

UBUNTU IN ACTION

Youth-Led Policy Recommendations for

YOUTH MENTAL HEALTH IN EASTERN AFRICA

The Sawa Project



UBUNTU IN ACTION

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"YOU ARE NEVER TOO YOUNG TO LEAD, AND NEVER TOO OLD TO LEARN."

Dear reader,

"You are never too young to lead, and never too old to learn. And you should never doubt your capacity to triumph where others have not." - Kofi Annan.

We take these words to heart. We are 29 young mental health leaders of the Sawa Project coming from Kenya, Malawi, Rwanda, Somalia, Tanzania and Uganda. All of us work to improve youth mental health in our communities and have done so long before the Sawa Project brought us together and will do so long after. We have sat with young people carrying anxiety, grief and trauma with nowhere safe to take it. We have seen stigma silence young people and their communities. We have also seen what changes when young people are trusted and listened to; and when support is available close to home. That is why we co-wrote this paper.

Although we come from different countries and contexts, we found ourselves confronting many of the same challenges. With the Sawa Project, we gained a network. We connected, learning from each other and working together to scale our impact, increase awareness, and change things from the ground up with our communities regardless of age, background, or beliefs. We practiced *Ubuntu* in action.

These recommendations you are about to read are shaped by our professional and lived experience. We have infused our own knowledge and tested them through real initiatives in real communities, back home. They represent our potential, and our collective efforts to bring to light what can be done differently for youth mental health in Eastern Africa and beyond.

TO FELLOW YOUNG PEOPLE:
your experiences matter, your voice belongs in shaping mental health systems, and you do not have to carry these challenges alone.

TO POLICYMAKERS:
design policies with young people, not only for them.

TO FUNDERS:
trust the organisations and young leaders already doing the work closest to communities.

We are here; we have knocked on your doors and will reach new ones. We have already welcomed many of you, but it requires everyone.

We are proud to begin this paper with this letter. We are proud of these recommendations.

We invite you to help change how we collectively approach youth mental health.

The Sawa leaders

INTRODUCTION AND BACKGROUND

"Intore ntibyarwa, irarerwa."
'A leader is not born; a leader is nurtured.'
(Rwanda)

Across Eastern Africa, young people are already leading mental health initiatives in schools, health centres, communities, and local organisations. They refuse to simply inherit our youth mental health systems as they are and are instead building new approaches, where the existing systems have not.

These young leaders are psychologists, teachers, artists and filmmakers, social workers, researchers, entrepreneurs, advocates, and community organisers. They work alongside and serve young people navigating anxiety, trauma, displacement, and economic uncertainty among many other challenges.

Between 2025 and 2026 the Sawa Project brought together 29 of these young mental health leaders from Kenya, Malawi, Rwanda, Somalia, Tanzania and Uganda. Although their disciplines and their contexts differed, the challenges they described were shared.



Mental health services remain limited, particularly in rural and conflict-affected communities. Stigma remains pervasive, and gender norms often discourage young men from expressing vulnerability while exposing young women to shame.

The Sawa leaders were clear that the challenges affecting young people's mental health cannot, and should not, be addressed by the health sector alone. Addressing these challenges requires families, schools, communities, governments, funders, and the private sector working alongside young people. They require *Ubuntu* in action.

Beyond shared challenges, the Sawa leaders highlighted that young people are already building solutions. They are creating peer support networks, school-based initiatives, storytelling campaigns, digital platforms, and community-rooted approaches to care. However, many of these initiatives struggle to connect to wider ecosystems and access sustained funding.

As the East African proverb reminds us, *"Akili ni mali"*, 'the mind is wealth'. Investing in young people's mental health today is an investment in education, livelihoods, the social fabric of our communities and the futures we share. So now is the time to recognise and resource young people as leaders shaping the mental health solutions and systems affecting their lives.

ABOUT *UBUNTU*

Ubuntu is the African philosophy and moral framework that emphasizes our collective personhood, often translated to "I am because we are and since we are therefore I am". *Ubuntu* is embodied in the dictum, *"ubuntu ngumuntu ngabanye bantu"*, meaning 'a person is a person through other people.' *Ubuntu* thus offers "a praxis of radical togetherness rooted in the understanding the social world is only possible if we live with each other in a dynamic process of mutual recognition. It also suggests that this collective personhood can/must be realised inclusive of difference" (Horn, 2025).

THE SAWA PROJECT

YOUTH LEADERSHIP FOR MENTAL HEALTH IN EASTERN AFRICA

"Ubuntu" 'I am because we are, and since we are, therefore I am.'
(Shared across the region: *Ubuntu* (Rwanda), *Obuntu* (Uganda), *Utu* (Kenya/Tanzania), *uMunthu* (Malawi))

The Sawa Project is a 21-month initiative by the Kofi Annan Foundation in partnership with MCW Global and the Africa Alliance of YMCAs; funded by Wellcome. Sawa invested in young mental health professionals, artists, community organisers, and advocates aged 25-35 who were already working to improve the mental health and wellbeing of young people across Eastern Africa. The project provided leadership development, mentorship, advocacy training, network building and seed funding.

"When young people are given the space, mentorship and resources to lead, they don't just participate in change, they drive it. The time to invest in youth leadership is now."
Peter Ogoi, Sawa leader, Kenya

Over six months, the Sawa leaders designed and implemented ten seed-grant projects across the region. Working in schools, health centres, community and digital spaces, they reached more than 2,900 people directly and thousands more through outreach and online engagement. From expanding psychosocial support to reducing stigma, early outcomes included improved emotional regulation, better awareness and stronger coping skills. Several projects established youth mental health support services that have continued beyond the seed grant phase, showing what is possible when young people are trusted to lead.

"Jeraha la moyo halionekani"
'The wound of the heart is invisible.'
(Kenya/Tanzania)

Eastern Africa is one of the world's youngest regions with 23% of the population aged 10-19, against the world average of 16%. These young people are growing up amidst many crises: conflict and displacement, economic uncertainty, climate collapse, gender inequality, and digital pressures. Together these pressures are driving a mental health crisis that is significant and widely overlooked.

The World Health Organization estimates that 14% of adolescents aged 10-19 globally, live with a mental health condition; and emerging research across Eastern and sub-Saharan Africa estimates 20-25% of adolescents. Depression, anxiety and psychological distress are among the leading health challenges affecting young people in the region with the majority receiving no support at all. The scale of need requires urgent action, yet mental health systems across Eastern Africa remain severely under-resourced and unevenly distributed, particularly in rural, remote and conflict-affected communities. In some cases, there are fewer than one psychiatrist per 100,000 people. This context is why youth-led, peer support and community-based approaches continue to be essential for supporting young people's mental health.

[1]World Health Organization. Mental Health of Adolescents (2025). https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

ABOUT THIS PAPER

This paper brings together six policy recommendations developed by the Sawa leaders.

The Process: The recommendations were developed across three stages over eleven months: 1) Initial consultation; 2) Consolidation to identify the most significant themes; 3) Structured peer review that refined the recommendations towards the Eastern African realities for young people and young practitioners.

Some of what follows will be familiar. The calls for political commitment, research, and reduced stigma have appeared in youth mental health policy papers before this one; we acknowledge that and honour the work that has come before.

What this paper adds is specificity, nuance and tone from young leaders who are already doing mental health work in these countries, with these communities. Their recommendations draw on their professional expertise, lived experience, cultural knowledge and daily work in their communities. They aim to move beyond the familiar and reflect what the Sawa leaders know to be true from their own experiences.

[2] Hunduma, G., Dessie, Y., Geda, B., Yadeta, T. A., & Deyessa, N. (2021). Common mental health problems among adolescents in sub-Saharan Africa: A systematic review and meta-analysis. Journal of Child & Adolescent Mental Health, 33(1–3), 90–110. https://doi.org/10.2989/17280583.2023.2266451

RECOMMENDATIONS

YOUTH MENTAL HEALTH POLICY RECOMMENDATIONS.

These recommendations begin with the fundamental recognition that there is no single youth experience. A young woman navigating mental health challenges in rural Malawi, a peer facilitator supporting students in Nairobi, a community organiser working in conflict-affected South Kordofan, an emerging practitioner entering the field in Kigali: their needs, the barriers they face, and the solutions that will reach them are different. These recommendations are built with that diversity in mind, and readers implementing them should apply the same recognition in their contexts.

A Practical Note
The recommendations are grouped in two sets: **'Strategic Recommendations'**, which address the systems and policies that shape youth mental health in each country and across the region, and **'Programmatic Recommendations'**, which address what happens on the ground.

Each recommendation is accompanied by '**Actionable Next Steps**' that readers can either: '**Start Now**' i.e. these steps can begin within existing policy frameworks or '**Build Over Time**' i.e. these steps may require new frameworks or longer-term investments. The icons accompanying the next step suggest the primary audience:

- G Government and policymakers
- F Funders and donors
- Y Young people and youth-led organisations
- P Practitioners and service providers
- C Civil society and implementing partners
- Co Community

"HADAL MA DHISO, GACMO AYAA DHISA"

'WORDS DON'T BUILD, HANDS BUILD.' (Somalia) | Policy without implementation is just words.

STRATEGIC RECOMMENDATION 1:

MOVE FROM POLICY ON PAPER TO YOUTH-DRIVEN POLICY IN PRACTICE.



CORE RECOMMENDATION

GOVERNMENTS, FUNDERS AND IMPLEMENTING PARTNERS MUST CO-DESIGN POLICIES WITH THE YOUNG PEOPLE THEY INTENDED TO SERVE; AND, IMPLEMENT AND MONITOR THEM TRANSPARENTLY.

Sawa leaders described gaps between policy commitments and reality. Where policies do exist, communities (especially rural communities) have rarely seen them in practice and awareness of those existing policies is low.

Sawa leaders also shared that young people have little hand in designing and implementing the systems meant to serve them, adding that too often they are invited to comment once decisions have already been made. Participation without influence and implementation is not progress.

Political commitment should be visible in what reaches communities. That means dedicated budgets, accountability, implementation tracking and reporting; allowing government and communities alike to see whether progress has been made.

Young people need to be engaged as recipients and providers of youth mental health support. Young people with lived experience bring insight into where systems fail and young practitioners understand what works on the ground. Both must be included early, and frequently, with clear decision-making power.

> *"Governments and organisations should involve young people in decision-making and support community and digital mental health programmes. These actions can help reduce stigma and improve access to care for both old and young people."*
>
> **Chuka Ajar, Sawa leader, Kenya**

WHAT THIS LOOKS LIKE IN PRACTICE

By investing in young professionals as both the designers and deliverers of mental health initiatives and as architects of the advocacy and policy recommendations in this paper, the Sawa Project itself offers one example of what is possible.

The *ChatTherapy Africa* team, Brenda Aryatugumya, Howard Bowa, Peter Ogoi and Emmanuel Iradukunda, built their Psychological First Aid curriculum with students, not for them. Across Kenya, Malawi, Rwanda, and Uganda, students shaped content and implementation directly. They pushed for simpler language over clinical terminology, for music and games alongside structured learning, for local languages, and for sessions spread over time rather than compressed into one. 151 students were trained across the four countries. One said:

"If a fellow student is facing mental health challenges, they can come to me and I will give them advice."

ACTIONABLE NEXT STEPS

Start Now (these actions can begin within existing policy framework):

- ☐ Review existing national youth mental health policies to identify gaps between the commitments made and what is funded and delivered. Make the findings publicly available. G
- ☐ Track and report on involvement of young people with lived experience and young mental health practitioners in policy design, implementation and evaluation. G, Y
- ☐ Mandate that all youth mental health strategies and action plans include specific provisions for conflict-affected and rural settings. G
- ☐ Share policies in accessible formats and local languages through trusted community channels such as faith organisations or community leaders. G, C, Y

Build Over Time (these actions may require new frameworks or longer-term investments):

- ☐ Create or strengthen formal youth representation within national and regional mental health policy bodies with clear mandates and dedicated resources. G
- ☐ Establish national standards requiring youth co-design for youth mental health policy and strategy development, with accountability mechanisms. G, Y
- ☐ Run cross-sector youth mental health working groups bringing together youth, health, education, welfare government departments, civil society and private sector actors including technology and creative industry to address wider social factors affecting mental health. G, C

When policies for youth mental health are developed and implemented with young people rather than simply written for them, they are more likely to reach the communities they were intended to serve.

"HABA NA HABA HUJAZA KIBABA"

'LITTLE BY LITTLE FILLS THE MEASURE.' (Kenya / East Africa) | Small, consistent investment builds lasting change.

STRATEGIC RECOMMENDATION 2:

INVEST DIFFERENTLY AND MAKE FUNDING WORK FOR YOUTH-LED MENTAL HEALTH INITIATIVES.



"National budgets and donor funding should not only ring-fence resources for mental health but also establish transparent mechanisms to ensure that funds reach youth-led organisations, community-based programmes, and underserved rural areas. Young people should be involved in planning, budgeting, implementation, and monitoring mental health initiatives to ensure that investments address their actual needs and priorities."

Halima Selemani, Sawa leader, Malawi

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CORE RECOMMENDATION

GOVERNMENTS AND FUNDERS SHOULD REDESIGN FUNDING MECHANISMS SO YOUTH-LED ORGANISATIONS CAN ACCESS FLEXIBLE, LONG-TERM INVESTMENT AND SCALE LOCALLY RELEVANT SOLUTIONS BEYOND THE LIFETIME OF A GRANT.

The Sawa leaders were clear: how funding reaches youth-led mental health initiatives matters just as much as how much is available. Many youth-led organisations operate closest to the communities they serve, yet they remain the least likely to receive direct funding.

Complex application processes need grant-writing experience and administrative requirements or capacity that most grassroots organisations do not have. Where funding is secured, short project cycles make it hard to build trust and sustain the long-term relationships meaningful mental health work requires.

The requirements most often blocking youth-led organisations from accessing funding are legal registration; which can be addressed if funders, for example, accept fiscal sponsorship arrangements or create funding tiers that do not require registration. In addition, in place of full audited financial statements, funders can accept dual signed income and expenditure statements again for smaller tier grants. Shared or common due-diligence frameworks between funders (outside of legal or statutory requirements) can also reduce the administrative burden for youth-led organisations.

Community-based work can be unpredictable and therefore flexible funding models including core or unrestricted funding are needed to cover operational costs including fund transfer fees. Allowing for costs including fund transfer fees. Allowing for budget reallocations above 10%, for example, without requiring prior approval and reporting after-the-fact can help to reduce the administrative burdens for organisations and minimise delays.

Beyond more accessible, long-term funding, funders who want their impact to outlast grant cycles can help grantees to build self-sustaining models, including income-generating models. Funders also bring more than money by opening doors through their networks, sharing knowledge and influence.

The Sawa seed grants were modest, ranging from $1,000–$2,000, for project pilots over six months. Sawa leaders launched youth-focused mental health initiatives that reached thousands through schools, communities, digital platforms, and peer networks. The relationships they built, the cross-country collaboration, and their understanding of the contexts enabled Sawa leaders to deliver impactful, remarkably cost-efficient solutions designed to last beyond the project lifecycle.

WHAT THIS LOOKS LIKE IN PRACTICE

The *Stigma Around Menstruation and Mental Health* project in South Kordofan reached 480 vulnerable girls with menstrual health education, hygiene supplies and stigma reduction, at a cost of approximately US$2 per participant. Led by Chuka Ajar, the team understood the local context, supply chains, and cultural sensitivity, and had local trust; this showed that even in conflict-affected settings, moderate investments can improve wellbeing and dignity while still achieving 'value for money'.

Several Sawa leaders ensured their impact would outlast the cycle of the seed-grant by embedding revenue-generating models alongside their programmes. For example, *The Resilient Youth Initiative (RYI)*, across Uganda, Malawi and Rwanda, successfully piloted a revenue-generating Employee Assistance Programme (EAP) with a hospital and a strategic wellness partnership with a food manufacturer. The hospital pays for wellness sessions for their employees as part of the EAP. The food manufacturer partner provides food for RYI projects with children, in exchange for employee wellness sessions.

ACTIONABLE NEXT STEPS

Start Now (these actions can begin within existing policy framework):

- [ ] Simplify funding and eligibility requirements for youth-led mental health initiatives. (F, G)
- [ ] Beyond funding, share knowledge and mentor as well as provide/offer organisational strengthening and financial management support to youth-led organisations, as needed. (F, C)
- [ ] Invest in income-generation resources and sustainability planning alongside grantees. (F, C)

Build Over Time (these actions may require new frameworks or longer-term investments):

- [ ] Move towards multi-year, flexible funding models for youth-led mental health initiatives, with reporting requirements calibrated to organisational size and capacity. (F, G)
- [ ] Ring-fence a defined proportion of national mental health budgets for youth-led, youth-focused and community-based delivery, with public reporting. (G)
- [ ] Create transparent monitoring systems to track if allocated mental health resources reach youth-led / youth-focused organisations, especially those in rural and underserved areas. (G, F, Y)

When funding reaches young people closest to communities, it reaches the people who need it most.

"UKURI NINKA MUJYI, KUNYWA KUMUBONA"

'TRUTH IS LIKE A SPRING, YOU MUST GO TO ITS SOURCE TO DRINK.' (Rwanda) | To truly understand and support youth mental health, go to, and honour, the source: young people and their communities.

STRATEGIC RECOMMENDATION 3:

REFRAME WHO HOLDS KNOWLEDGE AND WHOSE KNOWLEDGE COUNTS.



CORE RECOMMENDATION

RESEARCHERS AND FUNDERS HAVE A RESPONSIBILITY TO IMPLEMENT YOUTH-LED, COMMUNITY-CENTRED MENTAL HEALTH RESEARCH. RETURNING KNOWLEDGE TO THE COMMUNITIES THAT GENERATE IT, AND INFORMING POLICIES THAT IMPROVE PEOPLE'S LIVES.

Across Eastern Africa, mental health research is too often created about communities rather than with them; and, knowledge is extracted without returning the benefit. This matters because research shapes policy and practice; and, policy and practice shape lives.

As Derrick Byamungu, Sawa leader from Uganda, put it,

"There is a need to prioritise youth-led participatory research where young people co-create data collection tools and are engaged in knowledge development processes. This ensures policies remain evidence-based, culturally relevant, and effective for lasting regional impact in Africa".

Young people and their communities need to be part of defining what gets researched, how it gets researched, how findings are interpreted and how they are used. Research is supposed to leave communities with something useful: stronger capacity to support young people, practical tools, or knowledge that can be acted on. It should not result only in publications for external audiences.

Of course, clinical research and quantitative data remain essential to policy and practice. However, they need to work alongside lived experience and cultural understandings of wellbeing. Building knowledge systems that value these different forms of expertise will lead to policies and services that are both technically sound and connected to the communities they support.

"Young people should be involved in research design and data collection to ensure findings reflect their realities."
Mohamed Dahir Omar, Sawa leader, Somalia

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WHAT THIS LOOKS LIKE IN PRACTICE

Jawadi Masudi's *Rafikey SMILE*™ system in Tanzania offers a different model. It turns what teachers and caregivers observe in children aged 2-9 into actionable insight and guidance for supporting their wellbeing, without clinical diagnosis. A teacher in Nyamagana District said:

"We now see behaviour as communication, not just something to correct."

That shift in how adults read and understand the children around them is an example of what community-owned knowledge can produce.

Knowledge is most powerful when it resources and restores the people who create it.

ACTIONABLE NEXT STEPS

Start Now (these actions can begin within existing policy framework):

- [ ] Map existing national and civil society youth mental health data. Identify what is collected, who can access it, how it is used, and where the gaps are before commissioning new research. G, F, C
- [ ] Involve young people as partners throughout the research process, from setting research priorities, to collecting and interpreting data. G, F, C, Y
- [ ] Share research findings back with young people and their communities in accessible formats with communities. G, F, C, P, Y

Build Over Time (these actions may require new frameworks or longer-term investments):

- [ ] Commission participatory research programmes that train young people and community members as co-researchers who retain ownership of findings. F, G, C, CO
- [ ] Ensure youth mental health policies and training combine clinical care with more holistic and culturally relevant, lived-experience and community-informed approaches. G, P
- [ ] Formally include lived-experience narratives as admissible evidence in policy development processes, with ethical frameworks governing their collection, consent, and use. G

"MUTU UMODZI SUSENZA DENGA"

'ONE HEAD CANNOT CARRY A ROOF.' (Malawi) | Shared responsibility and shared power leads to shared success.

STRATEGIC RECOMMENDATION 4:

GIVE YOUTH-LED ORGANISATIONS AN EQUAL ROLE IN MENTAL HEALTH NETWORKS.



"Large international NGOs often overshadow grassroots and youth-led groups. Collaborations must ensure equal decision-making power for youth-led initiatives."

Grace Mawia, Sawa leader, Kenya

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CORE RECOMMENDATION

FUNDERS, ORGANISATIONS AND GOVERNMENTS NEED TO BUILD EQUITABLE PARTNERSHIPS AND NETWORKS THAT SHARE LEADERSHIP, DECISION-MAKING AND RESOURCES WITH YOUTH-LED ORGANISATIONS.

Young people's mental health is a shared responsibility, yet partnerships and networks can reproduce the inequalities they seek to address. Larger organisations set priorities, manage funding and lead decision-making, while grassroots and youth-led organisations are left to implement programmes with little influence over their design.

True partnerships can only be built on shared leadership and shared accountability. If young people are only invited once strategy is set, that is delegation. Therefore, youth-led organisations must hold genuine decision-making power with proportional resources allocated.

Networks are also encouraged to ask themselves who is missing from decision-making. This includes youth-led organisations in rural, conflict-affected and marginalised communities or those in low-connectivity settings. Steps should be taken to ensure those missing voices are supported in engaging in online-only networks or in-person networks which may have costs associated.

The Sawa Project showed that strong networks can become platforms for action, with three out of ten seed-grant projects coordinated across multiple countries.

Partnerships and networks create the opportunity to invest in, and support, the wellbeing and development of the people doing the work. This includes young practitioners and community workers, at risk of burnout. Catherine Ndung'u, Sawa leader from Kenya, put it directly: "Supporting those who provide mental health support can be done through seminars, retreats and workshops that are less work-oriented. There is so much vicarious trauma among mental health professionals."



WHAT THIS LOOKS LIKE IN PRACTICE

In Uganda, Mariam Nambooze's *MotherMind* project worked alongside three health centres to integrate mental health services into routine antenatal care. A youth-led initiative, working alongside established institutions on equal terms, changed how these institutions operate. Mental health clinic days increased from one to three each week and 'Mental State' exams were added to antenatal charts as a standard screening tool. In addition, the mental health professionals volunteering for the project opened a psychology clinic opposite one of the facilities.

This youth-led initiative, working alongside established institutions and practitioners as partners, changed how those institutions operate and created change that lasts.

ACTIONABLE NEXT STEPS

Start Now (these actions can begin within existing policy framework):

- [ ] Review existing mental health partnerships and networks. Identify who holds decision-making power, how resources are shared and which organisations remain excluded. G, F, C
- [ ] Establish wellbeing programmes; as well as mentorship and peer learning opportunities for young mental health practitioners, peer supporters and community workers. G, F, C, P

Build Over Time (these actions may require new frameworks or longer-term investments):

- [ ] Establish regional youth mental health learning and collaboration networks with explicit equity requirements for young people and those in conflict-affected or rural settings. G, F, C
- [ ] Implement shared leadership models where youth organisations participate in resource allocation and strategic decision-making. G, F, C
- [ ] Institutionalise wellbeing and professional development of young practitioners. G, F, P

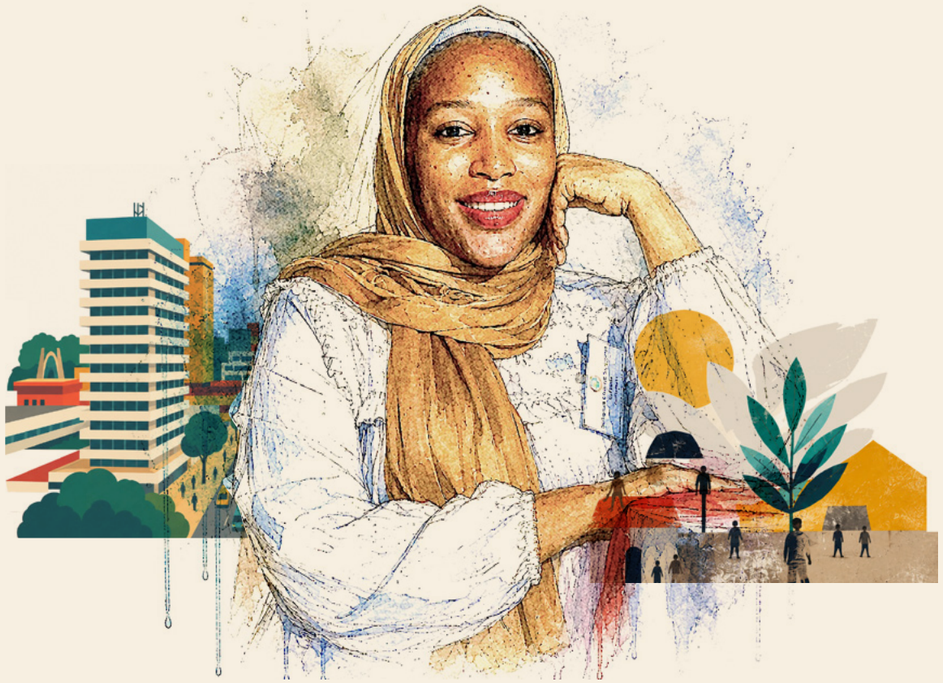
The most impactful partnerships share power, trust, care and accountability.

"OMWANA TAKULILA NJU EMOI"

'A CHILD IS NOT RAISED BY ONE HOME.' (Uganda) | Mental health support needs to be where young people already are.

PROGRAMMATIC RECOMMENDATION 1:

BRING MENTAL HEALTH SUPPORT TO WHERE YOUNG PEOPLE ALREADY ARE, IN WAYS THAT RESONATE.



CORE RECOMMENDATION

'GOVERNMENTS AND SERVICE PROVIDERS SHOULD INTEGRATE MENTAL HEALTH SUPPORT INTO PLACES YOUNG PEOPLE ALREADY LEARN, WORK AND GATHER; USING CREATIVE AND COMMUNITY-ROOTED APPROACHES.'

"Mental health services should be integrated into primary healthcare facilities, schools, and community outreach programmes to ensure services are accessible to young people and vulnerable populations."
Nazzinda Ruth, Sawa leader, Uganda

Mental health support and specialist services remain concentrated in urban centres, leaving rural and conflict-affected areas with little or no access. Expanding the clinical workforce is essential, but as Jawadi Masudi, Sawa leader from Tanzania, asks:

"In contexts where there are less than 1 mental health professional per 100,000 people, do we really believe that scaling clinical services alone will solve access? Or do we need to embed support directly into daily environments like schools and homes?"

Community health workers, community leaders, educators and caregivers need to be equipped to recognise distress, provide basic support and connect young people to specialist care when needed.

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WHAT THIS LOOKS LIKE IN PRACTICE

Emmanuel Samwel's *Wellness Tent* in Monduli District, Tanzania reached 400 women and girls directly in their community, in a space they already trusted. By avoiding stigmatizing language like 'mental illness' and framing the service around wellness, the project established an accessible pathway to mental health and psychosocial services within the community.

Beth Atieno Omondi, Mohamed Dahir Omar, and Chance Nkurunziza of the *Adverse Childhood Experiences Amongst Children* team embedded support in schools across Kenya, Somalia, and Rwanda. Their programme provided structured sessions on trauma, emotional healing, and coping skills. They reached 216 children, trained teachers to recognise and respond to distress, and in Rwanda, a healing space was established within the school as a permanent resource for ongoing support. A student who had been displaced from the DRC said: "This programme gave us an opportunity to talk about our problems and feelings. Today I feel much happier and more connected to others."

In Kenya, Grace Mawia's *Resin Community* project showed that meeting young people where they are is also about approach. Resin art, painting and other creative activities were used to create a safe space where conversations about stress, trauma, anxiety and loss emerged naturally. 95% of participants rated the project as highly impactful to their wellbeing. By combining mental health support and vocational training in resin art, the project relieved psychological distress and tackled financial anxiety; a primary root cause of youth stress.

Mental health support reaches and impacts more people when it travels to them.

ACTIONABLE NEXT STEPS

Start Now (these actions can begin within existing policy framework):

- [ ] Map youth-led or youth-focused initiatives and trusted community spaces to identify where young people gather and which approaches could reduce barriers to engagement. G, C, Y, Co
- [ ] Expand youth-friendly mental health services including screening, prevention and support, into schools, universities, youth centres and community programmes. G, C, P, Y
- [ ] Partner with youth organisations, community groups and creative practitioners to deliver accessible wellbeing activities as safe entry points. G, C, P, Y
- [ ] Extend support to families and caregivers, recognising their central role in supporting young people's mental health. G, F, P, Y

Build Over Time (these actions may require new frameworks or longer-term investments):

- [ ] Train teachers, school counsellors, health workers, peer educators and community leaders in Psychological First Aid and basic mental health support, as a primary tier of support. G, P, Y
- [ ] Invest in community-based models that also address underlying drivers of distress, including financial insecurity. G, F, C
- [ ] Develop referral networks that ensure young people can move from prevention and early support to specialist care when needed. G, C, P, Y

"NKHANI IMAYENDA NDI ANTHU"

'A STORY TRAVELS WITH PEOPLE.' (Malawi) | Stories change attitudes and when told well, change lives.

PROGRAMMATIC RECOMMENDATION 2:

CREATE COMMUNITIES WHERE YOUNG PEOPLE CAN SAFELY TELL THEIR STORY AND SEEK SUPPORT.



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CORE RECOMMENDATION

ORGANISATIONS AND CULTURAL LEADERS SHOULD TAKE SUSTAINED, YOUTH-LED APPROACHES TO FIGHTING STIGMA BY COMBINING ETHICAL STORYTELLING AND CREATIVE EXPRESSION WITH PRACTICAL PATHWAYS TO CARE.

"Sharing lived experiences is one of the most powerful tools to break stigma."
Olive Nyinawumuntu, Sawa leader, Rwanda

Stigma associated with mental health conditions continues to stop many young people from asking for help, but the Sawa leaders argued that raising awareness is not enough to change behaviour.

They also argued that one-off campaigns may increase understanding, but without trusted people and spaces to turn to or referral pathways, campaigns create demand that cannot be met.

Instead, Sawa leaders are calling for long-term approaches that engage the people who shape young people's everyday lives, including caregivers, teachers, community leaders and peers. Creative approaches such as storytelling, art, music and theatre create spaces where mental health conversations can happen in ways that feel accessible and engaging. This helps to turn young people's everyday environments into trusted places where they feel safe asking for help and are supported.

As Julius Ochieng, Sawa leader from Kenya, reflected,

"People who have been through different mental health challenges should be at the forefront of advocacy."

When young people choose to share their lived experience, they challenge stigma and give hope to others facing similar challenges. This, however, should never come at the expense of their mental health. Young people should be protected through ethical storytelling practices, safeguarding, informed consent and follow-up support. Stories should also link to support so those inspired to seek help know where to turn.

WHAT THIS LOOKS LIKE IN PRACTICE

In Uganda, Nazzinda Ruth's documentary and community dialogues created safe spaces for conversations about stigma and mental health challenges associated with chronic illness, reaching hundreds of people directly and thousands more online. The project encouraged more open conversations within families and communities and helped build fundraising momentum towards Uganda's first Lupus Clinic. Showing that storytelling is powerful when it is connected to community action and support.

Stories have the power to turn communities into trusted places where young people can seek support.

ACTIONABLE NEXT STEPS

Start Now (these actions can begin within existing policy framework):

- ☐ Require all funded awareness campaigns to include clear referral pathways and information on available support. G, F, C
- ☐ Apply ethical storytelling standards for sharing lived experience including follow-up support. C, Y, P
- ☐ Support youth-led, creative initiatives including film, music, theater and digital storytelling as part of mental health promotion in both urban and rural settings. G, F, C

Build Over Time (these actions may require new frameworks or longer-term investments):

- ☐ Sustain community platforms that combine dialogue, peer support, and referral mechanisms. G, F, C, ∞, Y
- ☐ Measure success through change in attitude, help-seeking behaviour and community support, not only reach. G, F, C
- ☐ Embed storytelling and creative participation as part of community health infrastructure. G, F, C

CALL TO ACTION



"UMOJA NI NGUVU, UTENGANO NI UDHAIFU"
'Unity is strength, division is weakness.' (Kenya / East Africa)

The recommendations from Sawa leaders are a call to build the conditions that allow young people to shape and engage with youth mental health systems, and for those systems to evolve in response. The path forward requires action: policies co-designed and implemented with young people, funding that reaches the right hands, research that serves communities, networks built on equity, services that meet people where they are, and campaigns that move beyond awareness to create change.

TO YOUNG PEOPLE

Mental health systems, research projects, NGO programmes, youth mental health funding initiatives; none of them can work without you. They are built on your sharing, your experiences, your trust, your participation and without young people, these efforts are empty. Harness this power and use this paper as a tool. Take these recommendations to your school, your university, your community, to your local leaders. Adapt them to your context, use them to build connections and support each other because the systems that serve us will not change unless we help to change them.

TO NATIONAL GOVERNMENTS AND POLICYMAKERS

Open your policy design processes to the young people who will live with the outcomes. Not only as recipients of mental health support, but as practitioners, advocates, innovators and leaders shaping solutions within their communities. Young mental health leaders are ready to be in those rooms with you, and they are ready to implement with you.

TO FUNDERS AND DONORS

The case for direct, flexible, multi-year investment and self-sustaining support has been made. The barriers preventing investment reaching youth-led initiatives are not inevitable features of the funding landscape; they are design choices that you can change. You also hold valuable knowledge of what has worked elsewhere and how to build systems that endure. Share that knowledge alongside young leaders, helping to shape approaches that are scalable and built to last.

TO ALL OF US

"Changing the narrative around mental health in Eastern Africa requires a collective effort. As a collective, we can do more in shaping mental healthcare across Eastern Africa and beyond."
Howard Bowa, Sawa leader, Malawi

The future of youth mental health in Eastern Africa depends on what we each choose to do next. Young people are doing the work as practitioners, advocates, innovators and leaders shaping solutions within their communities. Our collective responsibility is to create the conditions that allow these efforts, and young people, to thrive, whether through individual action, stronger organisations, supportive communities, or systems that enable lasting change.

GRATITUDE



This paper exists because of the 29 Sawa leaders who shared their knowledge, their professional and lived experience and their frank assessment of what is working and what is not.

KENYA

Beth Atieno Omondi: Counselling Psychologist
Catherine Nieri Ndung'u: Counselling Psychologist, Psych
Chuka Ajar: Teacher & Counselor, Jesuit Refugee Service
Julius Ochieng: Teacher, Counselor & Youth Pastor
Grace Mawia: Clinical Supervisor, Shamiri Institute
Edith Nafula Wanyonyi: Counselling Psychology
Peter Ogoi: Counselling Psychologist & Founder, Mind

MALAWI

Chimwemwe Misomali: Mental Health Advocate
Halima Kenedy Selemani: Social Worker
Howard Bowa: Counselling Psychologist
Venia Vimbai Awali Bakali: Founder, SME-Org

RWANDA

Emmanuel Iradukunda: Youth Support Advocate, University of Rwanda
Olive Nyinawumuntu: Lead, Talk to Talk Mubwiza
Chance Nkurunziza: Managing Director, Great Nziza Ltd /Rwanda Representative, Avrame
Shallon Shimwe: Mental Health Support Professional, Solid Minds Counseling Clinic

SOMALIA

Anisa Mohamoud: Mental Health Activist
Osman Mursal Mohomud: Founder, Osman Elite Cleaner
Dr Mohamed Dahir Omar: Mental Health Advocate and founder of Bandoon Initiative
Zekeriya Mohamed Jama: Mental Health Activist & Psychologist

TANZANIA

Aluwa Mkilindi: Artist, Feminist Activist & Founder, Theatre Arts Feminists
Nahir Ali Rajab: Psychiatrist
Emmanuel Samwel: Founder & CEO, Primetel
Suhailah Khamis Abdallah Suleiman: Head of Mental Health, Cancer Fight Tanzania
Jawadi Masudi: Research and Policy Manager, WAYDS

UGANDA

Brendah Aryatugumya: Founder & Executive Director, Healing Together Uganda
Nazzinda Ruth: Filmmaker & Mental Health Advocate
Derrick Byamungu: Social Worker
Paul Waluya: Clinical Psychotherapist, Drugs Hapana Initiative
Mariam Nambooze: Medical Clinical Officer, HealthServe

MENTORS:

Adrien Bizimana, Norah Chabu, Sharmain Chin, Shrouk Gamal, Karen Kilwake, Nancy Nyaleso, Kaja Posnik, Veronica Silas, less Stubbing, Maureen Wanjiru.

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PROJECT PARTNERS

AFRICA ALLIANCE OF YMCAS

The vision of the YMCAs in Africa is to empower young people for an African Renaissance. The Africa Alliance of YMCAs (AAMYCA) aspires to develop young people for the holistic transformation of their communities, nation and the continent. The AAYMCA Secretariat is an experienced, multi-disciplinary team providing institutional and technical support to National Movements in the areas of programme innovation and capacity development for good governance.
africaymca.org

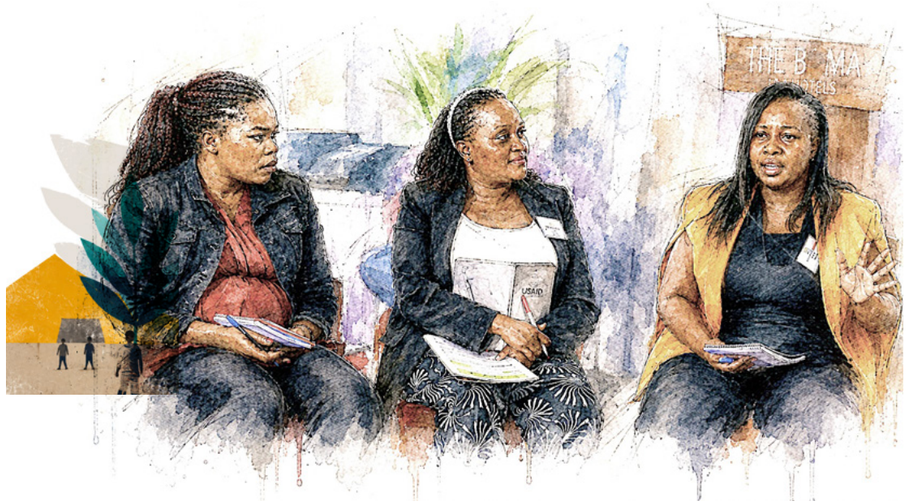
KOFI ANNAN FOUNDATION

The Kofi Annan Foundation (KAF) is an independent not-for-profit organisation, established in Switzerland in 2007 by the late former UN Secretary-General Kofi Annan. KAF's Board comprises prominent personalities from the public and private sectors, and has a small, agile team based in Geneva, Switzerland.

Through partnerships with local and youth-led organisations, and multilateral and institutional actors, KAF works to build a fairer and more peaceful world, where no one is left behind, democratic principles and the rule of law are upheld, and divides are bridged through dialogue and international cooperation.
kofiannanfoundation.org

MCW GLOBAL

MCW Global is a non-profit organization with a vision for communities around the world to achieve greater levels of education, improved health, and increased economic security. Its mission is to address communities' pressing needs by empowering current leaders and readying leaders of tomorrow. MCW Global has a history of co-leading health-related projects, particularly in Tanzania, on oral health care. Founded in 1999, MCW Global is based in New York with affiliates in Rwanda, Tanzania, and Zambia.
mcwglobal.org



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wellcome.org

Funded by wellcome



ANNEX: A BRIEF OVERVIEW OF THE SEED GRANT PROJECTS

SEED GRANT PROJECTS

Through the Sawa Project, young people across Eastern Africa turned their ideas into action to address mental health challenges in their communities.

A collaboration between the Kofi Annan Foundation, MCW Global and the Africa Alliance of YMCAs, the Sawa Project supports young leaders with seed funding, mentorship and advocacy support. The ten seed-grant projects highlighted below demonstrate the different ways young people are working to improve mental health awareness, access to support and community wellbeing.

From digital mental health platforms and peer-led support to art therapy, documentary filmmaking and menstrual health education, these initiatives show what is possible when young people are trusted and supported to lead change in their own communities.

1. STIGMA AROUND MENSTRUATION AND MENTAL HEALTH - SUDAN
PROJECT LEAD: CHUKA AJAR

Menstrual hygiene is a major challenge for many girls and women in Gidel, a remote area in the Nuba Mountains of South Kordofan, Sudan. Poverty, cultural taboos, and limited access to sanitary products drive this issue. Many girls and women miss school and are unable to participate in daily activities during their menstruation because they lack pads, knowledge, and a supportive environment. This leads to low self-esteem, social stigma, anxiety, poor academic performance for girls, and an impact on their mental health. This project aimed to dismantle this stigma by providing essential sanitary products, delivering health education, and fostering a supportive community network for women and girls in Gidel. The motivation behind the project is deeply personal: the tragic story of a girl who died by suicide after being shamed and laughed at by boys at school because of a blood stain during her period. The goal was to change the narrative around menstrual health, promote awareness, and foster a respectful, supportive community for women and girls in Gidel.

In practice, tribal clashes disrupted the original plan to reach multiple schools, so the team focused on Engpoung Lemee Girls School, where they delivered awareness sessions and distributed 960 sanitary pads and 348 pairs of underwear to 480 adolescent girls. Working closely with a local community organisation, Nubian Queens, the project built enough trust to discuss topics that are rarely spoken about openly. Girls reported greater confidence, and teachers observed improved engagement. The conflict context made flexibility essential - the project paused where it was unsafe and continued where it could.

2. SHINING A LIGHT ON LUPUS: COMMUNITY DIALOGUES - UGANDA
PROJECT LEAD: RUTH NAZZINDA

Shining A Light On Lupus Community Dialogues: Stop Stigma" builds on a recently produced short documentary, "Shining A Light On Lupus in Uganda", to create a platform for open conversations about lupus, breaking down stigmas and misconceptions surrounding the disease in Uganda. The project's objectives are to create awareness about lupus and its effects on individuals and communities; provide a safe space for people living with lupus to share their experiences; engage community leaders, healthcare professionals, and young people in dialogue to promote understanding and support; and develop a network of lupus advocates and peer support groups. Through community screenings and dialogues, the documentary served as a catalyst to spark conversations, promote empathy, and drive action towards a more supportive and inclusive community for those affected by lupus.

Using the documentary film as its main tool, the project screened "Shining A Light On Lupus" at venues across Kampala - including the American Center - and facilitated open discussions about living with lupus, chronic illness, and the stigma that often surrounds both. Around 200 people attended in person, with over 1,000 more reached on YouTube. The conversations sparked a broader advocacy push: participants and health workers began discussing the need for Uganda's first dedicated lupus clinic, and a fundraising campaign was launched. The documentary was later selected for screening in Nigeria. The project showed what community dialogue, when rooted in real personal stories, can set in motion.

3. ACES PREVENTION AMONG ADOLESCENTS - KENYA, SOMALIA & RWANDA
PROJECT LEADS: BETH ATIENO OMONDI, MOHAMED DAHIR, CHANCE NKURUNZIZA

The project focuses on identifying students in the respective schools who have recently (within the last three years) experienced a form of Adverse Childhood Experiences (ACEs). Such experiences may include parent separation/jail/incarceration, physical, emotional, and sexual abuse, death of a parent/caregiver, observing parental conflict, and other forms of trauma. The team then provided sessions in which participants drew and wrote about their experiences (first session), received psychoeducation and group intervention (second session, led by volunteers with a mental-health background), and engaged in observations and healing (third session). Additional follow-up interviews with teachers were conducted to show participants' progress. Permits were sought from the Ministry of Education and individual schools.

The entire project was expected to end in June 2026 with report submission and recommendations to the specific schools.

In implementation, the project supported children aged 7 to 17 who had experienced difficult childhoods - including abuse, neglect, displacement, and family conflict. Sessions used drawing, storytelling, singing, and guided reflection rather than traditional classroom formats, helping children express emotions they often had no language for. In Rwanda, a daily five-minute 'Rain Time' activity gave children a space to check in and support each other. In Kenya, individual counselling was provided to four students in acute distress, and protective referrals were made for children in active situations of harm. Eight teachers across the three countries were trained to continue supporting students after the project ended. A healing centre was established in Rwanda's Umubano School for ongoing use.

4. RESILIENT YOUTH INITIATIVE: YOUTH MENTAL HEALTH AWARENESS PROJECT - UGANDA, MALAWI & RWANDA
PROJECT LEADS: DERRICK BYAMUNGU, HALIMA SELEMANA, SHALLON ISHIMWE

The *Resilient Youth Initiative* aims to improve mental health awareness and support among young people aged 10-24 in Uganda, Rwanda, and Malawi. Many youth in these communities struggle with limited knowledge, stigma, and poor access to reliable mental health information and services. This project addresses these gaps through three key approaches: awareness, support, and referrals. First, the project delivers culturally appropriate mental health education through community sessions and digital platforms, helping young people build accurate knowledge, positive attitudes, and healthier practices. Second, it provides safe spaces for youth to express their emotions through art-based activities, fostering connection, resilience, and early peer support. Lastly, the project establishes a simple referral pathway linking youth to trained mental health professionals and existing community services.

In practice, the initiative trained young peer leaders to deliver mental health awareness and Psychological First Aid to their peers across the three countries. The model worked: at the University of Rwanda, participants recorded a 67% improvement in knowledge after a single session. Notably, young women who entered with lower starting knowledge outperformed their male peers by the end - a reminder that the right environment can close gaps quickly. The project engaged 718 participants in total, with teachers and social workers involved alongside students to strengthen ongoing support. It demonstrated that when young people are trusted to lead, the results speak for themselves.

5. WELLNESS TENT - TANZANIA
PROJECT LEAD: EMMANUEL SAMWEL

The *Wellness Tent* is a mental health initiative designed to bring together older and younger generations based on Primetel's holistic community framework in Monduli, Tanzania. Currently, Primetel provides counselling, school clubs, and community engagement regarding mental health and basic care. This project expands on Primetel's work by creating a mobile "wellness tent" where young people and older adults play traditional games like bao, rede, and kete to build rapport and then naturally transition into facilitated conversations about emotions, stress, and help-seeking. Once the games conclude, trained Community Health Workers and Counsellors provide safe, stigma-free spaces for open discussion (kuzungumza kwa uwazi), teach brief coping tools, and support participants by connecting them to priorities for ongoing care at Primetel, if needed. The Wellness Tent uses familiar traditional



games (michezo ya jadi) and turns them into structured healing moments to normalise conversations about mental health, strengthen social support networks, and ensure youth and elders (wazee) know where to find timely, compassionate care close to home.

In implementation, the project brought mental health support directly into the community in Monduli District, creating a safe and welcoming space for women and girls to talk openly about their wellbeing. Sessions combined peer discussion, storytelling, and early screening for emotional distress, with clear pathways to further care. By framing mental health as part of everyday wellness rather than a clinical problem, the project reduced the reluctance many women feel about seeking support. Four hundred people attended across the project period - 395 of them women - including adolescent girls, young mothers, and adult women who might not otherwise have had access to any form of mental health support.

6. RAFIKEY PILOT II: HEALING & GROWTH FOR CHILDREN AGED 2-9 - TANZANIA
PROJECT LEAD: JAWADI MASUDI

Rafikey Pilot II: Healing & Growth for Children Aged 2–9 is a project under Rafikey Co Ltd, Africa's first trauma-informed EdTech and HealthTech platform supporting children (ages 2-13) through play, conversation, and evidence-based interventions. The pilot targets high-risk groups including orphans, street-connected youth, neurodivergent learners, and children from vulnerable households. Building on a successful first pilot, where 55 locally made Mama+Me and Rafiki+Me kits were deployed across 10+ institutions with 88% engagement, 3x faster emotional vocabulary growth, and a 40% reduction in anxiety, this second pilot refines the kits with high-quality soft finishes, updated clinical content, and AI-linked monitoring. The project also strengthens a sustainable ecosystem through counselor training and policy engagement, ensuring strong clinical impact, affordability, and startup viability.

In implementation, the project tested a structured approach to supporting very young children's emotional and behavioural development in Mwanza, working with teachers and caregivers together rather than in isolation. The project found that change at this age requires the whole environment - home, school, and community - to shift together. It developed a simple data framework, the Rafikey SMILE system, to track progress and guide decisions. The pilot reached around 80 individuals directly. The project concluded with a validated approach and a clear model ready to be scaled across Tanzania and the wider region.

7. RESIN COMMUNITY - KENYA
PROJECT LEAD: GRACE MAWIA

The *Resin Community* is an innovative, integrated program designed to address rising crises of mental health distress and economic hardships among vulnerable populations, particularly young adults and caregivers. Operating on the principle that the therapeutic power of creative expression can be directly leveraged for financial gain, the mission is to provide accessible, stigma-free art therapy combined with high-demand vocational training. The project uses creative crafts - starting with resin art, painting, and colouring, with a planned expansion to candle making - to offer a non-verbal outlet for healing, stress reduction, and anxiety management. Critically, participants are trained not only in craft techniques but also in entrepreneurial skills, enabling them to market and sell their creations.



By uniting emotional wellness with economic security through craft-based entrepreneurship, the "Resin Community" fosters holistic recovery and empowers participants to transition from surviving to thriving.

In practice, the project brought together young people in Nairobi for sessions combining resin art, painting, and candle making with honest conversations about mental health. The creative process - making something with your hands - gave participants a way into difficult discussions that might have felt inaccessible in other formats. The project also acknowledged a reality many youth face: that anxiety is often inseparable from financial stress. By teaching marketable craft skills alongside emotional support, it addressed both at once. Fifty-seven people participated, the majority young women, and many formed friendships and support networks that continued after the project ended.

8. CHATTHERAPY AFRICA - KENYA, RWANDA, MALAWI & UGANDA
PROJECT LEADS: HOWARD BOWA, PETER OGOI, BRENDAH ARYATUGUMYA, EMMANUEL IRADUKUNDA

ChatTherapy Africa (CTA) is a digital platform that provides access to mental health professionals and training resources to youth in East Africa, specifically Kenya, Uganda, Malawi, and Rwanda. The project involves working with individuals with lived experience of mental health to develop a Psychological First Aid (PFA) training curriculum for students. By co-creating training resources, the project ensures cultural inclusiveness. The platform fosters data-driven decision-making and informs mental health policy across the East African region. By increasing access to

mental health professionals, the project helps reduce the youth mental health burden across Africa.

In implementation, the project trained 151 students aged 13 to 27 in Psychological First Aid across four countries. The curriculum used music, games, and simple language to make mental health concepts accessible and engaging. One of the project's most important findings was structural: most mental health challenges in schools go unreported because schools simply don't have the tools to track them. By involving teachers as well as students, the project created a lasting support system within each school rather than a one-off event. The project also reinforced the importance of working in local languages - a step that made a measurable difference to how well content was understood and retained.

9. THE MOTHER MIND PROJECT - UGANDA
PROJECT LEAD: MARIAM NAMBOOZE

The *Mother Mind* project is a vital initiative focusing on raising awareness of perinatal mental health challenges and providing support to pregnant and postpartum mothers. The project recognises that the journey to motherhood is often marked by unexpected psychological challenges such as depression, anxiety, psychosis, and other psychological distress. Its mission is to ensure that mothers receive the psychological support needed by integrating mental health services into routine antenatal care, community education, and encouraging male involvement in maternal and child health. The project intends to psychologically prepare mothers for labour and childcare, changes during and after pregnancy, and how to cope with the challenges of this transition and thrive. It also aims to raise awareness through media channels and community education through outreaches, and to encourage men to be part of childbearing journeys.

In practice, the project integrated mental health support into routine antenatal care at three health centres in Uganda's Central Region. Over 600 mothers were reached — not because they sought out mental health services, but because those services came to them, embedded within appointments they were already attending. Community education sessions ran alongside the clinical work, and male partners were actively included in conversations about maternal wellbeing. The project proved that reaching people where they already are - and making mental health feel like a normal part of health, not a separate or stigmatised concern - can achieve significant scale with limited resources.



10. HEALING CIRCLES FOR YOUNG MOTHERS - KENYA
PROJECT LEAD: JULIUS OCHIENG

The *Healing Circles for Young Mothers* project aims to support student mothers who silently struggle with emotional stress, stigma, and limited support systems, with Butula Technical and Vocational College as a case example. Many of these young women balance parenting, studies, financial pressure, and social judgment - often without a safe space to express their challenges. This project creates supportive group circles where young mothers meet weekly to share experiences, receive emotional support, learn coping skills, and build community. Trained peer supporters and a counsellor facilitate the sessions, integrating open discussions, mental health education, and stress-relief activities like journaling, art, and mindfulness. The project provides childcare during sessions, refreshments, materials, and basic training. The goal is to strengthen mental resilience, reduce stigma, and enhance retention and academic success among young mothers at Butula Technical and Vocational College.

In practice, at Butula Technical and Vocational College, five peer mentors each worked with a small group of mentees, creating a structure of regular, confidential meetings built on shared experience. Trust took time to build; early sessions were met with hesitation. But as the circles settled into a rhythm, participants became increasingly open. By the project's end, there was clear demand for the circles to continue - a straightforward signal that the need was real and the model worked.



The Sawa Project

UBUNTU IN ACTION

Youth-Led Policy Recommendations for YOUTH MENTAL HEALTH IN EASTERN AFRICA

INSIGHTS AND RECOMMENDATIONS FROM THE SAWA PROJECT

Kofi Annan Foundation
MCW
YMCA AFRICA ALLIANCE
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