Søknad om Operasjon Dagsverk 2022

Søkerorganisasjoner: **SOS-barnebyer Norge og Mental Helse Ungdom**
Tema for søknaden: **Mental helse for ungdom i Uganda**
Samarbeidsland: **Uganda**

Globalt opplever omkring 20 % av verdens unge mentale helseutfordringer hvert år[1]. Befolkninger i lav- og mellominntektsland er ekstra utsatte, og særlig barn og unge påvirket av krig og konflikt har økt risiko for en rekke mentale helseproblemer[2]. Mental helse er en grunnleggende menneskerett, og god mental helse er helt sentralt for at unge skal ha det bra, lykkes på skolen og ellers i livet. Likevel opplever svært mange ungdommer at de ikke får den hjelpen de trenger og mange faller utenfor både skole og arbeidsliv. I Uganda har mentale helseproblemer tradisjonelt blitt ansett for å være forårsaket av "guder", og blitt møtt med stigma, religiøs behandling, og noen ganger vold og lenking. Helsetilbudet på dette området er svært mangelfullt, og folk flest har lite kunnskap rundt problematikken. Dette gjør situasjonen krevende for ugandiske ungdommer som sliter mentalt.

Uganda har skyhøye frafallsprosenter i skolen. De siste tallene UNESCO kan vise til i sin 2020 rapport er fra 2016 hvor bare 26 prosent av ugandisk ungdom fullfører ungdomsskolen og bare 18 prosent fullfører videregående skole[3]. Tallene er fem år gamle, men potensielle konsekvenser av Covid-19 styrker ikke optimismen. I våre forundersøkelser i Wakiso og Gulu distriktet retter ungdom selv lys på hvordan fattigdom, tidlig graviditet, tvangsekteskap og rusmisbruk er årsaker til at ungdom dropper ut av skolen – årsaker som henger tett sammen med mental helse og hvordan ungdom håndterer utfordringer i livet. Ungdom vi har intervjuet etterlyser tiltak som fremmer kunnskap om, og hjelp til, mentale helse problemer. Dette er også tiltak myndighetene har understreket som viktig i deres "Child and Adolescent Mental Health Policy Guideline" fra 2017[4], men som de ikke har levert på.

Samtidig som at stadig flere norske ungdommer rapporterer om mentale plager og utfordringer, har temaet de siste årene blitt noe det snakkes mer om – og som engasjerer! – både i media, sosiale medier og på skolen. Av denne grunn er dette en tematikk de fleste har et forhold til i norske klasserom, og noe som knytter norsk ungdom til ugandisk. Gjennom en opplevelse av felles utfordringer vil norske elever kunne kjenne på solidaritet overfor ungdommene i prosjektlandet, og sette seg inn i urettferdigheten i å bli stigmatisert og utstøtt for å slite med utfordringer som er helt menneskelige og normale.

Prosjektet som her presenteres har som overordnet mål å styrke ungdommers rett til utdanning, helse og deltakelse i politiske prosesser som angår dem. For å oppnå dette vil prosjektet gjennom den 3-årige prosjektperioden fokusere på tre delmål: (1) normalisere mentale helseproblemer og redusere stigma og diskriminering gjennom ungdomsdrevne informasjons- og holdningskampanjer, (2) sikre et tilgjengelig psykisk lavterskeltilbud i skolen ved bruk av likepersoner og andre ressurspersoner, (3) bidra til at myndighetene holdes til ansvar for vedtatt politikk på psykisk helse. De to første prosjektområdene skal gjennomføres på ti ungdom – og videregående skoler, og vil gi flere unge nødvendig kunnskap om mental helse og behandling, tilgang til sosial støtte og bedre muligheter til å fullføre utdanningen. Det tredje delmålet omhandler helsestrukturen i hele landet, og skal bidra til at ungdom med mentale helseproblemer blir hørt av myndighetene og dermed får sine rettigheter oppfylt.

Part 1) Program

1.1 Situation Analysis

Good mental health is critical to adolescents' ability to learn, thrive and succeed in school and in life. Research demonstrates that students who receive social–emotional and mental health support

achieve better academically[5]. Student's sense of connectedness, well-being and behavior improve as well. Left unmet, mental health problems are linked to costly negative outcomes such as low school completion rate, unemployment and lower quality of life. Today, one in five teens lives with a mental health condition according to WHO[6]. Half of all mental illnesses begin by the age of 14. Furthermore, in low -and middle-income countries, more than 75% of people with mental conditions receive no treatment at all, which underlines the necessity of a project like ours.

While mental illness, also called mental health disorders, is defined clinically to include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors, "mental health problems" is a broader term which encompasses social, emotional, and behavioral health and the ability to cope with life's challenges. Because this project focuses on providing psychological first aid and peer support as a preventative measure towards serious mental illness, as well as alleviate mild to moderate symptoms, we use the term "mental health problems" throughout the application. Moderate to serious cases will be referred to professional health workers.

Awareness about mental health: Knowledge of mental health problems is alarmingly low in Uganda. From a social-cultural perspective, mental health problems are generally presumed to be "the action of Gods" and most affected people are considered a curse. Therefore, the main means of care seeks to appease the Gods by resorting to prayer and traditional healers. Many young people with mental health problems are therefore stigmatized, isolated, chained, kept behind doors and excluded from community programs and services like education, health and employment. Building awareness is an important step towards social change of how mental health problems is perceived. As it is common for teens to turn to their friends and peers for support before they turn to an adult, it is important to build awareness amongst adolescents and have teen-led interventions like this project proposes.

Access to mental health services: The mental health sector in Uganda is underfinanced and therefore facilities and manpower are lacking. Few mental health professionals exist with a ratio of about 1:900 000. There are 49 psychiatrists in the country. Out of the 14 regional referral hospitals, only six have psychiatrists while the others have specialized nurses. To compound the problem, since March 2020, 11 out of 14 hospital's mental health units have been turned into treatment facilities for Covid-19 patients. Due to limited resources, adolescents with mental health problems who access public health facilities only receive essential medicines and no psychosocial support services. Many adolescents have therefore formed informal groups merely for peer-to-peer support purposes. Through this project we would like to empower selected adolescents within our targeted schools with training in psychosocial first aid – so that they can help prevent mental health problems in their peers and provide support to peers with mild to moderate symptoms.

Legal framework: Simply put, there is no functional mental health legal framework for youth in Uganda. The Mental Health Act 2018 has no specific consideration for children and adolescents aside from their terms of admission, retention and discharge from psychiatric hospitals. The Ministry of Health has a "Child and Adolescent Mental Health Policy Guideline" from 2017 containing an action plan of measures to be taken by various stakeholders in the state apparatus to improve knowledge, quality, accessibility, and information systems of mental health services[7]. The government has in large part failed to implement this guideline, with few actors being aware of their mandate within this policy guideline. Adolescents themselves must raise their voice and advocate for better mental health services and policies, and this project will support their mission by facilitating regular contact between adolescents and government officials who work to promote this; known as the Mental Health and Psychosocial Support (MHPS) National Working Group at the Ministry of Health (MoH).

The projects will be implemented in two locations, namely Gulu District, located in the Northern Uganda, and Wakiso District, located in the central part of the country. The brutal Lord Resistance Army insurgency in Northern Uganda came to an end with the truce in 2006. Still, youth growing up in the aftermath of the 20-year-long war are still affected by it. Research has indicated that war-affected adolescents exhibit both clinically significant symptoms of PTSD as well as problems related to depression, anxiety and hostility[8]. Implementing the project in two geographically separated locations, with distinct features of influence on adolescents in their upbringing, is considered beneficial in order to inform learnings from the project and means of adaptation to similar projects in the future.

Since May 2021, Mental Health Uganda (MHU) has operated a toll-free counselling helpline for Ugandan adolescents. Data collected from callers to the MHU helpline shows that adolescents living in our selected project locations are overrepresented with 43.1% of the total calls coming from Central Uganda and 37.6% from Northern Uganda[9]. While national statistics on mental health are poor, data from the helpline tells us that the following issues are common among adolescents: stress, depression, anxiety, sleep disorders, drug and substance abuse, neglect by caregivers, sexual abuse and domestic violence[10]. These are compounded by other factors like general poverty, experiences of war, uncertainty about their futures and most recently Covid-19. Generally, most of the mental health problems presented by adolescents do not require professional treatment and in many cases peer-to-peer - and community support is more appropriate than expert support[11]. This indicates that a project such as ours potentially can have considerable positive impact in the lives of the adolescents and their right to health and education.

In August 2021, SOS Children's Villages Uganda (SOS Uganda) conducted a youth needs assessment study in the selected project locations (see 1.6). 50% of the responding students reported observing/hearing adolescents experiencing mental health problems and 64.5% reported to have experienced a mental health problem themself since the Covid-19 outbreak. The most frequently mentioned barriers reported were lack of awareness on availability of services, long distances to get there, and poverty. The objectives and activities proposed in this application is based on the findings in this assessment. The project will remove barriers of accessibility reported by adolescents by implementing the activities within the daily arenas of adolescents – their schools.

1.2 Anticipated changes

The overall goal of this 3-year project is to strengthen adolescents' (13-19 years) right to education, health and political participation in matters that affects them[i]. To respond to the problems listed above, the project will focus on three result areas in 10 secondary schools[ii], with an average student population of 500-700 students.

Objective 1: Normalize mental health problems and reduce stigma and discrimination

To reach this objective the project will recruit a group of students in each school to organize an awareness campaign about mental health that counteracts prejudice and misinformation within the school population. As knowledge on mental health is so limited in Uganda, performing such campaigns

[i] Given the target group age range of 13 to 19 years, we use the term 'adolescents' rather than 'youth'. The World Health Organization defines adolescents as those between the ages of 10 to 19 years (https://www.who.int/health-topics/adolescent-health), and the UN defines youth as those between the ages of 15 to 24 years (https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf).

[ii] Secondary schools in Uganda are categorized into lower - and upper-level secondary schools which in Norwegian terms mean "ungdomsskole" and "videregående". When writing secondary schools in this application we are referring to both lower - and upper-level secondary schools.

in schools is a good way to ensure that the information reaches widely. Further, as good mental health is a human right, learning about it in school should be regarded as a necessary part of students' education and a measure to ensure a healthy school environment and improved learning. Together with project staff, students will develop awareness material in adolescents preferred formats and arrange activities they argue will work best with the given budget frame and goal of reducing stigma. The groups will have different ideas of how to solve this task and one might see solutions that include using Facebook, Instagram, Tiktok, Twitter, radio and/or YouTube to spread a message. It may also involve arranging activities like panel discussions, drama play, sports events and/or essay competitions. The campaign will reach approximately 5 500 students as well as the wider community surrounding the schools, and challenge adolescents' perception of what mental health problems are and how they can best be treated. These groups will also be responsible for keeping the wider student communities informed about project developments and results throughout the entire project period.

Objective 2: Accessible psychosocial support in targeted schools

To increase access to psychosocial support, MHU together with SOS Uganda will implement their Mental Health Champions model in 10 schools. The project will recruit eight Mental Health Champions in each school (age 13-19: 80 total). These will be mentored by four experienced Mental Health Champions (age 18-30: 40 total) who have been working with MHU in the local community for many years.

> *A Mental Health Champion is a person who has undergone training by professional councillors from MHU in early detection of mental health problems, how to providing psychological first aid, safeguarding and referral policy, and facilitating peer support groups.*

A Champion's primary task is to inform students about mental health problems and treatments, and support students who struggle with mental health problems through confidential individual conversations or through facilitating peer support groups. In serious cases, Mental Health Champions (and mentors) have to contact project staff, who will then ensure proper referral to professionalized care. The project will map service providers in the areas around the schools to ensure that students are referred to the best services available. Champions will collect anonymous and confidential data regarding age, sex, and thematic issue (e.g anxiety, depression, eating disorder, sexual orientation) from the users of this service and report it on a monthly basis to project staff, who in turn will use the information to improve the Champions knowledge and skills around specific issues. Similarly, regular peer-evaluations of the Champion's support will be built into the project to adjust and modify the model according to the feedback provided by the students. The support given will thereby be dynamic and respond to the student's needs. The project will also enter into dialogue with school management should specific issues related to the school environment arise. As mental health problems negatively affect a student's energy level, concentration, dependability, mental ability, optimism and performance [12], implementing timely interventions such as these are expected to have a positive effect on student's academic performance and in turn decrease dropout rates. We estimate that about 1 000 students will benefit from these interventions (1 in 5) during the 3-year project period.

While students leave school after a few years, teachers stay longer. To sustain the gains of the project, two teachers (1 male and 1 female) from each school (20 in total) will be trained together with Mentor Champions through a Training of Trainers (TOTs) model, so that they can be able to train new Champions in subsequent years.

Objective 3: Contribute to improved policy and legal framework in favour of young people experiencing mental health problems in Uganda.

The Ministry of Health's "Child and Adolescent Mental Health Policy Guidelines" from 2017 contains an action plan of measures to be taken by various stakeholders in the state apparatus to improve knowledge, quality, accessibility, and information systems of mental health services for children and adolescents in Uganda. The government has in large part failed to implement these measures, and now it is time to hold the stakeholders accountable. The project will create a Youth Mental Health Advocacy Group with the aim of generating joint advocacy messages around adolescent's mental health policy and inspire action. The group will consist of students from the targeted schools, teachers and project staff in addition to the MHPS National Working Group at the MoH. MHU has already established strong linkages with the latter and work together on promoting the financial needs of the mental health sector, as both parties agrees that mental health is largely overlooked within the MoH. The Youth Mental Health Advocacy Group will further seek to produce and popularize a simplified copy of the Guidelines to make it more accessible to youth. The group will advocate their local school management to approve local guidelines on supporting students with mental health problems, informed by the simplified policy.

The Youth Mental Health Advocacy Group will seek to give students a platform to contextualize issues that affect young people with mental health problems. The students will present these issues on different occasions like World Mental Health Day, World Youth Day, and intra and inter school events. The MHPS National Working Group at MoH will be expected to monitor and hold accountable other duty bearers as mandated within the policy.

1.3 Results framework[iii]

Project Goal: Strengthen youths rights to education, health and political participation in matters that affects them.		
Objective 1: Normalize mental health problems and reduce stigma and discrimination		
Activity: - Launch the project in targeted schools - With project support youth will develop and produce information materials with key mental health awareness messages - Youth conduct awareness campaigns on mental health using media of choice targeting the communities where students live - Run activities of choice towards understanding mental health	**Indicators:** - % of students who have experienced a mental health problem report confidence to speak about their mental health problem - % of students who report improved behaviours and attitudes towards others with mental health issues - No. of students who know where to get support in case they experience a mental health problem	**Target Group:** - All students in school - Approximately: 5,500 - Wider community: 50 000 people
Objective 2: Accessible psychosocial support in targeted schools		
Activity: - Map and document Mental Health referral pathways - Train Mental Health Champions in basic principles, referral pathways, psychological first aid and peer support - Conduct TOTs for teachers and Champions - Create mental health (peer) clubs in schools	**Indicators:** - % of students who complete their secondary education - % of students supported who report an improved academic performance and improved class attendance - No. of students reporting access to mental health care and support services	**Target Group:** - Students with mental health problems - Estimated: 1 000

[iii] A baseline assessment will be conducted during the first part of 2023 where adolescent's knowledge and attitude on mental health challenges will be established. With baseline values, an evaluation of accomplished results at the end of the project period is possible. It will also provide a basis for a comparative evaluation between the two geographical areas, which can inform future endeavors by SOS Uganda and MHU.

- Champions provide psychosocial support (social contact) to adolescents with mental health problems. - Collect data on supported students - Document and share impactful stories during events	- % of students with lived experiences of mental health issues reporting that they can rely on support in times of need	
Objective 3: Improved policy and legal framework in favour of young people experiencing mental health problems in Uganda		
Activity:	**Indicators:**	**Target group:**
- Establish a Youth Mental Health Advocacy Group, who together develop an advocacy plan in line with the Child and Adolescent Mental Health Policy Guideline - Hold regular meetings at national level with the MHPS National Working Group - Simplify and popularize the "Child and Adolescent Mental Health Policy Guidelines" with adolescents and school management - Facilitate Inter-school learning and debates/school parliament on mental health - Organize events to commemorate international days (like World Mental Health Day and International Disability Day)	- No. of policy papers/briefs on youth mental health developed and tabled at the district and national level of MoH - # of meetings between the Youth Mental Health Group and the MHPS National Working Group - % of schools with approved guidelines on supporting students with mental health problems, as informed by the simplified policy - No. of leaning and commemorate events organized	- Students who are politically motivated - Estimated: 100 - Wider community: 50 000 people

1.4 Ethical considerations

Targeted students: In order to maintain the safety and trust of the students involved in the project, the Champions model is guided by three main principles: 1) the principle of absolute confidentiality, 2) the non-discrimination principle, and 3) the Do No Harm Principle. The principle of confidentiality ensures privacy and respect for the adolescents' wishes. This means that project staff and volunteers will not share personal details about someone unless that person has permitted them to do so. However, there are certain offences and provisions where the duty of confidentiality is overridden. If there is a serious safeguarding concern and somebody is at risk, project staff will have a duty to share this information with the proper authorities to keep the adolescent safe. It will therefore be important that all parties have the same understanding of where their responsibility begins and ends, and where public services/authorities take over. The project will together with school management agree on a common safeguarding policy and make this known to the student population, including the established whistleblowing channels. The principle of non-discrimination means that the project promotes zero tolerance to discrimination/harassment based on gender, sexual orientation, sexual identity, religious beliefs etc. All project staff, volunteers and contractors shall adhere to strict guidelines in order to facilitate "silent" inclusion. We write "silent" because it is considered a risk to openly declare that we support LGBTQI+ rights when the national law states that it is illegal. As for the Do No Harm Principle, the project stakeholders will adhere to SOS Uganda and MHU's procedures and practices designed to ensure that no harm comes to people as a result of contact with the organizations' programs, operations or people. The Champion model with peer-to-peer support is considered a mitigating measure towards the skewed power relations adolescents may find themselves in when seeking help. All staff, Champions and involved teachers will be trained in the project's whistleblowing routine, and it shall be tested once a year.

Champions: As there is a great deal of stigma and discrimination related to mental health issues, it requires courage and support for students of 13-19 years to perform the role of Mental Health Champions. The principle of Do No Harm applies here as well, and several measures will be taken in order to take care of these adolescents. The Champions will be restricted to serve only in their fellow

student community, i.e. among peers, and the training for Champions will seek to deliberately tackle the stigma that may come from performing this role. Further, the role will be compensated such that the Champions can be envied rather than ridiculed, and all Champions will be allowed to disengage from the program at any time. To protect them from possibly overwhelming contact from students or emotional burnout, restrictions on the Champions' availability will be established. Lastly, the Champions will be able to seek support and ask for advice or help from their peer groups of Champions, and among the Mentor Champions, trained teachers and project staff. To avoid conflict with regular school curricular, the Champions will conduct awareness sessions during times agreed upon with school management and on selected weekends. The schedule will be revised from time to time through consultations between students, project staff and school management. For the sessions conducted, Champions will use a standardized form to capture their experience and provide recommendations to Project Officers. These will be professional counsellors (from MHU), and will oversee the performance of Champions, reporting and check on the wellbeing of the Champions all throughout the project period.

1.6 Youth Participation

Preparatory work

In August 2021, SOS Uganda conducted a youth needs assessment in the selected project locations. 383 youth between age 15-30 were interviewed about political, educational, social, legal, technological and environmental issues that affects them – and their recommendations have influenced the activities in this application. The top three needs youth say are important to them are: employment, education retention and quality health services. The top barriers include; lack of awareness of services, long distances to reach services and inability to pay for services (poverty). In the same assessment, 64.5% of youth reported to have experienced a mental health problem since the Covid-19 outbreak, and nearly 50% of youth ranked provision of psychosocial support services in their community as inadequate. In the report, youth themselves recommend that our focus for future projects should be on:

- enabling youth to stay in school longer by overcoming key issues like poverty, unwanted pregnancies, stopping drug use and alcoholism, forced and early marriages, all of which is interlinked with mental health and how to cope with life challenges,
- improving availability of human resources for health, […] mental health and psychosocial support for youth. These include counselling, treatment, referrals, financial support, legal support, and communication channels.

With this project, SOS Uganda and MHU intend to take the concerns of youth in Gulu and Wakiso seriously. The project plans have been based on the youth needs assessment and furthermore been checked and supported by a youth reference group in MHU.

Model for youth participation during execution

As explained above, youths in each school will be responsible for the development and implementation of the awareness campaigns on mental health. This means that close to all planning and executive power is given to youth in this part of the project. They will also keep the students in their schools updated on the developments and results of the project and will elect one representative from each school towards a Youth Steering Committee. The Youth Steering Committee's elected leader will represent the youth in the project's Monitoring & Evaluation Steering Committee (see 2.4). As for the Champions model, the young Champions will function as first contacts for the students approaching them. Based on this, they will report back on the needs of the students and on whether the training they have received is sufficient or not. In this manner the Champions will function as

"youth advocates" with first-hand information on the target group. In the Youth Mental Health Advocacy Group, student representatives will be given a seat at the table in advocacy work towards national decisionmakers. The simplified copy of the Policy Guidelines will further enable youths from different parts of the country to learn more about their rights and claim them.

1.7 Project partners and national authorities

This project is designed as a four-partner consortium in which SOS Children's Villages Norway (SOS Norway) and Youth Mental Health Norway (YMHN) are the Norwegian based organizations responsible for the contributions to make the ODW campaign 2022 a success. SOS Norway will be the contract holder with ODW and take on overall responsibility for financial distribution to partners as well as reporting and financial accounting. YMHN is responsible for overseeing the activities implemented by MHU, while SOS Norway is responsible for overseeing the implementation by SOS Uganda. Weekly coordination meetings with all four parties will ensure smooth dialogue and cooperation.

In Uganda, both SOS Uganda and MHU will have collective responsibility for the overall project execution. However, SOS Uganda will hold the lead coordinator role and MHU will be a key implementing partner. The four consortium partners have signed a Memorandum of Understanding towards the project design and submission of this application, which in turn will be replaced with a Partnership Agreement detailing the roles and responsibilities of the partners should ODW choose to grant the ODW 2022 to this partnership.

Partners in Uganda

SOS Uganda is a child-focused, social development non-governmental organization with a strong reputation for fulfilling children's right to quality care and protection, education and health. Since the beginning of its work in 1991, SOS Uganda has reached over 60,000 children, youth and adults directly and indirectly to become empowered and self-reliant and contribute significantly to their families and communities. MHU is an indigenous, non-governmental, membership-based Disabled People's Organization; an organization of people with a lived experience of mental health problems. MHU was established in 1997 and formally registered as a national NGO in 2001. MHU is based in all regions of the country and works for equal access to services and opportunities for people with mental health issues. MHU is the biggest organization of people living with mental illness in Africa with over 25,000 members.

Expertise and experience with youth participation

To this project, SOS Uganda brings its experience of implementing 15 projects towards strengthening the capacity of youth, including youth projects where youth have indeed informed project design and implementation. MHU brings experience of working with and through youth (18-30 years) with mental health problems ('Champions') to influence others to disclose and access support services, particularly recently in 2019-20 through an anti-stigma campaign, inspiring young people to speak up against stigma and discrimination. MHU also has experience in influencing legal and regulatory framework – and worked with other partners in the review processes of the Mental Health Act (1964) and the Persons with Disability Act (2006), culminating into the new Mental Health Act of 2018.

The four-partner consortium is believed to be complementary in nature, i.e., each organization bringing their unique experience, know-how, partnerships, and experience to the project. This also speak for a great opportunity for joint learning and development of future projects where metal health awareness and school outcome are interlinked.

Other partners

Schools: A total of 10 secondary schools will participate in the proposed project by making available the key beneficiaries and allowing the project team space in which to operate. The selected schools are long standing partners of SOS Uganda in and around Wakiso and Gulu Districts.

Government offices and local government: The implementing partners have long standing and strong partnerships with central and local government, which holds the mandate of policy direction. The government will be essential in providing project buy in and space. Government entities like the MHPS National Working Group at the MoH will ensure that the project is aligned to national priorities and within the legal frameworks.

1.8 Risk assessment

Risk	Rating/Impact (high/ medium/low)	Mitigation measure
As the target group is predominantly minors, there are risks of child abuse	Low/ High	The project will together with school management agree on a common safeguarding policy that will cover this project. SOS Uganda staff, MHU staff, Champions and involved teachers will all receive training on safeguarding and sign a code of conduct. Training will include information on reporting and response mechanisms should they be faced with child safeguarding concerns. Annual trainings and tests towards this will be implemented.
Failure to hold school and community gatherings due to the COVID-19 pandemic	Medium/ Medium	SOS Uganda and MHU are obliged to follow national/regional regulations introduced as Covid-19 measures. The project will therefore plan accordingly and work through the partnership with schools, as well as existing community structures, to reach out to students and the larger student community. That said, Government of Uganda has embarked on a massive vaccination exercise around student populations, so operational space in schools is likely to increase in due time before project implantation start in January 2023.
Lack of adolescent's participation in the project	Low/High	Ensuring the project is participatory in all project stages (planning, implementation and evaluation) is considered a strong mitigating measure, and essential to ensure adolescents find the project relevant.
Risk of project staff referring adolescents to poor quality mental health services	High/High	MHU staff will map the services in project locations according to predefined quality criteria and establish referral pathways to the facilities that provides the best help within the area. MHU staff will follow up the adolescents after referral to control that the service was indeed helpful. Repeated negative feedback will lead to exclusion of the service.
Project partners failing to perform their respective roles	Low/ High	The roles of the different partners have been clearly spelled out from the application phase through a MoU. This will be replaced by a partnership agreement detailing the roles and responsibilities between the partners.
Corruption and fraud: Uganda rank at 142/180 on Transparency International Corruption Index 2020. This means that corruption is a common problem and a risk to the project	High/ High	SOS Uganda and MHU have strong financial and M&E systems in place to monitor activities and staff. SOS' Anti-Fraud and Anti-Corruption Guideline will be adhered to by all project partners. This includes: a strong internal framework, guidelines, processes and trainings to co-workers to identify and fight corruption. MHU has also undergone several anti-corruption webinars delivered by the Atlas Alliance. An annual audit will be commissioned both in Uganda and in Norway.

Part 2) Applying organizations

2.1 Youth Mental Health Norway/ Mental Helse Ungdom

YMHN is an independent youth organization that works to ensure the best possible mental health for children and youth in Norway. YMHN is owned and controlled by its members – youth aged 12-36. Thereby, youth set the organizations policies and priorities, which in turn guides all the projects developed by the organization. In 2020, YMHN implemented 24 projects, all of which are built upon youth participation. Further, YMHN is one of the leading organizations in Norway in promoting "user

advocacy" (brukermedvirkning) into legislation, practices and other organizations. The organization has performed advocacy work to influence and promote "Livsmestringsfag i skolen", "Opptrappingsplan for barn og unges psykiske helse" and "Tvangsloven" with great success. Since 2019, YMHN has expanded its field of operation to work outside Norway as well, and currently has funding from the Atlas Alliance towards two projects on mental health in Ethiopia and Uganda.

2.2 SOS Children`s Villages Norway

SOS Norway mandates are to support SOS Children's Villages International (SOS CVI) through fundraising, partake in international policy and program development and support its sister-organizations. SOS Norway also implements programs in Norway. SOS CVI is a federation with autonomous associations that implement child-care programs and advocate for children's rights in 136 countries and territories, both SOS Norway and SOS Uganda are members. Youth empowerment is anchored within SOS CVI's youth programs with a holistic approach to education and employability. Over the past years, SOS Norway has implemented a participatory youth-to-youth project (SAMMEN) in Norway, which promotes the integration of unaccompanied minor asylum seekers with Norwegian youth, reaching more than 500 youths in 25 municipalities.

2.3 SOS Norway and YMHN contribution to making ODW 2022 a success

SOS Norway has a team of engaging and capable fundraisers and a well-staffed communication department prepared to collaborate with the ODW. SOS Norway has a network with over 500 volunteers, among them UngSOS, that would be engaged as advocates towards schools around Norway. YMHN has 20 local chapters, and partners like the Network for Global Mental Health, the Atlas Alliance (17 organizations) and The Norwegian Association of Youth with Disabilities (37 member organizations) who will spread information in their respective channels about this project. Together, we are confident that we can create a campaign that builds a lasting impact and engagement of Norwegian youth. During program implementation, the project's progress will be made available on both ODW's webpage, SOS-barnebyer.no and MHU.no.

2.4 Procedures for monitoring and control

The project will be led by the Program Department in SOS Uganda. This Department is headed by a Director who coordinates local project teams and project activities according to annual plans. A Project Manager will be hired by SOS Uganda to oversee project implementation and the partnership with schools. This person is supported by the M&E officer and an accountant officer. There will also be two local Project Coordinators hired by MHU in Wakiso and Gulu, who will lead the Mental Health Champions. Monitoring will be done throughout the whole project and according to the initial baseline. A Monitoring & Evaluation steering committee will be established with members of the project team, SOS Uganda and MHU national office advisors and the leader of the Youth Steering Committee. This committee will hold quarterly meetings to follow up project activities and receive feedback from those involved in the project in order to make necessary improvements. In addition, the location project teams will carry out monthly evaluation meetings (face-to-face or virtual), be in contact weekly (phone or messages) and perform periodic follow-ups of the work plan. Financial controls will be made through the financial monitoring system of SOS Uganda. SOS Norway and YMHN will have continuous dialogue with the Project Manager in SOS Uganda, assess the monitoring and financial reports as well as conduct monitoring visits to the project locations.

All project partners have a zero-tolerance approach to all forms of fraud and corruption. To minimize the risk of corruption, the SOS CVI Anti-Fraud and Anti-Corruption Guideline will be adhered to by all partners. This includes: a strong internal framework, guidelines, processes and trainings to co-workers to identify and fight corruption. The guideline outlines the approach to prevent and handle potential

incidents of corruption. It also lays out the responsibilities of co-workers, management and board members and how to report, investigate and respond to suspicions of corrupt conduct.

Budget[iv]

	Budget 3years	**Budget 3years**	**Budget 3years**	**Budget 3years**
Partner/Country	Mental Health Uganda	SOS Uganda	SOS Norway	YMHN
Share	49 %	38 %	6,5 %	6,5 %
	NOK	NOK	NOK	NOK
Activity Costs				
Expected Result 1	2 997 402	1 433 591		
Expected Result 2	157 127	577 100		
Expected Result 3	440 448	668 528		
Totalt	***3 594 977***	***2 679 219***	**-**	**-**
Human Resource Costs				
Human Resources Uganda	2 711 185	2 514 775		
Human Resources Norway			480 000	580 000
Regional Project M&E (finance/program)			100 000	
Travel Costs Norway			60 000	60 000
Total	***2 711 185***	***2 514 775***	***640 000***	***640 000***
Equipment & Supplies				
Vehicles, furniture, IT	704 219	796 753		
Totalt	**704 219**	**796 753**	**-**	**-**
Review, Learning & Evaluation				
M&E steering commitee meetings and reviews	592 342	-		
Audit and bank fees	73 653	125 211	36 000	
Baseline and final evaluation	127 666	-		
Totalt	**793 662**	**125 211**	**36 000**	**-**
Administrasjon				
Administrasjonskostnader			364 000	400 000
Total	**-**	**-**	***364 000***	***400 000***
Total project costs per partner	**7 804 043**	**6 115 958**	**1 040 000**	***1 040 000***
Applied Amount ODW 2022				**16 000 000**

[iv] Note that the budget is estimated using the currency exchange rate UGX/NOK projections for 2022. These are likely to have changed when the project is to be implemented and budget revision will have to take place before project implementation start in 2023.

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