

Learning paper

The role of interface meetings between Self-Help Groups (SHGs) and Metropolitan Municipal and District Assemblies (MMDAs)

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 paper sets out the processes and strategies that have been employed to mobilise and facilitate engagement meetings between representatives of Self-Help Groups (SHGs) and key officials of Metropolitan, Municipal and District Assemblies (MMDAs). The paper describes the effectiveness of bringing relevant duty bearers into direct contact with rights holders to deliberate on issues that affect their wellbeing. It further highlights the rationale for the choice of duty bearers, achievements of interface meetings, and challenges encountered. It includes the strategies that were adopted to ensure continuous engagement with the MMDAs to ensure they addressed the issues representatives of SHGs are advocating for

Between September 2020 and March 2023, a total of 88 interface meetings took place between representatives of SHGs and 32 MMDAs in Northern, North-East, Upper East, Savannah, Bono East and Greater Accra Regions. As a result, these MMDAs have become more aware of the rights of people with mental health conditions, and have begun including them in their social intervention programmes.

The lessons from these interface meetings highlights their potency and underscores the power of self-advocacy and persistence in demanding the inclusion people with mental health conditions into existing social interventions. SHGs consequently benefit most from interface meetings when they are equipped with the right skills for self-representation. Stigma persists in subtle ways, and strong SHG leadership is required to break the barriers of stigma.

This learning paper is intended for use by non-governmental organisations (NGOs), Civil Society Organisations (CSOs), national and international audiences interested in facilitating engagement meetings between SHGs, MMDAs and agencies of state support for excluded persons or groups.

Overview of interface meetings

Ghana has implemented several poverty reduction policies and pro-poor programmes aimed at improving the lives of the poor, vulnerable and excluded. Strategies include the Livelihood Empowerment Against Poverty (LEAP), National Health Insurance Scheme (NHIS), National Youth Employment Programme (NYEP) and the District Assembly Common Fund (DACF). People with mental health conditions, their caregivers and SHGs have reported encountering difficulties in their efforts to access these pro-poor interventions such as the 3% disability component in the DACF, LEAP cash transfers, as well as psychotropic medicines under the government's 'Free Mental Health' policy.

An interface meeting is a facilitated face-to-face engagement between SHGs and key officials of MMDAs for them to deliberate on measures to enhance the inclusion of members of SHGs into their programmes.

The interface meeting is a platform for the SHGs and relevant duty bearers to familiarise themselves with one another, discuss the mandate of the duty bearers, and the rights and interest of SHGs. It is also cordial space where representatives of SHGs directly lobby duty bearers to address their concerns. It equally offers the SHGs the opportunity to understand and appreciate various roles and know where to seek help with a specific issue in the future.

Furthermore, interface meetings give duty bearers the opportunity to know first-hand the problems SHGs face in their various communities. Overall, it supports accountability and responsiveness of MMDAs to the rights and needs of people with mental health conditions.

Typical interface meeting topics

Typically interface meetings are a platform to explore ways of ensuring improved support from the DACF, LEAP, NHIS and other social protection schemes for people with mental health conditions and their primary caregivers, addressing for example:

- Access to the 3% disability component of the DACF. SHGs lobby officials of the Department of Social Welfare, to ensure the applications of people with mental health conditions are supported

- Free enrolment of people with mental health conditions into the NHIS to enable them to access free health care. Officials of NHIS encourage the representatives of SHGs to inform their members about free registration and request them to enrol
- Access to LEAP cash transfers
- Access to secure livelihood activities for income generation and poverty reduction
- Advocate for improved psychotropic drugs supply, including financial support to purchase psychotropic medicines which they can't access for free
- Address inadequate data on people with mental health conditions that is required by MMDAs to inform their annual and Medium-Term Plans

Key actors in interface meetings

The key actors involved in interface meetings are typically senior staff of the MMDAs including Chief Executives, Coordinating Directors, Planning Officers, and Finance Officers. Others are officials of the Department of Social Welfare and Community Development, Chairperson for Social Services Sub-Committee, staff of NHIS, Ministry of Food and Agriculture, district leaders of the Ghana Federation of the Disability Organisations, Youth Employment Agency and of course, representatives of SHGs.

Lessons and good practices in supporting interface meetings

Collaborative approach to facilitating interface meetings

Learning point: Facilitating interface meetings must be based on the priorities of the SHGs themselves, and members attending the interface meetings need to be coached and supported through the experience

Article 240 of the 1992 Republican Constitution of Ghana tasks Local Government Authorities to plan, initiate, co-ordinate, manage and execute policies in respect of all matters affecting the people within their areas. The MMDAs initiate community economic planning efforts, to build on their official community plan and role of shaping community growth and determining land use.

In the past, SHGs by themselves have not always been successful in setting up meetings with their respective MMDAs compared to other disability groups. They were poorly organised, and also experienced discrimination from duty bearers. They were not invited to public hearings. Concerns of people with mental health conditions were usually not included in the Medium-Term Development Plans of MMDAs despite policy directives from the National Development Planning Commission (NDPC) to include mental health.

Ghana Somubi Dwumadie's consortium partner BasicNeeds-Ghana has been facilitating interface meetings for many years, as well as under this programme. The approach, which can be replicated by any organisation supporting SHGs, is to first support the SHGs to identify actions they consider as violations of their rights and then coach them on how to present the issue to the officials of MMDAs. Trying to promote the priorities of the supporting organisation will not be effective as the SHG members will be unable to speak to the issues from their lived experience. After establishing the key issues, the next step is to liaise with the officials of MMDAs to set up meetings with members of SHGs in their districts, and then to moderate the discussions during meetings. The final step is to support the SHGs to follow up on any commitments made at meetings.

Capacity building support for SHGs

Learning point: Training on rights-based advocacy and regular meetings with MMDAs enhances the skills of SHGs to lobby officials of MMDAs on their own.

People with mental health conditions know the challenges they face, yet, they sometimes have difficulty discussing their individual and collective experiences with duty bearers due to low levels of confidence, as well as the stigma and discrimination they experience. To enhance the knowledge and confidence of SHGs to effectively participate in interface meetings, the programme facilitated tailor-made training for selected SHGs in Northern, Upper East, North-East Savannah, Bono East and Greater Accra Regions.

Training of SHGs on rights-based advocacy: The programme trained members of 32 SHGs on Rights-Based Advocacy¹ as a tool for engaging with duty bearers. During subsequent interface meetings, SHG members were able to raise concerns about the rights of their members.

Training of SHGs on leadership and challenges women in leadership roles face: Members of SHGs were trained on leadership and leadership styles. The training also emphasised the challenges women in leadership roles experience, including cultural barriers and gender norms.

Safeguarding: Members of SHGs were trained on safeguarding. They learnt about the types of abuse members of SHGs may experience including physical, emotional, sexual abuse, neglect, and exploitation. This training has positioned members of SHGs to report safeguarding concerns to MMDAs, especially the Department of Social Welfare.

¹ Rights-based advocacy toolkit for self-help groups, Ghana Somubi Dwumadie, 2022

Raising awareness of mental health

Learning point: Interface meetings have enabled officials of MMDAs to better appreciate the rights of people with mental health conditions. They have enhanced awareness of mental illness as a disability, qualifying people with mental health conditions to be prioritised for inclusion in social intervention programmes.

People with mental health conditions experience stigma and discrimination that makes it difficult to access essential support from their MMDAs. Through interface meetings, officials who take part in these meetings get a better understanding of the challenges people with mental health conditions face, and jointly explore options for addressing the challenges. The barriers that keep people with mental health conditions out of social protection schemes implemented by MMDAs are reduced through the active engagement of the Department of Social Welfare and Community Development in supporting inclusion of members of SHGs into social protection interventions.

Key officials of MMDAs have become aware that mental health conditions are a disability and therefore people with mental health conditions are eligible for support under disability programmes of the Assembly. The interface meetings have enabled officials of MMDAs to appreciate the needs and rights of people with mental health conditions, and agreeing to include SHG members in LEAP and the DACF. Officials of NHIS during bilateral meetings encourage leaders of SHGs and community volunteers to mobilise their members for free registration into the NHIS, and renewal of their membership, to benefit from free health care services.

Regular facilitated engagements between representatives of SHGs and MMDAs has been translated into tangible support for people with mental health conditions. For example 15 members of the SHG at Amoma in the Kintampo South District have been registered to benefit from the LEAP programme, while eight members of the Bunkprugu SHG received support ranging from deep freezers, goats and cash grants of 1,000 Ghana Cedis each from the DACF. The recipients of the various support now engage in income generation activities to earn their own income to support themselves and their families.

‘As a political head, I will approve applications of people with mental health conditions that the Fund Management Committee recommend to me without hesitation. We are here to serve the people and we must serve the vulnerable, including people with mental health conditions.’ District Chief Executive, North-East Region.

Case study of Tiyumtaba SHG at Gushegu

The Tiyumtaba SHG is one of the SHGs in the Gushegu Municipality of the Northern Region of Ghana, established in 2018. The group consist of nine women and ten men with mental health conditions and their primary caregivers. The leader of the SHG is Hajia Mariama Yakubu. She is the Northern Regional women's representatives for the Mental Health Service Users Association. Under her leadership, the SHG have been meeting with key staff of the Assembly and other agencies of Government to advocate for their rights and ensure their inclusion in services that are due to them so that no one is left behind.

As a result of interface meetings, members of Tiyumtaba SHG have benefited from different packages of support including cash grants, sewing machines and deep freezers to support their livelihood activities. Haija mobilises members of the group for meetings with the Gushegu Municipal Assembly and follows up on commitments made. Improving the income, health, mental health, wellbeing and getting support for members of the group has been her topmost priority.

To secure the rights of members of her group, Hajia Mariama Yakubu remained persistent despite the initially slow response of the Assembly in supporting members of the SHG. Mariama has supported members of her SHG to engage with officials of the Assembly and with various heads of department to build a strong relationship between the SHG and duty bearers. Through these bilateral meetings, members of the group are able to solicit for support to access government social protection interventions. According to Hajia Mariama,

'meeting with officials of the Assembly is quite frustrating. It is a painstaking process that requires a lot of tact and patience and respect for officials of the Assembly. So far, 15 out of the 19 members of my group have been supported by the Assembly. I am not discouraged by the lack of interest in mental health and the needs of people with mental health conditions, after all, our aim is to break the barriers of stigma and realise inclusion. The training we've received has given us the needed exposure, courage and competence to engage with people in authority to demand our right without fear or intimidation.'

Reducing stigma surrounding mental health

Learning point: Mental health stigma is a critical barrier which must be addressed as it can limit support to people with mental health conditions

Persistent stigma and fear of people with mental health conditions is extremely common. There are misconceptions about people with mental health conditions generally being violent and unsafe to associate with. This informs the attitudes that promote stigma, discrimination, and exclusion of people with mental health conditions in social intervention programmes implemented by MMDAs. It can be challenging for SHGs alone to overcome this stigma and organisations supporting people with mental health conditions have an important role to play in changing

perceptions, for example with behaviour change activities² and through follow-up meetings and sensitisation of key officials in MMDAs. Sensitising other disability and civil society groups is also important. The facilitative role of the programme in bringing representatives of SHGs and officials of MMDAs together to discuss needs of members of SHGs and ways by which MMDAs can address those needs reduces the barrier of misconceptions about people with mental health conditions.

Consistent and persistent follow-up engagements

Learning point: It takes tenacity, focus and continuous engagement between the members of SHGs and MMDA officials to make progress

Several other individual and interest groups also engage MMDAs for support. For example, the Assemblies rely on quarterly financial allocations of the DACF to deliver its social and development programmes. These quarterly inflows are however generally neither timely nor adequate to the demands. Follow-up engagements and meetings between SHGs and MMDAs are necessary to assess the extent to which any commitments earlier made have been realised. This ensures continual focus on the issues which affect people with mental health conditions. Follow-up interface meetings serve as a reminder to revisit outstanding commitments, and strengthen relationship between SHGs and MMDAs. Representatives of SHGs should identify the key officials of MMDAs they consider as allies to engage with in the future when the need arises.

One challenge is the re-postings and transfers of key officials of MMDAs which affects continuity of discussions and follow-up actions. Supporting organisations can help with setting up new interface meetings, and ensuring records of commitments are retained and shared to minimise the impact of MMDA staff changes.

Working with community volunteers for sustainability

Learning point: Community volunteers can support in mobilising SHGs for interface meetings with MMDAs and ensuring sustainability

When SHG leaders are introduced to key officials of MMDAs during interface meetings, their legitimacy is recognised, making follow up visits and future meetings possible with less facilitation. Combining this with capacity building of SHG members and community volunteers supporting them,³ as well as addressing stigma against people with mental health conditions, ensures more confident advocates and a more

² Putting inclusive and accessible Social Behaviour Change into action, Ghana Somubi Dwumadie, 2023

³ The value of community volunteers in mental health and psychosocial support services, Ghana Somubi Dwumadie, 2023

receptive policy environment for successful engagement. Because of the nature of some mental health conditions which can fluctuate and relapse, sustainability of interventions supporting people with mental health conditions can be enhanced through the use of committed community volunteers.

Case study of Ateltaaba SHG

Clement Akudago is a community mental health volunteer supporting the Ateltaaba SHG at Kukore in Bawku West, Upper East Region of Ghana. He liaises directly with members of the SHGs to identify their needs and ways of addressing those needs. Clement advocates alongside people with mental health conditions in his district. He has led members of Ateltaaba SHG to meet with officials of the Bawku West District Assembly to engage with the heads of departments to strengthen the relationship between the SHG and the District Assembly. Clement is focused on his view about interface meetings:

'We need to come to a point where members of SHGs will no longer go from one office of the District Assembly to the other to demand inclusion and respect for their rights. This will not last! What we are doing now is creating a cordial relationship, establishing rapport, and emphasising mainstreaming mental health into the Medium-Term Plans of the Assembly now and in future'.

Clement is supporting people with mental health conditions in the district to enrol onto the NHIS and access the DACF. As a result of interface meetings with their District Assembly, members of Ateltaaba SHG have been supported with fertiliser from the DACF to cultivate maize. Other members were supported with goats to rear, while NHIS membership for members of the SHG was renewed.

Clement approaches his support for Ateltaaba SHG with a sustainability mindset. He believes in recruiting new community volunteers from the SHGs to understudy the current community volunteers on mobilising and facilitating interface meetings with MMDAs. Ultimately, he believes in training leaders of SHGs to lead self-advocacy.



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