Theory of Change summary narrative and assumptions

Ghana Somubi Dwumadie (Ghana Participation Programme), as a component of the wider Leave No One Behind (LNOB) Programme in Ghana, will contribute to the overall LNOB impact goal whereby **all people with disabilities, including mental health disabilities are engaged, empowered, and able to enjoy improved wellbeing, social and economic outcomes and rights.**
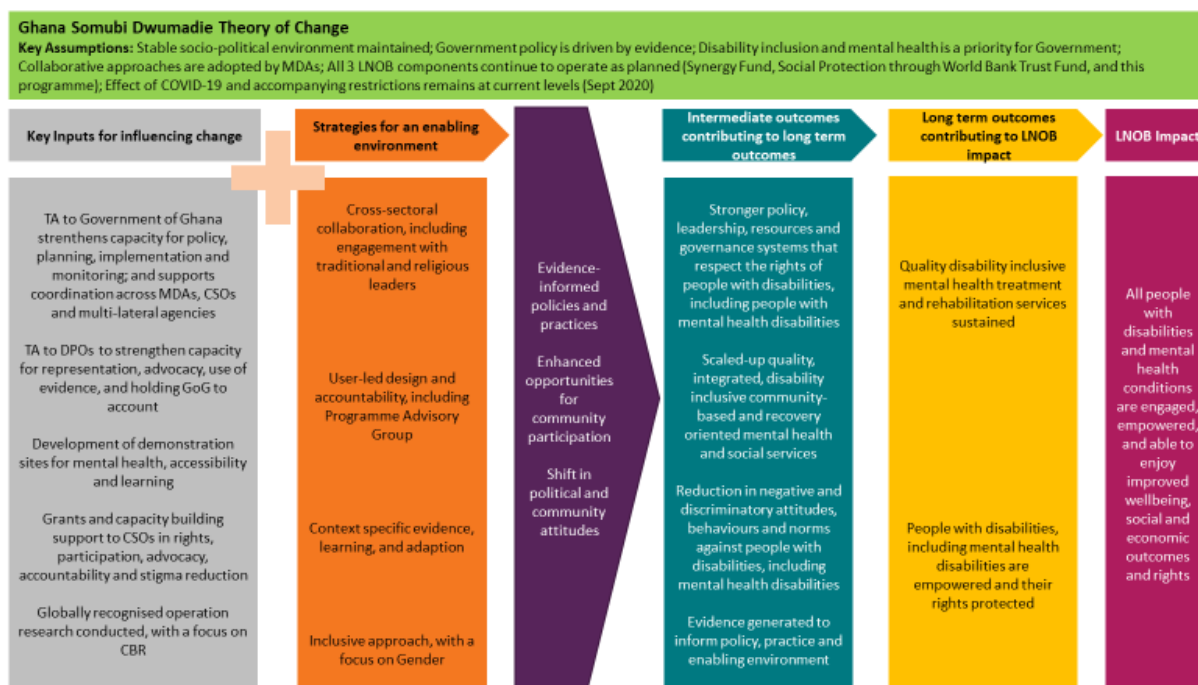

Ghana Somubi Dwumadie Theory of Change
Key Assumptions: Stable socio-political environment maintained; Government policy is driven by evidence; Disability inclusion and mental health is a priority for Government; Collaborative approaches are adopted by MDAs; All 3 LNOB components continue to operate as planned (Synergy Fund, Social Protection through World Bank Trust Fund, and this programme); Effect of COVID-19 and accompanying restrictions remains at current levels (Sept 2020)

Key Inputs for influencing change	Strategies for an enabling environment		Intermediate outcomes contributing to long term outcomes	Long term outcomes contributing to LNOB impact	LNOB Impact
TA to Government of Ghana strenthens capacity for policy, planning, implementation and monitoring; and supports coordination across MDAs, CSOs and multi-lateral agencies	Cross-sectoral collaboration, including engagement with traditional and religious leaders	Evidence-informed policies and practices	Stronger policy, leadership, resources and governance systems that respect the rights of people with disabilities, including people with mental health disabilities	Quality disability inclusive mental health treatment and rehabilitation services sustained	All people with disabilities and mental health conditions are engaged, empowered, and able to enjoy improved wellbeing, social and economic outcomes and rights
TA to DPOs to strengthen capacity for representation, advocacy, use of evidence, and holding GoG to account	User-led design and accountability, including Programme Advisory Group	Enhanced opportunities for community participation	Scaled-up quality, integrated, disability inclusive community-based and recovery oriented mental health and social services		
Development of demonstration sites for mental health, accessibility and learning	Context specific evidence, learning, and adaption	Shift in political and community attitudes	Reduction in negative and discriminatory attitudes, behaviours and norms against people with disabilities, including mental health disabilities	People with disabilities, including mental health disabilities are empowered and their rights protected	
Grants and capacity building support to CSOs in rights, participation, advocacy, accountability and stigma reduction	Inclusive approach, with a focus on Gender		Evidence generated to inform policy, practice and enabling environment		
Globally recognised operation research conducted, with a focus on CBR					

Figure 1: Ghana Somubi Dwumadie

Evidence gathered during the inception period[1] supports the contention that people with disabilities, including mental health disabilities in Ghana have not fully benefited from health and development progress. In addition, they face stigma and discrimination, exclusion and human rights abuses and violations. People with mental health conditions and psychosocial disabilities are particularly at risk of encountering more barriers to accessing the services and support needed. A major gap identified is also the availability

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[1] For example, Political Economy Analysis (PEA) of Mental Health and Disability Inclusive Policies, Plans, Strategies, Services and Programmes, Draft Report, July 2020; Ghana Somubi Dwumadie Inception Report, July 2020; PEA Validation Meeting 11/09/2020

of quality disaggregated data to inform evidence-based policies as well as advocacy activities.

The Theory of Change (ToC), as depicted in the visual above, reflects our current understanding of the pathways of change required to create an environment where the overall impact goal is met. Key Programme inputs are brought together through a set of interconnected enabling strategies to achieve change.

A description of each layer of the ToC and how these interrelate is provided below, starting from the left-hand side of the visual, and moving to the right.

Key inputs for influencing change

Direct technical assistance to the Government of Ghana, through relevant ministries, departments and government agencies. The technical assistance (TA) model is based on a demand-led and sustainable approach to working with government to foster an evidence based culture, strengthen the legislative instruments and put in place a functional and sustainable accountability system that tracks commitment in disability and mental health. Key GoG Agencies accessing technical assistance will be Mental Health Authority (MHA) and National Council on People with Disabilities (NCPD), as these are the key agencies engaged with mental health and disability. Key support will be provided for example on putting in place governance mechanisms and structures to support implementation of existing policies or filling the capacity gaps in data gathering and analysis.

In this way, this input contributes to strengthening national stewardship over disability inclusion and equity, including mental health (intermediate outcome 1), through stronger government leadership, governance and intersectoral coordination.

Direct technical assistance to DPOs is designed to specifically support Ghana Federation of Disability Organisations (GFD) and Mental Health Society of Ghana (MEHSOG) to increase their representativeness eg through membership or advocacy activities, as well as supporting them to build their capacity in the use of evidence. As both GFD and MEHSOG are key membership or coordinating organisations, working with them will also positively impact their members. TA has been separated from the grants mechanism for GFD and MEHSOG so that support can be tailored to each organization, rather than being tailored to the grants strategy.

Development of demonstration sites for mental health, accessibility and learning enables the Programme to work at a local level supporting the development of district mental health plans, regional mental health sub-committees, regional visiting committees, improving the accessibility of healthcare facilities and developing learning hubs. All these activities stimulate multi-stakeholder local engagement and generate evidence for scale

up. Existing social protection community-based initiatives will be identified and strengthened as part of making social services inclusive and accessible to all, including people with mental health disabilities.

A grants mechanism to support civil society organisations (CSO) to tackle stigma and discrimination and support people with disabilities, including mental health disabilities, to advocate for their rights. This also includes integrated community-based support initiatives.

Operational research to inform policy and practice, with a specific focus on Community Based Rehabilitation (CBR). A mapping of community-based rehabilitation (CBR) initiatives[2] in Ghana conducted during the inception phase highlighted a lack of evidence to support the scaling-up of CBR initiatives that was initially envisaged in the Programme. Therefore, the Programme approach was adapted to instead fund operational research through the granting mechanism as a way of gathering evidence to unravel the potential/opportunities to scale up, as opposed to funding existing CBR initiatives directly.

In addition, the significance of data as a health system strengthening building block is well established. Building a rigorous evidence base is central to Ghana Somubi Dwumadie. Accessing good quality disaggregated data is important for government to make informed evidence-based decisions, and to plan and budget ahead. Data is also at the core of accountability and advocacy efforts, and through the programme we will conduct research to identify evidence and opportunities for social change, while also contributing to establish a critical mass of researchers in Ghana.

Strategies for an enabling environment

The inputs described above will be implemented in line with four **interconnected** and mutually reinforcing approaches. Each approach will be utilised across all workstreams, reflecting the intersectoral nature of the Programme and the interdependency of the different workstreams. The strategies are:

1. **Cross-sectoral collaboration** between different government ministries and departments, at both central and sub-national level, as well as among multi-lateral and international organisations, civil society, and the private sector working in the mental health and disability space. This will facilitate joined-up and well-informed planning and delivery, and foster mutual understanding of issues and needs, and ultimately a shared goal/vision. The LNOB Steering Committee will be a key

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[2] Community Based Rehabilitation Initiatives for Mental Health and Disability in Ghana Scoping and Case Study, April 2020

mechanism to support cross-sectoral collaboration, and Ghana Somubi Dwumadie is the secretariat for this.

2. **User-led design and accountability**, with increased participation of people with disabilities, including people with mental health conditions, to ensure that services are designed and implemented in a relevant and appropriate manner, meeting the needs of service users, and challenging negative attitudes. A user-led approach contributes to an increased sense of ownership and mutual trust among those involved.

3. **Context specific evidence, learning, and adaption**, to support advocacy and effective service design and delivery. Across our inputs, learning and evidence for scale-up will be developed with GoG as well as with Christian Health Association of Ghana (CHAG), who are significant providers of mental health services in Ghana, and other key stakeholders.

4. **Inclusive approach with a focus on gender**, within Ghana Somubi Dwumadie, there will be a range of opportunities to elevate and enable the agency and voice of women with disabilities, for example, when supporting the composition of committees or user led engagements. This is important because within Ghana, social attitudes tend to ascribe more important roles for men in the economic and political lives of their communities.[3] Women with disabilities, including mental health disabilities, are likely to be particularly disadvantaged in terms of life opportunities as they experience the intersectional discrimination related to both gender and disability.

The inputs and the approaches together are expected to facilitate an environment whereby the following conditions are possible:

- Evidence informed policies and practices

- Enhanced opportunities for community participation

- Shift in political and community attitudes

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[3] UNESCO Ghana Perceptions of Gender Equality https://en.unesco.org/creativity/ghana-gender-indicator-perception-gender-equality

Intermediate outcomes contributing to long-term outcomes

Ghana Somubi Dwumadie's ToC is that the inputs will contribute to the intermediate outcomes (outputs) through a dynamic process that involves one or more strategies acting an enabler of change. The **four interlinked intermediate outcomes** will then achieve the two long-term outcomes in the following ways:

1. **Stronger policy, leadership, resources and governance systems that respect the rights of people with disabilities, including people with mental health disabilities**: We anticipate that stronger leadership and governance will mean a better and more informed use of resources, more inclusive processes and mechanisms and ultimately more quality inclusive services.

2. **Scaled-up quality, integrated, disability inclusive community-based and recovery oriented mental health and social services**: We anticipate that more people with disabilities, including people with mental health disabilities, will have access to the health and social services.

3. **Reduction in negative and discriminatory attitudes, behaviours and norms against people with disabilities, including mental health disabilities**: The work with civil society and the media is at the heart of Ghana Somubi Dwumadie and will tackle discrimination and stigma from different angles, including supporting the social behaviour change communications efforts of CSOs. We anticipate this will contribute to both more inclusive policies and civic engagement, and to a more empowered and confident community.

4. **Evidence generated to inform policy, practice and enabling environments**: leading to more confident users of data and evidence, is anticipated to contribute to closing the evidence, research and practice loop, ultimately increasing the use of research evidence and data in policy and practice. Improved data is essential to address health and health care and social care disparities and influence positive behavioural change.

The four intermediate outcomes above, will lead to **two long-term outcomes**: (1) Quality disability inclusive, mental health treatment and rehabilitation services sustained, and (2) People with disabilities, including mental health disabilities are empowered and their rights promoted, protected, respected and realised.

Together, these outcomes lead Ghana Somubi Dwumadie to realising its impact of all people with disabilities, including mental health disabilities are engaged, empowered, and able to enjoy improved wellbeing, social and economic outcomes and rights in Ghana.

Theory of change key assumptions

In order for this theory of change to be upheld, a number of **assumptions** are made at different levels of implementation. Assumptions were stress-tested and updated at an all partner Programme meeting in September 2020, building on the findings of the Political Economy Analysis report, which was validated at the same meeting.

The assumptions are organised as follows:

External conditions: where conditions have a significant impact on the Programme and give traction to our work, but are beyond the control of the Programme.

Outcome conditions: which we attempt to influence through our Programme, but which we cannot fully control. If the Programme is successful in facilitating these conditions, then we are more likely to meet the planned outcomes.

Proximate conditions: these are areas that we have more direct control over and have responsibility for achieving, and which we seek to drive through our activities in order to facilitate the achievement of the intermediate outcomes.

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Table 1 External and outcome conditions

Overarching assumptions	1. Quality disability inclusive mental health treatment and rehabilitation services sustained	2. People with disabilities, including mental health disabilities are empowered and their rights protected
External Conditions (Assumptions)	**Long-term Outcome Conditions**	**Long-term Outcome Conditions**
- Stable social and political environment maintained - Government policy is driven by evidence base (rather than by political motives) - Disability inclusion and mental health is a priority for the Government of Ghana, including in emergencies such as COVID-19 pandemic - Collaborative approaches are adopted by MDAs, including MHA, NCPD and GHS - All 3 LNOB components continue to operate as planned (Synergy Fund, Social Protection through World Bank Trust Fund, and this programme) - Effect of COVID-19 and accompanying restrictions remains at current levels (Sept 2020)	- Strengthened national and local government commitment, demonstrated through allocation of resources to support the rights of people with disabilities, including those with mental health disabilities - CSOs, DPOs and SHGs maintain active advocacy for quality, integrated, integrated inclusive services - Different multi-lateral stakeholders working on social protection and disability, including mental health, are supportive of joint efforts and effectively coordinate actions and resources for service delivery - Sufficient capacity at district and local level to enable new approaches and implementation - Government and all relevant institutions are ready to use the evidence that's generated by CSOs and by the programme	- There is full and effective participation of people with disabilities, including people with mental health disabilities, at an individual and collective level, working to influence change - Relevant data can be accessed, used and shared by relevant stakeholders - There are respected champions amongst politicians and other decision makers to support better inclusion of the rights of people with disabilities, including those with mental health disabilities - Government implements Ghana's policies and legislations and fulfils international commitments on disability inclusion and mental health - Willingness of government and mandated agencies to allocate resources to support the rights of people with disabilities, including those with mental health disabilities

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Table 2 External and proximate conditions

Intermediate Outcome (Output) assumptions	1. Stronger policy, leadership, resources and governance systems that respect the rights of people with disabilities, including people with mental health disabilities	2. Scaled up quality, integrated, disability inclusive community based and recovery oriented mental health and social services	3. Reduction in negative and discriminatory attitudes, behaviours and norms against people with disabilities, including mental health disabilities.	4. Evidence generated to inform policy, practice and enabling environment
External Conditions (Assumptions)	**Proximate Conditions**	**Proximate Conditions**	**Proximate Conditions**	**Proximate Conditions**
• There is sufficient capacity at District Assemblies and health facility levels to scale-up Programme initiatives • Availability of research capacity to conduct operational research and generate high quality evidence to inform government policies	• Programme generated evidence and communications are sufficiently robust to influence policy and resource decisions relating to people with disabilities, including mental health disabilities • Programme support for cross government working groups and meetings helps to strengthen governance systems • Programme TA on policies and legislation enables greater inclusivity • MDAs are sufficiently resourced to engage with technical assistance	• The Programme's user-led approach is effective in scaling-up quality integrated, disability inclusive services • Programme work on accessibility of healthcare facilities is welcomed by MMDAs • Programme resources and tools to support the people with disabilities, including mental health disabilities, to participate in community-based initiatives and social services • GoG is engaged with the selection and facilitation of district demonstration sites and learning hubs	• Programme support for advocacy and communications with traditional authorities, religious leaders, and communities effectively influences their willingness to change attitudes and behaviours towards people with disabilities, including people with mental health disabilities • Programme is able effectively to influence the media to play an active role and setting the agenda for addressing stigmatisation against persons with disabilities	• Evidence generated by the Programme is relevant and addresses current disability and mental health needs in Ghana • Programme generates high demand by stakeholders, especially state agencies, for programme derived evidence • Programme effectively facilitates adequate capacity at facility level to manage and utilise data to improve mental health service delivery • Technical Assistance strengthens capacity of government and coordinating DPOs in evidence generation and use to improve mental health delivery

List of abbreviations

Acronym	Description
CBR	Community based rehabilitation
CHAG	Christian Health Association of Ghana
CSO	Civil Society Organisation
DPO	Disabled People's Organisation
GFD	Ghana Federation of Disability Organisations
GHS	Ghana Health Service
GoG	Government of Ghana
LNOB	Leave No One Behind
MDA	Ministries, Departments and Agencies
MEHSOG	Mental Health Society of Ghana
MHA	Mental Health Authority
MMDA	Metropolitan and Municipal District Authorities
NCPD	National Council on People with Disabilities
PEA	Political economy analysis
SHG	Self Help Group
TA	Technical assistance
ToC	Theory of Change