

# Learning Product:

## From theory to practice: Putting inclusive and accessible SBC into action

### Introduction

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 Basic Needs-Ghana, King's College London, Sightsavers 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

This learning product distils the lessons learnt from the design, delivery, and monitoring of an inclusive and accessible Social and Behaviour Change (SBC) approach with five Ghanaian grantees. It is based on findings from the grantee learning exchange and workshop (both conducted in 2022) and other key documentation including grantee reports, quality assurance checklists, evaluation reports and the grantee materials and activity session plans. Key informant discussions also captured additional knowledge.

This learning paper builds upon existing learning products on granting and SBC.

It is intended that the learning can help inform future work for programme stakeholders, and also national and international audiences who may be implementing or have an interest in using an inclusive and accessible SBC approach within the mental health and disability sector. There are two key categories of learnings identified:

**How to strengthen local stakeholder capacity to develop, use and monitor accessible SBC materials and activities**

**Successful approaches to deliver inclusive and accessible SBC activities to achieve the Ghana Somubi Dwumadie SBC strategy objectives**

## What is inclusive and accessible SBC?

Stigma and discrimination faced by people with disabilities, including people with mental health conditions, is often deeply rooted in social and cultural norms and negative stereotyping which perpetuate harmful behaviours. It can prevent the realisation of rights of people with disabilities, including people with mental health conditions, such as their right to access healthcare services.

**Definition: Inclusion** means people with disabilities in all their diversity - including marginalised and under-represented groups - are meaningfully engaged, empowered and able to exercise and enjoy their full rights and freedoms on an equal basis with others, without discrimination and across the life-course. They are full and active members of society and decision-makers in all aspects of life, including diplomatic and development efforts. (FCDO, 2022)

**Definition: Accessibility** is about giving equal access to everyone. Accessibility includes the physical environment such as buildings, transport, public facilities and services but also includes information and communication. (UN convention on the Rights of Persons with Disabilities, **Article 9**)

Inclusive SBC allows us to mainstream disability inclusion in SBC interventions, apply inclusive SBC processes, and design for accessibility.

### Mainstream disability inclusion and accessibility

Mainstream disability inclusion and accessibility in SBC interventions within health, education and social inclusion programmes.

### Apply inclusive SBC processes

Use processes to design, deliver and monitor SBC activities and materials which includes the participation and representation of people with disabilities.

### Design for accessibility

Design and deliver targeted SBC materials and activities that are accessible for people with disabilities or those who may be marginalised, which includes using positive representations of disability.

## Overview of SBC design and delivery

In April 2021, Ghana Somubi Dwumadie awarded Effectiveness and Evidence Grants to five organisations to respond to the project objective on reducing stigma and discrimination of people with disabilities, including people with mental health conditions. These grantees are VOICE Ghana, Hope for Future Generations (HFFG)/The PsyKForum, ABAK Foundation, Centre for Active Learning, and Integrated Development (CALID), and the Centre for People's Empowerment and Rights Initiatives (CPRI).

The programme used a participatory process to develop an SBC strategy to guide the design and delivery of accessible SBC materials and activities. The process included:

- **Listening and reducing assumptions:** Using a formative behavioural study to listen to men and women with disabilities, including people with mental health conditions, and their families, to understand the drivers and manifestations of stigma, both experiences and practices. Listening to community leaders, health workers, the media and people working in local government to consider how to make change
- Ensuring **people with disabilities lead** the development of the SBC strategy and how it should be delivered through two participatory co-creation workshops. Co-leadership of the workshop was by an expert on disability stigma in Ghana (herself a woman with a disability) and participants from a diversity of organisations representing people with disabilities, including people with mental health conditions
- **Developing a focused and inclusive SBC strategy** to guide the work of local grantees in reducing negative and discriminatory attitudes, behaviours and norms faced by people with disabilities in Ghana, including people with mental health conditions

### **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.

- **User led delivery:** selecting a mix of grantees, some of whom are user led, for example VOICE Ghana and CPRI who are led by people with disabilities. We know from our previous learning reports that the most successful approaches are those which uphold the principle that people with lived experience are best placed to bring about changes in attitudes around disability and mental health.
- **Building the capacity of grantees to design and use accessible materials** including jingles, posters, radio and easy-read materials. This was delivered through virtual training, internal approval systems, technical quality assurance feedback and coaching (as described below in learning points 1 and 2).
- **Using quality assurance** to monitor the delivery of the activities, especially the inclusive processes and accessible activities and materials being used by grantees, in line with the SBC strategy

As noted in a previous learning report, the programme also allocated costs for accessibility and inclusion through the budget, for example through sign language interpretation, accessible training venues and sufficient time and support for travel arrangement.

## How to strengthen and support local stakeholder capacity to develop, use and monitor accessible

**Learning Point 1: To embed the use of accessible design and delivery by local partners, it is important to go beyond one-off technical skills training, to also include coaching, technical guidance, and feedback mechanisms.**

**Learning Point 2: Using a quality assurance guidance note and checklist ensures that partners know what is expected in accessible and inclusive quality, and allows the programme to monitor those expectations.**

### SBC materials and activities

When the programme conducted its cocreation workshop, a capacity gap on accessible communications was identified. The programme organised an accessible material design training for grantees and staff on the programme to increase their knowledge and skills on accessible design and communications. Topics in the training included: writing tips; video accessibility; print and design; organising events and presentations. Feedback from the grantee staff who attended was positive, with examples including:

**‘The training was great. The facilitator emphasised so much on the usage of colours. It is something that we learnt a lot from. We have been making a lot of mistakes on the usage of colours. We recently developed a disability language guide which we need to revise after listening to the presentation on colour usage.’ SBC grantee**

**‘The sessions have been very useful and packed with a lot of information. We are currently developing jingles and messages on positive disability language. The information we have received will help us in terms of accessibility. Also, we will know the right messages to put on an image.’ SBC grantee**

Following on from the training, grantees reported they had increased confidence in their ability to embed accessible communication skills in writing, speaking at events, the use of inclusive language, and colour choices.

**‘We learnt not to justify text or use italic when writing text as well as proper way of writing dates like 6 November 2022 instead of 6th November 2022, to make the texts accessible to all categories of disability, especially people with dyslexia.’ SBC grantee**

This one-off training had positive feedback, but during follow up monitoring visits and reviewing reports and materials, it could be seen that grantees hadn’t fully

embedded all the learning in their everyday work. The technical team brought in some additional materials and processes, as listed below, to embed the use of those skills.

### **Creative briefs and pretesting**

Grantees worked together to develop a **creative brief** to ensure consistency of accessible communication materials across the grantees. This was used to engage with creative agencies and the Sightsavers design team in the development of programme materials (jingles, posters, leaflets, radio scripts etc).

Support was provided on the use of **pretesting**, to ensure feedback from community members and people with disabilities on the acceptability and accessibility of those materials before use.

### **Monitoring and feedback mechanisms**

The project developed an **SBC quality guidance note** and checklist. The guidance had sections on:

- Understanding the SBC strategy
- Using participatory and user-led approaches
- Designing accessible materials which include positive representation of disability and mental health conditions, for each area of the SBC strategy

The quality assurance checklist was then used to guide discussions during monitoring visits and develop agreed actions for grantees to strengthen inclusion and accessibility of their activities and materials. Grantees described how they found the guidance note and checklist useful to provide clear guidance on the expectations around inclusion and accessibility, especially during community level activities.

Common areas of improvement identified in the checklist recommendations included:

- Ensuring the pretesting and project sign off process (as described below) was used systematically for communication and training materials
- Documenting the behaviour and social change process
- Increasing the participation of women with disabilities

A **sign off process** was introduced to provide feedback to and approve grantee materials and approaches for inclusion and accessibility; alongside on the spot coaching during monitoring visits to give practical guidance on how to improve the accessibility of materials.

### Criteria for review and approval of communication materials

- Is there a positive use of disability language, tone and imagery?
- Is the design accessible?
- Is it culturally appropriate (including visuals and language)?
- Is it appealing?
- Do the visuals reinforce the text, and the text reinforces the visuals?
- Do the materials focus on one issue and have a clear call to action?
- Are messages clear, logical, well-structured and appropriate to that audience?
- Are the package of materials sensitive to diversity in disability, gender and religion?

Grantees provided feedback that the pretesting and approval process increased the length of time it took to approve and finalise communications materials. Once all the guidance had been developed, a more streamlined process with one approval would have improved that process.

## Approaches to deliver inclusive and accessible SBC activities to achieve the Ghana Somubi Dwumadie SBC strategy objectives

The learnings in this section are divided according to the three areas of the Ghana Somubi Dwumadie SBC strategy objectives:

- Create a positive culture of support to allow people with disabilities, including people with mental health conditions to reach their full potential (families, leaders, community members, leadership by people with disabilities)
- Increase the use of positive disability and mental health language in Ghana (by the media, family and community members, leaders)
- Ensure duty bearers enforce and abide by Ghana's policies and laws (by state agencies, law enforcement and commission on human rights and administrative justice)

### Creating a positive culture of support

**Learning Point 3: Inclusion champions, ambassadors and people with disabilities acting in leadership positions play a powerful role in creating a positive culture of support.**

**Learning point 4: Religious and traditional leaders play an important role in facilitating a positive culture of support in their communities.**

## **Inclusion Champions and Ambassadors**

As part of creating a positive culture of support, grantees work with community leaders, and in some urban centres with the Ghana Federation of Disability Organisations (GFD), to select and train community inclusion champions and ambassadors. These champions are all people with disabilities and mental health conditions while the ambassadors also include people without disabilities. Activities of the inclusion champions and ambassadors include:

- Support awareness raising activities in reducing stigma and discrimination against people with disabilities, including people with mental health conditions, in their communities
- Use SBC communication materials (posters, jingles etc.) to inform, educate and influence change at the community level and amongst their target audience
- Encourage and facilitate the process for people with disabilities, including people with mental health conditions, to take-up leadership roles in their respective communities
- Facilitate the process for people with disabilities, including people with mental health conditions, in their respective communities, to be fully included in community life as well as decision-making processes

The inclusion ambassadors also have a strong opportunity to influence community change and help create a culture of support, because they are indigenes:

**‘I have been looking for an opportunity to support people with disabilities for a long time in my own small way. This project is just like a fulfilment of my dream. People with disabilities deserve better and must be treated as such. I have taken it upon myself that, whatever I can do for them within my capacity, I am ready to do it. The education is going forth and I can assure you that, the community is beginning to understand that people with disabilities including people with mental health conditions are just like any other community member’. Inclusion Ambassador, Ho West District**

An inclusion champion shared some of his work in fighting against disability stigma and discrimination. Periodically, he visits churches to share letters and conduct sensitisations in the marketplace to create awareness. According to him, having a good reputation and record matters for awareness creation and campaigns.

**‘People (especially people who know you or have interacted with you before) will listen to what you have to tell them when they realise that you are of good behaviour, respected by others and you have not been involved in any vices in the community’. Inclusion champion, Nima Accra**

## **People with disabilities in leadership positions**

Grantees engaged and lobbied traditional, religious and opinion leaders, to use their position and status to ensure that people with disabilities including people with mental health conditions in their respective communities, are given leadership roles such as Assembly members, Unit Committee members or Town Development

Committee members, to foster their active participation in local decision-making processes and community life.

One example is a retired teacher with a physical disability who has been appointed as a School Management Committee Vice Chairman and Secretary to a community water board. According to the learning exchange participants: **‘He [sic] is an exceptionally intelligent man known for his remarkable contributions to the board.’**

Other examples of leadership across the programme include:

**‘The chief and his cabinet members have now agreed and appointed one person with disability to represent other persons with disability including people with mental health conditions among the ‘council of elders’ within the community’. Inclusion Ambassador, Volta**

Another example is that a Chief has appointed a woman with physical disability to be part of their Festival Planning Committee, to support in planning their upcoming homecoming festival scheduled for December 2022.

We know from our previous learning reports that approaches which prioritise the inclusion of people with lived experiences are most likely to bring about changes in attitudes around disability and mental health. With leadership opportunities, they make substantial contributions and facilitate lasting, positive culture change.

### **Religious and traditional leaders**

People change their attitude towards people with disabilities, including people with mental health conditions, when they hear or see influential people in the community raise concerns against stereotyping and discriminatory behaviours.

In some of the implementing communities, people with disabilities were not allowed audience at the chief’s palace, they were not invited to participate in decisions taken at the community level, and some had the capacity to lead but were not given the opportunity. Through the consistent engagement and lobbying of the inclusion ambassadors and champions, alongside religious and opinion leaders, there has been some change. In the Volta and Oti regions, people with disabilities can now enter the chief’s palace and some have been given leadership positions.

A person with physical disability confirmed to our grantee that, since the project started in his community, he has noticed that the way people disregard and disrespect them is now getting better. According to him, he has been assigned as a Choir Organiser in his Church, Evangelical Presbyterian Church, Ghana, and he organised their Zonal Rally in December 2022.

**‘Our community members are now relating well with us far better than before. because my community members are now giving us opportunity to take up leadership roles, I am planning to contest for the Assembly-member position in the upcoming District Assembly Level Elections.’  
Person with a disability, Volta region**



## Using positive disability language

**Learning Point 5: Changing negative disability language is challenging but with the process of developing local language guides and the persistence of inclusion champions and community and religious leaders, new language can be embedded in everyday life to help reduce stigma.**

**Learning point 6: Media houses have an important part to play in reducing the use of derogatory language and promoting positive disability representation.**

Positive **disability language guides** were developed as part of the grantees' projects aimed at reducing stigma and discrimination against people with disabilities, including people with mental health conditions in Ghana. A study conducted by Ghana Somubi Dwumadie confirmed language as a key driver of stigma and discrimination. The SBC strategy cocreation phase confirmed that local language had to be changed to improve the stigma faced by people with disabilities including people with mental health conditions.

Grantees began with the documentation of derogatory and positive local disability languages in 9 languages, including Ga, Ewe, Twi, Fante, Mampruli, Gonja, Dagbani, Dagaare, Waale and Likpakpaln, from a wide range of stakeholders involving people with disabilities, including people with mental health conditions. Grantees used participatory and inclusive approaches such as open forum, group discussions and participants feedback sessions to foster active participation of all stakeholders in the process. The collated positive disability terminologies went through a validation process where it was shared with participants at the various workshops including local language experts, traditional and religious leaders for their feedback and inputs.

One key challenge during the **language guide** development was that community linguistic experts argued that the existing derogatory and negative disability terms should be maintained as they are based on the traditions and culture of local people. Some people felt that changing their language meant changing their culture because such languages were and have always been acceptable in their culture.

This was challenged during the community sessions by:

- People with disabilities, including people with mental health conditions, who described how it made them feel when referred to in negative ways. This allowed people to recognise and reflect on the impact their words had on others.
- People with disabilities who were given the space to show the way they wanted people to talk to them or describe them. New words and phrases were suggested and discussed in detail amongst a diversity of workshop stakeholders.

Although negative disability and mental health language was considered as a norm, when collectively agreed and supported by community and religious leaders, change was seen as possible.

But changing people's language takes time and required the persistent and consistent sharing of experiences by people with disabilities. Inclusion ambassadors, based in the community, frequently reminded people about the new positive language and repeated reasons why negative language was derogatory and thus needed to be changed. Over time, with education and practice, people have become accustomed and a new positive use of language has been embedded.

Here is a testimony shared by an inclusion ambassador about the change in language:

**'His is a case study of a chief who used his understanding of the language guide to redress a complaint that came before him. According to him, a community member described a person with mental health condition with derogatory words, which the latter did not like. Because of the project, the victim reported the case to him for redress. The chief quickly resolved and calmed the victim down to avert any possible confrontation. He also confirmed that they are reviewing their byelaws and will include issues concerning people with disabilities including people with mental health conditions in the new byelaw, to create opportunity and space for their active participation in community life.'**

Grantees' engagement with some members of the implementing communities including Self-Help Groups (SHGs) revealed that there is a significant reduction in the use of derogatory terminologies in describing people with disabilities, including people with mental health conditions.

Over 9 months, one grantee described how 1,198 community members have confirmed to have been using positive terminologies in their local languages, to describe people with disabilities, including people with mental health conditions. This was affirmed by 180 members of SHGs from grantees project implementing communities.

## **Media houses**

In the initial stages of interacting with the media houses (journalists, editors and newscasters) and radio stations, it was challenging to change their language. The media houses used sensational headlines which drew attention to their content so that more people would read or watch the content they published. In their efforts to attract viewers, they were contributing to stigma and discrimination against people with disabilities, including people with mental health conditions. The programme therefore built their capacity on the new positive disability language and made them understand that although these headlines attracted viewers, they were derogatory.

The SBC grantees collaborated and trained 118 media houses to improve the representation of people with disabilities, including people with mental health conditions. After the training, the media team had action plans and indicators to monitor results and a WhatsApp platform was created where information and impact was shared.

The media houses have increasingly adopted headlines that are less derogatory and now sometimes use their platforms to promote disability inclusion and representation.

**A media practitioner from a radio station in Accra has allocated time and started a column in her news report on issues relating to disability, including mental health conditions; while a media practitioner from a separate agency in Accra reported that she sensitised her colleague editors at work on using positive disability language and disseminated copies of the programme's positive disability language guide to them.**

## Enforcing disability policies and laws

**Learning Point 7: Community chiefs are instrumental in the enforcement of the use of positive disability language and behaviours at community level.**

The first step to enforcement is to increase knowledge of duty bearers and traditional leaders on Ghana's disability policies and laws. The programme grantees delivered training on laws protecting people with disabilities for law enforcement agencies including the Commission on Human Rights and Administrative Justice (CHRAJ) and the National Commission for Civic Education (NCCE). One grantee also partnered with National Council for Persons with Disability (NCPD) and law enforcement agencies, including the CHRAJ and Legal Aid, to conduct monthly legal literacy on alternative dispute resolution (ADR), strategic legal litigation for 124 people from Disabled Peoples Organisations.

Grantees, together with inclusion champions, also conducted community sensitisation on the policies and laws on disability to increase awareness of the existence of legal provisions to protect the rights of people with disabilities, including people with mental health conditions. Inclusion champions and people with disabilities were empowered to document abuse cases from people with disabilities including people with mental health conditions, to their respective community leaders for redress.

Chiefs are the custodians of the land and very instrumental when it comes to the enforcement of disability laws at community level. As a result of the programme intervention, at least nine chiefs and elders have put mechanisms in place to sanction perpetrators who use derogatory language or negative behaviours against any person with disability including people with mental health conditions in their community. Sanctions are applied when people go against the rules and regulations set to protect people with disabilities including people with mental health conditions from stigma or discrimination. In some of the communities, the Chiefs have set rules and regulations that a person will be fined an amount of GHC 40.00.

## Summary

This learning product focuses on the importance of working closely with people with disabilities, including people with mental health conditions to implement inclusive and accessible SBC to reduce stigma and discrimination. Ghana Somubi Dwumadie from the onset of the programme built the capacity of grantees at the design, delivery through to the monitoring stage to ensure a successful implementation. This has

Ghana Somubi Dwumadie, Learning product, delivery of inclusive and accessible social behaviour change

helped identify what sort of SBC approaches and strategies best support grantees, their target audiences, and beneficiaries to meet the overall programme objectives.

The importance of a user-led approach and inclusiveness for reducing disability and mental health stigma cannot be underestimated. To maximise full participation and successful engagement, there is the need for inclusive planning and accessible implementation of activities to realise the SBC strategy objectives.

Continuous strengthening of local stakeholder and partners capacity to develop, use and monitor accessible SBC materials and activities is the way to go.

It is intended that this learning product can help inform future work for programme stakeholders, and also national and international audiences who may be implementing or have an interest in using an inclusive and accessible SBC approach within the mental health and disability sector.

## Appendix 1: List of abbreviations

Acronym	Description
CPRI	Centre for People's Empowerment and Rights Initiatives
CHRAJ	Commission on Human Rights and Administrative Justice
SBC	Social and behaviour change



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