AFOD
Working together to empower communities

MENTAL HEALTH TREATMENT & REHABILITATION CENTRE

Restore a life. Lighten the mental Health Burden in Uganda.

Engage › Treat › Rehabilitate › Empower › Reintegrate

Engage

- Awareness and mindset change
- Identify, assess and refer
- Mental Health camps

Treat & Recover

- Assessment
- Stabilization
- Diagnostics testing
- Medication management
- Admission
- Psychotherapy

Rehabilitate

- Occupational therapy
- Recreational therapy
- Social skills training
- Vocational training
- Support groups

Empower

- Skilling and tooling
- Livelihood support
- Discharge planning
- Aftercare program

Re-integrate & Wellness

- Mental health education for individual and families
- Substance abuse education
- Wellness and selfcare promotion

About AFOD Uganda

AFOD-Uganda, a non-profit humanitarian and development organization envisions a healthy, productive, and peaceful society.

Our mission is to work with the most vulnerable communities to improve their socioeconomic status and quality of life through the delivery of high-impact integrated, equitable and sustainable services.

Our programs are implemented using the 2 plus/iCLeM model, which promotes the integration of activities across all strategic programme areas.

Current Mental Health Situation in Uganda

Mental Health Crisis in Uganda, particularly in Northern Uganda and West Nile region is a pressing concern. The country faces a significant burden of Mental Health issues, with 35% of Ugandans suffering from any form of mental illness and 15% requiring treatment and rehabilitation.

Uganda's commitment to allocating 15% of its national budget to the health sector in line with the Abuja declaration of 2001 has not been adequately implemented and the health sector continues to be severely underfunded.

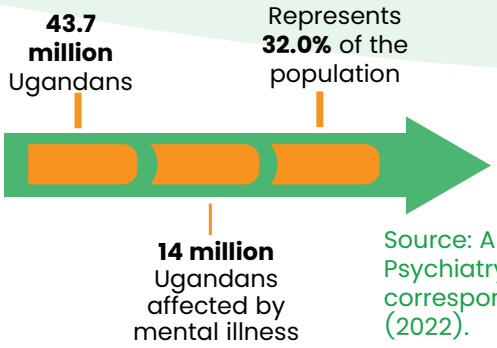
National Budget FY 2024-2025	**72.136 Trillion**	
Health sector	**3.0 Trillion**	**(4.1%)**
Mental Health	**1%**	

Mental and neurological disorders are the greatest threats to public health and a major driver of the growth of overall morbidity and disability globally.

Disorders are majorly attributed to myriads of factors such as; alcohol and substance abuse, infectious diseases, trauma, malnutrition, accidents, urbanization associated with disruptions in family structures, homelessness, poverty, and loss of social support among others.

A recent World Health Organization study estimates that one in five people in post-conflict settings suffer from mental health problems with Alcohol dependence among the main causes of mental illness.

A study conducted by A Lancet Psychiatry Correspondence (2022) Shows:



Source: A Lancet Psychiatry correspondence (2022).

Mental Health Statics highlight

- 35% of Ugandans have mental illness
- 30.1% of Ugandans are depressed
- 15% require treatment
- 10% require rehabilitative services
- 90% do not have access to treatment and rehabilitative services

Impact of Mental Health Disorders in Adjumani

Understanding the Mental Health Crisis in the Region

High Rates of Substance Abuse

Mental Health is still a key unmet public health need in West Nile region which hosts over 960,000 refugees from South Sudan and Democratic Republic of Congo.

In Adjumani, over 46% of the youths both hosts and refugees are dangerously involved in alcohol and Substance Abuse.

Prevalence of Depression

25% Prevalence of Depression estimated in the district and west Nile region mainly among adolescents, youth, and young women.

Prevalence translates to about 100,000 individuals who are depressed, and close to 700,000 people directly or indirectly suffering from depression.

Linkage between mental health, HIV/AIDs,ASRH and Livelihood

Mental Health and HIV/AIDS

HIV/AIDS imposes a significant psychological burden. PLHIV often suffers from depression which affects adherence to ART, anxiety, and recurrent stressors including physical pain, social stigma, and discrimination synonymous with mental and emotional disorders.

PLHIV are at increased risk of developing mental health conditions which can undermine health-seeking behaviors and lead to higher rates of mortality. Therefore, early detection and effective treatment of depression go a long way in improving their adherence to ART and quality of life.

Mental Health and Adolescent Sexual Reproductive Health and Rights

Mental health and Sexual Reproductive health -SRH are two sides of a coin and the role of both needs to be addressed in a young person's life. The magnitude of SRH challenges such as; unwanted pregnancy, rape, early marriages, HIV, and gender-based violence among others significantly impact the overall well-being of the young person.

Similarly, the state of mind in which a young person makes an informed choice compromises the success of a particular intervention in SRH.

Furthermore, a young person suffering from depression due to HIV and or memory of traumatic life experiences will possess both a negative physical and mental health outcome that may aggravate their overall health and well-being.

Mental Health (MH) and Livelihood, Economic Empowerment for Resilience (LERP):

The poor and disabled suffer disproportionately from the burden of mental health illnesses. In most instances, poverty predisposes a young person to social exclusion and access to basic health services and life necessities which intensifies the burden of mental health.

Additionally, the stress that arises from the lack of necessities and a possible underlying health condition aggravates the likelihood of succumbing to depression.

A productive population affected by mental health conditions is less likely to participate in any economic activity.

The Urgent need for Intervention

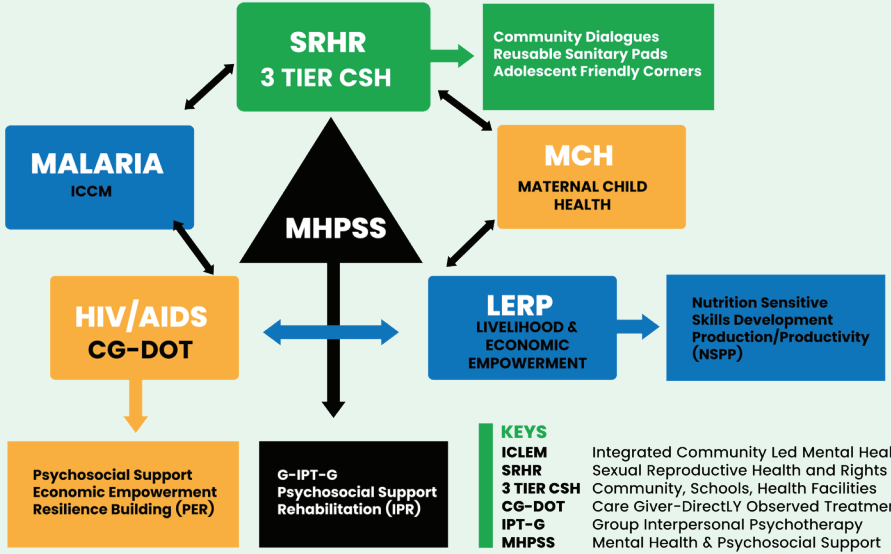
STRATEGIC MODEL:
STRATEGIC OBJECTIVES

CCI: ICB, R&I, EM,CLIMATE ACTION & WASH

KEYS

2P+	Two Program plus
IHS	Integrated Health Services
NFSL	Nutrition, Food security & Livelihood.
PPSS	Protection & Psychosocial Support services
CCI	Cross Cutting Issues
ICB	Institutional Capacity Building
R&I	Research and Innovation
EM	Environmental Management
WASH	Water, Sanitation & Hygiene.

PROGRAM MODEL: ICLeM MODEL



KEYS

ICLEM	Integrated Community Led Mental Health
SRHR	Sexual Reproductive Health and Rights
3 TIER CSH	Community, Schools, Health Facilities
CG-DOT	Care Giver-DirectLY Observed Treatment
IPT-G	Group Interpersonal Psychotherapy
MHPSS	Mental Health & Psychosocial Support

AFOD Innovated the 2P+ICLeM:

Integrated Community Led Mental Health and Psychosocial Support Service-(2P+ICLeM) model which focuses on integrating mental health into Sexual Reproductive Health & Rights (SRHR), HIV/AIDS, Livelihood, Economic Empowerment for Resilience Program-LERP aimed at improving Programme outcomes.

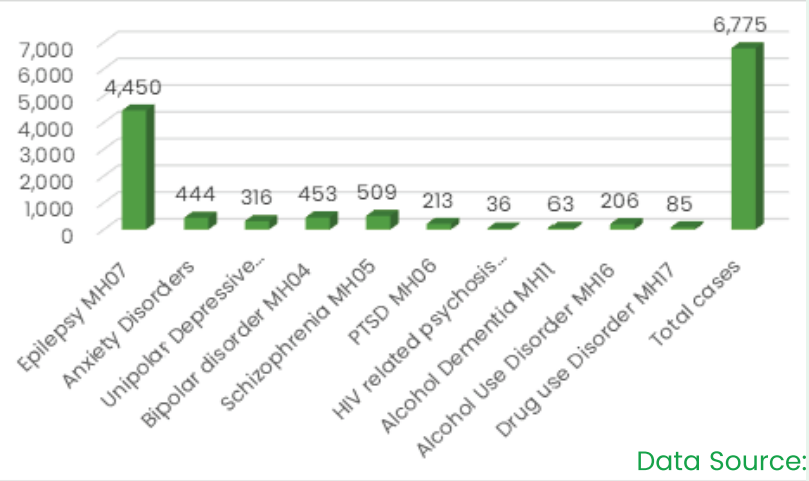
Mental Health session using IPTG therapy

The integration Prioritizes

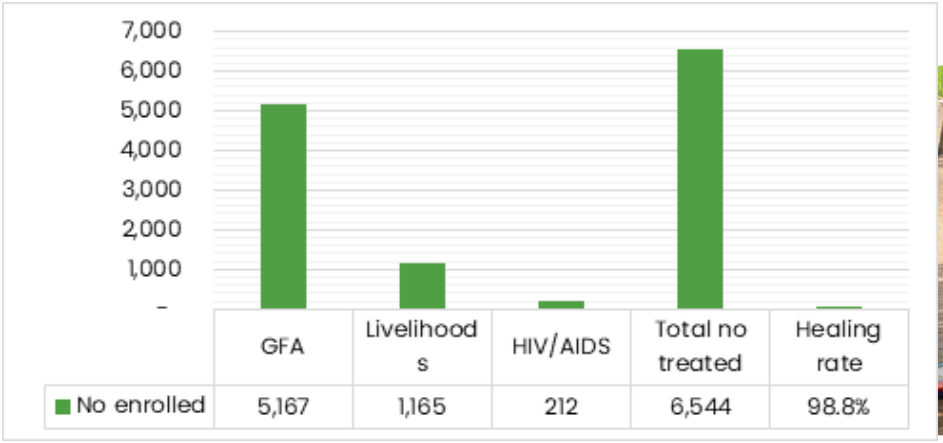
- Tele-counselling and Case management, Rehabilitation services and Research and innovation.
- Integrated Mental Health Psychosocial Support Services training
- Tailored Community dialogues at family and school levels
- Referral and linkages to MHPSS care and support
- Monitoring, tracking, and follow ups on referral cases
- Community awareness, Identification
- Group-Inter Personal psychotherapy (G-IPT)

Key Milestones on Mental Health using IPT-G model

Mental Health disorders identified and referred



Data Source: (DHIMS 2023)



Data Source: AFOD/SMU Primary Data 2023/2024

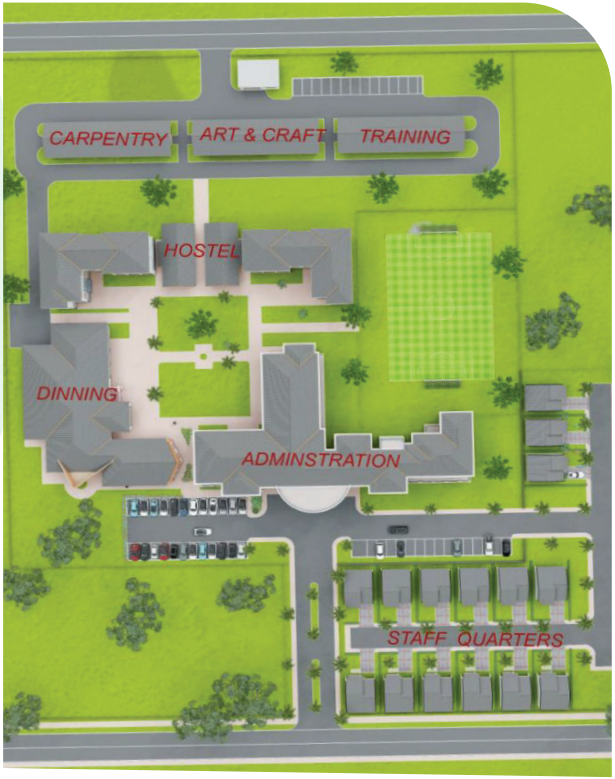
A call to commit to establish a home of mental wellness

Our shared community empowerment efforts amount to nothing if there are no concerted efforts to combat the mental health challenges in the region and the country

Most mental disorders that require specialized rehabilitation services cannot be accessed by patients in Northern Uganda due to a lack of regional and district Rehabilitation facilities. The few centers available are privately owned, mainly located in the central region and the costs cannot be afforded by an average Ugandan.

The hope of refugees, host communities, and the public is vested in your act of kindness and generosity to support the establishment of a mental health facility that will bridge the gaps in service access.

We can collectively restore hope and lighten the mental health burden. A small donation is a step to setting up this facility.



Architectual design of the Mental Rehabilitation Facility

Total Budget Required | **5,677,390,000 Uganda shillings (USD 1.5 Million)**

AFOD Uganda has already procured land to establish the mental health rehabilitation facility

No act of kindness, no matter how small, is ever wasted." -Aesop

Be the change you want to see in the world" – Mahatma Gandhi

Alliance Forum For Development (AFOD)

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