Learning Product

What works in grant-making mechanisms for mental health and disability inclusion programmes in Ghana

Introduction and background

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, 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

A grants mechanism to support civil society organisations (CSOs) has been one of the programme's key implementation strategies. Grants are primarily designed to tackle stigma and discrimination against people with disabilities, including people with mental health conditions, and to advocate for their rights. Our first grants round in response to the COVID-19 pandemic was also designed to support people with disabilities, including people with mental health conditions, as well as healthcare workers, to access support and build resilience.

This learning product distils the lessons learnt from the implementation of a grant-making mechanism within a mental health and disability programme in Ghana. It draws on the key learnings from two grants rounds based on a review of key documentation and structured key informant discussions to capture additional knowledge. Mid-way through the programme, there is useful learning to share from the experience of grant-making. It is intended that the learning can help inform future work for key programme stakeholders, and wider audiences who may be implementing or have an interest in granting within the mental health and disability sector. There are 2 key sets of learnings identified:

Good practices in working with people with disabilities, including people with mental health conditions, through civil society organisation grants	How to achieve a successful grant-making mechanism for the mental health and disability inclusion sector

Overview of grants rounds

The grants making mechanism within Ghana Somubi Dwumadie has provided grants to support CSOs in the mental health and disability sector, and specifically Organisations for People with Disabilities (OPDs). There have been two grants rounds.

Round 1: COVID-19 psychosocial resilience grants This was a fast-track grants round in response to the COVID-19 pandemic for 12-month grants advertised to OPDs, Self-Help Groups, Women's Rights Organisations (WROs), and other CSOs to provide psychosocial resilience support for people with disabilities, people with mental health conditions, and healthcare workers. Grants were up to GHS200,000 each, and ran between October 2020 to October 2021.

Round 2: Evidence and effectiveness grants for mental health and disability inclusion This round was advertised to the same types of organisations and also extended to research institutions, and media organisations. Round 2 provided grants of up to GHS200,000 (small) and GHS600,000 annually (large) of varying length from 1 to 2.7 years duration, running April 2021 – December 2023. The focus is on:

- evidence-based approaches to improve integration and accessibility of mental health and social services, and user-led advocacy initiatives;
- social behaviour change (SBC) and stigma reduction; and
- studies to generate evidence to inform policy and practice on disability and mental health needs, programmes and interventions, in particular community-based rehabilitation initiatives**.**

Definition: Accessibility means ensuring that people with disabilities, including people with mental health conditions, are able to have access to the physical environment around them, to transportation, to information such as reading material, to communication technology and systems on an equal basis with others (CBM 2017)[1]

Definition: Inclusion means a rights-based approach to programming, to ensure people with disabilities, including people with mental health conditions, have equal access to basic services and a voice in the development and implementation of those services. It requires that mainstream organisations make dedicated efforts to address and remove barriers (IFRC 2015)[1]

Good practices in working with people with disabilities, including people with mental health conditions, through civil society organisation grants

Learning Point: There is value and power in approaches which uphold the principle that people with lived experience are best placed to bring about changes in attitudes around disability and mental health

The Ghana Somubi Dwumadie grants activities have reinforced the principle that the direct participation and empowerment of people with disabilities and mental health conditions is a powerful way of changing attitudes. Opportunities for people with disabilities to share from their own experience and actively engage in public fora or events, represent themselves at trainings, media events, or take up public office posts can change negative perceptions of disability. The user-led approach promoted by the programme was found by grantees to be very effective.

User-led and participatory approaches enable people with disabilities, including people with mental health conditions, to speak for themselves, which helps to challenge stigma and discrimination.

'Some of the language experts we involved in the exercise, strongly argued that the existing derogatory/negative disability languages/terminologies should be maintained as they emerged from some historical facts, meanings, understanding and traditions of the local people. But these assertions were debunked by persons with disabilities whom we involved in the various positive disability language guide workshops' SBC grantee

Many of the grants, especially round 2 grants, provided platforms for direct engagement with service providers or duty-bearers, and this direct engagement and representation by people with disabilities, including people with mental health conditions, was shown to be very impactful.

Learning Point: It is important to support grantee organisations to better understand accessible and inclusive ways of working, and user-led approaches

There is a need for specific support and capacity building on accessible and inclusive programming and activities, even for some OPDs. In particular for CSOs who may have been working in the area of disability or mental health for some time, but have not been implementing user-led approaches, it is important to support grantees to think through how to make their activities accessible, and ensure full inclusion. This required some programme support and sensitisation, for instance, the programme conducted specific orientation sessions on accessible communications. For example, grantees can work more inclusively as follows:

Budgeting for costs and expenses of personal aides and caregivers, to attend and support people with disabilities, including people with mental health conditions to fully participate in grant activities;

- Budgeting for sign language interpreters, where needed;
- Planning for sufficient time to enable and participants to travel to and from meetings or training;
- Ensuring the content and format of training, and all information material, is appropriate to different needs of participants. Learner-centred techniques such as role play, use of local languages in training, and applying basic accessibility principles can help;
- Checking that the environment is accessible for attendees

Going forward, more can be done by the programme to include reminders in grant application budget templates and guidelines of costs which might be needed to ensure more accessible and inclusive programming.

Learning Point: Promoting knowledge and understanding of effective engagement strategies to reach target stakeholders and influencers is necessary

Engagement processes with external stakeholders and influencers need to ensure that people with disabilities, including people with mental health conditions, are leading and fully represented, and that they are supported to engage with stakeholders in the most effective manner. To promote this, many of the grantees supported interface meetings between district assemblies and OPDs or SHGs to facilitate dialogue. In addition, in the community setting, grantees found that providing specific orientation and sensitisation activities on inclusion issues to key target audiences has had a significant positive impact on levels of engagement.

It was identified that it is essential to know who to contact, and the correct official procedure for this, both for engaging governmental senior and administrative staff and also community leaders. In order to have effective meetings with targeted stakeholders to gain their support for issues faced by people with disabilities and mental health conditions, it is critical to identify the correct stakeholders within institutional hierarchies. It cannot be assumed that all grantees are fully conversant with local administrative protocols, so there may be a role for programmes to support with some initial scoping or stakeholder mapping to identify key target influencers, stakeholders and networks, and obtain knowledge of any formal and informal protocols necessary for people with disabilities and mental health conditions to engage with stakeholders successfully.

Establishing one to one engagement with key influencers and leveraging existing relationships were found to be highly effective in generating stakeholder buy-in to engage with people with disabilities, including people with mental health conditions, so additional effort and support here reaps rewards.

How to achieve a successful grant making mechanism in the mental health and disability inclusion sector

> **Learning Point: To achieve programme objectives a careful balance has to be struck between support for CSOs in the mental health and disability sector, and robust risk management for grant making awards**

Ghana Somubi Dwumadie focusses on encouraging grants applications from OPDs, WROs and smaller CSOs, as the programme recognises that organisations of people with disabilities and mental health conditions face particular barriers to participation. To mitigate this the programme did the following:

- Designed application packs that clearly described the grant-making focus;
- Provided contextual background studies to support the grant project rationale and formulation;
- Provided tools and templates for successfully submitting applications;
- Widely advertised the call for proposal and targeted specific umbrella organisations;
- Ran dedicated online open sessions to answer pre-application enquiries

In common with most granting mechanisms, the programme needed to employ sound selection criteria for the award of grants in order to manage any risks associated with financial disbursements and ensure the achievement of grant objectives. Initial eligibility criteria included the requirement for official registered status with Registrar General, and that the funds requested should be less than 50% of turnover. Unfortunately, the registration requirement meant that Self-Help Groups for the most part did not qualify for grant awards as they are usually grassroots entities. The 50% turnover criteria was introduced with the sustainability of recipient organisations in mind, and to reduce over reliance on grant funding. Although applicants could apply for less than the maximum grants available, and collaborating partnerships were encouraged, this financial limit may have put off some smaller organisations, and a few applicants were not shortlisted for this reason.

The programme did choose not to employ other financial control measures such as performance- or milestone-based grants, cost-sharing or refund mechanisms, all of which risk encouraging poor financial management if organisations lack reserves.

Despite efforts made in the application and awarding process, it was found that some of the selection criteria were harder to meet for smaller organisations. For example, there were only 2 OPDs and 1 WRO out of the 7 granted organisations in Round 1. To help mitigate this, the programme developed and introduced a definition of 'user-led' organisations for Round 2 applications, so they could be more easily identified and given a higher score rating for being user-led. As a result, in round 2, 2 OPDs and 2 WROs were awarded large grants, with 5 small grants going to WROs (2) and CSOs (3), including some in partnership with smaller OPDs.

> **Definition: User-led organisation** In consultation with stakeholders, a user-led organisation was defined as an organisation where the majority of the board, and at least 60% of senior management staff are people with disabilities, including people with mental health conditions (Ghana Somubi Dwumadie 2020)[1]

Finding an equilibrium between the aims of supporting and facilitating capacity building within the sector, while minimising risks and meeting requirements of the overall programme contract with the donor, needed careful consideration.

By design, the programme granting mechanism was planned to help build the capacities of OPDs, WROs and other CSOs, in addition to the funding support. Capacity-building was designed to support and amplify their advocacy and human rights work, and to strengthen existing networks and social movements in this sector.

Learning Point: Capacity building of grantees is a long-term process which should take a collaborative and responsive approach

'Appointing Ghana Somubi Dwumadie staff to [specific grantee] organizations is very helpful because it provides very good opportunity for mentorship of the project team' COVID-19 grantee

Post-contract induction training was delivered collectively early in each grant period to all grantees, and consisted of: financial management; grants management; safeguarding; data protection; monitoring, evaluation and learning (MEL) skills; reporting requirements; and communications, visibility and branding guidelines. This was very well received by grantees.

Virtual communication and physical quarterly supportive monitoring visits have provided key opportunities for discussion and support, and the quarterly reports template includes a specific section for grantees to provide feedback. Grantee learning events have been designed and facilitated in a way to promote discussion, collaborative learning and feedback and exchange between grantees and programme staff.

Tailored support has also been provided all through the grants process. Positive feedback indicated that this overall approach to capacity building was very well received. This demonstrates the value of this type of regular engagement from programme staff and the 'open-door' approach employed in supporting and building the capacity of grantees. Improvements in the quality of report writing and knowledge management have been evident as the grants progressed.

'The feedback from their review of the first quarter activity and financial reports have been awesome and strengthened our systems and operations' COVID-19 grantee

Nevertheless, some grantees still experience difficulty in meeting programme standards and processes. In particular, timeframes for reporting were stretching for some grantees. Many of the grantee organisations feel the need for continued support, indicating that capacity building can be a slow and ongoing process.

Learning Point: Support should be offered early in the grants process to ensure alignment between grantees, grants strategy and overall programme objectives

A very important aspect of grant-making is to ensure robust alignment of grants' objectives and overall programme aims and ambitions. This allows for strong programme coherence, and grants making and grantee activities which directly contribute to programme objectives. It also allows collective programme reporting within the wider programme MEL systems and results framework.

The call for both grants rounds was closely informed by Ghana Somubi Dwumadie studies which guided and orientated their focus. In this way, both rounds of grants applications have been closely aligned with the programme focus, and grants and programme objectives have been conceptually coherent. For all successful applicants under both grants there was an inception phase during which a more detailed intervention logic and monitoring and evaluation tools such as results frameworks and indicators had to be refined and reviewed.

Co-creation case study

During Round 2, the granting theme on SBC communication and stigma reduction was defined by the SBC strategy developed by the programme. To assist with more detailed formulation of these grants' objectives and activities, following successful applications, a co-creation stage was put in place during which approaches and strategies were developed together, as part of in-depth participatory programme approaches. This was found to be highly beneficial as the SBC co-creation workshop helped grantees to operationalise the programme SBC strategy within their projects while prioritising and creating cohesion and collaboration between activities at the outset before activities began.

In retrospect, the process of aligning grants activities to overall strategy might have been smoother had some form of intervention logic been requested at the grants application stage, instead of developing these as part of the award process. However, it was found in Round 1 that including a requirement for an intervention or results logic to be submitted as part of initial grant applications, was more difficult for smaller organisations. On balance, the programme prefers a collaborative and co-creative approach.

Summary

The learning gained through the granting process within Ghana Somubi Dwumadie has confirmed important ways of working with CSOs and OPDs working with people with disabilities, including people with mental health conditions. It has also helped identify what sort of granting processes and practices best support grantees, their targeted participants and end-users to meet overall programme objectives.

Learning confirms the importance of a user-led approach for reducing negative stigmatisation, and the need for inclusive planning and accessible implementation of activities to maximise participation and successful engagement.

In a nascent and historically underfunded sector, capacity building must be a natural part of the granting process, however, this takes time and needs to be responsive to grantee organisation needs. A balance is needed between the standards desired for international funding accountability and risk-management, and the ethos of supporting more user-led organisations. Nevertheless, a co-creational approach to granting, regular and responsive support and clarity over performance expectations, combined with specific technical capacity building can help in building organisational capacities over time, and provides valuable learning and insight for funding organisations who want to work in an inclusive and accessible manner.