



# Ghana Somubi Dwumadie Advocacy Strategy

Ghana Somubi Dwumadie  
(Ghana Participation Programme)  
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# 1. Introduction

This advocacy strategy is intended to provide consistency and guidance on how Ghana Somubi Dwumadie partner organisations and grantees should work together on advocacy campaigns that will achieve progress towards Ghana Somubi Dwumadie's four focus areas:

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

The strategy has been created through consultation with the programme partners and details of the strategy development process are outlined in the appendix. The advocacy strategy is specific to the political context of Ghana. It is based on the lessons learned from partners' own work on advocating for the rights of people with disabilities since the start of the programme and in response to the coronavirus disease of 2019 (COVID-19) pandemic. The strategy builds on Ghana Somubi Dwumadie lessons learned and work to date, including the communications and social behaviour change strategies, advocacy toolkits and lessons learned from the grants programme. It also draws on experience and best practices from Options work in other countries.

The advocacy strategy draws on Ghana Somubi Dwumadie's Political Economy Analysis (summarised and linked in the Appendix) and also reflects the unique position of Ghana Somubi Dwumadie in delivering direct technical assistance to the government.

The approach of this advocacy strategy is to encourage partners to think and work politically, focusing on five key principles:

1. Consistent messaging and approaches
2. Mapping power relations and targets
3. Adaptability to policy contexts
4. Evidence-based advocacy
5. Building positive relationships

## 1.1. Background

Ghana Somubi Dwumadie is a four-year disability programme in Ghana, with a specific focus on mental health. This programme is funded by UKAid from the UK government. The programme is run by an Options' led consortium, which also consists of BasicNeeds-Ghana, Kings College London, Sightsavers and Tropical Health.

Ghana Somubi Dwumadie is part of the wider UKAid funded Leave No One Behind programme in Ghana working to ensure all people with disabilities, including mental

health disabilities are engaged, empowered, and able to enjoy improved wellbeing, social and economic outcomes, and rights.

Ghana Somubi Dwumadie provides direct technical assistance to the Government of Ghana, through relevant ministries, departments, and government agencies including the Ministry of Gender, Children and Social Protection, Ministry of Health, Mental Health Authority, and the National Council on People with Disabilities.

Direct technical assistance is also provided to disabled people's organisations, including support to the advocacy activities of Ghana Federation of Disability Organisations and the Mental Health Society of Ghana.

Ghana Somubi Dwumadie's key areas of work commenced within weeks of the declaration of a global pandemic. Programme partners responded swiftly to the needs of people with disabilities and mental health conditions who were vulnerable to the resulting restrictions in place. Programme partners amplified the voices of people with disabilities and successfully advocated for better practices to ensure the needs of people with disabilities were not ignored in new rule making and changes to services. Following this period of 'emergency advocacy', it became visible that the lessons learned, and advocacy impact made from this period could be captured in the form of an advocacy strategy for programme partners to build on for the delivery of Ghana Somubi Dwumadie's key outcomes.

## 1.2. Context

In Ghana, 20% of the population is estimated to have some type of impairment that causes a barrier to the full enjoyment of their rights, and 10% experience mental health conditions. People with disabilities tend to be poorer and more disadvantaged than their non-disabled peers in terms of access to education, healthcare, employment, income, justice, social support, and civic involvement. Barriers to inclusion include discriminatory attitudes, inaccessible environments, institutional barriers, lack of budget provision and human resources, and inadequate data, statistics and evidence to inform government decision and policy makers, and civil society advocacy groups.

A survey by Ghana Somubi Dwumadie revealed that nearly eight out of every ten respondents believed that disability and mental health conditions are caused by witchcraft or a curse, which in turn influences the treatment received.

Ghana's comprehensive Mental Health Act 2012 provides the legal and policy frameworks to improve mental health services, but implementation remains a challenge. Most people with mental health conditions in Ghana – between 85 and 98% of people in need – either cannot, or do not, access the treatment they require.

Ghana spends only 1.4% of total government health expenditure on mental health and investment is urgently needed to implement mental health legislation and scale up implementation of Ghana's mental health policies and strategies, as well as to enable the Mental Health Authority to fulfil its mandate to provide culturally appropriate, humane and integrated mental health care throughout the country.

Coordinated advocacy strategies will therefore be instrumental to ensuring a rights-based approach to all aspects of shaping service delivery and advocacy; influencing local, regional and national government level for the political and state infrastructure to support the delivery and protection of rights in all aspects of life and to deliver Ghana Somubi Dwumadie's workplan.

## **2. Overview of advocacy approach: thinking and working politically**

The approach of this strategy is to focus on influencing policy through constructive engagement with high-level policymakers. It moves away from advocacy models that rely heavily on media exposure.

In this context, advocacy can be defined as a set of targeted actions by a group of committed individuals or organisations to introduce, change, or obtain support for specific policies, legislation, issues or causes. Advocacy can include bringing together or convening groups and individuals to deliver campaigns. It can also include researching and compiling evidence to support those campaigns. Across our approach is the need to think and work politically.

Thinking and working politically means having a clear understanding of the socio-economic and political landscape. With this, advocates will be better able to understand the context of their advocacy campaign, make informed strategic approaches and adapt to new opportunities that may arise and barriers that may exist.

Thinking and working politically means advocates should understand how those who currently have power can support or frustrate change, and what factors make change possible or unlikely.

For Ghana Somubi Dwumadie to succeed, all programme partners are asked to apply the approach of thinking and working politically to drive the needed positive change.

Critical to this is using the key points of the Political Economic Analysis (PEA) undertaken by Ghana Somubi Dwumadie to understand the policy environment. Advocacy campaigns should recognise barriers and opportunities identified in the PEA, as relevant to their specific activities.

The strategy's approach of thinking and working politically is guided by five principles outlined below:



## 2.1. Consistent messaging and approaches

As a consortium partnership programme, Ghana Somubi Dwumadie recognise the differences in programme partners and grantees and how they work towards the programme's shared goals. Partners and grantees will also need to recognise how working collectively and consistently can have greater impact than working alone.

Partners and grantees working towards activities as part of Ghana Somubi Dwumadie's work should therefore present advocacy activities as part of a consortium effort, referencing Ghana Somubi Dwumadie, rather than only presenting as a single organisation. Working collectively will lend advocacy work the power of the partnership and solidarity. Consistent branding should be applied to relevant print and digital materials used for advocacy.

Success of the advocacy strategy is also dependent on a clear approach to relationship management. The Ghana Somubi Dwumadie Leadership and Governance Advisor can obtain proper introductions with the relevant government Ministries. They can connect partners and grantees with other organisations already working with that Ministry or on a similar advocacy campaign, as well as connecting groups with existing organisations working on a similar advocacy target or campaign.

## 2.2. Mapping power relations and targets

Defining the target audience is vital for successful advocacy. While advocacy campaigns should be focussed on institutions (rather than politicians or political leaders) to ensure continuity, it is important for partners and grantees to carefully

consider the appropriate individuals within an institution to engage with initially, for buy-in and in turn for implementation and deeper engagement.

Partners should identify and prioritise the most relevant targets for their campaign at a local, regional and national level, as well as identifying allies who can support the campaign. Advocacy targets could be identified using a position map and should consider targets' interest in the issues, their influence on the issue, and their current position on the subject of the advocacy campaign. Different messages and approaches should be tailored for each advocacy target.

A summary of target audiences, state and non-state actors and allies are listed in the Appendix.

### **Case study 1: Targeting different stakeholders**

Ghana Federation of Disability Organisations and Ghana Somubi Dwumadie were working together to improve access to public buildings.

Ghana Somubi Dwumadie first made contact with the technical team from the Ministry of Health to discuss the need for accessibility and to get their support.

The team then secured a meeting with the Presidential Advisor on Health, where it was agreed that hospitals would be disability friendly.

This case study, from the Ghana Somubi Dwumadie Accessibility Toolkit, emphasises the need for support from all interested persons – both high level for buy in, and technical or implementing stakeholders - to ensure that advocacy is realised.

When drawing up a list of stakeholders and targets, it is also useful to identify secondary targets by looking a little deeper into the decision-making process. Decision-makers within an institution may not always be available but those who do have access to decision-makers can be useful to your goals.

## **2.3. Adaptability to the policy context**

The work by programme partners during the COVID-19 pandemic demonstrated the potential to think beyond the existing activities and use the current policy environments to raise issues for people with disabilities. Policy adaptability (i.e., presenting issues in a manner relevant to the current political context) ensures there is a greater chance for engaging with policy stakeholders.

Political leaders can sometimes favour or prioritise actions that focus on immediately visible short-term solutions and this can be a barrier to implementing inclusive policies or driving through long-term change. However, if advocacy campaigns can find areas to unite (such as over shared values or shared interests) with those seeking visible interventions, there can be opportunities to engage.

### **Case study 2: Using COVID-19 to raise awareness of disability and mental health**

When Ghana Somubi Dwumadie launched in 2020, it had a set of specific programme goals planned, that were suddenly set in the context of an emerging pandemic.

Ghana Somubi Dwumadie were quick to see the situation as an opportunity to adapt their messages and work to the current context. For example, with increased government attention around health, there was the chance to raise the profile of disability in the context of the pandemic. With restrictive measures on movements being implemented, it was an opportunity to talk about how that would impact people with mental health conditions. When health information was created by the government, Ghana Somubi Dwumadie checked that alternative formats such as sign language, audio and braille were considered, and created easy read materials. As media profiled the new virus, Ghana Somubi Dwumadie used the opportunity to educate the media about stigma and myths around disability and mental health that were also relevant to COVID-19. In preparing rapid needs assessments for the Government of Ghana, the programme was able to build evidence that would demonstrate gaps in social protection and preparedness of psychiatric hospitals for new and longer-term advocacy.

The success of their actions during the pandemic relied on being attuned to the fast-moving context and being adaptable to how their programmes activities were presented.

## **2.4. Evidence-based advocacy**

To be successful in positively changing the disability landscape in Ghana, all programme partners and grantees are encouraged to use evidence (that is facts or information) as the basis to drive advocacy.

Evidence-based advocacy is key to influencing the policy environment as it helps to convince targets of the need for action. This is backed up by external research, i.e., Options' Evidence for Action (E4A)-MamaYe project in Nigeria and Ghana Somubi Dwumadie's work on the investment case in mental health and the District Assemblies Common Fund.

Bringing evidence to advocacy campaigns will also allow programme partners and grantees to confidently engage with wider networks of disabled people's organisations, self-help groups, and civil society groups.

Identifying opportunities and events to showcase evidence, and sharing these opportunities with others in the consortium, will also allow partners to build awareness or strengthen links with state and service delivery actors.

Activities such as:



- sharing evidence gathered amongst programme partners
- organising evidence into user-friendly data for logical arguments
- collating and referencing lessons learned
- identifying events and conferences where knowledge can be shared with policymakers, parliamentarians, decision makers, and funders
- knowledge-sharing events and conferences with policymakers, key decision-makers, parliamentarians, traditional authorities and identifiable influencers

are examples of using evidence-based advocacy.

### **Case study 3 and 4: Using evidence to engage**

To make the District Assembly Common Fund more inclusive, Ghana Somubi Dwumadie and partners undertook in-depth participatory research to inform what was missing from the DCAF guidelines, and to create recommendations for improvements.

In another example, to make a case for greater investment in mental health, Ghana Somubi Dwumadie, in collaboration with the Mental Health Authority, led the packaging of existing evidence to create products (such as policy briefs) that could be used to engage with policy makers on the investment case. This work is detailed in Ghana Somubi Dwumadie's learning product on using an investment case for mental health.

Gathering evidence and research may not seem like an advocacy action, but this research and evidence is vital for informing stakeholders and changing services.

## **2.5. Building positive relationships**

Advocacy for policy change will inevitably counter opponents or blockers, who could be disinterested in our priorities, openly opposing issues, could use tactics to deflect and divert the issues, could intentionally or unintentionally cause delay, or could appear to be addressing the issue when nothing is being done.

Using the PEA and being aware of the current political context will help distinguish disinterested parties, allies, targets and potential opponents. Advocacy campaigns can consider involving opponents for collaboration over issues of shared interest or shared values. Advantages of engaging with potential opponents includes gaining insight into their workings, and possibly neutralising or changing their positions over time.

When partners are working with those who may be in opposition to the goals of the advocacy campaign, it is better to avoid advocacy that is seen to be positioned 'against' the government. Presenting evidence on issues of shared values or shared interests and demonstrating accountability through work with multi-stakeholder coalitions will be more constructive.

There will be subtle tensions between different government departments and different levels. Being mindful of government and department priorities will help programme partners align advocacy strategically.

Ghana Somubi Dwumadie also recognises the challenges of working with multiple disability allies, and partners will need to observe and listen to these civil society groups before deciding how best to align with them for support.

### **Case study 5: building positive relationships**

Traditional and religious leaders often have views on mental health that are at odds with individuals exercising their human rights or may not accurately reflect people's mental health conditions.

As a grantee, the ABAK Foundation chose to positively engage with more than 450 traditional and religious leaders on disability issues, undertaking sensitivity training and engagement.

When evaluated, it was found that people with disabilities, including people with mental health disabilities, reported a 45% improvement in the level of support of traditional and religious leaders.

The activities undertaken to build positive relationships may not seem like advocacy campaigns, but they result in positive actions that move society closer to the advocacy goals.

## **3. Implementation**

At the programme level, we recognise the interrelated nature of the different work streams under the programme, across the different strands of deliverables, which are exclusive to each consortium partner. We recognise this requires a coordinated effort from technical leads and team members from the different consortium partners in delivering actions and strategies in this advocacy strategy.

All programme partners and relevant grantees should align any advocacy activity being delivered as part of the Ghana Somubi Dwumadie workstream with this strategy and the Ghana Somubi Dwumadie logframe.

For support in delivering campaigns that meet this strategy's approach, Section 5 of the Ghana Somubi Dwumadie Rights-Based Advocacy Toolkit defines methods to support partners and grantees to deliver on thinking and working politically.

Partners should monitor their advocacy activities over time, in line with Ghana Somubi Dwumadie's reporting systems. It is worth noting, that changing policy takes place over long periods of time and partners should be careful to also monitor 'micro-impacts' that also indicate positive progression. Micro-impacts can include changing attitude in advocacy targets, moving position and thinking of a target or more positive

and proactive engagement with a target. Stories of change are also worth recording for demonstrating progress on advocacy campaigns.

Further guidance on implementation and tactics will be covered in additional documentation.

## Appendix 1: List of abbreviations

Acronym	Description
<b>COVID-19</b>	The coronavirus disease of 2019
<b>DACF</b>	Disability assembly common fund
<b>LEAP</b>	Livelihood Empowerment Against Poverty
<b>MHESOG</b>	Mental Health Society of Ghana
<b>PEA</b>	Political Economic Analysis
<b>SHG</b>	Self-Help Group
<b>UNDP</b>	United Nations Development Product
<b>WHO</b>	World Health Organization

## Appendix 2: Supporting documents

- Political Economy Analysis of Mental Health and Disability Inclusive Policies, Plans, Strategies, Services and Programmes for Ghana Somubi Dwumadie, written October 2020. Available on request
- Ghana Somubi Dwumadie Theory of Change Rapid MidPoint Review, July, 2022 Available on request
- Summary of Political Economy Analysis, December 2022 Download [here](#)
- Ghana Somubi Dwumadie, Advocacy Toolkit for Accessibility, October 2022 Download [here](#)
- Ghana Somubi Dwumadie, Rights Based Advocacy toolkit for SHGs, June 2022 Download [here](#)
- Ghana Somubi Dwumadie, Learning product: Using an investment case for mental health, January 2022 Download [here](#)

## Appendix 3: Target audience and mapping

The **target audience for advocacy action should be tailored for each campaign**, but could include, but not be limited to, the following:

- Ministries of Health, Finance, Local Government and Rural Development, Gender, Children and Social Protection, Works and Housing, Office of Head of Local Government Service
- Parliament
- Ghana Health Service
- Commission on Human Rights and Administrative Justice
- National House of Chiefs and traditional authorities
- National Development Planning Commission
- Opinion leaders
- Health service delivery agencies such as Public Health Facilities at the within sub-national structures (Regional and Metropolitan and Municipal District Assemblies), Christian Health Association of Ghana and private hospitals
- National Council for Persons with Disability
- Relevant private sector including Ghana National Chamber of Pharmacy, Telecom
- Civil Society Organisations including Mental Health Society of Ghana (MEHSOG), Basic Needs, Caritas International, Alliance for Mental Health
- Donors which may include: World Bank, UNAIDS, UNICEF, WHO, UNDP
- Health and social protection programmes and Institutions including National Home Infusion Association, Office of the Common Fund Administrator, Livelihood Empowerment Against Poverty (LEAP)

**Summary of actors within the disability policy and political landscape** involved in disability and mental health work across Ghana, as identified in the Political Economy Analysis.

- Ministry of Gender, Children and Social Protection
- Ministry of Local Government and Rural Development
- Ministry of Health
- Office of Head of Local government Service,
- Ghana Health Service
- Mental Health Authority
- National Council of Persons with Disability
- Mental Health Authority
- Commission on Human Rights and Administrative Justice
- Department of Social Welfare
- Christian Health Association of Ghana

Key **stakeholder allies to the programme from civil society** include the Ghana Federation of Disability Organisations, as an umbrella institution of disabled people organisations and self-help groups, has access to local and community-based organisations throughout Ghana. The Mental Health Alliance and other civil society groups have been particularly active in promoting the rights of people with disabilities, including mental health disabilities.

Ghana Somubi Dwumadie's programme advisory group members are prominent (but not political) individuals with disabilities or mental health conditions, and/or are experts in the field. They have influence and can serve as ambassadors at very high levels in Ghana.

Faith-based organisations, including the Christian Health Association of Ghana, offer clinical, rehabilitation and social care services and can be allies for advocacy support of the mental health care plan. Our current and former grantees<sup>1</sup> are also key organisations to engage with, depending on the topic.

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<sup>1</sup> <https://www.ghanasomubi.com/overview>

## Appendix 4: Advocacy strategy development

The development of this advocacy strategy was in response to a call from the programme board in May 2022, to consider and adopt an evidence-based action for a broad-based and well-coordinated advocacy strategy. A concept working paper was prepared that built on existing learnings and evidence from best practices.

A two-day technical workshop with consortium partners was facilitated by the Leadership and Governance Advisor in July 2022. The workshop also sought to align the different strands of workstreams with partners' existing advocacy activities, while aligning with the programme log frame, and the revised theory of change.

The technical working session was grounded on the following four key pillars:

Work together across the programme partnerships to adopt a broad-based and well-coordinated advocacy strategy that aligns with the programme's logframe

Showcase best practices and evidence from across the programme partner's interventions to improve and amplify our advocacy messages

Sustain advocacy efforts. Scale up each strand's ongoing advocacy

Build on our gains and progress to date to develop programme level advocacy strategy for real change

The workshop aimed to build skills and capacity and draw engagement and contributions from key technical leads. The workshop recognised and identified that each partner had inter-related strategies. The workshop:

- Recognised and pulled together each consortium member's valuable differences
- Drew attention to the pool of technical expertise available
- Identified leads for specific advocacy work and assigned key roles and responsibilities
- Created a coordinated advocacy activity plan and ways to track progress
- Designed an approach for improved coordination and implementation

The advocacy strategy was developed in stages as illustrated below.



