

BasicNeeds-Ghana



2018

Annual Impact Report



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Foreword



The year 2018 marked the penultimate year of executing BasicNeeds-Ghana's 5-year Country Strategic Plan (2015-2019) which mandates the organisation to implement innovations in community mental health and development by providing opportunities for people with mental illness and their carers and families to participate in development processes.

In line with our strategic objectives, BasicNeeds-Ghana's interventions in 2018 aimed to influence policy makers and other stakeholders to prioritise the needs of specific population groups affected by mental disorders, especially young people and women. The main thrust of BasicNeeds-Ghana's work and focus in 2018 revolved around advocating for sustainable financing for community-based mental healthcare.

The theme for 2018 edition of the World Mental Health Day drew attention to the mental health needs of young people. A significant proportion of the population of Ghana is made up of young people who live in a time of great change. Their world is often marked by rapid changes in various facets of life. These changes, inevitable as they are, potentially represent a source of distress to their mental well-being. Traditional bedrocks that provided stability for many young people in times past – strong family and community bonds that gave them identity and enduring formation into adulthood – are now, unfortunately, eroding at a faster pace than ever before.

The pressure to succeed socio-economically and the related challenges to get formal education and jobs, vulnerabilities emanating from child labour, teenage pregnancy, sexually transmitted infections, inadequacies in parental care and exposure to drugs and hard substances, among others, constitute the apparent and real challenges young people grapple with. Pervasive and unregulated use of Internet technologies such as violent online games and interactive social media, also expose many young people to new forms of threats like cyber bullying, sleep deprivation, eating disorders and romance scam, among others.

Women and girls of the reproductive age are subject to so many mental health challenges, some of which are cultural or institutional in nature. Widespread stigma prevents a great many women and girls from stepping forward to access mental healthcare. The lack of integration of mental healthcare into antenatal and

postnatal care makes it difficult for common perinatal conditions such as depression, anxiety or psychosis to be detected and treated in time.

In BasicNeeds-Ghana's view, inadequate funding constitutes the most significant reason why a lot of people with mental health needs, especially poor and vulnerable young people and women, are not able to get the care they so desperately need and deserve. The lack of sustainable financing for community-based mental healthcare is the reason why there is widespread shortage of psychotropic medicines and also accounts for why many community mental health units are understaffed and ill-equipped. Such inadequacies are likely to lead many people to break the treatment regime and resort to non-orthodox service providers for care where their rights and dignity would likely suffer abuse.

In this regard, BasicNeeds-Ghana and its implementation partners, with the support of its funding partners, worked with the sole objective of influencing policy makers to prioritise mental healthcare in Ghana and implemented initiatives tailored to specific population groups, such as young people and women of the reproductive age.

The Ghana Alliance for Mental Health and Development, continued to widely sensitise the public and advocate for improvement in mental health services and policies in Ghana. BasicNeeds-Ghana, in its advocacy efforts, worked to bring to the fore the need for inclusive policies and programmes that address mental health needs of the poor and vulnerable. Through word and deed, the organisation advocated for the deepening of psycho-social support and counselling services at the community level to address the mental health needs of poor and vulnerable people with mental health needs, especially young people and women.

BasicNeeds-Ghana is grateful to all its funding partners namely the Department for International Development (DFID) of the United Kingdom; STAR Ghana Foundation; the Danish Institute Against Torture (DIGNITY Institute); the United Nations Development Programme's (UNDP) Adaptation Fund; Direct Relief; and the National Institute of Mental Health (NIMH). Special thanks also goes to our implementation partners: Gub-ratimali Society (GKS); the Mental Health Society of Ghana (MEHSOG), the Centre for People's Empowerment and Rights Initiative (CPRI); MIHOSO International Foundation; and NORSAAAC. We are grateful for the support of all our collaborators.

Introduction



Sixteen (16) years on, BasicNeeds-Ghana continues to implement innovative initiatives aimed at enabling people with mental illness or epilepsy to live in dignity and productively within their community. Such initiatives have had the additional benefit of lending a hand to many families in the care of their sick relatives.

BasicNeeds-Ghana was recognised for its work of promoting community-based mental healthcare by receiving special mention at the Global Inter-Ministerial Forum for Mental Health and the Global Disability Summit, both events occurring in London in 2018.

The year 2018 was also memorable in that BasicNeeds-Ghana received a lot of high-profile visits from very important personalities including the British High Commissioner to Ghana — His Excellency Iain Walker, and the United Kingdom's Minister of State for Africa — Mrs Harriet Baldwin.

These high-profile visitors made time to interact with self-help groups of people with mental illness or epilepsy and their primary caregivers to understand, from their perspective, how they are viewed within their communities and societies either as people living



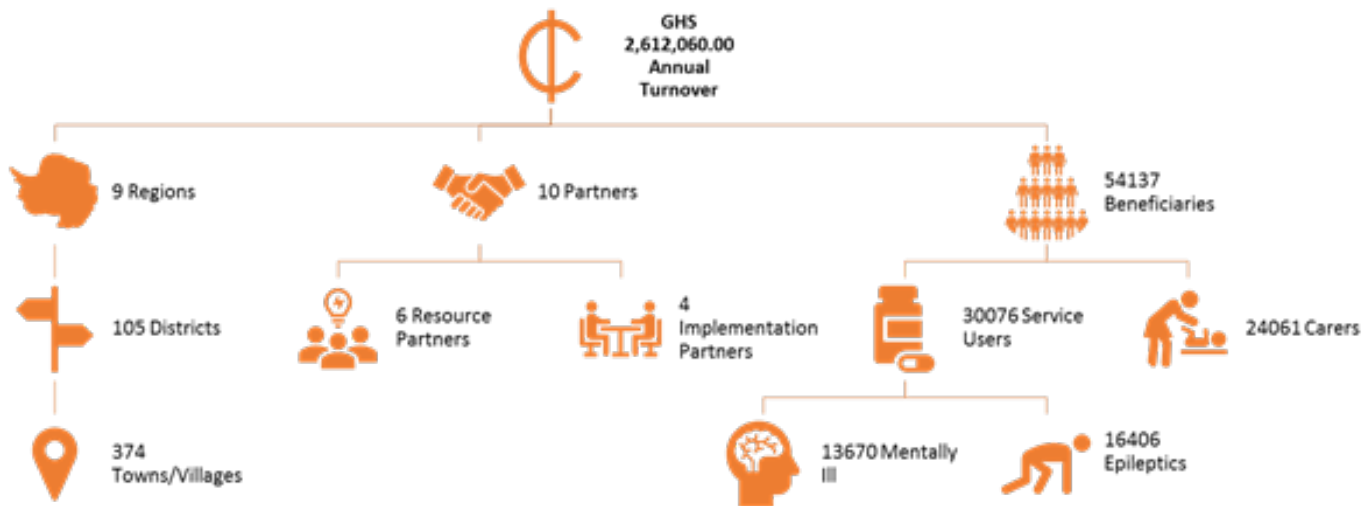
UK's Minister of State for Africa — Mrs Harriet Baldwin (middle) interacting with a stabilised mentally ill person (left) at her shop

with mental illness or epilepsy. It also afforded them the opportunity to learn at first-hand how UK aid support has changed the lives of poor and vulnerable persons with mental illness or epilepsy by improving access to livelihoods opportunities, building confidence for self-advocacy and overall reduction in stigma.



A member of Tolon SHG shows off her product to the UK High Commissioner and DFID Country Director

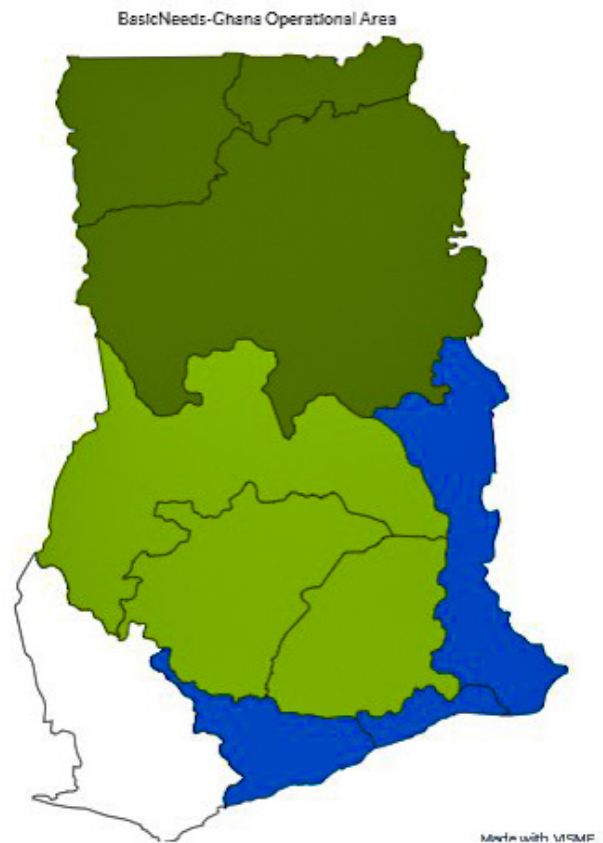
Coverage of Operations



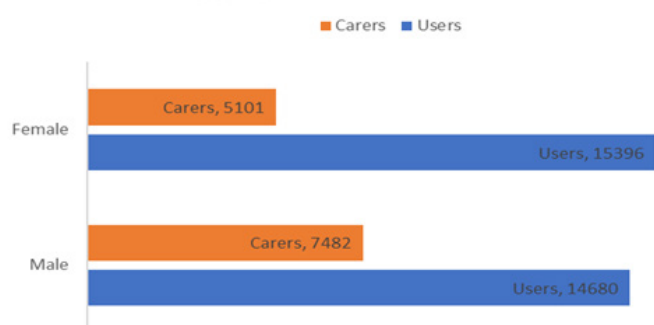
The 2017 project year ended with BasicNeeds-Ghana marking 15 years of operation. The organisation had successfully pushed the frontiers of community-based mental health care to 8 of the 10 regions of Ghana, with total number of beneficiaries at 55136 people with mental illness or epilepsy and their primary caregivers. Being the penultimate year of the executing the 2015–2019 Country Strategy, started with high expectations.

The 2018 project year saw BasicNeeds-Ghana reaching out 475 new persons with mental illness and 510 with epilepsy, totalling 985. Out of the total number of new people reached, there were 137 adolescents, 61 of whom were female; 657 adults, 323 of whom were female; and 191 children, 79 of whom were girls

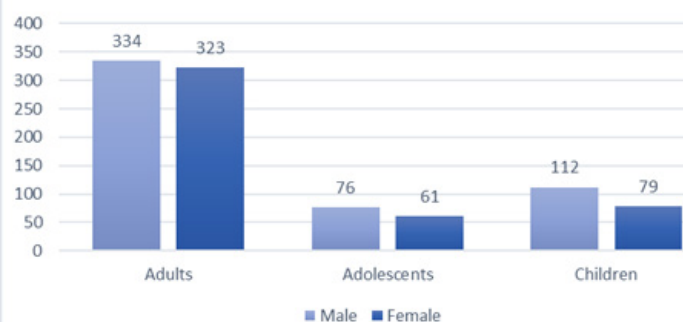
Consequently, BasicNeeds-Ghana, as at the end of 2018 was working with 14680 male and 15396 female mental health and epilepsy service users. Also, the organisation is working with 7482 male carers as against 5101 female carers.



Sex Disaggregation of Carers and Service Users



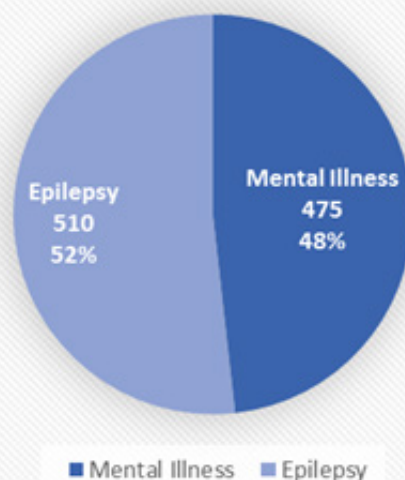
Disaggregation of New Clients based on Sex and Agegroup



Most people with mental illness or epilepsy usually attempt to access treatment for their conditions from various sources. However, not all treatment options they pursue yield the desired results. In 2018, out of the 985 people who BasicNeeds-Ghana reached out to, 541 (258 females), representing 55% of new people with mental illness or epilepsy, reported that they had accessed some form of treatment for their condition prior to accessing the organisation's health interventions. The remaining 444 clients, representing 45% claimed no such prior treatment access. From among those who had accessed prior treatment, 296 (141 females), forming 55% of new people who had prior treatment at baseline had received such treatment from government run facilities; 94 (43 females) forming 17% of new clients had received prior treatment from privately-run health facilities; while 152 (74 females) representing 28% of new people who had received prior treatment did so from informal facilities such as traditional healing homes or faith-based centres.

By supporting community psychiatric clinics with donated medicines and facilitating and organising specialist and follow-up psychiatric outreach clinics,

New Clients Reached in 2018



BasicNeeds-Ghana ensured that all 985 newly identified people with mental illness or epilepsy accessed mental health and epilepsy healthcare services, at least once in the year, within their communities.

Treatment Services

In 2018, BasicNeeds-Ghana facilitated nine (9) specialist outreach clinics in 5 districts of the Upper West Region and 4 districts in the Greater Accra Region. People with mental illness or epilepsy numbering 714 (392F) successfully accessed treatment services through specialist psychiatric outreach clinics. Out

of this number, 194 were new clients of whom 100 were female. In line with BasicNeeds-Ghana policy, health facilities were supported to procure the medicines they needed to run these outreach clinics. Mental health staff at the various districts where the outreach took place benefited from coaching and guidance the Psychiatrists offered in relation to specific conditions and individuals they had difficulties managing.

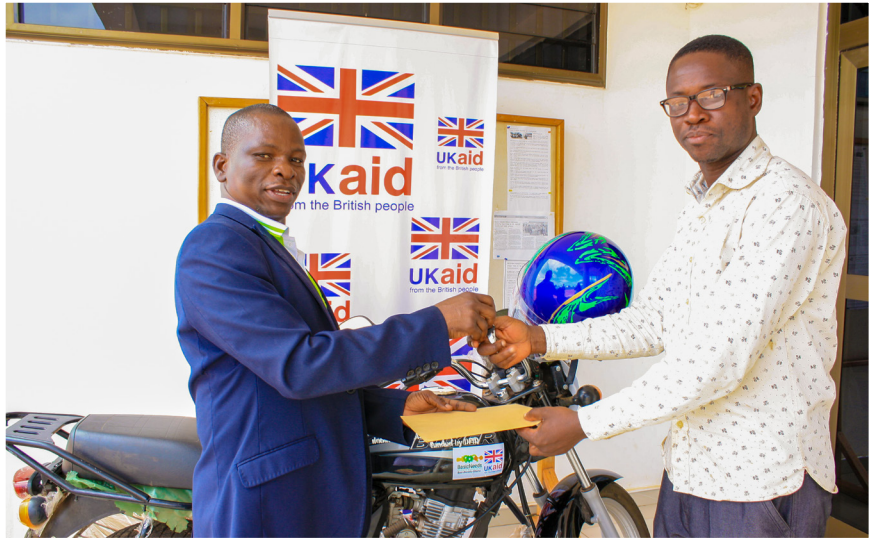


Adam Dokurugu (left) presents donated medicines from Direct Relief to the Northern Regional Mental Health Coordinator.

Follow-up Care and Home Visits

BasicNeeds-Ghana continued to support community mental health officers and community volunteers to provide much needed follow-up support and care for people with mental illness and epilepsy. Through their combined efforts, community mental health officers and volunteers visited a total of 1342 people with mental illness or epilepsy at their homes in 2018 alone through the support of BasicNeeds-Ghana. Out of this number, 740 of these home visits were carried out by community mental health volunteers with the remaining 602 carried out by community mental health officers.

with mental illness or epilepsy reached out to continue to access treatment from health facilities.



Through the intervention of BasicNeeds-Ghana, 73% of the total number of people

With funding from UK aid, BasicNeeds-Ghana donated motorbikes to selected districts to support mental healthcare

Economic and Social integration

As a means of ensuring that people with mental illness or epilepsy live more independently and participate in the economic and social life of their community, BasicNeeds-Ghana continued with its agenda of supporting stabilised mental health service users to undertake income generating or skills training ventures.

from these livelihood opportunities.

With funding support from the UNDP Adaptation Fund, BasicNeeds-Ghana also trained 100 poor and marginalized persons stabilised from mental illness or epilepsy and their primary carers in four (4) communities of the Savelugu Municipality, out of whom

In 2018 alone, 537 mental health service users were assessed for different livelihood activities. By the end of the year, 250 mental health service users, 112 of whom were female, were supported to undertake income generating activities — 167 of them received tools and equipment to engage in farming or use in their chosen trade while 187 of them received cash grants to enable them undertake trading activities or as capital injection in already existing enterprises. Primary carers of mental health and epilepsy service users numbering 104, out of which 50 were female, also benefitted



A beneficiary BasicNeeds-Ghana's livelihoods activities funded by UK aid

50 were female, and trained on crop husbandry and good agronomic practices. This was intended to help them engage in dry season gardening as a means of improving their household nutritional needs and income earning capability.

Overall, more than 45.5% of mental health and epilepsy service users, representing 13670 of service users reached out to, have been supported to undertake

livelihood activities of their choice and earning an average income of GHc426.11. Likewise, 90% of all people in treatment have also now able to participate in some productive activities such as doing household chores, going to school, helping on the farm, among others. This is an improvement over the 59% of new entrants recorded in 2017 who were engaged in productive activities.

Life Story of Haruna Alhassan

Haruna is a 38-year man diagnosed with schizophrenia and lives in Kumbungu. He says “I do not know how I came to be mentally ill. I have never used drugs in my life. Neither have I ever had an accident.” The circumstances of Haruna’s sickness is unknown. He says “all I know is that I started behaving strangely. I became hyperactive and emotionally unstable. I did not understand why I did things as I heard voices in my mind instructing me to do things. I felt powerless to resist.”

Haruna’s family took him to see several traditional and faith-based healers but to no avail. His condition did not improve. Haruna recounts that “my worried parents took me to all manner of places for treatment but my condition either remained the same or got worse. They were convinced my sickness was

the result of a spiritual attack.” Based on the advice of a community mental health volunteer who works with BasicNeeds-Ghana, Haruna’s parents took him to the Kumbungu hospital for treatment where he was provisionally diagnosed with schizoaffective disorder. With the help of BasicNeeds-Ghana, Haruna had the opportunity of seeing a specialist psychiatrist during an outreach clinic in Kumbungu. The psychiatrist diagnosed him with schizophrenia. BasicNeeds-Ghana helped Haruna purchase his medicines for a time until he got better.

Once Haruna got well, he expressed interest in operating a vehicle washing bay. BasicNeeds-Ghana supported him with a pumping machine. Haruna says “this is my main source of livelihoods now. I am able to buy my medicine and feed myself and support my family from the money I make from the washing bay.”



Haruna busy at work at his washing bay

Inclusion



As at the end of December 2018, there were still 307 active peer support groups in existence. Current projects, especially those with livelihood components, provided an opportunity to deepen the impact of the existing self-help groups and push for stronger integration with other structures. By year's end, 350 new mental health service users had joined the existing self-help groups bringing the total number of self-help group members to 11703 mental health service users, 5870 of whom are female.



Members of the Bawku West SHG in the Upper East Region interacting with District Assembly frontline staff

Primary caregivers of people with mental illness or epilepsy continue to find peer support groups helpful to them. The cumulative number of primary caregivers in self-help groups increased by 19 to 9861 as at the end of 2018.

The year 2018 also saw 417 people with mental illness or epilepsy joining other community groups. The total number of people in peer support groups who are also in other community groups currently is 1346.

District Self-help group associations also managed to undertake interface meetings with front line staff of their respective district and municipal assemblies. The districts and municipalities where these interface

meetings took place included Zabzugu, West Mamprusi, East Mamprusi, Tamale, Gushegu, Bunkprugu, East Gonja and West Gonja. The rest were Cheriponi, Nanumba North, Nanumba South, Tolon and Mion. In all, 126 self-help group members availed themselves to meet and interact with the front-line staff at their respective district and municipal assemblies.

Interface meetings are engagements with duty bearers where people with mental illness or epilepsy have an opportunity to interact with local assembly authorities, demand their rights and make inputs in local policies that affect them.



A member of the Tolon peer-support group explaining the group's activities to the British High Commissioner to Ghana, DFID Country Director and team

Significant Change Story the 'Yinsongmah' Self-Help Group

The Yinsongmah Self-Help Group (SHG) in Gambibgo in the Upper East Region is one of the most vibrant SHGs established and supported by BasicNeeds-Ghana. Yinsongmah was formed in May 2015. The group has 27 members, 23 of whom are female. The group has eight (8) caregivers with the remaining 19 being mental health or epilepsy service users. The members meet once a month to review their activities and discuss issues about their wellbeing such as renewal of National Health Insurance (NHIS) cards, adherence to treatment, notice of forthcoming specialist psychiatrist outreach clinics, economic opportunities, among others. Members of the group regularly meet at the Gambibgo Health Centre to receive their medication from the resident community mental health officer (CMHO) at the Gambibgo Health Centre. The CMHO also supports the group in other activities including writing minutes of their meetings and keeping the group's records.

Recently, BasicNeeds-Ghana, with support from UK aid, supported members of this SHG with cash grants, tools and equipment to undertake various economic ventures. Some of the economic activities the members embarked on include petty trading, beekeeping and rearing of small ruminants. Others opted to learn to sew using sewing equipment which had been given them by BasicNeeds-Ghana. Out of the 40 beneficiaries who were supported, five (5) are engaged in farming and animal rearing; six (6) are engaged in petty trading; 21 are engaged in basketry; and eight (8) enrolled to be seamstress apprentices — two (2) have since completed their training and passed out.

Members of the Yinsongmah SHG have participated in several BasicNeeds-Ghana organised workshops on group facilitation and dynamics, leadership, conflict management and human rights. They have also been trained on managing small businesses and resource



Members of the 'Yinsongmah' Self-Help Group at meeting

mobilization. These trainings have served to empower the group members to manage their businesses well and strengthened their group. The group has established their own savings and loan scheme where members make contributions into the group's account from which loans are given to members at 5% interest, payable within three (3) months. Profits are used to buy unavailable psychotropic and anti-epileptic medicines for the members. The medicine is kept with the CMHO and dispensed to members during their monthly meetings.

The Yinsongmah peer support group is on the path to self-reliance and this is evidenced in how the group has managed to empower its members socially and economically. The Gambibgo community now treats them with respect and dignity because of their new status. Akolpoka Adugbire, a member of the group attested to this fact during a group meeting that "but for this initiative, I wouldn't have known where I would have gotten money to purchase my medicines every month. I can now purchase my medicines and have some resources to engage in basket weaving. I learn more profit now than ever before". The camaraderie amongst the members is contributing to improving their health seeking behaviour. It has enhanced their self-confidence and they now speak publicly about their conditions and campaign against stigmatization and discrimination of their members.

Capacity Building & Awareness Creation

BasicNeeds-Ghana, through its work has always aimed to support people make better choices about their mental health, improve their health seeking behaviour and change negative attitudes towards people with psychosocial challenges. Community durbars provide an important platform to achieve this objective. In 2018, BasicNeeds-Ghana and Gub-Katimali Society organised three (3) public durbars to sensitize chiefs and their people in Wapuli (Saboba District), Wenchiki (Chereponi District) and Salaga (East Gonja District) on mental health issues prevalent in their traditional areas. An estimated number totalling 3000 people across all locations were present at these durbars. People with mental illness or epilepsy were 231.

The national launch of the Maternal Mental Health Project in Accra funded by UK aid and the regional launch in Bolgatanga also provided great platforms to sensitise the public on mental health issues that affect pregnant women and new mothers. The guest of honour at the national launch was the DFID Country Director, Philip Smith. 65 representatives of key state and non-state agencies such as the Ministry of Health, Ghana Health Service, Ministry of Gender, Children and Social Protection, among others were present at these occasions.

The 2018 edition of World Mental Health Day afforded

BasicNeeds-Ghana a great opportunity to undertake a sustained campaign on the theme of the year “Youth and Mental Health.” BasicNeeds-Ghana released a statement to mark the occasion which highlighted the significant barriers to youth mental health development. Media events and programmes were also organised to engage the public in the celebration and create awareness on important issues that affect youth mental health such as substance misuse and abuse, inadequate resourcing of mental health services new risks to mental health from the internet.

Staff of BasicNeeds-Ghana and its implementation partners were privileged to undergo trainings meant to improve their competence in working with vulnerable groups. Key among these were trainings on safeguarding, fraud detection and good clinical practices. These capacity building exercises were made possible through the sponsorship of UK Government’s Department for International Development (DFID Ghana) and the National Institute for Mental Health.

In 2018, BasicNeeds-Ghana was relentless in its efforts to gain new understanding of the full spectrum of the organisations mandate. This quest involved building new knowledge through research, disseminating key learnings and undertaking interventions that built the capacities of individuals/families and groups to improve health seeking behaviour, overcome stigma



Executive Director of BasicNeeds-Ghana, Peter Yaro, explaining perinatal mental health conditions to the Northern Regional Coordinating Council’s Women Association

and discrimination, and promote inclusion and integration of people with mental illness in all developmental and decision-making processes.

Through the support of the DIGNITY-Danish Institute Against Torture, BasicNeeds-Ghana, in collaboration with the Mental Health Society of Ghana undertook a pilot study to establish informed grounds for a planned intervention to support survivors and victims of torture and organised violence in prayer camps, homes of traditional healers and within the domestic setting. Key findings from this study are intended to be disseminated to key stakeholders for validation and possible integration in programme intervention.



International Rehabilitation Programme Manager at DIGNITY Institute (standing), Jeanette Kørner facilitating knowledge exchange session at workshop on trauma and organised violence

As such, BasicNeeds-Ghana commissioned the production of a video documentary to showcase the impact of the five-year UKaid funded project titled “Support Government of Ghana to create a mental health system that addresses the needs of Ghanaians – BasicNeeds-Ghana Leading the way.” The eleventh issue of “We Count”, a life story magazine of survivors of mental health and seizure disorders was also published. Two editions of BasicNeeds-Ghana’s newsletter, “Share Learn Share”, were also published and widely distributed.

BasicNeeds-Ghana worked with researchers of the “Strengthening Mental Health and Research Training in Africa” (SMART-Africa) project to orient 53 parents and their children in Basic Schools aged between 8 and 13

on the Multi-Family Group Therapy manual in Tamale and Sagnarigu. This intervention is part of a larger study funded by the National Institute of Mental Health (NIMH) that is interested in finding out the best possible means of providing support to children experiencing disruptive behaviour challenges and their parents.

As a means of promoting access and utilisation of mental health services among pregnant women, BasicNeeds-Ghana facilitated training workshops in Bolgatanga for 15 traditional birth attendants and 35 community mental health volunteers. The training was meant to sensitize the participants on identifying signs of mental health distress among pregnant women for onward referral to health facilities for care and management.



Participants at the workshop for SMART-Africa Stakeholders on the Multi-Family Group Therapy

Policy Advocacy



Two main issues were top on BasicNeeds-Ghana's list of policy priorities. These were the passage of the Legislative Instrument (LI) to the Mental Health Law (Act 846) and sustainable financing for community-based mental health services. Significant efforts were made in the pursuit of these policy outcomes. The year ended with varying degrees of successes on both fronts.

In April 2018, BasicNeeds-Ghana organised an inter-ministerial stakeholders' forum in Accra with funding from STAR Ghana Foundation to discuss sustainable ways of financing community mental health. Ministries and agencies represented at the meeting were Ministry of Health (MoH), Ministry



Deputy CEO of the Mental Health Authority making a presentation during the Inter-ministerial Forum on mental health financing

of Local Government and Rural Development (MLGRD), Ministry of Gender, Children and Social Protection (MGSCP), the Ghana Health Service (GHS), Mental Health Authority of Ghana (MHAG). Other organisations



Meeting of the Greater Accra Mental Health Alliance

in attendance were the Christian Health Association of Ghana (CHAG) and the Consortium of NGOs implementing the project – BasicNeeds-Ghana, Mental Health Society of Ghana (MEHSOG), MIHOSO International Foundation, Centre for People’s Empowerment and Rights Initiatives (CPRI) and NORSAAC. At the end of the forum, some key strategies were suggested for consideration. These strategies were validated at a Media Forum held in May 2018 in Accra.

BasicNeeds-Ghana continued to work with its key stakeholders to advance policy advocacy. It was in this light that BasicNeeds-Ghana convened a meeting of the Upper Eastern and Greater Accra Regional Mental Health Alliance to develop an action plan to pursue advocacy for the approval of the Legislative Instrument for Mental Health Law, Act 846.

Under the auspices of Johnson & Johnson, BasicNeeds-Ghana also joined a group of mental health stakeholders to build an advocacy coalition that would work directly with key champions and Parliament to fast-track the approval of the Legislative Instrument.

Inadequate resources for community mental care services was identified as the single most important challenge that affected quality mental health services and care provision within the year. Consequently, BasicNeeds-Ghana together with representatives of Regional Directorates of Health Service, District Directors and District Mental Health focal persons in five regions jointly developed a resource tracking checklist to be used to track resource allocation for community mental health in selected districts. The information generated would be used to inform advocacy and policy.

District Directors of Health Service, mental health staff and other key district health officials had a practical experience of completing the resource tracking tool at dissemination and training workshops organised in Northern, Upper East, Upper West, Brong Ahafo and Greater Accra Regions. In all, 136 key district health officials participated in the process of developing and deploying the checklist.

BasicNeeds-Ghana’s work with the stakeholders was also designed to give ongoing support to people with mental illness at the local and national levels as well promote advocacy efforts towards policy influencing. It was also meant to improve on the competencies and confidence of mental health service users and their primary carers for self-advocacy. In recognition of the importance of Traditional rulers in ensuring protection and safety of all persons in their respective jurisdictions, BasicNeeds-Ghana, in collaboration with the Commission on Human Rights and Administrative Justice (CHRAJ) Office in the Eastern Region engaged with 181 queen mothers, chiefs and key Opinion leaders in the region to increase their understanding of common mental health disorders and human rights. The engagements were meant to sensitise them on the need to enforce traditional and legal processes which served to protect the rights of persons with mental illness or epilepsy and other vulnerable groups. Similar trainings were organised for 178 traditional healers, prayer camps managers and community mental health volunteers in selected districts of the Eastern, Northern and Upper East Regions. The engagements underscored the rights of persons with mental disorders as enshrined in Ghana’s 1992 Constitution and other human rights conventions to which Ghana is a signatory.



Mental health resource tracking workshop in Accra, sponsored by STAR Ghana Foundation

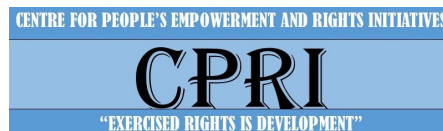
Funding Partners



Implementation Partners



Gub Katimali Society



UNIVERSITY OF GHANA





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