LOVE IN COMMUNITY INITIATIVE

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN SCHOOLS

OYAM DISTRICT

NORTHERN UGANDA

Programme period: 1st June to 30th June 2026

Report compiled: September 2026

Report to:

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EXECUTIVE SUMMARY

Between 1 and 30 June 2026, Atina Aceli Foundation (ATINAAF-Uganda) delivered a district wide mental health and psychosocial support programme across primary and secondary schools in Oyam District, Northern Uganda. The programme reached more than 28 schools, over 8,000 learners and 200 teachers and support staff, and concluded with a district level Teachers' Mental Health Dialogue attended by the Oyam District Inspector of Schools, the Area Member of Parliament for the Lango Parliamentary Group, and more than fifty teachers.

This report consolidates the field record of that programme into a single reference document with two purposes. Part I presents a comprehensive account of the programme rationale, district context, methodology, reach, gender dimensions, case studies, lessons learned, sustainability strategy, support gaps and a forward looking monitoring and evaluation framework. Part II translates the gaps identified in Part I into two concept notes: a technical partnership proposal to the Ministry of Education and Sports, and a gender responsive intervention proposal to the Ministry of Gender, Labour and Social Development.

The central finding of this report is that Oyam District combines high need with high readiness. Need is evidenced by the district's post conflict history, its dependence on low yield subsistence agriculture, and the cluster of vulnerability drivers, substance abuse, teenage pregnancy, menstrual health barriers and weak parental support, identified independently and repeatedly across schools during the programme. Readiness is evidenced by a letter of recommendation from the Oyam District Education Office, the presence of an existing senior man and senior woman teacher structure in every school visited, and the direct engagement of district and political leadership at the closing dialogue.

The report is equally candid about what the June 2026 round did not achieve. Attendance data was not disaggregated by sex, age or disability. No validated instrument was used to measure change in mental health literacy or symptom burden. No functioning referral pathway linked schools to health,

gender or child protection services. These gaps are treated in this report as the direct evidence base for the partnership and resource requests set out in Part II, rather than as limitations to be minimised.

Taken together, the programme demonstrates that a short, intensive round of school based training can achieve significant reach and generate credible local buy-in within a single month, and that the durable next step is to embed this work within existing government structures and policy instruments, principally the Ministry of Education and Sports' Circular 20 and Mental Health Hour framework, rather than to repeat externally led delivery indefinitely.

1. Background and Rationale

Atina Aceli Foundation (ATINAAF-Uganda) is a national non-governmental organisation working on mental health and psychosocial support among teachers and learners in primary and secondary school institutions in Uganda. Between 1 and 30 June 2026, the Foundation implemented a district wide programme in Oyam District, Northern Uganda, reaching more than 28 primary and secondary schools, over 8,000 learners and 200 teachers and support staff.

Mental ill health among children and adolescents is a substantial and under addressed public health burden across sub-Saharan Africa. A systematic review of prevalence studies across the region found that a meaningful share of adolescents' experience clinically significant depressive, anxiety or post-traumatic symptoms, with conflict exposure and poverty acting as compounding risk factors. In Uganda specifically, recent pooled estimates place the prevalence of mental health disorders among children at approximately 22.9 per cent, with wide regional variation.

The Government of Uganda has, over the same period, moved decisively to institutionalise mental health support within the education sector. The Ministry of Education and Sports, through its Department of Guidance and Counselling, issued the Guidelines for Integrating Mental Wellbeing and Psychosocial Support in Education Institutions in Uganda, operationalised in part through Circular 20, which mandates a weekly Mental Health Hour for staff and learners in every academic institution and adopts a whole school approach to psychosocial support. A companion circular further directs that academic institutions allocate a minimum share of institutional funds to mental health service delivery and partner with recognised providers. The ATINAAF-Uganda programme in Oyam District was conceived and fielded in direct response to this policy shift. It followed the national launch of mental health support materials by the Ministry at Serena Hotel, Kampala, in May 2026, and was designed to help translate national guidance into district level practice.

The rationale for the programme rests on three converging observations from the Foundation's prior community engagement in Northern Uganda. First, teachers and learners in Oyam District carry a

compounded burden of trauma linked to two decades of insurgency by the Lord's Resistance Army from 1986 to 2008, chronic poverty and the residual disruption of the COVID-19 pandemic. Second, structures that should provide first line psychosocial support, principally the senior man and senior woman teacher system and school guidance and counselling departments, are present on paper in most schools but are under resourced, under trained and rarely linked to functioning referral pathways. Third, national guidance now exists to anchor local action, but implementation capacity, materials and facilitation at district and school level remain the binding constraint.

School based interventions that combine psycho-education, stigma reduction and referral orientation have demonstrated measurable reductions in trauma related symptoms among conflict affected learners in comparable settings, and teacher delivered, school embedded psychosocial support has been shown to improve both wellbeing and academic outcomes among conflict affected youth. This evidence base underpins the ATINAAF-Uganda model of short, intensive school level training paired with a district level dialogue platform, and it informs the technical partnership and gender responsive concept notes presented in Part II of this report.

2. Oyam District Context and Justification

2.1 Geographic and historical profile

Oyam District lies in the Lango sub-region of Northern Uganda. Like much of the sub-region, it bears the long legacy of the LRA insurgency from 1986 to 2008, during which large numbers of households were displaced into camps for internally displaced persons and children were at direct risk of abduction. Field teams recorded first hand testimony from Abok Seed Secondary School describing the community as one still carrying the trauma, poverty and illness that followed the insurgency. This history is directly relevant to programme design, since post conflict cohorts in Northern Uganda continue to show elevated rates of post-traumatic stress and depressive symptoms into adolescence and young adulthood.

Longitudinal and cross sectional research among war affected youth and children in Northern Uganda consistently finds that exposure to displacement, abduction and violence predicts higher rates of post-traumatic stress disorder, depression and impaired psychosocial functioning, with effects that persist well beyond the end of active conflict. More recent school based screening in poverty and conflict affected districts of Uganda similarly documents clinically significant depressive and anxiety symptoms among a substantial minority of school going adolescents, reinforcing the case for embedding psychosocial support within routine school operations rather than treating it as an emergency only response.

2.2 Socio-economic profile

Field observations recorded throughout the programme period describe a district economy dominated by low yield, rain fed subsistence agriculture, with recurrent poor weather cited by respondents as a direct driver of household poverty. Many of the households from which learners come were described in field notes as struggling to meet school fees, feeding and basic scholastic requirements. Facilitators documented a persistent dependency pattern and limited household level business or livelihood skills, which compounds the difficulty families face in providing for children's welfare and, in turn, for their mental wellbeing.



Grass thatched homesteads photographed during the programme period. Facilitators recorded that many households have barely sufficient food and struggle to meet school fees and feeding costs, conditions that field notes link directly to learners' mental wellbeing.



A household compound near one of the programme's target schools, with grain drying in the yard. Facilitators observed that low yield, rain fed agriculture and recurrent poor weather leave many families with little buffer against hardship.

2.3 Education and service infrastructure

Pupil to facilitator ratios in primary schools were repeatedly described by teachers as unmanageable given the resources available, with one senior woman teacher at Akuca-witim Primary School noting that learners are too many to handle with limited resources.

Guidance and counselling structures, namely the senior man and senior woman teacher positions mandated by the Ministry, exist in every school visited but were consistently reported as under trained in psychosocial support techniques and without a functioning referral pathway to health, gender or child protection services.

Remoteness and poor road infrastructure limited the team to motorcycle transport, itself identified as a health and safety risk to field staff and a constraint on the number of schools that could realistically be reached within the programme period.

Communication infrastructure, mobile network coverage in particular, was described as poor in several sub-counties, complicating both field coordination and any future remote or telehealth referral model.

2.4 Vulnerability drivers identified in the field

Across pre-visits, training sessions and the closing district dialogue, facilitators and school based respondents independently identified a consistent cluster of vulnerability drivers affecting learners' mental health in Oyam District.

Substance and drug abuse among adolescents was cited by teachers and students at multiple schools, including Abok Seed Secondary School, as originating both within the school community and the surrounding neighbourhood. Teenage pregnancy and early school drop-out were linked by respondents to social peer pressure, poverty and weak parental engagement. Menstrual hygiene

barriers for adolescent girls, including the cost of and access to sanitary products, were raised unprompted by school staff as a driver of absenteeism and distress. Weak parental support and mindset featured prominently, with the headteacher of Ariba Primary School observing that parents value pleasure compared to the wellbeing of their children. Household poverty and food insecurity were illustrated by field documentation of grass thatched homesteads with, in facilitators' assessment, barely sufficient food, and by pupils at Onekgwok Primary School who identified a need for material support to children and proper feeding as a priority.

2.5 Justification for district selection

Oyam District was selected and retained as the programme's focal geography on the strength of four converging factors. The first is the historical and continuing burden of conflict related trauma described above. The second is the concentration of the vulnerability drivers identified in Section 2.4 within a single, accessible administrative unit. The third is demonstrated local political and administrative buy-in, evidenced by a letter of recommendation issued by the Oyam District Education Office on 11 June 2026 and by the attendance of the Area Member of Parliament and Chairperson of the Lango Parliamentary Group, Hon. Patrick Ogwang Obura, at the closing Teachers' Mental Health Dialogue. The fourth is the absence, at the time of the programme, of an established, school embedded provider of mental health and psychosocial support operating at comparable scale in the district. These factors together make Oyam District both a high need and a high readiness location for the technical partnership and gender responsive interventions.

3. Methodology

3.1 Programme design

The programme followed a whole school approach consistent with the World Health Organization's Health Promoting Schools model and with the Ministry's whole school orientation embedded in the national Guidelines for Integrating Mental Wellbeing and Psychosocial Support in Education Institutions in Uganda. Rather than treating mental health as an isolated add on session, the model

sought to engage headteachers, guidance and counselling teachers, classroom teachers and learners together, and to leave behind materials and basic skills that could support continued practice after the facilitation team departed.

3.2 Implementation phases

Phase I: Onboarding and pre-visits, 1 to 5 June 2026

The first week was dedicated to school entry: booking appointments with headteachers, pre-distributing booklets and mental health guides for learners and training materials for teachers, and briefing senior man and senior woman teachers ahead of full training sessions. This phase also produced the earliest qualitative testimony captured in this report, including from Ariba Primary School and Abok Seed Secondary School.

Phase II: School level training delivery, 8 to 26 June 2026

Direct training was delivered on a two session daily schedule per school pairing, a morning session from 10:00 to 12:00 and an afternoon session from 14:00 to 16:00. Training combined mental health and mental illness awareness, stigma reduction, psychosocial coping skills, and orientation to available referral and safety mechanisms. Delivery proceeded in three weekly blocks, eleven schools in week one, predominantly primary, plus at least one secondary institution, ten schools in week two, a mix of primary and secondary, and seven schools in week three, concluding on Friday 26 June 2026.

Phase III: District Teachers' Mental Health Dialogue, 30 June 2026

The programme concluded with a district level dialogue held at Abok Sub-County Headquarters. The event was attended by the Oyam District Inspector of Schools, the Area Member of Parliament and Chairperson of the Lango Parliamentary Group, and more than fifty teachers representing primary and secondary schools across the district. A session led by medical personnel addressed the connection between self-care, oral health and mental wellbeing among teachers, substance use,

particularly alcohol, professional conduct, referral systems, and opportunities arising from teachers' transferable skills.

3.3 Delivery team and partnership structure

Training was delivered by ATINAAF-Uganda's own trained mental health facilitators, fielded specifically for the Oyam District activity. Training content and materials trace to the national launch of Ministry mental health support materials at Serena Hotel in May 2026, coordinated with the Department of Guidance and Counselling. At district level, the programme worked through the Oyam District Education Office and sub-county administration. At school level, entry and continuity were anchored through headteachers and senior man and senior woman teachers.

3.4 Data collection

Four data sources inform this report: attendance registers recording learner and teacher participation by school and by week, structured interviews and open testimony collected from headteachers, senior man and senior woman teachers, students and, at the closing dialogue, district officials and medical personnel, field observation notes documenting household, community and school level conditions relevant to mental health risk, and a financial expenditure log for the full programme period, reproduced at Annex A.

3.5 Methodological limitations

In the interest of transparency, and because they directly inform the gap analysis and monitoring and evaluation framework presented later in this report, four limitations in the June 2026 data collection are acknowledged. Attendance and beneficiary records were not disaggregated by sex, age band or disability status at source, which constrains the gender analysis presented in Section 5. No standardised, validated psychometric instrument, for example the Strengths and Difficulties Questionnaire or an adapted Patient Health Questionnaire, both used in comparable Ugandan school based studies, was administered to measure change in mental health symptoms or literacy, so the

training's effect is documented qualitatively rather than through measurement before and after the programme. Weeks two and three of the training schedule were logged as aggregate school counts, ten and seven schools respectively, without a retained list of individual school names, limiting the precision of the category breakdown in Section 4. Formal, documented ethical review and informed consent procedures for interview and testimony collection were not recorded in the source field documentation reviewed for this report.

4. Number of Schools Reached, by Category

Across the three week training block, ATINAAF-Uganda facilitators reached more than 28 primary and secondary schools in Oyam District. Table 1 presents the weekly delivery record as logged in the field. As noted in Section 3.5, only week one retains a complete, named school by school breakdown, while weeks two and three were logged as aggregate counts of mixed primary and secondary institutions.

Week	Dates	Schools reached	Category as logged
Week 1	1 to 5 June, onboarding; training from 8 June	11 schools	Predominantly primary, with at least one secondary institution, Ngai Secondary School, named
Week 2	9 to 12 June, approximate	10 schools	Mixed primary and secondary; individual names not retained in the field log
Week 3	15 to 26 June, approximate	7 schools	Mixed primary and secondary; individual names not retained in the field log
Total	1 to 30 June 2026	**Over 28 schools**	Primary and secondary, Oyam District

4.1 Schools individually documented by name

Fifteen schools are named individually in the field record, either through the week one training log or through case narratives and photographic documentation collected during training and the closing dialogue. Of these, thirteen are primary level institutions and two are secondary institutions.

Category	School	Sub-county / location
Primary	Bar-rio Modern Primary School	Abok Sub-county
Primary	Bar-rio P.7 Primary School	Abok Sub-county
Primary	Victory Junior School	Bar-rio, Abok Sub-county
Primary	Wang-lobo Primary School	Oyam District
Primary	Ngai Primary School	Ngai Sub-county
Primary	Bethel Junior School	Oyam District
Primary	Kulakula Primary School	Oyam District
Primary	Onekgwok Primary School	Oyam District
Primary	Akuca-witim Primary School	Oyam District
Primary	Nimaro Education Centre	Oyam District
Primary	Abok Primary School	Abok Sub-county
Primary	Ariba Primary School	Abok Sub-county
Primary	Anyeke Primary School	Oyam Town Council
Secondary	Ngai Secondary School	Ngai Sub-county
Secondary	Abok Seed Secondary School	Abok Sub-county

Data note: the near total dominance of named primary schools over named secondary schools in the field record, thirteen to two, most likely reflects incomplete logging of week two and week three secondary visits rather than an actual delivery ratio of that magnitude, since the programme objective and the national Circular 20 mandate apply equally to both levels. Closing this recording gap is addressed directly in Section 9 and in the Monitoring and Evaluation Framework at Section 10.

5. Gender-Disaggregated Beneficiary Data

5.1 Reported totals

The Oyam District programme reached over 8,000 learners and 200 teachers and support staff. As documented in Section 3.5, the source attendance registers recorded total participation per school and

per week but did not disaggregate learners or teacher participants by sex, age band or disability status. This is treated in this report as a material data quality finding in its own right, not merely a footnote to it.

5.2 Indicative estimates for planning purposes only

In the absence of measured sex-disaggregated data, Table 3 presents indicative planning estimates only, derived by applying national primary and secondary gender parity enrolment ratios reported for Uganda to the total reported beneficiary figures. These figures are estimates for programme design purposes and must not be read as measured outcomes.

Beneficiary group	Reported total	Indicative female, estimated	Indicative male, estimated
Learners	8,000+	approximately 4,000+	approximately 4,000+
Teachers and support staff	200	approximately 100	approximately 100

5.3 Qualitative gender findings

Although quantitative sex disaggregation is unavailable, the qualitative field record contains consistent, repeated and unprompted gender specific findings that justify a dedicated gender responsive intervention track.

Access to and affordability of sanitary products was raised independently at multiple schools as a barrier to girls' regular attendance and participation, consistent with the wider Ugandan evidence base on menstrual hygiene management and school attendance. Teenage pregnancy was repeatedly identified by teachers and community members as a leading cause of girls' school drop out in Oyam District, compounding poverty and social pressure. Facilitators observed that household level care burdens and parental attitudes described as prioritising short term comfort over children's welfare appear to fall disproportionately on girls, though this observation was not systematically measured.

No functioning, school linked referral pathway for gender based violence or child protection concerns was documented in any of the fifteen schools named in the field record.

This pattern mirrors the wider evidence base. A pilot cluster randomised study of a school based menstrual health intervention in Uganda found that menstrual health barriers are closely linked to school attendance and mental health outcomes among adolescent students, while a multi level analysis of school absenteeism in Southern Uganda found that only around one in ten adolescent girls practise adequate menstrual hygiene management, with an associated loss of roughly one tenth of school days during menstruation. A 2024 systematic review of menstrual hygiene management interventions across low and middle income countries similarly found consistent positive effects on attendance, performance, drop out and emotional wellbeing where such interventions were delivered.

6. Success Stories and Case Studies

Case 1: Ariba Primary School, opening the door to a difficult conversation

During the first week of pre-visits, facilitators met the headteacher and deputy headteacher of Ariba Primary School in Abok Sub-county. The school had already embraced a basic commitment to the wellbeing of pupils, teachers and parents, and its leadership used the visit to raise a concern that would recur throughout the programme, that some parents prioritise their own short term comfort over their children's welfare.



The headteacher and deputy headteacher of Ariba Primary School with an ATINAAF-Uganda facilitator during the first week of pre-visits in Abok Sub-county.

"Parents value pleasure compared to well-being of their children"

Headteacher, Ariba Primary School



Facilitators, teachers and pupils at Ariba Primary School with completion materials from the morning training session, part of a wider drug awareness message delivered during the visit.

The exchange illustrates both the value and the limit of a short training visit. It surfaced a structural, community level driver of learner distress that a single school session cannot resolve on its own, and that instead requires the sustained community dialogue and referral work proposed in Sections 8 and 9.

Case 2: Akuca-witim Primary School, capacity under pressure

At Akuca-witim Primary School, learners took part in an afternoon guidance and counselling session addressing psychosocial wellbeing. The senior woman teacher welcomed the training but was candid about the constraint her school faces in translating awareness into ongoing support.

> *"Learners are too many to handle with limited resources"*
>
> *Senior Woman Teacher, Akuca-witim Primary School*



Pupils at Akuca-witim Primary School gathered for the mental health and psychosocial support session. Large class sizes relative to available guidance and counselling staff were a recurring theme across the district.

This testimony is representative of a pattern observed across the district. Guidance and counselling roles exist on paper but are held by teachers managing large classes with minimal dedicated time,

training or materials, precisely the gap that a train the trainer, whole school sustainability model in Section 8 is designed to close.

Case 3: Abok Seed Secondary School, a post-conflict community still carrying trauma

Abok Seed Secondary School, one of the larger institutions reached in Abok Sub-county, hosted the programme and explicitly linked current student wellbeing challenges to the community's history as survivors of the 1986 to 2008 LRA insurgency. Students and teachers separately identified drug exposure, originating both from within the school community and the surrounding neighbourhood, as a pressing concern, alongside a call for stronger teacher capacity.



Abok Seed Secondary School, Abok Sub-county. The school's leadership recommended continued engagement and support for a community still recovering from the 1986 to 2008 LRA insurgency.

> *"Community has trauma, poverty and sicknesses affecting young people directly"*
>
> *Community testimony, Abok Seed Secondary School*



Secondary students at Abok Seed Secondary School gathered under trees for the guidance and counselling session led by ATINAAF-Uganda facilitators.

"There's need for community sensitization"

Students, Abok Seed Secondary School



A facilitator addresses students at Abok Seed Secondary School during the session on substance abuse, stigma and referral.

"Teachers need to be equipped with skills and knowledge of guidance and counselling"

Recommendation, senior man and senior woman teachers

Abok Seed Secondary School illustrates why the programme's technical partnership request to the Ministry of Education and Sports, Concept Note A, emphasises formal integration with, rather than parallel delivery alongside, the existing senior man and senior woman teacher structure. The school already has the personnel and the institutional mandate. What it lacks is skills, materials and sustained technical backing.

Case 4: District Teachers' Mental Health Dialogue, 30 June 2026

The programme closed with a district level dialogue at Abok Sub-County Headquarters, convened specifically to re-centre teachers' own mental wellbeing after a month spent supporting learners. The event drew the Oyam District Inspector of Schools, the Area Member of Parliament and Chairperson of the Lango Parliamentary Group, Hon. Patrick Ogwang Obura, and more than fifty teachers from primary and secondary schools across the district.



The closing Teachers' Mental Health Dialogue at Abok Sub-County Headquarters, attended by district officials, the Area Member of Parliament and more than fifty teachers from across Oyam District.

A session led by invited medical personnel connected teachers' self-care and oral health to broader mental wellbeing, addressed substance use, principally alcohol, among teaching staff, and discussed referral systems and the transferable skills teachers hold beyond the classroom.

The dialogue followed the Foundation's receipt, on 11 June 2026, of a letter of recommendation from the Oyam District Education Office endorsing the team's field conduct.

6.5 Additional Photographic Documentation

The photographs below extend the case record to further schools reached during the three week training block. They are presented here to give a fuller, more representative picture of the programme's reach across Oyam District, beyond the four schools profiled as case studies above.

Bar-rio Modern Primary School, Abok Sub-county



Pupils of Bar-rio Modern Primary School gathered outdoors for the mental health and psychosocial support session.



An indoor session at Bar-rio Modern Primary School addressing anxiety, depression and coping strategies, delivered alongside the school's own guidance and counselling staff.



A facilitator meets with teachers and learners at Bar-rio Modern Primary School under a tree on the school compound to plan the day's sessions.

Onekgwok Primary School, Oyam District

Most children at Onekgwok Primary School were reported by facilitators to be affected by a lack of basic needs, poor quality feeding and limited parental care. Pupils themselves identified a need for material support and proper feeding as a priority during the session.

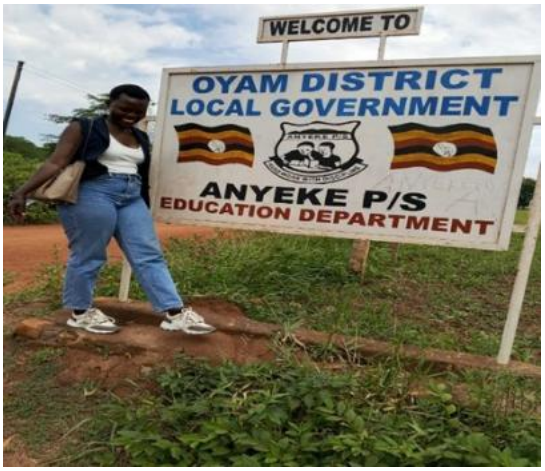


Pupils of Onekgwok Primary School assembled in front of the school building for the training session.



A facilitator leads an afternoon session with Onekgwok Primary School pupils under the shade of trees on the school grounds.

Anyeke Primary School, Oyam Town Council



The Oyam District Local Government and Anyeke Primary School signpost, marking the team's arrival at the school in Oyam Town Council.



Learners of Anyeke Primary School gathered for the mental health training session, held on the school compound near the district education department offices.

7. Lessons Learned

7.1 Logistics and geographic access

Motorcycle transport, while necessary given road conditions, was identified as both a health and safety risk to field staff and a constraint on the number of schools reachable within a fixed programme period. Future budgets should size transport and contingency funds to district terrain rather than to a flat per day rate.

Remoteness combined with poor mobile network coverage complicated field coordination. A pre-agreed communication protocol, for example fixed daily check-in windows at sub-county trading centres, would reduce this risk in future rounds.

7.2 Facilitator capacity and training dosage

A single ATINAAF field team covering more than 28 schools in four weeks necessarily delivered a single training exposure per school. This is consistent with, but at the lower intensity end of, the dosage seen in comparable school based interventions in the literature, and it limits the depth of behavioural change that can be expected from this round alone.

Task shifting ongoing delivery to trained senior man and senior woman teachers, rather than relying solely on repeat external visits, is both more sustainable and better evidenced. Teacher delivered, school embedded psychosocial support has been shown to improve wellbeing and academic outcomes among conflict affected youth when properly resourced and supervised.

7.3 Materials, referral systems and continuity

Shortages of basic scholastic materials, including books, pens and sanitary products, were repeatedly identified by both facilitators and school respondents as undermining learners' capacity to engage with training content.

No functioning referral pathway linking schools to health, gender or child protection services was documented at any of the fifteen named schools, meaning that disclosures made during training sessions could not reliably be followed up.

7.4 Data and measurement

The absence of a validated instrument to measure change before and after training means the programme cannot currently demonstrate change in mental health literacy, stigma or symptom burden, only reach. Adopting a short, validated instrument used elsewhere in Uganda, for example an adapted Mental Health Knowledge Schedule and Attribution Questionnaire, as used in a recent Kampala secondary school study, would substantially strengthen future evaluation.

The absence of sex, age and disability disaggregation in attendance records, described in Section 5, is a correctable gap that should be addressed before the next round of delivery, not after it.

7.5 Partnership and institutional legitimacy

The Oyam District Education Office's letter of recommendation and the Member of Parliament's attendance at the closing dialogue indicate that formal, documented partnership, rather than ad hoc, school by school negotiation, is both available and likely to be more efficient for future rounds.

7.6 Team welfare and duty of care

Field notes record explicit health and safety risk to team members linked to bad weather, poor accommodation and food hygiene conditions in the villages visited. Future budgets should treat team welfare as a distinct, non-negotiable line item rather than a residual cost.

7.7 Gender-specific lessons

Menstrual hygiene access surfaced as an unprompted concern at multiple schools without any specific question being asked about it, indicating that it is a live, first order barrier to girls' participation rather than a marginal issue, and that mental health support and menstrual health or WASH programming cannot be meaningfully separated in this context.

8. Sustainability Strategy

8.1 Institutional anchoring within Ministry policy

The most direct route to sustainability is full alignment with the Ministry of Education and Sports' own Guidelines for Integrating Mental Wellbeing and Psychosocial Support in Education Institutions in Uganda and Circular 20, which already mandates a weekly Mental Health Hour delivered by school staff. Rather than positioning ATINAAF-Uganda as a recurring external provider, the sustainability model trains and certifies senior man and senior woman teachers to deliver the Mental Health Hour themselves, with ATINAAF providing periodic refresher training, materials updates and quality assurance.

8.2 District ownership

Continued engagement through the Oyam District Education Office, formalised through a Memorandum of Understanding rather than informal cooperation, allows the programme to be embedded within the District Education Office's own annual work plan and within School Health Committees where they exist, rather than depending on the presence of an external team.

8.3 Sustaining the district dialogue platform

The 30 June Teachers' Mental Health Dialogue produced a level of multi-stakeholder engagement, the District Inspector of Schools, the Member of Parliament, over fifty teachers and medical personnel, that is costly to convene from scratch each time. Establishing it as a termly or annual fixture, co-owned by the District Education Office, converts a one-off event into a recurring accountability and coordination mechanism.

8.4 Diversified, non-duplicative partnerships

Three partnership tracks are proposed. The first is technical partnership with the Ministry of Education and Sports for authorisation, curriculum alignment and district coordination, set out in Concept Note A, a non-financial relationship that materially reduces future access costs and strengthens legitimacy. The second is resource mobilisation from the Ministry of Gender, Labour and Social Development for the gender responsive components of the programme, set out in Concept Note B. The third is referral integration with existing national services, for example the toll-free tele-counselling service referenced in the Ministry's own mental health circular, rather than building a parallel referral system from zero.

8.5 Cost efficiency through task shifting

Shifting recurrent delivery from ATINAAF facilitators to trained school based staff is expected to reduce per school recurrent transport and facilitation costs after the initial training of trainers investment, consistent with the field expenditure pattern in Annex A, where transport, fuel and accommodation together account for the largest single share of programme cost.

8.6 Evidence-led continuity

Sustainability ultimately depends on the programme's ability to demonstrate results. Section 10 sets out the monitoring and evaluation framework designed to generate the evidence base, including corrected sex-disaggregated data and a validated pre and post instrument, needed to sustain both government and donor confidence in continued support.

9. Detailed Support Gap Analysis

Table 4 consolidates the gaps identified across Sections 2, 3, 6 and 7 into a single planning matrix, distinguishing gaps that are primarily technical or institutional in nature.

Domain	Current status	Gap identified	Nature of support required
Institutional authorisation	Ad hoc, school by school entry negotiated by the ATINAAF field team	No standing authorisation or coordination mechanism at Ministry or district level	Technical and institutional, MoES
Curriculum alignment	ATINAAF training materials trace informally to the May 2026 national launch	No formal Ministry review or endorsement of the ATINAAF curriculum against Circular 20 standards	Technical, MoES
Guidance and counselling workforce	Senior man and senior woman teacher posts exist in every school visited	Post-holders under trained in psychosocial techniques; no dedicated time allocation	Technical training, MoES, plus material support
Referral pathways	None documented at any of the fifteen named schools	No linkage to health, gender-based violence or child protection services	Joint technical design, MoES, MoGLSD, health sector
Data systems	Aggregate, non-disaggregated attendance registers	No sex, age or disability disaggregation; no validated pre and post instrument	Technical, MoES data systems, and financial, tools and training

Menstrual health and dignity	No sanitary provision documented; cost and access barrier raised unprompted at multiple schools	No menstrual health kits, dignity packs or WASH linkage	Financial, MoGLSD
Scholastic and psychosocial materials	Limited books, pens and guidance booklets distributed once	Materials exhausted after single distribution; no replenishment plan	Financial, MoGLSD or resource mobilisation
Transport and logistics	Motorcycle hire, self funded by ATINAAF	Identified as a health and safety risk; limits schools reachable per week	Financial, MoGLSD or resource mobilisation
Team welfare and duty of care	Basic allowance, food and accommodation budgeted	Field notes record explicit health risk from accommodation and food hygiene conditions	Financial, MoGLSD or resource mobilisation
Community sensitisation on gender norms	Not delivered in the June 2026 round	Parental attitudes identified as a driver of neglect and of girls' vulnerability	Financial and technical, MoGLSD

This gap matrix is the direct source document for the two concept notes in Part II. Technical and institutional gaps are addressed to the Ministry of Education and Sports without a financial ask, while material, financial and gender-specific gaps are addressed to the Ministry of Gender, Labour and Social Development.

10. Monitoring and Evaluation Framework

10.1 Theory of change, summary

If school based facilitators and trained senior man and senior woman teachers deliver structured, Ministry aligned psychosocial training and maintain a functioning referral pathway, and if sex-disaggregated data is collected and reviewed at district level, then mental health literacy will improve,

stigma will reduce, disclosure and help seeking will increase, and, over a longer horizon, indicators linked to attendance, retention and teenage pregnancy will begin to improve in supported schools relative to comparable non-supported schools.

10.2 Indicator framework

Level	Indicator	Disaggregation	Data source	Frequency
Output	Number of schools reached, by category	School category, sub-county	Facilitator attendance log	Weekly
Output	Number of learners and teachers trained	Sex, age band, disability status	Revised attendance register	Weekly, aggregated termly
Output	Number of senior man and senior woman teachers certified as Mental Health Hour facilitators	Sex, school	Training certification record	Per training cohort
Process	Session fidelity, sessions delivered against planned, duration held	School	Facilitator session log	Weekly
Outcome	Change in mental health literacy and stigma score	Sex, age band, school level	Pre and post training survey	Baseline and endline per cohort
Outcome	Number of referrals made and completed through the new pathway	Sex, referral type	Referral pathway log	Monthly
Outcome	Proportion of girls reporting menstruation related absence in the past term	Age band, school	Girls' club or school health committee report	Termly
Longer term outcome	Trends in school attendance, retention and reported teenage pregnancy in supported schools	Sex, school	School EMIS returns via District Education Office	Termly and annual

10.3 Data collection tools

Four tools underpin this framework. A revised attendance and beneficiary register with mandatory sex, age band and disability fields will replace the aggregate-only register used in June 2026. A short, validated pre and post training mental health literacy and stigma instrument, adapted from tools already validated with Ugandan adolescents, will be introduced. A structured qualitative case documentation protocol for success stories and testimony will be applied consistently rather than opportunistically as in the June 2026 round. A referral pathway log, jointly designed with health, gender and child protection focal points, will track disclosures and follow-up.

10.4 Reporting lines and frequency

The proposed reporting chain runs from the school, through weekly facilitator and teacher logs, to the sub-county, to the Oyam District Education Office and District Community Development Office, and onward on a termly basis to the Ministry of Education and Sports Department of Guidance and Counselling and the relevant Ministry of Gender, Labour and Social Development gender desk, with ATINAAF-Uganda consolidating and sharing a termly district review and an annual external facing evaluation report with all partners.

Annex A: Field Operations Financial Report

Reproduced from ATINAAF-Uganda's original field expenditure log for the Oyam District programme, 1 to 30 June 2026. All figures are in Uganda shillings, UGX.

S/N	Item	Unit cost	No. of days	Quantity	Total cost, UGX
1	Transport / motorcycle hire	30,000	24	3 motorbikes	1,116,000
2	Fuel	6,500	24	3 bikes	468,000
3	Printing / documents	4,000	24	-	97,000
4	Accommodation	13,000	24	6	1,872,000
5	Allowance	20,000	24	3	1,440,000
6	Communication / airtime, certificates, banner, T-shirts, letters	3,000	24	6	432,000
7	Food	5,000	24	6	720,000
8	Drinks	1,000	24	6	144,000
9	Health and safety	-	-	6	68,000
10	Operations expenses / give out items	-	-	6	135,000
11	Mental Health Teachers' Dialogue, 30 June 2026	-	1 day	-	1,400,000

Grand total: UGX 7,892,000, seven million, eight hundred and ninety two thousand Uganda shillings only.

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