

**NETWORK FOR AFRICA**

**STRATEGIC PLAN**

**COVERING THE PERIOD**

**1 JANUARY 2018 – 31 DECEMBER 2020**



## CONTENTS

Executive Summary	3
Vision and Mission	4
Structure	4
In-Country Implementing Partners	4
External Environment	
• Rwanda	6
• Uganda	7
• Sierra Leone	8
• Nigeria	9
Strategic Objectives	11
Projects – Rwanda	12
• Aspire Gisozi	12
• Survivors Fund Rwanda (SURF)	12
Projects – Uganda	13
• Patongo Counselling Community Outreach (PCCO)	13
• Counselling Outreach Programme	13
• HIV	13
• Basic Needs in Uganda (BNUU)	13
• Lioness Educational Programme	14
Projects – Sierra Leone	14
Future Projects – Nigeria	14
Monitoring and Evaluation	16
Organisational Development	16
• Fundraising	16
• Communications	16
• Governance	17
• Cost of implementing the strategic plan	17
Appendices	
• Background to Network for Africa	18
• Trustees	19
• Staff	20
• Strengths, Weaknesses, Opportunities, Threats	20
• 3-year budget	23
• Activities chart	24

## Executive Summary

**Introduction** - (N4A) is a UK charity that works with communities in post-conflict recovery, supporting people recovering from trauma and rebuilding their lives. Founded in 2007, it currently has projects in Rwanda and northern Uganda. The objective of this strategic plan is to set out a framework for the next three years, to enable N4A to optimise its growth, streamline its work, attract funding and continue to support its project partners. This plan proposes that N4A builds on its strengths and expertise in mental health, psychosocial support and community development. It will refine its model and replicate it in other regions and countries in sub-Saharan Africa.

### Objectives of the plan

- Between 1 January 2018 and 31 December 2020 N4A will expand to include other countries in sub-Saharan Africa, including Sierra Leone and possibly Nigeria.
- N4A's focus will continue to be psychological and mental health support for communities recovering from war and conflict. It will then support economic productivity to capitalise on beneficiaries' psychological gains.
- By 1 January 2018 N4A will have refined its mental health project models in order to replicate them elsewhere in sub-Saharan Africa.
- By 31 December 2019 N4A will have replicated its project model in at least one other area in northern Uganda.
- By 31 December 2020 N4A will have robust evidence on its model for supporting people recovering from trauma in communities in post-conflict recovery to demonstrate its impact.
- By 31 December 2020 N4A's income will be in the region of £650,000 and it will have at least 3 months' operating costs as reserves.
- By 31 December 2020 N4A will have the staff and structure in place to effectively manage its workload.
- **Risks and opportunities** - N4A will benefit from the fact that its projects are unique and its expertise is in mental health, particularly women's issues related to mental health. It will also benefit from the fact that its project partners and UK staff team are diligent, experienced and have strong local knowledge which will help to strengthen and refine its project models. It will use its wealth of stories and testimonies to bring life to its work and to draw in supporters. N4A's board of trustees is committed and will use its strengths and knowledge to support N4A's ambition and strategic goals. N4A recognises that the cost of implementing the plan will require careful financial planning and effective fundraising. It also recognises the potential to over-burden the staff, and will monitor this carefully. The strategic plan will provide boundaries to prevent mission creep in order to attract funding.
- **Resourcing the strategic plan** - The cost of implementing the strategic plan will be £1,224,240 over 3 years. It may be necessary to have an extra part-time staff member to help with grant management, as well as advice on fundraising, finance and communications.
- **Implementing the strategic plan** - The trustees and CEO will have ultimate responsibility for ensuring that the strategic plan is implemented through regular monitoring at trustees' meetings. The staff team will, however, have specific implementation roles – the Executive Director of International Projects will be responsible for all project-related implementation and development; the International Programmes and Research Officer will be responsible for research, monitoring, evaluation and financial reporting of projects, support with grant writing, reporting and management; the CEO will be responsible for oversight, fundraising, grant writing and governance; the trustees will be responsible for supporting areas of the strategic plan for which they have particular expertise.

## **Vision**

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

## **Mission**

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

## **What we do**

We place post-conflict recovery at the centre of everything we do. Working with local organisations we address the psychological, social and health problems created by conflict that prevent community members from rebuilding their lives. We work with our partner organisations, building their capacity to deliver and manage these programmes. The inclusion of women, tailoring programmes for their needs, is also a focus of our work.

## **How we work**

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

## **Relationships with project partners**

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

## **Structure**

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

N4A's in-country implementing partners are:

### **Rwanda**

- **Aspire (Rwanda)** is a non-governmental organisation (NGO) based in Kigali, which provides training and support to women so that they can raise themselves and their families out of poverty. Aspire is led by CEO Peace Ruzage, a former director of Women for Women International. She manages a staff team of 13 at Aspire Gosizi and a staff team of 14 at Aspire Rutunga.
- **Survivors Fund (SURF)** was founded by Mary Kayitesi Blewitt OBE in 1997. It supports survivors of the 1994 genocide against the Tutsi in Rwanda through local partner organisations established and managed by survivors themselves, including AVEGA (Association of Widows of the Genocide) and AERG (National Student's Association of Genocide Survivors). SURF delivers technical support including capacity-building and monitoring and evaluation to these local partner organisations to deliver projects ranging from healthcare to housebuilding, education to entrepreneurship. SURF is a UK registered charity, managed and run out of its head office in Kigali, Rwanda.

## Uganda

- **Patongo Counselling Community Outreach (PCCO Uganda)** is a Community Based Organisation (CBO) based in Patongo Town Council in northern Uganda, which provides psychosocial support<sup>1</sup> to survivors of the 22-year war that raged between the Lord's Resistance Army and the Ugandan People's Defence Force in northern Uganda. Until December 2016, PCCO was led by Director Florence Adong, with a senior management team of 4, and a team of 23 counsellors. An interim Director, Agnes Nyaga, is now leading PCCO.
- **Passion for Community** is a community organisation based in Patongo Town Council that works with young people through its juvenile justice programme, and implements the Lioness Fund.
- **Basic Needs UK in Uganda (BNUU)** is a Ugandan NGO that supports access to mental health services through training, research, advocacy and awareness raising, targeting sufferers of mental disorders. It addresses stigma, discriminatory policy, access to quality mental health care and poverty affecting people with mental illness. Basic Needs UK in Uganda will be implementing our Comic Relief funded new programme to support people with mental illness and epilepsy in northern Uganda.

## Sierra Leone

- **Conforti Community Aid Children Organisation** is a Sierra Leonean NGO based in Freetown and Port Loko. It addresses the educational and welfare needs of young people including their mental health and psychosocial needs. We will work with Conforti to deliver a mental health programme in Freetown and Port Loko to support the many traumatised survivors of Ebola and the war. This will be a 3-year programme of work, and N4A's first project in Sierra Leone, funded by Comic Relief.

## Nigeria

- **Centre for Gospel Health for Development (CeGHaDs)** is a Nigerian NGO based in Plateau State's capital, Jos. They work on health issues, including mental health and HIV counselling. We have developed a project proposal with them for which we are seeking funding. Meanwhile CeGHaDs is carrying out a mental health needs assessment in Plateau State, to determine the extent of trauma in Plateau State and what interventions would best suit the situation there.

---

<sup>1</sup> Psychosocial support is a term used to describe a wide range of actions that address social and psychological problems that are usually emergency-induced. Whilst these problems are common all over the world, they are more frequent amongst people who have faced adversity such as war or other humanitarian crises (WHO).

## External environment – Rwanda

**Background** - Rwanda was a poor and under-developed country even before the genocide in 1994 that left an estimated one million people dead. The war destroyed much of its meagre infrastructure, leaving survivors to start again with very little. Of those who survived, 97% witnessed the violence<sup>2</sup>, and trauma has been a serious factor in holding people back from being productive at work or at school.

- **Political situation** – The political system is technically a multi-party system, but has been dominated by Paul Kagame’s Rwandan Patriotic Front since the 1994 genocide. Presidential elections are held every 7 years.<sup>3</sup> President Kagame has been in power since 2000. He was re-elected in 2017 for a third 7-year term with nearly 99% of the vote. There is no longer a two-term limit after a constitutional amendment was passed before the recent election, so Kagame could remain President until 2034<sup>4</sup>. Media censorship persists. The government has been known to shut down anti-government newspapers and arrest journalists who speak out against the government.<sup>5</sup> Rwanda has more elected female representatives (48%)<sup>6</sup> and cabinet ministers than any other country, but it remains to be seen how great the impact has been on recognising women’s rights and needs. For example, in 2014 the Parliament reduced statutory maternity leave from 12 weeks to 6 weeks.<sup>7</sup>
- **Economic situation** - Rwanda has had high GDP growth over the last 14 years – on average 7% annually since 2003. The country aims to become the first middle-income country in Africa by 2020, though 39% of its population is still living in poverty.<sup>8</sup> The government is focusing on four main sectors to improve the economy: agriculture, investment, tourism and information and communications technology (ICT). The government’s short-term economic policy is guided by Vision 2020, and in the long-term by the Economic Development and Poverty Reduction Strategic Plan (EDPRS).<sup>9</sup> The main goals of the EDPRS 2 (for the period 2013-2018) are to increase annual GDP growth to 11.5%; reduce poverty to less than 30%; grow exports by 28%; and increase private sector investment.<sup>10</sup> Belying this optimism, however, are the facts that 35% of the population still earns a living through subsistence agriculture, and that Rwanda is the 29<sup>th</sup> most unequal country in the world.<sup>8</sup> It is hard to know how the UK public and individual trusts and foundations perceive the need for continued assistance in Rwanda.<sup>11</sup>
- **Mental health** - The 1994 genocide in Rwanda is well known. What is less understood is the lingering impact of the genocide on survivors’ lives. Many are heads of child headed households, some are single mothers, rape survivors, individuals with crippling social anxiety and a ‘fear to live in society’; and others are locked in land ownership wrangles with relatives who seized their family land when their parents were killed in the genocide. In 2012 our project partner, Survivors’ Fund Rwanda (SURF) carried out a survey of 213 young survivors of Rwanda’s genocide. The findings showed that trauma from the genocide is still debilitating, with 88% of them showing symptoms of post-traumatic stress disorder (PTSD) and 77% showing signs of depression. There is a clear link between poverty and mental illness, and in countries such as Rwanda where people suffered and continue to experience debilitating trauma from the genocide, the problem is apparent. Poverty-related factors (e.g. poor housing, financial insecurity, low levels of education, shame at not being able to provide for one’s family, poor physical health as a result of poor nutrition etc.) have been shown to increase the risk of developing common mental disorders such as anxiety and depression<sup>12</sup>. People with mental disorders may not be able to work because of their illness<sup>13</sup>, meaning they become trapped in a cycle of poverty and ill-health. Addressing this trauma and mental ill-

---

<sup>2</sup> Institute for the Study of Genocide: <http://www.instituteforthestudyofgenocide.org/oldsite/newsletters/25/athanse.html>

<sup>3</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html>

<sup>4</sup> <https://www.theguardian.com/world/2017/aug/05/paul-kagame-secures-third-term-in-rwanda-presidential-election>

<sup>5</sup> <http://en.rsf.org/report-rwanda,38.html>

<sup>6</sup> “Growth and Poverty Reduction Grant”, DFID, 2012. <http://www.dfid.gov.uk/Documents/publications1/DFID-Rwanda-business-case.pdf>

<sup>7</sup> <http://www.newtimes.co.rw/news/index.php?i=15309&a=65336>

<sup>8</sup> CIA World Factbook, 2017, <https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html>

<sup>9</sup> <http://www.gov.rw/Economic-development>

<sup>10</sup> Rwandan Ministry for Finance and Economic Planning,

[http://www.minecofin.gov.rw/fileadmin/General/EDPRS\\_2/Summary\\_Presentation\\_of\\_EDPRS2.pdf](http://www.minecofin.gov.rw/fileadmin/General/EDPRS_2/Summary_Presentation_of_EDPRS2.pdf)

<sup>11</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/67358/rwanda-2011.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67358/rwanda-2011.pdf)

<sup>12</sup> Vikram Patel and Arthur Kleinman “Poverty and common mental disorders in developing countries” WHO Bulletin 2003.

<sup>13</sup> “Breaking the vicious cycle between mental ill-health and poverty” WHO 2007.

health is crucial if a community is to start rebuilding. However, in the 2016 UN Human Development Index, Rwanda ranked 158 out of 188 nations in terms of poverty, provision of health and education, and quality of life. 71% of the population lives in rural areas and earns their living from subsistence farming. Mental health services in Rwanda are also woefully under-resourced: there are 0.05 psychiatrists, 1.3 mental health nurses, 0.12 mental health social workers and 0.07 psychologists per 100,000 people<sup>14</sup>. Therefore, there are not the community structures in place to reduce mental health problems.

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

### External environment – Uganda

**Background** - Our projects in Uganda operate in Agago District, home to the Acholi people. It is a remote and neglected corner in the north east of the country, which for more than 20 years, from the late 1980s, was a battleground for sustained and brutal conflict between the Lord's Resistance Army (LRA) and the Ugandan army (the UPDF). The LRA killed and terrorised thousands of civilians, and abducted at least 30,000 children to be soldiers, porters and sex slaves.<sup>15</sup> Some 1.7 million internally displaced people<sup>16</sup> (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 has destroyed the fabric of society. Traditional farming skills once passed down through the generations were lost. People now struggle to sustain small businesses.

- **Political situation** - The political system is technically a multi-party system. The 2005 Constitutional amendments removed presidential term limits.<sup>16</sup> President Museveni seized power in 1986 and has been in office ever since. In the last election in 2016, Museveni won 61% of the vote. The next election is in 2021.<sup>17</sup> In 2015, Freedom House downgraded Uganda from “partly free” to “not free”. According to their 2017 report, the credibility of Uganda's elections has deteriorated over time. Furthermore, President Museveni signed the NGO Act in January 2017, which critics claim could be used to ban NGOs that challenge the president and government. Independent journalists have faced increasing government restrictions, and journalists have been beaten and arrested routinely by state police.<sup>18</sup>
- **Economic situation** - Uganda aims to be a middle-income country by 2040. Since 2005, the GNI has increased by an annual average of 7.6%.<sup>19</sup> In the National Development Plan (2011-2015), the Ugandan government has projected 7.2% average annual growth in GDP and a drop in the national poverty rate from 31% to 24.5%. Agriculture is the largest sector in the economy, making up 15.4% of the national economy followed by construction at 12.2%; manufacturing at 7.2%; tourism at 4.1%; ICT at 3.4%; and forestry at 3.4%.<sup>20</sup> Uganda stands to make profits from its oil deposits if government corruption and mismanagement do not interfere. However, there has been double-digit inflation since early 2011, and rising food prices put many at risk of falling into/back into poverty. As we know from our experience and research, northern Uganda is much worse off economically. In northern Uganda, 46% of the population still lives in poverty.<sup>20</sup> Northern Ugandans also lag behind in technology such as mobile phones and electricity (1.7% of northern Ugandans have electricity, compared to 12% of Ugandans; 27% of northern Ugandans have mobile phones compared to 46% of Ugandans).<sup>21</sup>

<sup>14</sup> WHO global Health Observatory data repository, 2011, <http://apps.who.int/gho/data/view/main.MHHRv>

<sup>15</sup> Resolve, <http://www.theresolve.org/about-the-crisis>

<sup>16</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html>

<sup>17</sup> <https://www.theguardian.com/world/2016/feb/20/ugandan-election-yoweri-museveni-wins-arrests-opposition-leader-besigye>

<sup>18</sup> Freedom House, 2017, <https://freedomhouse.org/report/freedom-world/2017/uganda>

<sup>19</sup> DFID, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/67416/uganda-2011.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67416/uganda-2011.pdf)

<sup>20</sup> National Development Plan, <http://ms-hiv-gdc.org/wp-content/uploads/group-documents/24/1334583639-DraftNDPDec42009version.pdf>

<sup>21</sup> Uganda National Household Survey 2010, <http://www.ubos.org/UNHS0910/unhs200910.pdf>.

- **HIV** - HIV infection rates in northern Uganda stand at 11% against a national average of 7.4%. This is largely attributable to the 22-year war and the privations of living in a refugee camp for two decades where starvation forced people to have sex in return for food, and where alcohol abuse and sexual gender based violence (SGBV) proliferated. Care for people living with HIV (PLHIV) is inadequate, with the elderly and very young being particularly vulnerable. Infection in former IDP camps, such as Patongo, is significantly higher than the national average of 6.2%<sup>22</sup>. Supply of anti-retroviral drugs (ARVs) at Patongo's Health Centre is erratic – in theory they are distributed every Thursday, but sometimes there are none. There is also a lack of Septrin antibiotics<sup>23</sup> to treat opportunistic infections. For those taking ARVs, sustaining adequate levels of nutrition to maximise their effectiveness is also challenging, with rising food prices and limited availability of nutritious food. Resources at Patongo's only health centre are inadequate, with the nurses ill-equipped to provide counselling for people newly diagnosed with HIV. In some cases, this has resulted in suicide<sup>24</sup>. Condoms are in short supply, and distributing them at the Health Centre deters the youth, who fear the community elders will find out they are sexually active.
- **Mental health** - The Ugandan government has theoretically prioritised mental health in the last 20 years by including it as one of the twelve components of the National Minimum Healthcare Package.<sup>25</sup> The government also has a mental health policy in place. However, health workers say that in practice the government has not prioritised it, reflected by the lack of funding and support.<sup>26</sup> Mental health in Uganda is severely underfunded and makes up 4% of overall national health spending.<sup>27</sup> Furthermore, mental healthcare provision is skewed towards urban areas, e.g. 62.4% of psychiatric beds are located in Kampala.<sup>26</sup> There is only one mental health hospital, also located in Kampala.<sup>27</sup> The most recent law relating to mental health, the Mental Health Act, was passed in 1964 and is badly in need of updating. The Mental Health Act of 2014 has been drafted but has yet to become law.<sup>28</sup>

The aspects of Uganda's external environment that N4A can have an impact on are post conflict and mental health, HIV, poverty and violence against women. These are all interlinked and cross cutting and can be traced back to the war.

### External environment – Sierra Leone

- **Political situation:** Sierra Leone is a democracy with a unicameral Parliament made up of 124 members. It has had three elections since the end of its brutal civil war in 2002. President Ernest Bai Koroma of the All People's Congress (APC) was re-elected for a second term in 2012. The next elections are in 2018.<sup>29</sup> Freedom House rates Sierra Leone as "partly free" and notes that opposition political parties face police violence and restrictions on the right to assemble. Corruption is widespread and the media are routinely threatened with defamation charges if their coverage is critical of the APC.<sup>30</sup>
- **Economic situation:** Sierra Leone ranks 179 out of 188 countries in the 2016 Human Development Index and 52% of the population lives below the poverty line (\$1.90 a day) with 40% literacy.<sup>31</sup> Nearly half of the population earns their income from subsistence agriculture. The country's main source of income is iron ore mining, though a drop in commodity prices, coupled with the Ebola crisis led to a 21% drop in GDP in 2015. The GDP started to recover in 2016 and modest economic growth is expected in 2017 onward.<sup>32</sup> GDP per capita is estimated at \$1,700; only 19 countries in the world have lower GDP per capita.<sup>33</sup>
- **Ebola and civil war:** Sierra Leone has endured a double blow: the brutal 10-year civil war that ended in 2002 resulted in 70,000 casualties (UNDP), and Ebola in 2014/15 infected 14,000, killing 4,000 (Sierra

<sup>22</sup> <http://www.irinnews.org/report.aspx?reportid=92262>

<sup>23</sup> Information supplied by PCCO, the health centre, and PAORINHER

<sup>24</sup> Network for Africa discussions with PCCO outreach counsellors February-March 2011; N4A discussion with Health Centre nurse on 5 March 2011. This is especially true amongst the young people.

<sup>25</sup> <http://www.ijmhs.com/content/4/1/1>

<sup>26</sup> *Oxford Health Policy and Planning*, <http://heapol.oxfordjournals.org/content/26/5/357.full#ref-3>

<sup>27</sup> WHO, [http://www.who.int/mental\\_health/evidence/atlas/profiles-2014/uga.pdf?ua=1](http://www.who.int/mental_health/evidence/atlas/profiles-2014/uga.pdf?ua=1)

<sup>28</sup> <http://health.go.ug/community-health-departments/mental-health-0>

<sup>29</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>

<sup>30</sup> <https://freedomhouse.org/report/freedom-world/2017/sierra-leone>

<sup>31</sup> UNDP

<sup>32</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>

<sup>33</sup> <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2004rank.html>



Leone Ministry of Health and Sanitation (MoHS)). Poverty rose when quarantine prevented people working, and misinformation about Ebola fuelled stigma and social exclusion. People lost businesses, possessions, food, homes and family breadwinners. Sierra Leone was declared Ebola free in March 2016 but still has a long road to recovery.<sup>34</sup>

- **Mental health:** The legacy of war has increased mental illness; of 102,000 people in 2011 estimated to have severe mental health problems, only 2% received treatment (Alemu et al 2012). Ebola added stigma, trauma and poverty to existing stresses – burial procedures were imposed that conflicted with cultural customs which worsened grief. Mental health provision in Sierra Leone amounts to one retired psychiatrist and one who works for the Army; one clinical psychologist in private practice; 19 mental health nurses who graduated in 2012; and one government psychiatric hospital where patients are in chains. Health workers have little or no mental health training. Whilst Sierra Leone historically relies on families, traditional healers and religious leaders to tackle mental health issues, the lack of treatment options have led some to self-medicate with alcohol, increasing poverty.<sup>35</sup> We intend to focus on two areas in Sierra Leone - the Western Area Urban District (WAUD) and Port Loko District (PLD). WAUD had the highest rate of Ebola, closely followed by PLD . There are 12,000 registered Ebola orphans with PLD having the most orphans . They are extremely vulnerable, suffering stigma and social exclusion. Those leading child-headed households miss school, resulting in long-term poverty. Some have attempted suicide, or turned to survival sex . Ebola left survivors with depression, anxiety and post-traumatic stress disorder. WHO estimates that 240,000 suffer from depression annually; stigma prevents them seeking help . With our partner Conforti, we conducted a needs assessment survey of 822 people, where 72% report trouble sleeping, 24% have frequent nightmares and 37% suffer from stress. In 2017, we carried out 4 Focus Group Discussions (FGDs) with Ebola survivors, burial workers, and health workers: all report symptoms of mental illness and stigma, but none have access to relevant services. Our partner has experience with young people with mental health problems, and sees an urgent unmet need for targeted mental health support for children (especially orphans) and their families. The government is calling for NGOs to help tackle stigma, mental illness and to provide basic mental health services such as talking therapies. Strengthening these services is in line with the government’s Mental Health Strategic Plan (2014-2018).

## External environment – Nigeria

**Background** - Plateau State, particularly the capital city Jos, has been at the centre of ethno-religious violence since 2001 and has seen many attacks on unarmed civilians with thousands of people killed. Over the last two years the violence has subsided and Jos has become safer, and the state is no longer considered to be ‘in conflict’. However, tensions remain high and religiously motivated attacks by herdsmen in the suburbs are still common. As a result of the violence there are many trauma cases that are not being addressed by the community, government or NGOs<sup>36</sup>. According to the Nigeria Reconciliation and Stability Programme policy brief: ‘All citizens have been affected by violence in one way or another, but this is especially true of vulnerable groups such as women, children and youth, who have suffered loss of life, injury, rape, assault, psychological trauma, forced displacement and a disruption of social services’.<sup>37</sup> Jos has 25,670 internally displaced people (IDPs) spread across 26 locations<sup>37</sup> who have fled from herdsmen and Boko Haram. Our project partner, the Centre for Gospel Health and Development (CeGHaD), has observed that trauma is rife both amongst IDPs and in the local community. Several recent group discussions and key informant interviews carried out by CeGHaD with the local community, IDP camp leaders and IDPs found that people from both communities show signs of trauma, depression and anxiety, citing constant feelings of panic, shame, fear, humiliation, helplessness and dejection.<sup>38</sup>

- **Political situation:** Nigeria is Africa’s most populous country, with a population of 190,632,261 people.<sup>39</sup> Nigeria experienced a series of military coups between its independence in 1960 until 2003<sup>40</sup>. Recently,

<sup>34</sup> <https://freedomhouse.org/report/freedom-world/2017/sierra-leone>

<sup>35</sup> VOA 2015.

<sup>36</sup> Policy brief Responses of Plateau State Government to violent conflicts in the state [http://www.nsrp-nigeria.org/wp-content/uploads/2014/11/E189-NSRP-Policy-Brief-Response-of-PLSG-to-Violence\\_FINAL\\_web.pdf](http://www.nsrp-nigeria.org/wp-content/uploads/2014/11/E189-NSRP-Policy-Brief-Response-of-PLSG-to-Violence_FINAL_web.pdf)

[www.nsrp-nigeria.org](http://www.nsrp-nigeria.org)

<sup>37</sup> Plateau State Emergency Management Agency

<sup>38</sup> 3 Focus Group Discussions and Key Informant Interviews carried out by CeGHaD (17-18 June 2017)

<sup>39</sup> <https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html>

there have been four elections, with the 2015 poll considered the most legitimate since the end of military rule.<sup>40</sup> Corruption, however, is rife: Nigeria ranks 136 out of 176 in Transparency International's corruption index<sup>41</sup>, though Freedom House noted that under current President Muhammadu Buhari, transparency has improved (though Freedom House still only rates the country as "partly free")<sup>42</sup>. The country is divided between Muslims living in the north and Christians in the south, which has fuelled sectarian violence in multiple states. This violence has killed thousands of people since 2011. Boko Haram, an Islamist militant group active in north and central Nigeria since 2009, has contributed significantly to this death toll with its attacks against police, military and civilians.<sup>43</sup>

- **Economic situation:** Nigeria has recently overtaken South Africa to become Africa's wealthiest country, thanks in large part to its plentiful oil reserves. However, widespread corruption has prevented much of the country's wealth from reaching its citizens: over 62% of the population still lives in extreme poverty.<sup>40</sup> GDP per capita is estimated at \$2,640.<sup>43</sup>
- **Mental health:** It is estimated that 20% of Nigerians have a mental health problem, and 90% receive no treatment.<sup>44</sup> While there are more psychologists and psychiatrists than in other countries in which we work (69 and 149, respectively)<sup>45</sup>, this still amounts to only 0.02 psychologists and 0.1 psychiatrists per 100,000 people.<sup>46</sup> The Mental Health Bill was introduced in Parliament in 2013 to replace the stigmatising Lunacy Act of 1958, but has not attracted much support and has not been tabled.<sup>47</sup> There is widespread stigma around mental illness, likely caused in part by the belief that sufferers have brought it on themselves or are in some way deserving of it.<sup>45</sup> Anecdotal evidence from our implementing partner CeGHaD, indicates that people hide family members who suffer from severe mental illnesses, and chaining people up/locking them in the house is common. Mental illness and epilepsy are considered to be caused by witchcraft, or a curse from God. Some mentally ill people are physically abused in order to force them to confession to being witches. Primary health centres (PHCs) which serve people at community level, are not empowered to handle mental disorders<sup>48</sup>. Specialist mental health services are only available at larger hospitals and psychiatric units (in Plateau State Specialist Hospital and Jos University Teaching Hospital) which are inaccessible to most because of distance and poverty. Overall, mental health provision in Nigeria is woefully inadequate. In 2014, there were 0.10 psychiatrists,<sup>47</sup> 4 psychiatric nurses and 0.02 psychologists<sup>49</sup> per 100,000 people.

---

<sup>40</sup> <http://news.bbc.co.uk/1/hi/world/africa/83449.stm>

<sup>41</sup> [https://www.transparency.org/news/feature/corruption\\_perceptions\\_index\\_2016#table](https://www.transparency.org/news/feature/corruption_perceptions_index_2016#table)

<sup>42</sup> <https://freedomhouse.org/report/freedom-world/2017/nigeria>

<sup>43</sup> <https://www.cfr.org/backgrounder/boko-haram>

<sup>44</sup> "Mental Health Situation Analysis in Nigeria", 2012, Mental Health Leadership and Advocacy Programme, Department of Psychiatry at University of Ibadan, Nigeria, <http://www.mhlap.org/downloads>

<sup>45</sup> Gerety, Rowan, "Medicine Men", *Slate*, 2013,

[http://www.slate.com/articles/news\\_and\\_politics/roads/2013/11/nigeria\\_s\\_psychiatric\\_care\\_mentally\\_ill\\_nigerians\\_rely\\_on\\_spiritual\\_healers.html](http://www.slate.com/articles/news_and_politics/roads/2013/11/nigeria_s_psychiatric_care_mentally_ill_nigerians_rely_on_spiritual_healers.html)

<sup>46</sup> WHO Global Health Observatory, 2017, <http://apps.who.int/gho/data/node.country.country-NGA>

<sup>47</sup> Journal of Law, Policy and Globalization, <http://www.iiste.org/Journals/index.php/JLPG/article/viewFile/32697/33589>

<sup>48</sup> Statement made by a senior official in the Department of Primary Health Care in one of the LGAs saying: We don't have licenced psychologists, licenced therapists at the PHC level. However we have Nurses and Community Health Extension Workers. Part of the training curriculum for Nurses is mental health, with this they are able carry out post trauma counselling and refer to tertiary facilities for comprehensive therapy.

<sup>49</sup> Izieloko Omi Jack-Ide and Leana Uys, "Barriers to Mental Health Services Utilisation in the Niger Delta Region of Nigeria", 2013, <http://www.panafrican-med-journal.com/content/article/14/159/full/#.WTkp8CMrK2w>

## **Strategic Objectives**

- N4A's focus will continue to be psychosocial support for communities recovering from conflict and living in poverty.
- By 2018, N4A will have used knowledge gained from project implementation to design effective models that can be replicated elsewhere in addition to Rwanda and Uganda.
- By 2020 N4A will have replicated its psychosocial project models in Uganda, Rwanda and Sierra Leone and possibly other countries in Africa e.g. Nigeria, subject to funding.
- By 2020 N4A will have robust evidence on its model for supporting people recovering from trauma in communities in post-conflict recovery to demonstrate its impact.
- By 2020 N4A's income will be in the region of £650,000 p.a.
- By 2020 N4A will have the staff and structure in place to effectively manage its workload.

## Projects

### Our projects: Rwanda

#### Rwanda – Aspire Gisozi

Aspire is a non-governmental organisation (NGO) based in Kigali, Rwanda that provides training and support to women so that they can lift themselves and their families out of poverty. Aspire has so far trained 1,070 vulnerable Rwandan women, teaching them to read and write, and giving them skills with which they can start their own individual businesses or as co-operatives.

#### Main activities

- **Health** – The women engage in a number of activities to improve their physical, mental and sexual health.
- **Educational activities** – Intensive vocational training in the first year enables beneficiaries to increase their income and reduce their poverty.
- **Education in women's rights** – The women are taught about their rights (sexual/reproductive rights, rights within marriage, inheritance rights, land rights, children's rights and family law), and how to access and exercise them.
- **Forming a cooperative** - The beneficiaries form cooperatives to enable them to pool their labour, support each other and take on leadership roles.
- **Childcare** - The project provides free, on-site childcare, allowing the women to work and study without interruption, in the knowledge that their young children are being safely cared for.
- **Including husbands and partners** - Following feedback that male partners need to be part of the learning process if the women are to be able to implement their learning, the project provides separate education sessions for husbands/partners on women's rights and SGBV.

#### Priorities/Targets for 2018

Having worked with Aspire since 2009 we have decided that 2018 will be the last year of our partnership. However, we will support the current cohort of women studying hairdressing and cookery with small grants to set up their own businesses, either as individuals or as a group, following the submission of business proposals that will be assessed. We expect those that receive grants for existing businesses will see an average profit increase of 20%, and those who received grants for new businesses will start earning a profit.

**The costs of running this project until the end of 2018 will be: £20,000.**

#### Rwanda – Survivors Fund (SURF)

In 2017 N4A was approached by SURF to explore the possibility of providing capacity building and training for its counsellors who were struggling to deliver the counselling component of a DFID grant to train young survivors in entrepreneurial skills. An interim evaluation of the programme found that the counselling element needed greater focus and resources, as many of the beneficiaries were still suffering from post-traumatic stress, which was seriously impeding their ability to make the most of the entrepreneurship training. The sum allocated in the DFID grant was insufficient to provide adequate enough training and support to make a significant impact on the mental health of the beneficiaries. We are therefore offering training to four counsellors at SURF in counselling skills for post-traumatic stress disorder. It is a 'train the trainer' model, so they will use their training to train a cohort of 24 programme beneficiaries who will in turn offer counselling support to groups of the beneficiaries. These Peer Support Counsellors (PSC) will be trained to recognise signs of more serious mental illness, recognising they must refer such cases to one of the four highly trained SURF counsellors. The PSCs will be supervised by the four counsellors from SURF, who in turn will attend fortnightly supervision sessions with SURF's psychologist. We will support this programme for an initial 18 months. If it is a success, and if we can obtain further funding, we may support it until the end of 2019. In the initial six months, this programme supported 800 direct beneficiaries, including 72 peer support counsellors, and 25 health workers and SURF's 4 counsellors. There will be 3,200 indirect beneficiaries comprising family members of the young people on the programme.

#### Targets for 2018

- By the end of December 2018, at least 60% of 525 project participants will report a reduction in symptoms of mental illness;
- By the end of 2018, 75% of 525 project participants will be able to utilise coping mechanisms to manage the symptoms of their mental illness
- By the end of December 2018, 75% of 525 project participants will report that they have strengthened support networks and feel less alone

**The cost of running this programme in 2018 will be £56,562**

**Our projects: Uganda**

### **Background**

#### **Uganda – Patongo Community Counselling Outreach (PCCO)**

In 2008 N4A was introduced to Patongo by HART, a UK NGO supporting an orphanage and primary school for children with HIV. Following meetings between local community leaders, N4A and its voluntary psychologists, the first steps were taken to develop a programme to address PTSD.

**Counselling Outreach Programme** - In 2012 following a grant from the Baring and John Ellerman Foundations, PCCO set up a network of community counsellors. Twenty-four respected community members received in-depth training in counselling skills from N4A's psychologists. Their training has been extensive and has equipped them to deal with people who are suicidal, victims of domestic violence, victims of sexual gender based violence (SGBV), people recently diagnosed with HIV etc.

**HIV** - In 2012 PCCO's counsellors and staff received training on HIV/AIDS counselling from the local health centre nurses. Since the training, five of PCCO's counsellors have been based at Patongo's health centre, providing pre- and post-HIV testing counselling. The counsellors' work reduces the mental health impact of a positive diagnosis, encourages people to stick to their ARV regime and ensures that people with HIV know about the importance of nutrition and how to avoid spreading HIV. In an independent evaluation of PCCO, the health centre staff reported that they could not complete their daily workload without the help of PCCO's counsellors. One of the recommendations in the evaluation was for PCCO to extend its HIV counselling services to other Health Centres in Agago District. In 2016 we received a grant from the Sevenhills Foundation to replicate this programme in another area in Agago District called Lira Palwo, that was in need of support with HIV at its health centre. The programme has now been running successfully for a year.

#### **Priorities for 2018**

Having worked with PCCO since 2010 we have decided that 2017 would be our last year of our partnership. We intend to continue the HIV services (funding permitting) and will replicate the mental health services in four other sub-counties in Agago District with a grant from Comic Relief.

#### **Uganda – Basic Needs UK in Uganda (BNUU)**

In June 2017 we were awarded a grant from Comic Relief to start a 3-year programme in 3 new areas in Northern Uganda. Starting on 1 November 2017, the new programme will strengthen mental health provision by working with and developing existing health structures. We will adapt and replicate our counselling programme that we developed in Patongo, broadening its scope to target other mental health issues e.g. epilepsy and psychosis. Directly benefiting 3,466 people (1,824 with mental disorders and 1,642 of their carers) through counselling, referral and treatment, there will also be an extensive training programme that will include training the programme staff, village health teams, local councillors, health centre staff, and key community duty bearers e.g. teachers, religious leaders etc. The programme will follow the World Health Organisation's (WHO) Mental Health Gap Action Plan (mhGAP) for mental health provision in low resource countries and settings. A key part of the training will be focused on local health workers to build local knowledge and ensure long-term sustainability. In addition, beneficiaries will form self-help groups in order to advocate for better mental health provision and raise the profile of mental illness. Finally, the project will undertake community education sessions to share positive messages about mental illness to reduce stigma and give people the confidence to seek treatment.

**Priorities for the next 3 years:**

- Extend HIV counselling services to other health centres in Agago District.
- Increase provision of appropriate mental illness and epilepsy in Agago District.
- Increase the take-up of appropriate mental health and epilepsy services.
- Reduce levels of stigma towards people with mental illness.
- Advocate for appropriate mental health interventions.

**The cost of running this programme over 3 years will be: £292,924.**

**Uganda - Lioness Educational Fund**

The Lioness Educational Fund benefits young women in Patongo, northern Uganda who missed years of education because of the war in the north. The Lord's Resistance Army (LRA) abducted more than 30,000 children, who endured unspeakable trauma. Girls as young as 12 were forced into sexual slavery, and were repeatedly raped. Many came back with babies. They missed out on years of schooling whilst captive, and now find themselves helping to support their families, with no prospect of completing their education. The Lioness Fund pays for former abductees to complete their education up to and including 'A' levels, for a maximum of 5 years, with a cut off age of 25. The project has supported 11 young women since it started. This project was initially set up with a large donation. We are not expecting any more funding so will continue to support the current 4 students until they graduate from school, and provide basic support to help them find further training and employment. By December 2018 all funds will have been utilised and the project will end.

**The costs of running this programme over the next year will be £7,800.**

**Sierra Leone****Background**

In January 2018, we will start a new 3-year project, funded by Comic Relief, working with seven communities in two districts – Western Area Urban District (WAUD) and Port Loko District (PLD), replicating the mental health service we will be running in northern Uganda (i.e. increasing provision of appropriate mental illness and epilepsy, community education to reduce stigma and promote uptake of services, and self-help groups to advocate for appropriate mental health interventions at local and national level).

**Our priorities in Sierra Leone from 2018 – 2020 will be:**

- Work in 7 communities in WAUD and PLD providing community based mental health support to 1,792 adults and children (including orphans) with depression, anxiety and trauma and 733 carers.

**The costs of running this programme over 3 years will be £283,500**

**Future Projects – Nigeria****Future plans for a programme in Nigeria**

We are developing a mental health programme in Nigeria. If and when any funding opportunities arise, we will apply for a grant to work there. The programme will be similar to the programmes in Uganda and Sierra Leone – Network for Africa's model – namely to provide community based mental health support, an extensive programme of community awareness and self-help groups to advocate for change. We hope that any programme would benefit at least 1,800 people with mental illness, 370 carers, 70 health workers and duty bearers and 6,000 local community members.

Pending funding opportunities, we will carry out a needs assessment with our project partner in Plateau State. We are aware that we must gather more evidence of the scale and type of need in order to produce a large funding proposal. To this end, we are currently collecting the information we would need to make the eventual application process easier. We are in the process of doing desk based research; this has produced country-wide information about mental illness in Nigeria but not specific information about the four Local Government Areas (LGAs) in which we plan to work. In our experience, this level of detail is rarely available

from external sources and usually needs to be collected by local partners. Therefore, we would like CeGHaD to do a needs assessment in 2018 with the following objectives:

- Ascertain the prevalence of symptoms of mental illness in the proposed project area
- Understand attitudes toward people with mental illness in the proposed project area

**Milestones**

We will seek funding to run a similar programme to our two Comic Relief funded projects.

## Monitoring and Evaluation of all projects

All projects are monitored by our in-country partners and by N4A's staff. We have developed "theories of change" for each project so that project goals are clear. We have also created monitoring and evaluation plans, with measurable outcomes, indicators and targets against which our partners report. We are in the process of developing specific mental health survey tools to ensure we capture data that allows us to learn and strengthen project implementation, design and development. Our project partners continuously monitor the project activities and results, and submit quarterly and annual narrative and financial reports to N4A, and carry out surveys with the beneficiaries one to three times per year, depending on the project. The main projects are independently evaluated every three years with interim evaluations when appropriate. The Executive Director of N4A visits all projects at least twice a year and maintains close telephone and email contact with the project partners' CEOs and other key staff to ensure the smooth implementation of the projects. N4A's CEO visits the projects once a year. As part of our monitoring, evaluation and learning strategy we will be looking at the impact that mental illness has on specific groups with the intention of designing projects that target specific issues affecting these groups. We plan to pay particular attention to mental health issues that affect women as they suffer disproportionately in post-conflict situations e.g. maternal mental health and to tackle these issues in our future work.

## Organisational Development

N4A was founded in 2007. It has achieved much in its first ten years. Its positive impact on its beneficiaries is impressive, drawing on the support of committed volunteers and experts who offer their services pro bono.

However, it has now reached a critical point in its growth, and needs to strengthen its infrastructure and financial growth if it is to continue to provide quality support to its partners, achieve sustainable growth and consolidate its achievements over the next five years. Recognising its size and the limitations this brings, N4A will withdraw from projects that are not focused on mental health within a post conflict setting. It will focus on developing replicable models of its mental health projects with a view to taking them to new countries e.g. Sierra Leone and Nigeria, whilst strengthening its own capacity and that of its partners. By ensuring our own foundations are strong we can better serve our partners to replicate their unique and innovative development models.

- **Fundraising** – N4A has so far focused on fundraising from trusts and foundations. This focus was decided jointly by the trustees and staff as offering the best return on investment, given its limited in-house capacity for fundraising, and its small supporter database. Added to this has been the high value donor fundraising carried out with great success by its founder, Rebecca Tinsley. The trustees and staff revisited these priority fundraising areas in 2017 and agreed that they would remain the same for this planning period, and until such time as N4A can allocate more resources to building its public profile and supporter base. If and when it can, it will focus its efforts on more high value fundraising and securing more individual donors. It will aim to have most of its projects supported by grants by 1 January 2021. Wherever possible, N4A will submit full cost recovery budgets in an effort to meet its UK running costs. It will also try to ensure that all major gifts are unrestricted to support its UK running costs. It will no longer agree to support any new projects or project developments until funding has been identified and secured. It will no longer offer open-ended support to any of its projects and will develop, in conjunction with its project partners, exit strategies that ensure long-term sustainability for projects wherever possible. Its fundraising target for this planning period is an annual income £650,000 by 31 December 2019. It will also have reserves that are the equivalent of 3 months' running costs by 31 December 2019.
- **Communications** – Having established that N4A's overarching theme is post-conflict recovery, focusing on psychological recovery, strengthening mental health provision and building economic independence we will during this planning period:
  - Develop our narrative around these issues, to explain the need and demonstrate our impact, so that we can engage supporters.
  - Create a story bank, to illustrate the need for our work and its impact, and to bring human interest to the issues.
  - Ensure that our website and social media output focus on these issues and that we have some resources to monitor the media and policy debates so that we can inject our opinion, stories and



- evidence as appropriate – creating ongoing opportunities to remind our supporters about why we matter.
- Try to engage more with relevant partners’ social media work – to help us become part of their conversations with supporters and reach new, but interested, audiences.
- **Governance** – N4A has improved its governance by recruiting more trustees who have relevant specialisms that are currently required on the board e.g. communications; social entrepreneurship etc.; it underwent a due diligence review as part of being awarded its DFID grant; it has quarterly trustees’ meetings which include detailed financial reporting against income and expenditure budgets; it produces monthly management accounts.

**Cost of implementing the strategic plan**

The cost of implementing this strategic plan (both project costs, N4A’s core costs and costs to develop our infrastructure) over three years is £1,224,240 broken down year by year as follows:

- **2018** – £421,877
- **2019** – £394,679
- **2020** - £407,684

## **Appendix**

### **Background to Network for Africa**

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

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

#### **In Uganda we have:**

- Trained 2,000 community members in basic trauma counselling skills; they now offer support to other trauma sufferers in their community. To date this project has supported over 13,000 people suffering from mental health problems.
- Set up a network of community counsellors comprising 24 talented individuals. They have been given advanced training in trauma counselling and its related behaviours (e.g. alcohol abuse, domestic and sexual violence, depression and suicide etc.). They offer individual counselling to trauma victims, and their respected status in the community makes them effective conduits of vital information about health, nutrition, family planning and women's rights. Each year, the counsellors work with around 5,000 people.
- Supported 28 community groups comprising 30 members in each, with training in Village Savings and Loans Associations (VSLA). Two dedicated counsellors are attached to each group, offering mentoring and addressing any psychological issues the members may have.
- Trained 8 counsellors in the FAO's Farmer Field School method of agriculture (proven to be most appropriate for northern Uganda) where people learn as they work. These counsellors are now able to support their community groups with agricultural IGAs.
- Trained all 24 Community Counsellors in HIV counselling so that they can support people who have decided to be tested for HIV, and encourage them to adhere to the right medical protocol (e.g. antiretroviral drugs). Five of these counsellors are now stationed on a rotating basis at Patongo's health centre three days a week. In addition, two are stationed at the health centre in Lira Palwo, in Agago District, an area that was badly in need of HIV support and resources.
- Trained and supported a collective of 47 vulnerable women, some of whom are HIV positive, child mothers, former child soldiers and widows. They have been trained in setting up and running a successful small business and have now formed a cooperative and have a piggery, as well as land where they grow vegetables both for their own consumption and to sell. The profits are reinvested in their business, and used to support themselves and their families, and to educate their children.
- Set up an educational fund for 11 former abductees and child mothers who were kidnapped by the Lord's Resistance Army, thereby missing out on school.

#### **In Rwanda we have:**

- Provided 620 vulnerable women in Kigali, Rwanda with education in literacy, numeracy, legal rights, health and vocational training. On average, this support has enabled beneficiaries to quadruple their income. We have also set up a child-care centre, providing a safe environment, healthy food and early learning for their toddlers while their mothers are studying and working.
- We replicated our Kigali programme in rural Rutunga in 2013, providing 450 vulnerable women with education in literacy, numeracy, legal rights, health and vocational training in agriculture. In addition, we

provided land so that they could put their training to use with crop farming. We also set up a child-care centre for their children. This work was made possible with a grant from DFID.

- Provided 154 women with the resources to set up two fruit farms where they are now growing bananas and tamarillos which they sell. This enables them to boost their family income and send their children to school. They are also able to plough back some of their profits into their agricultural cooperatives.
- Provided 782 vulnerable young people (85% orphans) a year with English and IT education. Some are now being sponsored through university, others are working, and a group of young women have set up a baking cooperative.
- Built and supported a hospital, maternity unit, and walk-in health centre in Ntarama, serving 17,000 people where previously there was no health provision.
- Set up a programme to provide mental health support to 250 young survivors of the genocide who are suffering from PTSD, anxiety and depression.

#### **Its trustees are:**

**David Russell** – David is the Chair of N4A. He is also the Founder and Director of The Social Enterprise, which advises an array of charities and social businesses. From 2009 to 2013, David served as Director of Survivors Fund (SURF), which represents and supports survivors of the Rwandan genocide. He first began working with SURF in 2004 as a consultant, in which capacity he continues to support the charity today. David is also a Trustee of the Congregation of Jacob Synagogue, SPID Theatre Company and Charities Advisory Trust.

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

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

**Rosalind Gater** – Roz began her career as an English teacher with Teach First. Between 2006-2013 she taught at challenging schools in London, Kigali and Johannesburg. She also worked in the NGO sector, initially for N4A in its early years in Rwanda and later for Equal Education, an organisation based in Cape Town that campaigns to end educational inequality. In August 2013, she joined the Education Policy Team at the Department for International Development (DFID) and relocated to Nigeria in August 2014.

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

### **Its staff members are:**

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

**Sophie McCann (Executive Director)** graduated from Newcastle University with a First Class honours degree in History, before completing her MA in Conflict, Security and Development at King's College, London. She began working part time at N4A in 2008 when it had one part-time staff member and one project in Rwanda. She also became a Director of Article 1/Waging Peace, a human rights organisation focusing on Sudan, working with Sudanese asylum seekers in the UK and researching and lobbying policy makers, the British and international governments on their policies in Sudan and providing support and advice to Sudanese asylum seekers in the UK. She moved to a full-time role at N4A in 2013. N4A now has seven international projects, which she has nurtured and developed.

**Catherine Hodge (International Programmes and Research Officer)** joined the staff in November 2017. She graduated in 2016 from Cambridge University with a First Class degree in Theology and Religious Studies and has recently completed an MSc in African Studies with Health at University College London. She has voluntary experience with a number of charities, including working with families of children with serious illnesses and adults with acquired brain injuries in the UK, and has interned in local government. This is her first role in an NGO. She is currently also working part time at the UCL Institute for Global Prosperity as a research assistant to a multi-agency project investigating zoonotic disease in Ethiopia.

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

**Christa Bennett** who helped found N4A in the UK. In 2007 she moved from London to California where she oversaw the set-up of N4A USA. She currently works from the US to help develop projects, research funding opportunities and liaise with American supporters. Christa graduated with a Master of Arts in international relations from King's College, London. Her primary interests are the recognition of women and children in global, national and local politics and the development of communities in which all members have opportunities to thrive.

### **Strengths, Weaknesses, Opportunities, Threats**

#### **N4A's strengths include:**

- It is small, responsive, nimble and flexible
- Its UK team and project partners have integrity, and are trustworthy and diligent
- Its projects are unique in their area of focus
- Local knowledge is strong
- It has a close relationship with its projects
- It has low overheads and represents good value for money
- It has a wealth of beneficiary success stories and case studies
- It has the ability to give people a motivating experience through visits to projects
- Its focus areas of mental health, and women and girls, are currently topical and relevant, both in the media and politically
- Rebecca Tinsley has good relationships with major donors
- The trustee board is very committed
- Its reputation with trusts and foundations is growing e.g. DFID, Comic Relief, the Baring Foundation
- Many of the project partners' staff members have first-hand experience of the issues they are trying to address
- It has in-depth political and cultural knowledge about Rwanda, Uganda, Sierra Leone and Nigeria
- It supports its projects for the long-term
- It is committed to capacity building

- It has a good reputation with its donors, and has had some success with online methods of recruiting supporters and generating income (e.g. the Big Give).

**N4A's weaknesses include:**

- It needs to better utilise its mailing list and contacts to generate funding and support
- It has a limited number of high value donors
- It has reserves of six months operating costs, but the funding climate is precarious and this limits its ability to plan for, and invest in, long term growth
- More case studies and success stories are needed; however, there is a wealth of positive stories to document, given more resources to do so
- Its information management systems could be improved
- The UK staff team is often over-stretched, which can limit its ability to work strategically
- It has limited fundraising capacity, and managing statutory grants is very time consuming
- The project partners can be over-reliant on us and need support to develop their advocacy and research skills in order to ensure that they, and their projects, are sustainable
- There is negligible N4A brand awareness, with limited capacity for a coordinated communications strategy
- Funders can change priorities, which may cause funding issues for N4A.

**N4A's opportunities include:**

- It could build its profile
- It has a unique narrative
- It could raise the profile of its partners to attract funding
- It could use freelance support to explore areas in which it has had some previous success e.g. high value fundraising, new media and digital fundraising in order to raise both funds and its profile
- It can offer motivating experiences to potential donors, with in-country visits, which could also be a lucrative fundraising tool
- The Sustainable Development Goals (SDGs) specifically refer to mental health
- Its areas of focus are on the current political and policy agenda e.g.
  - DFID's focus on women
  - Disability, including Mental health
- There is a need for its work
- It can demonstrate its disproportionately large impact, given its low overheads and modest resources
- It could have an excellent bank of stories/case studies

**Threats to N4A include:**

- There is a temptation to lose focus, out of a desire to meet the wider/emerging needs of beneficiaries, whereas being more focused (and working with partners/other NGOs) will keep us on-mission and ensure the greatest possible impact on beneficiaries
- Cash-flow is sometimes tight, which is mitigated by careful budget setting and phasing
- Potential staff burnout, which could be addressed by further streamlining of roles, and utilising external freelance support where necessary.
- It seems that larger and institutional donors are keener to fund larger organisations that can scale up their work and/or work in multiple countries and contexts at once
- Potential donor fatigue - but this could be addressed by better gathering and dissemination of testimonies and success stories, and providing new and interesting information more regularly
- Funding streams end, including the funding stream for the Millennium Development Goals, which would negatively impact on N4A and the wider international development field. In addition, the Sustainable Development Goals (SDGs) have a very broad remit which offers fewer funding opportunities for N4A.
- Funded projects could stray from their original objectives, but MOUs and rigorous reporting requirements, coupled with regular project visits, mitigate this
- We are on occasion faced with unforeseen costs e.g. rent increases which make it imperative to build up our unrestricted reserves

- There is an anti-aid narrative that has the potential to gather steam under the current government and political climate.
- There is a risk that donors may wrongly conclude that the Rwandan genocide and the LRA activity in Uganda was long ago, and that the problems related to those events have faded. This requires Network for Africa to keep explaining the long-term impact of conflict.
- There is a risk we will be unable to build a brand profile through media exposure for fear of endangering individual beneficiaries whose success stories we would like to tell. We will have to balance the need for anonymity with the requirement that we feed the media stories that illustrate current issues in an accessible and human manner, or bring a fresh, personal angle to perennial aid issues.

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

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