



Network for Africa

Strategic Plan



Counselling session, Uganda. Photo credit: Simone Fior

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www.network4africa.org

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Executive Summary



Community education session in Sierra Leone. Photo credit: Conforti Port Loko

Network for Africa is a UK-based charity, founded in 2007, that works with communities in post-conflict recovery in sub-Saharan Africa, supporting people recovering from trauma and other mental health issues to rebuild their lives through community mental health programmes and livelihoods support. We have always worked in partnership with local organisations in post-conflict communities, supporting them in their work, including the provision of mental health services, first in Rwanda, then in Northern Uganda followed by Sierra Leone, and now also Burundi. These organisations are all led and staffed by people who themselves have direct lived experience of the conflicts/genocides and associated traumatic experiences that their clients have lived through, and shape the contexts they work in. We establish long-term, trusted partnerships, supporting our partners to grow, professionalise, and develop their skills while implementing sustainable community mental health programmes in their respective contexts.

The 2025-27 Strategic Plan

Network for Africa's 2025 – 2027 Strategic Plan follows on from its previous 2021 – 2023 Plan (extended to 2024). It has been based upon consultation with our staff and board of trustees (summarised in Appendix 1); consultation with our partners in the countries where we work (summarised in Appendix 2); analysis of the opportunities and risks facing Network for Africa (summarised in Appendix 3); research into the political, economic, social and mental health situation and trajectory in each of the countries where we work; and analysis of the current international development and non-profit fundraising environments. Given the uncertain immediate future of international development, we have decided that a 3-year strategic plan is more realistic than a 5-year strategic plan.

Objectives of the Plan

1. Investigate new models and ways of working to try to ensure Network for Africa's and its partners' sustainability.
2. Continue building the capacity of Network for Africa's partners, especially important in the face of an uncertain future.
3. Continue to fundraise in order to enable Network for Africa's partners to continue their work and scale it up.

Resourcing the Strategic Plan

The total cost of implementing the strategic plan will be £1,518,382 over 3 years. Network for Africa will draw on fundraising and communications support as necessary.

Implementing the Strategic Plan

The trustees and CEO will have ultimate responsibility for monitoring and overseeing the implementation of the strategic plan. However, the shifting landscape in international development, and the current discourse about decolonisation in the sector, means that there is little certainty for UK-based NGOs at the time of writing. The most immediate impact is felt from a fundraising perspective with funding being directed in-country. The short-term impact of this is felt not just by UK NGOs but also their partners, because there is no funding to bridge the gap between UK funding ending and new in-country opportunities opening. With these uncertainties in mind, we will regularly monitor implementation of the plan, and report on progress/barriers to implementation at quarterly trustees' meetings.

With regard to the decolonisation movement, Network for Africa welcomes the long-overdue recognition that the comparatively wealthy world should not impose its development models on the global south through humanitarian aid. For too long, the global north has been insensitive to the capacity of local communities to analyse the issues affecting their lives and to come up with solutions. From our beginning, we have acknowledged and respected the resilience and resourcefulness of the people with whom we work. As a small charity, we quickly learned to adapt to the particular circumstances of our local partners and the needs expressed by them. We will strive to continue listening and learning how we can best support the efforts of our partners.

1. Introduction



Self-help group members selling produce in the market, Uganda. Photo credit: Simone Fior

1.1. Mission

Network for Africa's **mission** is to support survivors of conflict or genocide and their families, in communities in sub-Saharan Africa who have been left behind after the fighting stops, and the humanitarian aid moves on, to recover from trauma and rebuild their lives. We respond to what these communities tell us they need, and equip community leaders with the skills to identify those most in need, so we can offer appropriate and sustainable support. We form long-term partnerships with local NGOs, working with them to provide mental health support so survivors can tackle the deep-rooted psychological consequences that often block their recovery, and livelihoods to enable them to break the cycle of mental illness and poverty over the long-term.

1.2. Vision

Network for Africa's **vision** is for survivors of conflict or genocide and their families in sub-Saharan Africa to have access to the mental health care and livelihoods support they need in order to rebuild their lives.

1.3. What Network for Africa does

Network for Africa places long term post-conflict recovery at the centre of everything it does. Identifying local grassroots NGOs, we work with them to address the psychological, social and health problems created by conflict so that their communities can recover, rebuild and thrive. Focusing on mental health, we work with our partners, building their capacity to deliver community mental health programmes to address a wide range of issues e.g. trauma, PTSD, anxiety, depression, epilepsy etc. After participants' mental health has stabilised, we equip our partners to focus on longer-term sustainable change by providing livelihood support. This is based on what our partners and programme participants have said, as well as our own experience, about breaking the cycle of mental illness and poverty – reducing the risk of relapse and leading to longer term positive mental health.

1.4. How Network for Africa works

Network for Africa identifies effective and respected local organisations that are rooted in their communities and are responding to legitimate community needs. We listen to their analysis of what should be done to improve their situation, forming long-term partnerships beyond the project cycle and working on an equal basis with them to meet the needs of their communities. We share our knowledge and experience of mental health programmes and livelihoods, and our partners provide their local knowledge and insight to ensure any interventions are adapted to the local context and community, and are culturally appropriate. We also provide expertise, training and funds where requested, to build long-term capacity. We support local needs assessments and consultations with potential participants in the form of surveys and in-depth interviews. We prefer to partner with emerging organisations and programmes, supporting them with their growth and development, and investing in their future for the long-term. We support our partners to engage local leaders, decision-makers and stakeholders to ensure that they are appropriately equipped to fulfil their responsibilities towards conflict affected communities. Together with our partners, we set realistic goals, budgets and objectives, monitoring these carefully.

1.5. Relationships with partners

Network for Africa works closely with its partners, offering advice, technical support and capacity building where asked for and required. Our partners manage their own governance and staffing structures, and have key policies in place. They set their own strategies and we support them in applying for other sources of funding to secure necessary income so that we are not their sole funder. We commit to working with partners for the long-term as our experience has shown that developing a strong relationship and providing committed support encourages organisational growth and sustainability and better outcomes.

1.6. Feedback from partners

"I think with Network for Africa now, we are not seeing them as donor and fund relationship, but we are seeing them as a partner. I think that is very important for us to continue this partnership [going forward], especially addressing issues that are coming up and are neglected, such as mental health issues among youth and other vulnerable populations. So, I would like to see us continuing".

Quote from Network for Africa project partner interview, October 2024

In 2024, Network for Africa commissioned independent interviews with each of its partners, seeking their feedback on the partnerships they have had with us to date, and what their needs from the partnerships will be in the future. Their responses cover the growth, professionalisation, and development of skills and quality programmes that have been possible with our support. These include mental health training, clinical support for frontline counsellors, safeguarding, fundraising, monitoring and evaluation and reporting which the partners listed as the most valued areas of our support. All expressed the value they feel that partnering with Network for Africa has brought them, in terms of security, sustainability, and the ability to consolidate and move towards organisational sustainability. They acknowledge the need to take on more of the responsibility for fundraising and Network for Africa's support with this. A summary of our partners' feedback is in Appendix 2.

1.7. Structure

Network for Africa is based in the UK, but also has 501(c)(3) status in the USA. We have a UK board and a US board. We have three staff members in the UK (two full-time and one part-time). We utilise some freelance support with finances and fundraising.

2. Partners

Network for Africa establishes long-term, trusted partnerships with carefully identified small, grassroots organisations that are embedded in their communities in sub-Saharan Africa which are supporting survivors of conflict and genocide. These organisations are all led and staffed by people who themselves have direct lived experience of the conflicts/genocides and associated traumatic experiences that their clients have lived through, and shape the contexts they work in. This means they are uniquely placed to provide tailored, contextually-responsive mental health support to the people in their communities. Often these organisations have begun with a group of local volunteers who are deeply committed to their communities, but need training and technical support to enable them to formalise their structure and become registered NGOs. In the case of most of our partners, we have undertaken fundraising on their behalf on the understanding that they are implementing the work on the ground, and we are providing them with the necessary support, including funding, to enable this to happen.

2.1. Burundi



View from the hills above Bujumbura. Photo credit: Tom Doughty

In 2023, wanting to take its work to a new country, and recognising the need for mental health/trauma support in Burundi, Network for Africa approached **Avodes** (Action des Volontaires pour le Développement Social / Volunteer Action for Social Development), a Bujumbura-based network of committed volunteers who are working in their local communities to identify trauma survivors and provide them with counselling. Their counsellors are trusted in their communities, as many fear reprisals if they come forward for help, or divulge the circumstances of their abuse. We felt that where it could help best, and where we usually start with new partnerships, was to offer trauma counselling training to 20 carefully selected community members. The idea was to bring together a cross section of participants, offer them a week's full-time training in trauma counselling, so that they can go back to their communities with enhanced trauma counselling skills. Following a successful pilot training programme in June 2024, we will, subject to available funding, offer two more training programmes in 2025. One will be for a new cohort of 20 community members, and the other will be for the 2024 cohort, to bring their trauma counselling skills to the next level and offer continuing professional development.

2.2. Rwanda



Older and younger people's peer support counselling groups in Rwanda. Photo credit: Tom Doughty

[Survivors Fund \(SURF\) Rwanda](#) works with local survivor organisations to deliver programmes to foster the rehabilitation and reintegration of survivors of the genocide against the Tutsi and related vulnerable persons. Network for Africa formed its partnership with SURF in Rwanda in 2017, providing trauma counselling training to SURF's team of counsellors, which led to the start of its peer counselling programme for young genocide survivors. This partnership began in response to a request to offer mental health support to young genocide survivors who had participated in a DFID funded entrepreneurship programme, but whose trauma had impeded their learning. SURF recruits 300 young people onto this programme each year, who form themselves into 12 counselling groups, moderated by two peer support counsellors selected by the group members. These groups meet every two weeks over the course of a year and learn techniques to manage their trauma, anxiety and depression, and often for the first time, build valuable support networks. In 2024 for the first time a group was formed of older genocide survivors, some very elderly. There had been demand from elderly relatives of the younger group members for quite some time, and so the decision was made to run a pilot group. The impact has been hugely positive not just for the older group members, but inter-generationally with younger people supporting the elders with practical tasks, and the elders gaining a better understanding of the issues facing the younger people.

Because poverty is cited as one of the main obstacles to the young genocide survivors' long-term mental-health, the peer counselling programme now includes an entrepreneurship training component, which has been designed to build the confidence in, and knowledge of, income-generating activities. The training takes place once a week over two months and covers topics such as support groups, savings, writing business proposals, how to work with financial institutions, market analysis, customer care, competition and marketing. After the training, the participants, with support from SURF's Income Generating Officer, write their business plans which they then use to apply for microloans.

We have provided the support for SURF to be able to run a successful peer counselling programme continuously since 2017. So far, this programme has supported 5,707 direct programme participants in Rwanda. This figure does not include indirect beneficiaries e.g. family members. We are greatly

encouraged by the fact that a new peer counselling group of older genocide survivors has started. They were inspired to come together from seeing the impact of the youth peer support groups. This is improving intergenerational recovery, and the older people feel part of a community and supported. It is also encouraging that so many of the members of the youth counselling groups have reached a point in their recovery where they feel able to work or start a business, receive an education and take part in volunteer activities in their communities.

2.3. Sierra Leone



Conforti team and health workers at a mental health clinic, Sierra Leone. Photo credit: Tom Doughty

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 community members including their mental health and psychosocial needs. We are working with its Port Loko team to support the implementation of a mental health and livelihoods programme. Conforti has been our partner in Sierra Leone since 2018 when we were awarded a grant from Comic Relief to provide community mental health services there.

Since 2019, Conforti has been focusing its work in Port Loko district which has no mental health services, and is also home to three ‘amputee camps’ housing civil war survivors and their families, who receive no state support and typically depend on travelling to Freetown to beg to support their families. Its mental health work comprises awareness-raising in the community of mental illness; carrying out advocacy work and training with local duty-bearers; running monthly mental health clinics (with associated counselling and home visits); holding epilepsy clinics and providing medication to people who otherwise wouldn’t have access to medication; participating in maternal mental health clinics by providing information and awareness raising on maternal and child mental health, as well as identifying women and families who need mental health support; and awareness raising in schools. Recognising the causal link between poverty and mental ill health, Conforti supports participants to set up self-help groups comprising some 20 people in each, providing extensive training in preparation for starting livelihoods. This training includes bookkeeping, marketing, forming Village Savings and Loans Associations so that they can start group savings. They

then choose their livelihoods and are provided with the required start-up items, after which they receive ongoing advice and support.

We have supported Conforti to work with 27,211 direct programme participants in Sierra Leone. This figure does not include indirect beneficiaries e.g. family members. Thanks to this long-term support in Sierra Leone, war survivor amputees are no longer relying on begging to feed themselves and their families, almost all the children receiving epilepsy treatment have returned to school, and women are now seeking support for perinatal mental health, many with the support of their partners for the first time.

2.4. Uganda



Self-help group in Uganda. Photo credit: Simone Fior

[BNUU](#) is a Ugandan NGO that provides access to community mental health services in Agago District, northern Uganda. BNUU has been Network for Africa's partner in northern Uganda since 2017 when we were awarded a grant from Comic Relief to provide community mental health services in Agago District. BNUU provides support to people with mental illness/epilepsy and their caregivers through awareness raising, monthly mental health clinics, training health workers, supporting the formation of self-help groups comprising people with mental illness and their caregivers so they can start savings, including a dedicated emergency fund for mental health medication; and advocacy training for self-help group members so they can lobby local leaders for better mental health services. More recently following a grant from Grand Challenges Canada, BNUU expanded its mental health support to 30 schools in Agago District, offering both support to school children and training teachers to recognise the signs and symptoms of mental illness. This work has also provided valuable insight into the prevalence of HIV in children and the gap in treatment adherence. Part of the reason is stigma, but it will require further research and possibly tailored counselling support.

In 2019, after project participants told both BNUU and Network for Africa that now that their mental health was better they needed support to escape poverty, we secured funding from the National Lottery Community Fund for BNUU to provide livelihoods support to enable self-help group members to earn a living from income generating projects to lift them out of poverty, provide them with enough income to pay for medication, and reintegrate into their communities. Livelihoods has now become an integral part of the recovery journey from mental illness, and a key part of our support.

Network for Africa has supported BNUU to work with 33,589 programme participants in Agago District. This does not include indirect beneficiaries e.g. family members. Thanks to this long-term support BNUU's reputation for providing mental health services has brought mental health treatment to thousands of people who otherwise would have had none. Its community awareness raising has vastly reduced stigma; its livelihoods programme has enabled participants to save enough money to have a dedicated medication savings fund, which it can use when medication stocks are in short supply; it has taken its services into schools; and it is forming partnerships with other organisations to provide mental health services.

3. External environments



Peer support group meeting, Rwanda. Photo credit: SURF

3.1. Network for Africa

Background – Network for Africa was founded in 2007. It has always worked in partnership with local organisations in post-conflict communities, supporting them in their work, including the provision of mental health services, first in Rwanda, then in Northern Uganda followed by Sierra Leone. We have recently started a new partnership with a voluntary group in Burundi. These partnerships have been formed on the understanding that Network for Africa makes a long-term commitment, rather than on a fixed term grant basis. This is because our experience of working with small, community-based organisations demonstrates that a long-term view is needed, if there is going to be any semblance of sustainability to the work.

Current climate – The international development community is currently undergoing a great change as it grapples with the legacy of colonialism and its own role within that troubling context. There are many different discussions being had, views being expressed, papers being written, restructuring models being prepared and funding decisions being implemented under the umbrella of 'decolonisation', as the community tries to adapt to an uncertain future. Funders and INGOs alike are trying to navigate a path through this changing landscape, with little certainty as to what international development will look like in a few years' time. What is clear is that the needs, experiences and ways of working of international development NGOs are so disparate, that one framework for all is not going to work. Some funders have been quick to switch to direct in-country funding, yet a lot of small local NGOs are not ready, don't have the capacity or are not big enough to

apply for their own grants. This puts their existence under threat because there will be no funding available for UK development NGOs to provide any interim funding for their existing partners. There doesn't appear to be a tailored approach from funders, with some uncertain as to the best course of action to take, and pausing their funding while they revise their strategies. At times there appears to be little adaptation to local contexts or consultation with UK grantees as to how to understand, and/or soften the impact on/for, local NGOs.

With regard to the decolonisation movement, Network for Africa welcomes the long-overdue recognition that the comparatively wealthy world should not impose its development models on the global south through humanitarian aid. For too long, the global north has been insensitive to the capacity of local communities to analyse the issues affecting their lives and to come up with solutions. From its beginning, Network for Africa has acknowledged and respected the resilience and resourcefulness of the people with whom it works. As a small charity, it quickly learned to adapt to the particular circumstances of its local partners and the needs expressed by them. We will strive to continue listening and learning how we can best support the efforts of our partners.

Network for Africa recognises that many 'models' for addressing mental health issues in the countries where its partners work are themselves colonial legacies, imposed by Europeans upon countries during the colonial period. The global north cannot and should not impose its own models, but support locally developed ones – the global north, and organisations like Network for Africa, do not have all the answers. We also acknowledge that poverty and inequality in sub-Saharan Africa do not exist in a vacuum – there are structural and systemic factors involved at national and international levels, including but not limited to corruption, tax evasion, inflation, and resource extraction. Poverty cannot be 'fixed' by providing livelihoods support alone, but our experience has taught us that alleviating poverty supports longer-term mental health recovery. Finally, we recognise that richer countries such as the UK and US continue to contribute disproportionately per capita to climate change, while poorer countries who have barely contributed are bearing the brunt of its effects, yet don't have adequate funds to mitigate this.

We are committed to continue placing our partners in the lead, and playing a supportive rather than directive role. We pledge to remain mindful of the terminology we use to communicate the issues we work on, such as mental health and poverty (for example, we don't use the developed/developing world dichotomy, with its implication that the global north has all the answers and the global south must simply follow). Finally, we are dedicated to trying to ensure the voices of small, grassroots NGOs, like those of our partners, are heard – otherwise their views risk being left out of the often INGO-led decolonisation discussion.

The way forward – Given the uncertain immediate future of international development, Network for Africa has decided that developing a 5-year strategic plan without trying to situate it and build in some of the current uncertainty makes little sense and could result in a strategy that is quickly made redundant by external changing factors. Given this uncertainty, we have decided to develop a 3-year plan, which will:

- a. Focus on investigating new models and ways of working to try to ensure Network for Africa's and its partners' sustainability.
- b. Continue building the capacity of Network for Africa's partners, especially important in the face of an uncertain future.
- c. Continue to fundraise in order to enable Network for Africa's partners to continue their work and scale it up.

3.2. Burundi

Population: 13.5 million

GDP per capita: \$200

Human Development Index rank: 187/193

Average inflation rate 2023: 27.1%

Background – Burundi has experienced ongoing political instability and ethnic tension between the Hutu majority and Tutsi minority. A failed coup attempt in 1965 led to the establishment of a Tutsi-led dictatorship, whose crackdown on a Hutu rebellion in 1972 led to the deaths of around 200,000 people.¹ Burundi's first democratically elected president was assassinated by military officers in 1993 after 100 days in office, sparking a civil war. His successor then died alongside Rwanda's president when their plane was shot down in 1994, triggering the Rwandan genocide against the Tutsi and deepening the ethnic conflict into a civil war in Burundi. An estimated 300,000 people were killed and 1.2 million displaced during the 1993-2005 Burundian civil war².

Following the Arusha peace agreement, Pierre Nkurunziza was elected president in 2005 and led a power-sharing system that included both Tutsis and Hutus. He won a second term in 2010 in elections boycotted by the opposition, and an unconstitutional third term in 2015 which led to mass protests. These were met with a violent crackdown on civilians, a failed coup attempt, mass human rights abuses, and displacement of an estimated 400,000 people, as well as the forced closure of NGOs and private media organisations. Burundi closed its border with Rwanda from 2015-2022 over accusations of alleged Rwandan support for rebel movements in the neighbouring Democratic Republic of the Congo who were targeting Burundi. On Nkurunziza's death in 2020, he was succeeded by former army general Évariste Ndayishimiye.

Political situation – While Ndayishimiye has lifted some restrictions on the media and NGOs, Freedom House still classifies Burundi as 'not free'.³ The ruling party's youth league – the Imbonerakure – of around 50,000 members are known to commit abuses against opponents, and are effectively the ruling party's security force.⁴ There are reports of arbitrary arrests, torture in detention, beatings, killing, sexual violence and enforced disappearances at the hands of the authorities.⁵ The government uses violent and inflammatory rhetoric against LGBT+ people and single mothers, among others, which has led to crackdowns on those working with marginalised groups⁶. The Rwanda border was closed again in January 2024 by the Burundian government due to escalating tensions over Rwanda's alleged support for DRC-based rebel groups.

Economic situation – Burundi is one of the world's poorest countries, ranking 187 out of 193 on UNDP's Human Development Index⁷. The government's National Development Plan (NDP) includes the aim to become an 'emerging country' in 2040 and 'developed country' in 2060⁸. However, 90% of the population depends on subsistence agriculture, and 75.1% of the population is in multidimensional poverty⁹. Burundi has faced a severe nationwide fuel shortage since August 2021, characterised by days-long queues of vehicles at fuel stations, scarcity of public transport, significant increases in food prices, smuggling of fuel over the border from DRC, and daily power outages¹⁰. Burundi's inflation rate averaged 27.1% in 2023. The EU had imposed economic sanctions in response to the 2015/16 unrest, but lifted these in 2022.

With high population density and dependence on subsistence agriculture, Burundi is among the 20 countries most vulnerable to climate change¹¹. Extreme rains in early 2024 displaced an estimated 200,000 people especially those living close to Lake Tanganyika. As well as landslides and flooding, Burundi also suffers from droughts and soil degradation.

¹ CIA World Factbook: Burundi 2024. <https://www.cia.gov/the-world-factbook/countries/burundi/>

² The New Humanitarian 2021. <https://www.thenewhumanitarian.org/2021/09/14/reporter-s-diary-finding-forgiveness-burundi-s-mass-graves>

³ Freedom in the World – Uganda 2024: <https://freedomhouse.org/country/burundi>

⁴ Human Rights Watch: Burundi 2023. <https://www.hrw.org/world-report/2024/country-chapters/burundi>

⁵ Amnesty International USA: Burundi 2022. <https://www.amnestyusa.org/countries/burundi/>

⁶ Amnesty International 2024. <https://www.amnesty.org/en/documents/afr16/8292/2024/en/>

⁷ UNDP: Human Development Index 2024. <https://hdr.undp.org/data-center/country-insights#/ranks>

⁸ World Bank: Burundi 2024. <https://www.worldbank.org/en/country/burundi/overview>

⁹ Multidimensional poverty is defined as being deprived in a range of health, education and living standards indicators. Source - Our World in Data: Global Multidimensional Poverty Index (MPI) 2023. <https://ourworldindata.org/grapher/share-vs-intensity-of-multidimensional-poverty>

¹⁰ SOS Médias Burundi 2024. <https://www.sosmediasburundi.org/en/2024/05/31/burundi-authorities-struggle-to-supply-fuel-but-no-longer-want-vehicles-at-petrol-stations/>

¹¹ UN IOM Regional Office for East and Horn of Africa 2023. <https://eastandhornofafrica.iom.int/stories/burundis-climate-displaced-struggle-mental-health-challenges>

Mental health – A history of violence, as well as climactic shocks, has left a legacy of mental health issues. Meanwhile, weak government structures and capacity means there is little mental health support, and the few psychologists available lack proper supervision or training. Burundians continue to uncover unmarked mass graves from atrocities that have occurred in recent history, and enforced disappearances continue, making many reluctant to talk about what is behind the mental health challenges they face. There is little up to date data on mental health care in Burundi – the latest WHO mental health atlas data are from 2017, when the country had only 6.9 mental health workers per million people – including only 1 psychiatrist, 5 mental health nurses and 50 psychologists in the whole country¹². Climate change induced disaster events are currently causing great stress, yet while Burundi’s National Development Plan integrates climate change, it lacks reference to mental health support.

3.3. Rwanda

Population: 13.6 million

GDP per capita: \$1,000

Human Development Index rank: 161/193

Average inflation rate 2023: 19.79%

Background - The genocide against the Tutsi in Rwanda in 1994 left an estimated one million people dead, and destroyed much of the country’s meagre infrastructure, leaving survivors to start again with very little. Of those who survived, 97% witnessed the violence,¹³ and trauma has been a serious factor in holding people back in education and employment. Up to 90% of Tutsi women who survived the genocide experienced sexual violence.¹⁴

Political situation – Rwanda technically has a multi-party political system, but has been dominated by Paul Kagame’s Rwandan Patriotic Front since the 1994 genocide. President Kagame has been in power since 2000, and was re-elected in 2024 for a fourth 7-year term with over 99% of the vote. A 2015 constitutional amendment removing the two-term limit means Kagame could remain President until 2034¹⁵. Rwanda is ranked as ‘not free’ by Freedom House, and media censorship persists¹⁶. Rwanda has more elected female representatives (55% following the most recent election)¹⁷ than any other country. Rwanda scores well in gender equality legislation¹⁸, however violence against women and girls remains high.¹⁹

Economic situation - The Rwandan government aims for Rwanda to become a Middle-Income Country by 2035 and a High-Income Country by 2050.²⁰ However the multidimensional poverty rate is estimated to be 48.8%,²¹ and much higher in rural Rwanda than in Kigali, and the country ranks 161 out of 193 on the UN Human Development Index.²² 72% of the population depends on agriculture, which is highly vulnerable to the effects of the climate crisis, such as disrupted rainfall patterns as well as soil degradation.²³ Rwanda’s youth unemployment rate is 22%.²⁴

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) – it is estimated that 27.9% of genocide survivors suffer from PTSD (compared to 3.6% in the general

¹² WHO Mental Health Atlas: Burundi 2017. <https://www.who.int/publications/m/item/mental-health-atlas-2017-country-profile-burundi>

¹³ Institute for the Study of Genocide: <http://www.instituteforthestudyofgenocide.org/oldsite/newsletters/25/athanse.html>

¹⁴ The Conversation 2024: <https://theconversation.com/children-born-of-rape-the-devastating-legacy-of-sexual-violence-in-post-genocide-rwanda-225358>

¹⁵ Al Jazeera 2024: <https://www.aljazeera.com/news/2024/7/16/rwandas-kagame-on-track-for-fourth-presidential-term>

¹⁶ Freedom in the World – Rwanda 2024: <https://freedomhouse.org/country/rwanda>

¹⁷ Inter Parliamentary Union 2024: <https://data.ipu.org/parliament/RW/RW-LC01/election/RW-LC01-E20240715/>

¹⁸ World Bank 2024: <https://wbi.worldbank.org/content/dam/documents/wbi/2024/snapshots/Rwanda.pdf>

¹⁹ JHU Gender Equity Unit 2023: <https://genderhealthdata.org/wp-content/uploads/2024/03/Rwanda-Gender-Report-website.pdf>

²⁰ World Bank Rwanda Overview 2024: <https://www.worldbank.org/en/country/rwanda/overview>

²¹ Our World in Data: Global Multidimensional Poverty Index (MPI) 2023. <https://ourworldindata.org/grapher/share-vs-intensity-of-multidimensional-poverty>

²² UNDP: Human Development Index 2024. <https://hdr.undp.org/data-center/country-insights#/ranks>

²³ FAO 2024: <https://www.fao.org/rwanda/our-office-in-rwanda/rwanda-at-a-glance>

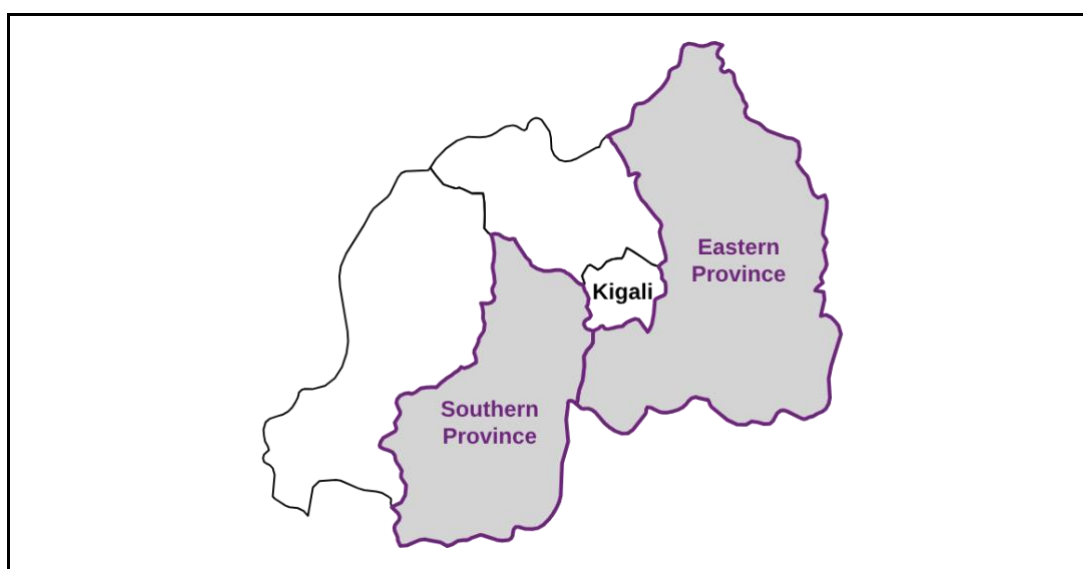
²⁴ Defined as people aged 15-24 seeking employment. Source: CIA World Factbook: Rwanda 2024. <https://www.cia.gov/the-world-factbook/countries/rwanda/#economy>

population).²⁵ While over half of Rwanda's population is aged below 30, and so born after the genocide, there is a growing body of research about the impact of inherited trauma among those born since the genocide – especially among children whose mothers were pregnant during the genocide itself²⁶, and those born of genocidal rape²⁷ – and on the societal/communal trauma that exists in Rwanda.²⁸

There are an estimated 20,000 people still in Rwandan prisons due to the role they played in the genocide, many of whom are due to be released in the next 4-5 years.²⁹ Meanwhile, the ongoing discovery of mass graves from the 1994 genocide (such as in Huye district in the Southern Province in April 2024), and their exhumation and reburial, continues to retraumatise nearby communities and relatives of the dead.³⁰

Though there has been improvement in the following figures over the past decade, mental health services in Rwanda remain under-resourced: in 2020 (the most recent year for which there are national level data) there were 39.8 mental health professionals per million population, including 1 psychiatrist, 15.1 mental health nurses and 21.4 psychologists per million, two psychiatric hospitals and 46 psychiatric units in general hospitals in the country³¹.

We work with our partners in several districts of Rwanda's Eastern and Southern Provinces.



Map showing location of Eastern and Southern Provinces within Rwanda

3.4. Sierra Leone

Population: 9.1 million

GDP per capita: \$433

Human Development Index rank: 184/193

Average inflation rate 2023: 47.6%

Background – Sierra Leone's 1991-2002 civil war resulted in 70,000 casualties, created 10,000 child soldiers, displaced over 2 million (almost half the country's population at the time), and left an

²⁵ BMC Public Health 2022: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-022-14165-x#Sec31>

²⁶ University of South Florida 2022: <https://www.usf.edu/news/2022/study-finds-rwandan-genocides-chemically-modified-the-dna-of-victims-and-victims-offspring.aspx>

²⁷ Transcultural Psychiatry 2022: <https://journals.sagepub.com/doi/10.1177/13634615221080231>

²⁸ US Holocaust Memorial Museum 2024: <https://www.ushmm.org/genocide-prevention/blog/thirty-years-after-genocide-a-new-generation-works-for-peace>

²⁹ SURF Strategic Plan 2024-28: <https://survivors-fund.org.uk/about/our-mission/>

³⁰ AP News 2024: <https://apnews.com/article/rwanda-genocide-mass-grave-c8e863d883609b01c783a80db6df6fd8>

³¹ WHO Mental Health Atlas: Rwanda 2020. <https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/rwa.pdf>

estimated 25,000 amputees at the hands of the Revolutionary United Front (RUF) rebel army. The war also contributed to an exodus of educated Sierra Leoneans, many of whom never returned, and left economic ruin.³² The 2014-16 Ebola epidemic, which infected almost 14,000 and killed 4,000 (including over 200 health workers), decimated the health system, economy and social structures, and increased poverty.³³ People lost businesses, possessions, food, homes and family breadwinners. Sierra Leone has pervasive poverty, very little mental healthcare provision and one of the world's weakest health systems in general.³⁴

Political situation - Sierra Leone has been a democracy since the end of its civil war in 2002, in which time it has had five presidential elections and two transitions of power. Julius Maada Bio won a second term in June 2023, though the election result was rejected by the opposition and led to concerns from domestic and international observers.³⁵ The main opposition party initially refused to take its seats in parliament until an Agreement for National Unity was signed in October 2023. In November 2023, 20 people were killed and almost 2,000 inmates released from prison during an attempted coup, which heightened political tensions. Freedom House rates Sierra Leone as “partly free”, noting that opposition political parties face police violence and restrictions on the right to assemble, but that progress has been made with media rights, and freedom of religion is protected and respected.³⁶ Corruption remains widespread, with Sierra Leone placing 141 out of 180 countries on Transparency International's 2020 Corruption Perceptions Index.

The Gender Equality and Women's Empowerment (GEWE) Act 2022 imposed a 30% gender quota for elections, and as of the 2023 election 30% of parliamentarians are now women. However, sexual and gender-based violence (SGBV) remains widespread in Sierra Leone. It's estimated that 62% of women aged 15-49 have experienced physical or sexual violence,³⁷ while 30% of girls are married before 18 years old – though a law prohibiting child marriage was introduced in July 2024.³⁸ While Sierra Leone's maternal mortality rate has reduced by 38% since 2019, it remains one of the world's highest at 717 per 100,000 live births³⁹.

Economic situation - Sierra Leone ranks 184 out of 189 countries in the 2024 Human Development Index (a fall of two places in five years).⁴⁰ The country's inflation rate averaged 47.6% across 2023 – the second highest in Africa after Sudan⁴¹. Almost 60% of the population face multidimensional poverty⁴², and 4.7 million people (57%) have inadequate food consumption⁴³. The country has high youth unemployment, which is one of the factors behind Sierra Leone's current drug abuse epidemic. The Government of Sierra Leone's Medium-term National Development Plan (MTNDP) 2024-2030 is focused on 'food security, human capital development and job creation'.⁴⁴ Network for Africa works in Port Loko district in northwest Sierra Leone, where 71% of people live in multidimensional poverty⁴⁵, and 81% depend on agriculture for their main source of income⁴⁶.

³² 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.researchgate.net/publication/344326293_A_Scoping_Study_on_Mental_Health_and_Psychosocial_Support_MHPSS_in_Sierra_Leone

³³ WHO, 2016, Ebola Situation Report: <https://apps.who.int/ebola/current-situation/ebola-situation-report-20-january-2016>

³⁴ PLOS ONE 2023: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10101380>

³⁵ CIA World Factbook - Sierra Leone 2024: <https://www.cia.gov/the-world-factbook/countries/sierra-leone/>

³⁶ Freedom House: Freedom in the World 2024: <https://freedomhouse.org/country/sierra-leone/freedom-world/2024>

³⁷ UNFPA Sierra Leone 2024: Gender-based violence. <https://sierraleone.unfpa.org/en/topics/gender-based-violence-11>

³⁸ Amnesty International 2024: <https://www.amnesty.org/en/latest/news/2024/07/sierra-leone-historic-bill-to-end-child-marriage-passed-sustained-efforts-to-raise-community-awareness-must-now-follow/>

³⁹ UNFPA Sierra Leone 2024: Maternal health. <https://sierraleone.unfpa.org/en/topics/maternal-health-10>

⁴⁰ Human Development Report Sierra Leone 2024: <https://hdr.undp.org/data-center/country-insights#/ranks>

⁴¹ World Bank Sierra Leone 2024: <https://www.worldbank.org/en/country/sierraleone/overview>

⁴² Our World in Data: Global Multidimensional Poverty Index (MPI) 2023: <https://ourworldindata.org/grapher/share-vs-intensity-of-multidimensional-poverty>

⁴³ World Food Programme Hunger Map 2024: Sierra Leone. <https://hungermap.wfp.org/>

⁴⁴ Government of Sierra Leone 2024: <https://mof.gov.sl/documents/medium-term-national-development-plan-2024-2030/>

⁴⁵ UNDP Sierra Leone 2019: https://www.undp.org/sites/g/files/zskgke326/files/2023-11/undp_sl_multidimensional_poverty_index_2023.pdf

⁴⁶ OCHA Sierra Leone 2015: <https://www.unocha.org/publications/report/sierra-leone/sierra-leone-port-loko-district-profile-29-december-2015>



Map showing location of Port Loko district within Sierra Leone

Mental health - The legacy of war has increased mental illness, while Ebola added stigma, trauma and poverty to existing stresses. Yet mental healthcare provision is very scarce - 98% of people with mental illness in Sierra Leone do not receive mental health treatment. Sierra Leone has only 0.35 mental health workers per million people⁴⁷, including just one practicing psychiatrist and 24 mental health nurses (several of whom have since moved into other fields), and one government psychiatric hospital in Freetown (where until 2018 patients were kept in chains). Health workers have little or no mental health training. A lack of treatment options has led some to self-medicate with alcohol, and since 2021 increasingly with drugs – most notably kush. Kush is a synthetic, cannabinoid-like substance mixed with formalin, acetone, and in some cases human bones. There has been an estimated 4,000% increase in people presenting with drug addiction since 2020 at the country's only psychiatric hospital, where a majority of inpatients now have kush-related problems⁴⁸. This has been directly linked to the country's traumatic experiences as well as poverty, and is particularly prevalent among unemployed youth⁴⁹. Sierra Leone's Medium-Term National Development Plan 2024-2030 references mental health in relation to youth unemployment, committing to providing resources to implement mental health services – though it remains to be seen whether and how this will happen in practice (there is currently no Ministry of Health and Sanitation budget line for mental health).

Port Loko district, where Network for Africa works, suffered the highest number of Ebola infections, the highest percentage of deaths, and the highest number of Ebola orphans of any district during the epidemic, but has just one Mental Health Nurse for the district population of over 650,000 people. 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).⁵⁰ 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. 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.⁵¹ Sierra Leone's vice president launched a presidential mental health 'taskforce' in 2023⁵², but there has been little update since on its mandate or progress – and it consists of politicians rather than professionals or civil servants.

⁴⁷ WHO Mental Health Atlas: Sierra Leone 2020: <https://www.who.int/publications/m/item/mental-health-atlas-2020-country-profile---sierra-leone>

⁴⁸ BBC News 2024: <https://www.bbc.com/news/world-africa-68742694>

⁴⁹ The Lancet 2024: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01174-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01174-7/fulltext)

⁵⁰ Medical Assistance Sierra Leone 2021: <https://www.masierraleone.org.uk/epilepsy-support/>

⁵¹ British Journal of Psychiatry 2019: <https://www.cambridge.org/core/journals/bjpsych-international/article/mental-health-in-sierra-leone/697A92A663E076DFB2E6870EAFD7CC9E>

⁵² BBC Africa Daily 2023: <https://www.bbc.co.uk/programmes/p0ggtxkz>

3.5. Uganda

Population: 49.3 million

GDP per capita: \$1,014

Human Development Index rank: 159/193

Average inflation rate 2023: 5.35%

Background – Network for Africa works in Agago district, in the remote north east of Uganda, which for more than 20 years from the late 1980s endured a brutal civil war between the Lord’s Resistance Army (LRA) and the Government of Uganda. The LRA killed and terrorised thousands of civilians, and abducted at least 30,000 children to be soldiers, porters and sex slaves.⁵³ About 10% of the population experienced sexual violence.⁵⁴ 1.7 million internally displaced people (IDPs) were herded into overcrowded IDP camps, supposedly for their 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, they were no longer able to access their land, lost their wealth and social status, and lived on hand-outs for years. Traditional farming skills once passed down through the generations were lost, with people left struggling to sustain small businesses. Children returning from abduction and war were unrecognisable to their parents, a generation of youth only knew life in an IDP camp, and strong, family-based communities disintegrated.

Political situation – Uganda’s political system is technically a multi-party system. The 2005 Constitutional amendments removed presidential term limits, and in 2017 presidential age limits were removed⁵⁵ - President Yoweri Museveni and his National Resistance Movement (NRM) party have been in power 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 amid claims of a crackdown on opposition candidates.⁵⁶ Freedom House continues to rank Uganda as “not free”, having downgraded it from “partly free” in 2015.⁵⁷ Authorities continue to restrict several rights, and in August 2023 the Office of the United Nations High Commissioner for Human Rights closed in Uganda after 18 years of operation after the government refused to continue hosting it. In May 2023, the ‘Anti-Homosexuality Act’ was passed, which includes the death penalty for the vaguely defined act of “aggravated homosexuality”, as well from 10 years to life imprisonment for other offences⁵⁸. As well as 59 people being charged under the act in 2023, the advancement of this legislation has led to an increase in attacks against LGBT+ people, and a more hostile environment for organisations working with, or perceived to be working with, LGBT+ people. Gender-based violence is prevalent in Uganda, while 34% of girls are married before they are 18 years old.⁵⁹

Economic situation - Uganda aims to be a middle-income country by 2040, in line with the government’s Uganda Vision 2040 strategy (2011).⁶⁰ While the country’s Third National Development Plan (NDPIII) 2020/21 – 2024/25 aims to reduce the national poverty rate, the multidimensional poverty rate now stands at 57.2% and the country ranks 159 out of 193 in the UN’s Human Development Index⁶¹. Agriculture accounts for about 68% of Uganda’s employment and 24% of its GDP.⁶² Poverty rates in rural Uganda are more than double those in urban areas⁶³. Predominantly rural northern Uganda is worse off economically than the rest of the country, which the LRA war has

⁵³ The Wilson Center, 2018: <https://www.wilsoncenter.org/publication/forced-to-fight-integrated-approach-to-former-child-soldiers-northern-uganda>

⁵⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10497204/>

⁵⁵ CIA World Factbook - Uganda 2024: <https://www.cia.gov/the-world-factbook/countries/uganda/>

⁵⁶ The Guardian 2021: <https://www.theguardian.com/world/2021/jan/16/uganda-president-wins-decisive-election-as-bobi-wine-alleges>

⁵⁷ Freedom in the World – Uganda 2024: <https://freedomhouse.org/country/uganda>

⁵⁸ Amnesty International 2023: <https://www.amnesty.org/en/location/africa/east-africa-the-horn-and-great-lakes/uganda/report-uganda/>

⁵⁹ UNICEF 2023 – Child Protection: <https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf>

⁶⁰ Uganda Vision 2040: <https://www.greengrowthknowledge.org/sites/default/files/downloads/policy-database/UGANDA%29%20Vision%202040.pdf>

⁶¹ UNDP Human Development Index 2024: <https://hdr.undp.org/data-center/country-insights#/ranks>

⁶² US International Trade Administration 2023: <https://www.trade.gov/country-commercial-guides/uganda-agricultural-sector>

⁶³ UNICEF 2020: <https://www.developmentaid.org/api/frontend/cms/file/2023/10/UNICEF-Uganda-Multi-dimensional-child-poverty-2020.pdf>

contributed significantly to⁶⁴. The Acholi sub-region (where Agago district, home to BNUU's work, is located) ranks 5th out of Uganda's 15 sub-regions for poverty.

In northern Uganda, climate change is significantly impacting agriculture, food security, and instability. In the Karamoja sub-region (which neighbours Agago district in the Acholi sub-region), annual droughts of increasing severity as well as flooding mean an estimated half a million people are facing hunger or malnutrition.⁶⁵ The drought has led to incursions into Agago to steal livestock, thefts which have sometimes resulted in violence and fatalities as well as impacting Agago's own food security. This has made the district less safe – especially when travelling after dark – and resulted in an increased military presence, including to keep livestock under armed guard at night. Meanwhile, Agago district itself faces its own climate related challenges of less predictable rains which are increasing food insecurity – an estimated 25% of the district face malnutrition⁶⁶.



Map showing location of Agago district within Uganda

Mental health - Mental health in Uganda is underfunded, making up 2.9% of overall national health spending. Uganda has 25.6 mental health workers per 1 million people, including 0.9 psychiatrists and 17.6 mental health nurses per million⁶⁷. The country has 16 mental health hospitals and 120 psychiatric units in general hospitals. While the outdated 1964 Mental Health Act badly needs updating, the 2014 Mental Health Act which was meant to supersede it is yet to be passed – while many have raised concerns that the newer act contains elements which violate the rights of people with mental health issues, such as legalising forced detention and restraint⁶⁸.

Uganda hosts Africa's largest refugee population, at 1.7 million people – predominantly from South Sudan (55%) and the Democratic Republic of the Congo (31%).⁶⁹ They are mainly hosted in northwest and southwest Uganda. While refugees are provided with land and granted freedom of movement, the right to work, and the right to public services such as education, they face severe mental health

⁶⁴ Development Aid 2023: <https://www.developmentaid.org/news-stream/post/168640/poverty-and-income-inequality-in-uganda>

⁶⁵ Africa News 2022: <https://www.africanews.com/2022/06/14/uganda-food-crises-and-hunger-rife-in-karamoja/>

⁶⁶ New Vision 2024: https://www.newvision.co.ug/category/health/agago-tops-acholi-sub-region-in-malnutrition-NV_188295

⁶⁷ WHO Mental Health Atlas: Uganda 2020. <https://www.who.int/publications/m/item/mental-health-atlas-uga-2020-country-profile>

⁶⁸ Validity Uganda 2014: <https://validity.ngo/wp-content/uploads/2018/09/Position-Statement-Mental-Health-Bill-2014-1.pdf>

⁶⁹ UNHCR Uganda 2024: <https://data.unhcr.org/en/country/uga>

issues – for example, rates of depression are 10 times higher among Uganda’s refugee populations than the average Ugandan population⁷⁰.

In northern Uganda, the prevalence of HIV is 7.6% compared to the national average of 5.8%, and rates are higher among women than men⁷¹. While the prevalence of new infections in the north is decreasing, the higher-than-average rates are a legacy of the 22-year long war when thousands of women and girls experienced sexual violence.⁷² Studies have linked better mental health with better HIV outcomes – for example, people with better mental health are more likely to adhere to HIV treatment.⁷³

4. Strategic objectives



Project participants, Port Loko, Sierra Leone. Photo credit: Alfred Bangura

Recognising the changing face of international development and the move to shift the power to local NGOs, including funding directly, this strategic plan addresses the uncertainty presented by these changes. The process of shifting the power is still in train, and we don’t yet know what the final landscape will look like. This plan will therefore be a combination of continuing with our existing model of providing funding and capacity sharing/building support to our project partners, and exploring what a new model might look like through a process of consultation with other stakeholders in international development.

⁷⁰ World Bank 2021: <https://documents1.worldbank.org/curated/en/794251624902794307/pdf/One-Year-in-the-Pandemic-Results-from-the-High-Frequency-Phone-Surveys-for-Refugees-in-Uganda.pdf>

⁷¹ Uganda Population-based HIV Impact Assessment, Columbia University 2020-21: <https://phia.icap.columbia.edu/wp-content/uploads/2022/08/UPHIA-Summary-Sheet-2020.pdf>

⁷² Makerere University 2016: <https://chdc.mak.ac.ug/projects/determining-hiv-vulnerabilities-districts-gulu-amuru-and-nwoya-northern-uganda>

⁷³ Journal of Acquired Immune Deficiency Syndromes 2023: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10497204/>

With this in mind, it is therefore setting the following strategic objectives for the period 1 January 2025-31 December 2027:

- **Investigate new models and ways of working to try to ensure Network for Africa's and its partners' sustainability.**
- **Continue to build the capacity of Network for Africa's partners in the face of an uncertain future so that they are best equipped to meet change.**
- **Continue to fundraise for its partners' work, to that they can sustain their work and scale it up.**

4.1. Developing a new model

Network for Africa is conscious that the funding landscape is in flux, with many large funders moving to decolonise aid through funding directly in-country, while some have not yet made this shift, but may be considering it. This is a new development and it isn't clear how the new model will be evaluated and what it will look like in three years' time. We therefore want to develop a new model that will help us adapt to the changes, and enable us to continue access funding for both Network for Africa and our partners. As part of the strategic plan development process, we consulted Network for Africa staff, trustees and partners about our mental health model and future direction – a summary of which appears in Appendix 1. This has been drawn from to shape this section of our strategic plan.

As yet, there aren't any 'tried and tested' models for consideration and comparison, and other NGOs that are trying to adapt are at the early stages of development. We will therefore be using the 3 years of the strategic plan to test out new approaches with the hope that we can find a new way of working which works both for us and our partners. To this end, during such time as the new funding model is finessed by grant makers, we will be consulting various stakeholders in order to inform how our model might adapt over the coming few years. This work will consist of the following activities:

- 4.1.1. **Consult our partners** – Having carried out an initial consultation in October 2024 with our project partners to canvass their opinion on the value that we bring to their work and to be clear what our offering might be in a new model, we intend to continue this dialogue during **Year 1** and include an interview with our new Burundi partner. The 2024 consultation is summarised in Appendix 2.
- 4.1.2. **Our partners' strategies** – Guided by the needs of our project partners, we will support them with developing their strategic plans during **Year 1**. We will then work with them to decide which areas of work/activities we can support and fundraise for, and then set our project and fundraising aims for **Years 2 and 3**.
- 4.1.3. **Consult funders** – We will build a small group of funders and see if they will share their own learning and experiences of how the process of decolonising funding/shifting the power is working and what the strengths, weaknesses and opportunities are/have been. We will identify and start approaching organisations in **January/February 2025**. However, the gathering and analysis will take place in **Years 1 and 2**.
- 4.1.4. **Consult other organisations** – We will identify a cohort of international development NGOs of a similar size and scope to Network for Africa that are trying out transitional models to shift the power e.g. decentralised in-country offices etc., and monitor how the changes are working in practice. We will have identified a cohort of organisations by **February 2025** which we will then track through **Years 1 and 2**.
- 4.1.5. **Network for Africa's role** – Recognising that the international development sector is currently in uncharted waters, we will identify possible future operating models. This strategic plan will include a period of research, with testing and learning built in so we can understand what model/s might work best. This will utilise external learning from other NGOs and funders, but will also generate internal learning by testing out ideas with our partners. This will act as a real-life test lab in **Year 1** for some of the models we are considering.
- 4.1.6. **Fundraising** – We will support our partners to apply directly for in-country funding opportunities, offering mentoring with grant writing, and building in a percentage of funding in any grants for Network for Africa, to monitor how this would work in practice. This approach would be to test whether paid for services/consultancy would be viable for a new model for Network for Africa.

4.1.7. **Managing change and transition** – The current changes in funding for international development bring great uncertainty not just for Network for Africa but for our smaller project partners, that we have committed to supporting and help to grow. We may find ourselves having to end long-term partnerships at a time when our project partners are not ready to operate without its support (e.g. raising all their own funds). We will therefore develop mitigation plans wherever possible e.g. linking partners with funders directly, building their capacity, coupled with developing a formal exit strategy, so that we and our partners will be ready should funding and/or circumstances force this.

4.2. Existing model – continuing activities

We will continue to work with our partners to support them with their programmes, securing funding where possible and offering capacity support as required by them.

4.2.1. **Focus of work** - Our focus will continue to be the provision of mental health services and related livelihoods programmes in low resource post-conflict settings in sub-Saharan Africa.

4.2.2. **Fundraising** - We will continue to raise funds from trusts and foundations that are still channelling their grants through UK based NGOs. We will manage the reporting for such grants.

4.2.3. **Capacity building** - We will continue to support our implementing partners with capacity building according to their expressed needs. This could be fundraising, training, monitoring and evaluation, online presence, strategic planning, finance and budgeting etc. We will continue to commit to long-term partnerships in the knowledge that this way of working provides stability, the chance to grow and opportunities for valuable learning.

4.2.4. **Network of experts** - We will continue to develop a network of in-country associates who are mental health practitioners and who can both work with our implementing partners to help with their continuing professional development and also provide useful contacts for other NGOs. We envisage that this would cover a range of mental health knowledge and skills e.g. people who can provide peer counselling training, people who can provide counselling supervision, people who can provide training in trauma counselling training, people who can provide livelihoods training etc.

4.3. Fundraising

We have always focused our fundraising efforts on trusts and foundations and high value donor funders, as this has always been seen as affording the best return on investment given our limited staffing resources. We are grateful to our trustees who are very engaged and supportive of all fundraising efforts and are regular donors to fundraising campaigns. Our founder and trustee is very proactive and successful with relationship fundraising. Her hard work in this area makes a huge contribution to the annual fundraising income. We participate in the annual Big Give Christmas Appeal to raise funds for its Rwanda programme, and currently have a place in the London Marathon every two years. We try, wherever possible, to raise unrestricted donations so that we can respond to changing programme needs and be flexible in our support of our partners. Recognising that funders that had reliably supported Network for Africa are now shifting their funding to in-country, and that there are new constraints and uncertainties in the current funding environment, our ambition will be to secure transitional funding for the next 3 years, to give us a financial cushion and allow us the space and time to work out what our future will look like. To this end we will continue to approach trusts and foundations with whom we have a relationship both in the UK and abroad, engage in building relationships with new potential foundations, continue to engage with individual donors and endeavour to make inroads to US foundations.

5. Current projects/programmes



BNUU Programme Manager outside a mental health clinic, Uganda. Photo credit: Simone Fior

Network for Africa and its partners currently run programmes together in Burundi, Rwanda, Sierra Leone and Uganda, focused on providing quality community mental health services, training, education and capacity sharing, and advocacy. All the programmes involve capacity sharing and technical support to local, grassroots organisations through their partnerships with Network for Africa. Each of our partners are at a different stage in their own development, and so the level and nature of our partnership and work with each is tailored to their needs.

Network for Africa's core costs from 2025-2027 will be £206,253.

5.1. Burundi – Expand trauma counselling skills to more lay counsellors, and support Avodes' development.

Targets for 2025-2027

This is a new partnership and a new context for Network for Africa, so it is moving quite slowly with Avodes to support its development.

All the targets below are subject to securing funding:

- We will train 20 new participants a year in trauma counselling skills. It hopes that this training will enable the participants to offer trauma counselling to XXX community members over the life of the plan.
- We will offer training to 20 previous participants a year in advanced trauma counselling skills.
- We will work with Avodes to support the team with developing its strategic plan.

The costs of this programme from 2025-2027 will be £31,525.

5.2. Rwanda – Work with SURF to continue its peer support counselling programme, and expand economic opportunities for its clients.

Targets for 2025-2027

In line with SURF's own Strategic Plan, and funding permitting, Network for Africa will:

- Fundraise for the peer counselling model so that it can be replicated and offered to a minimum of 300 new participants a year, comprising 9 groups of young genocide survivors and 3 groups of older genocide survivors, or the configuration decided by SURF.
- Fundraise to support SURF's full entrepreneurship training programme for the graduates of the counselling programme who join the 2-year entrepreneurship programme.
- Raise funds to add to SURF's loan guarantee fund with the microloan institution to increase the number of loans available to the participants on the entrepreneurship programme.

The costs of this programme from 2025-2027 will be: £229,010.

- 5.3. **Sierra Leone** – Support Conforti Port Loko's own development and sustainability, and its ongoing delivery of mental health and livelihoods programming in Port Loko district, Sierra Leone

Targets for 2025-2027

- We will provide technical support to Conforti Port Loko to complete its own Strategic Plan by the end of 2025.
- We will help secure the sustainability of Conforti Port Loko as a mental health organisation in Port Loko district through continuing professional development; project proposal development; fundraising; networking; social media presence and a new website; develop its organisational and leadership structure.
- We will support Conforti Port Loko with its ambition to separate from the Freetown office (which no longer works on mental health) and become a mental health NGO in its own right. This will help its independent fundraising and increase its visibility nationally.
- We will support Conforti to develop its online presence, and in particular help with building a website.
- Conforti was awarded its first in-country grant in 2024 which is for two years, provided they can secure match funding. We will be working with them to secure this funding, but also will continue to work with them to secure several more funders during this planning period.

The costs of this programme from 2025-2027 will be £428,740.

- 5.4. **Uganda** – Support BNUU's own development and sustainability, and its ongoing delivery of mental health and livelihoods programming in Agago district, northern Uganda.

Targets for 2025-2027

Network for Africa's 3-year partnership with Fondation d'Harcourt will be ending in February 2025 as they will now only be funding in-country. This partnership has been funding BNUU's mental health work in Agago District. In addition, BNUU's 2-year partnership with Grand Challenges Canada will also be ending in February 2025. This partnership has been funding BNUU's mental health work in schools in Agago District. It will be a challenging time for BNUU to meet these gaps in funding, and we will do all we can to support its fundraising efforts. It will:

- Provide support to BNUU to complete its strategic plan by the end of 2025.
- Actively fundraise so that BNUU can implement its Strategic Plan.
- Provide technical support to BNUU to support its grant implementation, management and reporting.
- Provide support to BNUU with its fundraising, including grant writing so that it can continue its vital mental health work in Agago District.
- Continue to apply for grants from funders that still fund international development charities in the UK.
- Continue to try to secure funds for BNUU to provide livelihoods to the remaining 20 self-help groups who haven't had them yet.

The costs of this programme from 2025-2027 will be £532,772.

6. Future projects/programmes

This 3-year strategic plan does not include new projects or programmes, as it is focused on securing Network for Africa's direction of travel and model of work. We will however, continue to work with our existing partners to support and strengthen their work, to help them implement their strategies and develop their skills to increase their fundraising capacity in-country. We will also work with our partners to develop project proposals and new areas of work within the mental health arena. We will continue to fundraise in the UK and internationally for our partners' programmes, as before. We will also be fundraising to cover the costs of transitioning towards a new model and way of working for us and our partners.

7. Monitoring and evaluation

Network for Africa's partners' programmes are monitored by our implementing partners with our support. Where required, we will provide additional resources e.g. for independent evaluations, quantitative and qualitative data analysis etc. We will work with our partners to prepare monitoring and evaluation frameworks, and help with the design of data collection tools.

"The monitoring and evaluation components also supporting our monitoring and evaluation team, and especially when they need help with developing the tools, and also when we have projects, new projects, that we would want to develop, the monitoring and evaluation plan, and also that actual coming to visit and check how the project is coming. [...] So, both the physical visit and the support given to the monitoring and evaluation team has been valuable".

Network for Africa partner on the difference Network for Africa's support has made, October 2024

8. Safeguarding

Network for Africa believes that everyone it comes 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. We share safeguarding training opportunities with our partners, and share all our policies. We will not tolerate abuse and exploitation by staff or associated personnel. Our partners send monthly safeguarding reports and report any safeguarding incidents immediately. The following policies are available on our website:

- [Code of Conduct](#)
- [Safeguarding Policy](#)
- [Dealing with Safeguarding Reports](#)
- [Safeguarding – Complaints Policy](#)
- [Disclosure of Malpractice Policy](#)
- [Equal Opportunities and Anti-Bullying and Harassment Policy](#)
- [Anti-bribery, Fraud & Corruption Policy](#)

9. Organisational Development

9.1. Communications

Network for Africa's mission and vision are clear, defining our work as supporting post-conflict survivors and their families in sub-Saharan Africa to overcome trauma and other mental health issues and rebuild their lives through access to mental health care and livelihoods support. During this planning period we will:

- Develop and sharpen our narrative around these issues, to explain the need and demonstrate its impact, using different media.
- Clearly articulate our partnership-based and collaborative model of working, and long-term support of our partnerships.
- Become better at gathering and sharing stories that show-case our project partners' work.
- Ensure our messaging is accessible and clear on our website.

- Improve publicity around our partners' successes so that the impact of our support is more visible.
- Provide support to our partners to have an online presence in order to make them more visible, not least to potential funders who may want to approach them directly.

"I think communication is also key,...if we are to prioritise [in terms of what future support we need from Network for Africa], that would be fundraising and communication because that goes hand in hand".

Quote from Network for Africa project partner interview, October 2024

9.2. Governance

Network for Africa's trustees all have relevant specialisms that are valuable to us. We draw on their expertise which includes: communications; mental health; fundraising; trusts and foundations; international funding; international development; managing small charities; finances; international partnerships. Trustees' meetings are held quarterly at which financial and narrative reports are presented; management accounts are circulated monthly to the Chair and Treasurer; its accounts are audited annually.

9.3. Cost of implementing the strategic plan

The anticipated cost of implementing this strategic plan will be £1,518,382 over 3 years.



Self-help group member selling chilli peppers, Sierra Leone.
Photo credit: Tom Doughty

10. Appendices

- **Appendix 1:** Summary of consultation with staff, trustees and partners on Network for Africa's model and future direction
- **Appendix 2:** Summary of key themes in feedback from network for Africa's partner interviews, October 2024
- **Appendix 3:** Opportunities and risks

Appendix 1: Summary of consultation with staff, trustees and partners on Network for Africa's model and future direction

Network for Africa (Network for Africa) staff, board members and partners were asked for their input on Network for Africa's mental health model and future direction. This comes in the context of a changing international funding landscape, questions over the decolonisation of aid and shifting of power relations. This paper summarises and structures the key comments and contributions from those consulted, and sets out some actions that will form part of Network for Africa's new strategic plan.

1. Mental health knowledge, skills and expertise

Opinions vary from where this sits and should sit, between setting up networks of experts/clinicians within Africa, having a mental health expert on the Network for Africa team, or having experts contracted semi-regularly, who can train, build capacity and mentor. We recognise the importance of face-to-face interaction, the specific context in each place we work, and the need for this to be guided by our project partners.

Actions: Network for Africa will look for in-country solutions first, before widening out if we can't find what is needed. We will also continue to develop our mental health network – of partners, local practitioners and others – in Burundi, Rwanda, Sierra Leone and Uganda

2. Network for Africa's model, programme content and focus

- **Systematisation or context specificity:** While there are benefits to some level of systemising Network for Africa's model across contexts, we recognise that this cannot be a copy and pasting exercise from one area to another, and that each context varies in ways that impact how we would run a mental health programme.

Actions: Network for Africa will develop a core programme for mental health to which we can add/adapt components that are best suited to individual settings.

- **Guidance and direction of Network for Africa's model:** We recognise that our model must be guided by people who are local to the areas where we work, and/or have lived experience of the issues we exist to address. This includes lived experience of the conflicts and traumatic events that characterise the post-conflict contexts in which we work, as well as lived experience of mental health conditions. Our model should also be driven by evidence and literature on mental health interventions in post-conflict settings of sub-Saharan Africa, by ensuring we complement what other organisations are doing, and also considering the non-mental health expertise required to run mental health programmes.

Actions: Network for Africa should reposition trauma as its core issue, but also state how so many other issues stem from trauma/are manifestations of trauma e.g. poverty; sexual and gender based violence (SGBV); substance abuse/self-medication; child neglect; even psychiatric conditions e.g. bipolar affective disorder can be triggered by a traumatic event. We need to research these in each country where we work so that we can provide a certain logic to our work. We will also carry out an evidence base/literature review of mental health interventions in Africa/global mental health/conflict settings.

- **Network for Africa's own unique value:** Network for Africa's key unique selling point and our vision and mission compared to others working in mental health in Africa, is that we work in 'post-conflict' contexts, though we don't always make this clear.

Actions: We will work to better define what we mean by 'post-conflict', and what is specific and distinct about post-conflict contexts, and the legacies of the conflicts and mental health.

- **Main mental health provision elements of Network for Africa's model:** Some elements that have been discussed include the role of peer counselling; the presence (or not) of a psychiatric nurse on

partner teams; the range/types of counselling and other mental health interventions that Network for Africa and its partners use; and whether we need to focus more on specific mental health conditions.

Actions: Network for Africa will work with its partners to define concretely the types of mental health interventions we/they use in supporting their clients, in order that we can better publicise what we do; build our network, and more meaningfully connect our partners around their interventions. We will also identify the mental health conditions most common in the countries we work in and focus in on them/maybe have a stepped approach, doing fewer things well, but with potential for expansion.

- **Non-mental health provision aspects of Network for Africa's model:** While recognising that Network for Africa's principal strength – and core proposition – is first and foremost an organisation which is focused on mental health, we recognise the importance of complementary interventions, such as livelihoods in areas where there are limited specific poverty reduction strategies for persons with mental illness. Network for Africa also brings expertise in monitoring and evaluation, project management and fundraising and more.

Actions: Keep abreast of what others are doing (other NGOs; local and national governments) in terms of livelihood programmes in Rwanda, Sierra Leone and Uganda, and whether any have potential for us to link our clients to, while in the meantime continuing to support our mental health clients with livelihoods support where they would otherwise not have access.

- **Offering mental health provision/training to other organisations:** There are a variety of ideas about whether Network for Africa, or its partners, could develop a training package for other organisations as part of its offering – and whether the right sort of market exists for this.

Action: Seek to build a network that is a combination of Network for Africa, our partners, in-country professionals, and others interested in mental health in the countries where we work, to explore ways to better collaborate.

Appendix 2: Summary of key themes in feedback from Network for Africa's partner interviews, October 2024

Network for Africa commissioned an independent consultant to conduct interviews with our partners in Rwanda, Sierra Leone and Uganda in October 2024*. Below is a summary of the key themes which emerged, together with some extracted quotes.

1. Evolution of Support

- Partners noted significant improvements in Network for Africa's capabilities over time, especially in fundraising. Network for Africa's ability to secure funding from larger donors has been critical for the sustainability and growth of its partner organisations.

"If I can recall [when we first started working with Network for Africa]...we were getting money from really small foundations, but I currently see them getting money from bigger, bigger corporate donors, yeah, so that definitely it's an indicator that there is improvement in their fundraising generally".

Network for Africa partner

2. Value of Network for Africa's Support

- **Program Development and Fundraising:**
 - Partners highlighted that the majority of their projects were developed in collaboration with Network for Africa, which contributed to diversification of funding sources and sustainability.
 - Fundraising support, including application preparation and review, was seen as indispensable, particularly for small organisations.

"The fact that we have a small team and we don't have a dedicated fundraising team, definitely they've been really supporting us to put together some fundraising applications [...] this has really helped the sustainability of the organisation. I think without them, it would have been actually really difficult for us to move on".

Network for Africa partner

- **Capacity Building:**
 - Training in areas like safeguarding, monitoring and evaluation (M&E), trauma counselling, and financial management has been transformative for partner organisations.
- **Mental Health Focus:**
 - Network for Africa's emphasis on mental health support, including counselling, clinical supervision, and professional development for counsellors, has significantly improved the quality and reach of services provided by partners.

"[Network for Africa's support] has actually been very useful for the counsellors, in particular...I've seen even the counselling work itself improved."

Network for Africa partner

3. Monitoring, Evaluation, and Reporting

- Network for Africa's tailored support in M&E—designing tools, conducting site visits, and providing feedback—has enabled partners to improve project accountability and effectiveness.
- Assistance in report writing and data analysis was valued for its role in enhancing credibility and compliance with donor requirements.

"We have had quite number of correspondences and support from Network for Africa, especially designing the template we use to report...and to come up with the designing of different questionnaires... this has been very helpful because now, with the reporting and considering that our program manager is using some of their templates and questions, he's also able to develop reports that sort of graphic is very easy to see. But also, Network for Africa has been very helpful in helping the data interpretation analysis of some of this information".

Network for Africa partner

* We will be interviewing our partner in Burundi during year 1 of the strategic plan, as they were a very new partner of only 4 months at the time of the October 2024 interviews.

4. Impact of Network for Africa's Involvement

- Partners credited Network for Africa with enabling them to expand services, employ and train more staff, and enhance community trust through visible project visits and engagement.
- In mental health interventions, Network for Africa's support has fostered integration of economic empowerment initiatives to address root causes of mental health challenges, such as poverty.

5. Challenges and Areas for Growth

- Partners expressed the need for continued and expanded support in:
 - Fundraising and grant writing, with a focus on equipping local NGOs to independently secure funding.
 - Capacity building in strategic planning and communications.
 - Reintroducing and updating trauma counselling training to address evolving staff needs.

6. Sustainability and Willingness to Invest

- Partners expressed willingness to contribute financially for Network for Africa's support, citing its value in areas like M&E, fundraising, and reporting.
- Some organisations highlighted their reliance on Network for Africa for navigating complex donor requirements and emphasized a long-term partnership.

"Most of the funders have an interest to fund organisations in-country,...the areas that I think could be most important [that Network for Africa could provide to African NGOs] is the general technical support and advisory services, or,...generally strengthening the capacity of the local organisations. They have the expertise in that, and so if they continue supporting organisations in areas, for example, like strategic planning, monitoring and evaluation,...communication...and also the grant writing...and reporting, so like also identifying potential funders and linking them up"

Network for Africa partner

7. Recognition of Unique Strengths

- Network for Africa's bottom-up approach, informed by community needs, was highly appreciated compared to funders imposing predetermined agendas.
- Site visits by Network for Africa were seen as critical for fostering local government trust and enhancing project legitimacy.

8. Recommendations for Improvement

- Expanding the team with more specialised professionals in fundraising and communications.
- Providing standardised modules for trauma interventions to aid smaller organisations in post-conflict settings.
- Establishing online platforms (e.g., websites) to increase visibility and attract more funding opportunities.

9. Enduring Partnerships

- Partners consistently expressed a desire for a sustained relationship with Network for Africa, emphasising the profound and long-lasting impact of its support.

"We want Network for Africa to be our lifetime partner. Not even three years. We want like lifetime partner because we know the positive impact it's created in our country".

Network for Africa partner

Overall, the interviews underscore Network for Africa's pivotal role in strengthening its partner organisations' capacity, sustainability, and community impact.

Appendix 3: Opportunities and Risks

Strengths

- **Evidence base** – We are building an evidence base in terms of what’s effective and what works in terms of long-term mental health interventions.
- **Track record** – We have an impressive track record of our mental health work. We have been doing it very successfully for a long time.
- **Local partnerships** – We should place more emphasis on how we implement our programmes through local partners e.g. local knowledge brings local solutions.
- **Decentralised team** – Some staff/trustee members are based in West and East Africa, so we are not centralised in London alone.
- **Mental health expertise** – Whilst we don’t have mental health expertise on the staff per se (although the staff have a lot experience of delivering mental health programmes and what works well), we do have in-house experts: one of our board members has a Doctorate in Clinical Psychology and is a practising psychotherapist; our Chair is an Executive Coach; another board member has a postgraduate degree in psychology; our two mental health expert advisors both have Doctorates in Clinical Psychology and are practising counsellors. We seek out local mental health expertise in the countries where we work, to provide ongoing mentorship, training and supervision to our partners, and ensure there is direct oversight of their mental health work and wellbeing.
- **Relationships with funders** – Our founder has good relationships with some funders both in the US and the UK. Our CEO has good relationships with grant managers of trusts that have made multiple donations to Network for Africa over the years.
- **Interviews with project partners** – These were hugely insightful and showed how much our project partners value Network for Africa, and not just for funding.
- **Small, nimble and flexible** – Network for Africa is small, nimble and flexible with low costs and no in-country expenses.

Weaknesses

- **No qualified mental health person on the staff team** – We should formalise our mental health expert advisor’s job title and make more of our qualified board member’s professional qualifications.
- **Precarious financial situation** – Start applying early to all the national newspaper Christmas appeals – we may not be big enough as previous charities have been huge e.g. War Child, Hope and Homes for Children, MSF etc. Must do the Radio 4 Appeal.
- **No potential for impact investing** – This is the new much talked about fundraising strategy. However, there is little financial return on mental health.
- **US Foundations** – There is no obvious way to get noticed by big US Foundations e.g. Dovetail Impact Foundation. We need someone based in the US to help us with this.
- **Need greater representation on the board** – There are no voices/people from the places where we work. It would be good to change this, not least because they would truly represent our project participants. Also, funders like to see this.

Opportunities

- **Apprenticeship levy** – This is a new potential source of funds because companies that have a payroll bill of more than £3m will have to pay an apprenticeship levy of 0.3%. The Department of Education still needs to unveil the details of the scheme, but it’s one to watch.
- **Mental health training package** – We could write a mental health training package for other organisations to use. The Centre for Victims of Torture are well ahead in this field: <https://www.cvt.org/what-we-do/communities-we-serve/africa/uganda/>
- **Decentralised approach** – Network for Africa is already doing it by devolving implementation to our programme partners. It’s a case of how we present it and package it.
- **Holistic approach to mental health** – We have a holistic approach because all of our mental health work is community based, based on what the community says it needs and our project partners’ assessments of what their local communities need.

- **Bringing project partners together to share knowledge** – There is an opportunity for this e.g. women's group in Lapono, northern Uganda, who were all former child soldiers and survivors of rape with babies born as a result of rape – our Rwandan partner, SURF, would have much to share as they have a programme dedicated to supporting children born of rape.
- **Core costs** – A large proportion of our core costs are met by our funders, freeing up other donations to go straight to the programmes.
- **Build a community of practice** – In the longer-term we should aim to build a community of practice – build a network of small local mental health organisations in order to share learning.
- **Integrating mental health** – There are opportunities for our project partners to offer to integrate mental health into other organisations' work e.g. HIV/AIDS; physical disability; violence against women; refugees etc.
- **Relationships with other organisations** – There are other organisations in international development that Network for Africa could complement, bringing mental health to their work, and possibilities of mergers.
- **Greater impact numbers** – There is the potential to increase our beneficiary numbers with not much effort or outlay, by increasing community awareness, provided this is met with corresponding mental health provision.
- **Government taking on mental health** – There is potential for the governments of Uganda and Sierra Leone to mainstream mental health provision into its health centres, adding it to the services that health centres offer, as has been enacted in Rwanda.

Threats

- **FCDO** – All connections have so far come to nothing. This will get worse now that the FDCO funding has been cut even further.
- **International travel** – As funders are funding in-country there will be very little opportunity to build in budgets for international travel.
- **Reduced funding opportunities** – This is across the board and is affecting everyone. It makes it all the more important to foster existing relationships with funders. A lot of foundations prefer to fund organisations that they have already been funding, so maintaining the relationships is very important.
- **Working in silos** – We need to encourage our project partners in Uganda and Sierra Leone to develop mapping of other mental health organisations, and we should do more ourselves. It's too easy to miss what other organisations are doing.
- **Geopolitical vulnerability** – We are working in volatile regions where the geopolitical situation is beyond our control. There is less external oversight – the US government certainly isn't playing a mediating role anymore.
- **Increased burden on the Uganda team** – The funding situation for the Uganda team is putting everyone under pressure. This could get even worse if there is greater volatility and instability in the region (e.g. increased refugee arrivals in Uganda from the DRC and South Sudan).