

Advocacy Toolkit for Implementation of global disability commitments

April 2023



Contents

Contents.....	2
1. Background and Context	3
1.1. About the Global Disability Summit	3
1.2. Overview of the disability commitments	4
1.3. About Ghana Somubi Dwumadie	5
1.4. Purpose and Objectives of the Toolkit.....	6
1.5. Who can use the Toolkit?.....	6
2. Advocating for the implementation of the disability commitments.....	7
Getting started.....	7
Step 1: Identify disability commitment for advocacy focus	8
Step 2: Understand the target audience.....	9
Step 3: Develop advocacy strategy and key messages	11
Step 3: Develop advocacy strategy and key messages	11
Step 4: Resource mobilisation.....	13
Advocacy practices and actions	14
Step 5: Join networks and alliances	14
Step 6: Create space for dialogue.....	15
Step 7: Influence development planning	16
Step 8: Lobby Government of Ghana.....	17
Step 9: Securing stewardship by Government	18
Implementation tracking	19
Step 10: Tracking of actions and implementation.....	19
3. Conclusion.....	20
Appendix 1: List of abbreviations	21
Appendix 2: Ghana’s 2022 disability commitments	22
Appendix 3: Stakeholder mapping tools.....	24
Appendix 4: short language guide	26
Appendix 5: Example SBC materials.....	27
Appendix 6: SWOT exercise	29
Appendix 7: Example tracking tool	31

1. Background and Context

1.1. About the Global Disability Summit

The Global Disability Summit is a mechanism for mobilising efforts for the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).¹ It has become the driving force for engagement in generating commitments to action to help deliver Agenda 2030's vision to 'Leave No One Behind' (LNOB). Having taken place in 2018 and 2022, the summit brought together world leaders including government officials, civil society, the private sector, the donor community, and Organisations of Persons with Disabilities (OPDs) to share experiences, ideas, and aspirations for inclusive development for people with disabilities. Significantly, people with disabilities design and deliver the summit, by reflecting the fundamental principle of the disability rights movement: **'Nothing About Us, Without Us'**²

The first Global Disability Summit, which was held in 2018 in London, generated an unprecedented level of focus on and commitment to disability-inclusive development. The 2018 summit generated a total of 968 commitments under the following four thematic areas:

- Tackling stigma and discrimination;
- Inclusion in education;
- Routes to economic empowerment;
- Harnessing technology and innovation

In 2020, all governments, including Government of Ghana (GoG), were invited to prepare a progress update on the implementation of the commitments made in 2018. As part of our technical assistance to the GoG, through the Ministry of Gender, Children and Social Protection (MoGCSP), and the National Council on Persons with Disabilities (NCPD), our programme provided direct assistance to disabled people's organisations, including support to the advocacy activities of Ghana Federation of Disability Organisations (GFD).

¹ <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

² <https://www.globaldisabilitysummit.org/pages/global-disability-summit-2018-london-uk>

The 2022 Global Disability Summit objectives³:

1. Raise global attention and focus on neglected areas and inclusive sustainable development.
2. Strengthen the capacity of organisations of persons with disabilities in the Global South and their engagement with governments.
3. Mobilise targeted and concrete commitments on disability inclusion and inclusive development.
4. Showcase best practice and evidence from across the world on disability inclusive development, and progress made from the Global Disability Summit in 2018.

The second Global Disability Summit was co-hosted by the International Disability Alliance, the Government of Norway, and the GoG from the 15 to 17 February 2022. This summit resulted in a total of 1,420 new commitments under five along the following themes:

- Inclusion in situations of conflict and crisis, including from climate change
- Strengthening engagement with OPDs in particular in the Global South
- Inclusive education
- Inclusive health
- Inclusive livelihoods and social protection.

The 2022 Global Disability Summit made Gender a cross-cutting theme.

As part of technical assistance to the GoG, Ghana Somubi Dwumadie supported the MoGCSP to bring together key stakeholders, including people with disabilities and mental health conditions, to develop a concrete roadmap for the implementation of the 2022 Global Disability Summit disability commitments made by Ghana. The learnings from reporting back on progress of the 2018 commitments informed the operationalisation of Ghana's disability commitments into a national roadmap for implementation.

1.2. Overview of the disability commitments

The disability commitments have become a window of opportunity for creating global awareness of disability-inclusive development. It is the demonstration of the political will and leadership for disability inclusive development. Disability commitments are made to ensure that there is the political will and leadership for real change for

³ <https://www.globaldisabilitysummit.org/>

persons with disabilities. Stakeholders including national governments, multilateral agencies, donors, private sector, and civil society organisations (CSOs) who make disability commitments commit to embracing disability inclusion as disability champions to national development by prioritising the needs of persons with disability so they ‘leave no one behind’.

The GoG at the first global disability summit in 2018, made disability commitments for ensuring disability inclusion. Building on the progress towards the fulfilment of the Global Disability Summit 2018 commitments, the GoG in February 2022, made new commitments which seek to further accelerate the progress towards ensuring the achievement of the rights of persons with disabilities through access, participation, and inclusion in Ghana. The GoG made 22 new disability commitments along the following seven key thematic areas:

Table 1: The seven key thematic areas and their number of commitments

Thematic Area	Number of commitments
1. Crosscutting	4
2. Inclusive education	5
3. Inclusion in situations of crisis and conflict, including a focus on climate change	1
4. Inclusive health	2
5. Inclusive employment and livelihoods	7
6. Capacity-strengthening of organisations of persons with disabilities in the Global South	2
7. Gender	1
Total	22

You can find a full list of Ghana’s disability commitments in Appendix 2.

1.3. About Ghana Somubi Dwumadie

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme in Ghana, with a specific focus on mental health. This programme is funded with UK aid 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, and focuses on four key 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.

1.4. Purpose and Objectives of the Toolkit

The main purpose of this Advocacy Toolkit is to capture practical advocacy strategies advocates can take and how to advocate for the implementation of the disability commitments, and how to secure feedback on the progress of commitments made. It is also to share effective steps stakeholders can take to advocate for disability-inclusive development.

Specifically, the objectives of the toolkit are to provide:

- Practical advocacy steps to take to promote disability and mental health inclusion
- Strategies that can be considered to drive disability-inclusive development

1.5. Who can use the Toolkit?

This toolkit is intended to provide guidance to non-governmental institutions, particularly OPDs, CSOs, multilateral agencies, and other stakeholders as well as advocacy coalitions on how to advocate to the relevant GoG departments for the implementation of Ghana's disability commitments and promote mental health and disability inclusion more broadly.

Ghana Somubi Dwumadie is pleased to share this toolkit as a practical open-source resource with possible actions to help organisations who are committed to working on achieving equality and disability-inclusive development. In this toolkit, we recognise that users will come from varied contexts and across wide range of policy advocacy backgrounds. Ghana Somubi Dwumadie offers suggestions on how to raise awareness and advocate for the implementation disability commitments made by GoG.

We have included a range of suggestions, tips, checklists and tools in the toolkit below. You can find a range of other resources on our website:
www.ghanasomubi.com/resources

2. Advocating for the implementation of the disability commitments

This section introduces suggested steps to undertake when advocating for the implementation of the disability commitments. You may consider adaptations to the key steps below to reflect your specific organisational context in order to achieve a successful advocacy outcome.



Getting started

Step 1: Identify disability commitment for advocacy focus

Step 2: Understand the target audience

Step 3: Develop advocacy strategy and key messages

Step 4: Resource mobilisation



Advocacy practices and actions

Step 5: Join networks and alliances

Step 6: Create space for dialogue

Step 7: Influence development planning

Step 8: Lobby GoG

Step 9: Securing stewardship by Government



Implementation Tracking

Step 10: Tracking of actions and implementation

Getting started

In this section we explore four key steps necessary to prepare your organisation for advocacy action. Step 4 on resource mobilisation can happen at any point while you are getting started, however we recommend that steps 1, 2 and 3 happen in the order suggested. Otherwise it could be difficult, for example, to develop your advocacy messages before you've decided which of the disability commitments you want to work on.



Step 1: Identify disability commitment for advocacy focus

Ghana made 22 commitments at the 2022 Global Disability Summit across seven thematic areas. Each of those commitments has several implementation actions attached to it, called 'key action steps'. Each of the key action steps is owned by different implementing Ministries, Departments or Agencies (MDAs). It is unlikely that any single organisation or group will be interested in or even able to advocate on every single commitment and key action step.

It is important that you first identify the disability commitment you want to advocate on.

For instance, you may identify and consider all the five commitments under thematic area on inclusive education. Alternatively, you may wish to work on commitments related to cross-cutting issues, inclusion during crisis and conflict, inclusion in health, or employment and livelihoods. You may be particularly interested in capacity strengthening of OPD or gender issues.

Checklist to consider when identifying the disability commitments to advocate on:

- Is this commitment relevant to our strategic plan or organisational goals?
- Is this commitment important to our members or project participants?
- Is this commitment linked to or will it complement other areas we're working on



After reviewing the disability commitments you might want to work on all the key action steps under each commitment or focus on just one of the action steps. For example, under Commitment 1: Comprehensive harmonisation of existing policies and legislations of Ghana in line with the CRPD there are two separate key action steps. One is on reviewing mental health and disability policies to ensure they are in line with the CRPD. The second is on updating relevant disability and mental health policies and legislation such as the District Assembly Common Fund Guidelines or on the Disability Act. Because the responsible leads listed for both commitments are similar, you may decide you want to work on both. However, it would be equally valid to decide that you only wish to advocate on a single issue under a key action step, such as the

District Assembly Common Fund Guidelines. This is a strategic decision for each organisation to make.

You can check the **2022 Global Disability Commitments Roadmap document** to identify each of the key action steps and the lead responsible agency and collaborators on each of the 22 commitments made by GoG⁴.



Step 2: Understand the target audience

It is important to note that once you identify the commitments you want to advocate on, you can consider a mapping of actors you want collaborate with and to target for advocacy actions.

Identifying your target audience will help you focus on who you think you can collaborate with for joint advocacy actions, as well as understanding where you may need to lobby or take other advocacy actions to ensure the commitment is implemented.

It is important to know your target audience for the commitment you intend to advocate on. The audience could be an institutional collaborator across a different range of sector ministries or organisations outside government institutions that are considered capable of influencing the identified commitment. Specifically, your target audience for the advocacy collaborations on the disability commitments could be heads of MDAs, policy makers, law makers, Metropolitan, Municipal, and District Assemblies (MMDAs) or other stakeholders including the media.

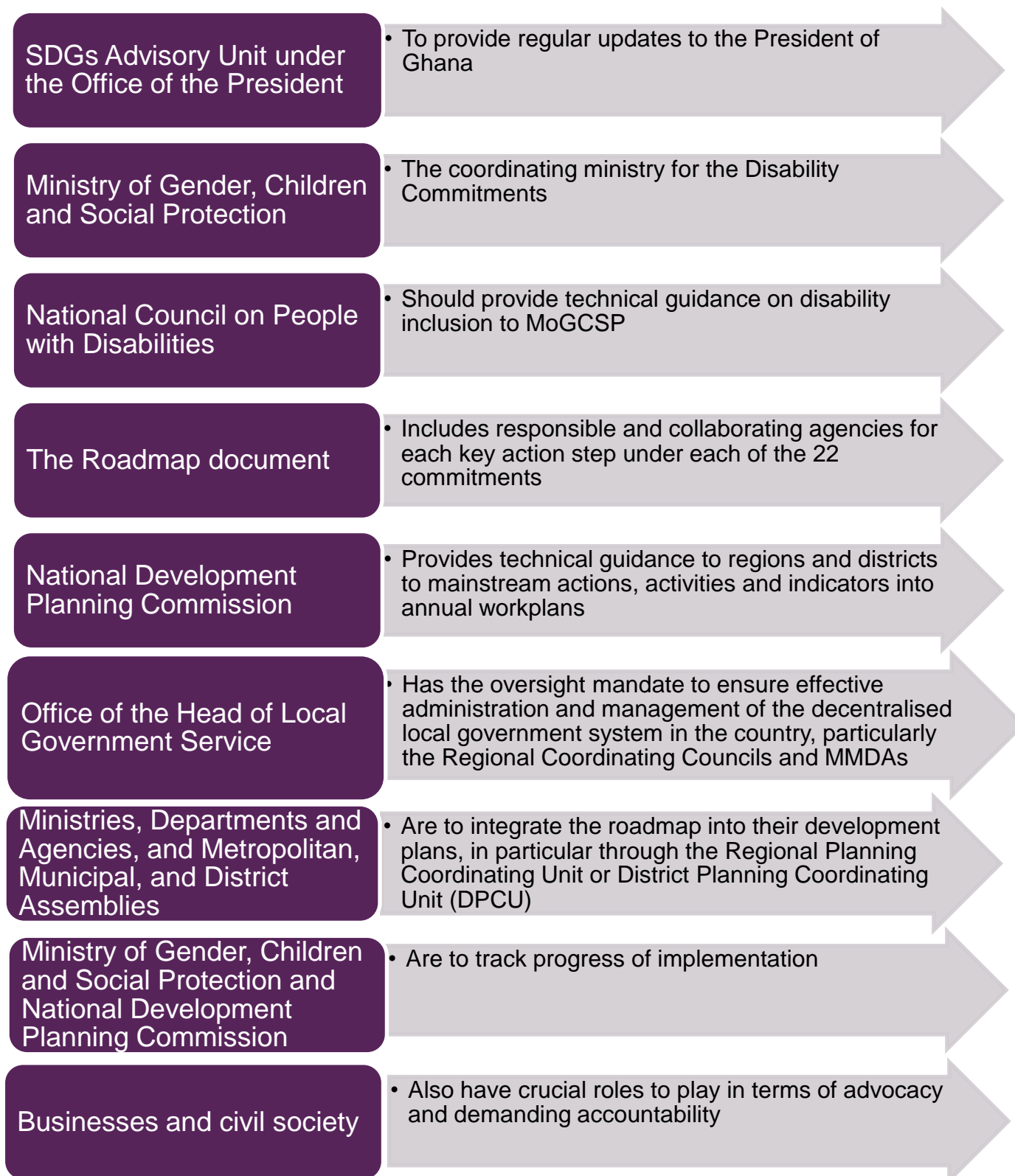
You can check the roadmapping document to identify the responsibility lead and collaborators on each of the **key action steps under each commitment** made by GoG. To undertake a stakeholder mapping you can:

- Identify all stakeholders and key actors involved in the identified issue
- Classify them according to their role and responsibilities to the issue, including the power and influence they have over the implementation of the commitment
- Identify who you can collaborate with and who you need to influence with advocacy actions

See appendix 3 for some stakeholder mapping tools, or use your own.

⁴ Follow the link above or check our website www.ghanasomubi.com/resources

Some of the key roles and responsibilities for the disability commitments made by Ghana





Step 3: Develop advocacy strategy and key messages

If you already have an advocacy strategy, then your planned advocacy actions to ensure the implementation of the disability commitments should sit within that overall framework. Steps 5 to 10 provide a range of examples of advocacy actions you can use.

If you don't have an advocacy strategy it is a good idea to develop one. It doesn't have to be complicated. This is to help you develop a framework so that you can be clear about what you want to do, how you want to do it, and who is responsible for the various actions. This should serve a guide to communicate the change that you want to see the target audience addressing. You can find our **advocacy strategy** and our **social behaviour change strategy** on our website if you'd like to see some examples.

To support your advocacy strategy, you also need to develop some key advocacy messages. It is important to think through your messages and to develop them carefully. Don't rush this step! **Work out what do you want the audience to think, what do you want them to feel and what do you want them to do?**

It is also possible that you don't need to develop your own key messages if your partners or allies have already developed some. If messages already exist which are working well, it can be more time- and cost-effective to leverage existing messages rather than developing new ones. See appendix 5 for some example messages which were used across multiple grantees on our Evidence and Effectiveness grants round.

In case you want to develop your own messages, or you want to check whether existing messages might be usable or adaptable, check out our tips below.

Tips for developing effective advocacy messages

Tailor messages to your audience: It's crucial to understand who you're communicating with and what their concerns and values are. This can help you tailor your messages to be more compelling and effective. See step 2 for more on your target audience.

Be clear and concise: Your messages should be easy to understand and get straight to the point. Avoid using jargon or overly complicated language.

Use evidence: Support your messages with relevant and compelling evidence, such as statistics, expert opinions, or personal stories. Ensure to use evidence that is trusted by your audience - for instance, often governments prefer to use data sources such as their own, United Nation agencies, or other respected partners.

Highlight solutions: Rather than highlighting problems, offer solutions to the issues you're advocating for. This can help make your messages more actionable and inspire people to take action.

Remember language matters: the words you use to describe disabilities and mental health conditions are very powerful. Whether using English or local languages, be careful to use positive words and phrases rather than negative or stigmatising ones. See appendix 4 for a short guide developed by our partners. You can find out more about positive words and phrases in various local languages on our website.

Include visuals: Visual aids can help illustrate your messages and make them more engaging. Use images, infographics, or videos to help convey your ideas. Be sure to make your visuals look professional, sometimes cartoon-style imagery will be less well-received, depending on your audience. If your visuals use people, they should also be representative of the subject you are advocating on, for example, showing imagery of a variety of people with disabilities.

Tone of voice: Think about what tone of voice you want to use. This is shaped by the images you use, music for jingles or film, as well as the words you use. The tone of voice you use can make people seem pitiful or powerful. We usually recommend using a positive tone of voice when representing people with disabilities or mental health conditions, to avoid reinforcing stigmatising messages.

Use storytelling: Stories can be a powerful way to connect with your audience and illustrate the impact of your cause. Use personal anecdotes or narratives to help bring your messages to life. When doing so, amplify the voices of people with disabilities – allow people to tell their own stories and give them a platform. You can find our story-telling guide on our website.

Use a call-to-action: Make sure your messages include a clear call-to-action that tells your audience what you want them to do.

Test your messages with your target audience and refine them based on feedback: This can help ensure that your messages are resonating and making an impact before you finalise them.



Step 4: Resource mobilisation

It is important to identify where the resources needed for the advocacy you want to undertake will come from. For example, you might need to identify resources available financially, through your human resources (your staff or volunteers) as well as resources available through allies, existing relationships, or other available opportunities. For example, you might be able to sign existing joint letters or use existing advocacy messages already developed by other organisations.

Checklist to consider when identifying your available resources:

- Are you already resourced to do this work? Perhaps you have funds and human resources already available.
- Is there funding available you can apply for to tackle this issue?
- Do you have volunteers available who can support the advocacy?
- Are you part of any network, alliance or coalition you can share resources with?

Assess your strengths, weaknesses, opportunities, and threats (SWOT) to know your financial and human resource gap and consider a mobilisation strategy needed for advocacy. You need to examine the funding streams, capacities, skills and experience to enable you to identify any gaps that need filling before you can begin implementation of your advocacy action. See appendix 6 for a short example of how to do a SWOT exercise.

Advocacy practices and actions

Steps 5 to 8 are all useful steps you can take to advocate for the implementation of the disability commitments. They can happen in any order, and the list of steps is not exhaustive. You probably have lots of other ideas for advocacy actions which you have used successfully in the past. We've suggested the following steps because we think that they will be particularly useful in advocating for the implementation of the disability commitments by GoG.

Useful tip: Sustained and persistent effort will be needed.

Sustaining advocacy strategies requires multiple follow-ups and catch-up meetings with partners, stakeholders, with senior government officials etc. To sustain any policy advocacy for change you will require multiple sets of strategies including both formal and informal meetings.



Step 5: Join networks and alliances

It is important that you network and build partnerships/alliances to support your advocacy goals. If you are an organisation of people with disabilities, then it can be helpful to unite your voices with other organisations like yours. If you are not an organisation of people with disabilities, then please remember the famous disability rights saying **'Nothing about us, without us'** and please work with and support organisations of people with disabilities.

We recognise that networking and building alliances with a range of actors can strengthen trust among CSOs, organisations for persons with disabilities and multilateral agencies. Both formal and informal partnerships and alliances can be helpful. For example, you may want to consider a concrete action under a specific thematic area. You will need to identify your key collaborators, if you want to be the lead, or someone else is leading, and who is responsible for what activity or action. For example, you could link up with GFD or with the Mental Health Alliance through national convener BasicNeeds-Ghana for collaboration and sharing opportunities:

Ghana Federation of Disability Organisations

+233 302249079
+233 240867200

info@gfdgh.org

Alliance for Mental Health and Development

+233 (0) 302781217
+233 (0) 302772003

info@basicneedsghana.org

You can also look out for other networks and alliances being set up and think about how they might support your advocacy goals around the disability commitments. For example, in Ghana, World Bank, and United Nations Development Programme. are looking at establishing alliances, while the World Health Organization (WHO) is currently implementing their Special Initiative in Mental Health.

Building strong networks and alliances with key GoG ministries, departments, and agencies (MDA) creates greater opportunities for participation and influence too. The MDAs responsible for the various key action steps in the roadmap also need to be both supported and encouraged to implement their actions. Networking brings together people of like-minds to share knowledge, experience, and nurture innovations for advocacy and ensure accountability from duty holders to address the issues affecting persons with disabilities. See steps 6 to 8 for some ideas about how to do this.

It is important to understand that there are likely to be challenges along the way due to hierarchy, entrenched organisational issues and territorial protections. You will need a strong connector who can navigate tricky relationships and support networking with the different range of stakeholders, particularly, NDPC, Office of the Head of Local Government Service (OHLGS), NCDP and MMDAs.

Useful tip: A strategic networking approach should be considered to ensure that the advocacy get the disability commitments integrated into the National Medium-Term Development Policy Framework for implementation, tracking and progress reporting (see step 7).



Step 6: Create space for dialogue

Creating spaces for dialogue through reflections and review meetings with government and non-governmental agencies can be a key driver for successful advocacy on disability inclusive development. For example, inviting stakeholders to meetings, setting up roundtable events, or even conferences on key issues can be useful spaces for open dialogue. Making the time to join meetings organised by other stakeholders can be a useful opportunity to learn, share, and engage in joint planning. Meanwhile, attending conferences either as a participant or even as a speaker can be a good approach for sharing key information relevant to the commitments or key action steps you're advocating on. For example, you might have some key facts to share on the benefit of more investment in mental health, under the inclusive health thematic area, commitment 1: 'Ensure all health care services and medications are accessible and affordable for Persons with Disabilities including those with Mental Health Conditions'.

Creating space for dialogue provides space for common messaging and amplified voice on disability inclusion. Further collaborations to promote disability inclusion could include knowledge-sharing and learning events or panel discussions to help in shaping and framing the national conversation around the commitments and their implementation.

Often it can be useful to engage with the media to help amplify conversations. However, when creating space for dialogue, especially with the MDAs responsible for implementing the disability commitments, it can be useful to take a collaborative rather than combative tone. It will be important to brief your media partners on the tone and approach you want to take. It is also important to brief your media partners on your key messages and the type of language you want to use, so that your advocacy is represented in the way you want it to be seen and received.



Step 7: Influence development planning

It can be useful to scale-up local and subnational level advocacy through public hearings for plan preparations process and district planning meetings through the expanded DPCUs. Ensure advocates from organisations of people with disabilities, self-help groups and civil society get co-opted to attend and meaningfully participate in public hearings and DPCU meetings. In order for people with disabilities to be able to attend such activities, you may need to consider providing some personal assistance or other support for them. You can find guidance note to personal assistance, developed with GFD, on our website.

Dissemination for policy uptake is a key element for embracing disability-inclusive development. You can plan and organise a national policy uptake meeting with Regional Coordinating Directors and Regional Economic Planning Officers on the disability commitments to ensure that they are being considered. See also step 6 for other ways to create space for dialogue.

A strategic and deliberate effort is crucial for influencing the usual government practices of policy formulation and development. Supporting sector ministries and relevant stakeholders to identify entry points within annual work plans of government ministries and district assemblies' is the key to maximising opportunities for mainstreaming mental health and disability inclusion, and ensuring the disability commitments and key action steps are implemented. One way to achieve this, if you have the resource and capacity, perhaps in partnership with others, is to support MoGCSP to engage and strengthen the capacities of implementing MDAs and MMDAs.

Another critical path to influencing development planning is to engage at the national level through NDPC. This an important approach towards sustainability and

mainstreaming for disability inclusive development. NDPC is the government institution responsible for the country's development through short, medium, and long-term national development policies and plans. It has the oversight for annual progress reporting at the national and sub-national levels, sector and medium-term development plans, and Ghana's plans in achieving the SDGs and assessing progress of national development. Alongside MoGCSP, NDPC has a role to play in tracking the implementation of the disability commitments, so engaging with them is a good way of letting them know that these commitments matter to people on the ground.



Step 8: Lobby Government of Ghana

Policy dialogue with high-level officials and lobbying of senior government officials cannot be underestimated in any advocacy process. To achieve positive results across a range of stakeholders on the disability commitment, you will have to support the MoGCSP to lobby counterparts GoG ministries, departments and agencies including MMDAs.

As mentioned in the previous step, this can include NDPC officials, as well as OHLGS. You could support MoGCSP set up a policy dialogue meeting with NDPC and OHLGS to constructively engage with relevant stakeholders to raise issues, share perspectives, find common ground, and reach agreement or consensus, if possible, on policy solutions as part of the lobbying.

Lobbying governments to secure sustained disability inclusion commitments is not a one-off event. It consists of series of meetings, consultations and engagements with strategic government institutions and senior officials who will be required to take lead and drive the policy agenda. Influencing key stakeholders to recognise that their day-to-day work has great potential to change government behaviour and practices is key to ensuring positive policy shift nationally and sub-nationally on disability and mental health.

Many people in Ghana, including government officials, will believe stigmatising myths about people with disabilities or mental health conditions, so it will be important to use your key messages (see step 3) to bring up key issues. Building people's capacity through knowledge-sharing and increasing mental health and disability awareness can help to accelerate implementation of the disability commitments and encourages inclusive development. It helps to fill knowledge gaps and ensures stakeholders embrace and prioritise commitments on mental health and disability for implementation.

You can find summaries of our research on stigma and discrimination, as well as a summary of our knowledge, attitudes and practices survey, on our website.



Step 9: Securing stewardship by Government

Beyond lobbying, it is important to identify the key institutional coordination point at key implementing MDAs and MMDAs. If none exists, it can be helpful to join together with partners and allies to call for one. For example, how can we expect the commitment under the gender theme, ‘To increase the participation of persons with disabilities in the decision-making process particularly women and girls with disabilities including mental health conditions’, to be implemented if there is no dedicated point person coordinating this?

Equally, strengthening institutional capacities is key to yielding positive results for disability inclusion. To achieve this, you could undertake series of technical working sessions with GoG ministries, led by persons with disability themselves, to design and develop action plans for implementation together with clearly defined roles and responsibilities, which also embed tracking and reporting for accountability.

You can consider working with key stakeholders to understand what they need to do, and how to integrate disability and mental health into work plans and development frameworks. This should include capacity and skills on how to unpack the commitments under each of the thematic areas and operationalise them by developing sector-specific implementation work plan with clear activities timelines. It will be important to work with MoGCSP on this as the coordinating ministry. It will also be important to coordinate with allies and partners so that efforts are not duplicated or contradictory.

Case study: Supporting Stewardship by Key State Actors

To secure ownership and stewardship of the implementation of the disability commitments, Ghana Somubi Dwumadie supported the MoGCSP, and worked with them in the background to take up their leadership role on the implementation of the disability commitments. MoGCSP, is the lead state institution charged with the oversight responsibility and mandate to ensure implementation of the disability commitments, both directly and through their disability agency NCPD. Ghana Somubi Dwumadie acted as connector and facilitated and coordinated collaborative working sessions for the implementation of the disability commitments, bringing together government and civil society, including GFD. Over time, MoGCSP took up the responsibility and led on subsequent engagements with relevant stakeholders themselves with little or no support. This ensured partnership building among state institutions reflecting on disability inclusion.

Working with various MDAs and MMDAs, it is good to get them to lead and drive disability and mental health inclusion into their development plans as champions and advocates themselves.

Useful Tip for ensuring stewardship: Provide the needed support and be at the background to allow them to lead every step on the way, and to own every step along the line of implementation. It might take a little longer than you like, but eventually it will likely be more effective

Implementation tracking



Step 10: Tracking of actions and implementation

We suggest that you track your advocacy actions, and that you track the implementation of the disability commitments.

It is really useful to keep a record of all your various advocacy actions so that you can report back to your stakeholders, members and other interested parties what you've been working on. Keeping a record of every meeting, key phone calls or other activities in support of your advocacy helps to keep track of everything you're doing. This is especially important to help coordination, and to help keep you aligned with your advocacy strategy.

It is also helpful to track your advocacy actions, because once the advocacy goals are achieved, for example, a key action step in the roadmap, has been implemented, it supports organisations to assess their level of contribution towards achieving that goal.

You can find an example advocacy action tracker in appendix 7.

Another type of tracking needed is to seek accountability from the implementing MDAs and MMDAs by asking them for progress updates and implementation plans. You can start by asking for updates from the SDG Advisory Unit at the Office of the President, MoGCSP, and / or NDPC. You can also ask for development partners or multilateral agencies working in disability and mental health to request updates. You can also approach the MDAs and MMDAs directly as part of your advocacy actions.

There also needs to be a mechanism for tracking, periodic updates and progress reporting towards the achievement of the implementation of the disability commitments. GFD have a [Data Collection and Tracking Tool](#) under development and we recommend that toolkit users support the finalisation of this tool and then help to keep it updated. It will be an important tool as part of annual progress

reporting to NDPC, as well as reporting back and providing a progress update to the Global Disability Summit in 2024. We'll make this tool available on our website as soon as it is ready.

3. Conclusion

The GoG's 2022 disability commitments made at the February 2022 Global Disability Summit have been translated into a roadmap for implementation. This roadmap can be used as a framework for advocating for the implementation of the disability commitments.

The MoGCSP has been supported with technical assistance to prepare the roadmap of operationalisation, implementation and tracking of progress towards the achievements of the disability commitments, and has now taken on stewardship for this.

We trust that this toolkit will provide a useful framework and resource guide for disability inclusion champions and advocates seeking to get involved.

Appendix 1: List of abbreviations

Acronym	Description
CSO	Civil Society Organisation
DPCU	District planning coordinating units
GFD	Ghana Federation of Disability Organisations
GoG	Government of Ghana
LNOB	Leave No One Behind
MDAs	Ministries, Departments or Agencies
MMDA	Metropolitan, Municipal, and District Assemblies
MoGCSP	Ministry of Gender, Children and Social Protection
NCPD	National Council on Persons with Disabilities
NDPC	National Development Planning Commission
OHLGS	Office of the Head of Local Government Service
OPD	Organisations of Persons with Disability
SDGs	Sustainable Development Goals
SWOT	Strengths, weaknesses, opportunities, and threats
UNCRPD	United Nations Convention on the Rights of Persons with disabilities
WHO	World Health Organization

Appendix 2: Ghana's 2022 disability commitments

You can check the [2022 Global Disability Commitments Roadmap document](#) to identify each of the key action steps and the lead responsible agency and collaborators on each of the 22 commitments made by GoG⁵.

Thematic Area 1: Crosscutting

- **Commitment 1:** Comprehensive harmonisation of existing policies and legislations of Ghana in line with the UNCRPD
- **Commitment 2:** Implementation of the Accessibility Standards for the Built Environment
- **Commitment 3:** Create enabling environment for persons with disabilities, including those with mental health conditions to have equal access to justice
- **Commitment 4:** Sign and ratify the Protocols to the African Charter on Human and People's rights on the Rights of Persons with Disabilities in Africa

Thematic Area 2: Inclusive Education

- **Commitment 1:** A comprehensive implementation of the Inclusive Education Policy with a 1.5% of Ministry of Education's annual budget
- **Commitment 2:** The progressive transition of pupils and students with disabilities from a segregated system of education to an inclusive education system
- **Commitment 3:** Strengthen system capacity at all levels to support the implementation of Inclusive Education policy
- **Commitment 4:** Ensure participation of persons with visual impairments in the study of Mathematics and Science at the Senior High School level and above
- **Commitment 5:** Ensure availability of support systems to ensure all categories of persons with disabilities can fully participate in inclusive education

Thematic Area 3: Inclusion in situations of crisis and conflict, including a focus on climate change

- **Commitment 1:** Inclusion in situations of crisis and conflict, including a focus on climate change

Thematic Area 4 – Inclusive Health

- **Commitment 1:** Ensure all health care services and medications are accessible and affordable for Persons with Disabilities including those with Mental Health Condition

⁵ Follow the link above or check our website www.ghanasomubi.com/resources

Thematic Area 4 – Inclusive Health

- **Commitment 2:** Redefine the scope of Primary Health Care services and medications to include specific essential health care needs required by Persons with Disability including mental health condition

Thematic Area 5 – Inclusive Employment and Livelihoods

- **Commitment 1:** Adopt an Employment Equity Policy and develop a strategy for effective implementation
- **Commitment 2:** Implement the provisions of incentives for the employers of persons with disability as well as persons with disability in those with mental health who own businesses
- **Commitment 3:** Establish a disaggregated database on all Persons with Disability in formal or informal employment in the country
- **Commitment 4:** Develop and implement a Quality Disability Life Index
- **Commitment 5:** Set up a Disability Fund
- **Commitment 6:** Enhancing the employability of persons with Disability by facilitating their full inclusion in the digital space
- **Commitment 7:** Strengthen Skills for employability for Persons with Disability through Technical and Vocational Education and Training and internship programme

Thematic Area 6: Capacity-strengthening of Organisations of persons with disabilities in the Global South

- **Commitment 1:** Capacity building of Organisations of Persons with Disabilities
- **Commitment 2:** Contribute towards the sustainability of the programmes and human resources of national level-based organisations of persons with disabilities

Thematic Area 7: Gender

- **Commitment 1:** To increase the participation of persons with disabilities in the decision-making process particularly women and girls with disabilities including mental health conditions

Appendix 3: Stakeholder mapping tools

To identify the most relevant stakeholders, it is important to develop a position map which is used to show where stakeholders currently are in terms of their level of interest in, or support for, your initiative, and also their level of influence on it.

Figure 1: Position map – ranking of target audience

		Current Position in terms of level of interest and supportiveness	
		Neutral	Supportive
Level of Influence over the issue, for example, mental funding from 3% DACF	High		
	Low		

You want to target those with high influence that are neutral, because you want to get them on board. You also want to use the power of those who are already supportive to help.

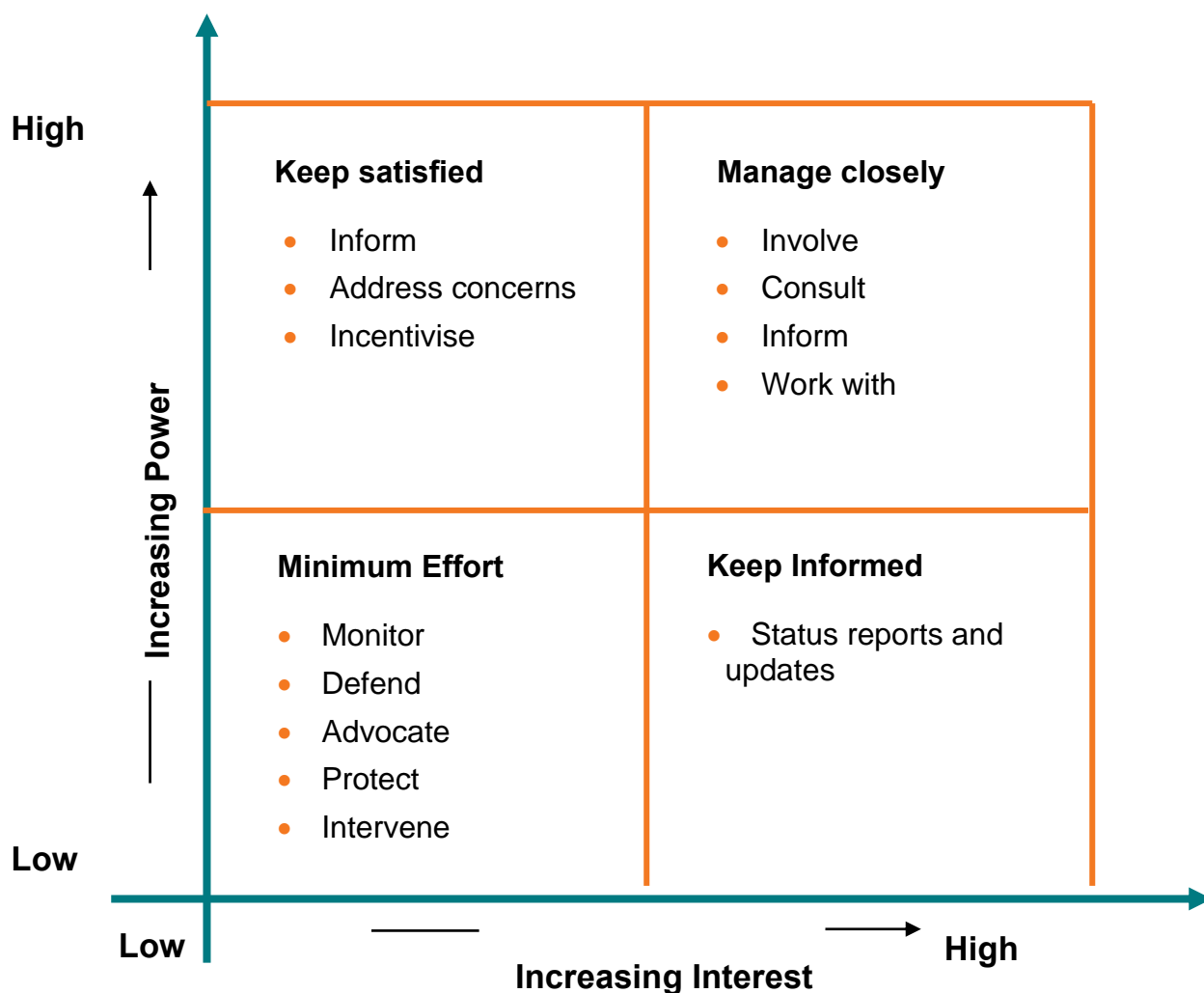
Any stakeholder with high influence and that are not supportive are indicative of potential bottlenecks and barriers to effective community entry.

1. Agree on where you would like each stakeholder to be and what you expect of them. Ideally, we want all stakeholders to be supportive of our intervention
2. Take note of the position of each stakeholder and what you need to do to make them supportive, using a **stakeholder analysis**.

Stakeholder analysis is a technique used in identifying the interest and influence of various groups on a project or intervention. It is done to identify key persons in the community who may be vital to the success of the intervention.

Use the model provided in Figure 2 below to identify what sort of approach to use for each category of stakeholder identified in the mapping in order to improve their support and maximise their influence.

Figure 2: Stakeholder Analysis (Power-Interest Grid Model)⁶



⁶ ProjectManagement.com - Stakeholder Analysis using the Power Interest Grid

Appendix 4: short language guide

Use	Avoid
People with disabilities / Person with a disability	The disabled / the handicapped - implies a homogeneous group separate from the rest of society and is therefore seen as negative. Handicapped is offensive to some people because it is derived from historical associations with 'cap in hand' and begging. PWD / Special Needs / Suffering from / Vulnerable 'Living with a Disability' - mocked by some people who point out that they live with family or friends, or even pets. They don't live with their Disability; they are disabled by the barriers in society.
Person with a learning difficulty or a learning disability / Person with a cognitive / intellectual / developmental disability / Autistic person / Person with Down syndrome, etc	Mentally handicapped / retarded / subnormal / Mongoloid
Blind person / Visually impaired / Partially sighted person / Person with low vision	The blind, the sight impaired
Deaf person / Person with hearing loss / Hard of hearing/partially deaf person / Deafened	The deaf / deaf-mute / deaf and dumb - perhaps one of the most negative and offensive labels attributed to Deaf people. This terminology can imply that Deaf people are incapable of being taught, of learning or of reasoned thinking.
Mental health service user / Person with mental health condition / person with psychosocial disability	Mentally ill / Suffering from mental illness / Insane / Mad / Crazy / Imbecile / Mental
Unable to leave their house / bed	Bed-bound, bed-ridden, house-bound
Person with physical or mobility disability / Person with Cerebral Palsy / Wheelchair user	Crippled / handicapped / Spastic / Wheelchair-bound / Confined to a wheelchair
Person with (e.g. AIDS or epilepsy)	Suffers from e.g. 'Aids sufferer' or 'epileptic' as a noun
Person with restrictive growth / short stature / dwarfism / Little Person	Midget
Person with Chronic illness (Generally referring to people with energy-limiting chronic conditions and long-term health conditions)	Invalid - an offensive word because it equates impairments with illness and can be construed as 'not valid' 'incorrect' or 'worthless'
An accessible or adapted toilet	Disabled Toilet

Remember, where you can, ask the person how they would describe themselves or how they would like to be referred to!

Appendix 5: Example SBC materials

Here are some example messages in poster format which were used across multiple grantees on our Evidence and Effectiveness grants round. The same messages were also used in jingles. These messages went through pre-testing before being finalised. If you want to find out more about our social behaviour change activity, this is available on our website.



Ghana Somubi Dwumadie

UKaid


We can teach, engage in farming and do many other jobs

Equal opportunity is a right

No. 6 Asoyi Crescent, East Legon, Accra
info@ghanasomubi.com

@ghanasomubi
@GhanaSomubi

@ghanasomubi
www.ghanasomubi.com



Ghana Somubi Dwumadie

UKaid

We have ability to participate equally in community life

Equal opportunity is a right

No. 6 Asoyi Crescent, East Legon, Accra
info@ghanasomubi.com

@ghanasomubi
@GhanaSomubi

@ghanasomubi
www.ghanasomubi.com



People with
mental health
conditions
may look like
anyone else

**We
deserve
dignity and
respect**

📍 No. 6 Asoyi Crescent, East Legon, Accra
✉ info@ghanasomubi.com

📱 @ghanasomubi
📱 @GhanaSomubi

🌐 @ghanasomubi
🌐 www.ghanasomubi.com



Words can
cause serious
emotional
effect on
people

**Call us
by our
names**

📍 No. 6 Asoyi Crescent, East Legon, Accra
✉ info@ghanasomubi.com

📱 @ghanasomubi
📱 @GhanaSomubi

🌐 @ghanasomubi
🌐 www.ghanasomubi.com

Appendix 6: SWOT exercise

Working together with the Board and Executive, the SWOTs facing the organisation can be discussed and captured. This can take around half a day to discuss in detail.

Some steps for facilitating a SWOT analysis

Step 1: be clear about the objective

To get the most benefit out of a SWOT analysis, you should have a question or objective in mind from the beginning. This SWOT analysis is to help you identify where and how your organisation will benefit from capacity building. The objective for the SWOT as part of the Organisational Capacity Assessment Tool process could be to identify overall strengths and weaknesses to inform areas where capacity building will be really helpful.

Step 2: Set the scene

You'll need to spend some time discussing the context you work in. What are some of the other organisations in the same sector or region, what are some of the common issues?

Step 3: List all your SWOTs

Create as many as you can and don't think about priority or ranking yet.

Step 4: Establish priorities

Discuss the three to five most essential factors in each category. Some of these factors might influence the organisational capacity support needed, while others might be relevant to your organisational strategic plan or other elements of the organisation.

Step 5: Review the SWOT annually

The Board and Executive working together can keep the SWOT under regular review.

Review example template below:

<p>Strengths</p> <p>These are what your organisation does well and that you want to build on</p> <p>What do you want to build on?</p>	<p>Opportunities</p> <p>These are external factors which your organisation is well-positioned to act on and benefit from.</p> <p>What do you want to capitalise on?</p>
<p>Weaknesses</p> <p>These are internal barriers or challenges which limit or interfere with the organisation's ability to reach its future goals.</p> <p>What do you need to shore up?</p>	<p>Threats</p> <p>These are external forces or barriers that may prevent you from reaching your objectives.</p> <p>What do you need to mitigate?</p>

Appendix 7: Example tracking tool

You can use or adapt this tool to keep track of your advocacy actions. It is really useful to keep a record so that you can report back to your stakeholders, members and other interested parties what you've been working on.

Advocacy issue	When was advocacy conducted (indicate date for each advocacy visit or activity)	List stakeholders engaged	List commitments made by stakeholders (indicate who made it)	Timeline	Date for follow up	Results or change achieved
Example: record the key action step or related issue you are working on	Example: record the date of the action you took. If you take lots of sustained actions this will turn into a longer list	Example: For each date, who did you engage with, eg NDPC, or your allies (name them)	Example: did the people you met agree or promise to do anything towards the key action steps or the disability commitments? Record it here so that you can follow up	Example: when did they promise to do this by	Example: when do you need to re-engage and follow up by? This is important for planning your resources and for sustained efforts	Example: This might not happen straight away, but when the key action steps or the commitments are achieved, it is important to record this (and celebrate it!)