Ghana Somubi Dwumadie

Grants Mechanism Strategy 2020-2024

for

Ghana Somubi Dwumadie (Ghana Participation Programme)

July, 2020

Version 1

Consortium Managed By: Options Consultancy Services Ltd

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Introduction

Ghana Somubi Dwumadie (Ghana Participation Programme)[1] is a four (4) year programme (2020-2024) which sits within the UK Government's larger Leave No One Behind (LNOB) programme, and will contribute towards the overall LNOB impact goal that **all people with disabilities and mental health conditions in Ghana are engaged, empowered and able to enjoy improved wellbeing, social and economic outcomes and rights.**

Ghana Somubi Dwumadie is run by a consortium of partners who bring together a wide range of skills and experience:

- Options are the lead consortium partner and are experts in health systems strengthening, working in partnership with national and local governments.
- Basic Needs Ghana is a mental health and development advocacy organisation that works to increase awareness and influence public opinion, policy and practice.
- Kings College London are a leading authority on research and capacity building in policy, prevention, treatment and care of mental illness worldwide.
- Sightsavers is an international non-government organisation with over 70 years' experience in disability inclusive development.
- Tropical Health are the monitoring and evaluation (M&E) and learning partner and experts in supporting evidence-based programs.

This document is the Ghana Somubi Dwumadie Grants Mechanism Strategy, which has been developed in collaboration with the grants team, consortium partners, and has been informed by the Programme contract Terms of Reference, the UK Government Grants Standards and the Programme's ongoing research, analysis and baseline work during the 6-month inception phase which began in January 2020. An external stakeholder meeting is planned to support ongoing development of the strategy as a living document.

This strategy sets out the following:

- An understanding of the current situation in Ghana regarding people with disabilities, including mental health disabilities, on which this strategy is based.
- The programme's grant-giving objectives, including theory of change.
- How the programme will give grants.
- The governance arrangements.
- Monitoring, evaluation, and learning plans.

[1] Formerly the Ghana ONE Programme

1. Disability and Mental Health in Ghana

1.1 Prevalence of disability and mental health

In Ghana, there are estimated to be more 2 than million people with disabilities; the Ministry of Gender, Children and Social Protection (MoGCSP) estimates that 20% of the population in Ghana has some form of disability[2]. This number is likely to increase in the future as populations are aging and chronic conditions become more prevalent[3].

People with disabilities, including mental health disabilities, in Ghana are poorer than their non-disabled peers in terms of access to education, healthcare, employment, income, justice, social support and civic involvement. Barriers to inclusion: discriminatory attitudes, inaccessible environments, exclusionary institutions and inadequate data, statistics and evidence on what works[4]. Early social exclusion and limited education and skills training leads to more difficulties in finding and keeping employment and limited career advancement[5]. Compounding this, people with disabilities and their families may face additional costs such as extra medical, housing, caregiver, and transport costs[6].

Approximately 280,000 Ghanaians (1% of population) are estimated to have severe disabilities and 2.8 million (10% of the population) some form of mental health condition[7]. The term 'mental health' in Ghana is broad and has until recently referred to a wider cluster of mental health conditions, neurological conditions (such as epilepsy) and substance use (MNS) conditions. In addition, people with intellectual disabilities are treated in the same facilities and face common barriers. The treatment and quality gap remains high according to an assessment in 2015, an estimated 2% of people with MNS disabilities were being treated [8], and anecdotally we believe it is now around 15%.

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[2] MoGCSP 2014b referenced in World Bank, 2016, "Ghana: Social Protection Assessment and Public Expenditure Review", http://documents.worldbank.org/curated/en/776791491300371576/pdf/114004-revised-Ghana-SP-report-Draft-for-publicdisclosure.pdf

[3] Mitra, et al., (2012) Disability and Poverty in Developing Countries: A Multidimensional Study, World Development, 44, 1-18. http://doi.org/10.1016/j.worlddev.2012.05.024

[4] Rohwerder, B. (2015). Disability inclusion: Topic guide. Birmingham, UK: GSDRC, University of Birmingham

[5] Groce, N., Kett, M. (2013) The Disability and Development Gap, Leonard Cheshire Disability and Inclusive Development Centre, University College London. Available at https://www.ucl.ac.uk/leonard-cheshire-research/research/publications/documents/working-papers/wp-21.pdf

[6] Ingstad. B. & Eide. A. (2011). Disability and poverty: A global challenge. Bristol: Policy Press.

[7] Drawn from Policy, and DFID assessments

[8] Ohene, S., *Sustainable Mental Health Care in Ghana: A Demonstration Project*. 2015

1.2 Attitudes towards disability and mental health

Progress has been made in education and sensitisation on the rights of people with disabilities and mental health disabilities, to be treated on an equal basis with others. However, there is a continued stigma, negative attitudes and discrimination towards people with disabilities, including mental health disabilities in Ghana.

Numerous studies have sought to highlight the practices of negative attitudes, discrimination and stigma related to people with disabilities that seek to hinder their full and effective participation in society on an equal basis with others. Whilst there have been global and international movements to address these practices, studies are continuing to show that these are persisting; and this remains true for Ghana with major barriers still preventing persons with disabilities from equitable access and participation in society.

Stigma has been explored in literature at various levels and using various frameworks, including the micro level (individual) and macro level (systems/structures); examining how individuals, institutions and larger cultural constructs inform and influence practices of stigma. In order to fully understand and reduce practices of stigma and discrimination it is important to understand the different types that happen at different levels and how these interact with one another. For example, the traditional understanding of disabilities can be seen to affect the self-worth and the inclusion of the needs of individuals with disabilities in essential services at the macro-level.[9]

In Ghana, at the macro level, the lack of inclusion of the needs of individuals with disabilities in policy and planning decisions have permeated into societal level conditions and institutional practices. These constrain opportunities and access to resources and wellbeing for people with disabilities, including mental health disabilities. For example, a lack of inclusion and engagement can be seen to permeate down from policy and decision making to subsequent funding and resource allocation, service design, delivery and regulation; enabling practices of stigma and discrimination to persist across health, economic, social, environment and political structures for people with disabilities, including mental health disabilities.

The socio-cultural beliefs and attitudes about people with disability and mental health disabilities that seek to reinforce and enable this lack of inclusion and engagement across societal structures need to be fully understood in order to enable full and effective participation in society on an equal basis with others.

Traditional and religious beliefs are changing, however in some areas still support the view that disability is a manifestation of personal weakness or supernatural forces. People with disabilities, including mental health disabilities, continue to face exclusion from family, community, work and civic life, face inequitable access to health and social

[9] Anthony, J., Conceptualising disability in Ghana: implications for EFA and inclusive education. International Journal of Inclusive Education, 2011. **15**(10): p. 1073-1086.

services and have few opportunities to take a stand against stigma, discrimination and abuse.

1.3 Policy and legislative framework in disability and mental health

Ghana has a strong policy and legislative foundation for disability and mental health inclusion. Several integrated policy and legal measures have been adopted in line with global commitments and development goals to improve participation and inclusion of people with disabilities, including mental health disabilities. However, despite these concerted efforts, opportunities remain to more significantly enable people with disabilities, including mental health disabilities, to remove the barriers which prevent them from participating fully in their communities, including getting quality education, decent work, and having their voices heard and incorporated in policies and programmes that affect them directly.

Some of the key foundational policies and legislation include:

- Ghana Disability Policy (2000);
- Ghana Disability Act (Act 715 of 2006);
- Mental Health Act (2012);
- Inclusive Education Policy (2016); and
- Forthcoming Mental Health Policy - which outlines Ghana's vision for the next ten (10) years.

Implementation of these laws and policies are inconsistent. Both disability inclusion and mental health are under-prioritised and under-resourced. There is no specific budget allocation for disability inclusion and there is limited spending on mental health in other sectors, including social services. The Disability Act is not consistently enforced, allowing continued discrimination and exclusion from formal and informal employment, inaccessibility of the built environment and Information and Communication Technology (ICT), and difficulties in accessing health and education services[10]. In terms of budget for MNS disabilities, while they make up more than 10% of the burden of disease in Ghana, only 1.4% of the total health budget is spent on MNS disabilities[11].

Progress has been made on a number of areas, for example the establishment of the Mental Health Authority (MHA) and the National Council for People with Disabilities (NCPD). However, there continue to be challenges in governance, resource allocation and implementation which further impact society's attitude towards people living with disabilities, including mental health disabilities. In addition, there are a range of government programmes supporting people with low incomes, for example the

[10] DFID Ghana consultation with the Ghana Federation for Disability Organisations in January 2019.
[11] WHO AIMS. (2013).

Livelihood Empowerment Against Poverty (LEAP) programme. However, recently some questions have also been raised about the reach of LEAP to people with disabilities, including mental health disabilities[12].

An outline of existing programmes of support for people with disabilities, including mental health disabilities, is available in Appendix 2.

1.4 Impact of COVID -19

Since the first cases of the coronavirus disease 2019 (COVID-19) were reported in Ghana, cases have continued to grow. A range of prevention and mitigation measures were put in place by Government of Ghana (GoG), including a temporary partial lockdown in Greater Accra and Kumasi. To date, the majority of measures have focused on the emergency or relief phase of the pandemic, with less focus on the recovery and resilience phases at the time of writing (June 2020).

Stakeholders in Ghana have been raising concerns not just about the economic impact of the pandemic, but also the impact on people's mental health. These concerns are echoed globally, with reports of increased mental health impacts around the world.

The World Health Organisation (WHO)[13] anticipated implications for mental health include:

- Elevated rates of stress or anxiety.
- Elevated levels of loneliness, depression.
- Increase in harmful alcohol and drug use.
- Self-harm or suicidal behaviour are also expected to rise.
- Domestic violence[14].

Within Ghana, additional mental health impacts include the stigmatisation of people who have recovered from COVID-19, which has a negative impact on their recovery and ability to reintegrate back into their communities.[15] Moreover, there are particular concerns about the enhanced risk of death by suicide due to COVID-19 impacts, and the broader community impact given that suicide remains criminalised in Ghana. Healthcare workers are another group experiencing elevated stressors, for example,

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[12] Rapid Review and Assessment on Disability and Gender Inclusion in LEAP 2—Ghana Productive Safety Net Programme, Social Development Direct, 2020

[13] http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/mental-health-and-covid-19

[14] BBC. (2020). Coronavirus: Domestic Abuse Calls up 25% Since Lockdown, Charity Says. Available at https://www.bbc.co.uk/news/uk-52157620
Bradbury-Jones, C (2020) The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing [editorial]*. DOI: 10.1111/jocn.15296

[15] https://citinewsroom.com/2020/04/covid-19-not-death-sentence-dont-stigmatize-mental-health-authority/

Christian Health Association of Ghana (CHAG) facilities have been under immense pressure given the potential surge in care demands, risk of infection, commodities and equipment shortages.[16]

Mitigating the impact of the pandemic in Ghana on people with disabilities, including mental health disabilities, is the focus of a range of Ghana Somubi Dwumadie activities, including a Call for Proposals for psychosocial support projects. We will establish a fast track grant-giving approach which will allow the Grants programme to be flexible and responsive.

Ghana Somubi Dwumadie has conducted an Initial Rapid Assessment of COVID-19 in Ghana to understand how COVID-19 may affect people with disabilities, including mental health disabilities, assess their needs and identify delivery mechanisms to reach the greatest number of people in order to benefit from enhanced social protections (such as food, water supplies, cash transfers, health insurance) during the pandemic, and to suggest approaches to filling any gaps.[17]

2. Ghana Somubi Dwumadie grant giving objectives

2.1 Overall Programme Theory of Change

Ghana Somubi Dwumadie has four (4) key output areas[18]:

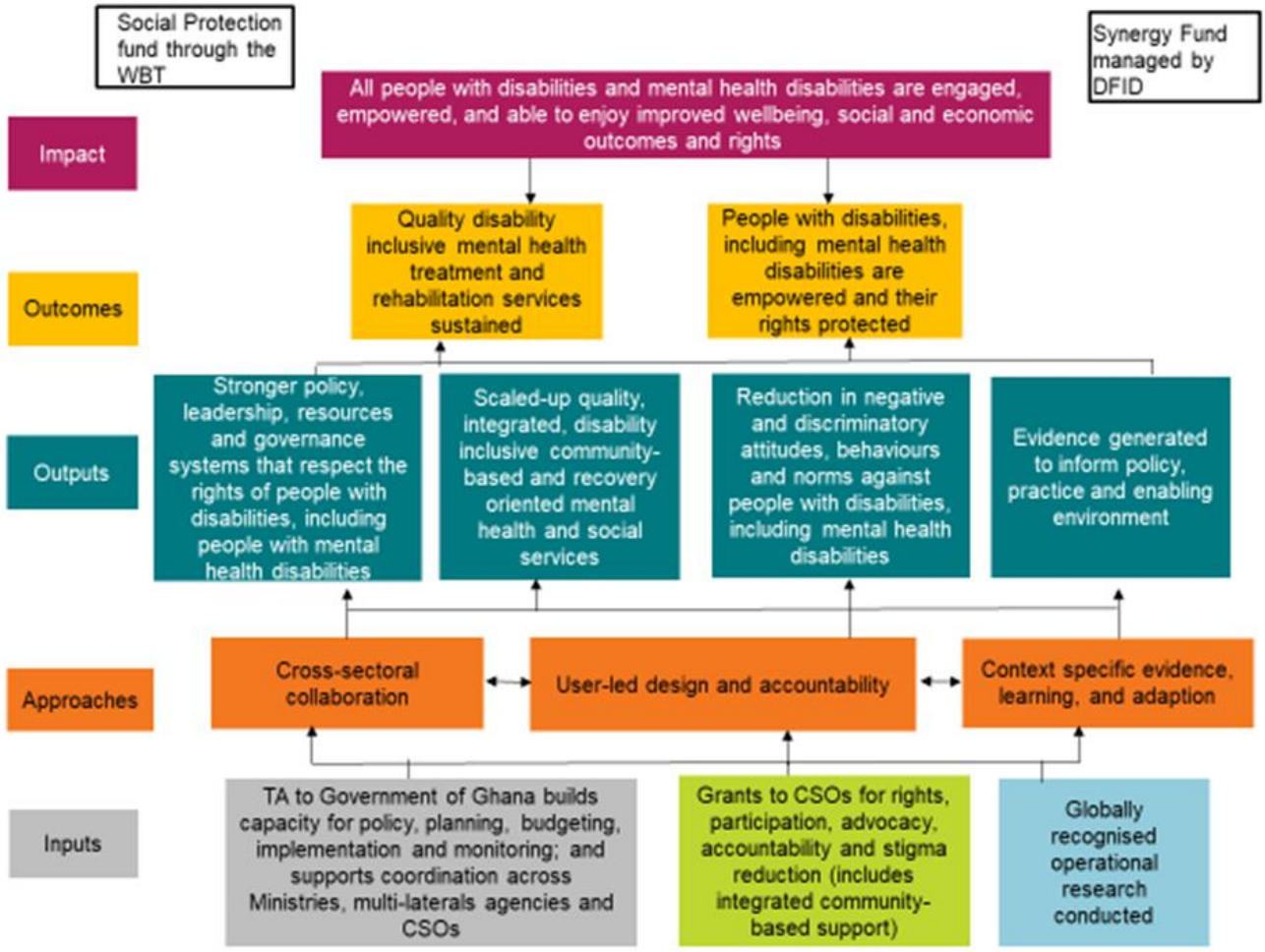
- Output 1: Stronger policy, leadership, resources and governance systems that respect the rights of people with disabilities, including people with mental health disabilities.
- Output 2: Scaled-up quality, integrated, disability inclusive community-based and recovery oriented mental health and social services.
- Output 3: Reduction in negative and discriminatory attitudes, behaviours and norms against people with disabilities, including people with mental health disabilities.
- Output 4: Evidence generated to inform policy, practice and enabling environment.

Ghana Somubi Dwumadie is primarily a technical assistance (TA) programme, with a strong grants component which is designed to complement the overall programme outcomes and impact.

[16] CHAG, April 2020
[17] Rapid Assessment of COVID-19 in Ghana, specifically relating to people with disabilities and mental health disabilities, Ghana Somubi Dwumadie, July 2020
[18] Revised programme logframe submitted to DFID 30 April 2020

See the Ghana Somubi Dwumadie overall theory of change and the assumptions sitting behind it[19]. This is detailed in Figure 1 below, whilst Figure 2 in Section 2.2 outlines the Grants Mechanism theory of change.

Figure 1: Ghana Somubi Dwumadie Theory of Change



2.2 Grant-giving objectives

The grants mechanism approach is positioned within the overall programme theory of change and is designed to support activities aligned to outputs 2, 3, and 4. This is represented visually in Figure 1. Each thematic area of work will be supported by a detailed call for proposals.

[19] Theory of Change, narrative and assumptions, Ghana Somubi Dwumadie, submitted as Q1 2020 Milestone in April 2020

Output 2: Scaled-up quality, integrated, disability inclusive community-based and recovery oriented mental health and social services.

Work in this area includes capacity building and financial support to self-help groups (SHGs) and Disabled People's Organisations (DPOs) to provide peer support to people with disabilities, including mental health disabilities to improve their health and wellbeing. Examples could include support for:

- Access to services.
- Income generation for low income groups.
- Advocacy activity, including advocating with GoG for increased investment in mental health.
- Integrating mental health into primary care.

The grant mechanism complements other work in this output area which includes primary health care (PHC) integration and service reform including, for example, activities such as the development of district mental health plans and enhancing the quality and accessibility of health and community services. This area also includes a fast track application process for a COVID-19 psychosocial resilience call for proposals.

Output 3: Reduction in negative and discriminatory attitudes, behaviours and norms against people with disabilities, including people with mental health disabilities.

This output area will focus on enabling people with disabilities, including mental health disabilities, to advocate for their rights and engage in public life. At the heart of this area is the participatory development of a social and behaviour change communication (SBCC) strategy.

Through the granting mechanisms of this programme, we will mobilise a range of stakeholders, such as health communication experts and social enterprises, to work closely with consortium partners, and civil society to design, test, review, implement and monitor SBCC interventions.

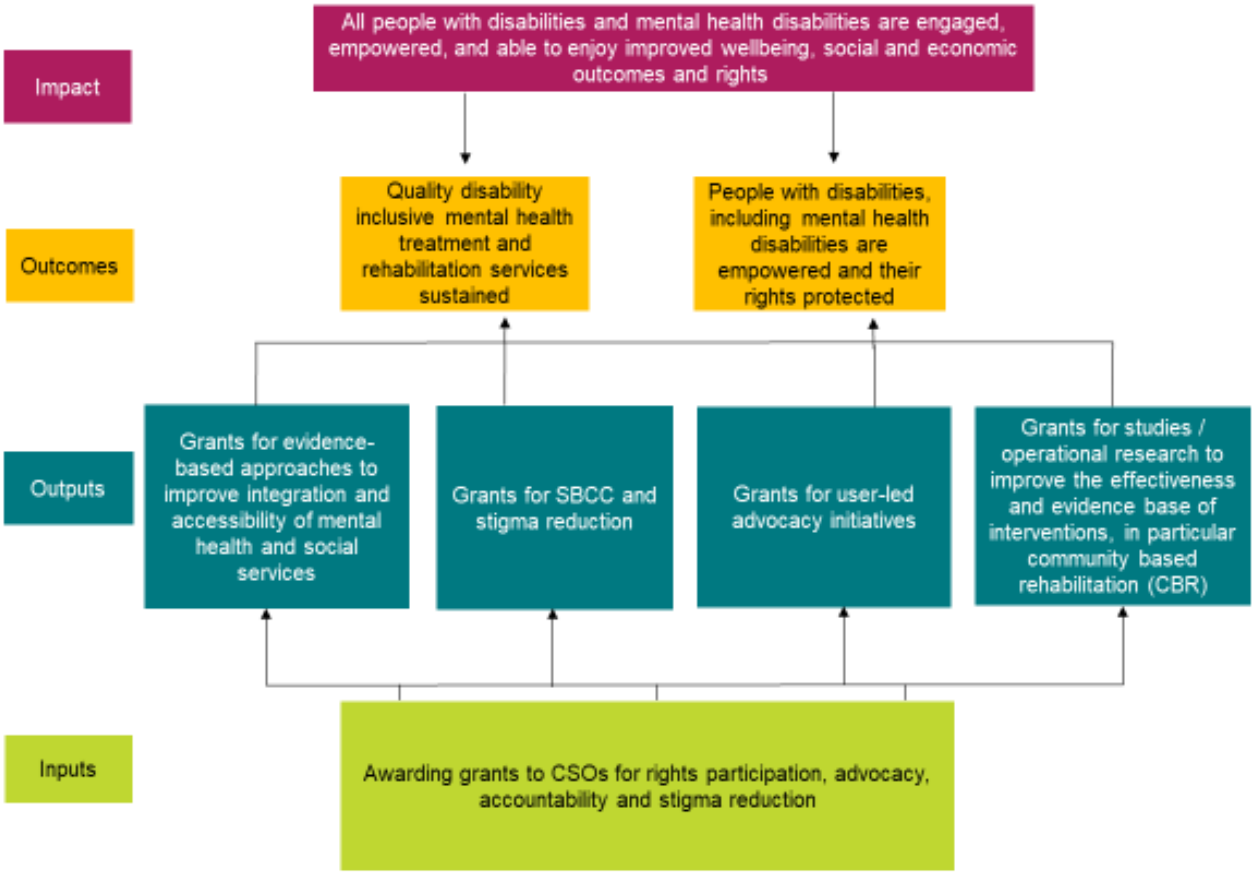
We will build capacity of SHGs, DPOs and other civil society organisations (CSOs), identifying specific needs at organisational and technical levels. Grants will be provided to selected implementing partners to support and amplify their advocacy and human rights work.

Output 4: Evidence generated to inform policy, practice and enabling environment.

This output area is focused on developing an increased evidence base on mental health and disability inclusion in Ghana. It will explore what works to scale up comprehensive, integrated, quality, recovery-oriented mental health services, and to achieve disability inclusion, including through the use of disaggregated data by disability status.

The focus of granting in this area will particularly be on operational research to provide an evidence base for the effectiveness of community-based rehabilitation (CBR). Therefore, potential grantees include research institutions in addition to civil society.

Figure 2: How the grants fits within the overall theory of change



3. How the programme will give grants

3.1 Overarching granting outline

Table 1: Summary of grants outline

Principles and approach	
Funding principles	• Participation. • Knowledge-building. • Collaboration. • Adaptability.
Funding approaches	• Inclusion and diversity management. • Sustainability and value for money. • Do No Harm and responsible granting. • Robust Management of Conflict of Interest.
Scope and eligibility	
Targeted end-users	• People with disabilities. • People with mental health disabilities. • As specified by call for proposals.
Thematic areas for funding	• COVID-19 psychosocial support. • Evidence-based approaches to improve integration and accessibility of mental health and social services. • Social behaviour change communication (SBCC) and stigma reduction. • User-led advocacy initiatives. • Studies to improve the effectiveness and evidence based of intervention in particular community based rehabilitation (CBR) initiatives.
Geographic scope	• National. • Focus on North of Ghana (with further distinction post political, economic analysis)
Eligible organisations	• Disabled People's Organisations. • Self-Help Groups. • Women's Rights Organisations. • Other Civil Society Organisations.

	• Research institutions. • As specified by call for proposals.
Exclusions	• Activities which don't meet the eligibility criteria. • Activities which may lead to civil unrest. • Activities which discriminate against any group on the basis of age, gender reassignment, disability, race, colour, ethnicity, sex and sexual orientation, pregnancy and maternity, religion or belief. • Activities that are fully funded by other sources whether in cash or in kind. • Costs incurred prior to a formal agreement being executed including those associated with preparing bid or grant proposals. • A full list of exclusions will be available as part of the application process.
Resources and duration	
Available funds	GBP2 million – GBP 2.5 million, subject to confirmation.
Key financial details	• Small grants up to GHS 200,000 • Large grants up to GHS 600,000 per annum • Up to 15% of grant amount can go towards organisation overhead expenditure. • No match funding is required.
Grants duration	• Small grants, one-year. • Continuation or scale-up funding a possibility. • Large grants up to three years.
Mechanisms	
Grant application mechanisms	• Competitive/open. • Direct solicitation. • Mixed. • Fast track (special grants process).

3.2 Ghana Somubi Dwumadie overarching granting principles and approach

3.2.1 Principles

Programme grant making will be delivered in line with the following principles:

Participation - A founding principle of the disability rights movement is 'Nothing About Us Without Us'. Grants will only be given to projects which clearly demonstrate a participatory approach, involving persons with disabilities, and /or mental health disabilities.

The Ghana Somubi Dwumadie team will also work in a participatory way with grantees and adopt participatory feedback mechanisms.

Knowledge-building – sharing learning with partners, stakeholders and the wider sector to support meaningful change. Grants will be used to promote a culture of learning and sharing among grantees through the formation of Communities of Practice and Learning (COPL) on thematic areas. This will enable grantees to identify what works well and best practices and apply them to ensure effective implementation and value for money.

Collaboration - working with a wide range of stakeholders (including from the wider LNOB Programme, other UK Government-funded programmes, the media, Academia, the GoG across ministries) within and beyond the disability and mental health spectrum. The Programme will facilitate regular structured occasions for collaborative reviews of grant progress and achievements and the participation of the grant's target participants will be encouraged.

Adaptability - to the evolving disability and mental health policy environments. To achieve this, the Programme's grants mechanism will be relevant to the Ghanaian context and respond to prevailing challenges within the disability and mental health landscape by ensuring that the focus and themes of grant calls are based on evidence.

3.2.2 Approaches

Programme grant-making will follow these approaches in order to implement our principles:

Inclusion and diversity management

The grants mechanism is committed to supporting DPOs and SHGs to access funding and to support their development. A range of inclusive measures will be taken, including:

- Application and processes will be made as accessible as possible so that DPOs and SHGs, which are often run by people with disabilities, including mental health disabilities, can apply. This includes using a range of application approaches as appropriate for each call for proposals, including open call for proposals (calls) and/or direct solicitation, as well as fast track calls where considered necessary by the Programme.
- Only grantee projects which are participatory in nature will be funded
- Projects which fill inclusion gaps, whether in terms of geography, or in terms of marginalised groups, will be prioritised. For example, projects which work with women and girls with disabilities and mental health
- Grants funds will be made in several disbursements/tranches in advance, to support robust financial management of smaller organisations
- The monitoring, evaluation and learning (MEL) approach is also designed to foster inclusion. As such, the Programme will encourage participatory data collection methods such as participatory video-making and story-telling, user-led Most Significant Change methodologies and case study methodologies.

Sustainability and Value for Money (VfM)

The Grants Mechanism will integrate sustainability and VfM approaches into all aspects of the grant making process in order to achieve lasting change. This will draw upon the wider Programme's VfM approach, outlined in detail in the MEL Framework and focuses on the four E's (economy, efficiency, effectiveness and equity).

As VfM is not just cost driven, specific actions in relation to the grants mechanism include:

- Developing a capacity building and knowledge-sharing programme for grantees, which they will commit to as a condition of the grant.
- Making the level of ongoing post-grant sustainability an assessment criteria when scoring grant proposals.
- Making VfM a specific assessment criteria, where VfM is the combination of cost and impact.
- Prioritising projects most likely to achieve lasting change for example because they build knowledge of rights, intend to change policies, or provide an evidence base for decision-making.
- Committing up to 3 years of grants, and/or allowing continuation grants which supports the agreed outcomes.
- The VfM of grantees' implementation will be assessed through aligned, but separate, indicators as part of the Grants M&E as part of the grants quarterly reporting.

Do No Harm and responsible granting

The Programme's granting mechanism will establish a clear, robust systematic and locally relevant approach to risk management for the grants with a particular focus on safeguarding and do no harm approaches.

All grantee projects will be awarded on the premise that all activities will improve the overall situation in the places which they operate. However, projects and activities may inadvertently cause harm where they:

- Are tokenistic,
- Causing community backlash to project activities
- Provision of incorrect or incomplete information or ineffective communications
- Being perceived as threatening cultural traditions
- Working in isolation from other initiatives to safe abortion access in the local area
- Compromising the dignity and/or privacy/ or safety of individuals and providers through use of inappropriate images or language or mishandling of data
- Police harassment of individuals, providers or grantee team members
- Fragment efforts or initiatives causing divisions among actors working in that area
- Utilise rigid approaches to activity implementations which may conversely create a barrier those seeking the services or activities;
- Stigmatising or causing undue emotional or physical distress;
- Evoke cultural or political sensitivities or backlash which could set back efforts achieve overall programme goals; and
- Create safeguarding risks for participants through programme design or approach.

We will mitigate risks through a number of measures, including:

- Contextual understanding – the Grants Team and Senior Leadership Team will be made up of personnel who understand the context in which proposed project or work is taking place, understand the causes of the disability and/ or mental health considerations being addressed and areas of 'good practice'.
- Stakeholder engagement - will consult and engage with relevant stakeholders in a meaningfully way from the outset.
- Undertaking due diligence on potential grantees to ensure they are well placed and have adequate systems in place to receive funding
- Where weaknesses in organisational capability exist which we believe can be mitigated, this will be done through capacity building and/or technical assistance.
- We will undertake regular monitoring visits, and have regular and open communication, in addition to regular financial and technical reporting. Frequency will be set depending on the project being funded.
- Grantees will be required to commit to the principles of safeguarding and child protection, where grantees do not have policies and procedures in place they may not be funded, alternatively, where deemed appropriate by the Programme, they will be supported to develop them.

When conducting all forms of work within the Grants Mechanism, the following questions will be considered:

- How might key actors potentially perceive x?
- Who might be harmed by x? (Including emotional harm)
- What political impact might x have? (Political economic analysis)
- Does x meet our key guiding principles?
- If any potential harm has been identified, or could be identified
- What risk mitigation strategies do we need to put in place? What needs to be prepared in advance?
- Does the balance of benefits outweigh the risks? How/why?

Robust management of conflict of interest

Due to the relatively small operating environment of mental health and disability programmes and activities in Ghana, the Programme acknowledges that conflicts of interests (COI) may occur, or appear to occur, for the granting mechanism. As such, the programme is committed to ensuring that COI's are well managed, reported, and appropriate steps are taken to mitigate and manage them.

A conflict of interest may arise where an organisation's or an individual's own interests, whether direct or indirect, may impact on, or be perceived to impact on, their ability to act with integrity or impartiality. Conflicts of interest may include the involvement of family, political affiliations, organisational membership or economic interests between an applicant or grantee, and a member of the grants programme.

Potential conflicts of interest are identified by:

- An annual COI declaration by all staff on Ghana Somubi Dwumadie, not just the Grants Team
- A COI check once applicants have been identified, and before eligibility checks and assessment begins
- A COI check when approved grantees are allocated a named day to day contact from the Grants Team

Known and unknown conflicts of interest are managed by:

- Eligibility checks being undertaken by two members of the Grants Team
- Assessments being undertaken by two different members of the Grants Team
- Through the clear division of responsibility and authority at each stage of the grants process (see Figure 3 below)
- Through ensuring that an individual with a known conflict of interest does not decision-make or unduly influence an application, or management of an approved grantee
- Through the availability of our Whistleblowing process and the Grantee Code of Conduct

3.3 Scope and eligibility

3.3.1 Targeted end users

'Disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.'20

People with disabilities, including mental health disabilities, are the key target end users of all grants. This is a wide and varied group of people and specific calls for proposals may target and focus the definition depending on identified needs.

3.3.2 Thematic areas for funding

The first call for proposals in this programme will focus on COVID-19 psychosocial support[21] in response to the ongoing and growing coronavirus pandemic. Future calls for proposals will focus on one or more of the following themes:

- Covid-19 psychosocial support
- Evidence-based approaches to improve integration and accessibility of mental health and social services.
- SBCC and stigma reduction.
- User-led advocacy initiatives.
- Studies to improve the effectiveness and evidence base of interventions, in particular CBR
- Or additional thematic areas during the Grant Mechanism period as identified by the Grants Committee

3.3.3 Geographical scope

National-level projects will be considered, for example, advocacy initiatives which benefit people with disabilities, including mental health disabilities, across Ghana. In addition, targeted regional or district level initiatives will be considered where they:

- Build evidence which has a wider impact.
- Address specific local gaps or needs.
- Respond to a specific demand in the call for proposals.

[20] https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/preamble.html

[21] Call for proposals July 2020

3.3.4 Eligible organisations

DPOs and SHGs are considered core eligible organisations within the Grants Mechanism.

Women's Rights Organisations and other CSOs are eligible where the targeted end users of the proposed project are people with disabilities, and/or mental health disabilities.

Research institutions will be eligible under the research theme for studies to improve effectiveness and evidence base, and where specified in the call for proposals.

All organisations will need to meet additional specific eligibility criteria outlined as part of the call for proposals and application process.

Partnership and/or consortium applications are encouraged, in particular where they achieve scale and/or value for money.

3.3.5 Exclusions

A full list of exclusions will be available as part of the application process, including guidance on ineligible project and overhead costs. General exclusions include:

- Activities which don't meet the eligibility criteria.
- Activities which may lead to civil unrest.
- Activities which discriminate against any group on the basis of age, gender reassignment, disability, race, colour, ethnicity, sex and sexual orientation, pregnancy and maternity, religion or belief.
- Activities that are fully funded by other sources whether in cash or in kind.
- Costs incurred prior to a formal agreement being executed including those associated with preparing bid or grant proposals.

3.4 Resources and duration

3.4.1 Available funds

An indicative budget for the overall amount allocated to granting is in the region of GBP 2–2.5 million, subject to confirmation. This figure may change based on a range of factors including:

- Overall size of the Ghana Somubi Dwumadie budget.
- Reprioritisation of budget lines within the overall Programme budget.
- External factors such as the impact of COVID-19.

3.4.2 Key financial information

The planned approach is to fund a selection of both large and small grants. This is in order to foster a participatory approach and to ensure that grants will be available to smaller organisations, as well as providing large grants to support scale-up or systems-level approaches.

An estimated breakdown of grants is provided in Table 2 below. In line with an adaptive and responsive programme approach, these breakdowns are subject to change depending programme priorities and external factors over the life of the programme, including donor and stakeholder priorities.

Table 2: Estimated breakdown of grants value by output area

Breakdown of Grants	Total % value
Large grants	**72%**
Output 2	20%
Output 3	36%
Output 4	16%
Small grants across all output areas	**28%**

3.4.3 Grants duration

Small grants will be awarded for 12 months. Continuation or scaling-up funding may be possible, depending on the evidence-based needs of the programme. Large grants will be available for up to 3 years.

3.5 Grant application mechanisms

The grants mechanism will accept applications through one or more of the three (3) approaches outlined below. The exact application methods allowed will be tailored for each Call for Proposals, depending on operational priorities. The Ghana Somubi Dwumadie Grants Mechanism will follow a one stage application process for small grants and a two-stage application process for large grants. This is to be the standard mechanism used for the programme regardless of the method by which the application is made.

3.5.1 Open Competition

The Call for Proposals will be promoted as outlined above, and any organisation can make an application. Applications will be checked for eligibility and then assessed against the assessment criteria.

3.5.2 Direct Solicitation

Selected organisations will be identified through intelligence gathering by the Grants Team to identify suitable organisations that may support programme objectives, if funded. Organisations identified will be alerted to the Call for Proposals and invited to apply.

If an application is made, it will enter the standard application process, i.e. it will be checked for eligibility and then assessed against the assessment criteria.

The rationale for using direct solicitation will be outlined in the Call for Proposals and may include the following reasons:

- A limited number of specialist organisations meeting the criteria
- Cost-effectiveness
- Limited timeframe or resources

3.5.3 Fast-track (special grants process)

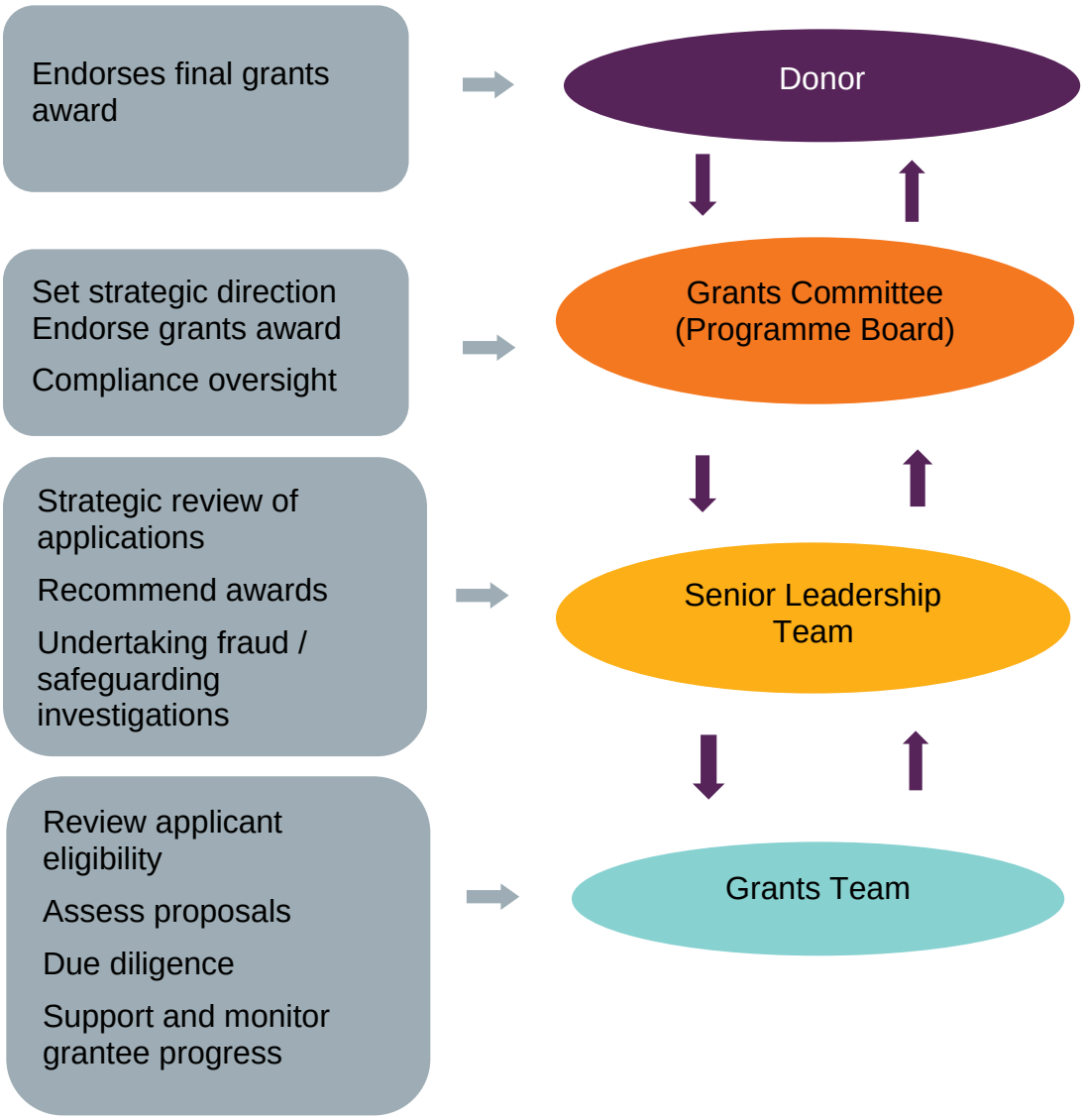
Fast track refers to an out of cycle Call for Proposals or a Call for Proposals which addresses an urgent, or newly apparent need, such as that caused by COVID-19. A fast track process does not generally result in a faster assessment process, although the specific application window may be reduced.

Any application made through the fast-track process will then enter the standard application process, i.e. it will be checked for eligibility and then assessed against the assessment criteria.

4. Governance Structure

The Ghana Somubi Dwumadie Grants Mechanism will have clearly defined governance structures, policies and procedures with coherent accountability requirements for all involved. The approach to granting is accountable and responsive, using a three tier structure, see Figure 3 below.

Figure 3: Grant Mechanism Governance Structure



Day to day management of grants is through the Grants Team, overseen by the Grants Adviser, and comprises Finance, monitoring and evaluation (M&E), CSO and CBR expertise functions.

The Grants Team will manage applications and provide the Senior Leadership Team with an operational/programmatic review of all applications which are eligible for funding and which meet a minimum assessment criteria of 50%. It will also include a summary of **all** eligible applications which were not recommended for funding, supported by the assessment scoring.

The Grants Team will also manage existing grantees, including key functions such as financial and technical monitoring, site visits, and grant closeout and monitoring, evaluation and learning, as outlined in this manual.

The Programme **Senior Leadership Team** comprises Team Leader, Programme Manager, M&E Adviser, Grants Adviser as a minimum. For grant applications, this groups makes decisions which are passed on to the board for review.

The Senior Leadership Team undertakes a strategic review of applications which met the minimum assessment criteria of 50%, and considers:

- Thematic alignment with the Programme.
- Complementarity and cohesiveness between grants (such as geographical spread or subcomponents of each thematic area (as outlined in the call for proposals).
- Resource considerations.

This review by the Senior Leadership Team leads to recommendations for the Programme Board Grants Committee. A summary list of applicants not recommended for funding will also be provided to the Grants Committee.

The Senior Leadership Team is available for specialist technical advice to support the Grants Team as needed and has the following additional functions:

- Prioritise areas of focus and opportunities for funding.
- Review and make recommendations to the grants monitoring, evaluation and learning strategy and plan.
- Part of the escalation and investigation process for concerns raised about or by grantees.

The Programme Board provides governance, oversight and accountability for the implementation of the overall programme. One of its functions is to act as the **Grants Committee**. The Grants Committee has the following functions:

- Review and approve Granting Strategy;
- Oversight of recommendations on grant awards from the Senior Leadership Team, ensuring compliance with granting strategy and making final decisions on Grant awards that will then be sent to DFID for final sign-off;
- Oversight of any changes to the Grants Manual; and
- Overseeing the investigation into any allegations of fraud or safeguarding issues and reporting to DFID for final review.

The Grants committee will meet on an as needed basis to ensure that grant awards and contract oversight and / or investigation of any allegations of wrongdoing are expedited.

Following the recommendation of the Grants Committee, the Team Leader will share the pre-selected grantees with the **DFID, Ghana office representatives**[22], for their final endorsement.

The governance and decision-making authorities may be revised if the nature of the overall Programme or needs of the granting programme change.

5. Monitoring, Evaluation & Learning

Monitoring, evaluation and learning (MEL) of grants is integrated within the wider programme MEL framework whereby:

- **Monitoring** activities which are conducted regularly during implementation by grantees and programme to check on progress and planned performance, the quality of activities, inputs, outputs and early outcomes according to pre-defined operational measures and categories of data.
- **Evaluation** and review: periodic events which appraise the quality, importance or value of progress or outcomes, captures unplanned outcomes as well, using a range of tools and methodologies to reflect, assess and make recommendations for adaptation or action.
- **Learning**: the acquisition of knowledge and understanding, captured in a way that is readily accessible to the grantees, programme and beyond, so that it can be applied to future problems and opportunities.

Grantees will be engaged and supported through each element of the Grants Mechanism.

5.1 Planning

As part of the application phase, applicants will be asked to develop project outcomes, objectives, activities, and indicators as a minimum.

Following award of grant, and where considered beneficial to the overall programme, further support and encouragement will be available to grantees to develop more detailed pathways of change or simple theories of change, to help capture the intervention logic of initiatives and the outcomes they are seeking. These would be aligned to the overall Ghana Somubi Dwumadie theory of change.

[22] Hereon referred to as DFID

5.2 Monitoring

This will include a collection of agreed data by grantees on progress against key performance indicators. In addition to indicators related to the funded project activities, a selection of indicators relating to value for money and inclusion will be developed.

It will be supported by site monitoring visits, and engagement with project participants will be expected.

5.3 Evaluation

Regular review and reporting points between the grantee and Ghana Somubi Dwumadie Grants Mechanism, via the Grants Team, to see if progress towards and achievement of project outcomes is emerging as anticipated.

Learning

This will include the development of:

- Facilitated peer networks between grantees.
- Collaborative learning events, at least once per year.
- Knowledge products where relevant.
- Learning questions at every meeting between grantees and the programme.

Appendix 1: Acronyms & Abbreviations

Acronym	Description
CBR	Community Based Rehabilitation
CHAG	Christian Health Association of Ghana
CHRAJ	Commission of Human Rights and Administrative Justice
COI	Conflict of Interest
COVID-19	Coronavirus Disease 2019
COPL	Communities of Practice and Learning
CSO	Civil Society Organisation
DPO	Disabled People's Organisation
GoG	Government of Ghana
KPIs	Key Performance Indicators
LEAP	Livelihood Empowerment Against Poverty
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MEHSOG	Mental Health Society of Ghana
MHA	Mental Health Authority
MNS	Mental, Neurological and Substance Use
MoGCSP	Ministry of Gender, Children and Social Protection
MoH	Ministry of Health
NCCE	National Commission on Civic Education
NCPD	National Council for People with Disabilities
NGO	Non-governmental organisation
PHC	Primary Health Care
PMHC	Primary Mental Health Care
SBCC	Social and Behaviour Change Communication
SC	Steering Committee
SHG	Self Help Group
TA	Technical Assistance
TL	Team Leader

ToC	Theory of Change
UK	United Kingdom of Great Britain
UNCRPD	United Nations Convention on Rights of Persons with Disabilities
VfM	Value for Money

Appendix 2: Existing programmes of support for people with disabilities, including mental health disabilities

Ghanaian Programmes led by people with disabilities, including mental health disabilities

DPOs and SHG are organisations and community groups led by people with disabilities, including mental health disabilities. In Ghana, many of these groups include family caregivers. People with disabilities, including mental health disabilities, are found in every community in Ghana.

SHGs are peer support groups, formed to support persons with mental health and psychosocial disabilities and carers, to draw from each other, individually and collectively. Emotional and other socio-economic support is provided to enhance stabilisation, recovery, and general livelihoods. SHGs also constitute active structures for self-representation and advocacy for human rights and basic needs, they also constitute an active voice in policy and service advocacy. Similarly, most DPOs are organised, led and managed by people with disability themselves. So, for example, the Ghana Albinism Society is led and managed by people with albinism, the Stammerers Association of Ghana and many other DPOs represent and lead on policy engagement and advocacy efforts.

A preliminary mapping conducted by the Programme as part of a COVID-19 rapid assessment, mapped 353 organisations active across the country, the vast majority of which are self-help groups (91%). The mapping reveals a significant variation in the number of organisations operating in each district.

- Bono district has the most organisations operating there, with 80 of 353 organisations active in this district.
- Northern (61), Upper east (56), Central (54), and Greater Accra (48) also have a high number of organisations operating in them.
- Areas in the centre and south east of Ghana are the least represented according to the mapping sample.[23]

[23] Due to the rapid nature of the assessment and the movement limitations posed by COVID-19, the DPOs and SHGs mapping is not exhaustive.

Almost all organisations work in health (96%), education (98%), livelihoods (96%), and advocacy (91%). Other areas of work include empowerment, research, capacity building of DPOs and SHGs, and social inclusion.

The continued existence and functioning of SHGs and DPOs at the district and sub-district levels depends on the ability of SHG/DPO leaders to provide the needed direction and motivation to keep the groups active. SHGs and DPOs also tend to be vibrant in districts and communities where CSOs are providing sponsorship for disability activities. SHGs and DPOs have largely been involved in advocacy programmes over the years and continue to build on successes they have achieved. For example, with the Ghana Federation of Disabled People's Organisations, they have been part of developing of the 2006-2007 National Disability Policy and are currently involved in the National Council of People with Disabilities' Disability Amendment Bill. Other advocacy actions that have been undertaken by SHGs and DPOs are listed in the table below:

No	Advocacy Issue	Advocacy target	Stakeholders involved including people with disabilities / mental health disabilities	Results / Achievements
1	Passage of Disability Act	• Parliament of Ghana • Attorney General's Department	DPOs, SHGs, CSOs	Persons with Disability Act, 2006 (Act 715) Enacted
2	Inclusive Education	• Ministry of Education • MoGCSP	Ghana Education Service, Parent Teacher Associations, DPOs, SHGs, parents and caregivers, CSOs	Inclusive Education Policy in place
3	District Assembly Common Fund (DACF)	• Common Fund Secretariat • MLGRD • MoGCSP • Metropolitan, Municipal,	DPOs, SHGs, parents and caregivers, CSOs	3% of the DACF set aside for people with disabilities

		District Assemblies		
4	Mental Health Act	• Parliament of Ghana • Attorney General's Department	SHGs, DPOs, parents and caregivers, CSOs	Mental Health Act 2012 (Act 846) enacted
5	Mental Health Regulations 2019	• Parliament of Ghana • Parliamentary Select Committee on Health • Attorney General's Department	SHGs, DPOs, parents and caregivers, CSOs, Donors	Legislative Instrument 2385 approved
6	Affirmative Action Bill	• MoGCSP • Parliament of Ghana • Attorney General's Department	PWDs, parents and caregivers of and PWDs, CSOs, Donors	Bill revised to incorporate views / concerns of PWDs
7	Employment Equity Policy	• Ministry Employment and Social Welfare	GFD, CSOs	Equal employment opportunities for all

Community based rehabilitation programmes and community-based initiatives

International and National Non-Governmental Organisations (NGOs), CSOs including Faith Based Organisations have a long history of supporting people with disabilities, including mental health disabilities, based on religious and humanitarian philosophies.

Many of them have designed their service delivery programmes around the WHO Mental Health and Disability Model[24].

This model has five main components of Health, Education, Livelihoods, Social, and Empowerment/Advocacy. Based on the programme's recent desk review of CBR initiatives in Ghana[25], a vast majority of CBR initiatives (and related legislation and policy) focuses on the needs of people with physical disabilities; mental health disabilities and psychosocial disabilities remain marginalised, making this a key priority for the Ghana Somubi Dwuumadie and for future policy and service development in Ghana.

In addition, most of the CBR initiatives reviewed, concentrated mainly the health and empowerment aspects of the model, making total rehabilitation and integration of people with disabilities, including mental health disabilities, more difficult. In addition, many of these organisations, especially the community/faith based organisations face significant funding and organisational challenges which can hamper the sustainability of their programmes.

Beyond these challenges is the issue of balance and equity; most of the community-based initiatives are located in the southern sector of Ghana. Further to this is also an issue of lack of reliable data and information on the burden of disability, mental health and also the needs of people with disabilities, including mental health disabilities, in Ghana. This information is necessary for planning CBR intervention programmes, particularly in health emergencies such as COVID-19.

Donor and private sector support

In 2019, the UK Government funded by UK Aid launched the Leave No One Behind (LNOB) programme, providing GBP 39.2 million over five years to contribute towards the overall LNOB impact goal that **all people with disabilities and mental health conditions in Ghana are engaged, empowered and able to enjoy improved wellbeing, social and economic outcomes and rights**.

Ghana Somubi Dwumadie, this Programme, sits within the LNOB umbrella as the mental health and disability component. It sits alongside ssocial protection through World Bank Trust Fund, working with the MoGCSP & UNICEF, and the Synergy Fund

[24] WHO, I., & UNESCO, I. (2010). Community-based rehabilitation: CBR guidelines. *World Health Organisation, United Nations Educational, Scientific and Cultural Organisation, International Labour Organisation and International Disability and Development Consortium, Geneva, Switzerland*.

[25] Community Based Rehabilitation Initiatives for Mental Health and Disability in Ghana Scoping and Case Study, Ghana Somubi Dwumadie, April 2020

managed directly by UK Government in Ghana, which includes financial aid to MoGCSP, results-based financial aid to the Ministry of Health (MoH) for mental health, and a memorandum of understanding with WHO for Quality Rights and Technical Assistance.

Other Donors funding projects in Ghana that support people disabilities, including mental health disabilities, include:

- Abilis Foundation
- The Christoffel-Blindenmission (CBM) International
- Comic Relief
- Danida
- DFID STAR Ghana Gender and Social Inclusion Programme targeted mainly at disadvantaged people
- The Disability Rights Fund (a multi-donor fund)
- European Union
- Korean International Cooperation Agency (KOICA)
- UNICEF
- WHO
- The World Bank

Private Sector Organisations such as Guinness Ghana, Unilever Ghana, and some financial institutions have previously supported people with disabilities with inclusive basic services such as water and sanitation facilities, braille and related accessibility materials and resources.

Evidence of these supports are available at the Dzorwulu Special School in Accra, Akropong School for the Blind in Eastern Region of Ghana as well as the Psychiatric Hospitals in Accra, Pantang and Cape Coast. These supports normally come from their corporate social responsibility schemes.