

# Learning Product

## How user-led and policy level approaches complement each other

### 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, Kings 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.

Since its inception in 2020, Ghana Somubi Dwumadie has recognised the importance of user-led approaches to disability work in the local Ghanaian context. The programme has complemented user-led approaches with policy level strategies to maximise its impact and overall effectiveness. Evidence reviewed by 2023 suggests that this dual approach has been a key to achieving the programme's positive results so far.

### Purpose of the learning product

The purpose of this learning product is to deepen understanding and build knowledge amongst Organisations of Persons with Disabilities, civil society, implementing partners, and government stakeholders on how user-led and policy level approaches can complement each other. It shares promising practices for adaptation and lessons drawn from implementing complementary user-led and policy level strategies. These lessons indicate how combining these approaches can bring issues to life, help build consensus, and help to establish the conditions for sustainable change.

## Importance of combining user-led and policy level approaches

At the start of the programme, Ghana Somubi Dwumadie examined existing models and tools around user-led practices such as citizen involvement and participation, which we adapted and adopted. The route we took to gathering information and developing our approach itself used user-led approaches by involving people with disabilities and their representative organisations. The programme subsequently used these learnings to inform our engagement with both the Government of Ghana and Organisations of Persons with Disabilities, and to effectively connect them with each other.

User-led is an approach guided by the needs and priorities of the people using that service. This includes meaningful consultation, engagement and improved systems for feedback and grievances in both civil society organisations and state-run services, led by the users themselves (Ghana Somubu Dwumadie, 2020)

A policy is used by government to define both regulatory and development frameworks for action that become mandatory. Policy level approaches involve engaging with government to influence public policy. Embedding policy-centred approaches through the programme technical assistance model contributed significantly to institutionalising self-awareness of key disability issues within government.

We decided to adopt both user-led and policy level approaches because people with disabilities by themselves cannot bring about change in public policy, similarly, policymakers by themselves cannot drive inclusive policy change without a nuanced understanding of the issues that affect people with disabilities. As a consequence, we developed a balance of the two approaches to complement each other for greater impact.

## Section 1: Bringing issues to the forefront

**Learning point 1: Bringing people with disabilities or mental health conditions together with senior government officials creates the space for enhanced recognition of disability issues, and leads to more responsive policy-making**

As a programme, we have worked to break barriers between civil society and government. We leveraged on the efforts of civil society organisations, particularly Ghana Federation of Disability Organisation and its member Organisations of Persons with Disabilities. This included providing dedicated technical assistance to Ghana Federation of Disability Organisations. We empowered Ghana Federation of Disability Organisations to work closely together with government by ensuring both they and government were invited to key meetings. Beyond just bringing people together, we worked with Ghana Federation of Disability Organisations to make them

central to the issues being discussed, bringing them in as subject experts and leaders.

It is important to link people with disabilities to policymakers to work together to bring about the needed policy change, and to connect them to implementers within government decentralised systems at the sub-national level. Having Organisations of Persons with Disabilities work closely together with senior government officials, complemented each other in their collective efforts towards sustained inclusive development.

Views gleaned from stakeholders have demonstrated that there has been significant participation by people with disabilities, and involvement in advocacy dialogues for policy change. They are now more able to reach out to senior government officials to better engage on issues that affect them directly, and to advocate for policy inclusion.

**Learning point 2: The programme's own user-led approach contributed significantly to institutionalising user-led approaches within government processes through our technical assistance**

Ghana Somubi Dwumadie was committed to a participatory and user-led approach from the start of the programme. The early programme design envisaged technical assistance support to government, while civil society, particularly the disability and mental health community, were supported through a granting mechanism. However, during the inception period we identified that people with lived experience and their representative organisations want to be more engaged, and as a result we developed a technical assistance plan to work more closely alongside Ghana Federation of Disability Organisations and Mental Health Society of Ghana. We also instituted a programme Advisory Group, consisting predominantly of people with disabilities and mental health conditions.

Simultaneously, through our technical assistance to government, we worked to convince decision makers to implement user-led processes and to work with Organisations of Persons with Disabilities. We complemented this with strategies around mobilising and facilitating constructive engagements between these organisations and key government officials. These strategies have proven to be effective in bringing to the fore issues that affect people with disabilities, and people with mental health conditions.

Other user-led approaches by the programme ranged from supporting Self-Help Groups to hold interface meetings with local Metropolitan, Municipal, and District Assemblies, to working with champions from our Advisory group. We also supported grantees to engage with traditional authorities, and we worked hard to co-develop an evidence base and solutions to a complex issues in partnership with civil society and government, as in the case study on the District Assembly Common Fund.

In essence, across the key areas we were tasked to work on as a programme, we modelled user-led approaches by foregrounding the work and knowledge of people with disabilities and their representative organisations working in these areas.

## Case Study: District Assembly Common Fund - Disability Fund

The District Assembly Common Fund was established by the Constitution of the Republic of Ghana 1992 which mandates Parliament to ‘annually make provision of not less than 5% of the total revenues of Ghana to the District Assemblies for development; and the amount shall be paid into District assemblies Common Fund in quarterly instalments’, as a statutory fund towards the minimisation of poverty of all people with disabilities, particularly those outside the formal sector of employment, and the enhancement of their social image through dignified labour. The Disability Fund is used to support a wide range of projects and programmes geared towards improving the lives of people with disabilities at the local level. In 2010, the first District Assembly Common Fund guidelines for the management and disbursement of the Disability Fund component were adopted for implementation.

As part of the programme, we worked with Organisations of Persons with Disabilities and senior government officials to review the implementation of the 2010 guidelines. The review process employed user-led and inclusive approaches. Our approach to policy-shaping ensured there were spaces for productive inclusion through reasonable accommodations and accessibility for people with disabilities. We did this by ensuring meeting venues were carefully identified and selected for easy accessibility and we paid for support such as sign language interpretation, transportation, and use of personal aides where needed.

### The stepwise approach taken to evidence gathering



We adopted a policy review approach that embedded users within government policy review processes. Leading from behind, the programme provided technical support to people with disabilities who generated strong evidence themselves to establish data for use and to inform the revisions to the 2010 guidelines. Throughout the process we facilitated face-to-face engagement of Organisations of Persons with Disabilities and key officials of Ministries, Departments and Agencies, and brought them together to deliberate on the revisions and suggested changes to the 2010 guidelines. Multiple follow-ups and flexible catch-up meetings were needed, with

sustained and persistent interface sessions and advocacy. Through our technical assistance, we helped Organisations of Persons with Disabilities to engage constructively and mobilise support from state institutions. We also supported a 2-day technical review meeting of the National Council for Persons with Disability governing board, to leverage on a previously revised version of the guidelines which was not previously completed, and align it with the UNCPRD.

We disseminated the planned revisions through nationwide user-led sensitisation roadshows in all 16 regions of Ghana, which brought on board key regional and district officials through the roadshows and follow up meetings.

**‘The approach adopted for the District Assembly Common Fund policy review processes has been unprecedented. It was a good thing Ghana Federation of Disability Organisations led the review process, this has linked Organisations of Persons with Disabilities and people with disabilities to us senior officials at the policy level. One key thing I have learned is that it led to higher awareness on issues affecting people with disability. Hitherto, there was limited or no awareness, and most government officials have limited knowledge and did not know about their priorities. The key learning for me is big one, the rich inputs from Organisation of Persons with Disabilities, and people with disabilities themselves. This goes to reinforce the principle of nothing about us without us. My personal interaction with persons with disabilities at the working sessions, and their inputs, were useful, which has shaped my orientation and practice. The impact has been the inclusivity.’**

Government official

## Section 2: Building consensus

**Learning point 3: When there are tensions or competition between stakeholders, focusing on peoples’ needs and aligning with national priorities helps to maintain relationships and ensures constructive collaboration**

It is important to note that there are often inherent ‘tensions’ between and among state and non-state actors who may be consciously or unconsciously competing against each other for resources or recognition. There will be subtle tensions and sometimes overt hostility between different government departments, as well as tensions between civil society groups. These all need to be navigated.

In addressing these tensions, we built on the key learnings of the Political Economic Analysis undertaken by Ghana Somubi Dwumadie at the start of the programme to better understand how power dynamics, values, and customs and conventions affect mental health and disability policies in Ghana.

In particular, we identified that stigma and discrimination against people with disabilities, including people with mental health conditions, remains very high, which results in politicians and other decision makers at all levels de-prioritising disability or



mental health needs and issues. This in turn leads to increased exclusion of people participating socially, politically and economically in their communities.

Although legislation and policies are in place for the protection of the rights of people with disabilities, these are not being effectively realised through plans, budgets and actions. To fill this gap, Ghana Somubi Dwumadie identified the need to place substantial emphasis on bringing evidence to bear on, and support for, the finalisation of strategies, plans and monitoring frameworks, and providing support for Organisations of Persons with Disabilities to strengthen their voice. Using evidence is key to influencing the policy environment as it helps to convince stakeholders of the need for action. Identifying opportunities and events to showcase evidence, enables civil society to build awareness or strengthen links with state and service delivery actors.

Political leaders can sometimes favour or prioritise actions that focus on immediately visible short-term solutions and this can be a barrier to implementing inclusive policies or driving through long-term change. However, identifying areas to unite on such as over shared values or shared interests can lead to opportunities to engage. Another key strategy we used was to respond very flexibly with formal and informal approaches. For example, by accepting last minute meeting invites on issues related to our areas of work (sometimes on the day itself!) in order to show engagement and willing. We also invited relevant stakeholders to all key meetings, even if they never came. Finally, having an embedded member of staff at the Ministry of Gender, Children and Social Protection meant that we were able to take advantage of more informal connections, relationships and 'corridor conversations', in a way which was more consistent and meaningful than relying solely on formal engagements.

**Learning point 4: Influencing inclusive policy development should focus on propositional approaches, building consensus on key issues identified and recommended by people with disabilities**

We recognised early on in the programme the need to take a propositional rather than oppositional approach to making change happen. In working with stakeholders who may be in opposition to our objectives, for whatever reason such as funding constraints or sensitivity to criticism, we worked to avoid actions or advocacy which could be seen to be positioned against government. This was critical for our credibility as a programme which was providing technical assistance to government.

We moved away from advocacy models that rely heavily on media exposure, which is often generated by confrontation or criticism of government. Instead, we focused on bringing people together and working to achieve joint successes which benefited our government stakeholders, as well as people with disabilities and mental health conditions themselves.

Within Ghana Somubi Dwumadie, which is a consortium programme, we built consensus on a collective approach to advocacy through policy dialogue for change. The consortium partners worked together as a team to ensure that each area of work was interconnected and complementary. For example, the Self-Help Group activities ensured members were linked to key government officials within Metropolitan, Municipal, and District Assemblies for interface meetings to deliberate on issues that

affect their wellbeing, increasing informed awareness of the unmet needs and rights of people with mental health conditions.

In particular, we listened to people with mental health conditions in revising the District Assembly Common Fund guidelines and in ensuring that they are clearly eligible for, and able to access the fund. In another example, we worked closely with programme partners, stakeholders, government and multilaterals to generate widely used evidence on the need to invest in mental health, as outlined in the case study below.

**‘The approach to consensus building between the users and those at the policy level has produced ownership by everyone’.** Government official

## Case study: Mental Health Investment Case

The investment case for mental health in Ghana was developed during 2020 in collaboration with the Mental Health Authority, working closely with a broad stakeholder technical working group, based on agreed priorities. The dissemination of the case for investment in mental health began early in 2021.

The lack of sufficient financing is acknowledged to be a critical gap in mental health service provision in Ghana, and the Mental Health Authority is interested in identifying opportunities to increase the flow of funds in a sustainable way, in order to support mental health. Although the case for investing in mental health has been made before, it was identified that it could be difficult to articulate compelling technical evidence to support advocacy efforts. It was proposed that the development of a well-founded investment case and advocacy tool to support and advocate for increased financing of mental health services was needed.

Ghana Somubi Dwumadie facilitated the convening of a high-level technical working group to oversee and guide the work on the investment case with members drawn from key mental health constituencies, such as government and non-government stakeholders including Mental Health Society of Ghana, development partners and academics, as well as people with key areas of expertise, particularly health economics and financing, evidence and advocacy and mental health service provision and access. This helped to ensure the investment case reflected a sound knowledge base and represented a broad range of perspectives, and time was planned into the development process to allow for debate, negotiation and reflection. In this way, the technical working group was central to developing the investment case and was an important mechanism for building consensus.

The investment case was designed to be used as an advocacy tool by the Mental Health Authority and by civil society to advocate for increased funding for mental health in Ghana, by setting out the social and economic benefits of such investments.

## The approach to developing the investment case in mental health



At the start of 2021 the technical working group developed a dissemination plan which outlined key actions for members of the group to undertake during the year, with key roles and responsibilities identified for each. For example, the group felt that media advocacy was best led by civil society, while interagency engagement was best led by Mental Health Authority, while policy advocacy would be a collaborative effort across the technical working group.

Although the technical working group no longer meets, the investment case has taken on a life of its own. The investment case has been used by government staff in programme implementation districts as a tool for advocacy and health education activities, as well as to engage with their District Chief Executives to solicit for support for mental health in December 2021. It has also been extensively used by the Mental Health Authority in multiple presentations and reports to make case for mental health investment, including at World Mental Health Day celebrations. In addition, a number of key asks of the investment case, such as the establishment of the Mental Health Review Tribunal, have been implemented, while others such as adding mental health to the National Health Insurance Scheme benefits package, are being effectively advocated for, with Mental Health Authority working in close partnership with WHO.

Civil society organisations, including but not limited to programme grantees, have also used the investment case extensively. This includes to support advocacy meetings with district assemblies as a mechanism to plan mental health programming, lobby for increased investment in mental health at the community



level, and to inform inputs into local Medium-Term Development Plans. In particular, key themes from the investment case were disseminated through the work of Mental Health Society of Ghana, BasicNeeds-Ghana and the work of the Mental Health Alliance. In addition to television media appearances, some of which were facilitated by the programme, Mental Health Society of Ghana, achieved a full-page front

cover spread on the investment case in the Daily Graphic in October 2021.



## Section 3: Establishing conditions for sustainable change

**Learning point 5: Fostering a sense of ownership and stewardship supports the eventual sustainability of interventions**

We partially embedded a key member of the Ghana Somubi Dwumadie team at the Ministry of Gender, Children and Social Protection to support with coordinating and connecting the very broad range of stakeholders responsible for or engaged with disability matters, including social protection issues. This included connecting with the Sustainable Development Goals Office of the President and the National Development Planning Commission through the operationalisation of the disability commitments outlined in the case study below.

Senior government officials of key state institutions were connected with each other, and linked to work closely with Ghana Federation of Disability Organisations to plan together to take ownership and leadership on disability inclusion matters such as the District Assembly Common Fund and the disability commitments. We supported Ministry of Gender, Children and Social Protection and linked them up with the various sector ministries, departments and agencies with disability and social protection oversight responsibility to work in closer collaboration with key national stakeholders, including civil society organisations, Organisation of Persons with Disabilities, and development partners. They all worked to promote the achievement of the rights of people with disabilities through access, participation, and inclusion at every level. In essence, the programme supported government to lead and take up ownership of its own mandate to work in close collaboration with people with disabilities.

Supporting government officials to roadmap and operationalise government mandate and commitments built ownership of the plans and made them champions for promoting the voices of people with disabilities. We moved beyond the remit of the National Council for Persons with Disability to foster ownership in their mother ministry, Ministry of Gender, Children and Social Protection, and others involved in social protection. This generated greater institutional self-awareness, with senior government officials taking up the responsibility to lead on ensuring improved well-being of people with disabilities or mental health conditions.

We also provided technical assistance through Organisations of Persons with Disabilities, both directly to Ghana Federation of Disability Organisations, and through our grants programme. The rationale was to ensure that people with disabilities became more actively involved in leading on policy engagements on matters that directly affect and impact them. In the view of a programme manager at an Organisation of Persons with Disabilities:

**‘Ghana Somubi Dwumadie’s approach to policy change has been a very comprehensive process and representative of the persons with disabilities themselves – in making even those at the lower level realising their needs and bringing them close to top-level senior officials to work closely to**

**address issues. Together with Organisations of Persons with Disabilities, policymakers came up with something that is inclusive. The processes have raised high sense of policy awareness among Organisations of Persons with Disabilities making them feel they own the policy documents which has resulted in high demand for usage and implementation’.**

## **Case study: Disability Commitments Road-mapping**

The Global Disability Summit is a mechanism for mobilising efforts for the implementation of the United Nations Convention on the Rights of Persons with Disabilities.<sup>1</sup> It has become the driving force for engagement in generating commitments to action to help deliver Agenda 2030’s vision to ‘Leave No One Behind’. It brings together world leaders including government officials, civil society, the private sector, the donor community, and Organisation of Persons with Disabilities to share experiences, ideas, and aspirations for inclusive development for people with disabilities. Significantly, people with disabilities design and deliver the summit, reflecting the fundamental principle of the disability rights movement: ‘Nothing About Us, Without Us’<sup>2</sup>. Following the first Disability Summit in 2018, Government of Ghana made numerous commitments which needed to be reported back on in 2020, which was done with programme support. However, progress on implementing the commitments was slow.

When Ghana co-hosted the second Disability Summit with Norway in 2022, we worked with key stakeholders to develop a comprehensive implementation roadmap for the 22 new disability commitments made by Ghana.

We employed a step-by-step advocacy approach which started with agreeing the priority areas of a technical assistance plan with Ministry of Gender, Children and Social Protection, including implementation of the disability commitments. The next step was supporting people with disabilities and their representative organisations to refine and prioritise the final disability commitments made. We did this by bringing together multiple stakeholders including civil society, National Council for Persons with Disability, Ministry of Gender, Children and Social Protection, National Development Planning Commission, Ministries, Departments and Agencies, to plan and work together with Ghana Federation of Disability Organisations. The next step was working with different stakeholders from the policy level, mainly senior government officials, alongside people with disabilities, to develop a concrete roadmap for the implementation, tracking and reporting of the commitments. We facilitated meaningful participation for people with disabilities with sign language interpretation, transportation and other reasonable accommodations. We then supported the roadmap to be then rolled out to regional heads through Ministry of Gender, Children and Social Protection, and the Sustainable Development Goals

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<sup>1</sup> <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

<sup>2</sup> <https://www.globaldisabilitysummit.org/pages/global-disability-summit-2018-london-uk>

Office of the President working together. Simultaneously, we developed an advocacy toolkit for civil society to support implementation and accountability.

By September 2023, 151 Metropolitan, Municipal, and District Assemblies out of 261 in Ghana had developed disability inclusive workplans for implementation at the different local government levels of Ghana's decentralised structures.

**'It was not a government only approach, civil society organisations, Organisation of Persons with Disabilities and people with disabilities themselves were involved in the roadmap for implementation. The process involved decentralised systems, National Development Planning Commission and linked them to the issues, which have been adequately captured in the national framework and in workplans of Metropolitan, Municipal, and District Assemblies. The regional and district offices whose mandate border on social protection were linked to the process which created awareness on expectations from them as contained in the commitments, in line with their roles and responsibilities'.** Government official

Organisations of Persons with Disabilities are tracking implementation of the disability commitments, and a joint progress review with government and people with disabilities is being developed.

**'In the past, persons with disabilities and did not know about the Disability Commitments made in 2018 because it remained at the policy level at the top and did not involve people with disabilities in implementation and reporting. Through the support of Ghana Somubi Dwumadie, Organisations of Persons with Disabilities have been productively involved in the 2022 Disability Commitments. Ghana Federation of Disability Organisations for instance have been engaging regional and district leadership to ensure the implementation by Metropolitan, Municipal, and District Assemblies. People with disabilities and development partners are now keen to know what is being done on tracking and monitoring to measure progress and the gaps, so they can hold government accountable.'** Programme Manager, Organisation of Persons with Disabilities

The approach of linking up the office of the president through key sector ministries working alongside senior government officials who are decision and policy makers closely together with Organisations of Persons with Disabilities and people with disabilities, has translated into the first ever nationally adopted disability commitment framework. This framework is led and driven by senior government advocates, who are now championing mental health and disability inclusion into development plans for implementation. Importantly, people with disabilities themselves are involved.

## Conclusion

While acknowledging challenges along the way due to hierarchies, entrenched organisational issues, 'unhealthy' competitions, territorial protections, structural and system challenges, our programme was flexible in overcoming the systemic barriers. To ensure we made the needed change and impact, we implemented a complementary dual approach which embedded user-led approaches into high level policy engagements. We also ensured that wider programme activities complemented the policy goals and those of people with disabilities. For example, through extensive work on addressing stigma through social behaviour change, or by training Self-Help Groups on rights-based advocacy approaches.

Our combined user-led and policy level approaches created a virtuous cycle whereby we supported government to respond to the needs of people with disabilities, for example in the establishment of the Mental Health Review Tribunal. This complementary approach provided opportunities for duty holders and policy makers to recognise the issues from the perspective of people with disabilities, building an increased appreciation of policy gaps and the need to take action to embrace inclusive development.

Across all the case studies outlined, and generally across the programme, we acted as connectors, creating spaces for government, multilaterals, civil society and people with disabilities to sit and talk about disability and mental health matters, and to develop informed approaches to addressing them. Based on our experience, we recommend that programme interventions attempting to achieve policy-level change, foreground the experiences and expertise of the people affected, and provide them with capacity-building support so that they can fully engage at the policy level. We equally recommend that civil society actors are supported to think politically, and identify ways to foster ownership and stewardship among policy-makers and implementers.

**'The processes have not been business as usual. Bringing National Development Planning Commission close to Organisations of Persons with Disabilities is a major boast, there is now a national sense of ownership and a national space for accountability from government by civil society organisations and persons with disability'.** Government official



### For further information please contact us:

Address: No.6 Asoyi Crescent, East Legon, Accra

Email: [info@ghanasomubi.com](mailto:info@ghanasomubi.com)

Website: <https://www.ghanasomubi.com>



@ghanasomubi



@ GhanaSomubi