

Evidence and Effectiveness Grants Evaluation Summary: Large Grantees

Introduction

The overarching objective of the Evidence and Effectiveness Call was to ensure that people with disabilities, including people with mental health disabilities, are in the lead on approaches to improve their wellbeing, social and economic outcomes, and rights.

The specific objectives of the call were:

- To improve the wellbeing of, and empower people with disabilities, including mental health conditions, through evidence-based approaches to improve integration and accessibility of mental health and social services and user-led advocacy initiatives
- To reduce stigma and discrimination against people with disabilities, including people with mental health conditions
- To generate evidence through research to inform policy and practice on disability and mental health needs, programmes and interventions, in particular community-based rehabilitation (CBR) initiatives. No grants were awarded under this objective due to budget cuts

The grants were awarded to nine grantees, comprised of five small grants and four large grants, who implemented both Advocacy and Social and Behaviour Change (SBC) projects across ten of the 16 regions of Ghana. The small grants closed in July 2022 and an evaluation was completed in October 2022. The large grants continued up to October 2023, after which an end of project evaluation was commissioned.

Throughout the implementation period, grantees were supported to develop and finalised their results frameworks, work plans, and quarterly and final completion reports. The result frameworks and work plans served as guides for project implementation, while the quarterly and final reports documented the project progress and achievements.

Table 1: Description of large grants and their projects

Grantee Name	Project Location	Project Name
Hope for Future Generations (HFFG – Lead organisation) 2ith The PsyKForum	Greater Accra, Central and Northern Regions	The Social Behaviour Change Communication and Stigma Reduction for Mental Health and Disability Inclusion Project
Voice of People with Disability, Ghana (VOICE Ghana)	Oti and Volta Regions	#We-Matter Project
Ghana National Association of the Deaf (GNAD)	Greater Accra, Central, Northern and Upper West Regions	Empowered Deaf People for Improved Mental Health (ENDEIMH)
Songtaba	Northern and North-East Regions	Promoting Women Mental Health Rights in Ghana



Study Methodology

The evaluation design included the use of both secondary and primary methods to gather relevant data for assessment. A desk review of secondary documents such as the grantee project completion reports, quarterly reports, project result framework, among others, was undertaken. The desk review was complemented with field survey interviews, using both quantitative and qualitative approaches. Quantitative questionnaires were designed and administered to 243 respondents, comprising of persons with disabilities, including mental health conditions, and their caregivers, from 13 grantee districts. In addition, a total of 39 different qualitative interviews, through key informant interviews and focus group discussions were conducted with other stakeholders such as families of persons with mental health conditions, law enforcement agencies, officers of district assemblies, the media and project implementers.



Key Findings and Results

Advocacy Grantees

Advocacy grantees implemented interventions that focused on evidence-based approaches to improve integration and accessibility of mental health and social services and user-led advocacy initiatives. These grantees were provided with capacity building and financial support to provide peer support to people with disabilities, including mental health conditions, to improve their health and wellbeing.

Advocacy grantees, GNAD and Songtaba implemented a range of interventions aimed at improving mental health for Deaf people and women accused of witchcraft respectively. Some interventions by both grantees included evidence-based studies for advocacy; dissemination of study findings and recommendations; and engagement sessions with key stakeholders, including government institutions, traditional and religious institutions. Another key intervention implemented by Songtaba was the mobilisation and strengthening of Self-Help Groups into strong advocacy networks; and engagement with key stakeholders, including government institutions, traditional and religious institutions. GNAD, for their part trained health personnel, and organised policy dialogues and awareness campaigns on mental health.

Songtaba successfully completed and disseminated a research study that explored and investigated the prevalence of depression, quality of life and the gender dynamic of witchcraft accusations in the Northern and Northeast Region¹. This has contributed significantly to the discourse on social protection for vulnerable people especially women accused of witchcraft and banished to live in camps. A legislator in Ghana's Parliament who led the private members bill on criminalising witchcraft accusations, for instance, used these findings as evidence to push for the passage of the Anti-Witchcraft Allegations Bill. This bill has subsequently been passed by Parliament and awaiting for presidential assent before its full implementation.

As a result of the continuous advocacy and awareness campaigns by Songtaba, traditional authorities have positively responded to calls to end violence against women accused of witchcraft and this has translated in the reduction of the frequent attacks that used to be recorded, which is evidenced by the reduction of in-flows into the camps.

'One thing that I have observed is that for some time now, we don't have many women alleged as witches coming to the camp.' An alleged witches' camp member interviewed

There have been instances of re-integration of camp members to their family and community.

¹ Depression and Quality of Life of People Accused of Witchcraft and Living in Alleged Witches' Camps in Northern Ghana, Feb 2023

‘Being isolated from my children, family and community to the camp really had an emotional trauma on me. At this my vulnerable age of 80, I was branded a witch and banished from my community. It was not an easy task, but thank God, Songtaba came in. Songtaba became a pillar of support and encouragement for us. With their support, I am now back in my community living harmoniously with my children and family in the very community that once rejected me’ 80-year-old woman re-integrated into her community and family.

Songtaba’s interventions have also strengthened disability programmes, including mental health programmes, in the project districts. The mobilisation and strengthening of Self-Help Groups into advocacy networks has promoted inclusion in decision-making at the district and community levels. Through these engagements, assemblies in the project districts have now increased their commitment towards mental health through the integration of mental health service users into the disbursement of the disability component of the District Assembly Common Fund. This was not the case to the project interventions.

‘We are grateful to Songtaba because their project has promoted support for mental health patients. Some of us are now benefiting from the Disability Fund at the District Assemblies. The money they give supports the buying of drugs especially the mental health drugs that are not available at the health facilities and must be bought in the pharmacies.’ A member of an alleged witches’ camp interviewed.

Songtaba’s engagement with the Ministry of Children and Social Protection (MOGSCP) and other relevant stakeholders, has resulted in improved social safety net programs to support vulnerable women like the alleged witches and their dependants. In some cases Livelihood Empowerment Against Poverty was expanded to cover these women at the camps and they were registered for National Health Insurance to ensure their access to improve health.

Access to health care

80% of women respondents at the alleged witches’ camps have indicated improved access to health care as a result registering onto the National Health Insurance Scheme.

Similar to Songtaba, GNAD studies² have contributed to enhanced knowledge on the mental health needs of Deaf people. The various stakeholder engagements with persons with disabilities, healthcare workers, Government representatives and representatives of Civil Society Organisations (CSOs) helped to increase public awareness about the mental health needs of Deaf people. Through GNAD’s awareness creation interventions, the Pantang and Accra Psychiatric Hospitals have, for instance, partnered with GNAD to enhance mental healthcare for Deaf people. GNAD has developed 17 inclusive Mental Health Information Communication

² [Assessing Barriers to Mental Healthcare Interventions for Deaf People in Ghana, 2024](#); [Double Tragedy: Examining the Effects of Mental Health Stigma on Help Seeking Behaviour among Deaf People in Ghana, 2023](#)

Materials for Pantang Hospital, in audio visual format through the inclusion of Sign language interpreters, making the materials highly relevant and accessible for Deaf people. The Accra Psychiatric Hospital has also increased its collaboration with GNAD through periodical engagement and requests for GNAD to support the hospital to provide interpretation for Deaf people seeking mental health care. The hospital has set up a disability desk to serve as a point of reference for all persons with disabilities when they visit the facility to access mental health services.

The evaluation revealed that 41 psychiatric nurses have completed intensive sign language training provided by GNAD. This has resulted in a positive change in behaviour patterns in relation to Deaf people within health facilities with trained nurses.

‘I have never realised how serious the mental and health needs of the Deaf community was until I took part of the training. I am very excited to provide these services to Deaf people and this wouldn’t have been possible if I was not trained by GNAD’ A psychiatric nurse.

Data from these facilities shows that 28 Deaf people were able to access mental health services within the period. Some of these patients interviewed during the evaluation were highly satisfied with the services received.

‘I was very happy to see a nurse at the hospital who understood the sign language when I visited the hospital. She really appreciated what I was going through and was able to support. Now I am able to go the hospital more often because I know that when I go there, I will get a nurse who can communicate with me’ A Deaf psychiatric patient

Satisfaction with quality of health service delivery

63% of respondents from GNAD were highly satisfied with the quality of mental healthcare received over the project period. This is as a result of support measures put in place at some health facilities by the project.

The evaluation revealed that, even among disability groups, including Deaf groups, mental health issues around individuals who are Deaf and hard of hearing have been less discussed prior to GNAD’s interventions. As part of the project interventions, therefore, some Deaf leaders from these disability groups were selected to participate in capacity building training on mental health advocacy to enable them serve as regional level mental health champions. This has helped enhance awareness of mental health issues among Deaf people.

‘Issues of Deaf people and mental health have not been critically looked at in the region until GNAD initiated the Empowered Deaf People for Improved Mental Health project. Following the inception of the project, mental health issue has now been discussed among members during meetings. As part of measures to amplify the mental health needs of persons with disabilities in general and Deaf people in particular, the regional federation have agreed to use part of free weekly airtime allocated to the regional federation by Radio Upper West for disability issues to raise awareness and educate the region on mental health and Deaf people’ An executive of GFD in Upper West Region

‘For long, community leaders have been unaware about such issues but the project has created the opportunity for us to be exposed to a lot of issues

which can be collectively fought for and achieved at the local level to support Deaf people with mental health conditions' A District Assembly member in Upper West Region.

Social and Behaviour Change Grantees

SBC grantees focused on the participatory development and operationalisation of the Ghana Somubi Dwumadie SBC strategy. Their works centred on; development of positive language for mental health and disability; creating a culture of support for people with disabilities, including people with mental health conditions, to reach their full potential; and ensuring duty bearers enforce and abide by Ghana's policies and laws.

VOICE Ghana and HFFG implemented social behavioural change interventions within their respective districts. These interventions strengthened community support systems like families, traditional and religious leaders, community leaders and health care providers to provide effective support to people with disabilities, including people with mental health conditions. SBC grantees worked with stakeholders at the district and community levels as well as the Ghana Somubi Dwumadie team to co-create SBC materials (messaging, audio and visuals) using positive words and phrases developed on mental health and disability³. Positive disability local language terminologies were developed through a participatory and inclusive approaches to foster active participation. Some other specific interventions by these SBC grantees included;

- Training of local inclusion ambassadors and disability champions to lead awareness creation;
- Community engagement and consultation with traditional and religious authorities on opportunities for persons with disabilities and use of positive disability terminologies;
- Media engagement on positive disability and mental health terminologies
- Public awareness creation or community sensitisation through the use of SBC materials such as Positive Disability Terminology Guide, posters and jingles
- Consultation with state and non-state actors on addressing abuse cases for people with disabilities, including people with mental health conditions
- Psychosocial counselling sessions

As a result of VOICE Ghana's engagement with traditional and religious leaders on the need for creating opportunities for persons with disabilities, as well as the empowerment given to these persons themselves, eight people with disabilities from the project communities for the first time contested as unit committee members in the 2023 district level elections. Three of them, comprising two men and one woman, won the elections. For the first time these communities have persons with disabilities

³ Guides on appropriate local language for disability and mental health developed by **VOICE** and **HFFG**

as part of their local authorities. Additionally, across the 20 project communities for VOICE Ghana, there are 30 people with disabilities who are now holding other leadership positions in their communities like School Management Committee Secretary, Community Water Board Chairman, Church Ushers, Easter Planning Committee members, Community Development Committee members, among others. One of these leaders, a woman with physical disability expressing her excitement on her new leadership role stated;

‘As a result of the project, I was appointed as a Local Women Leader of my church (Assemblies of God) and this is a great achievement in my entire life and I am very happy for this’

The evaluation attributed this to the awareness created by the Inclusion Ambassadors in their respective communities, using VOICE Ghana’s SBC communication materials. Within the 20 project communities of VOICE Ghana, there are also evidence of increased use of positive disability terminologies. Instead of the former derogatory names in local languages, people now describe persons with disabilities, and people with mental health conditions, using their real names or title such as aunty, sister, madam, brother, or mummy and daddy.

‘I now feel excited and proud when community members are referring to me as Aunty or sister or madam or even maa in place of mad person as they used to call me before’ A woman with psychosocial disability in Volta region

‘Previously, I accepted to be called ‘pozo’ which connotes ‘cripple’ but I no longer accept this derogatory name as a result of the enlightenment I gained through the project.’ A man with physical disability from Nkwanta North District in the Oti Region.

Another major impact of VOICE Ghana’s interventions has been the increased commitment of traditional authorities. All 20 implementing communities have now put in place some form sanction measures for those who abuse persons with disabilities. For instance, in Adaklu Sofa, within the Adaklu district, there is a fine of GH¢ 500.00 (GBP 30) and four bottles of castle bridge gin as punitive measures for anyone who abuses a person with disability or mental health condition. Chiefs in Lume Atsyame in the Ho municipality also have in place a fine of GH¢ 200 (GBP 12) for such abuses. These sanction measures are helping to promote and protect the rights of persons with disabilities.

‘For people with disabilities, we need to support them by giving them opportunities. For me, I do not see them differently but rather my brothers and sisters. When you first came to me, I was surprised that people can be so concerned like this. I am ready, any time to help whenever you call on me’. A Traditional Leader from Krachi East Municipal, Oti Region.

‘I never knew that community members are taking the education seriously until an issue happened between one person with mental health condition and a community member. In fact, your project has saved our community of a serious calamity. Someone described a person with mental health condition derogatorily, which he did not like. However, because of this project, the victim decided to report the case to us for redress instead of his initial plan to hurt the perpetrator. I have resolved the issue quickly and calmed him down to avoid future issues.’ A Traditional Leader from Adaklu District in the Volta Region

These sanction measures, coupled with the numerous awareness creation activities have led to reduction in stigma and discrimination faced by persons with disabilities,

as well as their families and caregivers. There is an instance of a mother of a child with cerebral palsy confirming that children in the community no longer mock and mimic her daughter or call her derogatory names because of the education brought by the project. Again, the involvement of families and caregivers in the project has enlightened them to better fulfil their roles and responsibilities to their relatives with disabilities and mental health conditions.

‘I used to ignorantly accept the derogatory name, ‘mumu’ which literally means ‘deaf and dumb’ for my sister who is a person with speech and hearing impairment by our community members. However, I now insist on the use of her real name and they are doing that now’. A caregiver in the Volta Region.

HFFG interventions have also yielded positive results. There has been increased use of positive disability languages across project communities. The community initiatives that focused on inclusive language for individuals with disabilities brought about significant changes. Through self-help and community sensitisation sessions, community members learned the importance of respectful language that addresses individuals by their names rather than defining them solely by their disabilities. A community leader in Greater Accra confirming this stated; **‘Addressing individuals with disabilities by their names and focusing on their abilities rather than their disabilities has created a more inclusive and welcoming environment in our community. It shows that we value their individuality and respect their dignity.’**

Another person with disability who is now serving as a disability champion sharing the impact of the increased use of positive language had this to say, **‘Using person-first language has made a tremendous difference in how I feel about myself. I am no longer defined solely by my disability but seen as a person with unique strengths and talents.’**

This shift towards the use of positive language had a profound impact, with people with disabilities feeling respected and valued as integral members of the community.

Reduction in stigma and discrimination

Approximately eight out of ten people with disabilities, including people with mental health conditions, interviewed had seen a reduction in various forms of stigma and discrimination.

Through HFFG interventions, people with disabilities now know the law and they seek redress when abused, stigmatised, or discriminated against. Disability Champions and law enforcement agencies have solved several cases pertaining to land, rent, childcare and custody, marriages, access to education and health. Bye-laws at the district levels have been passed and others developed clauses in the bye-laws to address stigma and discrimination issues. An individual with physical disability shared his experience, **‘Knowing my rights has given me the confidence to stand up against discrimination. When my landlord tried to increase the rent unfairly, I sought help from the local authorities, and they intervened promptly. I’m grateful for the support I received.’**

Another community leader and a disability champion highlighted the significance of these bye-laws;

‘The implementation of inclusive bye-laws has been a game-changer. It has given us a legal framework to challenge discrimination and promote inclusion.’

We are now able to hold duty bearers accountable and protect the rights of individuals with disabilities.'

Justice and enforcement of rights

76% of respondents were satisfied with measures and structures put in place to protect the rights of persons with disabilities.

Again, through the tollfree line and one-on-one counselling activities the project saved lives, brought people with disabilities back to their families, helped to identify skills and created community support. A total of 456 people including people with disabilities, people with mental health conditions, and caregivers, received psychosocial support from four counsellors. The one-on-one counselling by HFFG was instrumental in identifying skills and creating community support for individuals, one of which was a person with physical disability who was struggling to find his place and utilise his abilities. One of the counsellors shared the transformative journey of this person; **'During our counselling sessions, we discovered his talent and passion for art. We worked together to nurture his skills and connect him with local art groups and workshops. As he gained confidence, his art flourished.'**

Quantitative Evidence of Project Impact

Quantitative data across the grantees projects confirms a significant reduction in stigma and discrimination as a result of the project interventions. As presented in table 3, approximately eight out of ten people with disabilities, including people with mental health conditions, have experienced reductions in various forms of stigma and discrimination.

Table 3: Change in perceived level of stigma and discrimination

Forms of stigma and discrimination	Respondents experiencing reduction in stigma and discrimination
Exclusion from decision-making at the community and family levels	84%
Description with dehumanising or derogatory words	81%
Losing respect or social standing within the family, the community or both	86%
Being denied health services, education, and or other social services	85%
Being abandoned by family	89%

Forms of stigma and discrimination	Respondents experiencing reduction in stigma and discrimination
Being excluded from social gatherings	82%
Worried about others finding out about one's mental health or disability	76%
Feeling shame because of disabilities including mental health	74%

Programme Sustainability

The design of the programme ensured a sense of ownership among grantees and participants as they played critical roles in the design and implementation of the interventions. This sense of ownership is a key factor for sustainability of project gains. Moreover, the involvement of key stakeholders at the community and district levels is another important sustainability factor. The projects built a very strong rapport with key stakeholders including community and opinion leaders, traditional leaders and religious leaders as well as government institutions and agencies like the district assemblies. These institutions are key agents of change due to their influence.

On the part of the grantees, the project teams of both advocacy and SBC grantees have benefited from a range of capacity building support provided by the programme in terms of project planning, including monitoring and evaluation, reporting, and stakeholder engagement. Knowledge and skills gained through these sessions put these organisations in better positions for attracting new donors for similar projects.

Specifically, Songtaba mobilised and strengthened Self-Help Groups to create strong advocacy networks to continue engaging stakeholders for their wellbeing. With these advocacy networks, it is anticipated that at the end of the project, these groups would be organised and well-structured enough to continue their advocacy.

Songtaba has also included mental health advocacy in their three-year workplan as it fits well into the organisational strategic objective on integrated health. Key findings and recommendations of their project have been presented to other donors for funding. Songtaba's continuous work with advocacy networks, platforms and institutions such as the mental health alliance and the coalition against witchcraft accusations, will push for the sustainability of the gains from this project.

The evaluation identified a growing sense of ownership and control over the project among GNAD members and other stakeholder organisations. Interaction with members at the regional level indicate that the members of the association now have enhanced capacity and are engaging regional level duty bearers. Examples are regional level leaders writing to the Regional Health Directorate of Ghana Health Services to establish a disability desk for their members. The presence of regional mental health champions for continuous awareness creation on mental health issues for Deaf people is also a sustainability measure in place. The engagement of healthcare workers including the sign language training provided for them to

enhance communication with Deaf people also has the potential to continue beyond the project.

The primary participants of the project who are people with disabilities, or mental health conditions, have been involved from the very start. The project has been designed to enable them take ownership. In the positive language development for both VOICE Ghana and HFFG, the different groups of people with disabilities played an active role in identifying derogatory words and developing alternative words which were more acceptable to them. This will ensure a sense of ownership of the project and consequently its sustainability.

HFFG's collaboration with state institutions and agencies such as the Ghana Health Service, Commission on Human Rights and Administrative Justice (CHRAJ), Domestic Violence and Victim Support Unit of the Ghana Police Service, the District Assemblies, the Social Welfare Department and the Mental Health Authority, will help anchor the gains made by the project. In particular, CHRAJ representatives and the Chief Imam's Representatives in the Greater Accra region have committed to continue with the advocacy initiative started by HFFG. Similarly, in the Central Gonja district, the National Commission for Civic Education is reported to have added disability rights education to their regular activities.

Sanction mechanisms put in place by VOICE Ghana's project communities will serve as a protocol for promoting and protecting the rights of people with disabilities, including people with mental health conditions. These measures have now become part of the community settings and will continue as the project ends. The presence of inclusion ambassadors and disability champions will continue playing their roles in supporting people with disabilities, including people with mental health conditions, in their respective communities.



Key Learnings and Promising Practices

- The adoption of the user-led approach as part of the grant-making strategy has not only empowered persons with disabilities, including people with mental health conditions, to assert their rights, but has also created legitimacy for the issues raised and compelled stakeholders to act. For instance, religious and traditional leaders, as well as community members, see the moral logic in the message of persons with disability to be included in the polity. The SBC message on anti-stigma and discrimination gained wide traction among stakeholders and has contributed significantly to the reported results
- Disability champions, ambassadors and people with disabilities acting in leadership positions play a powerful role in creating a positive culture of support. They have a strong opportunity to influence community change. With leadership opportunities they make substantial contributions and facilitate lasting and positive cultural change

- Religious and traditional leaders play an important role in facilitating a positive culture of support in their communities. People change their attitude towards people with disabilities, including people with mental health conditions, when they hear or see influential people in the community raise concerns against stereotyping, stigmatising, and discriminatory behaviours
- Changing negative disability language is challenging but with the process of developing local language guides and the persistence of people with disabilities and community and religious leaders, new language can be embedded in everyday life to help reduce stigma
- Community chiefs are instrumental in the enforcement of the use of positive disability language and behaviours at the community level. The project interventions led to about 20 communities working with VOICE putting in place some form sanction measures for those who use derogatory language or negative behaviours against any person with disability including people with mental health conditions in their community. In one community, for instance, there is fine of GH¢ 500.00 (GBP 30) and four bottles of castle bridge gin as punitive measures for anyone who abuses a person with disability or mental health condition
- Evidence-based advocacy has a great potential to deliver results much faster. The dynamics of advocacy for grantees changed when findings of studies were disseminated. Many individuals and institutions became interested and aware of mental health, which grantees leveraged on to push their agenda



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A full report of the study and methodologies used in this study is available from Ghana Somubi Dwumadie on request.



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