling groups so that they can fully engage with their counselling without interruption.
- Provide training and livelihoods support for the peer counselling participants to maximise the improvement in their mental health and the benefit of their new-found support networks.

The direct cost of running this programme in 2022 will be: £77,905.

- £36,750 for the peer support counselling groups
- £19,049 for the livelihoods programme
- £9,135 for the childcare provision
- £12,971 for project management, monitoring and evaluation

In 2023 we will:

- Replicate the peer counselling model taking it to a further 250+ young genocide survivors.

- Provide childcare for the peer counselling groups so that they can fully engage with their counselling without interruption.
- Provide training and livelihoods support for the peer counselling participants to maximise the improvement in their mental health and the benefit of their new-found support networks.

The direct cost of running this programme in 2023 will be: £81,800.

- £38,588 for the peer support counselling groups
- £20,001 for the livelihoods programme
- £9,592 for the childcare provision
- £13,619 for project management, monitoring and evaluation

The direct cost of running this programme over 3 years will be £242,233.

Peer support counsellors, Rwanda. Photo: SURF

5.2 Projects: Sierra Leone

Background

In January 2018, we were awarded a Comic Relief grant to bring community mental health services to 2,525 people in two districts in Sierra Leone – Western Area Urban District (WAUD) and Port Loko District (PLD), replicating the mental health model that our implementing partners delivered in northern Uganda (increasing provision of appropriate mental illness and epilepsy, community education to reduce stigma and promote uptake of services, and self-help groups to advocate for appropriate mental health interventions at local and national level). This grant has now ended, but since June 2020 we have continued the work in Port Loko District, implemented by the Conforti team there plus additional support from Health Poverty Action (HPA). The team had a huge breakthrough by securing previously inaccessible epilepsy medication for its clients, which they don't have to pay for. Of the nine self-help groups we continue to support, two groups comprise amputees from the civil war (and their families), who face extreme poverty and hardship, not to say trauma, and whose only livelihood is begging in Freetown. The continued provision of counselling to people in Port Loko, and now with the support and supervision of the team by a mental health expert in-country, has continued to reduce people's symptoms of mental illness. For example, whereas 17% of new clients were 'very often' experiencing symptoms of severe anxiety when they first sought counselling, and 50% 'often', during the most recent follow up surveys this had dropped to 0% and 26% respectively. Many participants are expressing their desire to work, and requesting support with doing so, as their mental health improves. Community education continued to increase people's understanding of mental illness and epilepsy, reducing the stigma that people face. We have also linked up with maternal and child health posts (MCHPs), where the team's counsellors now provide mental health education as part of the MCHPs' existing antenatal and postnatal programmes on child health, nutrition, family life and childhood infections. With the support of the Addax and Oryx Foundation, from 2021 we will be providing livelihoods training and inputs to the 179 members of 9 self-help groups that we have been working with since 2018. This programme will also have a positive impact on their 1,074 family members.

Targets for 2021-2023

In 2021 we will:

- Continue the Port Loko mental health programme, developing the work based on the findings of an assessment of current mental health provision in Sierra Leone.
- Develop, deliver and raise the funds for a livelihoods programme for the 9 self-help groups in Port Loko.
- Develop our partnership with Health Poverty Action to maximise the benefits for both organisations.
- Develop a programme for maternal mental health.

The direct cost of running this programme in 2021 will be: £76,655.

- £23,829 to continue the mental health services.
- £21,977 to deliver the livelihoods programme (started July).
- £30,849 for project management, monitoring and evaluation

In 2022 we will:

- Continue the Port Loko mental health programme.
- Continue the Port Loko livelihoods programme.
- Develop a project for working with war amputees in Port Loko.
- Expand the number of self-help groups in Port Loko.
- Raise the funds to support more self-help groups with livelihoods.

The direct cost of running this programme in 2022 will be: £89,461.

- £16,876 to continue the mental health services.
- £40,913 to deliver the livelihoods programme.
- £32,392 for project management, monitoring and evaluation

In 2023 we will:

- Continue the Port Loko mental health programme.
- Continue the Port Loko livelihoods programme.

- Replicate the mental health programme in three new areas in Port Loko District.
- Raise the funds to run a pilot project working with youth mental health. Document the need and the impact.
- Increase the number of amputee SHGs.
- Develop an advocacy strategy to lobby for state provision of mental health medication.

The direct cost of running this programme in 2023 will be: £144,360

- £17,085 to continue the mental health services.
- £30,749 to deliver the livelihoods programme.
- £11,655 to support 10 more self-help groups with livelihoods.
- £26,000 to replicate the mental health programme in 3 new areas in Port Loko District. Sierra Leone.
- £24,860 to run a pilot programme for youth mental health.
- £34,011 for project management, monitoring and evaluation

The direct cost of running this programme over 3 years will be £310,476.

Client follow up, Port Loko, Sierra Leone. Photo: CCACO PL

5.3 Projects: Uganda

In 2017 we were awarded a 3-year Comic Relief grant to bring community mental health services to 1,800 people in four towns in Agago District, northern Uganda. Based in Kalongo, this programme has been providing monthly mental health clinics where people with mental health conditions ranging from depression and anxiety to psychosis and epilepsy, receive treatment and follow up support from our project's counsellors. We have also been raising awareness in the community; offering an extensive training programme to government health workers and duty-bearers; supporting project participants (people with mental illness and/or epilepsy and their carers) to form themselves into self-help groups (SHGs) comprising people with mental illness and their caregivers, or which there are not 61 SHGs. All have set up Village Savings and Loans schemes and we have also trained the SHG members in advocacy and human rights so that they can use their collective voice to advocate for improved mental health services. And crucially they provide a space for the participants to share their experiences and support each other. This grant has now concluded with impressive results which include positive changes in health-seeking behaviour, judging by the number of people attending the mental health clinics and counselling sessions far exceeding the targets; 85% of participants reported that they are able to function in everyday life, as opposed to 23% at the start of the project; every teacher in the 4 beneficiary areas had awareness training in mental health and epilepsy – vastly exceeding our plans. SHG members successfully lobbied local government officials for improving road access to the mental health clinics, increasing the number of health works and the supply of medication at the mental health clinics. Whist this grant has now ended, we are now fully implementing our 3-year grant from The National Lottery Community Fund (TNLCF) which is enabling us to continue with the mental health clinics and community mental health services in addition to providing 25 SHGs with livelihoods training and inputs. We will carry out a learning study to measure the impact of livelihoods on the long-term health of these SHG members, in addition to raising funds to provide livelihoods to the remaining SHGs. Recognising that there are other issues that can cause or trigger mental health problems e.g. HIV/AIDS and sexual gender-based violence etc., this project will continue to offer counselling support tailored to these issues when necessary.

Targets for 2021-2023

In 2021 we will:

- Continue running the mental health clinics.
- Roll out The National Lottery Community Fund livelihoods programme.
- Secure funding to provide 10 more SHGs with livelihood inputs.
- Develop the possibility of providing group counselling specifically for caregivers in partnership with StrongMinds Uganda or another group counselling provider.
- Complete a project proposal for a new project in Palorinya, a refugee settlement for South Sudanese refugees in Moyo District. Try to raise funds for this new programme.
- Provide the support of supervision for the counselling team and other staff as required.

The direct cost of running this programme in 2021 will be: £136,075

- £88,400 for the mental health clinics and livelihoods programme.
- £7,412 to provide livelihoods for 10 more SHGs (started July).
- £2,500 to provide supervision for the counselling team (started July).
- £37,763 for project management, monitoring and evaluation

In 2022 we will:

- Continue running the mental health clinics and expand to one more sub-county in Agago District.
- Employ a psychiatric nurse, with an understanding that the District Health Office will pay his/her salary after two years.
- Continue implementing The National Lottery Community Fund livelihoods programme.
- Complete a Learning Study demonstrating the positive impact of livelihoods on the mental health of people with mental illness/epilepsy.
- Secure funding to provide 10 more SHGs with livelihoods.

The direct cost of running this programme in 2022 will be: £179,469

- £92,820 for the mental health clinics and livelihoods programme.

- £4,840 to pay for a psychiatric nurse.
- £26,407 for taking the mental health clinics to one more sub-county.
- £10,500 to provide livelihoods for 10 more self-help groups.
- £5,250 to provide supervision for the counselling team.
- £39,652 for project management, monitoring and evaluation

In 2023 we will:

- Sustain the mental health clinics and expand to two more sub-counties in Agago District.
- Lobby the District Health Department to take on the Mental Health clinics.
- Continue lobbying the District Health Department to absorb the cost of the psychiatric nurse and add him/her to the district payroll.
- With our implementing partners, develop a project focusing on children with epilepsy.
- Secure more livelihood inputs for 10 more self-help groups.
- Publicise the findings of the Learning Study demonstrating the positive impact on the long-term health impacts of people with mental illness/epilepsy.
- Explore the possibility of further funding from The National Lottery Community Fund based on the findings of the Learning Study.
- Develop a sustainable model for BNUU's work to continue and start to be self-supporting.

The direct cost of running this programme in 2023 will be: £216,170

- £97,461 for the mental health clinics and livelihoods programme.
- £55,455 for taking the mental health clinics to two more sub-counties.
- £5,082 to pay for a psychiatric nurse
- £11,025 to provide livelihoods for 10 more self-help groups.
- £5,513 to provide supervision for the counselling team.
- £41,634 for project management, monitoring and evaluation

The direct cost of running this programme over 3 years will be: £531,714

Livelihood inputs distribution, Lukole, Uganda. Photo: BNUU

6. Future projects

The following future projects are subject to secured funding and risk assessments. While they are part of the strategic plan, they do not currently feature in the strategic plan budget due to still being under development.

6.1 Cameroon

We have identified the need for a mental health programme to support civilians from the Anglophone community who have been internally displaced by the current conflict in Cameroon. Many of them are in refugee camps in neighbouring Nigeria. Whilst the situation is still volatile and it would at the moment be difficult to implement a project there, we will continue to explore possibilities and develop a funding proposal, in readiness should the situation change, and funding become available.

6.2 Nigeria

We have a project proposal that we have developed with the Centre for Gospel Health and Development (CeGHaD), a Nigerian NGO founded in 1994, to deliver mental health services in Plateau State, Nigeria (if and when any funding opportunities arise). The programme will be similar to our programmes in Uganda and Sierra Leone – Network for Africa's model – namely to provide community based mental health support, an extensive programme of community awareness and self-help groups to advocate for change. We hope that any programme would benefit at least 1,800 people with mental illness, 370 carers, 70 health workers and duty bearers and 6,000 local community members. We have so far been unsuccessful in securing funding for this programme, despite several grant applications. However, we will continue to try to secure the funds. We will need to closely monitor the conflict situation in Plateau State.

6.3 Northern Uganda

The conflict in South Sudan has resulted in the largest refugee crisis in sub-Saharan Africa with over 2 million people seeking refuge. The years of conflict have left a devastating mental health crisis. Children have been badly affected with grave violations committed against them by armed groups and state security agents, including the recruitment of children as child soldiers, and 'supportive roles' such as porters, cooks and spies, in addition to rape and other forms of sexual violence.[101] Uganda hosts the greatest number of South Sudanese refugees of any country (923,500).[102] We have experience with our implementing partner BNUU, of working with people affected by displacement and survivors of the LRA conflict in northern Uganda, including former child soldiers and would like to use this experience to support South Sudanese refugees in settlements in northern Uganda. We are therefore developing a project proposal for counselling support for refugees from South Sudan who are in Palorinya refugee settlement in Moyo district, northern Uganda. As of June 2021, Palorinya refugee settlement has a population of over 125,600 people, of whom 81% are women and children.[103]

[101] Amnesty International, 2020, South Sudan: https://www.amnesty.org/en/countries/africa/south-sudan/report-south-sudan
102 UNHCR, 2021, Operational Data Portal: Refugees and asylum-seekers from South Sudan, https://data2.unhcr.org/en/situations/southsudan
103 UNHCR, 2021, Operational Data Portal: Uganda - Refugee Settlement Statistics June 2021 - Palorinya, https://data2.unhcr.org/en/documents/details/87759

7. Monitoring and evaluation

All our projects are monitored by our implementing partners and by N4A's staff. We have "theories of change" for each project so that goals and milestones are clear. We have monitoring and evaluation plans, with measurable outcomes, indicators and targets against which we measure our projects' progress and results. We carry out surveys at the start of all our projects to establish the baseline, and surveys at the end, using monitoring and evaluation tools for measuring the impact of mental health projects. Our project implementing partners continuously monitor the project activities and results, and submit quarterly and annual narrative and financial reports to N4A. We work with our project participants to support them with analysing their own data so that they can measure their progress and develop advocacy plans and strategies for improving the mental health provision that they need. The projects are independently evaluated when the programmes come to an end, and the evaluations are available on our website. N4A staff visit the projects once or twice a year, although the recent Covid-19 pandemic has curtailed this for the time being. As part of our monitoring, evaluation and learning strategy we will be looking at the impact that mental illness has on specific groups e.g. carers, with the intention of designing projects that target issues affecting them.

8. Safeguarding

N4A believes that everyone we come into contact with, regardless of age, gender, identity, disability, sexual orientation or ethnic origin has the right to be protected from all forms of harm, abuse, neglect and exploitation. N4A will not tolerate abuse and exploitation by staff or associated personnel. We expect all staff contracted by N4A to abide by our safeguarding and associated policies. This includes staff working for our implementing partner organisations who are actively involved in the delivery of programmes and projects designed and funded by N4A. This also applies to associated personnel whilst engaged with work or visits related to N4A, including but not limited to the following: consultants; volunteers; contractors; programme visitors including journalists, celebrities and politicians. We will continue to actively engage with safeguarding developments and make sure that our policies are kept up to date. The following policies are available on our website www.network4africa.org:

- Code of Conduct
- Safeguarding Policy
- Dealing with Safeguarding Reports
- Safeguarding Complaints Policy
- Malpractice Policy

9. Organisational Development

N4A was founded in 2007. The impact of its mental health interventions on its participants is evident, drawing on the support of committed volunteers and experts who offer their services pro bono and who have been instrumental in developing its community mental health programmes. N4A is committed to developing and building on projects with its implementing partners, who in turn are embedded within the communities they support, and are committed to being led by their participants and their needs. It sees itself as having an enabling role – offering advice; sharing expertise; helping with fundraising; monitoring and evaluation plans and strategic development; supporting due diligence; and any other capacity building needs that will deliver long-term sustainability for its implementing partners, participants and community mental health. N4A's ambition over the lifetime of this strategic plan is to strengthen its financial base in order to continue to provide quality support to its implementing partners so that they can strengthen their own community based mental health work and realise their ambitions for growth and sustainability. N4A's current staff team strikes the right balance between administration and project work, calling in experts for extra support when needed. Its size means it can remain flexible and adaptable to prevailing shifts in global development, funding and mental health. N4A remains engaged and active in global mental health and international development (especially sub-Saharan Africa) networks.

9.1 Fundraising

N4A focuses its fundraising on trusts and foundations and high value donor fundraising. This focus was decided jointly by the trustees and staff as offering the best return on investment, given N4A's limited in-house capacity for fundraising, and its small supporter database. Its founder, Rebecca Tinsley is hugely supportive with her relationship fundraising both in the UK and the USA. It participates in the annual Big Give match funding appeal and currently has a place in the London Marathon every two years, although the bonds are currently under review so N4A's allocation may change over the period covered by this strategic plan. It is aware of the growing movement for large funders to fund in-country and will be adapting its fundraising and supporting its implementing partners to meet this development. Where possible, it will try to ensure that donations are unrestricted, in order to support its UK running costs and to allow some flexibility in project priorities. Its applications to trusts and foundations where possible, are full-cost recovery to reflect the true cost of its programmes and to recover some of its overheads. In order for N4A to meet its ambitions in this strategic plan, it will have to achieve an income target of £**1,361,566** over 3 years. It will also aim to maintain reserves that are the equivalent of at least 3 months' running costs.

9.2 Communications

Having established that N4A's overarching theme is post-conflict recovery, focusing on psychological recovery, strengthening mental health provision and building economic independence, during this planning period we will:

- Develop our narrative around these issues, to explain the need and demonstrate our impact, so that we can engage supporters.
- Continue to develop a story bank, to illustrate the need for our work and its impact, and to bring human interest to the issues.
- Ensure that our website and social media output focus on these issues and that we have some resources to monitor the media and policy debates so that we can inject our opinion, stories and evidence as appropriate – creating ongoing opportunities to remind our supporters about why we matter.
- Try to engage more with relevant partners' social media work – to help us become part of their conversations with supporters and reach new, but interested, audiences.

9.3 Governance

N4A has trustees who have relevant specialisms that are currently required on the board e.g. communications; mental health; trusts and foundations; fundraising; partnerships; finance. It has quarterly trustees' meetings which include detailed financial reporting against income and expenditure budgets; it produces monthly management accounts and its accounts are audited annually.

9.4 Cost of implementing the strategic plan

The cost of implementing this strategic plan (both direct project costs, N4A's overheads, staffing and costs to develop our infrastructure) over three years is £1,361,566, broken down year by year as follows:

- **2021 –** £383,171
- **2022 –** £439,141
- **2023 -** £539,254

Appendices

Appendix 1 Background to Network for Africa

Rebecca Tinsley is a law graduate, an author, a journalist and a human rights activist. After first visiting Rwanda in 2004, she concluded that being informed about genocide is not enough; those who are able should do more to support those resilient and resourceful survivors of genocide who reject the label 'victim'. In 2007 she founded N4A to do just that. She saw a need to provide training and education, channelling support to local organisations that demonstrate the capacity to directly transform people's life chances. Recognising that women are agents of change, yet are denied a stake in their societies and have correspondingly low status, she saw a need to develop education, training and health care projects to improve their self-confidence and encourage them to work together to solve their problems. Her experience in Rwanda with genocide survivors led her to northern Uganda where she met survivors of the 22-year war between the Lord's Resistance Army (LRA) and the Ugandan army, all of whom were suffering from post-traumatic stress disorder (PTSD). The lingering impact of war and genocide, and its legacy of PTSD, was obvious in both Rwanda and Northern Uganda, and required a suitable response: Network for Africa.

Since 2007 N4A has worked with local organisations to deliver the following.

In Rwanda since 2009 we have:

- Provided 620 vulnerable women in Kigali, Rwanda with education in literacy, numeracy, legal rights, health and vocational training. On average, this support enabled participants to quadruple their income. Replicated our Kigali programme in rural Rutunga in 2013, providing 450 vulnerable women with education in literacy, numeracy, legal rights, health and vocational training in agriculture.
- Set up child-care centres on site in Kigali and Rutunga, which provided a safe environment, healthy food and early learning for their toddlers while their mothers were studying and working. The childcare centre was attended by up to 60 children a day, on average, helping hundreds of pre-school children and enabling their mothers to study without interruption.
- Provided 154 women with the resources to set up two fruit farms where they are now growing bananas and tamarillos which they sell, enabling them to boost their family income and send their children to school. They have been able to plough back some of their profits into their agricultural cooperatives.
- Provided 782 vulnerable young people (85% orphans) a year with English and IT education. Some are now being sponsored through university and others are working. We also set up a music school on site and a baking cooperative.
- Built and supported a hospital, maternity unit, and walk-in health centre in Ntarama, serving 13,000 people where previously there was no health provision.
- Set up a peer-counselling programme to provide mental health support to 250 young survivors of the genocide who are suffering from PTSD, anxiety and depression. This programme has supported 1,250 young people so far.

In Sierra Leone since 2018 we have:

- Provided counselling for 2,098 people with mental disorders and/or epilepsy and their caregivers.
- Supported over 1,200 PMDEs in mental health outreach clinics with the district mental health nurses.
- Provided over 50 people with epilepsy with regular free medication and check ups.
- Supported the formation and running of 15 self-help groups (SHGs) in Freetown, and 9 SHGs (comprising 179 members) in Port Loko, and provided them with savings boxes for village savings and loans association activities.
- Educated almost 2,000 community members on mental health signs, symptoms and treatment, as well as stigma reduction.
- Delivered Covid-19-related mental health awareness sessions in secondary schools for over 800 students.
- Trained 30 headteachers, 28 police officers, 21 local councillors, 28 religious leaders, 25 traditional healers and 32 chiefs and mammy queens on identifying and referring people with mental health issues.
- Run maternal and child mental health sessions for 182 pregnant or lactating women and their partners.

- Trained and supported 5 State Enrolled Community Health Nurses (SECHNs) and 3 Maternal and Child Health Aides (MCH Aides) with identifying and referring cases of maternal mental ill-health.

In Uganda since 2010 we have:

- Trained 2,000 community members in basic trauma counselling skills who offer support to other trauma sufferers in their community. This project has supported over 13,000 people suffering from mental health problems.
- Set up a network of 24 community counsellors. They were given advanced training in trauma counselling and its related behaviours (e.g. alcohol abuse, domestic and sexual violence, depression and suicide etc.). The counsellors have supported some 5,000 people a year.
- Supported 89 self-help groups (SHGs) with training in Village Savings and Loans Associations (VSLA). The project's counsellors offer mentoring and address any psychological issues the members have.
- Supported 51 SHGs with livelihoods, so that they can earn an income and break the cycle of poverty and mental ill-health.
- Trained 8 counsellors in the FAO's Farmer Field School method of agriculture (proven to be most appropriate for northern Uganda) where people learn as they work.
- Trained 24 community counsellors in HIV counselling so that they can support people before and after HIV testing, and encourage them to adhere to their medication.
- Trained and supported a collective of 47 vulnerable women, some of whom are HIV positive, child mothers, former child soldiers and widows. They were trained in setting up and running small businesses and provided with the start up costs for agricultural livelihoods.
- Set up an educational fund for 11 former abductees and child mothers who were kidnapped by the Lord's Resistance Army, thereby missing out on school.
- Provided counselling to over 900 people with mental disorders and/or epilepsy and their caregivers.
- Diagnosed and provided mental health support (including medication) to over 1,500 people at monthly mental health mobile clinics.
- Provided over 1,700 carers with training in mental illness and how best to care for someone with mental illness. Provided them with awareness raising about stigma and counselling to support them with self-care.
- Trained 670 health workers and duty-bearers (e.g. teachers, civil servants, traditional healers, clan leaders, religious leaders, local councillors etc.) in mental health awareness and how to refer people for treatment.
- Adapted the monthly mental health clinics to comply with Covid-19 social distancing requirements, so that treatment was not adversely affected.
- Reached an estimated 40-50,000 people via radio across Agago district, raising mental health awareness, explaining referral pathways to mental health services, and providing Covid-19 information.
- Reached thousands of people through community education and awareness raising about mental health, resulting in people coming forward for treatment.

Appendix 2 Trustees

Network for Africa's trustees are:

David Russell – David is the Chair of N4A. He is also the Founder and Director of The Social Enterprise, which advises an array of charities and social businesses. From 2009 to 2013, David served as Director of Survivors Fund (SURF), which represents and supports survivors of the genocide against the Tutsi in Rwanda. He first began working with SURF in 2004, and currently serves as its UK Coordinator. For the past 7 years he has also advised Unilever on the measurement and reporting of their sustainability commitments to positively impact people through the business. David is an executive coach, accredited to Senior Practitioner Level by the European Mentoring and Coaching Council (EMCC), and specialises in working with social sector organisations. He is also a Trustee of the Congregation of Jacob Synagogue, Charities Advisory Trust and Vivekananda Human Centre.

David Gye – David is the Treasurer of N4A. He was an adviser on financial aspects of the energy and infrastructure sectors, working with government and private sectors worldwide. He became independent in 2009 after a 25-year career with Morgan Stanley and other investment banks, based in London and New York. He has advised on projects in the US, UK, wider Europe, Australia, Asia and the Middle East. Most recently he has taken the lead in advising on very large-scale green energy projects in Europe. David's early career was as an army officer and then for 8 years a civil engineer. He has a degree in engineering from Cambridge University (1969) and is a Sloan Fellow of the London Business School (1984). David has published scholarly articles on mediaeval architecture in Iran and is currently (but slowly) writing a book on travel and travel structures in that country. He travels widely and has a house in Fez, Morocco. He is currently a trustee of the Lynams Educational Foundation, the NFL Trust and the Iran Society, of which he is Hon Treasurer. Until recently he was Hon Treasurer of the British Institute of Persian Studies. David was appointed as a trustee on 7 November 2016.

Frida Critien - Frida is an experienced strategic communications professional, with experience of managing a wide range of internal and external campaigns. Currently a Global Corporate Communications Director at Unilever she is responsible for engaging employees across the world with the company mission to drive sustainable growth. Previously the Deputy Managing Director of a medium sized PR company, Frida managed the communications on a number of high profile accounts including the Girlguiding UK Centenary and the launch of King's College London's largest ever fundraising campaign. In addition, she oversaw all the agency's day-to-day operations, including setting and controlling the budget and overseeing all client-servicing, HR, and recruitment matters.

Jemma Hogwood - Jemma Hogwood has a Doctorate in Clinical Psychology from University College London in the UK. She is registered to practice as a Clinical Psychologist with the Health and Care Professions Council in the UK and the Rwanda Allied Health Professions Council. She has been living in Rwanda since 2010, initially working for Survivors Fund supporting survivors of the Rwandan genocide. She managed a number of projects with a counselling and mental health element including a programme supporting mothers with children born of rape and a telephone helpline providing counselling and legal support for student survivors. She is currently the Clinical Director of Solid Minds a mental health clinic in Kigali providing counselling support to individuals, couples, families and organisations. As well as offering therapy services, she also provides training, research, consultation and supervision services.

Rebecca Tinsley – Rebecca is the founder of N4A. She has a law degree from the London School of Economics, is a former BBC politics reporter, and she stood for election to the UK parliament twice during the 1980s. She is a freelance journalist, and has three novels published. Together with her husband Henry, she was asked by President and Mrs Carter to start the Carter Centre UK, which advances global efforts to wage peace, fight disease and build hope by engaging with those at the highest levels of government and civil society. She is on the advisory council of Bennington College, Vermont, and Antioch University in Santa Barbara, California. She is the founder of the campaigning group Waging Peace, and is also a trustee of the Bosnia Support Fund and the Free Yezidi Foundation.

Hannah Walters - Hannah currently works for Comic Relief as a Portfolio Manager for Levelling the Field (a co-funded initiative with the Scottish Government focusing on women and girl's empowerment in Malawi,

Rwanda & Zambia), as well as looking after a number of mental health investments. She previously worked at Feed the Minds from 2016-2019, firstly as a Programme Officer before taking on the role of a Senior Programme Officer later in 2016. In 2017 Hannah took on the role of Programme Manager, having strategic oversight for FTM's programme's portfolio and directly managing a £1.5m portfolio of grants including DFID, Comic Relief and Big Lottery. Hannah has also worked for Guy's and St Thomas' NHS Foundation Trust and Tropical Health and Education Trust (THET).

Appendix 3 Staff

Network for Africa's staff members are:

Annabel Harris (CEO) has worked in the NGO and charity sector for many years. Working in communications and fundraising, she managed Amnesty International's public information programme, and delivered its flagship annual human rights journalism awards, before taking up her post as Executive Director at legal human rights charity Reprieve. She managed its growth from a start-up charity with income of £100k to over £1m, its rapid increase in profile and brand, and corresponding growth in staff. She then worked at children's human rights charity Chance for Childhood (formerly Jubilee Action), managing its fundraising and communications, before taking up her post at N4A.

Lesley Eaton (Office Manager) Lesley Eaton joined Network for Africa on a part time basis in November 2018 and looks after the running of the office, providing all round support to the CEO and the team. She started her career at the BBC where she remained for many years, taking on a variety of roles across the Corporation, but most recently led and looked after BBC Radio 4's partnerships with the British Museum, the British Library, etc. Lesley has always wanted to work in the charity sector and has a particular interest in mental health – she welcomed the opportunity to join Network for Africa and support its work.

Thomas Doughty (International Programmes and Research Manager) has a background in sustainable development planning. Tom joined Network for Africa as a Project Manager in December 2019, working in Sierra Leone and providing on the ground support to Conforti until March 2020 and the onset of Covid-19. Tom continues to work closely with our implementing partner in Port Loko, Sierra Leone, as well as N4A's other projects in Uganda and Rwanda, and supporting the CEO with project development, new grant applications, research and communications. Prior to N4A, Tom worked for the Sierra Leone Urban Research Centre (SLURC) in Freetown, Sierra Leone, where he lived for 18 months. He has a range of experience in research, consultancy, project management, stakeholder engagement and strategic policy and planning for clients in the private, educational, non-profit and public sectors, both in Sierra Leone and the UK, and holds an MSc in Environment and Sustainable Development from University College London's Development Planning Unit. He is passionate about sustainable development, social justice and mental health, and is particularly keen on building the capacity of N4A's implementing partners.

Michael Davis (Finance Manager) Michael joined Network for Africa on a part time basis in July 2019. He is responsible for managing the finances of the organisation, as well as the budgets for implementing partners on the ground in Northern Uganda, Sierra Leone and Rwanda. Michael brings a varied experience to Network for Africa with a long and successful history of working in broadcasting and the not for profit sector, including BBC radio, television, web production and charitable organisations (Jamie Oliver Food Foundation). Currently, Michael divides his working week between Network for Africa and Project Everyone.

N4A USA is managed on a part-time basis by:

Christa Bennett (Director of Network for Africa USA) Christa helped start Network for Africa in 2006. The following year, she oversaw the successful application for non-profit status for Network for Africa US. Christa's passion is creating communities where all have opportunities to thrive, and she continues working with non-profits that offer health and education services. She received her Master's Degree in International Relations from King's College London.

Appendix 4 Strengths, Weaknesses, Opportunities, Threats

N4A's strengths include:

- It is small, responsive, nimble and flexible
- Its UK team and implementing partners have integrity, and are trustworthy and diligent
- Its projects are unique in their area of focus
- Local knowledge is strong
- It has a close relationship with its projects
- It has low overheads and represents good value for money
- It has a wealth of beneficiary success stories and case studies
- It has the ability to give supporters a motivating experience through visits to projects
- Its focus area of mental health is topical and relevant, both in the media and politically
- Its founder and trustee, Rebecca Tinsley, has good relationships with major donors
- The trustee board is very committed
- Its reputation with funders such as Comic Relief and the National Lottery Community Fund is growing
- Many of the implementing partners' staff members have lived experience of the issues they are trying to address
- It has in-depth political and cultural knowledge about Rwanda, Uganda, Sierra Leone, Nigeria and Cameroon
- It supports its projects for the long-term
- It is committed to capacity building
- It has a good reputation with its donors, and has had some success with online methods of recruiting supporters and generating income (e.g. the Big Give).
- It is part of networks such as the Bond Mental Health and Psychosocial Disability Subgroup Steering Group
- It can draw on a large network of freelancers and others for specific support such as local supervision for implementing partners, grant applications etc.

N4A's weaknesses include:

- It needs to better utilise its mailing list and contacts to generate funding and support
- It has a limited number of high value donors
- It has reserves of six months operating costs, but the funding climate is precarious and this limits its ability to plan for, and invest in, long term growth
- More case studies and success stories are needed, and the time to dedicate to making the most of these; however, there is a wealth of positive stories to document, given more resources to do so
- Its information management systems could be improved
- The UK staff team is often over-stretched, which can limit its ability to work strategically
- It has limited fundraising capacity, and managing statutory grants is very time consuming
- The implementing partners can be over-reliant on us and need support to develop their advocacy and research skills in order to ensure that they, and their projects, are sustainable
- There is negligible N4A brand awareness, with limited capacity for a coordinated communications strategy
- Funders can change priorities, which may cause funding issues for N4A
- Low social media following and number of new visitors to the website
- No qualified mental health personnel on the team

N4A's opportunities include:

- It could build its profile
- It has a unique narrative
- It could raise the profile of its implementing partners to attract funding
- It could use freelance support to explore areas in which it has had some previous success e.g. high value fundraising, new media and digital fundraising in order to raise both funds and its profile
- It can offer motivating experiences to potential donors, with in-country visits, which could also be a lucrative fundraising tool
- The Sustainable Development Goals (SGDs) specifically refer to mental health
- Its areas of focus are on the current political and policy agenda e.g.
    - FCDO's interest in mental health

    - WHO's Covid-19 and post-Covid-19 emphasis on mental health
- There is a need for its work
- It can demonstrate its disproportionately large impact, given its low overheads and modest resources
- It could have an excellent bank of stories/case studies

Threats to N4A include:

- There is a temptation to lose focus, out of a desire to meet the wider/emerging needs of participants, whereas being more focused (and working with implementing partners/other NGOs) will keep us on-mission and ensure the greatest possible impact on participants
- Cash-flow is sometimes tight, which is mitigated by careful budget setting and phasing
- Potential staff burnout, which could be addressed by further streamlining of roles, and utilising external freelance support where necessary
- It seems that larger and institutional donors are keener to fund larger organisations that can scale up their work and/or work in multiple countries and contexts at once
- Potential donor fatigue - but this could be addressed by better gathering and dissemination of testimonies and success stories, and providing new and interesting information more regularly
- The Sustainable Development Goals (SDGs) have a very broad remit which offers fewer funding opportunities for N4A
- Funded projects could stray from their original objectives, but MOUs and rigorous reporting requirements, coupled with regular project visits, mitigate this
- We are on occasion faced with unforeseen costs
- The UK government's former Department for International Development (DFID) has been merged with the Foreign and Commonwealth Office (FCO) to form the Foreign, Commonwealth and Development Office FCDO, and subsequently the UK government has dropped its commitment to spend 0.7% of GDP on overseas development assistance, and has dramatically cut UK Aid
- The ongoing Covid-19 pandemic means that some donors' budgets are more stretched, at the same time as demand for mental health services from the poorest are increasing due to pandemic-related restrictions and economic and social impacts, which reduces the amounts they are able to award in grants
- There is a risk that donors may wrongly conclude that the Rwandan genocide, the LRA activity in Uganda, and the Sierra Leonean civil war and Ebola epidemic were long ago, and that the problems related to those events have faded. This requires Network for Africa to keep explaining the long-term impact of conflict
- There is a risk we will be unable to build a brand profile through media exposure for fear of endangering individual participants whose success stories we would like to tell. We will have to balance the need for anonymity with the requirement that we feed the media stories that illustrate current issues in an accessible and human manner, or bring a fresh, personal angle to perennial aid issues
- Weaknesses of implementing partners in certain areas e.g. lack of experienced staff members to manage grants effectively
- Challenge of always keeping abreast of what other organisations and stakeholders are doing in the fields of mental health and psychosocial support, especially in Uganda and Sierra Leone where information networks are often quite informal still

We will maximise our strengths and opportunities by compiling case histories and testimonies so that we can build our profile; capitalise on the fact that the issues we work on are very topical; build on our growing reputation with statutory funders; do more to build our implementing partners' capacity and help them and their projects become sustainable; put more resources into our fundraising and communications.

We will minimise our weaknesses and threats by focusing on our strategic priorities; using more freelance support for communications so that we can increase our presence online, in the media and to our supporters; using more outside help with fundraising so that we can apply to more statutory funders, secure more high value and committed donors; securing more help with our finances to support our grant management; using our membership of BOND to greater effect so that we can network with other organisations and share ideas and strategies for monitoring and evaluating our projects and strengthening our implementing partners' advocacy.

Appendix 5 Budget

Budget for 3-Year Strategic Plan				
	2021	**2022**	**2023**	**3-Year Totals**
Project budgets	**£**	**£**	**£**	**£**
Rwanda				
Peer support counselling	35,000	36,750	38,588	110,338
Livelihoods	26,475	19,049	20,001	65,525
Childcare	8,700	9,135	9,592	27,427
Project management, monitoring & evaluation	12,353	12,971	13,619	38,943
Total	**£82,528**	**£77,905**	**£81,800**	**£242,233**
Sierra Leone				
Mental health services	23,829	16,876	17,085	57,790
Livelihoods programme	21,977	40,193	30,749	92,919
Support 10 more SHGs with livelihoods	-	-	11,655	11,655
Replicate mental health programme in 3 new areas	-	-	26,000	26,000
Pilot programme for youth mental health	-	-	24,860	24,860
Project management, monitoring & evaluation	30,849	32,392	34,011	97,252
Total	**£76,655**	**£89,461**	**£144,360**	**£310,476**
Uganda				
Mental health clinics and livelihoods programme	96,400	101,220	106,281	303,901
Livelihoods for 10 more SHGs	7,412	10,500	11,025	28,937
Supervision for counselling team	2,500	5,250	5,513	13,263
Psychiatric Nurse	-	4,840	5,082	9,922
Taking mental health clinics to one more sub-county	-	26,407	-	26,407
Taking mental health clinics to two more sub-counties	-	-	55,455	55,455
Project management, monitoring & evaluation	37,763	39,652	41,634	119,049
Total	**£136,075**	**£179,469**	**£216,170**	**£531,714**
Total of Direct Project Costs	**£295,259**	**£346,834**	**£442,331**	**£1,084,424**
N4A's overheads	£29,346	£30,813	£32,354	£92,513
N4A's staffing costs - governance, fundraising, accounts, HR, website & social media, research	£58,566	£61,494	£64,569	£184,629
Grand Total	**£383,171**	**£439,141**	**£539,254**	**£1,361,566**

Appendix 6 Activity chart

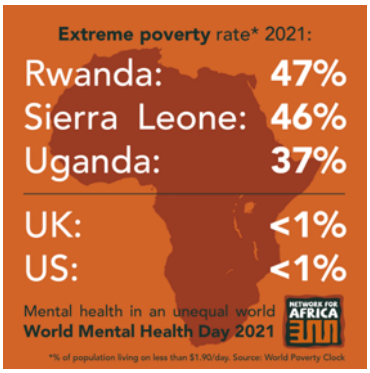
Network for Africa's Strategic Plan 2021-2023
Activity Chart

Strategic Area	Action	Organisation/Country	2021	2022	2023
Programmes	250 participants a year are enrolled on to the peer counselling programme	SURF Rwanda			
Programmes	Provide childcare for the peer counselling groups	SURF Rwanda			
Programmes	Provide training and livelihoods support for the peer counselling participants	SURF Rwanda			
Programmes	Continue the Port Loko mental health programme, developing the work based on an assessment of current mental health provision.	Conforti Sierra Leone			
Programmes	Develop a programme for maternal mental health	Conforti Sierra Leone			
Programmes	Expand the number of self-help groups in Port Loko to 15	Conforti Sierra Leone			
Programmes	Start a maternal mental health programme	Conforti Sierra Leone			
Programmes	Replicate the mental health programme in three new areas in Port Loko district	Conforti Sierra Leone			
Programmes	Increase the number of self-help groups for amputees	Conforti Sierra Leone			
Programmes	Develop an advocacy strategy to lobby for state provision of mental health medication	N4A UK/Conforti Sierra Leone			
Programmes	Continue running mental health clinics	BNUU Uganda			
Programmes	Roll out the livelihoods programme	BNUU Uganda			
Programmes	Explore possibility of providing group counselling for caregivers	N4A UK/Uganda			
Programmes	Complete project proposal for a new project in Palorinya, a refugee settlement in Moyo District.	N4A UK			
Programmes	Provide supervision to the BNUU team	N4A UK/Lynda Nakalawa Uganda			
Programmes	Employ a psychiatric nurse	BNUU Uganda			
Programmes	Complete a Learning Study to demonstrate the positive impact of livelihoods/poverty reduction on the long-term health of people with mental illness/epilepsy	N4A UK			
Programmes	Replicate the mental health clinics in two more sub-counties in Agago District	BNUU Uganda			
Programmes	Lobby the District Health Department to pay the salary of the psychiatric nurse	BNUU Uganda			
Programmes	Develop a project focusing on children with epilepsy	BNUU Uganda/N4A UK			

Strategic Area	Action	Organisation/Country	2021	2022	2023
Programmes	Publicise the findings of the Learning Study	N4A UK			
Programmes	Develop a sustainable model for BNUU's work to continue and start to be self-sustaining	BNUU Uganda/N4A UK			
Programmes	Explore the possibility of piloting community mental health projects in Cameroon, Nigeria and refugee settlements in northern Uganda, using existing models with necessary adaptations	N4A UK			
Programmes	Work with our implementing partners to support them with fundraising and developing their mental health expertise and longer-term strategies	N4A UK/implementing partners			
Programmes	Carry out mental health needs assessments in the countries in which we work	N4A UK with implementing partners			
Programmes	Develop a network of experts in Rwanda, Sierra Leone and Uganda, who can offer training in all aspects of our work e.g. peer support counselling, trauma counselling, livelihoods, M&E and support in mental health, livelihoods counselling, supervision etc.	N4A UK/implementing partners			
Monitoring & Evaluation	Gather robust evidence to demonstrate the impact of the individual country programmes, including measuring the impact of livelihoods provision on poverty and mental health.	N4A UK with implementing partners			
Monitoring & Evaluation	Ensure that monitoring and evaluation plans for each programme are relevant and straightforward for our implementing partners to use. Use findings to adjust programmes accordingly.	N4A UK			
Fundraising	Draft a fundraising strategy to provide for adequate staffing and structure to effectively manage N4A's workload and programme delivery	N4A UK			
Fundraising	Raise the funds for livelihoods for 9 SHGs in Port Loko	N4A UK/Conforti Sierra Leone			
Fundraising	Raise the funds to support 6 more SHGs in Port Loko district with livelihoods	N4A UK/Conforti Sierra Leone			
Fundraising	Raise the funds to run a pilot project working with youth mental health in Port Loko district. Document the need and impact.	N4A UK/Conforti Sierra Leone			
Fundraising	Secure funding to provide 10 more SHGS in Uganda with livelihoods	N4A UK/BNUU Uganda			

Strategic Area	Action	Organisation/Country	2021	2022	2023
Fundraising	Secure extension funding for the livelihoods and mental health programme based on the findings of the Learning Study	N4A UK/BNUU Uganda			
Fundraising	Continue to pursue opportunities for unrestricted funding	N4A UK			
Fundraising	Develop other fundraising opportunities and leads e.g. consortium funding, corporate partnerships	N4A UK			
Strategy	Continue to develop new project proposals in readiness for meeting funding opportunities both in the UK and in-country	N4A UK			
Strategy	Refine N4A's mental health strategy and refine the mental health models for each operational area, having a clear understanding of what works best in each context and why.	N4A UK			
Strategy	Continue to develop strategic partnerships with other NGOs e.g. Health Poverty Action, to enable consortium funding bids, shared learning and increased support in-country	N4A UK			
Strategy	Carry out an organisational theory of change	N4A UK			
Safeguarding	Keep safeguarding and other related policies up to date. Maintain regular dialogue on safeguarding with implementing partners and share and adapt training materials with them.	N4A UK			
Communications	Continue to develop N4A's online profile	N4A UK			
Communications	Support implementing partners to develop their online profile	N4A UK with implementing partners			
Governance	Diversify trustee membership	N4A UK			
Networking	Develop N4A's voce and profile in the mental health NGO community so that its reputation for delivering community mental health programmes continues to grow	N4A UK			
Networking	Continue to nurture relationships with funders that have supported N4A's projects and work	N4A UK			

Appendix 7 Comparative mental health facts and figures



Appendix 8 **Theory of Change**