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BNUU Strategic Plan 2025 – 2030

bnuu.org

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Acronyms

BNUU	BasicNeeds UK in Uganda
CG	Caregivers
ICT	Information and communication technology
IDPs	Internally Displaced Persons
KPI	Key Performance Indicators
MHGAP	Mental Health Gap Action Plan
MOH	Ministry of Health
NGO	Non-Governmental Organisation
PMI	Person with mental illness
PMIE	Person with mental illness or epilepsy
SHGs	Self Help Group
UBOS	Uganda Bureau of Statistics
VHTs	Village Health Teams
VSLA	Village Saving and Loan Association
WHO	World Health Organisation

1 Executive Summary

BNUU is a Ugandan NGO that provides mental health support to communities in post-conflict recovery. It works in a remote corner in the north east of Uganda, which was the battleground of a sustained and brutal conflict between the Lord's Resistance Army (LRA) and the Ugandan army (UPDF) for more than 20 years. The stress of war and living in overcrowded Internally Displaced Persons (IDP) camps destroyed the fabric of society, and left a legacy of severe and widespread mental health issues including post-traumatic stress disorder (PTSD), depression and anxiety.

BNUU's **vision** is that the basic needs of all people with mental illness and/or epilepsy in Uganda are met and their basic rights are recognised and respected. BNUU's **mission** is to enable people with mental illness and/or epilepsy and their families to have access to mental health services, economic opportunities and the ability to advocate for better mental health services in their communities. We share knowledge and work closely with existing community structures and other local organisations for sustainable change.

Our **goal**, as set out in our theory of change, is that PMIEs and caregivers in northern Uganda enjoy freedom from mental illness and poverty.

Due to the co-dependent nature of adult and child mental health, where each both impacts and is impacted by the other, BNUU works with both adults and children. Recognising the lack of mental health resources in Agago District, BNUU will focus over the next 5 years on increasing access to community-based and schools-based mental health services. BNUU's work responds to global and national trends, and aligns particularly with Sustainable Development Goals (SDGs) 1 - End poverty in all its forms everywhere; and 3 – Ensure healthy lives and promote well-being for all at all ages. BNUU's work also aligns to elements of SDGs 2 - End hunger, achieve food security and improved nutrition and promote sustainable agriculture; 8 - Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; and SDG 10 - Reduce inequality within and among countries; as well as with Uganda's Vision 2040.

In the next strategic period (2025-2030) the five strategic objectives for BNUU are:

- **Strategic objective 1:** Mental health support. To increase provision of community based mental health services in Agago, and explore opportunities to provide some services in other districts of Northern Uganda.
- **Strategic objective 2:** Capacity sharing. To strengthen the capacity of stakeholders to invest in, develop, coordinate and deliver mental health services.
- **Strategic objective 3:** Outreach and education. To reduce stigma and increase awareness of mental health in families and communities, and in schools.
- **Strategic objective 4:** Advocacy. To empower people with mental illnesses/epilepsy and their caregivers to demand better mental health services, and advocate for their rights and inclusion in government services.
- **Strategic objective 5:** Self-help and livelihoods. To improve the resilience of people with mental illnesses/epilepsy and their caregivers through sustainable economic empowerment.
- **Strategic objective 6:** Mental health research and collaboration. To strengthen mental health research and opportunities for collaboration and partnership.

BNUU will seek to develop organisationally in the next five years in five key areas of organisational development. Firstly, it will develop its communications and fundraising, as well developing a human resource plan (e.g. staff career progression). Secondly, BNUU's mental health team will develop their capacity to offer specialised trauma-focussed counselling, while self-help group members will be trained to become peer support counsellors and health workers to take on a greater role in mental health service provision. Thirdly, BNUU will develop its monitoring and evaluation (M&E) system to enable greater real-time use of data by the counselling team. Fourthly, BNUU will seek to develop collaborative relationships and partnerships with specialist organisations in northern Uganda in areas like gender based violence (GBV), and alcohol/substance abuse; with non-mental health NGOs in

northern Uganda that are in need of some mental health support or training; with research institutions and universities; and with Agago District Education Office. Finally, BNUU will conduct needs assessments to guide the future scaling up of its work into new areas.

2 Introduction

This Strategic Plan has been developed in consultation with the BNUU board and team.

3 Vision

BNUU's vision is that the basic needs of all people with mental illness and/or epilepsy in Uganda are met and their basic rights are recognised and respected.

4 Mission

BNUU's mission is to enable people with mental illness and/or epilepsy and their families to have access to mental health services, economic opportunities and the ability to advocate for better mental health services in their communities. We share knowledge and work closely with existing community structures and other local organisations for sustainable change.

5 Values

Our identity – what we believe in

BNUU believes that all people with mental illness and/or epilepsy (PMIEs) have rights, are entitled to dignity and respect, and should be valued like everyone else. Our focus is on inclusion and a process of recovery through active participation. Extreme poverty exacerbates mental illness and also makes it much harder for individuals to manage their own recovery and the illness itself. In this context BNUU have observed that a renewed contribution to family income can be the first step to inclusion and thus we believe in the right of PMIEs to take their place in the fight against poverty, by integrating income generating and savings activities in mental health programmes. BNUU also recognises that young people raised by war-affected parents often inherit psychological effects of unresolved trauma, which is why we focus on building their emotional resilience and coping skills to disrupt the intergenerational transmission of trauma.

Our behaviour – how we act

BNUU's work is sensitive to the cultural and social context in which we work. Such sensitivity, however, includes a willingness to promote and influence change and challenge established perceptions or practices in regard to PMIEs. BNUU works with women, men, children and adolescents with mental illnesses and/or epilepsy, accepting that they have, at times, differing needs from one another. In addition, BNUU acknowledges the need to work closely with caregivers, who play a vital role in provision of community mental health care. We are also developing ways of supporting the children of PMIEs whose childhoods are often lost between the extremes of poverty and mental illness.

BNUU is committed to keeping our own organisation small while growing by way of effective work in collaboration with local partners. Partners are included in decision-making and selected on the basis of a commonality of values as well as potential or proven effectiveness. BNUU's structure will remain flat and flexible, maximising the use of modern communication technology, able to respond to existing and new opportunities quickly and effectively. The board members are committed to a 'hands on / eyes on' approach by being deeply involved in the organisation's governance, strategy and development. They commit to giving their talents both individually and collectively as part of the BNUU team.

BNUU does not discriminate on grounds of gender, race, disability, mental illness, sexual orientation or religion. In its advocacy and education work, BNUU aims to act with integrity and the highest standards of ethics. This will be reflected in our fundraising and in all documentation produced.

BNUU's working practice aims always to be informal yet transparent, accountable and professional. BNUU remains open to critique. We aim to be an organisation that is continually learning, and an integral part of this will be regular evaluations of our work, as well as that of our partners and the specific projects we undertake. We aim to foster a culture of disclosure and to disseminate results in a clear, accessible way.

Our performance – what we do and the changes that we seek

BNUU strives to maintain high quality in its work. BNUU's mental health and development model acknowledges the right of mentally ill people to be consulted and weaves together concepts of inclusion, treatment, human rights and development practice delivered in partnership with a large variety of organisations.

6 About BNUU

BNUU originated as part of BasicNeeds UK, but evolved as its own fully independent organisation and entity, managed by Ugandans and registered in Uganda, in 2017.

BNUU is registered with Uganda's National NGO Board under the National NGO Registration Act of the Parliament of Uganda with the registration number 3181. We have a well instituted and respected Governance Board comprising five Ugandan members. We are dedicated to working with PMIEs, their caregivers, their families and their communities to realise sustained wellbeing. The recent expansion of our board from three to five members has had an impact on how the secretariat is set up, including the skillsets required, and tasks allocated to the staff.

In 2017, BNUU partnered with Network for Africa, a UK based NGO which had secured a 3-year Comic Relief grant to implement a community mental health programme in Agago District, northern Uganda. Since 2017, BNUU has been working in Kalongo Town Council, Paimol, Wol, and Lukole sub-counties in Agago district. In 2022, BNUU expanded to Adilang and Lapono sub-counties, and in 2023 to Patongo Town Council, Lamiyo, Lira Palwo and Omot sub-counties. These 10 sub-counties are in the process of being subdivided into 23 smaller administrative units, but are referred to in their original form in this strategy. In total, Agago district has 16 original sub-counties, which are in the process of being divided into 26 - thus BNUU is operational in 10 of 16 original sub-counties, or 23 of 26 new sub-counties.

6.1 BNUU's Key Achievements

From December 2017, when BNUU commenced its work in Agago District, to December 2024, we have achieved the following:

Mental health support

- We have treated 4,823 PMIEs in Agago District at mental health clinics. Of these, 2,641 have received counselling and 2,928 have received medication.
- 2,242 young people have been supported to form mental health clubs in their schools.

Capacity sharing

- BNUU has trained 510 village health teams (VHTs) and 243 duty bearers including teachers, community leaders, religious leaders. The mental health training for health workers has enabled them to integrate mental health issues in client consultations. This has increased demand for mental health services and encouraged more people with epilepsy to seek treatment from health workers where previously they would not.

Outreach and education

- BNUU reached 18,608 community members through BNUU's community education and awareness raising sessions. BNUU's publicity campaigns raised awareness and encouraged PMIEs to seek treatment. This was because of stigma reduction, and community members' understanding of mental illness signs, symptoms and treatment options.
- Stigma was reduced within families through mental health education. This greater acceptance and understanding radiates to the wider community, impacting in turn on PMIEs' own sense of stigma, with a positive effect on adherence to treatment.

Advocacy

- Training self-help group (SHG) members in human rights and advocacy improved understanding and awareness of discrimination against PMIEs. It helped them identify abuses and empowered them to act by

reporting abuses to local leaders and holding public meetings to discuss violations. Many PMIEs took leadership positions within their SHGs, and some aspire for political positions.

- Families caring for people with epilepsy noticed changes in community behaviour e.g. people started administering first aid to those having seizures. Integration of children with epilepsy has improved in schools.
- SHG advocacy actions included better supply of medication; increasing health worker numbers at mental health clinics; pledges to improve roads to health centres.

Self-help and livelihoods

- 71 self-help groups (SHGs) have formed with 1,394 SHG members. SHG membership brings numerous benefits, including: reduced stigma; increased empowerment, self-esteem and confidence; support networks; a louder collective voice for advocacy; group savings and loans, offering better purchasing power and enabling the set-up of 'drug banks' to prevent medication shortages; mutual livelihoods among members.
- BNUU distributed income generating project inputs to 865 SHG members and distributed vegetable seeds to 47 self-help groups.

Mental health research and collaboration

- BNUU has been part of national level mental health conferences with the Ugandan National Parliament's Parliamentary Forum on Mental Health and the Uganda Counselling Association.
- BNUU has organised two successful district level advocacy events for Mental Health Awareness Day in 2023 and 2024, with high levels of engagement from district local government representatives, other NGOs, community members, and the Ugandan Chief Justice who is originally from the district.

7 The Operational Environment

7.1 The Internal Environment

Strengths

- BNUU works closely with community structures (health system, councils, schools)
- It has strong collaboration both internally among the team, and externally with other stakeholders
- There is strong knowledge of mental health among the team
- There is commitment from the team towards their work
- There are strong policies and systems in place at BNUU to guide the work
- BNUU has had consistent funding and partnership with N4A
- BNUU engages with specialists who guide supervision and mentorship of the team, to deliver quality mental health services
- BNUU has a people centred approach
- BNUU has strong, trusted connections with the communities in which it works
- BNUU is strategically located in Kalongo, in the middle of Agago district
- It has good leadership
- It has qualified, professional and dynamic staff.

Areas for improvement

- BNUU's external communication – we don't do enough to tell our stories to the world, and ensure the visibility of our work
- BNUU lacks a fundraising team and/or an advisory team (e.g. on project direction, M&E)
- BNUU needs to build long-term relationships with funders and diversify its funding streams
- It needs to integrate climate change into its programmes – e.g. sustainable agriculture, addressing mental health burden of climate change specifically
- BNUU's salary levels are not keeping up with the cost of living
- Agago district's challenging roads mean there is a need for a car

- Staff are in need of more self-care/retreats
- Staff need more capacity building, training, and refresher training – currently they get more support/supervision
- Many of BNUU's laptops are getting old and slow and need replacing
- BNUU has a limited geographical scope within northern Uganda
- BNUU lacks software for case management
- The team needs protective kit for motorbike riding that is stronger and harder wearing.
- The staff medical bonus/insurance package is limited to staff only, not family members.

Opportunities

- There is strong and growing political will and support at the district level
- There is goodwill from health workers and other stakeholders in the district towards BNUU and mental health in general
- There remains a significant ongoing need for BNUU's services
- Significant awareness and attention are being given to mental health by WHO
- N4A's ongoing support and partnership
- The Uganda mental health act is supportive and conducive to BNUU's work
- There is a growing realisation by more NGOs of the need to mainstream mental health into their programmes
- The potential to identify lawyers who do pro bono work that could help BNUU's beneficiaries and some of the challenges they still face e.g. with land wrangles.
- More international funders are funding in-country.

Threats

- Inflation and the economic crisis, which are increasing poverty and making it harder for beneficiaries to save money
- Risks of global/regional pandemics – not just Covid, but mpox and other diseases
- Ongoing insecurity in the areas where BNUU works due to the cattle raider insurgency
- The general election scheduled for 2026 brings potential for tensions
- Climate change is disrupting the rainy season, and causing more floods and more droughts
- The poor road network makes it challenging to reach all the areas where BNUU works safely
- An increasingly challenging fundraising environment - both internationally and locally.
- Lack of secure funding base.

7.2 The External Environment

The WHO's World Mental Health Report 2022 indicates that about one in eight people worldwide live with a mental disorder, and around half the world's population lives in countries where there is just one psychiatrist to serve 200,000 or more people. Yet new demands for mental health care are adding to the strain on already overstretched health systems everywhere. The increasing demand for mental healthcare has been exacerbated by global threats to mental health. Growing social and economic inequalities, violence and public health emergencies threaten progress towards improved wellbeing. The Covid-19 pandemic created a global crisis for mental health, fuelling short- and long-term stresses and undermining the mental health of millions.

Although mental health conditions contribute to huge economic consequences such as productivity losses, other health conditions are often prioritised over mental health, while within mental health budgets, community-based mental health care is consistently underfunded. On average, countries dedicate less than 2% of their health care budgets to mental health (WHO World Mental Health Report 2022).

Additionally, it is estimated that one in seven adolescents have significant mental health difficulties, with one in 10 having a specific psychiatric disorder in sub-Saharan Africa. Yet, there are fewer economic and human resources in this region than any other (WHO, 2017).

Due to the Covid-19 outbreak, the global prevalence of anxiety and depression increased by 25%, with a chronic global shortage of mental health workers and resources – it is estimated that there is 1 mental health worker per 100,000 people with mental illness in low income countries (WHO Scientific Brief 2022).

7.2.1 National environment - Uganda

In Uganda, mental, neurological and substance use disorders are a major public health burden. Depression, anxiety disorders, and elevated stress levels are the most common form of mental illness, sometimes leading to suicide and attempted suicide. Uganda is ranked among the top six countries in Africa for rates of depressive disorders (4.6%; Miller et al., 2020), while 2.9% live with anxiety disorders. About 5.1% of females and 3.6% of males are affected (WHO, 2017).

Uganda spends 9.8% of its gross domestic product on healthcare, or US\$246 annually per person, but just 1% of this goes into mental healthcare (International Journal of Mental Health Systems, 2010.) This has been worsened by the fact that most people who suffer from mental disorders do not seek treatment. Uganda has only 30 psychiatric doctors with only 28 outpatient health facilities. Underfunding and waste in the health system have widened the treatment gap, driving those who need services further into the waiting hands of traditional and alternative practitioners. This significantly limits access to mental health services (Global Social Welfare, 2021).

In Uganda, the high prevalence of depressive symptoms, especially among older adolescent girls is attributed to a weak family support system. Young adolescent girls are three times more likely than boys to have depressive disorders (Ministry of Health, 2021). The 2024 census report indicates that children aged 10 to 17 years are more likely to have suicidal thoughts than any other age group because of their emotional vulnerability. The report shows that children and youth between 10 to 34 years make up 61% (165,182 out of 272,271) of the cases of suicidal thoughts and attempts in the last 10 years, with the highest number of cases registered among children of 10 to 14 years (39,656). Of the 272,271 suicidal thoughts and attempts registered in the last 10 years, 150,921 cases were of females while 121,350 cases were of males. The census report also shows that rural areas recorded the highest number of suicide cases - 184,567 - while urban centres recorded 87,704 cases (Uganda Bureau of Statistics, 2024).

Uganda's Mental Health Act 2016 provides opportunities to strengthen the provision of mental healthcare in primary health facilities in Uganda.

7.2.2 Local environment – northern Uganda and the LRA war

BNUU works in a remote corner in the north east of Uganda, which was the battleground of a sustained and brutal conflict between the LRA and the UPDF for more than 20 years. The LRA killed and terrorised thousands of civilians, and abducted at least 30,000 children, forcing them to be soldiers, porters and sex slaves.

Some 1.7 million internally displaced people (IDPs) were herded into squalid and over-crowded IDP camps, ostensibly for their own safety, yet without any infrastructure, adequate protection or sanitation, leaving them vulnerable to abuse from both the LRA and the UPDF, and prone to sickness and starvation.

Once traditionally successful farming communities, their society was tested to breaking point. Proud farmers who were no longer able to access their land, lost their wealth and social status, and lived on hand-outs for years; children who returned from abduction and war were unrecognisable to their mothers; a generation of youth only knew life in an IDP camp; the elderly saw their strong, family-based community disintegrate before their eyes. The stress of war and living in overcrowded IDP camps destroyed the fabric of society. Traditional farming skills once passed down through the generations were lost and people struggled to sustain small businesses. This

protracted conflict left a legacy of severe and widespread mental health issues including post-traumatic stress disorder (PTSD), depression and anxiety.

According to the UNICEF-Uganda Multi-dimensional Poverty Report, 2020, the multi-dimensional poverty prevalence rate is particularly high in northern Uganda, with the rate in the Acholi region (where Agago district is located) at 69%, which compares to the 47% national average. This is attributed to the 20 years of war between the LRA and the government of the Republic of Uganda. Poverty, the 20 years of war, and Covid-19, exacerbated the level of mental illness in the region. Additionally, rural Ugandan households also experience higher rates of multidimensional poverty on average (55%) than urban (23%).

An urban-rural divide also exists with services, which are centred in urban towns, leaving a treatment gap of about 85% in rural settings. While urban residents mostly have access to some sort of services, communities from rural areas struggle to find services (International Journal of Mental Health Systems, 2019). In northern Uganda, even the services of traditional healers are scarce because poor communities are unable to pay for these services.

The Agago District Local government District Development Plan III 2020 - 2025 includes an objective to improve children's psychological wellbeing, as well as to upgrade some health centres in the district to HCIIIs.

Climate change poses serious risks to mental health and wellbeing (General Psychiatry Journal, 2021). In numerous instances, BNUU has witnessed a relapse of clients with mental health conditions and epilepsy when the area experiences floods, and prolonged dry spells. The main source of livelihoods in northern Uganda is agriculture, and farmers' reliance on rain fed agriculture has contributed to serious mental health issues in periods of drought. Droughts and flooding are the most common weather events experienced by people in northern Uganda, and this has resulted in stress, distress, depression, anxiety, suicide, gender-based violence, and high-risk coping behaviours such as alcoholism in the communities BNUU works in.

This has resulted in low recovery of BNUU's clients, because of poor adherence to mental health medicine and poor nutrition. BNUU has seen clients declining to take medicines because of inadequate food intake. The impact of climate change is intensifying the already extremely challenging situation for mental health and mental health service delivery. BNUU will continue to integrate climate change issues in its programming.

7.2.3 Other factors

As Uganda prepares for its upcoming general elections in January 2026, the political environment is likely to become more dynamic, particularly in the rural and underserved areas where BNUU operates. During election periods, there is typically increased political activity, heightened community engagement, and shifts in local government priorities. This context can have both enabling and limiting effects on BNUU's work. On one hand, the heightened visibility of social issues during elections presents an opportunity to elevate mental health in the community. On the other, administrative delays, changes in leadership, and shifting attention away from long-term program implementation could temporarily slow down decision-making processes, policy engagement, and integration into government systems.

To mitigate these risks, BNUU will maintain a non-partisan, community-based approach, strengthen partnerships with civil society actors, and time key advocacy engagements to align with stable political windows

8 Five year strategic priorities

Recognising the lack of mental health resources in Agago District, BNUU will focus on increasing access to community-based and schools-based mental health services. BNUU's work responds to global and national trends, and aligns particularly with Sustainable Development Goals (SDGs) 1 and 3:

- SDG 1 – End poverty in all its forms everywhere;
- SDG 3 – Ensure healthy lives and promote well-being for all at all ages.

BNUU's work also aligns to elements of:

- SDG 2 - End hunger, achieve food security and improved nutrition and promote sustainable agriculture;
- SDG 8 - Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;
- SDG 10 - Reduce inequality within and among countries; as well as with Uganda's Vision 2040.

8.1 The Goal

PMIEs and caregivers in northern Uganda enjoy freedom from mental illness and poverty.

8.2 Strategic Objectives

In the next strategic period (2025-2030) the five strategic objectives for BNUU are:

Strategic objective 1: Mental health support. To increase provision of community based mental health services in Agago, and explore opportunities to provide some services in other districts of Northern Uganda.

Activities

1. Conducting Individual and group counselling for 1,500 PMIEs
2. Conducting home visits to 800 PMIEs
3. Conducting 144 mental health clinics in health centres
4. Conducting health education talk to reach 2,000 people
5. Continue supporting teachers in 26 primary schools, 4 secondary schools to provide group counselling to students
6. Support 658 teachers to provide group counselling to students in 94 schools
7. Support peer support counsellors to provide group counselling to members of their communities who have been assessed by health workers
8. Conduct a needs assessment in neighbouring district/s establishing the need for mental health support.

Strategic objective 2: Capacity sharing. To strengthen the capacity of stakeholders to invest in, develop, coordinate and deliver mental health services.

Activities

1. Training 2,809 health workers/village health teams (VHTs) on clinical management of common mental conditions using the mhGAP protocol
2. Training 338 key duty bearers and influential community leaders on common mental health conditions, rights of PMIEs and their shared responsibilities
3. Training 6 BNUU counsellors and 630 community members in peer support counselling
4. Training 64 health workers in running of mental health clinics using BNUU's diagnostic tools
5. Quarterly supervision and mentoring of all health worker led mental health clinics by BNUU
6. Training and ongoing mentorship of 6 BNUU counsellors, 1 BNUU psychiatric nurse and 2 BNUU senior leaders in trauma counselling by Centre for Victims of Torture Gulu
7. Quarterly training, mentorship and counselling supervision for the BNUU team from a psychologist
8. Leadership and management mentorship of BNUU senior management team by a consultant
9. Biannual clinical supervision provided to 64 health workers by Gulu Regional Referral Hospital Mental Health Unit

Strategic objective 3: Outreach and education. To reduce stigma and increase awareness of mental health in families and communities.

Activities

1. Conducting 200 education sessions in schools, targeting 7,000 pupils and students
2. Conducting 100 community education sessions outside schools targeting 2,000 people.
3. Conducting 12 radio talks shows targeting 15,000 community members
4. Supporting 64 health workers to conduct mental health assessments and referrals during mental health outreach activities in schools and in the community

Strategic objective 4: Advocacy. To empower people with mental illnesses/epilepsy and their caregivers to demand better mental health services, and advocate for their rights and inclusion in government services.

Activities

1. Supporting SHG members and school mental health club leaders to develop advocacy plans, including raising awareness, advocating for policy reforms, and ensuring access to essential services, and support them to implement these both at district and national levels
2. Advocating for policy and positive behavioural changes, enhancing service accessibility, and promoting awareness of the rights and needs of PMIEs.

Strategic objective 5: Self-help and livelihoods. To improve the resilience of people with mental illnesses/epilepsy and their caregivers through sustainable economic empowerment.

Activities

1. Establishing 30 new self-help groups (SHGs) formed of BNUU's mental health clients and caregivers
2. Conducting training sessions for 600 participants in Village Savings and Loan Associations (VSLAs) and financial literacy
3. Facilitating workshops for community members to identify and select viable enterprise opportunities based on local resources, market demand, and individual skills
4. Providing refresher training to 6 community drug bank committees
5. Establishing and operationalising 10 community drug banks in Agago district and 4 in neighbouring districts
6. Organising the distribution of essential inputs (such as seeds, items for Income Generating Activities) to PMIEs and caregivers via their SHGs.

Strategic objective 6: Mental health research and collaboration. To strengthen mental health research and opportunities for collaboration and partnership.

Activities

1. Stakeholder mapping – BNUU will map the other organisations working on mental health in Uganda, their areas of focus and their areas of operation, as well as non-mental health organisations with interest in mental health.
2. Establishing relationships with non-mental health specific organisations and providing support to integrate and mainstream mental health into their programmes
3. Initiating 2 joint research projects that address local mental health issues, encouraging participation from both institutions and local researchers
4. Establishing mentorship programs pairing experienced researchers from institutions with local researchers in mental health to enhance skills and knowledge transfer
5. Setting up quarterly feedback meetings with researchers and local stakeholders to discuss progress, share insights, and adjust collaborative efforts based on emerging needs and findings
6. Mapping stakeholders that implement mental health activities in other districts of northern Uganda.

9 Risks

We have examined the major risks to which BNUU is exposed and we will review them at each Board meeting. The Programme Manager and the Board Chair, under the supervision of the Board, maintain the Risk Register. Below is an overview of the major financial and operational risks as of November 2024.

Risk	Explanation	Impact	Probability	Management
Loss of key staff	Bigger international NGOs can offer higher salaries, career progression and some posts e.g. senior management positions can command larger salaries. Potential threat to delivery of projects since it affects the implementation of the activities.	High	High	Monitor this closely and keep in close contact with the funders. See if we can offer one-off compensation payments where possible, and develop a strategy for offering salary increments, wherever possible. Develop opportunities for more of the team to take on management responsibilities and thus progress their careers at BNUU.
Reliance on N4A for funding	If N4A ceases to exist, changes its strategy or stops funding this would result in a substantial reduction in funds in the short-term, cancellation of projects, etc	High	Low	Expand fundraising activity - seek other opportunities. Build direct relationships with funders.
Cuts to overseas development assistance internationally	The US, UK and other European countries are cutting their overseas development assistance budgets. While BNUU does not receive funding from these funders, the cuts mean that a) more organisations will be competing with BNUU for remaining funding opportunities, and b) there may be less scope to work with other organisations in Uganda who were USAID funded e.g. on HIV and mental health	Medium	Medium	Expand fundraising activity - seek other opportunities. Build direct relationships with funders. Adapt ambition of strategy, if necessary.
Safeguarding	Harm to beneficiaries and reputational damage to BNUU	Medium	Low	Ensure that our safeguarding policies are up to date and that beneficiaries know about whistle blowing policies so that they know who they can report abuse to.

Risk	Explanation	Impact	Probability	Management
Occurrence of pandemics	The outbreak of pandemics such as mpox, Covid-19, Ebola and other diseases could potentially lead to lockdowns, increased mental distress, and interruption to programme implementation.	High	Medium	1- Review of project activities with a view of rescheduling activities where needed. 2- Adopting alternative means to carrying out activities like using teleconferencing or online sessions. 3- Revising the budget and seeking necessary approvals. 4- Encourage staff adherence to SOPS While at work and off work.
Not being positioned to take advantage of funding opportunities	Miss out on growing interest in supporting mental health causes and on new sources of potential income	High	Medium	Need to be sufficiently resourced/staffed to look and apply for other funding opportunities.
Shortage of mental health drugs	Relapse of clients which affects the smooth running of their business.	High	Medium	Ensure effective and efficient functioning of community drug banks and strengthen the ability of PMIEs and their caregivers to advocate for regular supply of mental health drugs
Diversion of proceeds from income generating activities by beneficiaries	Due to poverty and food insecurity, some beneficiaries may use all the proceeds from their IGAs to support their families and have none left for running the business.	Medium	Low	Regular home visits to monitor IGAs by BNUU staff and community government workers.
Counsellors experience burn out and don't feel that they are being adequately supported	Lack of supervision could cause counsellors to feel unsupported. Also, heavy workload and high demand for counselling services could lead to burnout.	High	Medium	Provide supervision and training to the counsellors - one day a month, minimum. Provide self-care days to staff once per quarter. BNUU will train more community structures and lay counsellors to provide counselling services too.
Ongoing insurgency of cattle rustlers in Agago district	Stealing BNUU's beneficiaries' cattle and goats can severely affect their income level. There is also risk of violence against community members by the cattle	High	Low	Encourage beneficiaries to use the government protected kraal for their livestock overnight.

Risk	Explanation	Impact	Probability	Management
	rustlers, creating fear and mental distress.			
Impact of climate change	In recent years, northern Uganda has experienced more floods and droughts as a result of climate change, which cause crop failure in a predominantly agricultural society, and thus increase food insecurity as well as family conflict/gender-based violence.	High	High	Encourage beneficiaries to diversify their sources of livelihoods. Promote vegetable gardens with a large mix crops, and to supplement livelihoods. Integrate climate change knowledge into BNUU programmes, e.g. encourage beneficiaries to plant trees.
Poor infrastructure - especially roads	Most roads connecting BNUU's programme areas are unpaved, and many are in a very poor state of repair – while BNUU's work depends on staff ability to cover large distances by motorbike to conduct activities. This creates risk of injury, and expensive repairs to bikes.	Medium	High	Ensure regular maintenance of the motorbikes. Invest in higher quality riding gear. Look into purchasing a car. Continue to advocate to government for greater investment in upgrading and maintaining roads.
Economic crisis and inflation	The increased prices of goods means that beneficiaries earn less surplus from their IGAs, affecting their business growth, and potentially leading to businesses shutting down, and increasing poverty and perpetuating the cycle of poverty and mental illness.	High	High	Encouragement of diversification of income sources.

10 Organisational Development

10.1 Development so far

BNUU formed in late 2017 with a small team (initially 2, growing to 6 staff), piloting a community mental health programme in 4 sub-counties of Agago district - Wol, Lokole, Paimol and Kalongo Town Council. This comprised training, awareness raising, mental health clinics and counselling. People attending mental health clinics were

supported to form self-help groups (SHGs) - ultimately 61 SHGs have been formed across the 4 sub-counties. In 2019, BNUU started a livelihoods programme to support 25 of these established self-help groups with savings, livelihoods and advocacy support. They were also supported to form community drug banks to supplement government medical supplies, as the health centres often faced shortages. To deliver this, BNUU recruited 2 field operations officers, in charge of livelihoods and advocacy activities

In 2022, BNUU expanded its community mental health programme to 2 new sub-counties - Adilang and Laponi - and grew its mental health team up to 5 counsellors and 1 psychiatric nurse. Meanwhile, BNUU supported a further 22 more SHGs with savings and livelihoods, and 47 SHGs with seeds and support to set up vegetable gardens.

In 2023, BNUU started a schools mental health programme in 30 schools across 4 new sub-counties of Agago district - Patongo Town Council, Lamiyo, Lira Palwo and Omot sub-counties - setting up school mental health clubs and building the capacity of teachers to deliver counselling and club activities. BNUU recruited 2 new team members - a sixth counsellor, and an M&E assistant - to support this work.

BNUU today has 16 full time staff - including a programme manager, finance officer, M&E officer, psychiatric nurse, 6 counsellors, 3 field operations staff, and 3 assistants. One of the counsellors also deputises for the programme manager. The senior management team consists of the programme manager, finance officer, M&E officer, head of counselling and head of field operations. BNUU started with 3 board members in 2017, and as of 2024, this has expanded to 5 members. BNUU started with an annual budget of UGX 300,000,000 (about \$80,000) in 2017/18 - this has grown to UGX 1,000,000,000 (about \$280,000) in 2023/24.

BNUU has established strong relationships with people in the communities where it works, and also with political leaders and local authorities at sub-county, district, regional and national levels. These include the Ministry of Health, Gulu Regional Referral Hospital Mental Health Unit, the District Local Government (including political and administrative units such as the Office of the Resident District Commissioner, Chief Administrative Office, District Health Office, District Education Officer, District Chairperson) and the administrative units. BNUU's strong partnership with the district is exemplified by their collaboration on the organisation and celebration of World Mental Health Day at district level. BNUU initiated the first WMHD celebration in Agago district in 2023. This led to the District taking the lead with BNUU's support to organise the 2024 WMHD, attended by the Chief Justice of Uganda.

BNUU has spent this 6+ year period testing its models and approaches for community mental health support in northern Uganda. BNUU's ambition is to scale up/replicate its model in all the sub-counties in Agago district, with potential to scale some elements of its work to neighbouring Pader and Abim districts within the new strategic period, subject to the needs/demand, funding availability, and the identification of potential organisations with which to partner/collaborate.

BNUU receives external support from a psychologist at Makerere University, who provides the BNUU team with counselling support, training, supervision and mentoring. The senior management team receives mentoring from an external management consultant with expertise in NGO governance in Uganda. Since its inception in 2017, BNUU has received continuous support from Network for Africa, with fundraising, strategy, M&E and financial management.

10.2 How BNUU will develop organisationally in the next five years

Communications, fundraising and human resources

- Communications - BNUU will improve its external communications via its website and social media, to ensure greater visibility of its work
 - Short term - existing team members will be upskilled to take on website updates, and social media updates, coordinating with other members of the team to gather content that they can use.

- Longer term - BNUU will seek to recruit a part-time staff member or local consultant to manage external communications.
- Fundraising -
 - Short term – BNUU will develop a fundraising strategy, to guide
 - Longer term - BNUU will aim to recruit someone part time to support fundraising, or to build an advisory team with expertise such as fundraising, that BNUU can draw on when needed.
- General human resources - BNUU will develop a plan for human resource development of the organisation, including staff career progression; salary scales and progression, during the first half of the strategic planning period.

Training/capacity sharing

- BNUU will engage a specialist trauma counselling organisation to provide training and mentorship to BNUU's counsellors and psychiatric nurse on specialist trauma counselling.
- BNUU will develop the capacity of existing SHG members to become peer support counsellors in their communities.
- BNUU will develop the capacity of health workers to be able to take on the running of mental health clinics in Agago district, by providing training, mentoring and supervision.
- The BNUU team will be provided with communication training, covering how to write for different audiences. For example, reports, funding proposals, newsletters, blogs etc.

M&E system

- BNUU will develop its M&E systems in order to enable ease of use by the counselling team in real time:
 - Short term - BNUU will provide dedicated smartphones for the counselling team, so that they can use KoBo Toolbox more effectively to review past counselling records as well as entering new ones.
 - Longer term - BNUU will explore the possibility of having customised software to serve its specific M&E needs.

Partnerships and collaboration

- Stakeholder mapping – BNUU will map the other organisations working on mental health in Uganda, their areas of focus and their areas of operation, as well as non-mental health organisations with interest in mental health.
- BNUU will gain a full understanding of the mental health landscape in Uganda and Agago District through research of national and district-level mental health policies and strategies, and engaging with government stakeholders.
- BNUU will seek out and collaborate with specialist organisations in gender-based violence (GBV), and alcohol/substance abuse, so that clients in need of such specialist support can obtain it.
- BNUU will seek to develop more relationships with other non-mental health NGOs in northern Uganda that are in need of some mental health support or training, or of adding a mental health component to their programmes, that BNUU could be commissioned to provide.
- BNUU will seek to develop partnerships with research institutions and universities.
- BNUU will expand its collaboration with the Agago District Education Office, and work together to seek sources of funding to scale up its popular schools mental health programme to more of the district's schools.

Future development of BNUU's work

- BNUU will develop a fundraising strategy to guide its approach to fundraising over the project period, to secure its future.
- BNUU will scale up its schools mental health programme, ultimately to the whole of Agago district.
- BNUU will conduct a needs assessment in Agago's neighbouring districts, identifying their needs and possibility to replicate some of BNUU's community mental health interventions subject to funding and suitable collaborations and partnerships.

11 Financial planning

11.1 Total budget for 5-year strategic plan

The estimated total cost of implementing this strategic plan over 5 years is UGX 4,525,845,000.