

# Community Entry Toolkit for Organisations Supporting Self- Help Groups

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# Contents

Contents.....	2
1. Executive summary .....	4
2. Introduction .....	5
2.1. About Ghana Somubi Dwumadie .....	5
2.2. Who is the toolkit for?.....	5
2.2.1. Why the toolkit is important and what it contains .....	6
2.2.2. How to use the toolkit .....	6
3. Importance of community and community entry .....	7
3.1. Concept of community .....	7
3.2. Types of community .....	8
3.3. Overview of community entry .....	8
3.4. Why community entry is important .....	9
4. Good practice steps in community entry for establishing mental health SHGs .....	10
Step 1: Conduct preliminary survey.....	10
Protocols to observe.....	10
Step 2: Collect data about the issues of interest in the community .....	11
Step 3: Mobilise a core group to support community entry.....	12
Need for stakeholder mapping .....	12
Steps in stakeholder mapping .....	12
Figure 2: Stakeholder Analysis (Power-Interest Grid Model).....	14
Step 4: Organise field consultation.....	15
On the day of the consultation.....	16
‘My World, My Needs’ activities and process .....	17
Step 5: Follow up.....	20
5. Benefits and challenges of community entry .....	20
5.1. Benefits of effective community entry.....	20
5.2. Hindrances to community entry and ways to overcome them .....	21
5.2.1. Experience with other organisations .....	21
5.2.2. Existing factions.....	21
5.2.3. Intra and inter communal violence .....	21
5.2.4. Language barrier .....	22
5.2.5. Poor timing of entry .....	22

5.2.6. Poor stakeholder identification.....	22
5.2.7. Environmental factors .....	22
6. Inter-sectoral collaboration .....	24
6.1. Benefits of intersectoral collaboration.....	24
6.2. Hindrances to intersectoral collaboration .....	25
7. Summary .....	25
Appendix 1: List of abbreviations .....	26
Appendix 2: Guiding questions for ‘My world’ ‘My needs’.....	27
Appendix 3: Top Tips in Interviewing.....	28
What are interviews? .....	28
Types of interviews.....	29
Before the interview.....	30
The interviewer.....	30
The interviewees .....	30
Accessibility.....	31
Compensation .....	31
The interview guide .....	32
Conducting the interview .....	32
Safeguarding and dealing with distress .....	33
Keeping a record .....	33
Appendix 4: Top Tips in Story Writing .....	34
Why do we tell stories? .....	34
Features of a great story .....	34
How to write a story.....	36
Duty of Care .....	37
Other resources.....	38

# 1. Executive summary

This toolkit is produced by Ghana Somubi Dwumadie and is intended for use by organisations and community development workers supporting Self-Help Groups (SHGs). It provides guidance on the processes that need to be followed to establish community based SHGs, with particular application in the mental health sector. The toolkit outlines the importance of community entry and the steps to achieve this. Examples and case studies are also provided to enhance appreciation of the processes set out in this toolkit.

In this toolkit, community is described as people living in an area; a group or groups of people with common interests; a social group whose members have something in common; or the physical location where a group live. Four types of community are described in this toolkit with SHGs viewed as a community based on interest. Good practice in establishing SHGs are outlined in this toolkit. The first step is a rapid preliminary visit to a target community to explore and ascertain the feasibility of implementing a development intervention. The second step involves gathering data on issues that will require further deliberation. This is followed by holding a preliminary meeting with a core group of stakeholders from the community after obtaining permission from community leaders to roll out the project intervention. Conducting a field consultation is an important step in the process of establishing SHGs because this is usually the first community-based activity involving persons with mental health conditions and their primary caregivers. Persons with mental health conditions and their primary caregivers discuss the experiences that shape their lives and proffer options addressing their felt needs. The tool kits offers an exercise called 'My World, My Needs' to support with this. Most SHGs emerge during discussions about the next steps after the consultation meeting.

The toolkit also highlights the merits of effective community entry, which includes established trust between implementing organisation and community, effective participation of target project participants and other stakeholders, enhanced prospects of sustainability, and good communal spirit.

Some of the hindrances to effective community entry include unmet expectations of the community with previous organisations, prompting hesitancy in dealing with new organisations; rivalry among cleavages for control and dominance in the community; and communal violence that disrupts peaceful coexistence. Furthermore, difficulty in communicating in the native dialect of the target community members undermines community entry efforts. Similarly, poor timing poses a threat to community entry and efforts are also hindered by harsh environmental events such as floods, outbreak of diseases, terrorist attacks, among others.

The toolkit concludes with benefits of inter-sectoral collaboration in community entry, the barriers to inter-sectoral collaboration and some mitigation measures to overcome barriers.

## 2. Introduction

### 2.1. 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, King's College London (KCL), Sightsavers International 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

Developing a community entry toolkit for setting up Self-Help Groups (SHGs) sits within the programme's first output area.

This toolkit builds on the considerable expertise of Ghana Somubi Dwumadie consortium partner BasicNeeds-Ghana, who have established and supported the development of community-based SHGs of persons with mental health conditions in many communities of Ghana.

### 2.2. Who is the toolkit for?

This toolkit is intended for use by organisations supporting SHGs and provides guidance on the processes that need to be followed to establish community-based SHGs, with particular application in the mental health sector. The tool is also suitable for organisations that have been funded to support development and activities of SHGs.

SHGs are the pivot around which many persons with mental health conditions and primary caregivers are mobilised. SHGs play multiple roles and are established for a range of purposes. The definition used here for SHGs is, '**any mutual support-oriented initiative directed by people with mental illness or their family members.**'<sup>1</sup>

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<sup>1</sup> Cohen et al.: Sitting with others: mental health self-help groups in northern Ghana. International Journal of Mental Health Systems 2012 6:1

Caregivers and people with mental health conditions may come together to form or join a group to encourage better integration among themselves and with their community. Others may start or join a group to provide peer support to better manage their illness, and still others may meet to share information and raise awareness in the wider community.

As an SHG develops and grows in confidence, it often goes on to advocate for the rights of people with mental health conditions<sup>2</sup>. Similarly, they may promote livelihood activities of members for economic empowerment, and promote integration of their members in society. SHGs are community based and vary in structure and in size. Members of an SHG may hail from the same community or from a cluster of communities.

### **2.2.1. Why the toolkit is important and what it contains**

The toolkit is designed to be used as a guide or reference and to provide step-by-step guidance to organisations that plan to facilitate the formation of new SHGs as part of their projects. The processes outlined are simple and supported with relevant tools to make it user-friendly. This toolkit provides examples and case studies to enhance understanding of successful and unsuccessful community entry approaches and SHG formation. This toolkit will serve as a living document and will be periodically reviewed based on feedback from those who use it.

### **2.2.2. How to use the toolkit**

In this toolkit, section 3 defines community, and section 4 provides good practice steps to well-managed community entry. Section 5 outlines the benefits of effective community entry, while section 6 focuses on the hindrances to community entry and ways to overcome them. The toolkit concludes with intersectoral collaboration in section 7.

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<sup>2</sup> BasicNeeds, 2008. Mental health and development: A model in practice. Leamington Spa: BasicNeeds.

### 3. Importance of community and community entry

#### 3.1. Concept of community

Community refers to the people living in an area or a group or groups of people who share common interests<sup>3</sup>. It also refers to a social group whose members have something in common, such as a shared government, geographic location, culture, or heritage. Community can also refer to the physical location where a group live.



SHGs are typically social groups whose members have common concerns and interests which they commit themselves to address. For example, many SHGs are seeking to address incidents of exclusion of persons with mental health conditions from benefiting from the District Assembly Common Fund (DACF) allocated for persons with disabilities. This makes them a community based on interest.



Photo: Community entry, persons with mental health conditions at Sabari

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<sup>3</sup> What is community entry process? - KamilTaylan.blog - Accessed on 26th August 2022

## 3.2. Types of community

Communities can be classified or categorised depending on the reason that brings them together. The following types of communities are easily observed:

- **Interest**

These are communities of people who share the same interest or passion, for example, human rights advocates.

- **Action**

Refers to communities of people committed to bring about change, for example, a pressure group

- **Place**

These communities consist of people brought together by geographic boundaries, for example, nationals of country, ethnic group, tribe, etc

- **Practice**

Members of this community have a particular way of doing things that are unique to them, for example, nurses, doctors, lawyers, etc

## 3.3. Overview of community entry

Community entry refers to the process, principles and techniques of community mobilisation and participation. It involves recognising the community, its leadership and people, and adopting the most appropriate process in meeting, interacting and working with that community. The success or failure of any intervention in a community depends on the entry processes.

### Processes before community entry



Community entry is usually performed by change agents including individuals (philanthropists, concerned citizens, opinion leaders, etc), groups, (SHGs, youth associations, women groups, clubs) and organisations (government and non-governmental organisations) intending to introduce an intervention in a community for the benefit of target community groups.



## 3.4. Why community entry is important

Community entry is important because it:

- Helps you to **build trust** with the primary target of your intervention and other stakeholders. Without trust in the organisation coming into the community, it will be difficult for you to secure the **commitment** of the community leaders and the target project participants
- Helps to build collaborations from the beginning. The success of your intervention also depends on the **active collaboration** of project participants, other community groups, and collaboration with other sectors delivering interventions to your target group. Without collaboration, you risk duplicating your efforts and engaging in unhealthy competition with other stakeholders
- Secure buy-in and creates a **sense of ownership**. Without buy-in, project participants may consider the intervention as belonging to the organisation implementing the intervention, rather than belonging to them
- Gives you a better understanding of the target group and their particular needs
  - Where are they found? Are they from one community or they are coming from a cluster of communities?
  - Composition of the group – men, women, youth, persons with mental health conditions, persons with disabilities
  - What will it take to meet their particular needs and improve their lives?
- Helps you to get a better picture of the issue or problem you want to address
  - What is the estimated number of the target group you plan to work with to address problems identified?
  - Who are more affected by the issue – women, men, youth, etc?
  - Effect on the target group
  - Previous interventions involving your target group and the outcome of those interventions
  - What challenges do they experience in common?
- Enables you to define the scope of your intervention
  - What your intervention seeks to do and what it does not
  - Type of intervention – Capacity building, service provision, secure livelihoods, etc
- Opportunity to identify other stakeholders
  - Who else is already working there? This is important to avoid duplication and not to overwhelm communities
  - Who else is willing to support your intervention with the target group?
  - How will they be involved?
  - What will be their role?

## 4. Good practice steps in community entry for establishing mental health SHGs

Establishing SHGs, as well as nurturing and sustaining them, depends on effective community entry. The steps outlined in this toolkit can also be used by organisations and other community development workers to establish community-based groups. The following steps are crucial to establishing mental health SHGs.



### Step 1: Conduct preliminary survey

A preliminary survey is the critical first step to undertake before actual community entry is undertaken to implement an activity or engage in a long term community development initiative. The survey is a rapid preliminary visit to a community to explore the key essentials of the community and to ascertain the feasibility of a development intervention. Essential information can be obtained from:

- Existing literature about the community
- Key informants – Talk to members of the community who have adequate knowledge about the community. Explore the interviewing and story writing guides attached as appendix 3 and 4 for examples of how to do this
- Professionals working in the community. For example, information on persons with mental health conditions and their caregivers, persons with disabilities can be obtained from Community Mental Health Officers, Community Volunteers, Assembly members, religious leaders, traditional rulers, Organisations of Persons with Disabilities, among others

### Protocols to observe

During the preliminary survey, important protocols should be observed to ensure effective field consultation. The following protocols are most relevant:

- Courtesy call or meeting with Chief or traditional authority to introduce the purpose of visit and indicate future intentions
- Perform necessary customary and traditional rites. For example, presentation of cola-nuts (Northern Ghana or Muslim community) or schnapps (Christian community) and small amount of money for some traditional rites to be performed for peaceful co-existence as well as praying for safety of all people when the main work eventually starts. In the case of traditional community, it is the pouring of libation which is done.

The organisation or field workers may start community and field consultations once the courtesy call and customary practices are satisfactorily performed, and permission is granted.

Development workers are often advised to make effective enquiries and to identify communities which offer a good chance of early success. Some criteria to consider include strong sense of unity and cohesion, record of previous local initiatives undertaken with their own resources, dynamic and visionary leadership, openness to innovate and to try new ideas, and finally, lack of conflict.

Some important tips to note during the preliminary survey include:

- Lay foundation to develop a relationship of trust
- Learn about the community history and find out about ongoing development priorities



## Step 2: Collect data about the issues of interest in the community

This step involves identifying and collecting data on areas of interest that may need further investigation or discussion during field consultations, as well as potential problems that may impact negatively on the project activities which may be planned.

Data to collect among others include:

- Number of people with mental health conditions, it is really useful to collect data by gender, ie to collect the number of men as well as the number of women with mental health conditions as they may have different needs or areas of interest
- Number of mental health facilities in the area
- Number of mental health personnel in the area
- Social networks and groups
- Beliefs and practices that impact mental health, etc



## Step 3: Mobilise a core group to support community entry

This is a meeting with a small group of stakeholders from the community after the initial meeting with leaders of the community. Members of this core group may include the Mental Health Officer, Assembly member, or community volunteers. People with mental health conditions who have already been identified may also be part. The purpose of meeting with this core group is to secure their buy-in and support for all your future activities project activities in the community.

### Need for stakeholder mapping

To identify the most relevant stakeholders, it is important to develop a stakeholder engagement assessment matrix 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. The matrix can then be used to strategise about where you would like them to be in relation to their support of the initiative<sup>4</sup>.

### Steps in stakeholder mapping

1. Develop a stakeholder register (Example list of stakeholders is given below)
  - Persons with mental health conditions
  - Caregivers of persons with mental health conditions
  - Assembly members
  - Chiefs
  - Queen mothers
  - Community volunteers
  - Community Mental Health Officer
  - District Director of Health Service
  - Member of Parliament
  - District Chief Executive
  - District Chairperson – Ghana Federation of Disability Organisations

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<sup>4</sup> Dionisio, C.S., 2018. A Project Manager's Book of Tools and Techniques. John Wiley & Sons

2. Review all stakeholders with core group to determine their current position in relation to your intervention, for example, what is their current level of support and current level of influence (see suggested template in Figure 1 below)?

**Example Task:** You are the District Chairperson for persons with mental health conditions in the Karaga District. You plan to establish a SHG at Galwei. You organise a Field consultation and participants list the stakeholders in step 1 above. Analyse the position of each stakeholder in relation to your plan using the position map in Figure 1 below:

**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.

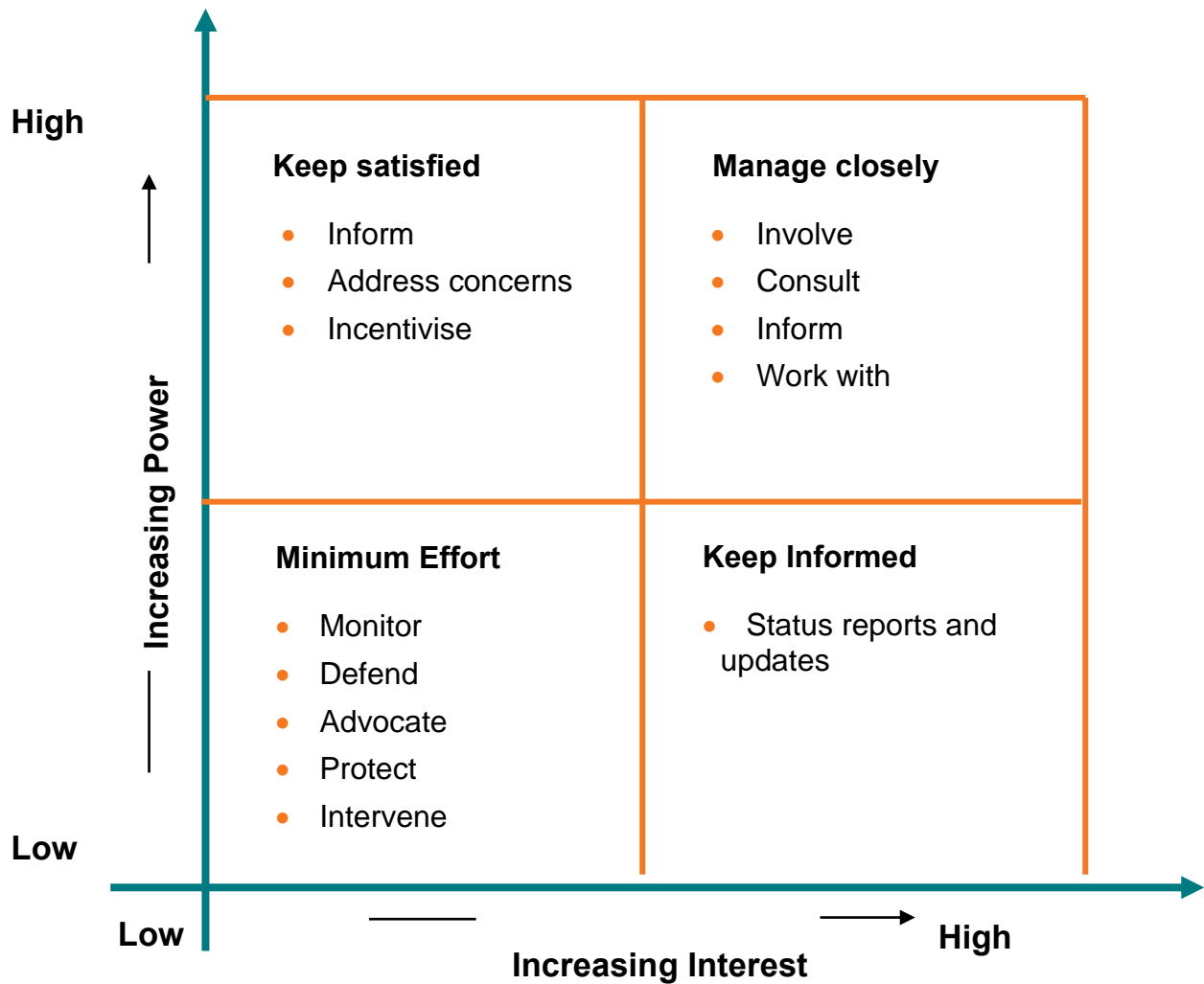
Any stakeholder with high influence and that are not supportive are indicative of potential bottlenecks and barriers to effective community entry.

3. 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
4. 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)<sup>5</sup>**



<sup>5</sup> ProjectManagement.com - Stakeholder Analysis using the Power Interest Grid

### **Case study: Successful community entry at Naayoya**

Amasachina Self Help Association planned to set up a SHG at Naayoya in the Kubli District. The project officer met with the mental health officer to identify stakeholders to meet in preparation for the formation of a SHG in the community. Stakeholders that the group identified included persons with mental health conditions and caregivers, Chief and elders, assembly members, Pastor, Imam, and community volunteers.

The project team agreed to meet with the Chief and elders of the community to brief them about the project as a first step. During the meeting, the Chief asked the project if they had informed Teacher about the project. Teacher is a retired educationist who has interest in the development of the community. Teacher is an honest man and therefore commands the respect of the Chief and elders.

The project team assured the chief and community elders they will brief Teacher about the plan to establish a SHG in the community. The chief said he was happy to have an SHG in Naayoya and requested the project team to liaise with Teacher to assist them in their activities in the community. He would rely on Teacher for updates about the project.

The meeting with the Chief and community elders made it possible for the Chief to assign a trusted member of the community facilitate their entry into the community, leading to the formation of a SHG in the community.



## **Step 4: Organise field consultation**

The field consultation is carried out with the support of the core group with the aim of understanding the requirements of persons with mental health conditions and their primary caregivers and other relevant stakeholders. It seeks to build consensus, trust, transparency, and ownership of the outcome of the consultation meeting. The stakeholders among others include persons with mental health conditions and their primary caregivers, health care service providers including mental health staff, assembly members, opinion leaders, community leaders, and religious leaders.

A field consultation is the first community-based activity involving persons with mental health conditions and their primary caregivers. A field consultation is typically the starting point of building the capacity of persons with mental health conditions and their caregivers, and is one of the founding project activities. For people with mental health conditions, it is often their first opportunity for engaging with other people as well as the first time that they are asked about the problems or barriers that they face, and their ideas for making things better.

## On the day of the consultation

### **Call meeting to order**

This is the official beginning of the field consultation meeting. It is usually facilitated by a programme staff. The facilitator is supported by a process writer who will take notes on all the processes and activities that will happen during the consultation meeting.



### **Getting to know one another**

Participants introduce themselves to one another by name, and any details they feel comfortable to provide (person with a mental health condition, caregiver, volunteer, nurse, etc). The process writer records details of participants.



### **Establish ground rules**

These are basic rules participants agree upon to guide the conduct of the field consultation meeting (e.g. freedom of expression in a language one feels comfortable with, respect one another's views, one person speaks at a time, be supportive, etc).



### **Explain purpose of meeting**

This involves letting participants know the reason they are participating in the meeting and the duration of the meeting. Let them know that you value their contributions and encourage them to speak up during discussions.



### **Group activities**

All discussions during a field consultation take place in small groups including:

- People with mental health conditions
- Caregivers
- Partner staff, community volunteers, opinion leaders, etc. This group provide their own experiences or experiences of other community members with persons with mental health conditions and the effect on the community. They also articulate the needs of the community to address challenges of persons with mental health conditions and their caregivers.
- The facilitator ensures that everyone has an opportunity to speak. Contributions of participants are written on a flip chart and presented to the bigger group.



During these meetings, persons with mental health conditions and their caregivers discuss their individual experiences (My World – see section below) and suggest ways by which problems they identified (My Needs – see section below) can be addressed either by themselves, by others, or together with others.

## **‘My World, My Needs’ activities and process**

In this session, a facilitator supports participants to outline the people, organisations and experiences that shape their lives as persons with mental health conditions or as caregivers (guidance questions as attached as appendix 2). This exercise is important because it gives participants a safe space to talk about their experiences. It activates their confidence as this is usually the first time most persons with mental health conditions openly talk about their mental health conditions.

The first group activity is **‘My World’**

Responses expected from persons with mental health conditions may include but not limited to:

- A history of the illness to date
- Efforts at finding a cure
- Outcome of treatment options pursued
- Cost of treatment
- Support they received and source
- Struggle with stigma and discrimination
- Some responses to expect from caregivers among others include:
- Burden of care
- Loss of livelihood
- Stigma
- Inadequate supply of psychotropic medicines
- Abuse of persons with mental health conditions, etc

Second group activity is **‘My Needs’**

This involves listing and discussing the issues of concern for participants and their needs, as perceived by group members.

For the persons with mental health conditions group, anticipated responses include:

- Need for a cure for their conditions
- Support for secure livelihoods
- Return to school
- Return to previous work or require new skills
- Acceptance and respect from community members

The responses from caregivers may include some of the following:

- Need for respect
- Access to affordable treatment for mental health conditions
- Opportunities for secure livelihoods
- Need to start meeting as a group



Photo: Preparing participants to discuss my world my needs

## Forming a SHG

In one large group, participants discuss what should follow on from the consultation which has taken place. This includes what the group could by themselves commit to, and where external help is required. This may include the formation of a peer support group of persons with mental health conditions and their caregivers in attendance at the field consultation meeting. Over time they may also invite other persons with mental health conditions and their caregivers from the community who were unable to attend.

Agree on a date to meet with persons with mental health conditions and their caregivers who participated in the field consultation and expressed the desire to continue meeting as a group.



Confirm with participants if they still felt strongly about having their own group. This is to ensure that the idea of forming a SHG is not imposed by the organisation implementing the initiative in the community.



When participants agree to constitute themselves into a SHG, they decide on the name for the group. This is usually from participants suggestions. A name that resonates with all members is taken as the name for the group. Many groups bear names that represent unity, love, support, resilience and strength.



Participants choose interim leaders to coordinate the affairs of the newly established group for a period agreed the members. Election of substantive leaders is organised later.



Members agree on the days, frequency, and venue for meetings. Experience shows that most SHGs meet once every month. Members select a day or days for meeting that is suitable to majority of the members.



Organise a training on group management, group dynamics, and leadership for members of the newly established SHG. This capacity building is to enable members to anticipate changes in the group and behaviour of members as the group develops. It also helps them in the selection of group leaders based on their understanding of the types of leaders and leadership traits.



Encourage new SHG to elect leaders or confirm the interim leadership as substantive leaders of the group if they do not wish to replace them. This seeks to promote representation, transparency, and accountability in the group. Leaders of SHGs usually include:

- Chairperson
- Vice chairperson
- Secretary
- Treasurer
- Organiser

The leaders are elected to serve for a specified period as the group may determine. The processes outline above are not prescriptive. It should serve as a framework for establishing SHGs based on the unique characteristics of the members and community.



## Step 5: Follow up

Once an SHG is established, there needs to be continuous engagement to nurture and build the capacity of the new group for its operations. The organisation that facilitated the formation of the SHG should focus on the persons with mental health conditions, while maintaining support of other relevant stakeholders. Example capacity building includes record-keeping or rights-based advocacy<sup>6</sup>.

## 5. Benefits and challenges of community entry

### 5.1. Benefits of effective community entry

Some benefits and advantages of effective community entry are:

- **Relationship of trust** is established: Once the right protocols are observed and community leaders are satisfied with reasons for community entry, they will invest their trust in the project and support the project development process. Trust is nurtured and supported when there is effective communication among all partners involved
- **Effective Participation**: Once community entry is done properly, and relevant information is given to community members, it enables community members to participate fully and effectively in all aspects of project implementation and management
- **Promote sustainability**: When community entry is effective, community members are well informed. They ask relevant questions, provide support to implementation, and receive relevant capacity and training to contribute more and to make the project outputs and outcomes longer lasting

Effective community entry promotes good communal spirit and enhances the culture of voluntarism, which is a strong social capital capable of attracting more projects into the community

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<sup>6</sup> Rights-based advocacy toolkit for self-help groups, Ghana Somubi Dwumadie, July 2022

## 5.2. Hindrances to community entry and ways to overcome them

### 5.2.1. Experience with other organisations

Several organisations implement change interventions within communities. While some of these interventions may have been delivered to the expectation of project participants, others have fallen short of their expectations. Where the experience of a community with past interventions is unpleasant, they will be hesitant and cautious with subsequent interventions.

#### Imaginary example

Ti Zaa delivers a livelihoods project at Umophia involving marginalised women with mental health conditions. The project participants have been trained on savings for enterprise expansion and encouraged to save weekly for two years from their earnings to expand their ventures. Koko is the project officer of Ti Zaa assigned to collect and lodge the weekly savings of the women into a savings account. After contributing for two years, the members of the group requested for their contributions to expand their ventures as agreed. Koko stopped visiting them and after several weeks of not seeing, the project participants were told Koko had resigned and relocated to an unknown place. There was no trace of their contributions in the office or bank.

From the imaginary example above, this community will find it extremely difficult accepting any intervention that will require project participants to save to expand their secure livelihood activities.

### 5.2.2. Existing factions

There are usually informal groups in communities for various purposes. In some cases, however, some of these may become opposed to one another as they jostle for recognition, control, and influence in the community. Such turf wars can create tension and sometimes result in violent clashes that affect other social activities in the community. It is important for organisations working or planning to work in the community not to align with any of these since this could put them in conflict with the other factions.

### 5.2.3. Intra and inter communal violence

The contest for chieftaincy, land and other resources have been a major source of conflict in many communities. These conflicts have the tendency of destabilising community harmony, displacing residents particularly women and children, creating fear, anxiety, uncertainty, and affect long-term commitment to community initiatives. These are events which organisations have no control over and they should prioritise their safety and the safety of target participants by suspending planned community engagements.

#### **5.2.4. Language barrier**

Organisations planning to establish SHGs in new communities are usually hampered by inability or difficulty in communicating in the native dialect of the target community members. This is particularly true for rural communities and target project participants with low levels of literacy. In situations like this, consider recruiting an interpreter for your engagements. Organisations should also consider the requirements of persons with hearing and visual impairments in addressing the language barrier, as well as any other disabilities.

#### **5.2.5. Poor timing of entry**

Community entry involves a series of activities. Therefore, the timing of community entry is crucial to getting target participants to engage in every activity. Community entry activities for instance should not be planned to coincide with funerals, appointment of a chief, festivals, and other activities likely to require the attendance and participation of most community members. Where community entry activities coincide with significant community events, you may end up having fewer participants turning up for your meetings with them. Those who eventually turn up may have their attention divided between your meeting with them and an ongoing community event. This is where you need the support and advice of key informants regarding the timing of various community entry activities.

#### **5.2.6. Poor stakeholder identification**

Identifying the right mix of stakeholders is crucial to any successful community entry. The stakeholder mapping is a good way of knowing where each stakeholder stands in relation to support for your intervention. The ideal situation is to get stakeholders who are 'opposed' to become 'supportive'. For instance, where a stakeholder with high influence in a community is opposed to your intervention, your intervention is likely not to succeed. The task for organisations is to explore ways of winning the support of such 'opposition' stakeholder to support the intervention.

#### **5.2.7. Environmental factors**

Certain environmental events occur, and all planned actions are obliged to stop. These include natural disasters such as floods, harsh harmattan winds, outbreak of a disease such as COVID-19 or Ebola, threat of terrorism, ethnic conflicts and war, and accidents among others. These events can lead to loss of life, property, and create emotional disturbances. They are events outside the control of organisations intending to establish SHGs. Planned community entry actions should be suspended until the situation normalises and target project participants have the presence of mind to meaningfully participate in any engagements.

### **Example case study**

In 2017, Doobia implemented a dry season gardening project to improve household income, nutrition, and food security of members of the Kunziemdoe Self-Help Group Zolilongni in the Tuma District of the Better West Region. The community has a large dam that is known to hold sufficient water during the dry season to support in dry seasons vegetable gardening.

The project team and leaders of the SHG held meetings with the traditional rulers and landlords of the community to brief them about the project and also request for land close to the dam for SHG members to fence and use for their vegetable gardening. The Community leaders were excited about the project as it was going to support poor and vulnerable members of their community. The Chief assigned a landlord to lead the project team and leaders of the SHG for inspection of the available lands and make an allocation. A piece of land was subsequently allocated, and a date was set for the land preparation for the fencing. The project team and members of the SHG arrived at the project site only to be informed the chief and landowners had withdrawn the land for the project.

The project team discovered that a close associate and friend of the chief who did not hold any position felt offended that the project staff and the SHG leaders neither consulted nor invited him to participate in the discussion held with the chief and landowners. Feeling undermined, he convinced the chiefs and the landowners that there was a hidden plan by the project team to take possession of the land to the disadvantage of the chief and the landowners.

The project failed because the project team failed to identify a key stakeholder during the stakeholder who was opposed to the project during mapping.

## 6. Inter-sectoral collaboration

To ensure effective inter-sectoral collaboration to address the multiple needs of members of SHGs, organisations that take up the task of facilitating the establishment of SHGs should endeavour to identify and engage stakeholders with mandates to address these needs. They should seek to understand their responsibility for vulnerable and excluded groups and how they propose to support the emerging SHGs with their interventions in the short to long term.

The needs of persons with disabilities including persons with mental health conditions are varied and may require different stakeholder intervention. For instance, they require health care which is within remit of Ghana Health Service (GHS). They require support financial support from Metropolitan, Municipal and District Assemblies (MMDAs) and this is administered by the Ministry of Local Government and Rural Development (MLGRD) through the MMDAs. Livelihood Empowerment Against Poverty (LEAP) assistance is implemented by the Ministry of Gender Children and Social Protection (MoGCSP). To effectively deliver these interventions to persons with mental health conditions, the sectors involved, and its agencies responsible need to work together in a coordinated manner. Intersectoral collaboration therefore refers to different, relevant stakeholders working together on a common area of interest to achieve a common goal. In other words, it is cooperation among different social and administrative groups that enables them to solve common problems<sup>7</sup>, for example, a public health crisis such as COVID-19.

### 6.1. Benefits of intersectoral collaboration

The benefits of intersectoral collaboration include but not limited to the following:

- Resources are always deemed to be limited in relation to demand  
Intersectoral collaborations promotes pooling limited scarce resources together for the common goal
- It ensures the achievement of results that would be difficult to realise by one sector or agency
- Helps to avoid duplication of efforts and strengthens support for one another's actions towards a common goal
- Interventions to target beneficiaries are delivered in a holistic manner
- Opportunities to share experiences and learnings to inform and improve future interventions

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<sup>7</sup> intersectoral collaboration. (n.d.) Medical Dictionary. (2009). Retrieved 27 August 2022 from <https://medical-dictionary.thefreedictionary.com/intersectoral+collaboration>



## 6.2. Hindrances to intersectoral collaboration

Despite the benefits of intersectoral collaboration, some of the barriers to achieving it include:

- Bureaucracy e.g. several layers of consultation or approval required
- Lack of shared understanding of the intervention
- Lack of structures for coordination among different stakeholders
- Inadequate resources for interventions
- Duplicating roles and responsibilities

These hindrances can be overcome by:

- Organising briefing sessions to explain intervention with target group
- Scheduled review meetings and clarifying roles of collaborators
- Leveraging activities of collaborators in the community
- Undertaking joint activities

## 7. Summary

Conducting a successful community entry is critical to the establishment of SHGs. Community entry is the foundation upon which all other actions that will take place in partnership with the community is built and organisations seeking to establish SHGs should get this right. The key steps outlined in this toolkit will improve the buy-in of community leaders and other relevant stakeholders. It also promotes the inclusion and participation of persons with mental health conditions and their caregivers in the formation, growth, and ownership of SHGs.



Photo: Persons with mental health conditions discussing my world at Gambaga

## Appendix 1: List of abbreviations

Acronym	Description
<b>COVID-19</b>	Coronavirus disease of 2019
<b>DACF</b>	District Assembly Common Fund
<b>DPO</b>	Disabled People Organisation
<b>GFD</b>	Ghana Federation of Disability Organisation
<b>GHS</b>	Ghana Health Service
<b>KCL</b>	King's College London
<b>LEAP</b>	Livelihood Empowerment Against Poverty
<b>SHG</b>	Self-Help Groups
<b>MLGRD</b>	Ministry of Local Government and Rural development
<b>MoGCSP</b>	Ministry of Gender Children and Social protection
<b>MMDAs</b>	Metropolitan, Municipal and District Assemblies

## Appendix 2: Guiding questions for ‘My world’ ‘My needs’

### ‘My World’

#### Questions for persons with mental health conditions

- Briefly share with us how your illness started till today (a history of the illness)
- Where have you sought for treatment for your mental health condition?
- What was the outcome of treatment options you pursued?
- Can you tell colleagues how much you have spent to treat your mental health condition?
- What support have you received to take care of your mental health condition?
- Who supported you?
- How have your mental health condition affected your relationship with members of your family and other members of the community?
- How have your mental health condition affected daily life?
- How have your mental health condition affected the work you do?

#### Question for caregivers

- Where have you sought for treatment for the mental health condition of the member of your family?
- What was the outcome of treatment options you pursued for the member of your family?
- What challenges did you encounter in your search for suitable treatment for the mental health condition for the member of your family?
- How have the mental health condition of your relative affected your life?
- How have the mental health condition of you're the member of your family affected the work you do?
- How do other members of your family and the community at large relate with you knowing that you take care of person with a mental health condition?

### ‘My Needs’

#### Questions for persons with mental health conditions

- As a person with a mental health condition, what is your most important need?
- How can this need to be met?
- What would you do to support in addressing your need?
- Who else do you want to be involved in finding solutions to your need and why?
- What support will you need from members of your family and other members of your community?

#### Questions for caregivers

- As a person taking care of a member of your family with a mental health condition, what is your most important need?
- How can this need to be met?
- What would you do to support in addressing this need?
- Who else do you want to be involved in finding solutions to your need and why?
- What support will you need from members of your family and other members of your community?

## Appendix 3: Top Tips in Interviewing

### Top Tips in Interviewing

#### What are interviews?

An interview, whether one to one, or as a group discussion, is not the same as a conversation. When someone agrees to participate in an interview, there should be clear consent, and agreement around how what they say will be used, and whether it will be anonymous or attributed to them. In addition, the topic and pace of the discussion is led by the interviewer, and the interview does not happen by chance, unlike a conversation.

Interviews need careful planning in terms of logistics, such as:

- Who will do the interviewing
- who will be interviewed
- where will the interview take place
- are there any access needs to consider (translation, disability or mental health access considerations etc)
- will interviewees be compensated
- how will the discussion be recorded and analysed?

**It is important to consider whether an interview is the best approach to gather the information needed, compared to, for example, desk research or a survey. Consider the checklist below. If you are not answering yes to all the questions in the checklist, reconsider whether an interview approach meets your needs.**

#### Checklist for choosing interviews

- Do I need detailed information?
- Is it reasonable to rely on the information gathered from a small number of people?
- Do I need information based on emotions, experiences or feelings?
- Do I need information about sensitive issues?
- Do I need privileged information which only a few people know?
- Will I be able to get access to the interviewees I need?
- Can I afford the time and costs required to undertake the interviews?

## Types of interviews

There are many types of interviews with different pros and cons

**Structured interviews** This is like a questionnaire administered face to face in that the questions are fixed and standardised, and interviewees are invited to respond to closed (yes / no) questions or choose from a list of responses. Structured interviews are good for gathering quantitative (numbers) data as well as some qualitative (narrative) data.

**Semi-structured interviews** These may have some features of the structured interview, such as lists to choose from, however, they will be balanced with open questions to draw out interviewees' personal views, opinions or impressions. The interviewer can be flexible with the order of topics within the interview in order to follow the natural flow of the conversation, as long as everything is covered by the end of the interview.

**Unstructured interviews** Here the interviewer's role is to introduce a topic or theme to start the conversation and encourage the interviewee to develop their thoughts.

**One-to-one interviews** One-to-one interviews are good because it is easier to arrange a meeting between just two people, and it can be easier to guide one person through the questions planned, and get significant depth of responses. In addition, the interviewee may be a specialist in the topic, for example through lived experience, or have a specific relevant role.

**Group interviews** This typically involves groups of 4 to 6 people. The key thing to remember is that the format is designed to get group views, it should not be an opportunity for the interviewer to ask the same question of each person in the group in sequence.

Group interviews allow richer responses by encouraging interviewees to challenge, confirm and explain each others' views. However, there is a risk that one or two people dominate, and it is up to the interviewer to manage this and draw out the views and opinions of quieter people.

Sometimes with sensitive subjects group interviews won't be suitable as interviewees may not be comfortable expressing their views. In these circumstances, one-to-one interviews, or smaller group interviews, for example with friends, may be more suitable.

**Focus group discussions** This is a technique originally from commercial research and advertising to explore attitudes, perceptions, feelings and ideas. The discussion usually revolves around one or more prompts such as an advert, a story, or a research finding. Over time, the term focus group discussion has come to mean a group discussion on a particular theme or topic.

## Before the interview

Before you start inviting people to interview, you need to agree that an interview is the right approach, and reflect on whether it should be structured, semi-structured or unstructured, as well as whether it should be one-to-one or in a group.

**There are some other key considerations including the choice of interviewer, the choice of interviewees, the venue, and preparing your interview guide. Importantly, you need to consider the access needs of your interviewees, such as whether they may be deaf, have a physical disability, or have a mental health condition. In Ghana, at least 21% of people have a disability or mental health condition.**

### The interviewer

With more sensitive subject matter, it can be helpful when the interviewer is as similar to their interviewees as possible in terms of gender, religion, ethnic group or disability. For example, people with a mental health condition may find it easier to talk openly to someone they know also has a mental health condition, or women may find it easier to talk to a woman about sexual health matters. In some cases, it can be useful to have an interviewer who is seen as an 'outsider' or different to the interviewees because this makes it more likely that the interviewees will spontaneously explain matters which are normally unspoken, such as cultural assumptions and shared understanding.

There is no perfect answer, but it is key to reflect on these issues beforehand, and make an active choice of interviewer rather than assuming the project officer should do it because it is their project – they may be the best possible interviewer, but they also may not be because interviewees may feel that they need to please the interviewer or give the responses they are hoping for.

### The interviewees

While you could use random sampling, it is more likely that you are choosing interviewees because they have a unique insight or special contribution to make. For example, you may want to particularly explore the opinions of people who are blind, or you may particularly want the view of men.

Typical ways of selecting interviewees can be based on their role, especially for one-to-one interviews, for example, you may want the views of leaders in Disabled People's Organisations. Or they could be based on demographics such as age, gender, religion, ethnicity, disability, etc. They can be based on location, such as wanting a mix from urban or rural locations. You may also select people based on their views, for example, do you want to talk to people who have negative views towards mental health and compare that to people with more positive views? They can also be based on benefitting or participating in a project activity. For example, talking to people who have received psychosocial counselling from the project.

These decisions all depend on what you are trying to answer with the interviews, and it is helpful to document your decision-making process.

## Accessibility

**Some of your interviewees may have disabilities or mental health conditions. You may be purposefully interviewing people with disabilities or mental health conditions. At all times, you need to consider the accessibility of the interviews. There are lots of factors to consider, and generally you may find it useful to ask your interviewees what they will find most useful and helpful.**

Here is a checklist of things to consider in the first instance, however, the specific needs of your interviewees will help guide more specific planning:

- Is the location of the interview easy to find
- Have I sent clear instructions for how to get to the venue, which can be understood by people with low literacy
- Is the venue accessible by people with limited mobility
- Do I need to organise a local language or sign language interpreter
- Is there a safe space nearby where interviewees can go if they need to take a break from the interview?
- Do the start and end times meet interviewees' needs? For example, someone with a mental health condition may find it harder to get up early due to medication, while someone who is deaf may find it difficult travelling in the dark because it is harder to lipread.
- Is the interview 60 minutes or less? Longer interviews can cause difficulties for a range of disabilities, such as chronic health conditions
- Have I budgeted for interpreters, visual aides or other personal assistants or family caregivers to attend

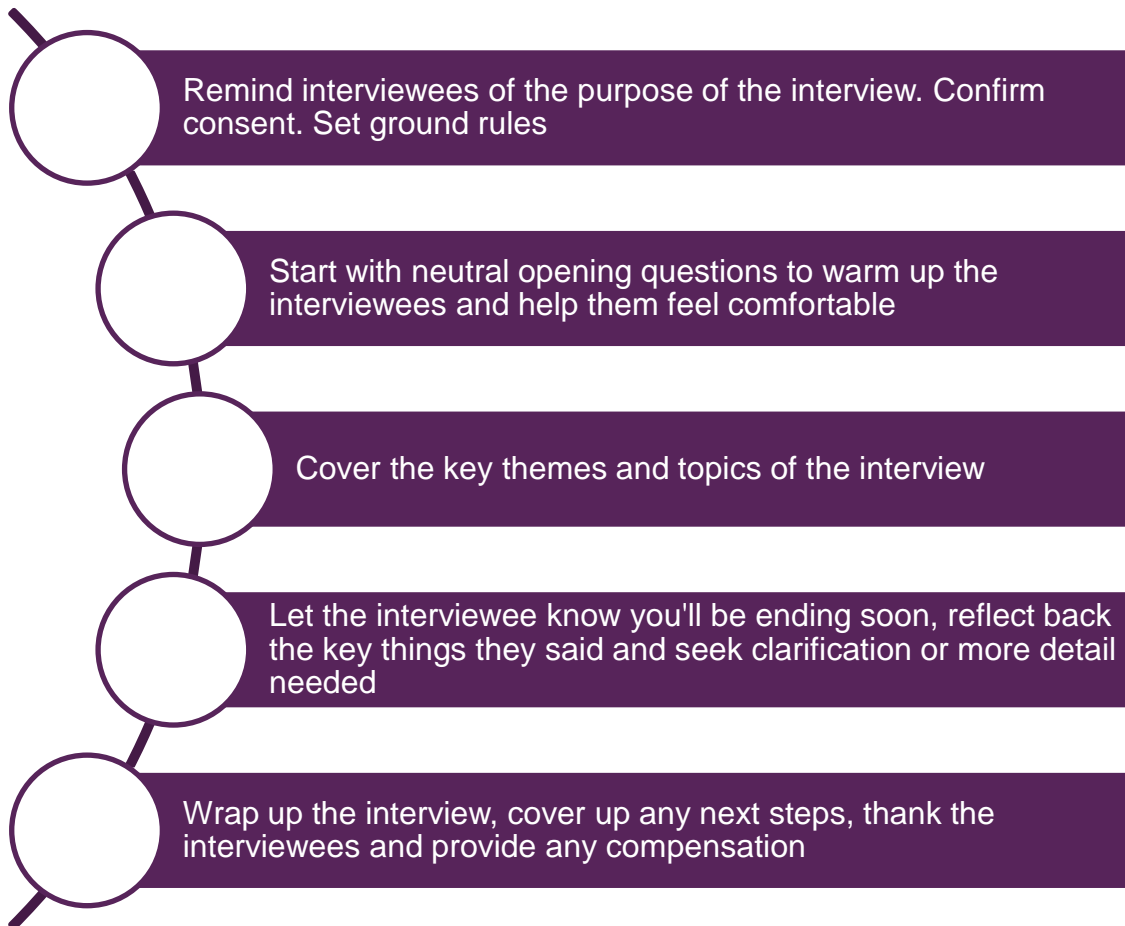
## Compensation

Deciding whether and how much to give respondents for interviews depends on a range of factors. If you are inviting interviewees to a venue, then you should certainly compensate them for their travel costs. Going in to a community and asking people to give their time to an interview, should also usually be compensated. However, if you are interviewing someone at their workplace, on a subject related to their job, probably payment would not be appropriate. Programmes like Ghana Somubi Dwumadie do not pay sitting allowances.

Depending on the length of the interview, and the time of day, you should also consider refreshments for interviewees. Remember, you should be covering travel costs and refreshments for aides and caregivers who have supported people with disabilities or mental health conditions to attend and participate. This needs to be considered in your budget, and agreed with attendees in advance.

## The interview guide

Always plan your interview in advance. If you are getting ethical clearance because you are doing a formal research project, you will need to provide an interview guide as part of your ethical application. A typical interview guide will follow the steps below:



## Conducting the interview

When interviewing people, the exact approach you take will depend on the type of interview you have chosen, and the topic you are covering. Generally, if you want to get people's views, it is good to use open-ended questions rather than closed (yes / no) questions. Sometimes you need to use yes / no questions or lists. In these cases it is usually helpful to have an open-ended question first, before narrowing down. Here are some more top tips below:

- ✓ Try to keep the content of each question to a single idea to avoid confusion.
- ✓ Try not to influence the interviewee by asking leading questions
- ✓ If you have not understood the response ask them to repeat and clarify.
- ✓ Do not assume answers
- ✓ Do not pass judgements
- ✓ When you change the tack, inform the person that you are doing so



## Safeguarding and dealing with distress

Sometimes people become upset or distressed during an interview. Perhaps they are reflecting on issues of stigma or discrimination which have affected their own lives? When setting up the interviews, especially on sensitive or difficult subjects, think about how to support people who become distressed:

- If at a venue, is there another room where they can take a break to recover
- Is there a way to get them home safely
- Can you signpost them to any support such as help groups or psychosocial support

Sometimes even more serious issues arise. Think carefully about what the person has shared, do we have any duty of care regarding the matter. For example, have they revealed abuse or maltreatment? You need to ensure you have a safeguarding policy in place which can be referred to in order to guide your response to such incidents.

## Keeping a record

Generally, it is helpful to audio record interviews, or, video record for people using sign language. Depending on the type of analysis you are planning, you may need to transcribe the interviews – this is very time consuming and needs to be properly planned for. Whatever the approach taken, remember that technology can fail. Always take a few notes by hand to help you remember the key points and any key quotes from the interview. If it is difficult for you to interview and make notes at the same time, take a note taker with you.

Remember, it is really important to store notes and recordings safely and securely. Laptops should be password protected, drawers should be locked, back-ups should exist of digital recordings. Depending on the nature of the interviews, you may also need to anonymise the responses. Look to your organisation's data protection policy or the ethical approval for more guidance.

# Appendix 4: Top Tips in Story Writing

## Top Tips in Story-writing

### Why do we tell stories?

Examples include:

- To create an emotional connection
- To build trust
- To communicate shared lessons, values and experiences
- To influence others
- To teach something new

**The role of stories in development is to position our work as part of a larger story which is meaningful to our audience. That means you can't just repetitively talk about the activity or programme. We need to tell our stories about how people's lives are impacted because of what we do, and, importantly, what we supported them to do for themselves.**

Remember, it is important for storytellers to keep in mind that they are representing people, not abstract concepts. It is essential to be open to telling the story in a way that represents the subject's point of view.

### Features of a great story<sup>8</sup>

Great stories have a protagonist or subject, a struggle, and a resolution of struggle. Data and statistics alone do not change minds, a data point only becomes meaningful when we evoke empathy and understanding.

Some stories will be about a community, but remember, stories are most impactful when they are specific about one or two individuals. These individuals can represent

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<sup>8</sup> Adapted from *Storytelling Handbook: The Basics of Storytelling*, Smithsonian Institution, Museweb Foundation

the wider community. If you particularly want to write about a community rather than individuals, then this may work better as a case study.

**“Storytelling is about capturing an experience, in a narrative form, with a beginning, middle and end. Ideally, a story conveys some personal journey. By including dramatic situations, conflicts and dilemmas, and characters we can root for, great storytelling makes an individual, unique experience feel universal and conveys universal truths.”** Ethan Gilsdorf

A story has three structural elements: A beginning, a middle, and an end.

**The beginning** sets the tone and mood for the story. It introduces the person that the story is about. The beginning also shows a key event or incident which has impacted on the person, such as the COVID-19 pandemic, an accident at work, or a mental health crisis.

**The Middle** should move the story progressively forward to a final action. This means you provide a set of key examples which move the story along. For example, “this happened, and because of that, this happened, and then this happened too....”

The middle of the story presents a chain of logic connecting the beginning to the end. Each event and action must be relevant and in keeping with the subject and tone of the story.

**The End** is usually a reiteration of the core assertion of the story. All or many issues are hopefully, or at least temporarily, resolved in the end of a story.

Broadly speaking, there are two types of endings in stories:

- Closed End. One where all the questions raised in the story are answered and all emotions evoked are satisfied.
- Open End. One that leaves some or many questions unanswered and some emotions unfulfilled. In non-fiction, the mood of the story must be determined by the events of real life and cannot be controlled by the storyteller. The storyteller must judge the mood of the ending after studying the conclusions the story has come to based on the turn of real-life events.

Conflict and change are key to story-telling:

**Conflict** moves a story forward. People try and attain their goals in the face of opposition and obstacles. For example, the lack of healthcare workers with sign language, or stigma towards people with disabilities, or even self-stigmatisation, or lack of confidence. People might not overcome all or any of the conflict, key to story-telling is to reflect their journey.

Stories could also show or reflect the changing power of the subject. In the change processes were they any power structures, norms and behaviours that were challenged?

**Change** is when something becomes different. Change must occur in a story. In the beginning, the inciting incident introduces change to the character’s life. In the middle, the character must face conflict and, when they do, things change around

them and possibly within them. In the end, something must have changed from the beginning and this change lead to the resolution.

## How to write a story

The subject of the story, the individual featured, should have an opportunity to tell their story in their own words, rather than the story-teller simply writing up the story from project reports or interactions during activities. Engaging the person directly ensures that they give informed consent for their story to be shared, and gives them agency in how to present it. The story-teller can agree things like whether the person is OK to be named, or whether the story should be anonymised.

### Example interview guide<sup>9</sup>:

- Confirm you have consent
- Tell us a bit about yourself
- How did [the challenge that happened eg COVID-19] impact your life or business
- As a person [mention their specific relevant characteristic, such as person with a disability/mental health condition], how did [the challenge] specifically impact you and people like you
- What did you do with the [name grantee] / what was your interaction with [name grantee]
- How did [the intervention] make a difference in your life?
- How do you feel these days? What lasting changes have there been for you, if any?

The story-teller can interview the person and encourage them to share their story. This can be through informal conversation, or it can be filmed or audio recorded. Higher levels of consent are needed for filming or recording, because it is harder to anonymise the story-teller.

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<sup>9</sup> This is a basic example, see our guidance on interviewing for more examples

## Storytelling template for use in writing<sup>10</sup>

<b>Overview</b> The Title of the Story: The Name of the Storyteller: The Name of the Listener:	
<b>Place:</b> The precise location where the action occurred	
<b>Context:</b> The scene in time (year) and space (country)	
<b>Characters:</b> The actors, their attributes, and roles in the story. For example, their gender, disability, position, etc	
<b>Challenge:</b> The problem or task that triggered the	
<b>Action:</b> The sequence of events before, during, and after the turning point	
<b>The Turning Point:</b> The moment the change happened	
<b>Conclusion:</b> The ending including the moral, lesson learned, or message	

## Duty of Care

Share the story with the individual featured, are they OK with it? This is especially important if they are named.

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<sup>10</sup> Adapted from Asian Development Bank 2017 O. Serrat, Knowledge Solutions, DOI 10.1007/978-981-10-0983-9\_91. **Open Access** This table is licensed under the terms of the Creative Commons Attribution-NonCommercial 3.0 IGO license (<http://creativecommons.org/licenses/by-nc/3.0/igo/>) which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the Asian Development Bank, provide a link to the Creative Commons license and indicate if changes were made.

Think carefully about what the person has shared, do we have any duty of care regarding the content and the individual? For example, have they revealed a stigmatised condition, or accused a family or community member of maltreatment? Have you ensured that the individual understands that their story will be public? Have you discussed with them how to get support and stay safe if they receive backlash after telling their story?

Once you are ready to share the person's story with the wider world, you have a responsibility towards the individual featured, this is especially important when telling stories around stigma and advocacy.

**Remember: when you write up the story, it should sound like it came from a real person. Think about how you would relay a story to your friend or parent, and write like that. Development jargon can be put to one side, and everyday language, cultural expressions, and idiomatic turns of phrase used. You should quote or closely paraphrase the person featured in the story.**

## Other resources

Important anti-stigma toolkit from Time To Change, challenging mental health stigma, including stories from Ghana: <https://time-to-change.turtl.co/story/conversations-change-lives>

Some examples of story-telling in international development:

<https://www.bond.org.uk/news/2017/09/4-projects-taking-a-human-centred-approach-to-international-development-storytelling>

For great resources on storytelling for film and digital, see here:

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/sa\\_mhsa-storytelling-guide.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/sa_mhsa-storytelling-guide.pdf)



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