

# 2016 Annual Impact Report



Designed & layout by  
Fred Nantogmah

©BasicNeeds-Ghana  
23 Fuo Residential Area  
P.O.Box TL 1143  
Tamale - Northern Region

[www.basicneedsghana.org](http://www.basicneedsghana.org)  
[www.basicneeds.org/ghana](http://www.basicneeds.org/ghana)

[info@basicneedsghana.org](mailto:info@basicneedsghana.org)

©2016



## ***Contents***

Introduction		4
Impact		5
Health —	5	
Community Mental Health Services		6
Mental Health Outreach —	6	
Supply of Medication —	6	
Complimentary Home Support —	6	
Secure Livelihoods		7
Economic and Social integration —	8	
Youth and Mental Health		9
Human Resource & Capacity Building		10
Peer Support and Participation		11
Policy and Advocacy		12
Annual Financial Turnover		13
Expenditure Breakdown —	13	

# Introduction



**B**asicNeeds-Ghana continued to consolidate gains in the implementation of the globally recognised Mental Health and Development Model in 2016. The organisation engaged in advocacy and policy influencing with the aim of effecting the needed change that benefit some of the poorest and marginalised persons with mental illness and epilepsy in their communities and enhance their well-being.

The programme reached out to 3019 people with mental illness and epilepsy within the year 2016. This brings the total number of people who have benefitted directly from treatment services facilitated by BasicNeeds Ghana to 29093 people located in 98 districts in eight (8) regions of Ghana. Out of the cumulative number

of mental health service users, 94% of them have experienced a marked reduction in the severity of the symptoms of their illnesses, thus enabling them to live and work successfully in their communities.

Many who were disabled by their conditions and became a source of burden to their families are now contributing family income and resources. Our activities and collaboration with stakeholders ensured that mental health firmly remained as a subject of public discourse on national media platforms. This generated sustained public interest in mental health and calls for increased government commitment to the mental health sub-sector.

Self Help Groups and their respective Associations were supported to engage with 98 District Assemblies and local government authorities. BasicNeeds-Ghana is currently operating in 380 communities and towns in 104 District, Municipal and Metropolitan areas of 9 regions in Ghana. The regions are Northern, Upper East, Upper West, Greater Accra, Brong Ahafo, Ashanti, Volta and Eastern Regions.



# Impact



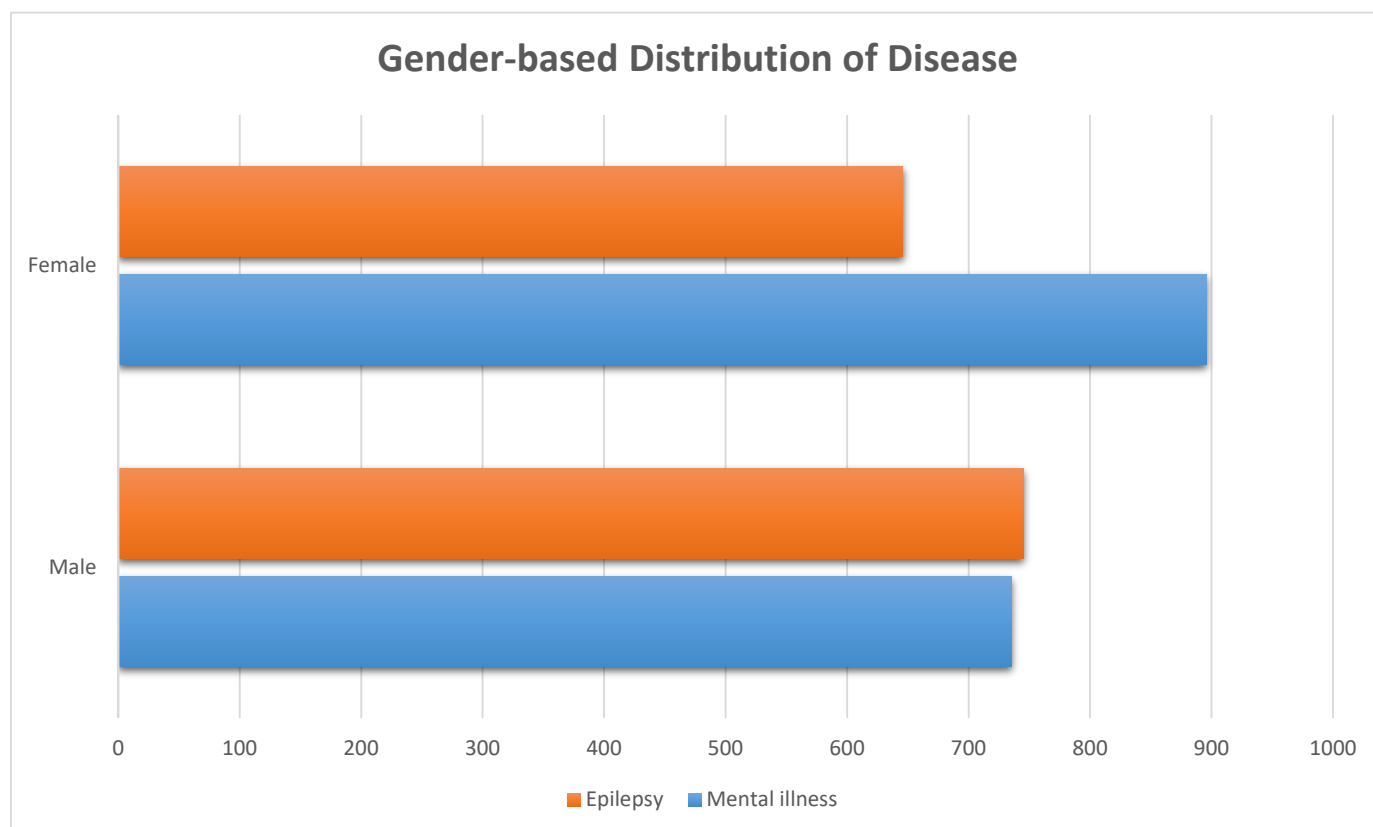
## Health

BasicNeeds reached out to 3022 persons with mental illness or epilepsy and 2475 primary carers in 2016. Of this number, 1480 were male and 1542 were females. In general, 1631 of those diagnosed were found to be suffering from some form of mental disorder while 1391 were diagnosed with epilepsy.

All mental health and epilepsy service users reached out to were accessing mental health care services regularly and receiving treatment in their communities or at locations close their communities. It is worth noting that 97% of those accessing treatment reported significant improvements in their health status. This was shown in the reduction of symptoms such as hearing non-existent voices and seeing things that actually do not exist. Others reported they no longer had any seizures, while some experienced a decrease in the severity and frequency of seizures they had. This gave them a sense of joy, good feeling and hope of a better future.



*Specialist Psychiatrists were brought from Accra and Kumasi to deliver mental health services in distant regions like the Upper West Region*



# Community Mental Health Services



Enabling access to treatment in hard to reach and under-served communities continued to prominently feature in the general work of BasicNeeds-Ghana in 2016. This made it possible for many mental health and epilepsy service users to have their conditions diagnosed by specialist psychiatrists and receive appropriate treatment.

## Mental Health Outreach

In 2016, BasicNeeds-Ghana facilitated access to regular mental health care through regular specialist psychiatrist and follow-up outreach clinics. This enabled mental health and epilepsy service users to be treated in their communities thereby reducing the cost of treatment.

By the end of the year, 326 hours had been spent carrying out forty (40) specialist outreach clinics. These mental health services were carried out in six (6) regions. Outreach services were also enhanced through the provision of motorbikes. BasicNeeds-Ghana donated eighty (80) motorbikes to district health facilities located in difficult-to-access areas.

A total of 1824 (1324 males and 1433 females) people with mental illness or epilepsy accessed treatment from these outreach clinics. Taking the service to the communities where it was most needed took away the burden of having to travel long distances in order to access the services of a specialist.



*Client receiving free medication during out-patient service*

## Supply of Medication



Through the work of BasicNeeds-Ghana, 5690 people were able to access their medication at no cost to them. These medicines, which were either purchased with project funds or donated to BasicNeeds, were used during outreaches or supplied to health facilities for onward dispensation to people with mental illness free of charge. In this regard, Direct Relief, a US-based NGO, deserves special commendation for donating psychotropic medicines to BasicNeeds through Breast Care International. These medicines were supplied for use by public health facilities in five (5) regions.

## Complimentary Home Support

In 2016, BasicNeeds-Ghana worked with 269 community mental health volunteers to extend the level of support to people with mental illness and epilepsy. The community volunteers paid regular homes visits to people with mental illness and epilepsy to find out how they were responding to treatment and find out first-hand what challenges they were facing at home or in the community. The activities in the communities led to increased compliance with treatment, early detection of side effects and prevention of relapse.

A total of 974 home visits were carried out in 2016. During these visits, community mental health volunteers ensured that clients were complying with their prescriptions, taking notes of any side effects clients were experiencing from use of the medicines and referring those who had relapsed to the health facility for management. The volunteers also supported community psychiatric units by identifying and referring new and relapsed cases to them for support. They likewise sensitised families and community members on the importance of seeking early treatment for their wards.

## Secure Livelihoods



**B**asicNeeds-Ghana continued to support stabilised people with mental illness or epilepsy to engage in secure livelihood activities. From the evaluative study conducted at the end of 2016 to measure impact, it was noted that 40% of people with mental illness or epilepsy who had been reached out to with treatment interventions could engage in some form of productive work and other secure livelihood activities.

The study also indicated that 41% of all beneficiaries under treatment could now engage in income earning activities nine (9) to twelve (12) months after commencing treatment. This is quite notable if compared against the baseline figure of 11% who could undertake income earning activities.

With improved health status, persons with mental illness or epilepsy are now participating in the life of their family and contributing to family labour and income. Many of those who were deemed unproductive at baseline are now productively performing in activities such as drawing water, cleaning the compound, fetching fuel wood, taking care of livestock, poultry and baby-sitting.

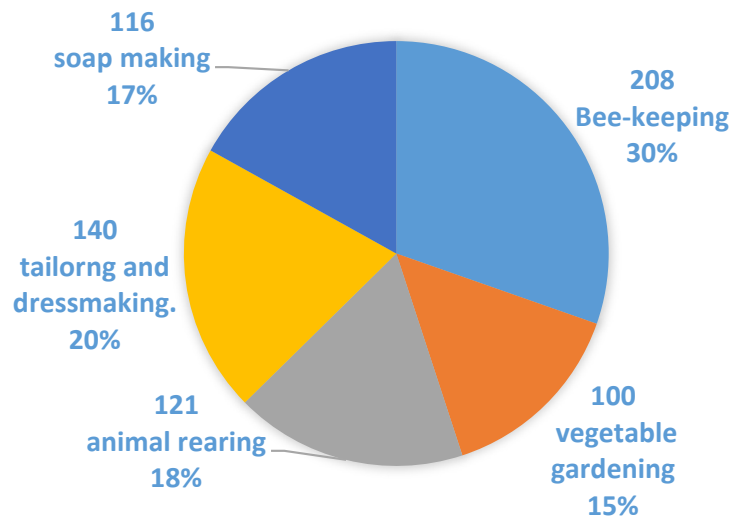
In 2016, BasicNeeds-Ghana facilitated training of 685 members of SHG in various secure livelihood options. The trainees acquired skills in soap-making, bee-keeping, vegetable gardening and animal rearing while some were linked up with master artisans to learn tailoring and dressmaking. The beneficiaries were also given the requisite tools and equipment to start-up or undertake apprenticeship.

In a related development, 592 direct beneficiaries in twelve (12) communities were also supported to cultivate leafy vegetables including tomatoes, alefu, kenaf, okra, bean leaf, carrot, onion and pumpkin.

Beneficiaries testified variously that their newly acquired skills was not only serving to keep them busy and productive, but it was also helping them to earn income in a sustainable manner and enhancing their acceptability within the community.

Stigma against persons with mental illness and their families continues to decline because of the soap they are supplying to their local market.

NUMBER TRAINED



*Soap-making training for SHG members in Northern Region*

## Economic and Social Integration

The year 2016 saw appreciable increases in both the number of people undertaking productive activities or earning income. With improved health status, persons with mental illness are now making meaningful contributions to their family's well-being and income - studying, drawing water, cleaning the compound, fetching fuel wood, taking care of livestock, poultry and baby-sitting, among others.

By year's end, 16000 individuals with mental illness or epilepsy, representing 55% of all beneficiaries reached out to and receiving treatment, were reported to be actively engaged in productive work. This represents an increase from 21% (6078) as at baseline. Females form 49% of the total number of people who are currently undertaking productive work such as household chores, family farming, unpaid support to family, among others.



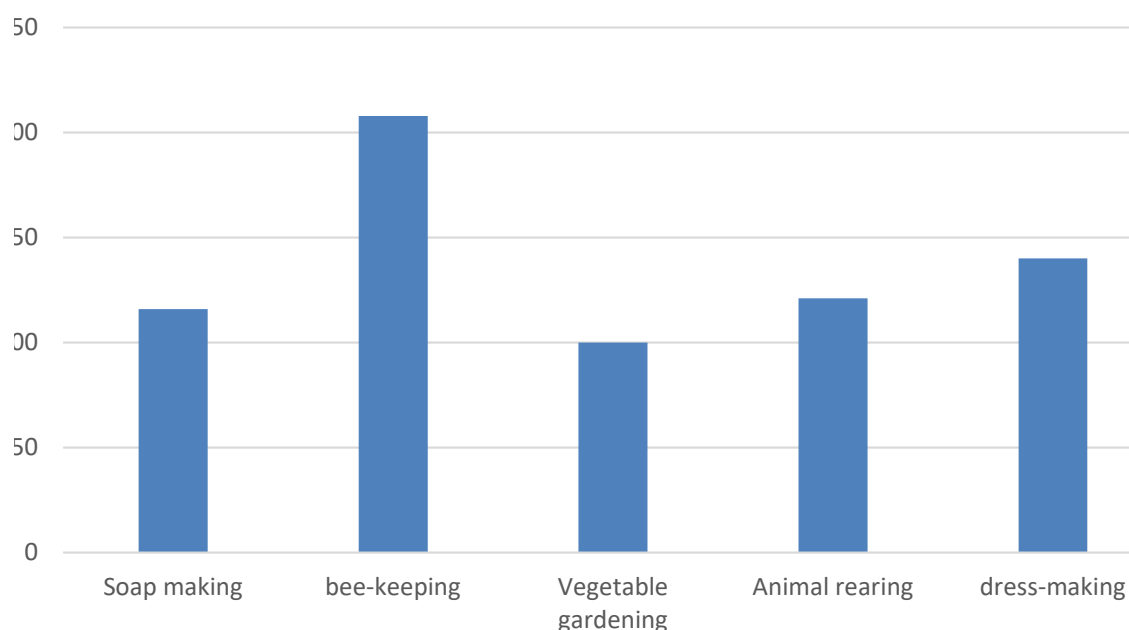
*Janet Adongo was among beneficiaries who were supported to learn dressmaking*

As part of BasicNeeds-Ghana's commitment to ensuring that people with psychosocial needs are able to successfully live and work in their communities, the organisation ensured that members of self-help groups (SHG) of mental health service users and their carers were trained in soap-making and bee-keeping. Others were supported to engage in vegetable gardening, small ruminant farming or undergo apprenticeship in tailoring and dress-making.

Engagement of people with mental illness and epilepsy in these productive and income generating activities has contributed to their acceptance in the community, helped them make meaningful contributions to their family's income and aided their own recovery. It has also contributed in addressing some erroneous beliefs held by members of the community with regards to epilepsy and mental illness and people affected by psychosocial disorders.

There has also been a notable increase in the number of project beneficiaries who are undertaking secure livelihood activities.

### Number of Beneficiaries of Secure Livelihoods Options



At baseline, only 11.6% (3396) of all project beneficiaries were involved in some form of income earning activity. However, an evaluative study carried out in the last quarter of 2016 indicated that 42% (12130) of all project beneficiaries undergoing treatment were undertaking some form of secure livelihood activity.

## Youth and Mental Health



**B**asicNeeds-Ghana set an agenda to focus on mental health issues affecting the youth themed “Youth and Mental Health”. In the year 2016, 95 school-based mental health clubs were formed in Northern, Volta and Upper West Regions. These clubs have a total membership of 2406 students consisting of 1227 males and 1179 females.

In order to provide support to these clubs, 306 school health teachers made up of 242 males and 64 females, were given basic training on common mental disorders. Community health workers numbering 52 - consisting of 39 males and 13 females - were also trained to support these clubs. Staff of Civil Society Organizations and community-based organisations totalling 182 (66 males, 116 females) were engaged with to explore ways of integrating mental health into their on-going work with women, youth, children and other vulnerable groups.

The formation of the school based mental health clubs generated discussions on mental health among Senior and Junior High School students. This has improved understanding of mental illness and reduced the stigma they hitherto attached to their colleagues living with mental illness or epilepsy. Some of the clubs also embarked on mental health sensitisation campaigns in their communities through the use of drama and other literary tools.

BasicNeeds-Ghana worked actively with the school-based mental health clubs to celebrate the 2016 edition of the World Mental Health Day. The clubs competed among themselves at the district, zonal and national levels. In the grand finale aired live on GTV’s “What do you know” quiz competition, the five (5) schools which had emerged zonal champions vied for the ultimate position.



*A member of the School-based mental health club at Tamale Girls' Secondary School making a point during a training session*

# Human Resource & Capacity Building



The BasicNeeds-Ghana team received a new addition to the position of Programmes Manager in the person of Adam Dokorugu Yahaya. Adam is not new to BasicNeeds-Ghana having worked for ten (10) years earlier on as Projects Coordinator. Before rejoining the BasicNeeds-Ghana team, Adam worked with the Ministry of Local Government and Rural Development District as Human Resource Manager.

In order to ensure quality and maintain standards, BasicNeeds carried out refresher trainings for Community Psychiatric Nurses (CPNs), Community Mental Health Officers (CMHOs) on the World Health Organisation's Mental Health Gap Action Programme (WHO mhGAP) intervention guide. Also, CPNs, CMHOs, midwives, physician assistants, general nurses and community health nurses were trained in basic psychiatry, Essential Skills for Mental Health Care manual and the Edinburgh Perinatal Depression Scale (EPDS).

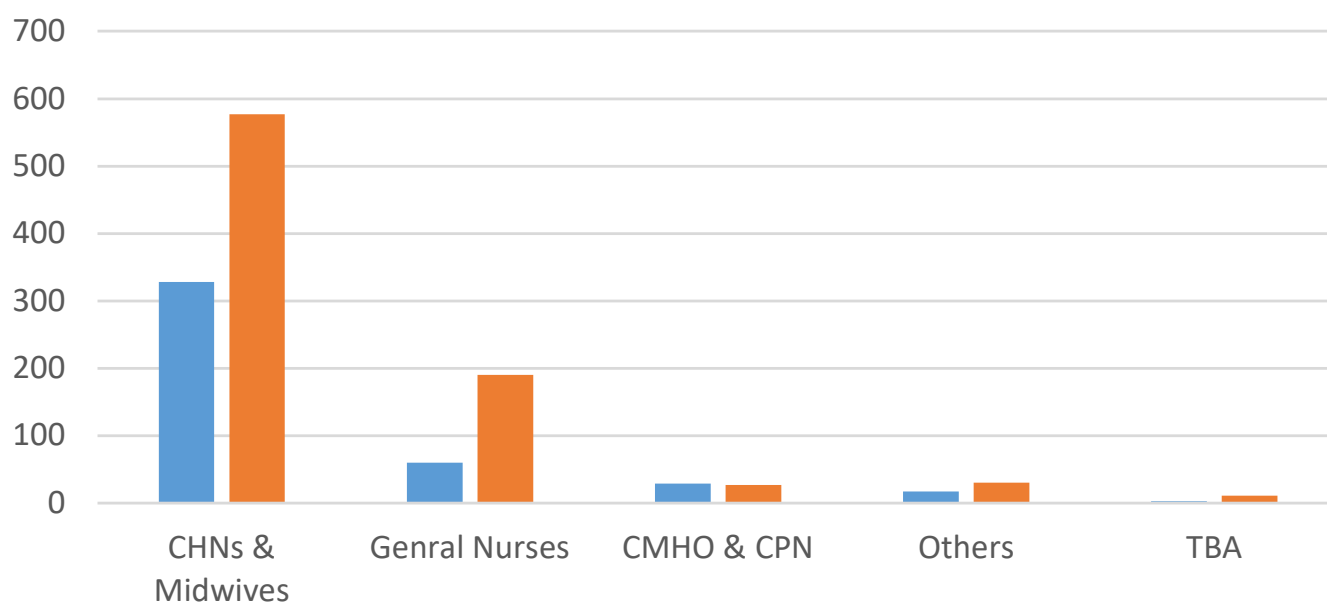


*Health workers being trained in EPDS at Bawku, Upper East Region*

These trainings enhanced the skills and professional competence of health workers in supporting persons with mental illness or epilepsy. The trainings also provided participants with the skills to screen pregnant women and women with children below two years for depression. In all, 1124 health professionals benefited from these training in 2016 and are providing improved services to persons with mental health care needs.

In order to support people with mental illness or epilepsy undertake apprenticeship successfully, 98 master artisans were trained on common mental disorders or epilepsy. The training gave them a better understanding of the conditions and conduct of persons with mental disorder or epilepsy. The training successfully influenced the master artisans to accept into apprenticeship stabilized persons affected by mental illness or epilepsy in dress-making, hairdressing, among others.

## In-service Training for Health Workers



## Peer Support and Participation



Selfhelp groups (SHG) of mental health service users and their carers were actively engaged with in 2016. Being the central meeting point for people with epilepsy and mental health needs, the members actively engaged in many of BasicNeeds-Ghana's interventions.

Cumulatively, 11719 people with mental illness or epilepsy had joined self-help groups (SHG), with 5260 of them being male. By the end of the year, 286 SHGs had been formed with 16 of them having been formed in 2016 alone. In the year 2016, 703 new members joined mental health service user associations.

The SHGs continued to meet in their respective communities to discuss issues that were of interest to them. The national association of SHGs, the Mental Health Society of Ghana (MEHSOG), also held its annual general meeting in Bolgatanga, capital of the Upper East Region. The meeting, which took place from 24th to 25th October, was attended by representatives from each district associations.

They enjoyed the support of community leaders such as Assembly members, unit and Zonal committee members and traditional rulers. SHGs and their representative District Associations also engaged with their District Assemblies, the Department of Social Welfare and district and community health workers to discuss and explore ways by which the needs of persons with mental illnesses or epilepsy can best be addressed. SHGs continue to call for increased support to persons with mental illness in the communities that BasicNeeds work in. Stigma that used to be rife has substantially reduced. Mentally ill people are much more accepted and integrated into family and community life.



*Mel Eaglesfield of GCC was keen to keep the children engaged during her visit to Nima SHG*



*Abura Dunkwaw SHG members engaged in participatory review*

## Policy and Advocacy



BasicNeeds-Ghana facilitated the dissemination of key provisions of the Mental Health Act, 2012 (Act 846) in the districts and communities where its projects are being implemented in 2016. Key staff of institutions that benefited from these trainings included the Security Services (Police, Fire Service and Prisons), front line staff of District Assemblies and other decentralised department, traditional rulers and selected staff of the Ghana Health Service. By these disseminations, participants were made aware of the provisions and their responsibilities towards persons with mental illness would be.



*Executive Director of BasicNeeds-Ghana making a submission during MHAG 2016 Annual Performance Review*

BasicNeeds-Ghana also made valuable contributions to national mental health policy discussions. Worthy of note is a position paper submitted to the National Health Insurance Authority (NHIA) advocating for National Health Insurance Scheme (NHIS) coverage for mental health treatment. The paper justified why this approach would sustainably finance mental health treatment. In the view of BasicNeeds-Ghana, this would eventually eliminate the situation where persons with mental health needs end up paying for mental health services that is meant to be provided free of charge.

Again, BasicNeeds-Ghana continued to advocate for the passage of a Legislative Instrument (LI) for the Mental Health Act, 2012 (Act 846). Working with the Alliance for Mental Health and Development, the Mental Health Authority of Ghana, the Mental Health Society of Ghana and other stakeholders, BasicNeeds-Ghana continued to draw attention at public forums on the need to fast-track the full implementation of the Mental Health Act.

As part of efforts to ensure a comprehensive integration of mental health into primary health care, BasicNeeds facilitated a meeting with Ministry of Health, Mental Health Authority and the Ghana Health Service. Best practice on integrating mental health into primary health care was shared by Regional Directors of Health or their representatives. There was consensus on the need to integrate mental health at all levels in the health delivery chain and the need for tasks sharing in order to achieve this integration.

Self Help Groups of persons with mental illness and their carers were supported to hold interface meetings with their respective Metropolitan, Municipal and District Assemblies (MMDAs). These meetings enabled the SHGs to demand for the inclusion of mental health in the annual and plans of the Assemblies. They also demanded to benefit from the 2% of the District Assemblies Common Fund (DACF) allocated for persons with disabilities. These interface meetings bore some fruits. For instance, the Mamprugu Moagduri District Assembly released cash grants to persons with mental illness to pay school fees and engage in income generation activities. The Kumbungu District Assembly also released a lump sum of five thousand Ghana (GHs5,000.00) cedis to support in the purchase of psychotropic and anti-epileptic medicines. Relationship with MMDAs continues to be strengthened with these sustained engagements.

BasicNeeds-Ghana also collected and shared key learnings from its interventions in 2016. Two (2) issues of '**Share Learn Share**' - BasicNeeds-Ghana's newsletter - were published. These newsletters carried stories of capacity building activities, progress made in ongoing project interventions and also showcased results of secure livelihoods interventions. In addition to the hard copies produced, these publications are also available and accessible at the BasicNeeds Ghana website [www.basicneedsghana.org](http://www.basicneedsghana.org)

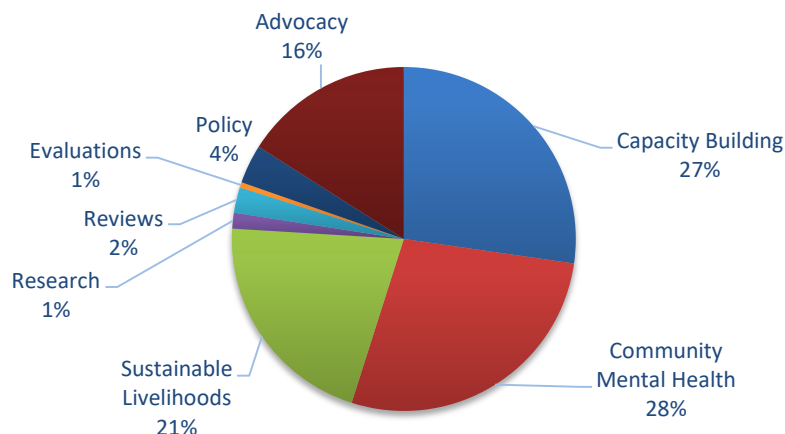
# Annual Financial Turnover



The year 2016 was one that imposed great fiscal challenges on the operations of BasicNeeds-Ghana.

With the country's economy going through turbulent times, budgets of planned activities were constantly revised to remain relevant and useful. The total annual financial turnover of BasicNeeds-Ghana's operations within the year amounted to GH¢ 5,119,801.00. The table below gives a breakdown of costheads.

## 2016 Annual Financial Turnover



## Expenditure Breakdown

Costhead	Amount Spent (GH¢)	Remarks
Capacity Building	1,396,699.00	Costs cover Training of project stakeholders, Consultation meetings of people with mental illness and epilepsy
Community Mental Health	1,414,697.00	Costs cover provision of psychiatric treatment services to people with mental illness and epilepsy and the purchase of supplementary medicines
Sustainable Livelihoods	1,077,665.00	Costs cover support to stabilized people with mental illness or epilepsy and their primary carers to undertake vocational and technical training, business capital or return to school
Research	75,688.00	Cost of conducting research into thematic areas with relevance to Mental health service or policy
Reviews	122,921.00	Costs of undertaking follow-up, monitoring and support visits
Evaluations	26,147.00	Costs associated with end of project evaluations and reviews to assess impact of project interventions.
Policy	187,002.00	Costs associated with engagements with local and national level policy makers and implementers and developing policy statements for appropriate stakeholders.
Advocacy	818,982.00	Cost of public education and awareness creation activities
<b>Total</b>	<b>GH¢ 5,119,801.00.</b>	





©BasicNeeds-Ghana  
23 Fuo Residential Area  
P.O.Box TL 1143  
Tamale - Northern Region

[www.basicneedsghana.org](http://www.basicneedsghana.org)  
[www.basicneeds.org/ghana](http://www.basicneeds.org/ghana)

[info@basicneedsghana.org](mailto:info@basicneedsghana.org)

