



TURGET UGANDA PROJECT PROPOSALS FOR HEALTH RIGHTS INTERNATIONAL COOPERATION

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Project 1: SUPPORT TO UGANDA MENTAL HEALTH PROGRAMME PROJECT

1.0 Project Description

Support to Uganda Mental Health Programme Project is designed by TURGET- Uganda for Health Rights International Partnership in Uganda. The project is intended to protect the human rights of people with mental disorders in the country. In addition the project is striving to shift mental health from the periphery of health policies and practice to a more prominent position in the field of national and global public health.

Mental health is fundamental at achieving Sustainable Development Goals (SDGs) particularly goal three (ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES) and Uganda Vision 2040. At global level mental disorders account for nearly 12% of the global burden of disease. By 2020 it is project that mental health will account for nearly 15% of disability-adjusted life-years lost to illness. According to World Health Organization (WHO) Report 2017, Uganda ranks among the top six countries with the highest cases of mental illness in Africa, and has a 33 per cent overall global ranking.

2.0 Mental Health in Uganda

The country is becoming increasingly aware of the burden of mental disorders and the need for immediate action to address it. At country level mental health is fundamental in the overall health care minimum package and achieving Uganda Vision 2040 and Sustainable Development Goals. In

the country there are practices that do not encourage compassion or tolerance for mental health patients but promote beliefs that the impaired mental state is self-inflicted through an excess of passion and anxiety. In many societies, religious or witch craft explanations have dominated the way in which people with mental disorders are cared for, treated and managed.

Current national advances in the social sciences have given new insights into causes of mental disorders such as depression and anxiety. In the country mental health is a composite problem. The country is not prepared to care for and support persons with mental illness and burdens. Official documents have ranked Uganda number 6th among 50 countries in Africa with high mental health burden (WHO, 2017). The report indicate that 1.7 million or (4.6%) Ugandans suffer from depressive disorders and 1.07 Or (2.8%) from anxiety disorders. In addition analysis of Uganda Health Management Information Systems indicates that there is an increase of 9% among persons seeking mental health care clinic services.

In the country there is wide spread stigma of mental disorders and has resulted into poor health care seeking practices and management of mental illness and burdens. The costs of mental disorders are substantial. The indirect costs attributable to mental disorders outweigh the direct treatment costs. In the country, families bear a significant proportion of these costs because of the absence of publicly funded comprehensive mental health service networks. Families also incur social costs, such as the emotional burden of looking after family members. The country has no national policy and capacity for on mental health care management and the government provide insufficient funding for mental health care.

In the country there is wide spread stigma leading to poor health care seeking practices and management of mental illness and burdens. In the country there are practices that do not encourage compassion or tolerance but that promote implied that this impaired physical state is self-inflicted through an excess of passion and thus justified punishment. In many societies, religious or witch craft explanations have dominated the way in which people with mental disorders are treated.

3.0 Project Justification

Support to Uganda Mental Health Programme Project is well anchored in the Constitution of the Republic of Uganda which sets out the State's duty to ensure all Ugandans enjoy access to health services and to take all practical measures to ensure the provision of basic medical services to the population. In addition the Parliament of Uganda has enacted 2014 Mental Health Act as an effort to improve the treatment and care of persons with mental illness in the country. As a result of 2014 Act, Ugandans with various mental health challenges will be able to access treatment at a primary health centre.

4.0 Specific Project Objectives

- To create awareness and end stigma associated with mental illness in Uganda.
- To formulate national mental health policy for Uganda following established government policy formulation processes
- To conduct mental health burdens research in Uganda for evidence based programming and decision making.

5.0 Project Proposed Activities

- ✓ Community Sensitization through workshop, dialogues and seminars at community level Sectoral and policy levels
- ✓ Preparation of national mental health policy for the establishment of structures and systems of mental health care
- ✓ Conduct mental health research for evidence programming , decision making and knowledge development

6.0 Project Proposed Budget

No	Cost Centres	Cost in US Dollars
1	Community Sensitization	80000
2	National Mental Health Policy	100000
3	Mental Health Research	70000
	Total	250000

7.0 Project Result Areas

- ✓ Integration of mental health into basic education curriculum in Uganda mostly in higher institutions of learning
- ✓ Reduction of all forms of mental health stigma at individual, family and community levels
- ✓ Mental health national policy and institutional growth and capacity development

Project 11. SUPPORT TO UGANDA REFUGEES MENTAL HEALTH PROJECT

1.0 Introduction

Support to Uganda Refugees Mental Health Project is designed by TURGET-Uganda for Health Rights International Partnership in Uganda. The project is intended to integrate mental health care into humanitarian packages and services in Uganda. In addition the project is striving to shift mental health from the periphery of humanitarian health policies and practice to a more prominent position in the field of humanitarian public health.

2.0 Refugees in Uganda

Uganda has a long history of settling refugees from countries affected by war and civil strife in their home countries since world war 11. It is recognized that war and conflict are situations of extreme stress, which may generate severe psychiatric consequences (Somasundaram, 1998). Effects of violence in conflicts and forced migration include physical, social, educational, family and psychological effects (Thomas, 2005). More often than not, refugees seeking asylum have had painful experiences in the countries during conflict and transition leading to stress and hopelessness.

At the end of 2015, the UNHCR official, Neimah Warsme disclosed that Uganda was the ninth largest refugee hosting country in the world. Reading statistics from UNHCR indicate that six hundred eleven thousand one hundred and seventy (611,170) refugees were living in Uganda by December 31st, 2015 but world records indicate that about sixty million

people are living in the world as refugees where eighty percent live in developing countries.

The 1951 Refugee Convention and its 1967 Protocol establishes refugees as autonomous persons who are entitled to health care equivalent to the host population (UNHCR, 1951). Refugees have health care needs for themselves, their families living with several complex conditions that need constant care and attention. Uganda health care system is under more pressure than ever before and programmes are delivered with an emphasis on primary health care and support for secondary hospital care is nonexistent. In an era of increased humanitarian crisis as a result of violent wars and disasters there is a serious need for refugees' mental health care project.

3.0 Project Justification

Support to Uganda Refugees Mental Health Project well anchored in the universal declaration of human rights which sets out member state's duty to ensure all human being enjoy their rights fully of biological, psychological, social and emotional wellbeing including the refugees. Unfortunately mental health is seriously addressed among the humanitarian packages. The Refugees Act 2006 which is regarded as a model for Africa recognizes the right of the refugees who seek protection until they feel it is safe for them to return to their countries of origin. The legislation clearly enumerates the rights of refugees, as well as their obligations in Uganda. It defines who is a refugee and it is gender sensitive. The law outlines the process to be used in determining refugee status. It also sets forth how a refugee situation can cease, once durable solutions have been found.

Analysis of records indicates that majority refugees are women and children but on many occasions world humanitarian aid agencies provide for only life survival support

/response. It is unfortunate with increased humanitarian crisis as a result of violent wars and disasters mental health needs are not part of the main stream humanitarian response programme.

4.0 Specific Project Objectives

- To create awareness and end stigma associated with mental illness among refugees in Uganda.
- To formulate refugees national mental health policy for Uganda following established government policy formulation processes
- To conduct mental health burdens research among refugees for evidence based programming and decision making.

5.0 Project Proposed Activities

- ✓ Refugees Community Sensitization through workshop, dialogues and seminars
- ✓ Preparation of national mental health policy for the establishment of structures and systems of mental health care
- ✓ Establish Refugees Mental Community and Referral Services
- ✓ Conduct mental health research for evidence programming , decision making and knowledge development

6.0 Project Proposed Budget

No	Cost Centres	Cost in US Dollars
1	Community Sensitization	40000
2	National Mental Health Policy	70000
3	Mental Health Research	60000
4	Refugees Mental Community	70000

	and Referral Services	
	Total	240000

7.0 Project Result Areas

- ✓ Integration of mental health into refugees humanitarian services
- ✓ Reduction of all forms of mental health stigma among refugees
- ✓ Refugees Mental health national policy and institutional growth and capacity development
- ✓ Increased mental health care services delivery among refugees.

Project 111. SUPPORT TO UGANDA SEXUAL MINORITIES RIGHTS AND MENTAL HEALTH PROJECT

1.0 Introduction

Support to Uganda Sexual Minorities Rights and Mental Health Project is designed by TURGET- Uganda for Health Rights International Partnership in Uganda. The project is intended to promote the understanding of sexual minorities' rights and control of associated mental health burdens and illnesses. In addition the project is striving to address stigma among sexual minorities and forms of mental health illness.

Sexual minorities in Uganda are the most vulnerable component of the population and suffer serious forms of stigma and discrimination. In the country sexual minorities face serious risks and burdens as a result of their gender identity and sexual orientation. These challenges are majorly responsible for their HIV/AIDS vulnerability. Human Immunodeficiency Virus (HIV) is a lentivirus (a member of the retrovirus family) that attacks the immune system cells and eventually causes Acquired Immuno-Deficiency Syndrome (AIDS). This is a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Uganda as a country has had a generalized HIV epidemic for the last three decades. The country has implemented a number of interventions. The National HIV Prevention Strategy 2010 documented that an estimate of 1.2 million people in Uganda are HIV infected, of whom 57% were females and 13% children aged less than 15 years. HIV prevalence among adult of 15 -64 years is estimated at 6.2%. The prevalence varies by age, sex, geographical area and key or vulnerable population.

Variations in risk and burden are informing proposed interventions with a special focus on population and regions at high risk and to maximize impact of the interventions. Furthermore the increasing rates of new HIV infections, despite efforts in prevention, coupled with the increasing mobility of populations, make HIV/AIDS an important issue. Although the link between HIV and gender is complex and nonlinear, multiple factors heighten the HIV risk for the sexual minorities. Economic distress, conflict, sexual abuse and violence, oppression,

discrimination, exploitation, gender bias, and sociopolitical marginalization contribute to conditions in which transmission of HIV may be enhanced.

In Uganda, it's widely acknowledged that HIV affects key populations disproportionately and it can be worse among sexual minorities. The HIV prevalence is approximately two and half times higher among the uniformed forces (18.2%) compared to the general populations (7.3%).

It is against this background that TURGET Uganda is proposing this project for Health Rights International Collaboration in Uganda.

2.0 SEXUAL MINORITIES IN UGANDA

But Uganda AIDS Commission (UAC) report 2011, indicate that HIV/AIDS prevalence among general population is estimated 7.3% while among men who have sex with men (MSM) is found at 13.7% which is almost double than the national average. Some of the biggest challenges to MSM people getting to zero new infections and achieving undetectable and untransmittable (U=U) viral load which is less than 40 copies in a milliliter of blood for at least 6 months are: HIV/AIDS stigma, Lack of awareness of HIV/AIDS prevention, treatment, and care services and access to strong support systems.

3.0 PROBLEM STATEMENT

Studies have discovered that sexual minorities have the following challenges that are responsible for high HIV/AIDS prevalence and U=U.

1. The misconception that unprotected anal sex practices are safe from HIV infections because they are body fluids in contact
2. Involvement in anal sex with no condoms and lubricants is not harmful.
3. Having sex under influence of alcohol and substance abuse Drug use and sex work)
4. Mixing sex for pleasure together with sex for monetary values.
5. Lack of strong support systems for testing, care, treatment and adherence to treatment.

4.0 RATIONALE FOR THE PROJECT

The project is aligned to United Nations (UN) Sustainable Development Goals (SDGs) particularly goal three which aim at ensuring health lives for all people and promote well-being for all at all ages. Target three of goal three requires ending the epidemics of AIDS by the year 2030. In addition target seven requires ensuring universal access to sexual and reproductive health-care services, including information and education, and the integration of reproductive health into national strategies and programs. Furthermore target eight requires achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

At national level the project is aligned to the Presidential Fast-track Initiative on ending HIV and AIDS under the theme “Ending AIDS by 2030”. Particularly point two requires accelerating the implementation of Test and Treat and attainment of 90-90-90 targets particularly among men and young people; point four requires ensuring financial sustainability for the HIV response; and point five requires ensuring institutional effectiveness such as families, households and community for a well-coordinated multi-sectoral responses.

The project is important for the sexual minorities as it is based on identified service delivery interventions models for the most at risk populations in Uganda. Particularly Peer out reach model, facility based model, community based model, and home based model, linkage model, partnership and collaboration. Sexual minorities with a high HIV/AIDS prevalence requires unique and target specific actions that can contribute to 90-90-90 agenda.

1. PROJECT GOAL

The main project objective is to decrease stigma and discrimination and increase access to comprehensive reproductive health services through challenging stigma and discrimination, attitudes and laws.

4.0 SPECIFIC PROJECT OBJECTIVES

- To create awareness and end stigma among sexual minorities in Uganda.
- To conduct mental health burdens research among sexual minorities for evidence based programming and decision making.

5.0 PROJECT PROPOSED ACTIVITIES

- ✓ Sexual Minorities Sensitization through workshop, dialogues and seminars
- ✓ Conduct mental health research for evidence programming , decision making and knowledge development

6.0 Project Proposed Budget

No	Cost Centres	Cost in US Dollars
1	Community Sensitization	60000
3	Research	60000
	Total	120000

7.0 PROJECT RESULT AREAS

- ✓ Reduction of all forms of stigma among sexual minorities
- ✓ Increased care and support services delivery among sexual minorities.