

## Social Behaviour Change Strategy

### Ghana Somubi Dwumadie (Ghana Participation Programme)

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## Executive summary

Negative attitudes, discrimination and stigma related to disability, including mental health conditions, are widespread in Ghana. They present a major barrier to people with disabilities, including people with mental health conditions, from equitably accessing education, health and social opportunities. However, there are few existing Social Behaviour Change (SBC) interventions or programmes addressing stigma and discrimination faced by people with disabilities in Ghana, including people with mental health conditions.

This SBC strategy guides the programme's outcome of reducing negative and discriminatory attitudes, behaviours and norms faced by people with disabilities in Ghana, including people with mental health conditions.

Based on insights from a formative study and discussions at the participatory SBC strategy workshop, the objectives of the strategy and associated behaviours are listed below:

1. Create a positive culture of support to allow people with disabilities, including people with mental health conditions, to reach their full potential.
  - a. Families provide equitable resources (time, money and emotional support) to people with disabilities, including people with mental health conditions, in their households.
  - b. Traditional and religious leaders preach on positive perceptions, equality and experiences of people with disabilities, including people with mental health conditions.
  - c. Community members provide support to people with disabilities, including people with mental health conditions, and their families in their daily activities.
  - d. People with disabilities, including people with mental health conditions, take on local leadership positions.
  - e. People with disabilities, including people with mental health conditions, are ambassadors and champions in their districts and communities.
2. Increase the use of positive disability and mental health language in Ghana.
  - a. The media uses positive non-discriminatory language in all their programmes and uses positive examples of people with disabilities, including people with mental health conditions.
  - b. Family and community members use positive non-discriminatory language in their engagement with people with disabilities, including people with mental health conditions.
  - c. Religious and community leaders use positive non-discriminatory language towards people with disabilities, including people with mental health conditions, in their activities.
3. Ensure duty bearers enforce and abide by Ghana's policies and laws.
  - a. State agencies responsible for addressing stigma and discrimination abide by government policies.
  - b. Law enforcement agencies (Ghana Police Service and Attorney General's Department) and Commission on Human Rights and Administrative Justice prosecute/take punitive actions against people and organisations who break the law on legal discrimination.

The strategy aligns with the Mental Health Authority's (MHA) communication strategy plan for the reduction of stigma and discrimination and with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Article 8<sup>1</sup> on awareness raising. It will therefore contribute to Ghana's efforts at implementing the UNCRPD.

The key audiences targeted for behaviour change are the media, community members, the family members of people with disabilities, including people with mental health conditions, religious and community leaders, and people with disabilities themselves, including people with mental health conditions.

The strategy will support these target audiences to gain the required capability and motivation to adopt the desired behaviours. It complements other activities within Ghana Somubi Dwumadie to achieve a reduction in stigma and discrimination by providing opportunities for the desired behaviours to be adopted.

The strategy will be implemented through grants to Disabled People's Organisations, Self-Help Groups, Women's Rights Organisations and Civil Society Organisations - either alone or in collaboration with the media.

The key intervention categories that will be implemented within this strategy to promote the adoption of the behaviours are: education and training, incentivisation, persuasion, restriction, modelling, enablement and coercion. Policy interventions may be implemented to help embed and reinforce behaviour change that will be achieved through the interventions.

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<sup>1</sup> United Nations (2007) Convention on the Rights of Persons with Disabilities (UNCRPD). Page 4

# 1. Background

## 1.1 Programme overview

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme in Ghana, with a specific focus on mental health. This programme is funded with UK aid from the UK government. The programme is run by an Options' led consortium, which also consists of BasicNeeds-Ghana, Kings College London, Sightsavers 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

Ghana Somubi Dwumadie is also undertaking a range of activities to address the impact of the COVID-19 pandemic on people with disabilities, including mental health disabilities.

Ghana Somubi Dwumadie has adopted a multi-sectoral, rights-based approach towards the implementation of strategies and programmes for people with disabilities, including people with mental health conditions. This approach is guided by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The consortium is working with civil society organisations and state institutions to deliver the programme activities at national, regional and district levels. These include the Ministry of Health (MoH), Ministry of Gender, Children and Social Protection (MoGCSP), Mental Health Authority (MHA), Ghana Health Service (GHS), National Council on Persons with Disabilities (NCPD), Mental Health Society of Ghana (MEHSOG) and the Ghana Federation of Disability Organisations (GFD).

The Social Behaviour Change (SBC) component of the programme will influence two identified behavioural challenges:

- Negative stigma and discrimination faced by people with disabilities, including people with mental health conditions.
- Negative stigma and discrimination during the COVID-19 pandemic faced by people with disabilities, including people with mental health conditions, health care workers and survivors of COVID-19.

## 1.2 People with disabilities and mental health conditions in Ghana

According to the UNCRPD<sup>2</sup>, 'persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.

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<sup>2</sup> United Nations (2007) Convention on the Rights of Persons with Disabilities (UNCRPD). Page 4

Disability and mental health conditions are quite common in Ghana, with the MoGCSP estimating in 2014 that one in five Ghanaians had some form of disability<sup>3</sup>. In terms of the sex and geographical distribution of people with disabilities, the Ghana Statistical Services contends that more females and people living in rural parts of the country have a disability, compared to males and those living in urban areas<sup>4</sup>.

Estimates from the World Health Organisation (WHO) of the number of people with mental health conditions in Ghana show that about 13 per cent<sup>5</sup> of the Ghanaian population (representing about four million people<sup>6</sup>) have some form of mental health condition. The number of people with disabilities, including people with mental health conditions, is likely to increase in the future as populations age and chronic conditions become more prevalent<sup>7</sup>.

The COVID-19 pandemic has disrupted or halted critical mental health services, while the pandemic has also increased demand for those services due to bereavement, isolation, loss of income and other contributing factors<sup>7</sup>.

### 1.3 Defining stigma and discrimination

#### Stigma

Stigma is a complex and culturally diverse concept. As such, it had been defined in different ways in literature. The Cambridge English Dictionary defines stigma as ‘a bad opinion of a person or a group of people arising from a strong feeling of social disapproval’<sup>8</sup>. It has also been defined as an ‘attribute that is deeply discrediting’, and one which reduces the stigmatised person ‘from a whole and usual person to a tainted, discounted one’<sup>9</sup>.

Stigma exists when labelling, stereotyping, separating, status loss and discrimination occur together in a social, economic and political-power environment that allows these behaviours to thrive<sup>10</sup>.

#### Discrimination

Discrimination, on the other hand, is defined as the ‘unjust or prejudicial treatment of specific groups of people, often on the grounds of their individual characteristics, such as race, age, sex or the presence of an impairment’<sup>11</sup>.

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<sup>3</sup> 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>

<sup>4</sup> Ghana Statistical Service (2014) 2010 Population and Housing Census: Disability in Ghana

<sup>5</sup> <https://www.hrw.org/report/2012/10/02/death-sentence/abuses-against-persons-mental-disabilities-ghana>

<sup>6</sup> Based on 2020 population of 30,955,204

<sup>7</sup> WHO, 2020: COVID-19 disrupting mental health services in most countries, WHO survey.

<sup>8</sup> Cambridge International Dictionary of English. Cambridge: Cambridge University Press, 1995.

<sup>9</sup> Goffman, E. 1963. Stigma: Notes on the Management of spoiled identity, Englewood cliffs NJ: Prentice Hall.

<sup>10</sup> Link BG, Phelan JC. Conceptualising stigma. Annual Review of Sociology 2001;27:363-85

<sup>11</sup> Disability stigma in developing counties, May 9 2018, Knowledge, evidence and learning for development.

[https://assets.publishing.service.gov.uk/media/5b18fe3240f0b634aec30791/Disability\\_stigma\\_in\\_developing\\_countries.pdf](https://assets.publishing.service.gov.uk/media/5b18fe3240f0b634aec30791/Disability_stigma_in_developing_countries.pdf)

According to the UNCRPD,<sup>12</sup> disability-related discrimination is ‘any distinction, exclusion or restriction on the basis of disability, which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in all fields including the political, economic, social, cultural and civil fields’.

The UNCRPD further states that discrimination against people with disabilities often results in lower employment rates, lower rates of participation in public and political life and decreased access to services such as education, health and rehabilitation.

More broadly, stigma and discrimination can weaken social cohesion, threaten inclusive development and contribute to conflict, as well as economic and social inequalities. However, it is important to note that the experiences of stigma and discrimination may vary depending on gender, type and severity of impairment, age, socio-economic status and culture. Both stigma and discrimination can either be compounded or mitigated by the intersectionality of disability and other individual or contextual factors.

## **1.4 Key findings: formative study on stigma and discrimination faced by people with disabilities, including mental health conditions, in Ghana**

The Ghana Somubi Dwumadie formative study<sup>13</sup> was conducted in November 2020 to provide a structured and contextual understanding of the prevailing drivers, facilitators and manifestations of stigma associated with disability and mental health conditions in Ghana, both before and during the COVID-19 pandemic. This has been used to inform the development of this strategy.

### **1.4.1 Experienced stigma and discrimination**

The study highlights that negative attitudes, discrimination and stigma related to disability and mental health are widespread in Ghana. People with disabilities, including people with mental health conditions, face significant stigma and discrimination from the general population and even from their own family members. Among others, these come in the form of being denied marriage and leadership positions, as well as limited participation in the work environment. The findings suggest that people with mental health conditions may be facing more stigma and discrimination because of misconceptions of perceived social danger. The findings show that stigma and discrimination are experienced at both family and community level, and in seeking a range of services such as transport and health care.

Stigma and discrimination were shown to have profound effects on the self-esteem and confidence of people with disabilities, including people with mental health conditions. The experiences resulted in people feeling unwanted and being hesitant to attend large gatherings or meetings, thereby causing isolation.

The study also found that some service providers and family members experience stigma and discrimination, known as discrimination by association. Mental health service providers

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<sup>12</sup> United Nations (2007) Convention on the Rights of Persons with Disabilities.

<sup>13</sup> Ghana Somubi Dwumadie (2021) Stigma and discrimination experienced by people with disabilities, including people with mental health conditions

and special needs educators experience this associative stigma from their own colleagues as well as members of the community.

Stakeholders primarily described a positive attitude towards people who had contracted COVID-19 with 82% of family members and 93% of community leaders strongly disagreeing or disagreeing with the statement 'I am afraid of someone who is a COVID-19 survivor'. Eight out of ten were happy to sit next to a COVID-19 survivor. However, in the south of Ghana where rates have been higher, there was significant misinformation around the persistence of COVID-19, resulting in people refusing to buy from the shops of survivors, or to even come in close contact with survivors at all.

### **1.4.2 Drivers of stigma and discrimination**

#### **Culture**

Culture is the way of life for a group of people, defined by their behaviours, beliefs, values, social norms, religion and shared knowledge. It is dynamic and is often maintained by specific individuals who are influencers within their communities.

Culture was found to be a major driver of stigma in Ghana through beliefs associated with the causes of disability and mental health conditions. Cultural beliefs that consider disability and mental health conditions as evidence of a curse or punishment for crimes a person has committed against the gods have been used as a basis to stigmatise and isolate people with disabilities, including people with mental health conditions, from their families and communities.

Such beliefs lead to stigma both from the families of people with disabilities, including people with mental health conditions, as well as of their families by the wider community. Additionally, as a result of these cultural beliefs, people with disabilities, including people with mental health conditions, are being denied traditional leadership roles.

#### **Religion**

Religion plays a dual role as both a driver and a protective factor of stigmatisation faced by people with disabilities in Ghana, including people with mental health conditions.

As a protective factor, people with disabilities and their families find solace in their religious beliefs, which helps them to accept their situation. There are also clear religious beliefs which require that vulnerable people in society be supported and treated as equals.

As a driver of stigmatisation, the belief that disabilities and mental health conditions are evidence of spiritual problems was frequently described as the basis of the physical and verbal abuse of people with disabilities, including people with mental health conditions.

Some of the religious approaches to 'address' difficulties faced in life, such as disability, contribute to this; for example religious prayers which call upon God to punish enemies with disability further re-enforces and stigmatises people with disabilities, including people with mental health conditions.

Therefore, while traditional and religious leaders were considered powerful influencers and facilitators of stigma, they also have the power to bring about change amongst their communities and congregations.

## **Language**

Although language is part of culture, the study findings dealt with language as a separate driver of stigma and discrimination because it came up so strongly. The study found that current words used in local languages in most communities to describe disability and mental health are derogatory. This reinforces stigma and discrimination.

## **Understanding of disability and mental health**

Knowledge and understanding of the causes and implications of disability and mental health conditions was a strong driving factor on how people with disabilities, including people with mental health conditions, are treated by others. There was limited understanding of the spectrum of mental health challenges, the challenges that people with mental health conditions may face, or their potential.

The limited understanding of disability and mental health is strongly connected to other drivers listed above. For example, a good understanding of issues on disability and mental health will influence how people treat a family member with disabilities, including a person with mental health conditions, and can influence language and culture.

There is also misinformation around how long COVID-19 survivors are able to transmit the disease after recovery. The initial approach of health professionals collecting patients in personal protective equipment (PPE) further contributed to stigma faced by both survivors and their families. This stigma has even led to people not seeking care for COVID-19 symptoms.

## **Family support**

Another facilitator of stigma identified in the study was that of inconsistent, and sometimes inadequate, family support. As a unit in society, family is influenced by broader societal norms and cultures, and this may be driving how some people treat family members with disabilities and mental health conditions.

The study found that family members with stronger understanding of disability and mental health causes were more supportive. The findings also suggest that people with disabilities, including people with mental health conditions, who have good family support face less stigma in their communities.

## **Law enforcement**

The study findings showed that there are a significant number of laws that seek to protect the interests of people with disabilities in Ghana, including people with mental health conditions. However, limited enforcement of these laws on disability and mental health has contributed to widespread discrimination.

People who discriminate against people with disabilities, including people with mental health conditions, are left unpunished and so they continue to perpetrate such behaviours. For example, one person with a mental health condition reported that her teaching appointment was terminated immediately because she had disclosed her condition to her new employers.

### **1.4.3 Approaches and good practice in Ghana**

Based on findings from the formative study, there are few existing SBC interventions addressing stigma and discrimination faced by people with disabilities, including people with mental health conditions. The main ones include interventions led by organisations such as

Time to Change – ‘Reducing Mental Health related stigma and discrimination’, the United Nations Development Programme’s Disability Inclusive Development and the Commission on Human Rights and Administrative Justice, with UNDP, was also said to be conducting a study on stigma and discrimination, focused on COVID-19 in particular.

The Mental Health Authority in Ghana has a communication strategy on ‘stigma reduction and discrimination against persons with mental illness in Ghana’, which includes a focus on:

- The general Ghanaian population who perpetuate stigma.
- The viewpoint of people with mental health conditions themselves who suffer from stigma.
- Health providers, facilitators or organisations who operate within the mental health sector.

It is planned that communication approaches are to be primarily delivered through mass-media campaigns and interpersonal communication, and a draft list of messages and means of communication has already been compiled.

Based on the formative research, and considering the magnitude of the problem, there is therefore a need for more interventions that will contribute to addressing the stigma and discrimination faced by people with disabilities, including people with mental health conditions.

## 2. Approaches used in the development of strategy

### 2.1 Behaviour Change Wheel

The development of this strategy was informed by the Behaviour Change Wheel framework developed by the University of London<sup>14</sup> (see Appendix 2 for a detailed description). The framework was applied in the conduction of a formative study on stigma and discrimination, and the analysis of key behaviours from the research and development of interventions to address these behaviours.

### 2.2 Formative study

The formative study was conducted to collect primary and secondary data on stigma and discrimination experienced by people with disabilities in Ghana, including people with mental health conditions. The study design was informed by insights from existing studies as well as insights from the landscape and political economy analysis conducted by Ghana Somubi Dwumadie.

The overall objective of the study was to provide a structured and contextual understanding of the prevailing drivers, facilitators, markers and manifestations of stigma associated with

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<sup>14</sup> Michie, S., van Stralen, M.M. & West, R. (2011) The Behaviour Change Wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* 6, 42 (2011). <https://doi.org/10.1186/1748-5908-6-42>

disability and mental health conditions in Ghana before and during the COVID-19 pandemic.

The primary data collection aimed to fill gaps in existing knowledge and understanding by gathering insights to help address the key behavioural challenges within the Ghana Somubi Dwumadie project, and to guide in the design of an evidence-based Social Behavioural Change strategy.

The study also contributes to the call by the Mental Health Authority (MHA) in their communication strategy<sup>15</sup> for more evidence to help inform communication interventions to address stigma and discrimination.

The key findings of the study have been highlighted in section 1.4 and were discussed at the participatory workshop described below.

## **2.3 Participatory workshop**

The study findings were used to guide engagement with stakeholders (see Appendix 3 for the list of organisations who attended) in the disability and mental health space at a two-day workshop. Workshop participants validated the findings of the study and used the Behaviour Change Wheel to analyse the behaviours, as well as to develop strategies for addressing these behaviours. The discussions from the workshop served as the backbone for the development of this strategy.

## **2.4 Alignment with national policies and priorities**

While this strategy was being developed, efforts were made to align it to national policies and priorities, and existing interventions. The ultimate aim was to look for synergies and to avoid duplication of efforts. Alignment with national priorities was to also ensure relevance and to promote sustainability beyond the programme.

The specific strategic objectives are closely aligned with the UNCRPD Article 8 on awareness raising<sup>16</sup>, the main clauses of which are listed in Appendix 4. The SBC strategy will therefore contribute to Ghana's efforts at implementing the UNCRPD.

It also complements the Mental Health Authority communication strategy and will support the MHA to achieve their mandate. Section three (g) of the MHA Act<sup>17</sup> enjoins the authority to work to guarantee the fundamental human rights of people with mental health conditions against stigma and discrimination. This SBC strategy shares similar aims with the MHA strategy as it seeks to address stigma and improve knowledge on disability and mental health.

The strategy will also contribute to the achievement of the objectives of key national policies and laws. These include the Fourth Republican Constitution of 1992; Mental Health Act, 2012; Persons with Disability Act, 2006; the Labour Act, 2003, and the National Disability Policy, 2000. Components of these laws prohibit discrimination against people with

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<sup>15</sup> MHA (2018) Communication strategy on stigma reduction and discrimination against persons with mental illness in Ghana

<sup>16</sup> United Nations (2007) Convention on the Rights of Persons with Disabilities

<sup>17</sup> Mental Health Act, 2012 (Act 846)

disability, including those with mental health conditions, and prohibits people from subjecting them to abusive and degrading treatment.

### **3. Objectives, behaviours and the change we want to see**

#### **3.1 Goal and objectives of the social behaviour change (SBC) strategy**

The overall objective of the SBC component of the Ghana Somubi Dwumadie strategy is to reduce negative and discriminatory attitudes, behaviours and norms faced by people with disabilities in Ghana, including people with mental health conditions. This will be done by prioritising inclusive behaviours – the actions people carry out – and creating a supportive environment for these to flourish. It intends to achieve this in the context of the COVID-19 pandemic and its consequences on stigma.

The specific SBC strategy objectives are to:

- a) Create a positive culture of support to allow people with disabilities, including people with mental health conditions, to reach their full potential.
- b) Increase the use of positive disability and mental health language in Ghana.
- c) Ensure duty bearers enforce and abide by Ghana's policies and laws.

#### **3.2 The change we want to see**

Based on the insights from the formative study and the discussions at the SBC strategy development workshop, a list of behavioural statements were identified as priorities for Ghana Somubi Dwumadie. The behaviours that have a strong impact and a likelihood of the programme being able to change are listed below, and will be verified within the co-creation phase with grantees:

1. Create a positive culture of support to allow people with disabilities, including people with mental health conditions, to reach their full potential.
  - a. Families provide equitable resources (time, money and emotional support) to people with disabilities, including people with mental health conditions, in their households.
  - b. Traditional and religious leaders preach on positive perceptions, equality and experiences of people with disabilities, including people with mental health conditions.
  - c. Community members provide support to people with disabilities, including people with mental health conditions, and their families in their daily activities.
  - d. People with disabilities, including people with mental health conditions, take on local leadership positions.
  - e. People with disabilities, including people with mental health conditions, are ambassadors and champions in districts and communities.
2. Increase the use of positive disability and mental health language in Ghana.
  - a. The media uses positive non-discriminatory language in all their programmes and uses positive examples of people with disabilities, including people with mental health conditions.

- b. Family and community members use positive non-discriminatory language in their engagement with people with disabilities, including people with mental health conditions.
  - c. Religious and community leaders use positive non-discriminatory language towards people with disabilities, including people with mental health conditions, in their activities.
3. Ensure duty bearers enforce and abide by Ghana's policies and laws.
    - a. State agencies responsible for addressing stigma and discrimination abide by government policies.
    - b. Law enforcement agencies (Ghana Police Service and Attorney General's Department) and Commission on Human Rights and Administrative Justice prosecute/take punitive actions against people and organisations breaking the law on legal discrimination.

### **3.3 Capability, Opportunity and Motivation analysis**

A Capability, Opportunity and Motivation (COM-B) analysis was conducted for each of the target behaviours by using the findings from the formative analysis and identifying what aspects of capability, opportunity or motivation can be influenced to bring about change in the target behaviours. The key insights are summarised below and will be further reviewed during the co-creation phase with successful grantees.

#### **Capability – physical and psychological capability**

The ability to enact the behaviours listed above rely on change in certain capabilities. The major capabilities needed to change current behaviour to the desired behaviour were:

- Knowledge and understanding of the causes of disability and mental health issues, and the effects of stigma on the lives of people with disabilities, including people with mental health conditions, and their families.
- Recognition of their stakeholder role in changing local language and actions towards people with disabilities, including people with mental health conditions, and their families.
- The capability to negotiate with others and to deal with any negative implications of changing language, giving resources, positions of power and increased attention to people with disabilities, including people with mental health conditions.
- Understanding of laws and policies related to stigma and discrimination, and how to enact them in real-life situations.

#### **Opportunity – physical and social opportunity**

The main opportunities needed for the desired behaviours to be adapted include:

- Availability of new and appropriate positive disability and mental health language.
- Environmental prompting and cues for the use of new language and the role modelling of supportive behaviours towards people with disabilities, including people with mental health conditions.
- To create a new socio-cultural norm around local language towards people with disabilities, including people with mental health conditions. This includes inciting a

feeling of guilt or shame towards peers who use old language, and instilling pride in using new language.

- To create a socio-cultural and religious norm of family and community support towards people with disabilities, including people with mental health conditions, helping them to achieve their ambitions and potential, especially when connected to resources, education, work and leadership.
- By-laws and other regulations restricting inappropriate and negative language, behaviours, norms and practices.
- Appropriate frameworks and directives from paramount chiefs (at local level) and the national house of chiefs and national headquarters of religious leaders.

### **Motivation – reflective and automatic motivation**

The main motivation needed for the target audience to change how they feel about carrying out the behaviours are:

- Emotional recognition of the impact of stigma on people with disabilities, including people with mental health conditions, and their families.
- Creating positive emotions and pride when positive language and actions are being used towards people with disabilities, including people with mental health conditions, and their families.
- Encouraging social consequences of performing a stigmatising behaviour towards people with disabilities, including people with mental health conditions, and their families.

## **3.3 How will change be achieved?**

The SBC strategy will be achieved by working towards the achievement of the key behaviours linked to each strategic objective. To achieve the change, a number of stakeholders and audiences will be targeted with the SBC interventions to adopt the behaviours. These target audiences are discussed in the next sub-section.

### **3.3.1 Target audience analysis**

The target audiences and primary influencers for each of the behaviours are shown below in Table 1. The interventions will target these audiences and the stakeholders who influence their adoption and practices of the required behaviour. The audiences as identified align to those of the MHA communication strategy. For example, the MHA strategy identifies media, traditional leaders and faith-based organisations as targets.

**Table 1: Behaviours and audiences**

Behaviour	Primary audience	Influencers
Families provide equitable resources (time, money and emotional support) to people with disabilities, including people with mental health conditions, in their households	Nuclear family members of people with disabilities, including people with mental health conditions	Extended family members Religious leaders
Traditional and religious leaders preach on positive perceptions, equality and experiences of people with disabilities, including people with mental health conditions	Religious leaders Traditional leaders	National house of chiefs National headquarters of religious groups
Community members provide support to people with disabilities, including people with mental health conditions, and their families in their daily activities	Community members	Traditional leaders Religious leaders Media Service providers
People with disabilities, including people with mental health conditions, take on local leadership positions	People with disabilities, including people with mental health conditions	Community and religious leaders Local authorities and decision makers Family members
People with disabilities, including people with mental health conditions, are ambassadors and champions in districts and communities	People with disabilities, including people with mental health conditions	Leaders of ambassador and mental health champions Family members
The media uses positive non-discriminatory language in all their programmes and uses positive examples of people with disabilities, including people with mental health conditions	Presenters/hosts Reporters Discussion panellists	Editors Programme producers
Family and community members use positive non-discriminatory language in their engagement with people with disabilities, including people with mental health conditions	Family members Community members	Religious leaders Media Traditional leaders
Religious and community leaders use positive non-discriminatory language in their religious activities	Religious leaders	Media National headquarters of religious groups

State agencies responsible for addressing stigma and discrimination abide by government policies	District assemblies Schools Health centres	Politicians Media
Law enforcement agencies (Ghana Police Service and Attorney General's Department) and Commission on Human Rights and Administrative Justice (CHRAJ) prosecute/take punitive actions against people and organisations breaking the law on legal discrimination	Ghana Police Service Attorney General's Department CHRAJ District assemblies	Politicians Media

**Creating a positive culture of support to allow people with disabilities, including people with mental health conditions, to reach their full potential**

This strategic objective will be achieved through targeting the behaviour of nuclear family members of people with disabilities, including people with mental health conditions, as well as traditional and community leaders.

- Nuclear family members are the immediate people that live in a household with people with disabilities, including people with mental health conditions. They will be targeted to adopt more supportive behaviour when it comes to responding to the needs of both people with disabilities, including people with mental health conditions, and those without disabilities. By providing the necessary support in terms of shelter, food, clothing and emotional needs, the family members will be helping people with disabilities, including people with mental health conditions, to reach their full potential in areas such as education and economic activities. Extended family members and religious leaders have strong influence on the behaviour of the nuclear family, and they will therefore be targets when it comes to interventions aimed at promoting family support for people with disabilities, including people with mental health conditions.
- Traditional and religious leaders are seen as potential early adopters who will embrace the concept of holistic support and then work with people in their communities to create an enabling environment for people with disabilities, including people with mental health conditions, to be supported at both community and family levels. People with disabilities, including people with mental health conditions, participate in family and community-level activities. Traditional and religious leaders also act to change practices that promote the discrimination and stigmatisation of people with disabilities, including people with mental health conditions.
- Through the interventions, community members will provide support to people with disabilities, including people with mental health conditions, in their daily activities such as the use of transport and services. More importantly, community members at any point in time will collectively act and speak out when people with disabilities, including people with mental health conditions, are stigmatised or discriminated against. Service providers such as health workers, teachers and transport unions are seen as influencers who will be encouraged to make access to their premises stigma and discrimination-free, and to speak out against any form of discrimination or

stigma that may occur on their premises. Religious and traditional leaders, as well as the media, also influence the behaviour of community members and will be used for this purpose.

- People with disabilities, including people with mental health conditions, have a role in the creation of a new culture of support. This includes engagement in leadership opportunities and being ambassadors and champions for change in districts and communities. This is not to say that they are responsible for change, but that their visible involvement will help to encourage change on multiple levels.
- Health practitioners have an important role in the use of positive language and supportive actions, especially when people with disabilities, including people with mental health conditions, require one of their services. Providing a welcoming and accessible physical space and environment can encourage others to do the same. Often, social pressure between colleagues and mandates from senior management can help to enforce these new behaviours so they become habitual.

### **Increase the use of positive disability and mental health language in Ghana**

- The **media** will be targeted to change the current disability and mental health-related language. They will be encouraged at national, regional and community level to adopt and use positive and non-discriminatory language in their work. The media has a wide ability to influence other stakeholders as shown in Table 1, so they will be a strategic stakeholder. The strategy will specifically target presenters, hosts of various programmes and reporters. These groups of media personnel have more space and time in the media and generate a lot of content. They are influenced by their producers and editors, who have the power to influence the primary target, as they determine who goes on air to present and host programmes, and decide what gets published respectively.
- At **community level** the primary targets for the change in language will be community, family members and religious leaders. Community and family members will be targeted together because of the influence that community-level beliefs and practices have on families and individual behaviour. The behaviour of family and community members is influenced by religious leaders and the media. Therefore, targeting media and religious leaders will also influence the behaviour of family and community members. Traditional leaders also have influence on the behaviour of community and family members, although to a lesser extent because they do not engage regularly with their subjects/community members. They would, however, be central in the development of positive disability and mental health language.
- **Religious leaders** have huge influence due to their regular engagement with families and community members through their religious services, therefore a positive change in the disability and mental health language they use will have an impact on their congregation.

### **Ensuring duty bearers enforce and abide by Ghana's policies and laws**

- The Commission of Human Rights and Administrative Justice (CHIRAJ), Ghana Police Services (GPS), the Attorney General's Department (AGD) and the District

Assemblies are the primary agencies that will be targeted to take action to enforce laws and policies on discrimination. As largely law enforcement agencies, they have a strong role to play in enforcing laws on legal discrimination. By enforcing the law, they will contribute to reducing stigma and discrimination as perpetrators will know that they are likely to be punished if they continue with such behaviour. Therefore, engagement with the media will also look at how the media can influence the behaviour of these agencies.

## 4. Behaviour change intervention and policy categories

The strategy aims to reduce stigma and discrimination by creating the capability, opportunity and motivation to adopt the desired behaviours. A target audience with the required capability and enough motivation, coupled with an environment that creates opportunities for the desired behaviour to be adopted, increases the likelihood of the desired behaviour change.

The strategy will be implemented through grants to Disabled People's Organisations, Self-Help Groups, Women's Rights Organisations and Civil Society Organisations, either alone or in collaboration with the media.

The guiding principles of the strategy are listed below.

- **Co-creation:** The strategy was co-created by the Ghana Somubi Dwumadie in collaboration with implementing partners, government agencies, non-governmental organisations (NGOs) and people from academia that work in the disability and mental health space.
- **Knowledge-building:** Learning and sharing knowledge with partners and stakeholders from various sectors to support meaningful change will be central to the successful implementation of the strategy.
- **Participation:** Participation builds on the founding principle of the disability rights movement of 'Nothing About Us Without Us'. People with disabilities, including people with mental health conditions, are at the centre of the strategy. Opportunities are created for them to participate fully in strategy development and implementation.
- **Collaboration:** The strategy looks at collaboration with the advocacy component of Ghana Somubi Dwumadie, and with government and NGOs working within in the same space and beyond. This will help to avoid duplication and to promote synergy.
- **Adaptability:** The strategy can be adapted to the evolving disability and mental health policy environments.

In line with the co-creation process, the grantees will work with the Ghana Somubi Dwumadie team and other stakeholders to create and prioritise the interventions during the inception phase of the grants.

### 4.1. Intervention categories

The strategy will use multiple intervention categories to target each behaviour. This will help to improve individual capacity and create an enabling environment for the adaptation of the

behaviours. Table 2 shows a summary of the intervention categories that may be used to target each behaviour.

**Table 2: Behaviours and intervention categories**

Behaviour	Intervention category
Families provide equitable resources (time, money and emotional support) to people with disabilities, including people with mental health conditions, in their households	Education Modelling Restriction Enablement
Traditional and religious leaders preach on positive perceptions, equality and the experiences of people with disabilities, including people with mental health conditions	Training Modelling Persuasion
Community members provide support to people with disabilities, including people with mental health conditions, and their families in their daily activities	Education Restriction Enablement Environmental restructuring
People with disabilities, including people with mental health conditions, take on local leadership positions	Training Enablement
People with disabilities, including people with mental health conditions, are ambassadors and champions in their districts and communities	Training Enablement
The media uses positive non-discriminatory language in all their programmes and uses positive examples of people with disabilities, including people with mental health conditions	Education Training Incentivisation
Family and community members use positive non-discriminatory language in their engagement with people with disabilities, including people with mental health conditions	Education Persuasion Restriction
Religious and community leaders use positive non-discriminatory language towards people with disabilities, including people with mental health conditions, in their activities	Training Modelling
State agencies responsible for addressing stigma and discrimination abide by government policies	Persuasion Coercion
Law enforcement agencies (Ghana Police Service and Attorney General's Department) and Commission on Human Rights and Administrative Justice (CHRAJ) prosecute/take	Incentivisation Coercion

punitive actions against people and organisations breaking the law on legal discrimination	
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The main intervention categories that are suggested are:

- **Education and training:** Education and training may be provided to families, communities, religious and traditional leaders to address limited knowledge of the causes of disability and mental health conditions, and the challenges faced by people with disabilities, including people with mental health conditions. The nature and type of support to be provided will be tailored. Education and training will aim to promote the positive language which will be developed. The training will focus on specific groups like editors, traditional and religious leaders and others. These groups of people require increased skills and understanding because they are also going to train or educate other groups. Education will be used to improve the knowledge of families and community members on mental health and disability issues.
- **Incentivisation:** This could include putting in place awards for media reporting and promoting issues that address stigma and discrimination, and the use of positive language. Sponsoring programmes that address issues on disability and mental health will also be helpful. It could also be used to reward law enforcement agencies that take steps to address stigma and discrimination. Incentivisation could be used at local and national levels. Through collaboration with the advocacy arm of Ghana Somubi Dwumadie, the strategy could also take advantage of existing government performance-based funding to incentivise district assemblies to address stigma and discrimination. This will be through advocacy for the integration of actions to address stigma and mental health into the indicators assessed as part of the Functional Organisation Assessment Tool (FOAT). FOAT results are used to determine how much funding district assemblies receive from the District Development Facility and the Urban Development Grant.
- **Persuasion:** The strategy will persuade target audiences to change their behaviour through the use of words and images in the form of audio and visuals to convey information, reasoning or feeling. The aim will be to change the way they feel about the behaviour. These words and images will be driven largely by the negative and positive lived experiences of people with disabilities, including people with mental health conditions, and their families. For example, an image of a person with a disability trying to carry a bucket of water while people look on without offering support, or a video of a religious leader using scripture to appeal to families and communities to support people with disabilities, including people with mental health conditions. It will be used to target family and community members as well as religious and traditional leaders.
- **Restriction:** With this intervention, the strategy proposes working closely with traditional leaders and district assemblies at community level to pass by-laws on such things as mental health language and the abandonment of people with disabilities, including people with mental health conditions. For example, a traditional leader can pass a by-law that families should not chain people with mental health conditions in their jurisdiction, or pass a law that no person with a mental health condition should be left to sleep on the street.

- **Modelling:** Modelling interventions will show examples of the desired behaviour for people to imitate. It will also involve identifying early adaptors and champions and showing what they are doing correctly, in addition to creating opportunities for them to be involved in the SBC intervention implementation. Some of the champions could be supportive families, and traditional and religious leaders, for example using the lived experience of supportive families and successful individuals with disabilities, including people with mental health disabilities. People with disabilities, including people with mental health conditions, will be provided with training and increased opportunities to model leadership and act as ambassadors/champions for decision making forums.
- **Enablement:** Providing spaces for communities to discuss some of the barriers faced by people with disabilities, including people with mental health conditions, and how they can act to change conditions and cultural norms of engagement and support. Working with the families of people with disabilities, including people with mental health conditions, to consider equal allocation of financial and material capability to support family members. Strengthening the inclusion of families of people with disabilities, including people with mental health conditions, in LEAP (Livelihood Empowerment Against Poverty), the Ghanaian government's unconditional cash transfer intervention, as well as the use of the disability share of the District Assemblies Common Fund to empower people with disabilities, including people with mental health conditions, economically. This will also be about creating the environment for increased leadership opportunities for people with disabilities, including people with mental health conditions.
- **Coercion:** Strategic litigation to get the courts to force some state agencies to implement laws and policies that address stigma and discrimination will be the main coercion approach. It will target state agencies that have shown a consistent history of unwillingness to implement these laws and policies. It will be used strategically as it has the potential to make some stakeholders apprehensive.

## 4.2 Policy categories

The policy categories described below can be used to embed and reinforce the above interventions. They create frameworks within which the interventions will be embedded and sustained. The implementation of these policy categories will require close liaison with the broader Ghana Somubi Dwumadie programme team, and the advocacy and communications strategies.

**Environmental restructuring:** This could be used to target service providers. It would involve working with them to adjust their service provision space to make it more accessible to people with disabilities, including people with mental health conditions. For example, creating movable ramps to make it easy for people with disabilities to enter vehicles. Similarly, health facilities will be targeted to adjust their buildings to make them accessible by also creating ramps.

**Communications and marketing:** This may involve the use of media campaigns such as radio adverts and jingles, and the use of digital and social media marketing such as

Facebook and Twitter adverts. These interventions could be used to target communities and families by promoting positive language and strategies of how to support people with disabilities, including people with mental health conditions, in reaching their full potential.

**Regulation:** The focus could be to get the national level leadership of selected religious groups, and the National House of Chiefs, to issue regulations on how their members should behave when it comes to handling issues related to stigma and discrimination. Regulation may also cover certain practices such as the use of stigmatising language in prayer etc.

**Guidelines:** Working with local leadership at district level and the advocacy team at national level to get the leadership of audience groups, services providers and government agencies to issue guidelines that make recommendations on the 'do's and don'ts' related to stigma and discrimination for their groups and service spaces. These could include behaviour on public transport and of the transport operators, health workers etc.

**Legislation of service provision:** Working with traditional leaders and district assemblies to advocate for passing by-laws to help address stigma and discrimination and promote the use of positive language. At national level, there will be a collaboration with the advocacy team of Ghana Somubi Dwumadie to take advantage of the current review of the disability law to ensure that issues of stigma and discrimination are addressed through setting boundaries for acceptable behaviour, with penalties for infringement.

### 4.3 Material development and channels to support the implementation of intervention and policy categories

The strategy will require the development of SBC materials targeting different audiences. The nature of these materials will depend on the intervention and policy categories that will be used to achieve the behaviour. In the development of materials, the lived experiences of people with disabilities, including people with mental health conditions, and their family members will be used wherever possible.

The strategy proposes a **co-creation process** at the start of implementation to help examine and develop some of the materials, working with DPOs, NGOs and government agencies, traditional and religious leaders, the media and Ghana Somubi Dwumadie staff to develop positive disability and mental health language both in English and local languages. This will start with Twi (the most common Ghanaian language), with the Twi version then being used to develop this positive language in Gruni, Ewe, Hausa and Dagbani.

The strategy may make use of several traditional and non-traditional channels in the implementation of the interventions and policy categories, as shown in Table 3 below. These channels are a guide and will need to be assessed and prioritised with grantees depending on the context within which a specific intervention and policy category is being implemented.

**Table 3: Channels for the implementation of interventions**

Intervention and policy category	Type of material	Channels
<b>Intervention categories</b>		
Education	Adverts, jingles, skits, key messages, drama, music etc	National radio networks e.g Radio Ghana, multi-media group networks, social media (Facebook and Twitter adverts, WhatsApp messaging). Community radio and information centres. Use organised groups – market women, professional associations, drivers’ union etc. Funeral announcements and church broadcasts
Training	Training manuals, key materials	Direct engagement – interpersonal communication
Incentivisation	Incentive package which clearly indicates what needs to be achieved to benefit from the package	Ghana Journalist Award at regional and national levels, FOAT for District Development Facility and Urban Development fund, adverts in the media, best health facility, inclusion score card
Persuasion	Posters, billboards, jingles, adverts, skits, key messages	National radio networks e.g Radio Ghana, multi-media group networks, social media (Facebook and Twitter adverts, WhatsApp messaging). Community radio and information centres. Use organised groups – market women, professional associations, drivers’ union etc. Funeral announcements and church broadcasts
Modelling	Jingles, adverts, skits. key messages	National radio networks e.g Radio Ghana, multi-media group networks, social media (Facebook and Twitter adverts, WhatsApp messaging). Community radio and information centres. Use organised groups – market women, professional associations, drivers’ union etc. Funeral announcements and church broadcasts
Enablement	Key messages, guidelines for peer support meetings	Peer support systems
<b>Policy categories</b>		
Environmental restructuring	Guidelines on engagement, key messages	Direct engagement with professional groups, such as transport unions, health workers’ union. Development of accessible standards
Communications and marketing	Adverts, jingles, skits, drama, music etc	National radio networks e.g. Radio Ghana, multi-media group networks, social media (Facebook and Twitter adverts, WhatsApp messaging). Community radio and information centres

Intervention and policy category	Type of material	Channels
<b>Intervention categories</b>		
Legislation of service provision	Technical briefs, memoranda to parliament	Direct engagement
Guidelines	Direct engagement, technical briefs	Use organised groups – transport union, health workers union, regional and national house of chiefs

## 5. Monitoring and evaluation

The monitoring and evaluation (M&E) of this strategy will contribute to the Ghana Somubi Dwumadie M&E framework, and specifically two indicators and their milestones:

**Indicator 3.2** Number of civil society organisations who are engaged in the programme’s Social and Behavioural Change (SBC) strategy.

- Number of relevant grantees who have developed and actioned their implementation plan as part of the SBC strategy delivery.

**Indicator 3.3** Number of people reached with mental health and disability-inclusive messages.

- Number of people reached by grantees who are delivering the SBC strategy.

Grantees will be selected and procedures put in place to measure:

- Involvement in the co-creation phase and the development of their SBC materials and implementation plans.
- Adherence to the principles and guidance within the strategy.
- Deliverables in line with the implementation plans.
- Number of people reached with SBC messages and interventions.

During the co-creation phase, grantees will work with the project to develop processes and procedures where relevant and possible to gather data on the objectives, behaviours and change that we hope to see based on the COM-B analysis findings in section 3.3:

### Capability

- Knowledge and understanding of the causes of disability and mental health issues and the effects of stigma on the lives of people with disabilities, including people with mental health conditions, and their families.
- Recognition of stakeholders’ roles in changing local language and actions towards people with disabilities, including people with mental health conditions, and their families.

- The capability to negotiate with others and to deal with any negative implications of changing language, giving resources, positions of power and increased attention to people with disabilities, including people with mental health conditions.
- Understanding of laws and policies related to stigma and discrimination and how to enact them in real-life situations.

### **Opportunity**

- Availability of new and appropriate positive disability and mental health language.
- Environmental prompting and cues for the use of new language and role modelling of supportive behaviours towards people with disabilities, including people with mental health conditions.
- A new socio-cultural norm around local language towards people with disabilities, including people with mental health conditions. This includes a feeling of guilt or shame towards peers using old language, and pride in using new language.
- A socio-cultural and religious norm of family and community support towards people with disabilities, including people with mental health conditions, helping them to achieve their ambitions and potential with a particular connection to resources, education, work and leadership.
- By-laws and other regulations restricting inappropriate and negative language, behaviours, norms and practices.
- Appropriate frameworks and directives from paramount chiefs (at local level) and the national house of chiefs and national headquarters of religious leaders.

### **Motivation**

- Emotional recognition of the impact of stigma on people with disabilities, including people with mental health conditions, and their families.
- Creating positive emotions and pride when positive language and actions are being used towards people with disabilities, including people with mental health conditions, and their families.
- Encouraging social consequences of performing stigmatising behaviour towards people with disabilities, including people with mental health conditions, and their families.

These will be monitored through the grants and will contribute towards the change in stigma and discrimination faced by people with disabilities, including people with mental health conditions.

## Appendix 1: List of abbreviations

Acronym	Description
AGD	Attorney General's Department
CHAG	Christian Health Association of Ghana
CHRAJ	Commission on Human Rights and Administrative Justice
COVID-19	Coronavirus Infection
CSO	Civil Service Organisations
DACF	District Assemblies Common Fund
DPOs	Disabled People's Organisations
DSW	Department of Social Work
FGD	Focus Group Discussions
FOAT	Functional Organisation Assessment Tool
GFD	Ghana Federation of Disability Organisations
GHS	Ghana Health Service
GPS	Ghana Police Services
LNOB	Leave No One Behind
MoH	Ministry of Health
MoGCSP	Ministry of Gender, Children and Social Protection
MEHSOG	Mental Health Society of Ghana
MHA	Mental Health Authority
NCPD	National Council on Persons with Disabilities
SBC	Social and Behavioural Change
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
WHO	World Health Organisation

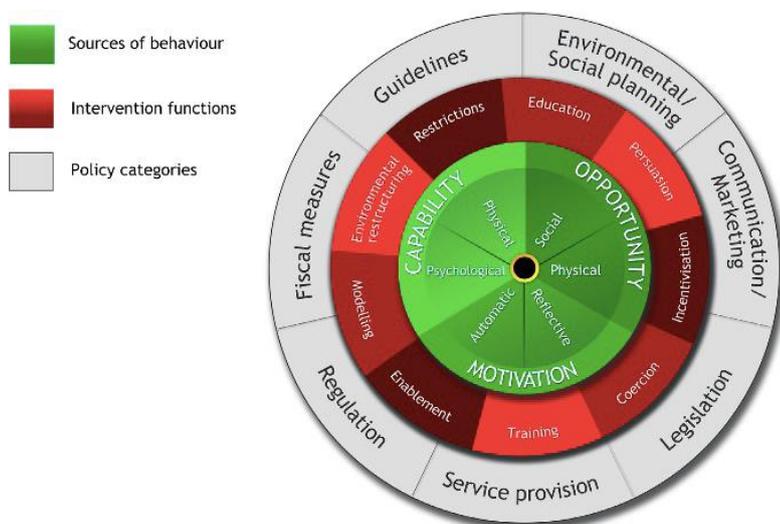
## Appendix 2: Behaviour Change Wheel

The development of this strategy was informed by the Behaviour Change Wheel framework and approach developed by Michie et al (2011)<sup>18</sup> based on an extensive review of frameworks for behaviour change interventions. The framework was applied in the conduction of a formative study on stigma and discrimination and in the analysis of key behaviours from the research and development of interventions to address these behaviours.

In their review of the frameworks for designing behaviour change interventions, Michie et al concluded that none of the frameworks reviewed covered the full range of intervention functions or policies, and only a minority met the criteria of coherence or linkage to a model of behaviour. This was therefore proposed as a more comprehensive framework to address the deficiencies observed in the existing frameworks.

The Behaviour Change Wheel identifies various elements of a person's internal environment (psychological and physical) and the external environment that needs to be considered in the development of behaviour change interventions.

**Figure 1: Behaviour Change Wheel**



The framework sees behaviour as a system involving three essential conditions: capability, opportunity and motivation. They refer to this as the Capability, Opportunity, Motivation and Behaviour (COM-B) system. The COM-B system, as a framework for understanding behaviour, forms the core of the Behaviour Change Wheel. In this system, it is theorised that a relationship exists such that an individuals' capability, opportunity and motivation interact to generate behaviour, and behaviour in turn influences these components.

<sup>18</sup> Michie, S., van Stralen, M.M. & West, R. The Behaviour Change Wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* 6, 42 (2011). <https://doi.org/10.1186/1748-5908-6-42>

Capability is defined as the individual’s psychological and physical capacity, including having the necessary knowledge and skills to engage in the activity concerned.

Motivation, on the other hand, refers to all brain processes that energise and direct behaviour.

The final component – opportunity – is defined as all the factors which lie outside the individual that make the behaviour possible.

These three main components are further sub-divided as follows:

- **Capability:** the physical and psychological capacity to engage in necessary thought processes such as comprehension and reasoning.
- **Opportunity:** the physical opportunity afforded by the environment and social opportunity influenced by cultural and social norms.
- **Motivation:** reflective processes such as evaluations and plans and automatic processes arising from innate dispositions, emotions and impulses.

The second and third level of the BCW outlines various intervention functions and policy categories respectively that have been linked to these behavioural components. The interventions are the different approaches that can be used to influence behaviour by influencing the capacity and motivation of individuals to adopt recommended behaviour or to stop undesired behaviour. They are also used to create opportunities or enabling environments for the adoption of desired behaviours or to stop undesired behaviour.

The framework proposed nine intervention categories: education, persuasion, incentivisation, coercion, training, restriction, environmental restructuring, modelling and enablement. Each of these categories is explained in the table below.

Beyond the interventions are the policy categories. This is a list of potential interventions that can be used to institutionalise behaviours by providing the necessary institutional and community level measures that will guide long-term behaviour. They include communication/marketing, guidelines, fiscal, regulation, legislation, environmental/social planning and service provision. These categories are explained in the table above.

Interventions	Definition
Education	Increasing knowledge and understanding
Persuasion	Using communication to induce positive or negative feelings or to stimulate action
Incentivisation	Expectation of reward
Coercion	Creating expectation of punishment
Training	Imparting skills
Restriction	Using rules to reduce opportunity to engage in target behaviour or to increase target behaviour by reducing the opportunity to engage in competing behaviour
Environmental restructuring	Changing the physical or social context
Modelling	Providing an example for people to aspire to imitate
Enablement	Increasing means/reducing barriers to increase capability or opportunity

Policies	Definition
Communication/marketing	Using print, electronic, telephonic or broadcast media
Guidelines	Creating documents that recommend or mandate practice. Includes all changes to service provision
Fiscal	Using tax system to reduce or increase financial cost
Regulation	Establishing rules or principles of behaviour or practice
Legislation	Making or changing laws
Environmental/social planning	Designing and/or controlling the physical and social environment
Service provision	Delivering service

## **Appendix 3: List of stakeholders workshop participants**

1. BasicNeeds-Ghana
2. Christian Health Association Ghana (CHAG)
3. Ghana Somubi Dwumadie
4. Ghana Health Service
5. Ghana Society of Persons with Disability (GSPD)
6. Ghana Blind Union
7. Ghana Federation of Disability Organisations
8. Ghana Society of the Physically Disabled
9. Ghana Association of Persons with Albinism
10. Ghana National Association of the Deaf
11. Ghana Society of the Physically Disabled
12. Inclusion Ghana
13. Mental Health Authority
14. Mental Health Association of Ghana (MEHSOG)
15. Mental Health Foundation Ghana (MFGH)
16. ShareCare
17. Sightsavers
18. SWEB Foundation
19. Tim Africa Aid Ghana
20. University of Ghana
21. VOICE Ghana
22. Saha Consulting and Service Ltd

## Appendix 4: UNCRPD Article 8 – Awareness-raising

1. States parties undertake to adopt immediate, effective and appropriate measures:
  - a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;
  - b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;
  - c) To promote awareness of the capabilities and contributions of persons with disabilities.
  
2. Measures to this end include:
  - a) Initiating and maintaining effective public awareness campaigns designed:
    - i. To nurture receptiveness to the rights of persons with disabilities;
    - ii. To promote positive perceptions and greater social awareness towards persons with disabilities;
    - iii. To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;
  - b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;
  - c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;
  - d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.