



ANNUAL REPORT

2023





“Mental health is not a luxury, but a necessity. It is not a choice, but a right. It is not a matter of charity, but of justice.”

Dr Tedros Adhanom Ghebreyesus

Director General, World Health Organisation (WHO)





Table of **Contents**

Who we are.....	5
Foreword	6
Our Work.....	8
Amplifying youth voices.....	9
Access to health.....	13
Litreacy.....	18
Youth mental health.....	20
Normalising mental health conversations.....	27
Cross Cutting Issues.....	32
Partnerships and Fundraising.....	34
Financial Formance 2023.....	37

WHO WE ARE

MHU is an indigenous, registered national, membership-based Disabled People's Organization (DPOs) established in response to the overwhelming marginalization, isolation and abuse of rights of People with mental disability / users and survivors of psychiatry and their caregivers.

Mental Health Uganda was started in 1997 by a group of users of psychiatric services with the basic aim of promoting awareness on the unique needs and challenges of the people with psychosocial disabilities (PWPD), promoting, mobilization and empowerment of the PWPDs to advocate for their rights and needs.

Vision Statement

"People with psychosocial disabilities in society are embraced with respect and enjoy their human rights as other citizens."

Mission Statement

"To create a unified voice of people that influences the provision of required services and opportunities for people with psychosocial disabilities in Uganda".

Our Values

Accountability and Transparency;

the obligation or willingness to accept responsibility for one's actions.

Teamwork;

we work towards providing support to one another, working cooperatively, respecting one another's views.

Respect;

we are committed to creating an institution and a society where everyone is appreciated and recognized based on their contributions rather than any classification.

Confidentiality;

we protect information and earn trust, in accordance with the law.

Integrity;

we are truthful and reliable to all our stakeholders.

Non-discrimination;

we treat individuals and groups equally irrespective of their particular characteristics.

Equity; MHU provides an environment that is fair and just to all



Foreword

from the Executive Director.

To our members, supporters & well-wishers, I hope this message finds you in good health. Happy New Year and best wishes for the New Year.

I am pleased to present to you our annual report 2023. In the pages that follow, we update you on the progress we have made across our programs. We also outline the steps we took to expand our outreach during the past year, despite the enormous challenges faced by all of us in the civil society.

One of our proudest achievements in 2023 has been the continued success of our tele-counselling service, a lifeline for many young people especially between 15-35 years in our communities. It has played a much-needed support to scores of young people at risk of mental health challenges including suicide. The recent review indicated that 76% of the young people who call the helpline are under 30 years and 55% had never accessed any form of help prior to the call. Through the tele- conversations, we have been able to counsel and refer young people to service providers within their communities.

In this report year, in collaboration with SOS Children's Village Uganda, we launched a project seeking to create mental health

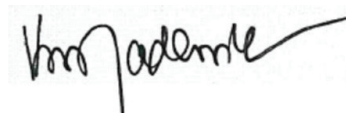
awareness in 8 targeted schools (4 in Wakiso and 4 in Gulu District). Through student-led peer structures, we have facilitated awareness on mental health in these schools and provided Psychological First Aid (PFA), Psycho education and referral. An initial baseline indicated that 20% of children reported to have contemplated suicide in their lifetime. The number of teachers with mental health problems was significantly high.

With Support from Voice-Oxfam, we have been piloting social contact in Jinja city. A baseline conducted in March 2023 found that 52% of the sampled households reported having a member with a mental health problem. Social contact is where young people with a lived experience of mental health problems, using their inspiring stories, engage in a conversation with a person without a mental health issue. The intention is to break down the stigma surrounding mental health and persons with mental disabilities. The strides made here are enclosed in the report.

Despite the progress made, challenges still persist. Even as the world is moving out of the Corona virus pandemic, its impact on services and priorities for the states is and will be felt in the medium and long term. There is urgent need to improve coordination of the sector, and absence of a mental health policy leaves delivery of mental health services within a vacuum. Other challenges include underfunding at state and community levels. Despite this, we remain steadfast in our commitment to advocacy on different fronts for greater inclusion of persons with psychosocial disabilities. We actively seek partnerships that align with our goals and values, allowing us to amplify our voice and advocate for change, especially increased prioritised

investment in mental health and policy reforms.

To the MHU family, thank you for your unwavering dedication and commitment to our mission. We look forward to another year of making a positive impact on the mental health landscape in Uganda. Finally, I want to acknowledge the extraordinary efforts made by all our staff members at secretariat and in the districts. Our services and support to our members have depended on their resourcefulness, flexibility and engagement over the past year.



Derrick Kizza Mbuga

Our Work



Amplifying Youth Voices



Access to Health



Mental Health Literacy



Youth Mental Health




Normalising Mental health Conversations




AMPLIFYING
YOUTH VOICES

Toll-Free Counselling Helpline:

 In 2022, the MHU provided 4362 counselling sessions to 867 distinct callers on the toll-free helpline hosted at the MHU secretariat in Kampala. Of all the callers, 59% were male and 41% were female, while 71% were within the project's target age group of 15-35 years. These callers accounted for approximately 20% of the project's target of 15,000 counselling sessions.

Among all the callers, 56% reported that they had not received any form of support prior to contacting the helpline. This clearly highlights the lack of care in the communities and explains why problems often escalate until medical care or hospitalization becomes the only option. It also underscores the service gap that the MHU has bridged for the common Ugandan. Based on the phone system data, only 36% of the callers required a referral, indicating that 64% of the problems were resolved through talk therapy over the phone. While only 16% of the callers were experiencing mental health problems for less than a month, the majority had been dealing with their conditions for much longer without any support. Anxiety and depression remained the most commonly reported challenges, cited by 56% of the callers.

 The callers expressed their appreciation for the counselling services provided. According to the mid-term review of the project conducted in quarters 3 and 4 of 2022, 82% of the callers reported being satisfied with the service, and 90% said that they would not hesitate to recommend the service/toll-free helpline to others.



4362

**counselling sessions
Provided.**



867

Distinct callers



71%


**of the callers in age
group of 15-35 years**




64%

**of the problems were resolved
through talk therapy over the
phone.**

Health and rehabilitation

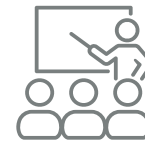
 In 2022, Mental Health Uganda (MHU) launched a pilot program for their “Peer-to-Peer” initiative in Kanungu district. The organization collaborated with Bwindi Community Hospital, a Health Centre IV, to recruit and train 15 peers (6 males and 9 females). MHU signed a Memorandum of Understanding (MoU) with Bwindi Community Hospital, which provides oversight, follow-up, and reporting on the peers’ work. During the program’s first quarter of operation (October to December 2022), the peers reached 298 individuals (134 males and 164 females) with Psychosocial First Aid (PFA), psycho-education, and referrals to the MHU toll-free helpline and other facilities. Although it is still too early to draw conclusions from these numbers, it is clear that mental health discussions have been localized, and the stigma surrounding the subject will eventually diminish. Those who require professional care will be referred to access it before their conditions escalate. The linkage with Bwindi Hospital, which provides reliable mental health care services, has also proven useful beyond supervising peers; it has built confidence in the referral system.

 The primary aim of constituting peer groups was to strengthen communities to offer quick non-professional care and support and alleviate pressure on national services that are desperately scarce. The pilot in Kanungu district is a clear testament to this, and MHU intends to build on this experience and extend the peer component to other districts in the future.



15

Peers recruited and trained on provision of PFA through our collaboration with Bwindi Community Hospital,



298

peers reached with Psychosocial First Aid (PFA),

Human Rights Advocacy



The Mental Health Focal Person: MHU has taken the lead in operationalizing Section 4(1) of the new Mental Health Act, 2019. This section states that “The chief administrative officer of every district shall appoint a district mental health focal person from among district health staff who shall work under the supervision of the district health officer; (2) The district mental health focal person shall be a mental health practitioner; (3) The district mental health focal person shall coordinate the mental health services and community mental health services in the district. (4) The district mental health focal person may receive necessary facilitation to facilitate his or her coordination function.”

The appointment of a district mental health focal person would greatly improve the coordination of mental health work in districts, which is currently lacking. From MHU’s experience during the mapping of service providers and through several advocacy engagements, it is clear that mental health actors do not know who does what, where, and for how long. Simply addressing these gaps would make a huge difference, and the focal person can help to achieve this. However, the government only made a basic wish through the Act without a clear framework in which this role can be performed. To bridge this gap, MHU developed the Terms of Reference for this role in 2022. In August of the same year, the ToR were validated by stakeholders and passed, awaiting final approval from top management at the Ministry of Health. MHU is closely monitoring this process.

The appointment of a district mental health focal person would greatly improve the coordination of mental health work in districts, which is currently lacking

Access to Health
is My Right



Achievements

- Successfully recruited and trained six dedicated volunteers to provide crucial psychosocial support at the drop-in centers, specifically Kiswa Health Center and Komamboga Health Center. Over the 11-month project duration, these volunteers actively engaged in various activities, including conducting health talks, organizing outreaches, promoting hygiene practices, facilitating referrals, and assisting homeless women in accessing essential services at the health centers.
- Throughout the project, volunteers gained valuable experience in interacting with individuals with psychosocial disabilities, particularly homeless women. They honed their abilities to assess psychosocial and physical challenges, offer counseling services, and make necessary referrals.
- Special attention was given to sustainability by enhancing volunteers' capabilities through comprehensive training programs focused on basic counseling skills. This training involved existing volunteers, Village Health Team members (VHTs), and newly recruited volunteers.
- By strengthening volunteers' skills and capacity, we aim to reduce their workload post-project and empower them to continue providing essential services to vulnerable homeless women, ensuring access to health resources and psychosocial support in the future.

- The dedication and commitment of these volunteers remain central to the success of the project. Their involvement has enriched the lives of homeless women and strengthened the project's impact within the community.

Resettlement Efforts:

- The process of resettling homeless women is a collaborative effort involving the Butabika resettlement team, Village Health Teams (VHTs), and dedicated volunteers. The effectiveness of this initiative can be attributed to strong collaboration between Mental Health Union (MHU) and Butabika Referral Hospital, as well as support from VHTs.
- Volunteers actively engage in street outreaches, directly reaching out to homeless women and facilitating their safe resettlement. VHTs support the Butabika resettlement team in reuniting homeless women referred to Butabika Hospital.
- To ensure long-term success, project officers, volunteers, and VHTs conduct follow-ups on resettled women, ensuring their integration into peer support groups and nurturing environments.
- The collaborative approach has proven effective, providing homeless women with a chance to reintegrate into communities and families, and offering necessary support for fulfilling lives.

Empowerment through Peer Support Groups:

- Peer support groups were significantly empowered, enhancing their practical skills to generate additional income and improve the quality of life for their households.

Several members established individual businesses or collaborated as groups, supported by the project with startup capital. Recognition and support from VHTs and Local Council Leaders aided access to government livelihood programs.

- Their commitment to learning and applying practical skills has improved their socio-economic well-being, breaking the cycle of poverty and contributing positively to their communities.

Capacity Building and Community Engagement:

- Efforts were made to strengthen existing government structures, including training VHTs, Local Council leaders, and KCCA Law Enforcement officers on mental health awareness and support for homeless women.

- Health workers were trained to better understand the needs of homeless women in Kampala.

- Community dialogues and mental health awareness trainings were conducted, engaging local leaders and mobilizing community members. Referrals to drop-in centers and MHU call center increased.





Literacy
project in Kampala

Our school based interventions have been implemented through two projects in Kampala, Wakiso and Gulu. The projects included. The mental health literacy project funded by Agha Khan University and in Kampala and the Youth Mental health project funded by Operations Days Work in Norway in Wakiso and Gulu district.

Who has benefited.




The project targeted teens of 13 - 19years of age who are in school. A total number of 230 were reached and provided mental health literacy. Students of S.1 and S.2 classes were the target who follows under that age bracket.



230

Pupils reached and provided with mental health literacy.

Challenges

-  The school based projects are hindered by alignment for the project activities to the academic calendar and school time table .As a result there we experienced resistance from as section of teaching staff and this was worsened by the rampant Frequent Postponement of Activities:
-  The frequent postponement of activities reflects a lack of prioritization of the project by the school. This included scheduling conflicting events during our allocated time, such as tests, MDD, voting for prefects, optional subjects, and other ongoing school activities.
-  Inconsistent Student Participation: Inconsistencies arose in student participation, with some interviewees missing their sessions while others attended. This inconsistency posed challenges in distributing planned stationery items accordingly.



Networking, Collaboration, and Coordination

➤ During this reporting period, we engaged in several fruitful collaborations aimed at advancing our mission and goals. One significant collaboration for this project involved partnering with Aga Khan University Institute for Human Development through a European Union Grant, in conjunction with Kitebi SSS. This collaboration allowed us to pool resources, expertise, and networks to address pressing issues and achieve shared objectives.

➤ Furthermore, the project benefited from the valuable contributions of a dedicated team of 10 volunteers who assisted in administering interview questionnaires and gathering essential data. Their commitment and enthusiasm greatly enhanced the efficiency and effectiveness of our initiatives within the school.

Additionally, we formed a core team of four skilled trainers who played a pivotal role in delivering high-quality training and capacity-building programs. Their expertise and dedication ensured the successful implementation of our projects and initiatives.

➤ Through these collaborative efforts, we were able to leverage diverse perspectives, resources, and talents to maximize our impact and reach. We are grateful for the support and partnership of all individuals and organizations involved, and we look forward to continuing to work together to create positive change in our communities



Lessons learned?

➤ **Continuous Training for Mental Health Literacy in Schools:**

Our experience has highlighted the critical need for ongoing training initiatives aimed at enhancing mental health literacy within educational institutions. By providing educators and staff with the necessary tools and knowledge, we empower them to effectively recognize and respond to mental health challenges among students.

➤ **Involvement of School Administration:**

We've recognized the pivotal role of school administration as the primary support system in addressing mental health concerns within the educational setting. Engaging school administrators early on and fostering their understanding of mental health issues can greatly enhance the effectiveness of interventions and support mechanisms.

➤ **Addressing Knowledge Gaps:**

A significant knowledge gap regarding mental health exists among both teachers and students, underscoring the importance of targeted educational efforts. Redressing this gap requires comprehensive initiatives tailored to the specific needs and context of each school community.

➤ **Engaging Stakeholders:**

we have learnt the importance of engaging key stakeholders, such as team leads at Aga Khan University, in addressing challenges within the educational environment.

✦ Collaboration with administration and other relevant parties can help overcome barriers, such as teacher reluctance or resistance, and facilitate the implementation of mental health initiatives effectively.

✦ By reflecting on these lessons learned, we aim to refine our approaches and strategies to better support the mental well-being of students and educators alike

Recommendations

✦ Coordinate with school management to schedule sessions effectively, avoiding conflicts between class teachers and program facilitators.

✦ Develop a comprehensive work plan in collaboration with the school administration to ensure smooth implementation of the mental health program.

✦ Enhance engagement and cultural relevance by prioritizing localized video content and leveraging mental health champions to share personal stories, while also investing in smaller class sizes to foster better learning environments.



EMILY MAJOR
SELF CONTROL
SKILLS FOR TEENS
13-18

EMILY MAJOR
DANIEL GOLEMAN
ON EMOTIONAL INTELLIGENCE

(DON'T) CALL ME CRAZY
155 Voices Share How They Cope With Mental Health

THE LIFE INSIDE MY MIND
A VISUAL GUIDE TO UNDERSTANDING MENTAL HEALTH

ARE YOU HAVING TROUBLE SLEEPING OR ARE YOU OVERSLEEPING? OVERSLEEPING: CAUSES, TOO MANY THOUGHTS?

MONOPOLY
GLOOM VILLAGE

I T I S P A
YOU ARE IMPORTANT AND YOU ARE ACCEPTED

ARE YOU FEELING WORSE? ENDING YOUR LIFE?
It's Okay To Not Be Okay

ARE YOU FEELING WORSE? ENDING YOUR LIFE?
It's Okay To Not Be Okay

WELCOME TO A SAFE SPACE
Say Something You Always Wanted To Tell Someone.
Clear Your Head. Get it Off Your Chest.

Youth Mental Health

Our school Interventions

✦ We have effectively enhanced the mental well-being of students through our youth mental health project, operational in selected schools across Wakiso and Gulu districts. Specifically, the project is focused on four schools within each district, primarily catering to young individuals aged between 13 to 19. In collaboration with SOS Children's Village, our initiative aims to achieve several key objectives, including normalizing mental health issues, reducing stigma and discrimination associated with such concerns, and facilitating access to psychosocial support within the targeted school environments.

✦ Central to the project's implementation strategy is the empowerment and active involvement of youth. To achieve this, we have established a dedicated team comprising 64 trained mental health champions, alongside 16 mentor champions, and 16 focal teachers distributed across the eight project schools. Through this comprehensive approach, we aim to foster a supportive and inclusive environment that promotes mental well-being among students while ensuring their active participation in the process



The Project has two outcomes namely;

Outcome 1; Normalizing mental health problems, reduce stigma and discrimination.

Under this outcome, the primary target group for the programme is approximately 4,400 youth between the ages of 13-19 years old in school in Wakiso and Gulu Districts.

4,615



Youth/Students reached through awareness creation campaigns
(2,283 Female/2,332 Male)

100



Teachers reached
(36 female/64 male)

08



Number of schools reached

40,000



Secondary target population included teachers, school management, community members, and government officials

Awareness creation to increase knowledge on mental health to community members was done through radio talk shows and truck drives that reached an estimate of 100,000 people.

Outcome 2; Accessible Psychosocial Support in targeted schools.



431

Youth/Students been provided with PFA and psycho-education in Gulu.

(302 Female:129Male)



245

Youth/Students been provided with PFA and psycho-education in schools in Wakiso.




(143 Female:102Male)



65

young people in both schools and communities have been referred for professional counselling.

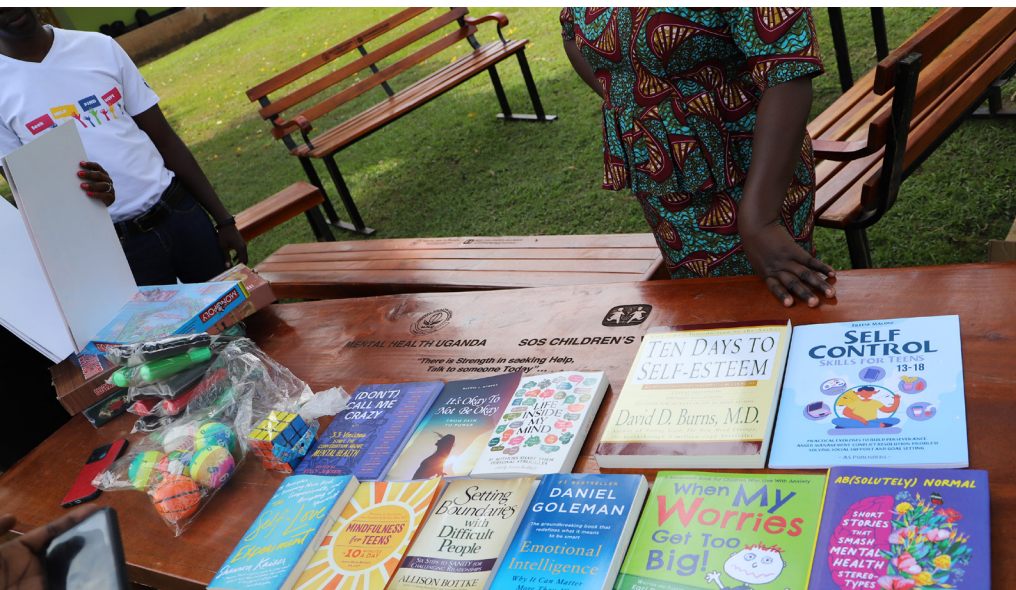
The change we have created

-  Improved teacher – student relations in schools. We experienced teachers sharing that learning about mental health has helped them listen to students more and understand students' behaviour. School administrations are now encouraging dialogue with the students more as opposed to disciplinary action.
-  Improved knowledge and understanding of mental health: Prior to the awareness campaigns in schools, there were misperceptions, myths and high stigma that the mental health champions and focal teachers faced and this had led to low trust and confidence in seeking their services. However, after the campaigns, there was a general improvement in the understanding of what mental health is all about, mental health illnesses, risk and preventive factors and how to mitigate stigma. The youth in schools have now gained more trust in speaking up about their mental health, which is contributing to normalization of mental health conversations. Awareness has also led to positive behaviour change, and focal teachers are increasingly getting involved in providing psychosocial support to youth with learning or behavioural issues among others.
-  Youth empowerment: The champions learnt self-disclosure and built confidence in discussing mental health with young people through the different platforms such as the radio talk shows, XSpace, school general assemblies and community events. This was attributed to the training of the mental training for champions.

Improved access to mental health services in schools. Due to the presence of mental health champions and focal teachers, many students have been supported with psychological first aid and psycho-education the mental health challenges identified. Other students were referred to the mentor champions or M.H.U helpline for professional counselling.

Psychological healing of the mentor Champions: Through sharing of their story during mentorship sessions, 16 mentor champions have reported improvement and coping better from their own mental health challenges; one of the mentors champions had this to say in one of the monthly meetings;

“.....the Project has been therapy to me. At the start of this year before I joined the Project, I was an out-patient at Butabika but through this Project I have got a healing hand in a peer that I was connected to and now my life is happier and more meaningful.....”



Collaboration, Coordination and networking

The project established robust collaborative efforts with various stakeholders to achieve its objectives. Key collaborators included the school's administration, focal teachers, mental health champions, mentor champions, and local government officials in Wakiso and Gulu such as the District Health Officers (DHOs), Police, Community Development Officers (CDOs), Psychiatric Officers, and ministries such as the Ministry of Education and Ministry of Health, particularly through the Mental Health units in different referral hospitals.

Furthermore, the project fostered partnerships with civil society organizations dedicated to youth welfare. Notable collaborations occurred during the commemoration of International Youth Day in June 2023 and World Mental Health Day. These collaborations facilitated the execution of activities aimed at raising awareness about mental health among the youth.

These collaborative efforts underscored the project's commitment to leveraging diverse expertise and resources to address mental health challenges comprehensively and effectively. Through collaboration, coordination, and networking, the project maximizes its impact and ensures sustainable support for mental health initiatives in the communities it serves.



Lessons learned?

- ✚ The peer-to-peer/Champion model of intervention proved to be effective in helping young people with mental health challenges. The project registered an increase in the number of youth seeking psychosocial support in targeted schools through the mental health champions. This was also attributed to the awareness campaigns that tackled broad issues on mental health and the benefits of seeking help.
- ✚ Additionally, youth-led awareness activities conducted through school general assemblies, radio talk shows, and advocacy drives increased knowledge on mental health among young people as many continued to open up about the problems.
- ✚ The youth-led awareness activities provided an opportunity for young people to connect and support each other. This was beneficial for those who lacked sources of support and felt lonely or isolated because of their mental health status.
- ✚ The importance of youth participation allowed the champions to have a voice in shaping services and support available to them. They created effective and relevant services tailored to their needs during different awareness activities.

✚ The importance of collaborations. The engagement of stakeholders such as district officials, local leaders, and partner organizations in project activities and joint monitoring enabled a sense of ownership of the project. This also helped to create stronger and more effective mental health initiatives in the community.

✚ We learned that the M.H.U helpline was most immediate and accessible by both the champions and people identified with mental health challenges that required professional counseling. Some mentor champions used the helpline to get mental health support for existing mental health challenges.

“...I always called the helpline for counseling support and this addressed my worries and sadness...” Said Apiyo (not real name)

Challenges

- ✚ The limited scope of the project compared to the magnitude of the problem. The stakeholders had often given recommendations that the project was so relevant but operating on a small scale and that it should be expanded to reach more schools.
- ✚ The students who were referred to the toll-free line for professional counselling experienced a challenge in reaching out because the number was only available during working hours when they were engaged with classes.

- ✦ Fitting the project activities into the school calendar was challenging, which led to delays in the execution of some activities. This was because the Project was introduced in the schools at a time when the school calendar for the year was already set.
- ✦ There was skepticism around the new project given that it was introduced at a time when Uganda was discussing the anti-homosexuality bill. This raised mixed reactions from stakeholders and sometimes delayed decision-making.
- ✦ Some of the project activities were under-budgeted, such as baseline evaluation, which necessitated tapping from other budget lines such as balances from the kick-off meetings to support the baseline study data collection and validation meetings.
- ✦ In some schools, mental health champions were elected into leadership positions as prefects, creating a conflict of interest as they endeavoured to balance both roles.
- ✦ Champions in one of the project schools faced a high level of stigma and discrimination from both teachers and students when the project was introduced in the school, becoming a barrier to students seeking help.

Recommendations

- ✦ **Expand the Project's Coverage in Schools:** While stakeholders have provided positive feedback regarding the project, concerns have been raised regarding its limited scope. It is recommended to explore opportunities for expanding the project to reach more schools, thereby increasing its impact and effectiveness.
- ✦ **Extend Interventions to Parents and Guardians:** Recognizing the significant influence parents and guardians have on the psychological well-being of children/learners, it is advisable to incorporate interventions targeting this demographic. By providing resources and support to parents and guardians, the project can address holistic aspects of mental health within the community.
- ✦ **Enhance Teacher Training on Mental Health:** Stakeholders have suggested broadening the training initiative to include all teachers in project schools, rather than just the two focal teachers per school. This expanded approach would ensure that a greater number of educators are equipped with the necessary knowledge and skills to support students' mental health needs effectively.
- ✦ **Extend Counseling Services Availability:** Consider extending the availability of counseling services over the toll-free line to weekends or even transitioning to a 24/7 service model. This would ensure continuous access to support for individuals in need, irrespective of the time or day.

📌 Early Joint Planning for Year 2 Activities: Collaborate with schools to plan project activities for the upcoming year well in advance. By incorporating these activities into the school calendar for 2024 during the planning phase, the project can ensure better integration and participation from all stakeholders.



A woman with short, dark, curly hair, wearing a blue shirt and a gold earring, is shown in profile, looking towards a group of people in a community setting. In the background, a person in a bright blue shirt is partially visible, and another person in a red shirt is smiling. The scene is outdoors with a warm, golden light.

NORMALISING
MENTAL HEALTH
CONVERSATIONS

“Normalizing mental health conversations” refers to the process of making discussions about mental health topics commonplace and acceptable in everyday conversations. Historically, mental health has been stigmatized, leading to individuals feeling ashamed or hesitant to talk about their struggles or seek help. Normalizing these conversations aims to break down this stigma and create an environment where discussing mental health is as ordinary and accepted as talking about physical health.

MHU is at the helm of normalizing conversation around mental health accros the country. In Jinja City, with support from Voice Uganda, we are implemented a social contact project that seeks to to support normalization of these conversation.

Achievements

- Organized a courtesy visit to Jinja City and successfully secured an office space within the mental health unit of Jinja Regional Referral Hospital.
- Engaged with key stakeholders, including the Director of Jinja Regional Referral Hospital and the Principal City Development Officer, aligning project goals with broader community development objectives.
- Adapted, translated, and printed the Champions Manual into Lusoga, making it more accessible to the community.
- Adapted the MHU Community Mental Health Handbook to provide comprehensive information about mental health

services in the Jinja area, enhancing access to support resources.

Conducted comprehensive 5-day training programs for champions, equipping them with skills to challenge mental health stigma and engage effectively with their communities.

24



Mental Health Champions recruited and trained

7500



IEC materials produced and disseminated to enhance awareness and understanding of mental health issues

28



journalists trained on responsible reporting of mental health issues

- Conducted a 2-day Peer Support Training session for champions, focusing on developing skills and reducing stigma.
- Conducted 6 monthly support monitoring visits to assess progress, ensure quality assurance, and engage stakeholders for collaborative efforts.

- ✦ Created safe spaces within the field office, integrating self-care activities like outdoor games into monthly reflection meetings to support champions' well-being and resilience
- ✦ Advocated for accurate and sensitive media coverage to foster empathy and support for individuals with mental health conditions.
- ✦ Commemorated World Mental Health Day through a mental health camp, providing on-site services and raising awareness among community members.
- ✦ We conducted a baseline survey to understand the current state of mental health in Jinja City, informing targeted interventions and future evaluations. And findings revealed 52% of households in Jinja city have experienced a mental health condition



3700

people reached through social contact



283

Referrals for mental health services made



Lessons Learnt

- ✦ **Inclusivity and Community Engagement:** The project stakeholders emphasized the importance of adopting a broader district-wide perspective to ensure inclusivity and effectively combat the stigma associated with mental health. This highlights the need for projects to engage diverse stakeholders and communities to ensure relevance and effectiveness.
- ✦ **Addressing Contextual Factors such as Poverty:** The project encountered challenges related to community engagement due to economic factors like poverty. This underscores the importance of understanding and addressing contextual factors that may affect project implementation and outcomes.
- ✦ **Continuous Learning and Adaptation:** The project adapted its materials by translating them into Lusoga, a local language, to make them more accessible and inclusive. This reflects the importance of continuous learning and adaptation to better meet the needs of the target population.
- ✦ **Empowerment of Champions:** The project recruited and trained local champions, providing them with essential skills and knowledge to advocate for mental health within their communities. Empowering local champions will lead to more sustainable and impactful initiatives.

✦ **Importance of Peer Support and Safe Spaces:** Providing safe spaces for champions to share their experiences and engage in self-care activities is essential for their well-being and resilience. Peer support will help reduce stigma and foster a sense of belonging among champions.

✦ **Collaboration and Partnerships:** The project engaged with various stakeholders, including local authorities, healthcare professionals, and media personnel, to leverage their support and resources. Collaboration and partnerships will enhance project reach and effectiveness.

✦ **Monitoring, Evaluation, and Learning:** Regular monitoring visits and reflection meetings allowed the project team to assess progress, ensure quality assurance, and engage stakeholders for feedback. Continuous monitoring and evaluation are vital for course correction and improving project outcomes.

✦ **Awareness and Advocacy:** The project organized events and campaigns to raise awareness about mental health and reduce stigma. Advocating for mental health through media training and community events can lead to increased understanding and support for mental health issues.

✦ **Community Engagement and Ownership:** Involving community members in project activities and decision-making processes fosters ownership and sustainability. Building relationships with local leaders and stakeholders can help garner support and resources for the project.



Coordination, Collaboration and Networking.

✦ MHU facilitated an orientation session in Jinja, involving diverse stakeholders that included regional hospital officials, civil society organizations, and individuals with lived experience in mental health. Discussions emphasized the need for broader district-wide initiatives to combat stigma effectively. Through collaboration, MHU secured an office space within the Jinja Regional Referral Hospital's mental health unit, enhancing operational capabilities for upcoming initiatives. This collaborative approach underscores our commitment to inclusive and impactful mental health interventions.

✦ Recruitment and training of 20 Mental Health Champions were conducted in collaboration with local government and health authorities. Champions were strategically allocated across divisions, ensuring comprehensive coverage within Jinja City. The comprehensive training equipped champions with essential skills and empowered them to initiate meaningful conversations about mental health within their communities. The integration of peer support training further strengthens their ability to provide effective support and challenge mental health stigma.

✦ MHU addressed the lack of accessible mental health services in Jinja City by mapping service providers, ensuring better referrals

and support for Individuals in need. This collaborative effort enhances the effectiveness of mental health interventions and promotes holistic well-being within the community.

- ✦ Quarterly learning fora and participation in national events like Voice National Linking and Learning events provided platforms for knowledge exchange and collaboration. These initiatives facilitate dialogue among stakeholders, increase awareness of mental health issues, and garner support from local authorities and partners. By showcasing the achievements of Mental Health Champions and disseminating impactful stories, MHU promotes a supportive environment and advocates for continued investment in mental health initiatives.

Challenges

- ✦ Limited Scope: Concerns were raised regarding the project's focus primarily on Jinja City, highlighting the need for a more expansive district-wide perspective to ensure inclusivity.
- ✦ Coordination among Stakeholders: Participants emphasized the necessity for improved coordination among stakeholders to maintain continuous services and enhance project effectiveness.
- ✦ Poverty as a Barrier: Poverty emerged as a significant issue impacting community engagement, with some members expressing reluctance to participate without the promise of monetary gain or food incentives.
- ✦ Community Engagement Challenges: Past experiences highlighted difficulties in engaging the community, particularly regarding expectations of incentives at meetings, indicating the need for innovative approaches to overcome these barriers.



Cross-cutting Issue:

Anti-corruption

MHU management continues to caution staff about the corruption risks that exist in our project's operational environment, while also taking clear steps to curb those risks.

1. Project staff recently (April 2022) underwent a whistleblowing exercise with the team from Youth Mental Health Norway. The session was led by Ms. Tuva Rosenvold, the Manager of the International Department at YMHN, and sought to test the team's understanding of the set procedures for handling cases of corruption and other issues that may arise,

including safeguarding. The staff had last been oriented in the whistleblowing procedures early in the project's life, so the exercise was a welcome refresher. Scenarios (case studies) were created and shared by the various staff, and responses and feedback were shared on the different outcomes and expectations. The exercise strengthened staff confidence in the procedures and reassured them about the confidentiality aspect, and the fact that in some cases, they can report directly to Youth Mental Health Norway without going through local structures.

2. In 2022, MHU also contracted a consultant to upgrade the financial manual, which had not been revised since 2017.



The new manual has incorporated all the concerns raised in the financial checklist of 2021, and financial staff are now better equipped to conduct their tasks according to written procedures. The Finance and Administration Manager has made it a point to familiarize all staff with the content of the new financial manual. Therefore, he presents different chapters of the manual in monthly meetings to improve their understanding of the organization's financial procedures. This is a preventative anti-corruption measure. By enhancing staff's knowledge of the correct way to do things, they will be better equipped to detect irregularities and discrepancies between theory and practice.

Women's rights and gender equality

MHU is committed to promoting women's rights and gender equality proactively. We provide deliberate mentorship to female staff, which allows them to take on higher-level tasks and nurtures their professional growth. For instance, the Communications Officer, who is female, has been tasked with coordinating the MHU Reference Group's activities, such as the commemoration of World Mental Health Day across different regions. This shift has translated into greater involvement of the Reference Group, and they now provide more sustainable proposals and methods of work while reporting more autonomy in running regional activities. Furthermore, all job adverts sent out encourage women to apply.

In addition, we encourage female counselling agents to take the lead during awareness-raising and community outreach events,

such as media appearances on radio and TV talk shows.

Since the toll-free line was launched in 2021, we have noted that more men than women call for help. In 2022, 59% of callers were male, and 41% were female. This gender distribution raises questions because men are usually more reluctant to seek help for mental health conditions, while women are more likely to suffer from mental health conditions than their male counterparts. One explanation could be that assured anonymity and confidentiality lower the threshold for men to reach out for help, which would be positive. Another explanation could be that women have less access to phones, computers, or the internet than men or fear being caught seeking help for conditions that carry a lot of stigma in their culture, which would be negative. It might also be that women are more likely to seek support from their community, friends, and fellow women and are therefore less reliant on an anonymous counselling service. The gender disparity is noted, and we believe that it should be evaluated in future research and assessments.

FUNDRAISING & PARTNERSHIPS DEVELOPMENT



Mental health Uganda throughout the years has been at the forefront of supporting the lives of persons with lived experiences of mental health challenges. The mental health sector is still under funded with only 1 percent of the health budget allocated to mental health. The need for concerted efforts to step up the fight for equalization of opportunities and improved access to health care at all levels is critical. To score on this, there is need to Identify partnerships that are like minded to support this cause. In 2023 we were happy to strengthen our collaboration and partnerships with our existing partners abut also welcomed relation with new Partners.

Our partners and projects.

Youth Mental Health Norway

Mental Health Uganda and Youth Mental health Norway have been in partnership since 2020, .Implementing a youth project that aims at amplifying voices, the Partnership aim at serving youth between 15 – 35 years of age. The partnerships targets 8 districts namely, Kampala, Wakiso, Kanungu, Mbarara, Lira, Gulu.

SIND Denmark

For over 5 years, SIND has supported MHU' efforts to improve the quality life of Women on the streets of Kampala. The project came to an end and we have started engagement for a new interventions.

Government Departments and Ministries.

MHU is in active partnership with the Ministries of Health, Gender labor and social development, and Ministry of Education. Livelihood caucus.

We are a member of the livelihood caucus that is coordinated by the Uganda National Action for Physical disability. This membership is targeting live hood improvement in Lira targeting the members of Lira District Association.



Voice Global

Voice is supporting a 15 month project that aims at normalizing mental health conversation in Jinja City. The project targets, People living with disabilities
Women facing exploitation, abuse, and/or violence and the vulnerable youth and elderly. The project supports Rights holders who are also mental health champions to lead the conversations that aim a fighting stigma and ultimately facilitate Improving access to social services, health and education in particular

Ongoing Conversations.

Prudential Uganda Limited.

MHU is in advance conversation with Prudential Uganda Limited a health insurance service provider. The partnership set to commence in 2024 aims at providing tele-based counseling and therapy to prudential clientele that might need psycho education and counseling.



FINANCE



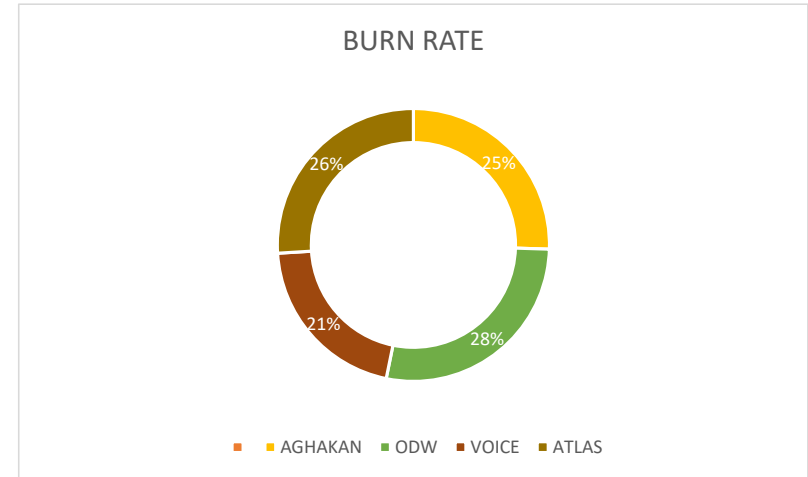
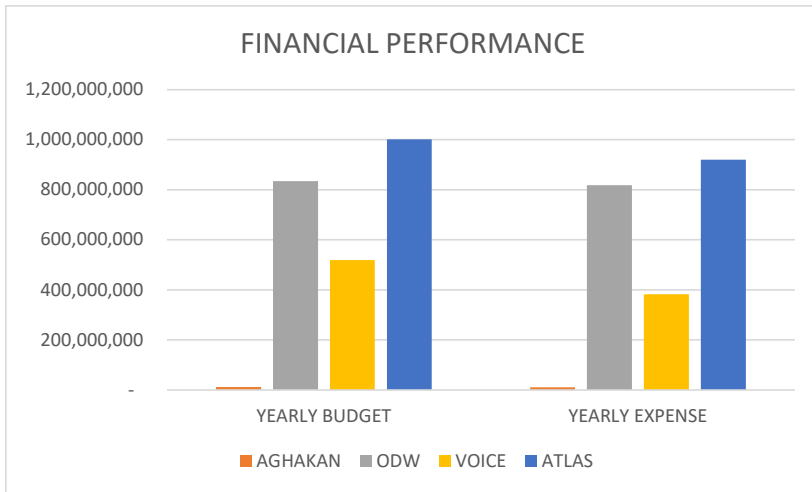
In 2023, MHU underwent a strategic shift towards implementing a cashless system of payments. This initiative stemmed from our unwavering commitment to combat and mitigate the risks associated with fraud and corruption. Through the adoption of mobile payment services such as Mobile Pay, we have successfully minimized these risks.

Mobile Pay stands out as a secure and dependable payment platform facilitating non cash financial transactions for both individuals and organizations. Particularly beneficial in regions where traditional banking services are limited or inaccessible, Mobile Pay has undergone rigorous testing to validate its efficacy in reducing corruption and fraud.

The transition to mobile payment services has effectively eradicated the necessity for cash transactions, notorious for their susceptibility to corruption and fraud. Unlike cash transactions, which are challenging to trace and prone to unauthorized diversion, mobile payment transactions are meticulously recorded electronically. This not only enables seamless monitoring and auditing but also substantially diminishes the likelihood of financial misconduct. By directly transferring funds to beneficiaries' mobile phone accounts, Mobile Pay minimizes the involvement of intermediaries, thereby mitigating the risk of fund diversion or misuse.

This strategic integration of mobile payment services underscores MHU's unwavering commitment to transparency, accountability, and the prudent stewardship of resources.





Partner by Project







[mentalhealth_uganda](#)



[mental_health_uganda](#)



[mental_health_uganda](#)



www.mentalhealthuganda.org