

# Learning Product

## How inception work and scoping studies informed and shaped Ghana Somubi Dwumadie

### January 2021

### 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 BasicNeeds-Ghana, King's College London, Sightsavers International and Tropical Health, and focuses on four key areas:

1. Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities
2. Scaling up high quality and accessible mental health services
3. Reducing stigma and discrimination against people with disabilities, including mental health disabilities
4. Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions

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.

International development programmes need to be closely tailored to the context in which they are implemented. They must take account of national and local socio-economic, environmental and cultural factors in order to be effective and meaningful to those they seek to benefit.

This Learning Product describes how Ghana Somubi Dwumadie has been able to utilise scoping and exploratory studies and unanticipated events or opportunities during the inception stage (January-June 2020) to ensure that the programme is well-adapted, well-aware of important contextual factors and appropriately designed and implemented for Ghana, at the district, regional and national level. It is intended to capture and summarise this early programme learning for key programme stakeholders, and also wider audiences who may be implementing similar programmes.

## Programme adaptation and tailoring in response to inception phase learning

Ghana Somubi Dwumadie has been created with a strong learning ethos and focus, with a distinct learning plan which was developed during the inception period. Learning is understood to mean the acquisition of knowledge and understanding, captured in a way that is readily accessible to all partners in the programme and beyond, so that it can be applied to future problems and opportunities. Within the programme this is fostered by partner collaboration and exchange. Early analysis of the Ghanaian context, challenges and opportunities has therefore been a part of the learning process and critical in shaping the design and implementation of Ghana Somubi Dwumadie.

The early stage scoping during the inception period involved stakeholder engagement with government and civil society, an extensive range of desk research and literature review, which was supplemented by key informant interviews and regular engagement with key stakeholders. Regular activities such as quarterly reporting and team meetings also contributed to deeper understanding of the Ghanaian context. Learning acquired through this process has been actively incorporated into the programme's strategic approach, specific design, operations and organisational management.

Key areas of learning fall under four particular areas:

1. Deepening knowledge of intervention context

2. Implementing adaptive programming

3. Building effective consortium and collaborative approaches

4. How to realise a user-led approach to allyship

## 1. Deepening knowledge of intervention context

Detailed knowledge of a contextual setting, the relevant organisations and institutions, social networks and community structures, as well as knowledge of key influential groups/individuals, is often not available at first stages of an intervention design. This information is vital to the design of appropriate programming, and inception phase studies are therefore extremely useful to provide deeper understanding of specific country contexts.

Deepened knowledge and understanding of the Ghanaian context were achieved through undertaking a range of scoping studies including but not limited to:

Community-based rehabilitation initiatives for mental health and disability in Ghana - scoping and case study	Mapping of self-help groups and disabled people's organisations	Landscaping analysis of mental health and disability
District level mental health and disability plans in Ghana - situational report	Rapid assessment of COVID-19 in Ghana, specifically relating to people with disabilities and mental health disabilities	Political Economy Analysis of mental health and disability inclusive policies, plans, strategies, services and programmes

These studies provided critical information for the programme.

### Community-based rehabilitation

One of the first key areas of identified learning in the programme during 2020 was through the mapping of community-based rehabilitation (CBR) initiatives in Ghana<sup>1</sup>. It was found that existing initiatives in Ghana are skewed towards certain factors such as health and empowerment. It is important that institutions/organisations running CBR initiatives should, as much as possible, integrate and implement the other three, key identified components of CBR approaches i.e. livelihood, education and social participation<sup>2</sup>. The CBR mapping exercise also highlighted a lack of evidence to support the planned intervention, which had focused on scaling-up of existing CBR initiatives, as initially envisaged in the Foreign, Commonwealth and Development Office (FCDO) programme Terms of Reference (ToR) and reflected in the initial programme proposal in mid-2019.

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<sup>1</sup> Community-Based Rehabilitation Initiatives for Mental Health and Disability in Ghana - Scoping and Case Study 30 April 2020

<sup>2</sup> Community-Based Rehabilitation (CBR) is a strategy endorsed by the World Health Organization (WHO) which is based on a framework which includes five main components: education, health, livelihood, social participation and empowerment

In response to this deepened understanding, the programme has adjusted its design so that rather than funding existing CBR initiatives directly, the programme is funding operational research through the granting mechanism as a way of gathering evidence to unravel the potential and opportunities for scale up of CBR initiatives across more components of the WHO CBR matrix.

### **Stigma and behaviour change**

Through a range of work undertaken during inception, it also became evident that traditional and faith leaders have a key role to play in shaping social attitudes towards disability and mental health. The Political Economy Analysis undertaken<sup>3</sup> revealed that many communities in Ghana have ingrained cultural beliefs about the causes of disability, including beliefs that disability, including mental health disabilities, are caused by witchcraft or other supernatural forces. Some customary treatments can include harmful and violent practices against individuals with disabilities, and stigma leads to exclusion and rejection from their communities.

Therefore, working with influential traditional and faith leaders and healers in their communities, to deepen understanding and improve attitudes towards people with disabilities, including mental health disabilities, could help to dispel some of the damaging beliefs that exist. Traditional leaders and faith leaders have a strong potential capacity to exert a positive influence and help model greater inclusion of people with disabilities, including mental health disabilities, in community life and livelihoods.

In response to this understanding, the programme has made the strategic decision to encourage engagement with traditional and faith leaders, especially on the social and behaviour change communication (SBCC) strategy development, in order to develop a culturally appropriate approach to engagement and influencing of attitudes and practice.

Through the Political Economy Analysis it also became clear that the gender dimensions of disability are not specifically recognised or given special provisions in any of the disability related legislation passed so far, yet women can often face intersectional vulnerability both through being a person with a disability, and through their gender. The programme will therefore give additional emphasis to gender dimensions in its interventions and has made this explicit in the programme Theory of Change (ToC).

### **Key Learning Point One**

Investment in early scoping studies, whilst resulting in slower start-up of implementation, provides crucial and significant benefits which enable effective and appropriately tailored programming

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<sup>3</sup> Political Economy Analysis of Mental Health and Disability Inclusive Policies, Plans, Strategies, Services and Programmes, September 2020

## 2. Implementing adaptive programming

Ghana Somubi Dwumadie has been designed and envisaged as an adaptive programme. The COVID-19 pandemic, starting in Jan/Feb 2020, presented immediate and significant challenges to the programme commencement, and responding to the pandemic required a creative and flexible approach throughout the inception period, with partners learning together how to adjust and adapt.

The programme had to adapt rapidly, working closely with government ministries and agencies to identify priority activities required to support people living with disabilities, including mental health disabilities, who were vulnerable to the primary or secondary impacts of COVID-19. The programme was therefore in the unusual position of undertaking implementation activities at the same time as being in inception phase. In addition, all programme partners had to adjust to changing circumstances and the challenges of remote working under COVID-19 restrictions. To adapt to these unexpected circumstances the programme instigated a rapid assessment<sup>4</sup> to inform short-term and longer-term actions and planning.

The challenges of COVID-19 presented an important opportunity for the programme to respond in ways which maintained alignment with the wider Leave No One Behind (LNOB) programme<sup>5</sup>, Theory of Change and the Ghana Somubi Dwumadie outputs and outcome areas. For example, the programme identified key areas of alignment for immediate COVID-19 support and existing programme goals, such as:

development and dissemination of accessible materials on COVID-19

working with media professionals to ensure disability and mental health awareness

facilitating training in managing COVID-19 in mental health settings, and providing guidance on mental wellbeing for healthcare workers

providing granting for civil society for COVID-19 psychosocial resilience and support

These measures were designed to provide an immediate response to the impacts of the pandemic.

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<sup>4</sup> Rapid Assessment of COVID-19 in Ghana, specifically relating to people with disabilities and mental health disabilities, July 2020

<sup>5</sup> Ghana Somubi Dwumadie is nested within the UK Government's Leave No One Behind (LNOB) programme.

Additional measures were then developed to support systems strengthening and resilience building in the longer term, ensuring the programme is well placed to provide support during and after the pandemic. For example:

- supporting the restart of self-help groups at the community level and increased access to community mental health services
- support for measures to strengthen the COVID-19 readiness of psychiatric hospitals
- addressing stigmatisation of COVID-19 survivors within the programme's SBCC strategy.

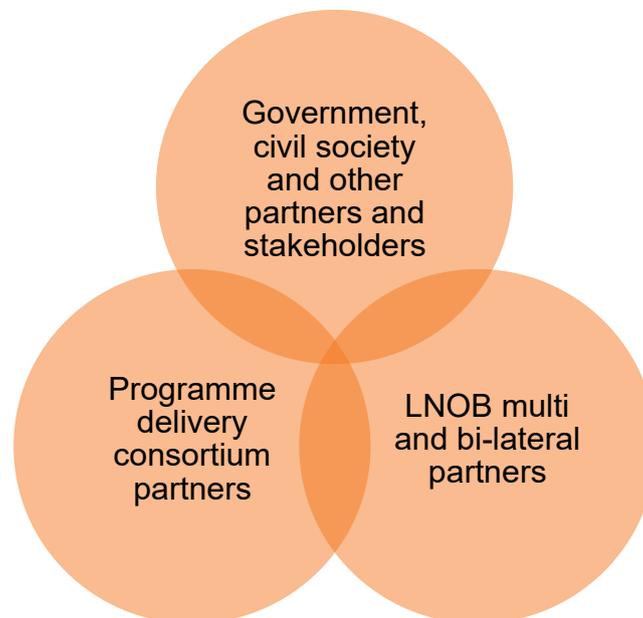
In being adaptive and flexible in its approach, the programme has been able to achieve the programme goals while still being responsive to COVID-19, by working to ensure that no one gets left behind in the Government of Ghana (GoG) response, specifically people with disabilities, or mental health disabilities.

### Key Learning Point Two

Building in the capacity to adopt a highly flexible, responsive and creative approach to programme practice and operations, enables programmes to respond quickly and effectively to any unexpected or emerging challenges and events.

## 3. Building effective collaborative approaches

Ghana Somubi Dwumadie is based on a collaborative approach:



This allows the programme to:

1. Leverage the expertise of all partners and stakeholders
2. Align itself in particular with Ghanaian partners' and stakeholders' priorities
3. Avoid duplication and encourage coherence in approaches and activities

The Political Economy Analysis conducted during this time revealed that Ghana exhibits a situation where because different political coalitions and groups compete for electoral power, they tend to focus on short time horizons and quick wins that give visible results but that don't require complicated reforms or building wider coalitions. This meant that the programme was initially viewed by some stakeholders more as a competitor for resources than as an ally. This indicated that increased effort was needed to build a collaborative, strategic alliance approach.

It is natural for relationship building and collaboration to take time, and this was an increased challenge under these particular inception period circumstances, during a global pandemic. The time required to develop coordinated and cohesive approaches and create consensus needed to be built into internal work planning across the partnership.

In response to deeper understanding and learning from contextual studies and the constraints of the pandemic, the programme strengthened collaborative operations in the following ways:

1. Intensified bilateral discussions with key actors, while also promoting opportunities for multi-stakeholder engagement, in order to ensure programme and key stakeholder strategic objectives were aligned and to overcome the constraints to face-to-face meetings for stakeholder engagement. This has allowed the programme to keep the communication ongoing and to address challenges, differences in opinion and expectations as they emerged, while building consensus.
2. Used learning from inception stage scoping studies to tailor the shape of the Short Term Technical Assistance (STTA) to be provided to government agencies, and developed detailed proposals for agencies to consider and reflect upon to ensure alignment of objectives and identify shared priorities.

### **Key Learning Point Three**

Collaborative processes need to take account of a number of factors, including: the cultural working context, and the impact of any external events/shocks, and collaborative outcomes can take time and concerted effort by all involved to develop.

## **4. How to realise a user-led approach to allyship**

Ghana Somubi Dwumadie is committed to a participatory and user-led approach, with the disability and mental health community playing a pivotal, key role. The early programme design envisaged STTA support to government, while civil society, particularly the disability and mental health community, were supported through a grants mechanism.

However, during the inception period, the participatory approach to partnership and relationship building within the COVID-19 implementation work created open dialogue and feedback from key organisations. This led to a clearer understanding of partners' and grantee applicants' organisational capacities, as well as the existing resources and needs for additional support. Participatory dialogue also confirmed

that many mental health and disability service users want to be more engaged and consulted on services which affect them. In response to this learning, the Programme has adjusted its design and implementation by:

- Exploring the potential for a co-created STTA programme with Ghana Federation of Disability Organisations (GFD) and Mental Health Society of Ghana (MEHSOG). This will require a readjustment of programme resourcing, and discussions and plans developed in 2020 will be implemented from 2021.
- Allocating more time to co-developing and understanding user-led approaches with GoG and civil society partners, including with grantees and on the programme itself. This will be facilitated by the development of the Programme Advisory Group, consisting of a majority of members who have disabilities, including mental health disabilities.

### Key Learning Point Four

Implementing user-led and participatory approaches takes time and may require additional capacity building support for collaborating partners in order to empower them to engage with public sector stakeholders in authentic and meaningful ways, and to allow grantees to fulfil their grant objectives effectively

## Summary

The learning gained by the programme from the close analysis of the Ghanaian context during inception and early implementation to date, across the areas mentioned above, has been critical in shaping the design, strategies and operations of Ghana Somubi Dwumadie. It has also informed and elaborated the programme Theory of Change by identifying more detail of the influences and drivers of change in the processes leading to the intended programme outcomes and impact. This learning, and corresponding adaptation and response, has enhanced the programme's ability to deliver interventions which are well tailored and aligned with the conditions, social/political environment and stakeholders' priorities and objectives within which it is operating.



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