

Focus on Community-Based Rehabilitation in Ghana

About this summary

This summary is for those who deliver services for people with disabilities, including people with mental health disabilities. It explains more about community-based rehabilitation.

The full report can be read by contacting Ghana Somubi Dwumadie (Ghana Participation Programme), who wrote the report. Ghana Somubi Dwumadie can provide funding for community-based rehabilitation initiatives that employ a well-designed research study with a clearly defined research question and defined protocol for data collection, analysis and dissemination. Organisations are encouraged to read this summary alongside the Call for Proposals before submitting a grant application for community-based rehabilitation initiatives.

Ghana Somubi Dwumadie is a four-year disability programme with a specific focus on mental health. This programme is funded with UK Aid from the UK government and run by an Options-led consortium, which also consists of BasicNeeds-Ghana, King's College London, Sightsavers International and Tropical Health. It focuses on:

1. Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
2. Scaling up high quality and accessible mental health services
3. Reducing stigma and discrimination against people with disabilities, including mental health disabilities
4. Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions

What is Community-Based Rehabilitation?

Community-Based Rehabilitation (CBR) describes the provision of services and support for people with disabilities, including mental health disabilities, within their community. This is distinct from services that are provided in a care facility, hospital or other institution. CBR is an approach endorsed by the World Health Organization.

The aim of CBR is to improve the quality of life for people with disabilities, including people with mental health disabilities, and their families, through empowerment, inclusion and participation in personal and community activities. For this to happen, communities, families and all aspects of society need to be inclusive for people with disabilities, including people with mental health disabilities.

Why is community-based rehabilitation important?

People with disabilities, including mental health disabilities, will live better lives if they can live in a community which supports them to realise their full potential and exercise their full human rights.

Communities and countries cannot develop if people with disabilities, including people with mental health disabilities, cannot realise their potential and human rights. The World Health Organization has said that it's not possible to move people with disabilities, including people with mental health disabilities, out of institutions such as hospitals, if the community is not ready to support people to live and receive care and support in a community setting.

A societal outcome of successful CBR is that society is more inclusive of people with disabilities, including people with mental health disabilities.

What Ghana Somubi Dwumadie is doing about CBR

Ghana Somubi Dwumadie is trying to support and, where relevant, provide funding for CBR initiatives and projects. Ghana Somubi Dwumadie is also planning to support research to understand more about CBR in Ghana.

Principles of community-based rehabilitation

The World Health Organization has a basic framework for CBR which includes five main areas of life.

Health ↔ Education ↔ Livelihoods ↔ Social ↔ Empowerment

Promotion	Early childhood	Skills development	Personal assistance	Advocacy and communication
Prevention	Primary	Self-employment	Relationships, marriage and family	Community mobilisation
Medical care	Secondary and higher	Wage employment	Culture and arts	Political participation
Rehabilitation	Non-format	Financial services	Recreation, leisure and sports	Self-help groups
Assistive devices	Lifelong learning	Social protection	Justice	Disabled people's organisations

Table: The World Health Organization matrix for Community-Based Rehabilitation

The expectation is that a CBR programme is formed by one or more activities in one or more of the five main areas - but not necessarily in all of them.

1. **Education:** access to inclusive education at all levels, and lifelong learning for people with disabilities, including mental health disabilities.
2. **Health:** the right to health services including services to maintain and improve the physical, social and mental well-being of people with disabilities, including mental health disabilities.
3. **Livelihoods:** the ability of people with disabilities, including mental health disabilities, and their families, to acquire skills and livelihood opportunities.
4. **Social:** facilitating the full participation of people with disabilities, including people with mental health disabilities, in the social life of their families and communities.
5. **Empowerment:** supporting and facilitating the active involvement of people with disabilities, including mental health disabilities, and their families in issues that affect their lives, so that they recognise they have the ability and capacity to change their situation and begin to do so confidently.

CBR approaches should be:

- developed in close collaboration with people with disabilities, including people with mental health disabilities
- delivered within the community using local resources or existing services.

The following principles of CBR are overlapping, complementary and interdependent – they cannot be separated one from the other:

- **Inclusion:** the removal of all barriers (including physical, attitudinal and economic)
- **Participation:** involvement of people with disabilities, including people with mental health disabilities, in the CBR programme from implementation to evaluation
- **Sustainability:** the impacts of an activity are long lasting and beyond the life of the CBR programme itself
- **Empowerment:** local people with disabilities and their families are part of decision making and resource allocation for a programme.
- **Self-advocacy:** mobilising, organising, representing, creating space so that people with disabilities, including mental health disabilities can make decisions.

CBR includes supporting people with disabilities into existing services, as well as creating new interventions specific to the needs of people with disabilities, including mental health disabilities, and their families. As communities vary, there is no 'one size fits all' approach to CBR.

About CBR in Ghana

There are some CBR activities in Ghana such as those by BasicNeeds-Ghana. The full Ghana Somubi Dwumadie report on CBR details these activities.

Most of the CBR initiatives in Ghana focus on health and empowerment. It would also be useful to have civil society organisations addressing livelihoods, education and social participation. There are some CBR initiatives which support micro and macro income-generation opportunities. A small number of CBR activities also provide services including advocacy and psycho-social counselling activities.

Generally, the CBR initiatives aim to ensure that people with disabilities can receive integrated family and community support, especially through the implementation of

disability-friendly services. The majority of existing CBR initiatives are project-based, and mainly operate at community level. Ghana does not have a legislative framework that prescribes how CBRs should operate. CBR initiatives in Ghana mostly target children and adults with physical disabilities, visual and hearing impairments and learning difficulties and the vulnerable in society. There are very few initiatives that are focused on mental health related disabilities.

Many CBR programmes in Ghana are not as strong in empowerment and influence, even though CBRs should promote community inclusion and decision-making.

Major challenges in running CBR in Ghana

1. Private sector-sponsored CBR programmes with funding from external partners frequently do not survive beyond the funded period.
2. CBR professionals are few and tend to emigrate to high-income countries in search of greater economic opportunities, resulting in few well-trained professionals.
3. Lack of reliable data on the number of people with disabilities as well as types of disabilities makes it difficult for CBR programme planning and implementation. There is a lack of reliable data on mental health and psychosocial disabilities in particular.
4. Most CBR initiatives, especially project-based ones, concentrate on health due to lack of adequate resources, capacity challenges and attitudinal issues to implement the other components.
5. Equipment, medicine, trained professionals and other resources are often not available to help people with mental health disabilities.
6. There are ongoing challenges translating government policies into budgets and resources for CBR.
7. Rural communities are not able to access existing CBR initiatives.

Recommendations

- Disabled People's Organisations and people with disabilities, including people with mental health disabilities, should be empowered and involved from conception to implementation of developing CBR initiatives.
- Organisations running CBR initiatives should as much as possible, consider how they can integrate and implement education, health, livelihoods and social participation and empowerment in addressing needs of people with disabilities, including people with mental health disabilities.



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For further information, visit our website:

<https://options.co.uk/work/ghana-participation-programme>

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