

BasicNeeds-Ghana



2015 Annual Impact Report

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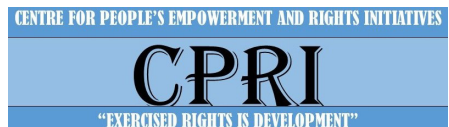
Acknowledgement

BasicNeeds-Ghana acknowledges the contributions of all its donors, implementation partners, collaborators and stakeholders. You have been pivotal in the improvement of mental health services in Ghana. May our collaboration continue to be fruitful and lead to better lives for people with mental illness and epilepsy in Ghana.

Main Donors



Implementation Partners



Summary

In 2015, BasicNeeds-Ghana spent a total of GH¢ 8,015,794. Much of this money was spent on providing primary mental health services to People With Mental Illness or Epilepsy (PWMIE), livelihood support to some PWMIE and their care-givers, capacity building for PWMIE, their carers and community mental health service providers, etc.

Within the same year, 17 new Self-Help Groups (SHG) were formed with a total membership of 591 PWMIE (222 males and 369 females) and 429 Carers (197 males and 232 females). The total number of SHG formed till date stands at 270 made up of some 11016 PWMIE (4923 males and 6093 females) and 9199 carers (4221 males and 4978 females).

BasicNeeds-Ghana commenced operation in five (5) districts in the Volta Region. BasicNeeds-Ghana is, therefore, currently implementing at least one aspect of the Mental Health and Development model in 374 villages and towns located in 96 districts in eight (8) regions.

In line with BasicNeeds-Ghana's commitment of ensuring that SHG become self-reliant, members of SHG in Northern, Upper East and Upper West Region underwent resource mobilisation training. They were subsequently coached on how to solicit resources from the two percent (2%) District Assembly Common Fund (DACF) allocated to disability groups. In all, eight (8) SHG reported success in accessing some funds from their district assemblies.

Acknowledging the current challenges of the free mental health treatment policy, BasicNeeds-Ghana actively engaged with the National Health Insurance Scheme (NHIS) to include mental health treatment in the scheme. This engagement was done in collaboration with other stakeholders such as the Mental Health Authority of Ghana. If successful, it will ensure that PWMIE will be able to access general health services from various sources which will be paid for by the insurance scheme.

BasicNeeds-Ghana continues to lobby Parliament to pass the Legislative Instrument (LI) of the Mental Health Law (Act 846). The organization played a part in the finalization and laying before Parliament of the draft LI of the Mental Health Law.

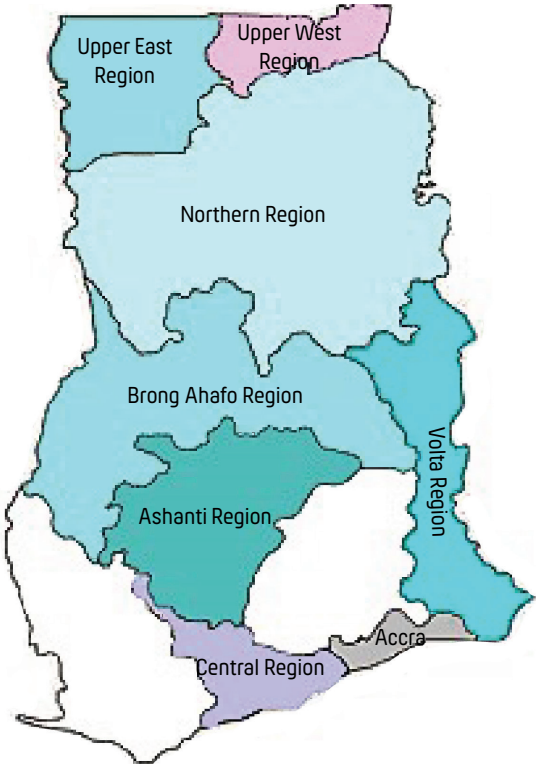
In conclusion, BasicNeeds-Ghana continues to make major investments in promoting community-based mental health service delivery in Ghana. Through that effort, 94 percent (94%) of people reached out to since 2002 continue to benefit from mental health services within proximate distances of their homes with 96 percent (96%) of them reporting significant reduction in the symptoms of their condition.

Introduction

From 2002, BasicNeeds-Ghana has actively promoted the development of the mental health sector in Ghana.

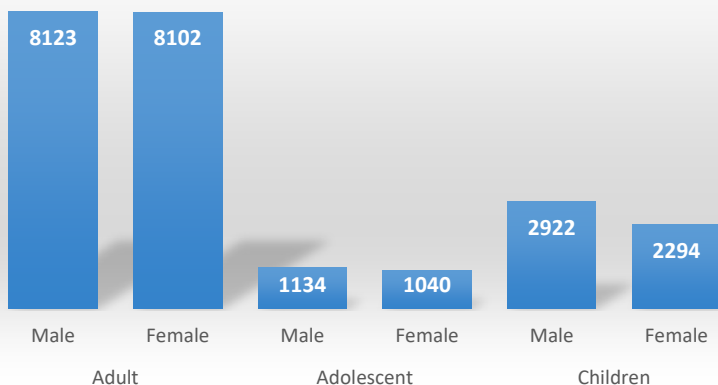
By implementing activities in line with the Mental Health and Development model, the organisation has brought about positive health and socio-economic outcomes to People With Mental Illness or Epilepsy (PWMIE) as well as their primary carers.

From very humble beginnings, the effects of BasicNeeds-Ghana activities can be seen and felt in 374 communities and towns in 96 districts, Municipal and Metropolitan areas located in eight (8) out of the ten(10) regions in Ghana.

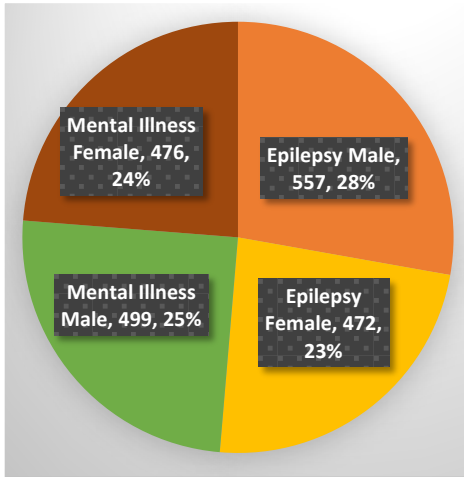


BasicNeeds-Ghana operational areas

Cummulative Number of Beneficiaries



Health



New People joining the programme in 2015

In terms of access to treatment, 1279 People With Mental Illness or Epilepsy (PWMIE), representing 64% of 2,004 people reached out to within the year 2015, have been able to access some form of treatment service since joining the programme.

A total of GH¢ 1,258,979.00 was spent on community mental health services. By supporting psychiatric units and individuals and making medicines available free of charge during outreach clinics, BasicNeeds-Ghana contributed to reducing the effects of erratic supply of psychotropic medicine to Government

health facilities. In so doing, the cost of treatment to poor and vulnerable PWMIEs was reduced.

Despite some challenges in the year 2015, 94 percent (94%) of the total people in BasicNeeds-Ghana programmes were able to access treatment. This was an improvement over the 88 percent (88%) of beneficiaries who accessed treatment in 2014. This improvement over the previous year's report was achieved through regular



Outreach clinics ensured that PWMIE received mental health services within their community

outreach clinics and increased support to community psychiatric units.

Cumulatively, male PWMIE accessing treatment under the programme accounted for 51% (13314) of total beneficiaries whilst females make up the remaining 49% (12791) of those able to access treatment.

People with epilepsy formed 71 percent (71%) of the total number of people who were able to access treatment whilst people with mental disorders form 29 percent (29%). There is therefore a marked increase of 10 percentage points over the previous year's 19 percent (19%). This is perhaps indicative of the fact that public education and sensitization campaigns to encourage the treatment of mentally ill people are bearing fruits.

Again, 96 percent (96%) of those able to access treatment reported reduced symptoms, a sign that they were getting better. Females make up 51 percent (51%) of this number.

Economic and Social integration

In 2015, BasicNeeds-Ghana spent GH¢ 1,696,941.00 to support People With Mental Illness and Epilepsy (PWMIE) undertake livelihood activities. As a result, 611 PWMIE, made up of 324 males and 287 females (representing 30.5% of 2,004 new PWMIE) were able to engage in income generating activities. Also, 1168 PWMIE made up of 591 males and 577 females, engaged in productive activities such as household chores, vocational training and studies.

During the same year, the organization actively implemented activities that were



designed to enable stabilised people with mental illness and epilepsy to become economically independent and function productively in the community. As at December 31, 2015, 1754 members of self help groups had been directly trained in leadership, advocacy, group dynamics and entrepreneurial skills. Livelihood

Beneficiaries trained in bee-keeping

support in the form of tools and equipment as well as cash were also given to 192 PWMIE to enable them learn their preferred trade. Five hundred and ninety-two (592) PWMIE 404 of whom are males, 389 caregivers and 30 female household heads were supported to engage in dry season organic vegetable farming. As a result, they were able to generate a total income of Gh¢ 9,420.00.



Female heads of families were supported to engage in organic vegetable farming.

Cumulatively, 37 percent (37%) of the total number of PWMIE reached out to since 2002 are engaged in some form of income generating activity. Also, 63 percent (63%) of total PWMIE reached out to are doing some productive work. Females form 49 percent (49%) of PWMIE engaged in some form of productive activity. It is therefore evident that whilst more females have access to treatment, the number of females who were able to engage in productive work was less than their male counterparts.



Some beneficiaries receiving tools to begin apprenticeship

Participation in community groups

In 2015, 591 PWMIE made up of 222 males and 369 females joined 17 newly formed peer SHG. Additionally, 169 new people, made up of 94 males and 75 females, were also able to join other groups. Number of carers who joined peer SHG within the year also stood at 429 made up of 197 males and 232 females. This showed that female carers were more willing to support their mentally ill and epileptic wards.

The number of SHGs formed by BasicNeeds-Ghana to date is 270. Total membership of SHGs is 11016 made up of 4923 males and 6093 females. Number of carers in SHGs stands at 9199 made up of 4221 males and 4978 females.

“ The
treatment I received has
tremendously improved my health.
My condition is now stable. I have never been
charged for the medicines anytime the doctor visited.
I am now married and I even brought my husband to
greet the doctor once ”
by Martha Abagre of Pusiga diagnosed with
schizophrenia.

Knowledge

The year 2015 saw BasicNeeds-Ghana publishing a number of knowledge products which were widely disseminated. Two editions of the BasicNeeds-Ghana newsletter – “*Share-Learn-Share*” – were published. One edition of “*We Count*”, which tells the life stories of project beneficiaries, was also published.

Collaboration with a student intern from Denver University in the United States of America produced the “*Psychological First Aid (PFA)*”, a manual which spells out procedures to be adopted in providing mental health aid to disaster victims. This manual was used to train staff of BasicNeeds-Ghana and its partners. As has become customary with BasicNeeds-Ghana engagements, various presentations were made on appropriate occasions. In the year under review, research activities accounted for GH¢ 46,300.00 of total BasicNeeds-Ghana expenditure

Increase Delivery of Treatment and Comprehensive services

BasicNeeds-Ghana made tremendous efforts in 2015 by ensuring that PWMIE were able to access treatment services within proximate distances of their homes. Specialist and follow-up outreach clinics were carried out in 48 locations. A total of 3019 (1473M, 1734F) benefited from outreach clinics. Out of the total beneficiaries, 826 of them were people who have been diagnosed with epilepsy with the remaining 2193 suffering from some form of mental illness.

Community mental health volunteers were supported to conduct 1712 home visits to PWMIE in the year 2015. These home visits were especially effective in the identification and referral of clients who had either relapsed or had problems accessing the help they needed.

Capacity Building

All mental health services provided in 2015 by BasicNeeds-Ghana were carried out by Psychiatrists, Community Psychiatric Nurses (CPNs) and Community Mental Health Officers (CMHOs). Capacity enhancement programmes were carried out to improve the knowledge and skills of mental health service providers. Some general health professionals such as medical/physician assistants, general nurses, midwives and community health nurses also received training in basic psychiatry and essential skills in mental health. These trainings which gave the general health professionals



Midwives in Upper West being trained on essential skills for mental health care

the requisite knowledge in managing mental health cases were done as means of increasing the number of human resource available to provide mental health services especially within district and sub-district health facilities. As of December 31, 2015, 929 health workers had been trained in subject areas pertaining to essential skills in community mental health care and on the relevant provisions of the Mental Health Law. An amount of GH¢ 1,477,694.00 was spent on these capacity building activities

Supply of Psychotropic Medicines and Anti-convulsants:

The supply of psychotropic medicines and anti-convulsants was irregular. Shortages of psychotropic and anti-epileptic medicines were reported across BasicNeeds-Ghana operational areas during the year. This situation made it very difficult for some health facilities to run regular mental health and outreach services in hard to reach areas. It also led to extra financial burden on mental health service users who were at times provided prescriptions to buy their medicines from private pharmacies.

Community Involvement

The year under review witnessed the enhancement of the capacities of 110 community based volunteers to enable them identify symptoms of mental illness and epilepsy. Four (4) volunteer review meetings organised in the Brong Ahafo, Ashanti, Upper East and Upper West Regions also made it possible to refresh the minds of volunteers on effective ways to carry out their roles as well as the importance of quality data collection and proper reporting.

Furthermore, additional 348 traditional healers and managers of prayer camps and



Volunteer Review Meeting in Brong Ahafo Region

shrines were sensitised on the need to respect the human rights of PWMIEs. These increased the level of collaboration between professional mental health workers and informal health care providers.

BasicNeeds-Ghana continues to enjoy tremendous collaboration with the Ghana Health Service (GHS), the Mental Health Authority of Ghana (MHAG) and other mental health professionals as well as community stakeholders. Such collaboration has ultimately led to improvements in the lives of People With Mental Illness or Epilepsy.

In line with BasicNeeds-Ghana's commitment to ensuring that SHG become self-sustaining, members of the groups in Northern, Upper East and Upper West Regions underwent resource mobilisation training. During the training, participants learnt how to lobby and mobilise resources from different sources, proposal writing, relationship management and accountability. At the end of the training, members were taught to write applications to their respective District Assemblies to solicit funds from the two percent (2%) District Assembly Common Fund allocated to disability groups.

Policy

The year 2015 was a very difficult year for national mental health. This was mainly due to the number of natural and man-made disasters the nation suffered. Perhaps, the greatest of these was the June 3 flooding that wrecked havoc on life and property in both Accra and Kumasi. In the light of these developments, BasicNeeds-Ghana added its voice to calls to set up an emergency mental health response system to offer first aid mental health care to victims and those affected by disaster. This call was contained in a policy brief titled **"Addressing the Effects of Disaster on Mental Health"**. Fortunately, the call was heeded to by the State and mental health service posts were set up near disaster sites to take care of the mental health needs of people affected by the flooding and explosions near Kwame Nkrumah Circle.

BasicNeeds-Ghana continues to push for the enactment of the Legislative Instrument

POLICY BRIEF

Addressing the Effects of Disaster on Mental Health

June 2015

Executive Summary

Major disaster events, such as flooding, are becoming a common occurrence in Ghana. Flooding, for instance, is expected to become more intense as a result of climate change. Such disaster events often have a significant impact on the long term mental health of the country, particularly for vulnerable segments of society. In recent years, international attention has been devoted to providing mental health and psychosocial support in emergency settings to help promote psychological resiliency. Ghana cannot afford to do different. The mental health impacts of disasters in Ghana need to be given increased attention. Possible areas of action include encouraging research on rates and manifestations of psychological trauma in Ghana, training more counselors in crisis intervention, incorporating mental health concerns into existing disaster response plans, developing a specific disaster mental health plan, and committing resources to the expansion of access to everyday community-based mental health services. While all of these efforts are important, the conclusion is that by improving access to mental health services for those who need them everyday, Ghana can be better prepared to deal with the effects on mental health when disaster strikes.

(LI) to the Mental Health Law by Parliament. Although a scheduled meeting with the Parliamentary Select Committee on Health could not materialise, various engagements with its members have taken place in furtherance of the agenda of getting the LI to be passed.

BasicNeeds-Ghana was unrelenting in its efforts to see that mental health treatment is better financed in Ghana. Whilst it is commendable that Government has put in place a free mental health policy, effects of medicine shortage, inability of mentally ill people to access treatment and medicines from private facilities, etc, render the policy ineffective. The organization, therefore, proposes inclusion of mental health care into the National Health Insurance Scheme (NHIS) as a preferred alternative to the free mental health policy. This proposal is contained in an official paper presented to the NHIS Review Committee.

Case Study: Amaachab SHG

The Amaachab (a Buili word which means come-together) SHG is located in Sandema, capital of the Builsa South District. It was formed in 2007. It has a total membership of 200. This membership is spread among five (5) community SHG.

Through a number of BasicNeeds-Ghana initiatives, many members of the group have benefited from treatment and livelihood support activities. Being one of the districts where BasicNeeds-Ghana is implementing a food security project, members of the group have been supported to engage in dry season gardening. The support included provision of farm implement, fencing material, mechanised wells, seedlings as well as extension services. Already, those who participated in the farming have been able to harvest and sell their products. They are once again preparing their farms for the coming dry season.



Amaachab SHG engaged in a participatory data analysis session

Amaachab SHG does not rely solely on BasicNeeds-Ghana for support. Each year, the bigger group writes to the Builsa North District Assembly for funding. Whilst the group has not always been lucky in terms of support from the District Assembly, this initiative has gone a long way to building the confidence of the members and improved their capacity in self-advocacy.

Due to the fact that the SHG is well organised, it was one of two SHGs which took part in a recent participatory data analysis session (a qualitative research). Knowledge generated from the group has been applied in other BasicNeeds-Ghana project areas.

