MENTAL HEALTH UGANDA

FAITH-BASED ORGANISATIONS' INCLUSION AND DISABILITY RIGHTS IN UGANDA: STUDY REPORT

Report produced by: Justus Atwijukire (Consultant)

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Acronyms

FBOs:	Faith Based Organisations
GBV:	Gender Based Violence
HIV/AIDS:	Human Immune Virus/Acquired Immune Deficiency Syndrome
IDIWA:	Integrated Disabled Women's Activities
JIDU:	Jinja District Union for Persons with Disabilities
MNS:	Mental, Neurological, and Substance use
NGOs:	Non-Governmental organizations
NPA:	National Planning Authority
NUDIPU:	National Union of Disabled Persons of Uganda
NUWODU:	National Union of Women with Disabilities of Uganda
OPDs:	Organisations of Persons with Disabilities
PTC:	Primary Teachers College
PWDs:	Persons with Disabilities
SDG:	Sustainable Development Goals
SRHR:	Sexual Reproductive Health and rights
UK:	United Kingdom
UNCRPD:	United Nations Convention on the Rights of Persons with Disabilities
UNDIS:	UN Disability Inclusion Strategy (UNDIS)
UNDP:	United Nations Development Program
UNHCR:	United Nations High Commission for Refugees
UPMB:	Uganda Protestant Medical Bureau
WHO:	World Health Organisation

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EXECUTIVE SUMMARY

Faith based actors are recognized as 'key stakeholders' in the civil society and religious institutions/ leaders are considered to be the 'moral voice' of society with influence on norms and behavior than other actors in society. Faith based actors have the capacity to instigate change in the community's perception, attitudes, and practices. Religious institutions have the power, resources and experience of establishing and working with international and local partners, governments and community structures in addressing political, economic and social problems affecting people. Despite the important role faith-based actors play in community development and general service delivery, there's limited information on the collaboration and formal engagement between religious institutions and organizations of persons with disabilities in Uganda. The Atlas Alliance in collaboration with Mental Health Uganda commissioned this study to establish the extent to which DPO-partner organizations cooperate with faith-based organizations at national and/or local level, and what opportunities and challenges have resulted from the cooperation.

A descriptive, cross-sectional study design on Knowledge, Attitude and Practices of religious institutions, Faith based NGOs and leaders on disability and specifically mental health was undertaken to obtain information on the study objectives. The study conducted an extensive review of relevant literature on the involvement faith-based actors in disability and existing cooperation between OPDs and faith-based actors and collected primary data through structured interviews with key personnel of the identified religious institutions, International and National NGOs and OPDs. The data from structured interviews was analyzed using Nvivo software and triangulated with secondary data and data from organizations of persons with disabilities to inform this report.

The study was restricted to Metropolitan Kampala (Kampala, Wakiso and Mukono districts), which houses majority of the stakeholders, and two upcountry districts (Jinja and Iganga districts). A total of 38 (22 faith-based institutions and 16 OPDs) representing 81% of the targeted institutions participated in the study.

Key Findings

The findings from the study indicate limited knowledge on disability among church leaders and technical staff of the religious institutions, National and International NGOs affiliated to religious institutions. Eighty-two (82%) percent of the religious institutions reported that they had some knowledge on disability resulting from day today interaction with persons with disability who participate in their activities. Majority (77%) of the religious leaders and staff who participated in the study reported that they had never received any training. Even those who received some training, they indicated that it was not sufficient.

On collaboration/partnership, the study established that most (73%) of the faith-based actors and religious institutions did not have formal or informal partnership or collaboration with organizations of persons with disabilities. More than $^{3}/_{4}$ (77%) did not have any regulations or guidelines on handling persons with disabilities. However, most of the institutions reported that they were open to working with organizations of persons with disabilities. They considered working with organizations of persons with disabilities as key in promoting and sustaining service delivery to persons with disabilities.

On the levels of knowledge about mental health among the faith-based actors, it was established that majority (86%) of the institutions reported low to medium level of knowledge. Only 16% reported that their staff and leaders were knowledgeable amount mental health.

Regarding attitudes and practices towards people with mental illness, the study participants reported that most community members have a negative attitude towards people with mental illness. The study established that most (family members take their mentally ill persons to the religious leaders for prayers and or to the traditional healers. Both religious leaders and leaders of organisations of persons with disabilities reported that persons with mental illnesses are often mistreated, abused, and denied basic needs.

On the disability inclusion, the study established that most (79%) of the faith-based actors did not have specific consideration for persons with disabilities in their development plans, annual budgets and activities while only 21% reported that they were budgeting and implementing activities on disability in general. Similarly, most organizations of persons with disabilities (OPDs) were also not planning and budgeting for mental health.

As earlier noted, due to the vital role of the religious institutions in development, fostering social change and as gatekeepers or "first responders" when individuals and families face mental health problems, it's important that they are sensitized about disability and mental health in particular to equip them with the necessary knowledge, change their attitude and practices towards persons with disabilities to enable them to speak against stigma and exclusion and promote disability rights, according to the UNCRPD and National legislations.

To achieve this, the following recommendations are made.

Faith Actors	I. Develop and implement policy, regulations or guidelines on including, respecting and supporting (handling) persons with disabilities. II. Encourage and expect leaders to speak against stigma and exclusion, given their very special role and opportunity in the faith community III. Build partnership with mental health organizations to learn and to cooperate in promoting disability rights, according to the UNCRPD IV. Inclusion of disability including mental health in the plans, budgets, activities and project evaluations. V. Develop and make accessible opportunities for people with disabilities to gain leadership and programmatic skills.
Organizations of persons with disabilities	I. Advocate for disability inclusion in the faith-based actors plans, budgets and activities. II. Strengthen the capacity of the faith-based actors to plan, budget and implement interventions that are disability inclusive. III. OPDs including Mental Health Uganda should mobilize people with disabilities and their families and link them with faith-based actors for service delivery. IV. Empower persons with disabilities to increase their ability to participate in leadership, decision making, implementation and monitoring of community development programs and services. V. Engage and develop formal partnerships with faith-based actors with clear roles and responsibilities.

Umbrella organizations of persons with disabilities	I. Popularize the national disability inclusive planning guidelines for Uganda developed in 2017 by the National Planning Authority (NPA) II. Conduct a comprehensive mapping of faith-based actors including areas of interest and opportunities for disability inclusion.
Development partners	I. Develop a collaborative framework and ethos for disability inclusive programming II. Ensure Inclusion and Accessibility in the Solicitation and Evaluation Processes.

PART I: CONTEXT

1.1 Background

Religious institutions are the largest and best-organized civil institutions in the world, with billions of believers and bridging the divides of race, class and nationality. Religious institutions have the power, resources and experience of establishing and working with international and local partners, governments and community structures in addressing political, economic and social problems affecting people. On mental health, religious institutions provide a serene environment that facilitates a sense of security and well-being in individual with mental health problems or stress. The subjective explanatory models that attribute mental illness to supernatural causes, stigma toward mental illness, and dearth of psychiatric services propel people with mental illness to seek for services from religious institutions and faith healers. The American Psychiatric Association Foundation (2018) noted that.

> *Because religion and spirituality often play a vital role in healing, people experiencing mental health concerns often turn first to a faith leader. From a public-health perspective, faith community leaders are gatekeepers or "first responders" when individuals and families face mental health or substance use problems.*[1]

FBOs are valuable partners for secular organizations that are trying to extend their reach and gain credibility. Indeed, many multilateral organizations already partner with FBOs on issues such as global health and the fight against HIV/AIDS. There is probably nowhere else within disability that faith presents its face more than in the mental health response. Faith and community leaders are often the first point of contact when individuals and families face mental health problems or traumatic events. In fact, in times of crisis, many will turn to trusted leaders in their communities before they turn to mental health professionals. When leaders know how to respond, they become significant assets to the overall health system. Faith and community leaders can then help educate individuals and families about mental health, increasing awareness of mental health issues and making it easier for people to seek help. Community connectedness and support, like that found in faith-based and other neighborhood organizations, are also important to the long-term recovery of people living with mental illnesses[2]

1.2 Purpose and objectives of the study

Whereas religious institutions play an important role in providing services to persons with disabilities including persons with mental problems, there's limited information on the collaboration and formal engagement between religious institutions and organizations of persons with disabilities. In a bid to prepare for the conference organized by faith-based development organizations engaged in development issues (INGOs), the Atlas Alliance commissioned a study to establish the extent to which DPO-partner organizations cooperate with faith-based organizations at national and/or local level, and what opportunities and challenges have resulted from the cooperation. Mental Health Uganda

[1] *https://www.undp.org/sites/g/files/zskgke326/files/publications/UNDP-CSO-Engaging-FBOs-RLs-October-2014.pdf*
[2] *https://www.mentalhealth.gov/talk/faith-community-leaders*

(MHU) on behalf of the Altas Alliance undertook the study in Uganda, with specific interest in understanding the mental health issues. Specifically, the study was intended to establish.

i) The level of understanding of disability rights among faith actors (knowledge of the UNCRPD and local disability rights frameworks e.g., constitutional (1995) provisions; Persons with Disabilities Act, 2020, etc.)
ii) The general attitude and practices towards persons with disabilities
iii) The level and nature of cooperation/existing relationships between faith actors and organizations of Persons with Disabilities (OPD) in Uganda.
iv) Inclusion/consideration of disability in faith-based actors in their routine activities, budgets, and reports
v) Challenges from the cooperation between faith actors and organizations of Persons with Disabilities (OPD) in Uganda.
vi) The missed opportunities to initiate, promote and or sustain useful relationships between faith actors and OPDs on disability.

1.3 Clarification and definition of the Faith-Based Organizations and OPDs

This study adapted the definition of the UNDP Guidelines on Engaging with Faith-Based Organizations and Religious Leaders[3]. These 'faith actors' encompass the two following categories:

i. Faith-based organizations (FBOs), which are "organizations that derive inspiration and guidance for their activities from the teachings and principles of the faith or from a particular interpretation or school of thought within that faith". They comprise a range of religious charitable organizations affiliated with one or more faith and spiritual traditions, which may include:
   - Religious congregations (such as churches, mosques, synagogues or temples).
   - Charities sponsored or hosted by one or more religious congregations.
   - Non-profit organizations founded by a religious congregation or based upon faith and spiritual traditions; and Coalitions that include organizations described above.
ii. Religious leaders (RLs) who are men and women with a formal affiliation to a religion or spiritual path who play influential roles within their communities and the broader civil society. Examples include priests, imams, rabbis, clerics, monks, nuns, lamas, traditional indigenous spiritual guides such as shamans and sukias, and lay religious leaders.

Therefore, this study considered all faith actors that identify with some form of formal coordination structure under the following.

- Faith-based development organization's:
  - International NGOs operating in partner countries like Uganda and SAFOD member countries (Norwegian Church Aid, Dan Church Aid, Salvation Army and others)
  - Relevant national or local development/social faith-based organization's that have a more or less formalized cooperation with DPOs.

[3] https://www.undp.org/sites/g/files/zskgke326/files/publications/UNDP-CSO-Engaging-FBOs-RLs-October-2014.pdf

- Churches, mosques, synagogues, temples, etc. (organized and registered religious communities).

Regarding the organizations of persons with disabilities (OPDs), the study considered representative organization of persons with disabilities, majority-governed and led by persons with disabilities for persons with disabilities. The study therefore was limited to National Disabled Peoples organization's including umbrella organizations (National Union of Disabled Persons of Uganda, National Union of Women with Disabilities of Uganda, Youths organizations'), single disability organizations and district branches in Iganga and Jinja.

1.4 Study methodology

A descriptive, cross-sectional study design on Knowledge, Attitude and Practices of religious institutions, Faith based NGOs and leaders on disability and specifically mental health was undertaken to obtain information on the study objectives. The methodology used to achieve the study objectives consisted primarily of two components.

1) A review of relevant literature on the involvement faith-based actors in disability and existing cooperation between OPDs and faith-based actors. This review was necessary to provide insights on the study and held design study tools.
2) Structured interviews with key personnel of the identified religious institutions, International and National NGOs and OPDs. The Consultant collected both primary data, (specifically qualitative and quantitative) using the developed tools.

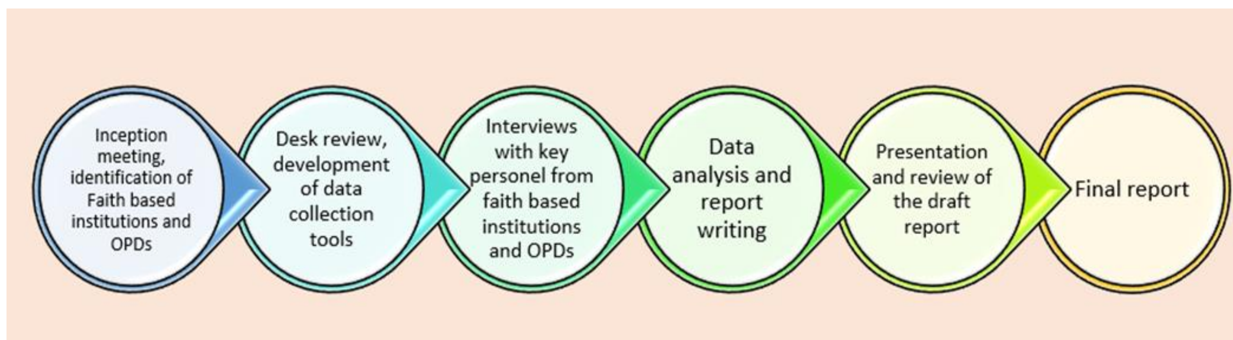

Figure 1: Mapping the study methodology.

The study was restricted to Metropolitan Kampala (Kampala, Wakiso and Mukono districts), which houses majority of the stakeholders, and two upcountry districts (Jinja and Iganga districts). The upcountry districts were intended to provide district/local level perspective on the engagement and cooperation between OPDs and Religious institutions in delivery of mental health care services. Building on the already identified faith-based institutions in the terms of reference, purposive sampling technique was used to identify additional institutions and participants that were critical in providing useful information for the study. A total of 47 institutions (33 faith-based institutions and 14 OPDs) were selected for the study, however successful interviews were conducted in 38 (22 faith-based institutions and 16 OPDs) representing 81% of the targeted institutions.

1.5 Background characteristics of the study respondents

The study was limited to faith-based institutions and organizations of persons with disabilities (OPDs) in greater Kampala (Kampala, Wakiso, Mukono), Jinja and Iganga districts. In each Institution (faith-based actor or OPD), one person was interviewed to provide information on the organization's level of understanding of disability rights, disability/mental health inclusion, the general attitude and practices towards persons with disabilities and the level and nature of cooperation/existing relationships between faith actors and organizations of Persons with Disabilities (OPD) in Uganda.

Results from the study indicate that more than half (58%) of the respondents from religious institutions and organizations of persons with disabilities were males while 42% were female. Majority of the respondents (66%) were graduates while 34% had attained post graduate training as indicated in Table 1.

Table 1: Background characteristics of the study respondents

Characteristic	**Category**		
Sex of the respondents	**Faith based Actors**	**OPDs**	**Total**
Female	8 (36%)	8 (50%)	16 (42%)
Male	14 (64%)	8 (50%)	22 (58%)
Total	**22**	**16 (100%)**	**38 (100%)**
Education levels			
Completed Tertiary/University	13 (59%)	12 (75%)	25 (66%)
Post Graduate training (Masters	9 (41%)	4 (25%)	13 (34%)
Total Organizations	**22 (100%)**	**16 (100%)**	**38 (100%)**

PART II: STUDY FINDINGS

This report is divided into two major sections. The first section provides an analysis and general overview of engagement/partnerships and experiences around disability and faith-based organizations (engagement with other OPDs). The second section focuses on faith-based organizations mental health experiences including knowledge, attitude and practices towards persons with disabilities, planning, budgeting and implementation of disability inclusive programs.

2.1 GENERAL OVERVIEW OF OPDS ENGAGEMENT AND EXPERIENCES WITH FAITH-BASED ORGANIZATIONS

2.1.1 Understanding/knowledge of disability rights among faith actors

One of the key principles for disability inclusion in development programs is knowledge of disability and its implications. The study assessed the knowledge and understanding of the religious institutions on disability and rights of persons with disabilities including knowledge of the existing National and International legislation and religious leaders/staff training on disability. The findings from the study indicate limited knowledge on disability among church leaders and technical staff of the religious institutions, National and International NGOs affiliated to religious institutions. Whereas the UNCRPD defines persons with disabilities to include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others, most of the people interviewed limited themselves to physical impairment. The understanding of disability varied from one religious' institution to another but all of them perceived disability as a physical or mental impairment on an individual that limit their ability to do work like other people in society. From the study, (82%) of the respondents from religious institutions reported that they had some knowledge on disability resulting from day today interaction with persons with disability who participate in their activities. However, they noted that the level of awareness depends on the type and level of disability. For example, most faith-based institutions do not know sign language and cannot communicate with people with hearing impairment. Indicated below are some anecdotes on religious leaders understanding of disability.

> *I can describe the person when they have any part of their body lame, or if they are acting weird than I used to know them before or when someone's physical appearance has a problem-* ***Technical Staff, Religious Institution, Kampala.***

> *People with disabilities are not normal 100%. They lack the ability to perform an activity within the range considered normal. These people require a lot of supervision. They are people who are unable to help themselves independently and need other people to come in and help them-* ***Religious leader, Born again church, Kampala.***

> *Any Bahai would understand disability because disability is not inability. If your knowledge towards humanity is that all are one, then you will be able to embrace everyone regardless of their status. We have some of them working with us, so we can even be able to tell someone with a disability from those ones here-* ***Religious Leader, Bahai Faith, Kampala.***

As mentioned earlier, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) clearly indicates that persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Basing on the UNCRPD definition of disability and the description from most of the religious leaders and technical staff interviewed, it's evident that religious institutions still have limited knowledge on disability inclusion and rights.

On the awareness of the international, national Laws and policies on the rights of persons with disability, 55% reported that there were aware of at least one of the laws and policies while 45% did not know any international or local legislation on disability. The most mentioned laws and policies include Persons with Disabilities Act (7), Disability Policy (6), Mental Health Act (6) and UNCRPD (1). Despite identifying the various legal instruments, majority did not know provisions and rights enshrined there in.

On religious leaders and staff training on disability, 77% reported that they had never received any training. Even those who received some training, they indicated that it was not sufficient.

Figure 2: Religious Leaders and Staff training on disability

Last year I attended a training organized by the Uganda Communications Commission and the National Association of Broadcasters. It only focused on how to incorporate sign language in the radio and television programs. It was not sufficient to enable us to understand disability-***Administration and personnel management, Prime Radio, Seventh Day Adventist Church, Wakiso.***

> *In 2018 I attended a training on understanding mental health and disability interventions which was organized by the Nsambya Apostolic Church. However, the training was very minimal, and we still need to understand their needs and challenges to integrate them into the system.* ***-Religious Leader, Uganda Muslim Supreme Council, Kampala***

2.1.2 Collaboration/engagement with Organization of Persons with Disabilities

Collaboration/partnerships between organizations of persons with disabilities and mainstream institutions/NGOs provide opportunities to among others strengthen programming, enhance service delivery, improve efficiency in resource utilization and promote inclusivity. The UNCRPD recognizes the need for the design and implementation of the development programs that are inclusive of and accessible to persons with disabilities. Art. 4.3 of the UNCRPD states that: "In the development and

implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations." Article 32 further states that all international cooperation efforts should be inclusive of and accessible to persons with disabilities. Similarly, the 2030 Agenda for Sustainable Development with its core principle "leave no one behind" adopts participation and inclusion as indispensable elements in its implementation and monitoring of programs. The Sustainable Development Goals (SDGs) particularly 4, 8, 11, 16 &17 make specific emphasis on inclusion, access and cooperation for sustainability for all.

Therefore, collaboration and partnership between organizations of persons with disabilities and mainstream National and International NGOs including faith-based institutions are not only a human rights obligation but also a requirement from funding partners/institutions. One of the objectives of this study was to establish the collaboration, partnership, or engagement currently existing between faith-based actors and organizations of persons with disabilities. This study established that most (73%) of the faith-based actors and religious institutions did not have formal or informal partnership or collaboration with organizations of persons with disabilities.

Table 2: Collaboration/partnership between OPDs and Faith Based Actors

Do you collaborate with any other organization of persons with disabilities?	**Frequency**	**Percent**
No	16	73%
Yes	6	27%
Total	**22**	**100%**

Only 27% had some form of informal engagement with institutions/schools for children with disabilities and community-based organizations for persons with disabilities. For example, the Catholic Church (Diocese of Jinja district) indicated that they were collaborating with Ursula School for children with intellectual impairment, Walukuba West, Bishop Willis PTC and Jinja Hospital Mental Health Unit. The Uganda Muslim Supreme Council had a memorandum of understanding with Muslim people with disabilities in Uganda to support their families with money, food, assistive devices such as wheelchairs, hearing aids and capacity building that has improved their livelihoods. The EKISA Ministries in Jinja district reported to be collaborating with Jinja District Union for Persons with Disabilities (JIDU) and Jinja Regional Referral Hospital to refer clients including persons with disabilities that need specialized services such as physiotherapy. This clearly indicates limited collaboration and partnership between faith-based actors and the national level organizations of persons with disabilities.

2.1.3 Existence of regulations or guidelines on handling persons with disabilities

Achieving a comprehensive inclusion of persons with disabilities in development programming requires putting in place measures such as inclusion guidelines, protection, support services/affirmative action, improving accessibility to physical infrastructure and social services

(water, health education, sanitation, food, shelter, communication, and psychosocial support). Unfortunately, most organizations including faith-based actors do not have such measures in place. More than $^3/_4$ (77%) of the faith-based actors that participated in the study did not have any regulations or guidelines on handling persons with disabilities.

Table 3: Status on existence of regulations or guideline on handling persons with disabilities among faith-based actors.

Do you have any regulations or guidelines on handling persons with disabilities?	Frequency	Percent
No	17	77%
Yes	5	23%
Total	**22**	**100%**

Three of the institutions (The National Fellowship of Pentecostal Churches of Uganda, United Christian Church and The Inter-religious Council of Uganda) indicated that they were using the National disability inclusive planning guidelines for Uganda developed in 2017 by the National Planning Authority (NPA). The National Disability Inclusive Planning Guidelines provides direction for planning, budgeting and monitoring of harmonized disability interventions in Uganda for Persons with Disabilities (PWDs). One of the faith-based actors (ADRA) indicated that that they were following guidelines set up by UNHCR and Office of the Prime Minister. Most of the faith-based actors that did not have policies, regulations or guidelines on disability reported that their programs are non-discriminative, and all people are treated equally and with dignity.

> *We don't have any guidelines because we do not have any kind of discrimination. There is respect for each person regardless of his or her disability. We have persons with disabilities who are members in the praise and worship team, others are employed at the construction sites, washing and cleaning the church premises and some work as interpreters in the church***-Baptist Church, Kampala**

> *No, for us given we attend to everyone, we don't have particular laws or guidelines on disability but if one gets a problem, we refer them to health facilities-* ***Watoto Church, Uganda.***

However, some of the institutions acknowledged that because of lack of guidelines/policies on disability, their premises were not disability friendly.

> *Our premises are not disability friendly, if anyone came with a wheelchair, they would not access the offices. If we had a policy about disability and is being implemented, it would be different for persons with disability***- Uganda Protestant Medical Bureau (UPMB).**

2.1.4 Opportunities to initiate, promote and or sustain useful relationships around disability among faith actors.

Most of the institutions reported that they were open to working with persons with disabilities. They considered working with organizations of persons with disabilities as key in promoting and sustaining service delivery to persons with disabilities. The opportunities identified were mainly in awareness

raising on disability among faith-based actors, partnership in service delivery, capacity building and joint resource mobilization.

> *There is need to strengthen policies in the country because mental health issues have been neglected. Identifying the issue and navigating ways on how we can collaborate with other partners to deliver on mental health is very important. For example, we had a partner from the UK on mental health. They helped us to construct a mental health clinic at Kisizi Hospital and another one at Bwindi Community Hospital. There is a need to sensitize the church leadership on the signs, causes of mental health illness so that they are proactive and are sending people for right services and not just keeping them on prayers when they need medication-**Uganda Protestant Medical Bureau (UPMB)***

> *People here are very loving. They provide all the attention to people with disabilities. The church recently provided hearing aid to people with hearing difficulties. The church runs a child development program for the deaf and dumb and provide school fees for children with HIV. Sometimes, we hire psychiatrists and on extreme cases take the mental ill people to Butabika Hospital- **United Christian Church Kasubi***

Other opportunities provided to persons with disabilities by faith-based actors include employment, participation in leadership and ministry.

> *They are members in the praise and worship team. They are employed at the construction sites, washing and cleaning at the church premises and some work as interpreters in the church-**Baptist Church, Kampala***

> *Recruitment of staff is inclusive. On our team, we have people with disabilities volunteering in the monitoring and evaluation department-**Inter-religious council of Uganda.***

Indicated below is the summary of the opportunities identified by the faith-based actors to strengthen their collaboration/partnership with organizations of persons with disabilities.

Opportunities to develop and sustain collaboration between OPDs and Faith Based Actors

2.2 ENGAGEMENT AND EXPERIENCES OF FAITH BASED ORGANISATIONS ON MENTAL HEALTH

Mental Health, as defined by the World Health Organization (WHO), is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community[4]. Mental, neurological, and substance use (MNS) disorders are prevalent in all regions of the world and are major contributors to morbidity and premature mortality. Evidence showed that 14% of the global burden of disease, measured in disability-adjusted life years (DALYs), can be attributed to MNS disorders[5]

People with psychosocial and intellectual disabilities frequently experience discrimination and exclusion. Their human rights may be violated by segregation, confinement, restraints on their autonomy, or threats to their physical and mental integrity. Relatedly, due to limited knowledge about mental illness, stigma and discrimination and the general neglect of the sector, most organizations do not plan, budget or implement activities on mental health. From a human rights perspective, all organizations and development programs should include actions to redress rights abuses and inequities, as well as create opportunities for people with psychosocial disabilities to enjoy their rights fully, including their rights to health and to live in dignity.

This section focuses on the engagement and experiences of faith-based actors on mental health and organizations of and for persons with mental health issues. The section addresses the knowledge, attitude and practices of religious leaders and technical staff of religious institutions and NGOs on mental health. As part of data triangulation, the section highlights the feedback from organizations of persons with disabilities on partnership, collaboration, and engagement with faith-based actors.

On the levels of knowledge about mental health among the faith-based actors, it was established that majority (86%) of the institutions reported low to medium level of knowledge. Only 14% reported that their staff and leaders were knowledgeable amount mental health. In this study knowledge refers to the understanding of mental illness especially its symptoms (manifestation). Indicated below are some of the anecdotes on respondents understanding of mental health.

> *From my personal experience, the interpretation of mental health is very poor and at organizational level it is not something we are knowledgeable about nor prepared to handle. We even don't have quick contacts of where to run to incase of anything-* ***Uganda Protestant Medical Bureau (UPMB), Kampala.***

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[4] *Smith P. Mental health care in settings where mental health resources are limited: an easy-reference guidebook for healthcare providers in developed and developing countries. Bloomington: Archway Publishing; 2014. p. 11–3.*

[5] *World Health Organization. Mental health action gap program (mhGAP): scaling up care for mental, neurological, and substance use disorders. Geneva: World Health Organization; 2008.*

If I have known you for some time and I find you in a different condition, for example you are walking on the street naked, I can tell that you are mentally ill- ***Protestant Secretariat (Church of Uganda Province)***

Most people in the community associate mental illness with demon attacks and whenever we see someone attacked, we quickly pray for him/her to cast out the demons **- *National Fellowship of Pentecostal Churches of Uganda***

Whereas majority (91%) of the respondents strongly agreed that people with mental health illnesses have the same rights as anyone else, a substantial number (73%) of the respondents believed that witchcraft and curses may lead to mental illnesses. This and the statements on mental illness highlighted above, demonstrates limited knowledge on mental health among faith-based actors.

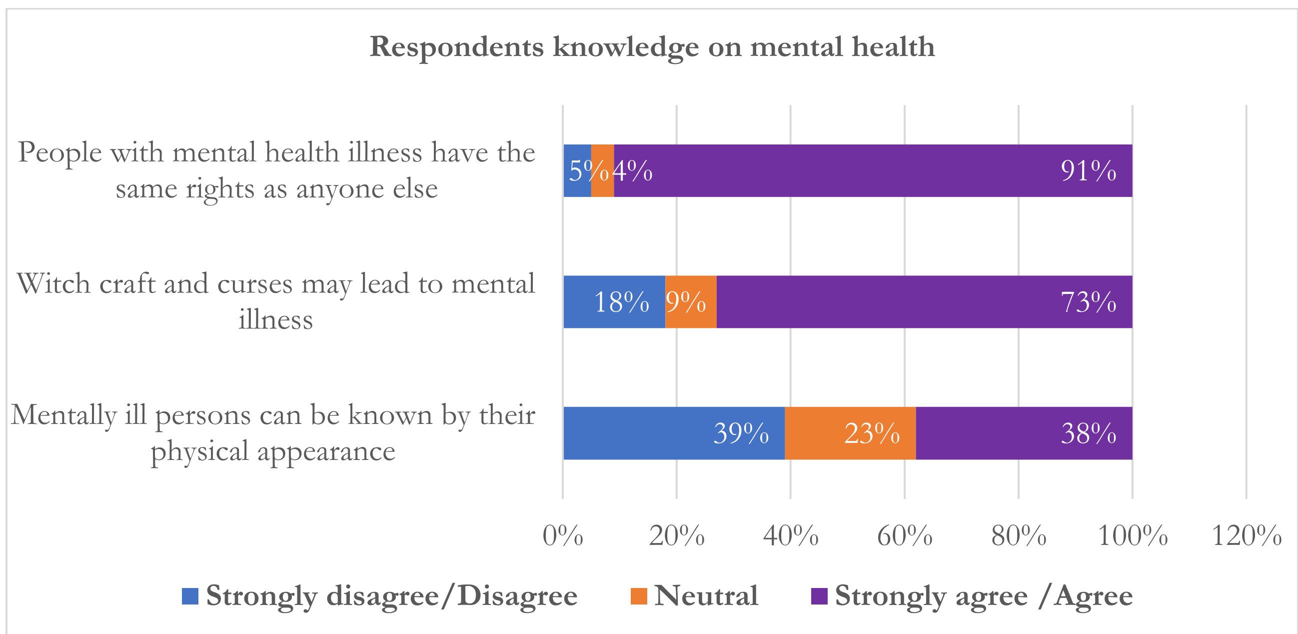

Figure 3: Respondents knowledge on mental health

The assessment of the general level of knowledge and understanding of mental health issues amongst the staff of organizations of persons with disabilities indicated that ¾ (75%) had low to medium level of knowledge on mental health while only ¼ (25%) indicated that they had substantial knowledge about mental health. According to some of the OPDs, mental health concept is new, and most staff may not ably explain it.

This has been identified as one of the disabilities that have been mostly left behind hence during the last general assembly the Board of directors elected a representative of persons with mental health with support from Sight Savers under Inclusion Works Project. Since then, many have been identified and mobilized to join ISAVE groups at subcounty and parish levels and others through Triumph Uganda were placed for work experiences and eventually employed. We have individually interacted and supported them during the online trainings and Inspirational Talks by role models with disabilities identified. Therefore, we are continuing to learn from them especially with the collaboration from Triumph- ***Jinja District Disabled Persons Union.***

Our knowledge on mental health is very low. Mental health is almost a new term that came up during the height of Covid-19 pandemic. It still sounds fresh in people's minds. So, there is a general lack of knowledge about it and its manifestations- ***Integrated Disabled Women's Activities (IDIWA)- Iganga District***

In Musana schools, there seem to be little understanding of mental health conditions as they continuously refer students for assessments in hospitals with no clear knowledge about the mental conditions the children exhibit- ***Occupational Therapist, Musana Community Development Organization.***

The above anecdotes clearly indicate that even among the organizations of persons with disabilities, the levels of knowledge on mental health are still low.

2.2.1 Attitudes on inclusion of persons with mental illnesses in development programs and social services

In Uganda like many other countries, many people don't understand mental health which exacerbates community's negative attitudes, mistreatment, and labelling of people with mental health issues. This study, attempted to establish the respondents predisposed state of mind/ feeling, threat, perceptions, or opinions regarding people with mental illness. The study explored two categories of attitudes namely favorable and unfavorable attitude towards mental illness.

On the favorable attitude towards mental illness, the study findings indicated mixed feelings from the respondents on several statements. On a positive note, majority (68%) of the respondents strongly agreed/agreed that people with mental illness can be employed and perform like other employees while 59% strongly agreed/agreed that people with mental illness can make a big contribution in the communities.

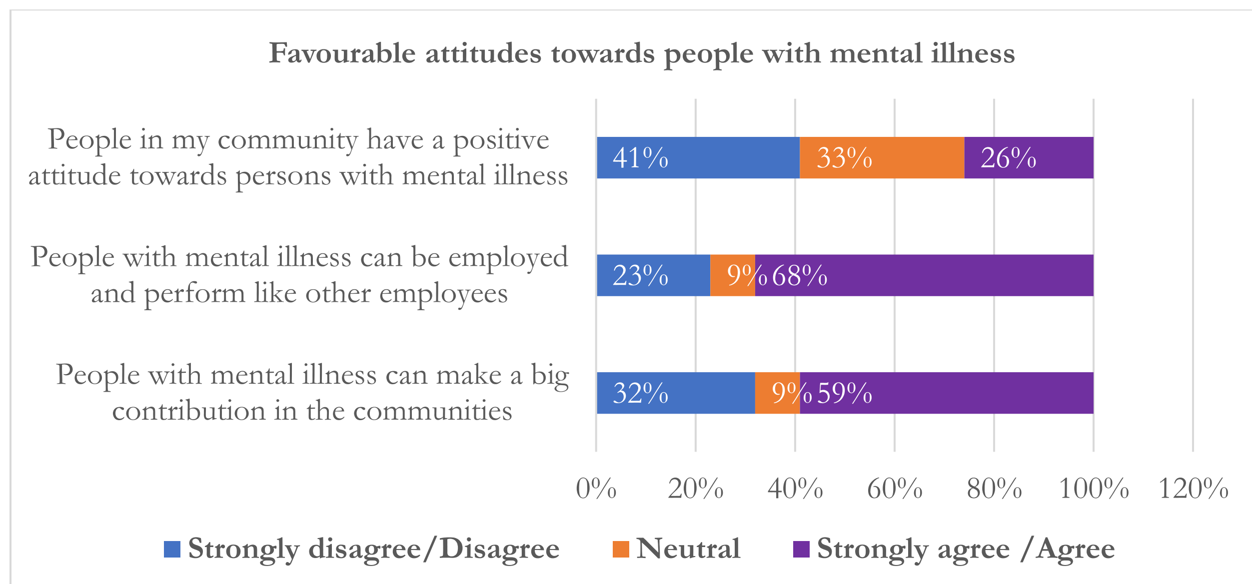

Figure 4: Responses on favourable attitudes towards people with mental illness

However, majority (41%) of the respondents disagreed with the statement that "people in my community have a positive attitude towards persons with mental illness, 33% were indifferent and only 26% of the respondents agreed with the statement. This indicates that most community members have a negative attitude towards persons with mental illnesses which may result into mistreatment, neglect or violation of the rights of persons with mental illness by the community members.

On the unfavourable attitudes towards people with mental illness, majority (80%) of the respondents indicated that persons with mental illness should not be confined at home. Similarly, about $^2/_3$ (64%) of the respondents disagreed with the statement that "I consider that dealing with people who have mental health problems is an extra burden". Despite the above positive response, more than half (54%) of the respondents agreed with the statement that "Dealing with people who have mental health problems is difficult",31% of the respondents consider dealing with people who have mental health problems as an extra burden and a similar percentage (31%) of respondents consider people with mental illness as weak willed and dot self-driven.

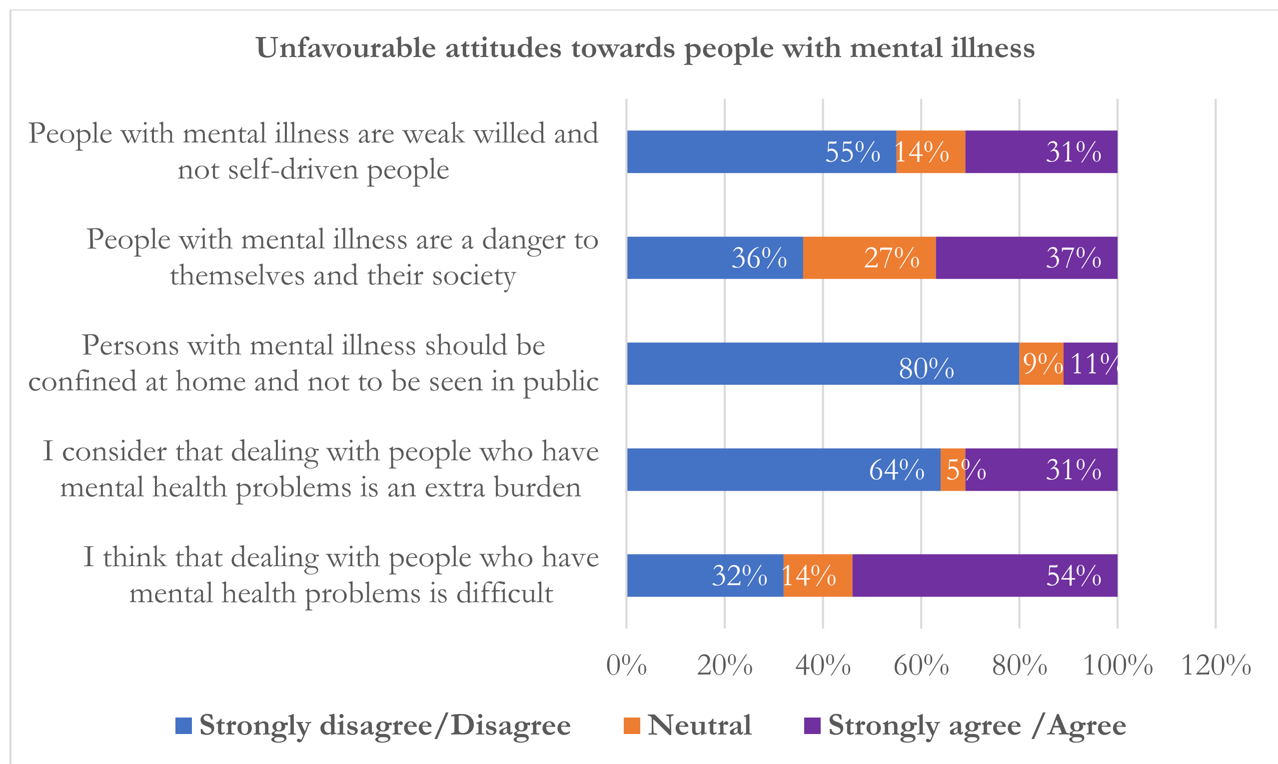

Figure 5: Responses on unfavorable attitudes towards people with mental illness

Basing on the above statements, it's evident that people with mental illness are still experiencing some form of stigma and discrimination at family and community level. Whereas some faith-based actors indicated that they were providing services to persons with disabilities, only one institution (Bahai faith) reported to having a program to promote disability rights awareness or reducing stigma and

exclusion of persons with disabilities. Other actors focused on helping persons with disabilities who seek for their intervention. Currently, most faith-based actors in Uganda are implementing a charity model in responding to the issues of persons with disabilities (donating money, food, clothing, shelter and medical care to alleviate the immediate suffering of persons with disabilities) as opposed to the Rights-Based Approach that puts the protection and realization of human rights at the centre. The UN Declaration on the Right to Development Article 1 on which the rights-based approach is based considers the right to development as an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized. However, most faith-based actors and community members continue to stigmatize persons with disabilities while others who offer to support do it to meet their immediate needs.

The Committee on the Rights of Persons with Disabilities Concluding observations on the initial report of Uganda (May 2016) indicated the Committee's concern about the lack of information to make the general public aware of cultural practices that stigmatize and hinder the development of persons with disabilities to enjoy rights like all other persons in society. It also highlighted the concern of the committee about persons with psychosocial and/or intellectual disabilities as well as persons with albinism and deaf-blind persons who are disproportionally affected by stigma, which limits their access to education, health and employment opportunities. Due to stigma and discrimination, persons with disabilities are excluded from effective participation in family and community events and access to social services and development interventions. The faith-based actors have the capacity and platform to support the government and other actors in addressing stigma associated with disability given their special position in society.

2.2.2 Practices on inclusion of persons with mental illness in social services

Globally, people with mental health issues find challenges in accessing social services and development programs dues to stigma, discrimination, and prejudice. Stigma, social norms and lack of awareness about mental health in the community are considered the major barriers for mental health service demand and access worldwide. These factors may also influence the family members decision on where to seek for services. In this study practices refers to actions based on knowledge and attitude of the participants in providing mental illness service (referral and counseling) by the community. The feedback on what most people do when their family member gets a mental illness from both faith-based actors/religious leaders and Organizations of Persons with Disabilities did not differ significantly. Ninety five percent (95%) of the faith-based actors interviewed indicated that most family members take their mentally ill persons to the religious leaders for prayers. Majority (81%) of the respondents from Organizations of Persons with Disabilities indicated that most family members take their mentally ill persons to the traditional healers.

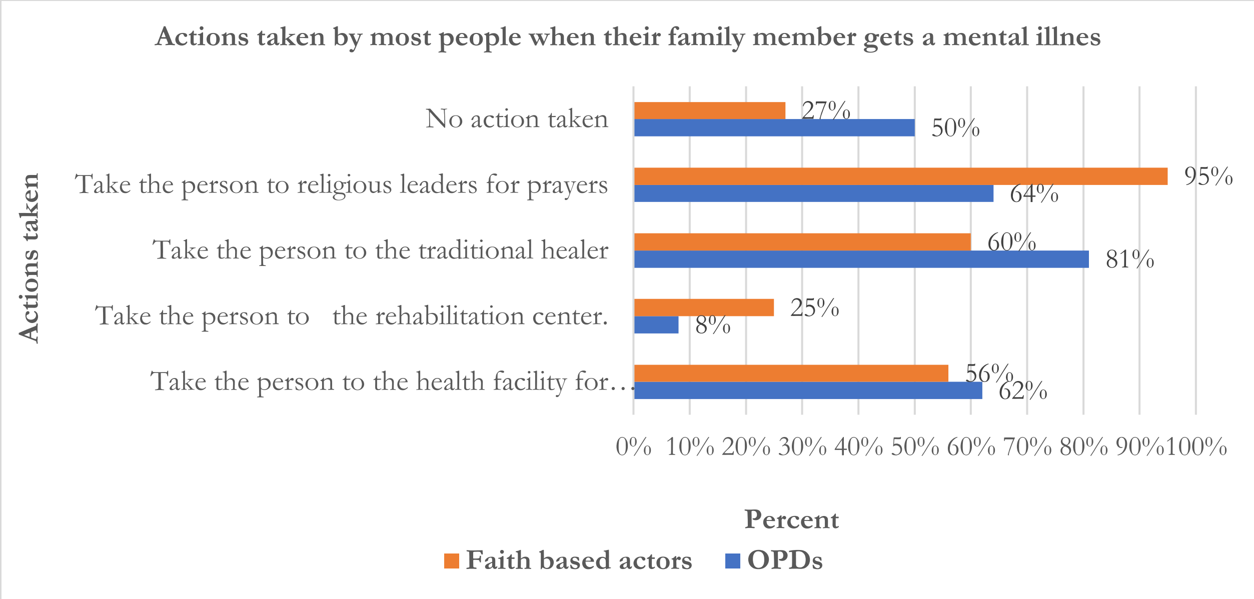

Figure 6: Actions taken by most people when their family member gets a mental illness.

Assessing the feedback on community's practices towards persons with mental illness, it was `noted by both Faith Based Actors and organizations of persons with disabilities that persons with mental illnesses are often mistreated, abused, and denied basic needs. Similarly, majority of the respondents (72% of the faith-based actors and 75% if the OPDs) strongly disagreed with the statement that "the services provided to people with mental illnesses in this community are appropriate". However, most of the faith-based actors did not have a clear strategy or program for addressing such vices apart from attempting to provide some basic needs to some of the persons with mental illness.

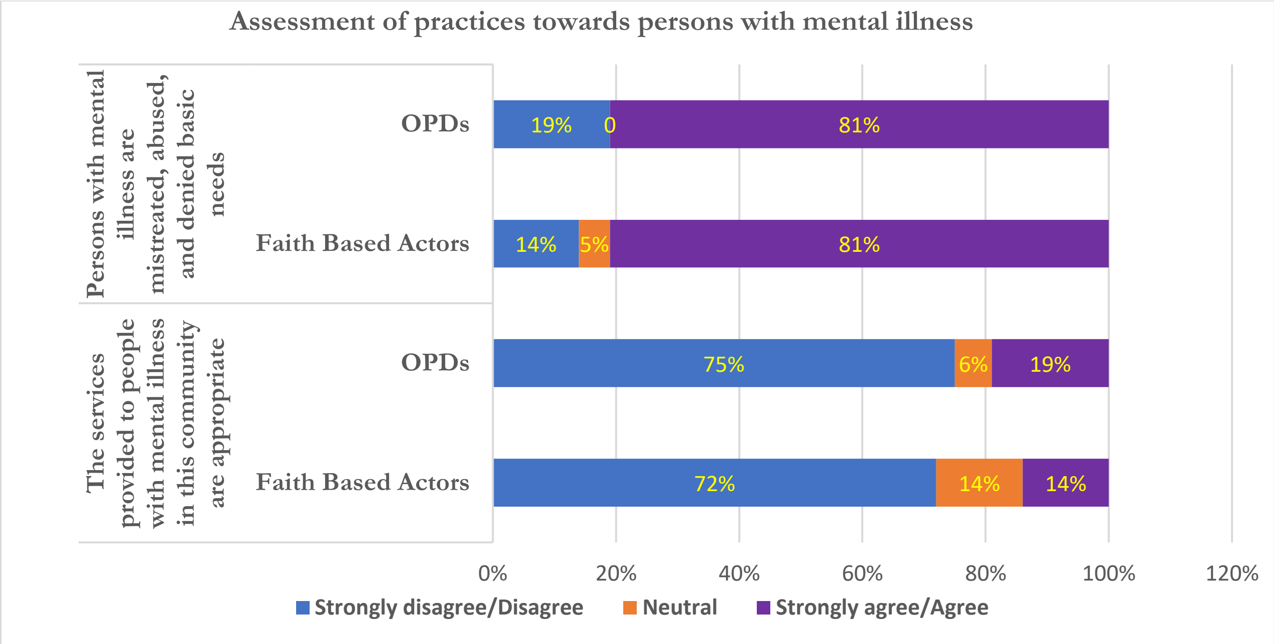

Figure 7: Assessment of practices towards persons with mental illness

2.2.3 Inclusion of persons with mental illness in plans, budgets and activities of the faith-based actors and OPDs

The UN Disability Inclusion Strategy (UNDIS) 2019 recognizes that human rights, peace and security and sustainable development for all can be enjoyed only if persons with disabilities in all their diversity are included in society on an equal basis with others and as both agents of change and beneficiaries of the outcomes of the work of the United Nations system. The strategy requires all entities to allocate adequate financial resources for disability inclusion. This entails better utilization and alignment of current resources with expected outcomes; and allocation of additional resources as required.

The strategy further proposes a twin track approach of integrating disability-sensitive measures into the design, implementation, monitoring and evaluation of all policies and programmes and providing disability-specific initiatives to support the empowerment of persons with disabilities. The balance between mainstreaming strategies and targeted support should be tailored to address the needs of specific communities, but the overall goal should always be to integrate and include persons with disabilities in all aspects of society and development.

Guidelines on inclusion of Persons with Disabilities in Humanitarian Action, indicate that Inclusive budgeting occurs when an organization, during its planning process, allocates funds to remove barriers and promote participation for persons with disabilities, and to provide targeted activities for persons with disabilities. Inclusive budgets should include costs for improving physical accessibility, providing reasonable accommodations, and providing specialized non-food items (NFIs), assistive devices, mobility equipment and accessible communications[6].

The study established that $^{17}/_{22}$ (79%) of the faith-based actors that participated in the study did not have specific consideration for persons with disabilities in their development plans, annual budgets and activities while only $^{5}/_{22}$ (21%) reported that they were budgeting and implementing activities on disability in general. Although five (21%) of the faith-based actors indicated that they were budgeting for disability annually, only one institution (United Christian Church, Kasubi) had an annual budget of 4.5m per year for disability of which 1.5m was earmarked for mental health. The remaining four institutions did not disclose their budgets. Some of the institutions that did not have specific budgets for disability and or mental health indicated that they budget for all people and were ready to support anyone without segregation while others acknowledged limited awareness and knowledge on mental health to consciously plan and budget for them.

Comparable to faith-based actors/organizations, most organizations of persons with disabilities (OPDs) were not planning and budgeting for mental health. Although 56% of the OPDs reported that they included persons with mental illness in their plans, budgets, and activities, these are mainly organizations that deal with Neurological disorders such as Epilepsy Support Association of Uganda, Brain Injury Support Organization of Uganda, Uganda National Association of Cerebral Palsy (UNAC) and Spine Injury Support Organization of Uganda (CESIA/ IDIPED).

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[6] *Inter-Agency Standing Committee (IASC): Guidelines on inclusion of Persons with Disabilities in Humanitarian Action, 2019*

Table 4: Budgetary allocation to activities on mental health

	Annual budgetary allocation					Source
Organization	**2018**	**2019**	**2020**	**2021**	**2022**	
UNAC				91,800,000	91,800,000	Lilian, through Katalemwa, DRF
IDIWA- Iganga District					10,491,000	Undisclosed donors
Brain Injury Support Organization of Uganda		2,000,000			2,000,000	DHF Uganda
Spine Injury Support Organization of Uganda (CESIA/ IDIPED)	3,000,000	3,000,000	6,000,000	2,000,000	1,000,000	Local fundraising
Uganda Parents of Persons with Intellectual Disability (UPPID), formerly UPICLED.	0	6,000,000	8,000,000	0	0	DHF, LEV in Denmark International Disability Alliance
Triumph Uganda*	15,000	20,000	40,000	40,000	40,000	Disability Rights Fund

* *Figures are in US dollars. The rest of the figures are in Uganda Shillings and can be converted to USD at current exchange rate of 0.00027.*

Other mainstream organizations of persons with disabilities such as National Union of Disabled Persons of Uganda (NUDIPU), National Union of Women with Disabilities of Uganda (NUWODU), National Council for Disability, Uganda National Action on Physical Disability and Uganda National Association of the Blind among others did not have specific budgets and activities on mental health. These organizations indicated that mental health issues were mainstreamed into other programs and it's not necessary to create specific budget lines and activities for mental health as indicated below.

> *We don't segregate during planning and implementation of our activities. For example, we have legal services through probation officers and legal firms to ensure that when children with disability report, their issues are attended to whether it's about children with mental illness or any other disability. Secondly, our gender and Sexual Reproductive Health and Rights services where we help the children and youth to know themselves, how to protect their bodies from abuse and how to demand for services from health facilities are for every body-**Show Abilities Uganda.***

> *No specific services for mantal health issues because it is inclusion. If we have any activities for girls and women, we identify and include all categories of disabilities-**National Union of Women with Disabilities of Uganda (NUWODU)***

> *We provide support to all people with disabilities on inclusive employment, equal participation in NUDIPU activities, counselling, and referral to MHU or Health Centres for people with mental illness-**National Union of Disabled Persons of Uganda (NUDIPU)***

We offer medical care to cerebral palsy patients. Doctors from mulago often visit the institute to offer both medical and psychosocial support; Counselling and guidance to all categories of mental health issues and make referrals where necessary- ***Uganda National Association of Cerebral Palsy (UNAC)***

On the involvement of persons with mental illness in the activities of religious institutions and organizations, 55% of the institutions reported that persons with mental illness are included in their activities and general service delivery. The specific activities persons with mental illness are involved in include preaching the word of God, praise and worship; video coverage, playing instruments, sweeping the church premises while others work as volunteers and support staff. Some of the general services identified included offering prayers to all those in need, Antenatal Care, Counselling and referral services, HIV/AIDS screening and treatment, medical therapy, social support and education support. Some of the institutions reported that because they have limited knowledge on mental health, they most of the times refer those who are medically ill to Butabika hospital for management.

The study established that the general attitude of the leadership and congregation of the religious institutions towards persons with mental illness is hinged largely on the scripture that emphasizes empathy and equal treatment for all people. Most of the religious leaders believed that people with mental illness need prayers and deliverance, empathy, sympathy and any kind of support to their families and their wellbeing. However, some religious leaders believe that the congregation see them as bewitched and sinners who need serious prayers even when they have not done any medical examination. Such attitude and practices need to change if persons with mental illness are to access appropriate services including medical care, live a dignified life free from discrimination and stigma.

Although mainstreaming mental health issues in program design, implementation and general service delivery is important, the existing barriers and stigma may deter persons with mental health from accessing the mainstream programs. This requires planning for reasonable accommodation, where necessary and appropriate, either to avoid imposing a disproportionate or undue burden on persons with mental illness or to enable them to exercise their human rights and fundamental freedoms on an equal basis with others.

2.2.4 Collaboration/Partnership between faith actors and organizations working with or for persons with mental illness.

Collaboration and or partnership between faith actors and organisations working with or for persons with mental illness is crucial in ensuring that persons with mental illness access appropriate services. Given the limited capacity (financial and human resource) of most organizations of persons with mental illness in Uganda, partnering with mainstream faith-based actors will strengthen and enhance access to development programs and appropriate services to persons with mental illness. Unfortunately, most of the faith-based actors are not working with or directly collaborating with organizations working with or for persons with mental illness. About $^{1}/_{3}$ (32%) of the faith-based actors reported that they were collaborating with organizations of persons with mental illness.

Table 5: collaboration/partnership with Mental health focused organizations

Do you collaborate/partner with any organization that works with or support persons with mental illness?	Frequency	Percent
Yes	7	32%
No	15	68%
Total	**22**	**100%**

Some of the organizations/institutions the faith-based actors are collaborating with include Butabika Hospital, Amazima Ministries, Crane-children at risk action network, Jinja Hospital, Ursula school, Bishop Willis PTC, Walukuba West School, and Strong Minds Uganda. Watoto Church Uganda was collaborating with Uganda counselling association where they referred people with mental illnesses for psychosocial support and further action. However, most of the faith-based actors are collaborating informally without any written agreement apart from the agreement between Butabika Hospital and the Protestant Secretariat (Church of Uganda Province) and Uganda Joint Christian Council.

The reasons advanced by the faith-based actors for not collaborating with organizations of persons with disabilities include.

- Limited information about mental health
- All our activities and services are for all people. We do not discriminate.
- None of the organizations of persons with mental health issues has approached us for partnership.
- People with mental illness are still being hidden and cannot be mobilized.
- Not taking Mental health seriously.
- Limited funding.

However, on the side of organizations of Persons with disabilities, most (63%), reported that they were in collaboration with faith-based actors on issues of mental health. The most mentioned organizations include World Vision Uganda, Caritas International, Compassion International, Catholic churches, Protestant churches, Islamic faith, and Uganda Moslem Women Vision. It was noted that most of the collaboration is done informally. For example, Integrated Disabled Women's Activities (IDIWA) and World Vision were implementing a project in Bugiri district on ending violence against women and girls with disabilities where children that have experienced violence would be referred to World Vision for further interventions.

The Epilepsy Support Association of Uganda (ESAU) developed a memorandum of understanding with Churches and mosques with health facilities in communities who offer medical care at zero cost, and fund some of the activities that the organization is implementing and provide psychosocial and economic support to groups of people with epilepsy in communities.

The National Union of Disabled Persons of Uganda (NUDIPU) worked with World Vision Uganda to develop a manual on disability inclusion, including training of their staff on disability, development of joint project. The organization has also worked with Caritas International to develop and implement

disaster risk initiatives to ensure that Persons with Disabilities are protected in situations of risk and humanitarian emergencies.

The National Union of Women with Disabilities of Uganda (NUWODU) has developed both formal and informal collaboration with religious leaders in community sensitization and implementation of Sexual Reproductive Health and in advocacy. The organization offers religious leaders' short-term opportunities to work as local disability advocates given their experience, trust and respect by the community members.

Triumph Uganda has built partnership with World Vision to create awareness on disability including mental health on radio and Compassion International for referral of children and youths with disabilities including mental illness to their Child Development Centres for services.

Table 6: Summary of the existing collaborations between OPDs and Faith-based actors in Uganda

Organization of Persons with Disabilities	Collaborating partner	Form of collaboration	Areas of collaboration
NUDIPU	World Vision Uganda, Caritas International	Formal	Development of a manual on disability inclusion, training of staff on disability, to development and implementation of the disaster risk initiatives.
NUWODU	Catholic churches, Protestant churches and Muslims	Both formal and informal	Joint implementation of advocacy activities on SRHR
Epilepsy Support Association of Uganda	Churches and mosques with health facilities	Formal- Memorandum of Understanding	Medical care, psychosocial support to persons with epilepsy
IDIWA	World Vision Uganda	Formal	Joint implementation of GBV project
Triumph Uganda	World Vision and Compassion International	formal	World Vision to create awareness on disability including mental health, referrals to appropriate services.
UNAPD	Caritas International	Formal	Project implementation
National Council for Disability	world vision, FBOs	Informal	Compilation and dissemination of disability status report
Musana Community Development Organization	Compassion International	Informal	Medical care/treatment for children

In terms of benefits from the partnership/collaboration between faith-based actors and organizations of persons with disabilities, most OPDs reported increased access to social services by persons with disabilities, access to funding opportunities, inclusion of mental health issues in the planning, budgeting and implementation of programs and creation of employment opportunities among others.

> *Some of the faith-based actors have increased inclusion of disability including mental health in all sectors. They have also contributed to increasing awareness on disability and change of attitudes towards people with mental illnesses and disabilities in general. For example, the National planning Authority (NPA) has created/allocated more budget to disability-***National Council for Disability**

> *Faith based actors especially those with health facilities in the different communities have enabled persons with epilepsy to access medication at no cost. They have also funded some of activities including psychosocial support, financial support and capacity building to epilepsy support groups in different communities-***Epilepsy Support Association of Uganda**

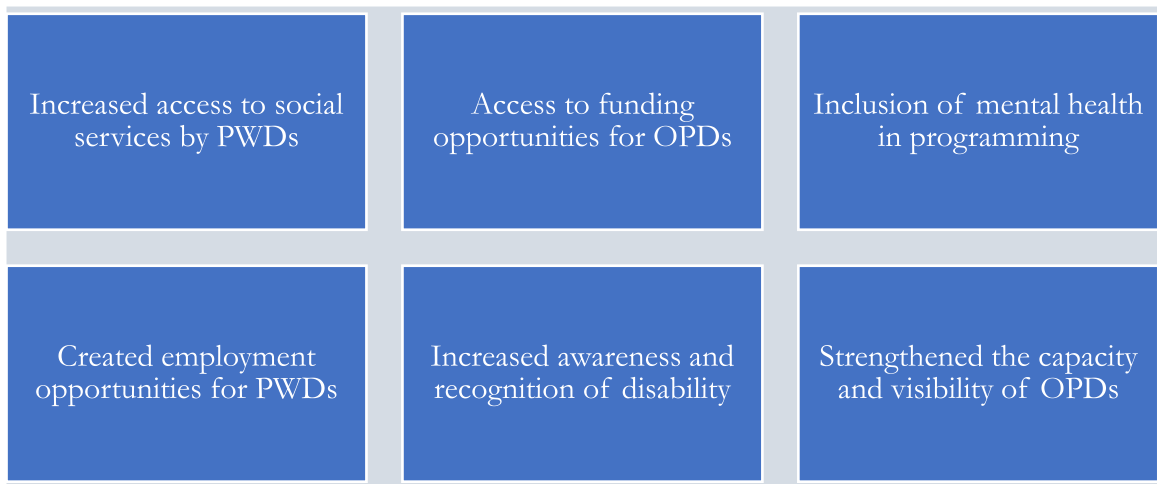

Figure 8: Benefits from OPDs collaboration with faith-based actors.

PART III: CONCLUSIONS AND RECOMMENDATIONS

This study focused on assessing knowledge, attitude, practice of the faith-based actors on mental illnesses and factors associated with the mental illness service provision including planning, budgeting, and implementation of activities on mental health. The study also sought to establish the existence and level of collaboration/partnerships between faith-based actors and organizations of persons with disabilities including mental health.

The study established that most (79%) of the faith-based actors that participated in the study did not have specific consideration for persons with disabilities in their development plans, annual budgets and activities. Similarly, about ¾ of the faith-based actors and religious institutions did not have formal or informal partnership or collaboration with organizations of persons with disabilities. This could be attributed to limited training and inadequate knowledge on disability and specifically mental illness among church leaders and technical staff of the religious institutions, National and International NGOs affiliated to religious institutions.

Most of them did not have policies, regulations or guidelines on disability but reported that their programs are non-discriminative, and all people are treated equally and with dignity. This, however, demonstrates limited consideration, prioritization and conscious planning, budgeting, and implementation of activities on mental health by the faith-based actors.

The role of religion in addressing stigma and promoting disability inclusion cannot be overemphasized. Faith based actors are recognized as 'key stakeholders' in civil society and religious institutions and leaders are considered to be the 'moral voice' of society with influence on norms and behavior than other actors in society. Faith based actors have the capacity to instigate change in the community's perception, attitudes, and practices. Therefore, faith-based actors are integral in the promotion and realization of disability inclusive development. To achieve this, the following recommendations are made basing on the feedback from faith-based actors, organizations of persons with disabilities and the consultants analysis.

<table>
<tr><td rowspan="5">Faith Actors</td><td>I.</td><td>Develop and implement a policy, regulations or guidelines on including, respecting and supporting (handling) persons with disabilities.</td></tr>
<tr><td>II.</td><td>Encourage and expect leaders to speak against stigma and exclusion, given their very special role and opportunity in the faith community</td></tr>
<tr><td>III.</td><td>Build partnership with mental health organizations to learn and to cooperate in promoting disability rights, according to the UNCRPD</td></tr>
<tr><td>IV.</td><td>Inclusion of disability including mental health in the plans, budgets, activities and project evaluations.</td></tr>
<tr><td>V.</td><td>Develop and make accessible opportunities for people with disabilities to gain leadership and programmatic skills.</td></tr>
<tr><td rowspan="2">Organizations of persons with disabilities</td><td>VI.</td><td>Advocate for disability inclusion in the faith-based actors plans, budgets and activities.</td></tr>
<tr><td>VII.</td><td>Strengthen the capacity of the faith-based actors to plan, budget and implement interventions that are disability inclusive.</td></tr>
</table>

	VIII. OPDs including Mental Health Uganda should mobilize people with disabilities and their families and link them with faith-based actors for service delivery. IX. Empower persons with disabilities to increase their ability to participate in leadership, decision making, implementation and monitoring of community development programs and services. X. Engage and develop formal partnerships with faith-based actors with clear roles and responsibilities.
Umbrella organizations of persons with disabilities	III. Popularize the national disability inclusive planning guidelines for Uganda developed in 2017 by the National Planning Authority (NPA) IV. Conduct a comprehensive mapping of faith-based actors including areas of interest and opportunities for disability inclusion.
Development partners	III. Develop a collaborative framework and ethos for disability inclusive programming IV. Ensure Inclusion and Accessibility in the Solicitation and Evaluation Processes.

Appendices

Appendix I: List of Institutions that participated in the study

No	Faith Based Actor
1	Adventist Development and Relief Agency
2	Adventist Union
3	Bahai Temple
4	Baptist Church Nankulabye
5	Bukoto Evangelical Church
6	Caritas Uganda - Kampala Office
7	EKISA Ministries- Jinja (Pentecostal Church Founded Organization)
8	Hope Christian Life Church
9	Inter-religious Council of Uganda
10	Uganda Muslim Supreme Council (UMSC)
11	National Association of Born-again Faith
12	National Fellowship of Pentacostal Churches of Uganda
13	Orthodox Church - Uganda
14	Prime Radio
15	Protestant Church Jinja, Bugembe Cathedral
16	Protestant Secretariat (Church of Uganda Province)
17	The Catholic Church- Diocese of Jinja
18	Uganda Joint Christian Council
19	Uganda Protestant Medical Bureau (UPMB)
20	United Christian Church Kasubi
21	Victory Christian Centre
22	Watoto Church Uganda

No.	Organisations of Persons with Disabilities
1	Brain Injury Support Organization of Uganda
2	Epilepsy Support Association of Uganda
3	Integrated Disabled Women's Activities - Iganga District
4	Jinja Disabled Persons Union
5	Musana Community Development Organization
6	National Council for Disability
7	National Union of Disabled Persons of Uganda
8	National Union of Women with Disabilities of Uganda
9	Show Abilities Uganda
10	Source of the Nile Union of Persons with Albinism- SNUPA
11	Spine Injury Support Organization of Uganda (CESIA/ IDIPED)
12	Triumph Uganda
13	Uganda National Action on Physical Disability
14	Uganda National Association of Cerebral palsy

15	Uganda National Association of the Blind
16	Uganda Parents of Persons with Intellectual Disability (UPPID), formerly UPICLED.

***Note:** Some of the targeted institutions like the Catholic Secretariat/Episcopal Conference of Uganda did not participate because they wanted an approved Research Protocol from Uganda National Council of Science and Technology, Miracle Centre Cathedral, Compassion International and World Vision declined. DanChurchAid (DCA) did not have mental health program and referred us to TPO Uganda instead. Finn Church Aid (FCA) provided an appointment of April 2023.*