



TCI GLOBAL Fellowship Report

By: Dorothy Nakato Mubezi

Background

Briefly explain why did you apply for the fellowship grant? What is the situation of persons with psychosocial disabilities in your country?

Even though about a third of Ugandans experience psychosocial distress, disturbance and disabilities, policy favors institutionalization. 99% of national budgets goes into maintenance of the Butabika hospital, and building new psychiatric institutions, putting rural populations at huge risk for institutionalization. They lose the right to live in the community and enjoy life on equal basis with others

In Uganda, 90% of persons with psychosocial disabilities are deprived of their right to independent living and being included in the community as stated in the CRPD. They do not give the opportunity to choose how, where and with whom to live with and have limited control over their lives lives and make all decisions concerning their lives. Many are institutionalized in the psychiatric hospitals, worship places and some homes especial the women and youth with psychosocial disabilities. For example, in January 2023;

The Mental Health Coalition of Uganda has asked the Uganda Police to investigate allegations of corruption, human rights abuse, and sexual exploitation of persons with mental disabilities at Butabika hospital. And gave police two months to investigate the allegations in the New Vision Newspaper series published from January 12th to Sunday, January 15th, 2023.

In the series, allegations of forced hospitalization and treatment, seclusion, chemical and physical restraints, sexual exploitation, overcrowding, and quality of meals and their delivery to the patients were raised.

- There seems to be no way to hold psychiatric facilities accountable for human rights abuses
- Police given two months to investigate allegations of corruption, human rights abuse, and sexual exploitation at the mental facility
- Failure will lead to a Public Interest Suit against the Government of Uganda

Deprivation of Legal Capacity (Article 12 CRPD)

Incapacitating Laws the deprive legal capacity for persons with psychosocial disabilities (Article 12 of the CRPD). For example, the Marriage Act Cap 251, the Divorce Act Cap 249 and the Hindu Marriage and Divorce Act Cap 250 and many other laws continue to use derogative terminology in reference to persons with intellectual and/or psychosocial disabilities and deprive them of the right to marry and their personal decision making.

No measures have been adopted by government to combat denial of legal capacity on customary grounds. It was noted by both Naggita-Musoke¹ and the Constitutional Court in CEHURD and Iga Daniel v The Attorney General² that weak legal frameworks not only

¹ Naggita, M.D. (2019). The Solution is the Problem: Law and Labelling in the (Dis) Abolment of People with Disabilities in Uganda, *East African Journal for Peace and Human Rights*, 25(1).

² Constitutional Petition No. 64 of 2011.

deprive persons with disabilities of their legal capacity, but also perpetuate their discrimination, marginalization and exclusion from society.

Liberty and Security of Persons (Article 14)

Article 23 (1f) of the 1995 Constitution still permits the curtailment of the right to liberty for persons of ‘unsound mind’ or addicted to drugs and alcohol – implying persons with psychosocial and/or intellectual disabilities. It is on this basis that in the court case of CEHURD and Iga Daniel Vs Attorney General, the petitioners challenged the provisions in Section 45(5) of the Trial on Indictment Act, 1971 (as amended) that contradicts the constitutional principle of presumption of innocence before the trial by referring to a person with psychosocial and/or intellectual disability as a ‘criminal lunatic’; and the powers of the minister to order for detention of a person with psychosocial and/or intellectual disability. One of the major rulings was ordering the state to review and amend the Trial on Indictment Act with the purpose of clarifying how persons with psychosocial and/or intellectual disabilities amounting to insanity should be handled through the criminal justice system in accordance and in compliance with the Constitution.

Section 24(2) of the Mental Health Act, 2019 maintains involuntary retention on request of a husband, wife or relative of the patient or any other person who may prove beyond reasonable doubt, the necessity to request for involuntary admission of a mental health patient.

Case study:

A woman with psychosocial disabilities painfully shared how her husband fulfilled his selfish intensions by use of such sections of the Law. The couple had marital disagreements, so the husband request for forced detention of the wife in a way of punishing her. She said that she tried to resist the detention but in vein and she was also sedated for many days.

Why I apply for the TCI Fellowship Grant

On realising that TCI is making progressively developing a strong consensus on the centrality of Article 19 of the CRPD which contribute to its name - Transforming Communities for Inclusion.

The right to live independently and be included in the community is interrelated with the enjoyment of other human rights provided for in the Convention. At the same time, it is more than the sum of those rights as it affirms that all rights should be exercised and enjoyed in the community where a person chooses to live and in which alone the free and full development of one’s personality can be fulfilled.

Realising that TCI has emerged as a critical platform to organise a CRPD based and self-advocacy led response to the growing psychosocial disability momentum. This is aligned with our core values “Self-Advocacy” where we derived our name.

Our expectations were high to share and learn from TCI Mentorship, which we have achieved.

After the fellowship program how confident do you feel? To what extent the fellowship program has built your and your organizations capacity?

After this TCI fellowship, I feel I have in I have increased my knowledge on community inclusion for persons with disabilities in particular persons with psychosocial disabilities through the TCI webinars on Deinstitutionalization, TCI position paper on Community Inclusion and from Key findings of my Case study on independent living and being Included in the community (CRPD Article 19) for persons with psychosocial disabilities in Uganda.

During the TCI, Fellowship, I appreciated working with Cross-disability Movement, we have created working relationships with the National Union of Women with Disabilities Uganda (NUWDU), NUDIPU. And also appreciated working with the mainstream women organizations.

We plan to strengthen our cooperation with the Cross- disability movements and Mainstream women organizations and organizations of persons with psychosocial disabilities like TRIUMPH, My Story Imitative, Peer Nations across the country.

We plan to create more partners including the Government, OPDs, NGOs and Donors to support the implementation of our program “Support My Choice” that aims at Deinstitutionalization of persons with psychosocial disabilities back to their communities of their own choices. TCI continued support will be highly appreciated.

Briefly explain how this fellowship opportunity has supported your work over the year and also list down major achievements you have achieved under the fellowship cycle?

Our Major achievements during the Fellowship program:

1. *Established partnerships with cross disability organizations and participate in national advocacy initiatives regarding “inclusion of persons with psychosocial disabilities through community support systems using peer led initiatives”* Joined with the National Union of Women with Disabilities in Uganda (NUWODU), Uganda National Association of the Deaf, Uganda National Association of the Blind (UNAB), the National Association of the Deafblind in Uganda (NADBU), Uganda National Association of the Hard of Hearing (UNAHOD), Mental Health Uganda and Triumph and Inclusion Uganda to jointly submit this document to supplement the periodic report submitted by the government of Uganda to the Committee on the Elimination of Discrimination Against Women (the Committee) for the country’s review during the Committee’s 81st Session.

This led the CEDAW Commit to have a recommendation to Uganda to Repeal discriminatory legal provisions that restrict women with intellectual or psychosocial disabilities from exercising their right to vote and to stand for election.

UNSAI has also participated in the NUDIPU shadow report to the CRPD Committee of 2022 give the voice of persons with psychosocial

disabilities. All these have increased our working relations with Cross-disability movements. I also learnt a lot working with the UN Monitoring mechanisms.

2. Participating in the TCI Strategic planning and Annual General Meeting.
It was such a memorable experience meeting in person peers and TCI members and more so the TCI secretariate Dr. Bargavi and Waqar.
3. speaking at TCI Side Event 15th Session of the Conference of the State Parties **“Capacity Strengthening of the Organizations of Persons with Psychosocial Disabilities in the Global South”** Also Participated in the TCI #4 webinar on Gender and De-institutionalization as a speaker. This sharpened my skills and confidence for public speaking and online engagements.
4. UNSAI led a National Level consultation on the "Draft Guidelines on Deinstitutionalisation, including in emergencies" UNSAI submitted feedback report on public consultations on "Draft Guidelines on Deinstitutionalisation, including in emergencies" to the UNCRPD Committee.
5. **Capacity Building of National Members**
I facilitated the CRPD Training during the TCI Country Mission in Uganda. Report attached.
6. #WhatWeNeed: Community Inclusion; To UNSAI, Community Inclusion means persons with psycho social disabilities participating in the development of our communities on equal basis with others.

UNSAI youth in partnership with Uganda Red Cross, Buganda Kingdom youth, two primary schools and the Mukono community to clean Mukono City.

This was a very successful event as UNSAI raised awareness for inclusive communities for ALL.

This event was also meant to commemorate the World Mental Health Day.

7. De-institutionalization UNSAI success story.

A youth 23 years old experienced a mental illness, one-night hard voices telling him to break his house door and run away. So, he removed the door by use of an axe. He was got by some community members and took him to National Mental Health referral hospital and a psychiatric institution in Uganda. UNSAI followed him up, made visits to the institution and discussing with him and the hospital administration that he can continue his medication from his community. When he returned from the institution, UNSAI mobilized local resources to renovate his house and put back the door that he can again get decent housing. UNSAI also mobilized for food items and peer support.

All these accelerated his quick recovery and live within his community other than in the institution.

He was also supported to Identify work; he is now working at a building site to live independently.

He is very happy at he left the psychiatric institution and living in his own chosen community and working on equal basis with others.

The community has appreciated that with the right support persons with psycho social disabilities can live within the community.

8. National & Regional Interventions and Advocacy

UNSAI held a Policy Dialogue with Policy makers of Mukono District on community inclusion of persons with psychosocial disabilities. Different policy makers the district councilors committed to respect and protect the rights of persons with psychosocial disabilities in Mukono District and committed to work with UNSAI.

9. Case study on ‘Making Article 19 CRPD a reality for persons with psychosocial disabilities in Uganda’.

Key respondents were; Survivors of institutions, Persons with psychosocial disabilities, OPD leaders, Human Rights Commission, Equal Opportunity Commission.

10. Zero Project Awardee

UNSAI won the Zero Project Award for its “Support My Choice” model that supports to Deinstitutionalize persons with psychosocial disabilities in rural communities of their own choices.

Briefly explain the way forward and sustainability plan or plan of action of the organization after completion of the fellowship grant?

UNSAI will strengthen the relationships with the different partners that have been created during the TCI Fellowships. These include Cross-disability, Government departments, and Donors.

Currently UNSAI is working in two districts in central Uganda supporting 150 persons with psychosocial disabilities and their care givers.

We want to deepen our support to effectively impact the lives of persons with psychosocial disabilities in the districts where we are already working.

We want to change mindsets amongst the families, communities and policy makers – from institutional living to community living.

We want to then replicate our model to other parts of the country in the next 3 years.

Briefly describe if there were any learnings for you during this fellowship period which you would like to share with us.

I have increased my knowledge on community inclusion for persons with disabilities in particular persons with psychosocial disabilities through the TCI webinars on Deinstitutionalization, TCI position paper on Community Inclusion and from Key findings of my Case study on independent living and being Included in the community (CRPD Article 19) for persons with psychosocial disabilities in Uganda.

During my interactions with the Key stakeholders in the implementation and monitoring of the Human Rights of persons with disabilities apart from some OPDs have limited knowledge on the CRPD which hinders the inclusion of persons with disabilities in Development agendas. The Government must invest in training all public servants in all Departments on the CRPD.

No progress yet on the realization of Article 19 CRPD in Uganda and other African countries, Uganda is making progress in other rights like Education, Employment with National strategies. However, CRPD Article 19 has no progress yet. 90% of the respondents to the case study had no information on what it means to live independently and be included in the community for persons with disabilities. The State has not yet any have a comprehensive national strategy and/or plan with timeframes and measurable goals to implement this right, including the availability of a range of housing options and support services.

During the TCI, Fellowship, I appreciated working with Cross-disability Movement, we have created working relationships with the National Union of Women with Disabilities Uganda (NUWDU), NUDIPU. And also appreciated working with the mainstream women organizations.

We plan to strengthen our cooperation with the Cross- disability movements and Mainstream women organizations and organizations of persons with psychosocial disabilities across the country.

Please write about any challenges and difficulties you faced during conducting various activities in the fellowship period. Also, describe if any solutions or suggestions were utilized to address these.

Some the challenges and difficulties I faced during the conducting various Activities in the Fellowship period are highlighted below:

- Poverty coupled with the Digital gap among persons with psychosocial disabilities especially those from the rural where UNSAI's niche is. Most persons with psychosocial disabilities in the rural cannot afford a smart phone or computer. They do not have money to buy data for any online training, and they also lack the digital skills. Yet the lack knowledge on their rights and the CRPD compared to their peers in the towns. They are highly magnetized and abused and lack support to participate in the community on equal basis with others. This challenged affected the implementation of the planned Fellowship Activity – Online training of the CRPD. In order to leave no one behind, more resources should be allocated for in-person CRPD trainings.

- Limited funding, we had planned to celebrate the International Mental Health Day with peaceful Walks in the communities and hold at least two community awareness campaigns and a round table dialogue with the policy makers. All efforts aimed at raising awareness on independent living and being included in the community for persons with psychosocial disabilities (Article 19 CRPD). This activity did not take place as informed that TCI had overspent on the Sub-regional and the National Missions, Kenya and Uganda and spent of the public consultations on the UN DI guidelines which was not planned. UNSAI solved this by networking with the Uganda Red Cross and the Buganda Youth Coccus and we successfully raised awareness on the Inclusion and full and effective participation of persons with psychosocial disabilities in the community through Self-help Activity of cleaning Mukono town.
- Data collection for the case study: Some of the targeted Key informants either dodged being interviewed or kept referring me to other persons. I realized that since I sent them the interview guide earlier, they knowledge and information on Article 19 CRPD.



Interview with Survivors of Institutions for the case study on CRPD Article 19



Group photo during in person consultation meeting on the UN DI guidelines



TCI Fellow facilitating in- person consultation meeting on the UN DI guidelines



Rejuvenating Peer support group meetings in the rural for persons with psychosocial disabilities

UNSAI Engaging Policy maker on the community inclusion of persons with psychosocial disabilities.



https://drive.google.com/file/d/1UhPJIGCNE9NTEHZ0BCBgovs9dD9itQjz/view?usp=drive_link



Transforming Communities for Inclusion (TCI)

Secretariat:

C/O Bapu Trust, III Floor, Building B1, Kaul Building,
8 GuruNanak Nagar, Pune 411042, Maharashtra, India.

Contact Number: +91-20-26441989,
+91-9823291989