

# Rights Based Advocacy Toolkit for Self-Help Groups

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# Contents

Contents.....	2
1. Executive summary .....	4
2. Introduction.....	5
2.1. About Ghana Somubi Dwumadie .....	5
2.2. Who this toolkit is for? .....	5
2.3. How to use this toolkit .....	6
3. What are human rights? .....	7
3.1. Basis for human rights .....	7
3.1.1. The 1992 Republican Constitution of Ghana .....	8
3.1.2. Universal Declaration of Human Rights (UDHR) .....	8
3.1.3. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) .....	9
3.1.4. United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) .....	9
3.2. Principles of human rights .....	9
3.3. Classification of human rights .....	10
3.3.1. Civil and Political rights.....	10
3.3.2. Economic, social and cultural rights .....	11
3.3.3. Collective rights or solidarity rights .....	11
4. Advocacy .....	12
4.1. Rights-based advocacy.....	13
4.2. Principles of rights-based advocacy.....	13
4.2.1. Participation.....	13
4.2.2. Partnership and collaboration .....	14
4.2.3. Maximising opportunities .....	14
4.2.4. Maximising opportunities .....	14
4.2.5. User-led.....	14
4.3. Formats for advocacy communication.....	16
Approaches .....	16
Materials.....	16
5. Steps in the advocacy process .....	18
Step 1: Identify the advocacy issue .....	18
How to identify an advocacy issue .....	18
Step 2: Advocacy goal and objective.....	20

Components of an advocacy action plan.....	21
Step 3: Target audience .....	21
How will you identify the audience? .....	21
Stakeholder Analysis (Power-Interest Grid Model).....	22
Step 4: Developing an advocacy message .....	22
Step 5: Building support .....	23
Step 6: Resource mobilisation.....	23
Step 7: Implementation of advocacy actions .....	24
Step 8: Monitoring and evaluation (M&E) .....	24
5. Networking in rights-based advocacy .....	26
5.1. Benefits of advocacy networks.....	26
Appendix 1: List of abbreviations .....	27
Appendix 2: Take away sheet on human rights and principles of human rights .....	29
Appendix 3: Pre-post training assessment survey for trainer of trainers for leaders of SHGs on rights-based advocacy .....	30
Appendix 4: Sample Advocacy Action Plan.....	35
Appendix 5: Sample M&E template.....	36
Appendix 6: Position map – ranking of target audiences.....	37
Appendix 7: Policy brief template .....	38
Appendix 8: Fact sheet template .....	39
Appendix 9: Press release template.....	40
Appendix 10 Press statement example .....	41
Appendix 11 Talking points example – Investment case for mental health .....	43

## 1. Executive summary

The first version of this toolkit on rights-based advocacy for Self-Help Groups (SHGs) begins with a summary of the concepts of human rights and the basis of those rights. The toolkit identifies the Universal Declaration of Human Rights (UDHR), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the 1992 Republican Constitution of Ghana among international, and national instruments as the basis of fundamental human rights. It also covers the classification of human rights – civil and political rights, economic, social, and cultural rights as well as collective rights and concludes with the principles of human rights.

The section on advocacy presents three basic definitions of advocacy and clarifies the difference between needs-based advocacy and rights-based advocacy. Whereas the needs-based advocacy focuses on needs in a particular community, rights-based advocacy seeks a restoration of the rights that have been violated or trampled.

The section also highlights five principles of rights-based advocacy including participation, partnership and collaboration, maximising opportunities by taking advantage of national and global events to draw attention of duty holders rights and needs of rights holders, effective communication to influence decision makers to commit to addressing the concerns of violations, and user-led engagements. The various formats for rights-based advocacy communications are also covered in this section.

The section on how we advocate is the core of this document. It outlines the logical steps in rights-based advocacy using examples and case studies to enhance clarity. The steps outlined in this toolkit are problem identification, deciding the advocacy goal and objective, identification of target audience and building support. Other steps include data collection, developing an advocacy message, identifying and choosing channels of communication, mobilising resources, implementing the advocacy actions as well as monitoring and evaluating advocacy campaigns.

Networking is vital for the success of rights-based advocacy. This toolkit concludes by highlighting the benefits of advocacy networks. Some of the benefits associated with networking in rights-based advocacy are:

- Keeps you up to date on what is going on
- Provide support for your actions
- Provide access to varied and multiple resources/skills
- Pool limited resources for the common goal
- Achieve things that single organisations or individuals cannot – power of numbers
- Form the nucleus for action and attract other networks

## 2. Introduction

### 2.1. About Ghana Somubi Dwumadie

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme in Ghana, with a specific focus on mental health. This programme is funded with UK aid from the UK government. The programme is run by an Options' led consortium, which also consists of BasicNeeds-Ghana, King's College London (KCL), Sightsavers International and Tropical Health, and focuses on four key areas:

1. Promoting stronger policies and systems that respect the rights of people with disabilities, including people with mental health disabilities.
2. Scaling up high quality and accessible mental health services.
3. Reducing stigma and discrimination against people with disabilities, including mental health disabilities.
4. Generating evidence to inform policy and practice on the effectiveness of disability and mental health programmes and interventions.

Developing a rights-based advocacy toolkit for SHGs sits within the programme's output 1 'Stronger policy, leadership, resources and governance systems that respect the rights of people with disabilities, including people with mental health disabilities' and indicator 1.2 **Level of engagement of Disabled People Organisations (DPOs) and SHGs in planned policy processes and interventions**

This toolkit builds on the considerable expertise of Ghana Somubi Dwumadie consortium partner BasicNeeds-Ghana, who have been working with SHGs for many years.

### 2.2. Who this toolkit is for?

This toolkit provides a brief overview of human rights and rights-based advocacy as well as the strategies and tools that can be used to strengthen advocacy efforts of SHGs. The Technical Assistance (TA) plan developed with Mental Health Society of Ghana (MEHSOG) agreed that the programme will also support MEHSOG to provide training on rights-based advocacy to a core group of Trainer of Trainers (ToTs) who will in turn provide cascaded tailor-made training for other SHG leaders to sharpen their advocacy skills and improve upon their confidence to engage duty holders to negotiate for the fulfilment of their basic rights. In line with the TA plan, the programme facilitated the training of 90 (34 female) members of MEHSOG on rights-based advocacy by December 2021.

This toolkit is intended for use by SHGs and therefore provides information on what leaders of SHGs need to do to address an issue or situation that they desire to

change. SHGs are the pivot around which many persons with mental health conditions and primary caregivers are mobilised. SHGs are any mutual support-oriented initiative directed by people with mental illness or their family members.<sup>1</sup> They provide peer support to one another in the management of their mental health conditions. SHGs serve as an avenue for disseminating information about mental health and raising awareness among themselves and community members. They mobilise members for collective advocacy for their rights and inclusion in government's social interventions schemes for the vulnerable and excluded in society. Similarly, they promote livelihood activities of members for economic empowerment and promote integration of their members in society.

#### **The concern:**

Persons with mental health conditions continue to be denied their basic rights

#### **The response:**

Enhancing the knowledge and skills of SHGs for self-representation

## **2.3. How to use this toolkit**

This rights-based advocacy toolkit has been developed by the programme for use by MEHSOG and leaders of SHGs, to enhance their advocacy efforts and self-representation. ToT will be delivered by programme staff to leaders of SHGs selected by MEHSOG. The toolkit is designed to guide leaders of SHGs in the training of persons with mental health conditions, their family members, primary caregivers, and aides. It intends to be simple and self-explanatory. Together with the accompanying PowerPoint presentation, the toolkit can therefore be used to facilitate a training on rights-based advocacy in a variety of settings. This can be used during SHG meetings in the community, or in a workshop setting. It is presented in a manner that will encourage discussions and active participation, a method that is suitable for different categories of learners including leaders of SHGs, community volunteers, and adult learners in general.

This toolkit provides case studies and guides SHGs in the strategies they can adopt in engaging duty holders in their respective constituencies to claim their rights as members of the society. Therefore, this initial document is intended to serve as an overview guide to SHGs in their advocacy engagements.

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<sup>1</sup> Cohen et al.: Sitting with others: mental health SHGs in northern Ghana. International Journal of Mental Health Systems 2012 6:1

### 3. What are human rights?

Human rights are the rights of human beings. They are the basic rights and freedoms to which everyone is entitled based on their common humanity. These rights include civil and political rights, as well as economic, social, and cultural rights<sup>2</sup>.

Members of SHGs need to know that their rights are sets out in the Constitution. For instance, without the 1992 Constitution of Ghana, many Ghanaians will not know their rights and when those rights are violated. People who know their rights can determine whether they want to fight for those rights or not, and when they decide to fight for their rights, the constitution even contains information on how citizens can fight for their human rights. Similarly, when members of SHGs become aware that their rights are enshrined in the Constitution, they will be able to demand for the fulfilment of those rights. The constitution makes the government accountable to the people and serves as an important tool that helps prevent human rights abuse.<sup>3</sup>

Members of SHGs are typically not expected to speak and act like legal professionals. However, SHG rights-based advocacy efforts will be enhanced when they demand the legitimate fulfilment of their rights knowing full well their actions are backed by law.

In addition to the 1992 Constitution, the Universal Declaration of Human Rights (UDHR) enshrines the rights and freedoms of all human beings. The rights of persons with mental health conditions are often disregarded, and women and girls with mental health conditions are even more vulnerable because of discrimination against them. This makes the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the United Nations Convention on the Rights of Persons with Disabilities (UNCPRDs) relevant for this toolkit.

#### 3.1. Basis for human rights

The basis of human rights is that people are entitled to the same basic rights and freedoms regardless of where they are born, colour, religion, ethnicity, gender, or other status. Human rights are not privileges, and they cannot be granted or revoked. They are inalienable and universal.

The basis for human rights emanates from different sources. Some of these include national laws such as the constitution of countries. For example, the Constitution of Ghana, United States of America, China, Japan, South Africa. The human rights of the citizens enshrined in the constitutions of the various countries are legally enforced only in those countries. There are also international human rights laws such as the UDHR<sup>4</sup>. This is enforced by countries that sign up to it. Conventions also form the

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2 What are human rights? | Human Rights Watch (hrw.org)

3 The Importance of The Constitution to a Country - Hosbeg.com

4 [https://www.un.org/en/udhrbook/pdf/udhr\\_booklet\\_en\\_web.pdf](https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf)

basis of human rights. It is an agreement between states covering specific issues of common interest but are less formal when it comes to enforcing it.

### **3.1.1. The 1992 Republican Constitution of Ghana**

The fundamental human rights and freedoms of Ghanaians is covered by chapter five of the 1992 constitution of Ghana. Article 12(1) stipulates that

**‘The rights and freedoms shall be respected and upheld by the Executive, Legislature and Judiciary and all other organs of government and its agencies and, where applicable to them, by all natural and legal persons in Ghana, and shall be enforceable by the courts as provided for in this Constitution’.**

Similarly, article 12(2) indicates that

**‘Every person in Ghana, whatever his race, place of origin, political opinion, colour, religion, creed or gender shall be entitled to the fundamental human rights and freedoms of the individual contained in this chapter but subject to respect for the rights and freedoms of others and for the public interest’.**

Other key fundamental human rights provided in the Constitution include:

- Article 13 – Protection of Right to Life
- Article 14 – Protection of Personal Liberty
- Article 15 – Respect for Human Dignity
- Article 16 – Protection from Slavery and Forced Labour
- Article 17 – Equality and Freedom from Discrimination
- Article 18 – Protection of Privacy of Home and Other Property
- Article 19 – Fair Trial
- Article 20 – Protection from Deprivation of Property

### **3.1.2. Universal Declaration of Human Rights (UDHR)**

The UDHR was adopted by the UN (United Nations) General Assembly in 1948 to reaffirm faith in fundamental human rights. It is an international document adopted by the UN General Assembly that enshrines the rights and freedoms of all human beings.



### **3.1.3. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**

CEDAW was adopted by the UN General Assembly in December 1979. The Convention came into force as an international treaty on 3 September 1981 after the 20<sup>th</sup> country had ratified it. Ghana signed up to CEDAW on 17 July 1980.

### **3.1.4. United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**

UNCRPD is an international treaty that aims to protect the rights and dignity of persons with disabilities. The Convention came into force on 3 May 2008 after ratification by 20 parties.

In 2006, the Persons with Disability Act 2006 (Act 715) was passed by parliament to usher disability rights in Ghana into a new dawn.

Ghana then signed the UNCRPD in 2007 and ratified it in 2012 to become the 119<sup>th</sup> country globally to do so and the 32<sup>nd</sup> in Africa. This was a sign of the country's commitment to protecting the rights of people with disabilities, including people with mental health conditions, and empowering them for full social participation.

## **3.2. Principles of human rights**

A number of core principles are common across the various international and national conventions, acts, and treaties that enshrine human rights:

- Equality amongst all people – all are equal before the law and are entitled without any discrimination to equal protection of the law.
- Fairness towards all human beings.
- Respect for others.
- Dignity of all human beings to be preserved at all times – all human beings are born free and equal in dignity and rights.
- Freedom for all – everyone has the right to life, liberty and the security of person.

These principles are summarised as:

#### **Universality**

Human rights are universal and must be accorded to everyone. People are entitled to these rights by virtue of being human

#### **Human rights are indivisible**

All rights are inter-related and there is inter-dependency between them. People should be treated with justice, equity, and dignity

#### **Equality and Non-discrimination**

This ensures that people are not only deliberately discriminated against, but also guaranteed safeguards from discriminatory policies and practices. No one suffers discrimination on the basis of sex, age, disability, religion, colour, race, ethnicity, social status, or by established standards

#### **Accountability**

This involves purposely establishing mechanisms to enforce human rights and ensuring that measures are in place to hold the government accountable for violations of human rights.

#### **Human rights are inalienable**

They cannot be taken away and people cannot be forced to give them up

### **3.3. Classification of human rights**

Human rights can be a civil, or political rights. They can also be economic, social, and cultural rights. Classifying human rights serves to disaggregate them to study them and consider them separately. The distinction among these rights will enable SHGs to correctly determine the type of rights are being violated or neglected at given time. The distinction will also enable them to tailor their rights-based advocacy efforts towards the appropriate audience.

#### **3.3.1. Civil and Political rights**

Rights that are granted by government or civil society are called civil and political rights. However, some countries are not able to grant all these rights. Civil and political rights include the right to freedom of speech, of assembly, the right to move freely, to hold property and practice trade or profession, and the right to take part in the political activities including the right to vote and to be voted for. Civil rights involve the right to life, liberty, and dignity of the individual, as well as protection against physical aggression against the person, torture and cruel treatment, false imprisonment, incarceration, exile, slavery, and servitude, intrusion with one's private

and right of ownership, limitation of one's freedom of travel, and free thought, conscience, and religion.

### 3.3.2. Economic, social and cultural rights

These are entitlements of the individual the state promotes to eradicate social inequality, economic imbalances and to limit disadvantages caused by nature and other factors. Right to equality, right to work, right to have family, right to privacy, right to information, right to public assistance during old age and sickness, right to health care, right to special care during childhood and during motherhood are some of the examples of these rights. Although economic, social and cultural rights are bestowed by the state, meeting these entitlements depend upon the economic resources of the society and political ideologies of those in government. Consequently, not all governments are able to grant or choose to grant these rights.

**Cultural rights** are rights related to art and culture. Cultural rights aim at assuring the enjoyment of culture in conditions of equality, human dignity, and non-discrimination. It seeks to ensure people and communities participate in the culture of their choice and cover areas such as language, housing, education, art and craft, recreation, right to work under fair and satisfactory conditions among others.

**Social rights** cover provisions that enjoin the state to refrain from interfering with the individual's enjoyment of their rights. For example, the right to food means people should receive support if they are unable to afford their own food. Other examples include the right to housing (right not to be forcibly evicted) right to decent and legal work, including the responsibility of the state to create an enabling environment, and not to implement policies that curtail opportunities to work.

### 3.3.3. Collective rights or solidarity rights

While the primary goal of human rights is to protect and promote individuals (individual rights), some of these rights are exercised by groups of people (collective rights). This includes freedom of association and assembly, freedom of religion, and, most notably, the freedom to create or join a labour union.

When human rights are related to membership in a specific group, such as the right of ethnic and cultural minorities to retain their own language and culture, the collective aspect becomes even more apparent. SHGs advocate for the rights of their members as a collective.

## 4. Advocacy

This section introduces the idea of needs-based advocacy and rights-based advocacy to SHGs and distinguishes between the two. SHGs are increasingly becoming aware of their rights and when these rights are violated. In the past, members of SHGs did not benefit from the 3% allocation of the District Assembly Common Fund (DACF). With the support of the programme, SHGs have engaged with their respective Metropolitan, Municipal and District Assemblies (MMDAs) to discuss their exclusion from receiving benefits from the fund. They demanded inclusion to benefit from the fund as a matter of claiming their rights in line with established guidelines regarding persons eligible to benefit from the fund.

Advocacy is a powerful tool for change. Advocacy has resulted in the enrolment of persons with mental health conditions into the National Health Insurance Scheme (NHIS) and inclusion to benefit from the 3% of the DACF as other persons with disabilities benefit.

Advocacy is defined in various ways:

- Advocacy is about doing something to support, recommend, or implement actions linked to an idea or cause you care about. Advocacy is also about making voices heard, as often the ideas or practices we want to change affect the most vulnerable people in society. Advocacy uses this collective voice to defend and protect rights, or to support different initiatives or causes<sup>5</sup>.
- Advocacy is a set of targeted actions by a group of committed individuals or organisations to introduce, change, or obtain support for specific policies, legislation, issues or causes.
- An organised process of mobilising support for a cause to bring about change favourable to that cause.



I dream of a day when people from my community and the world will understand that having a disability is not the same as being sick; and that we are usually very healthy. And like all persons, we need to stay healthy.

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<sup>5</sup> Youth Advocacy Guide, UNICEF, July 2019

## 4.1. Rights-based advocacy

The rights-based advocacy approach to advocacy begins with a different question from the traditional needs-based approach. The needs-based approach asks: 'What are the issues and needs in a particular community?' while the rights-based advocacy approach asks: 'What rights are being neglected or trampled in this situation?'<sup>6</sup>

The difference between needs-based advocacy and rights-based advocacy is that rights holders are seen as the centre or engine of change (empowerment) whilst advocacy does not necessarily demand that but focus interest on the change.

## 4.2. Principles of rights-based advocacy

### 4.2.1. Participation

The importance of participation to rights-based advocacy is anchored on the idea that the people have a right to be involved in decisions that affect them. Promoting participation of persons with mental health conditions in advocacy actions ensures their views are considered in addressing their concerns in a fair, equitable and sustainable manner.

This is achieved by facilitating and encouraging active involvement of persons with mental health conditions and their primary caregivers and other stakeholders (rights-holders) in planning and implementing the advocacy actions.

In an advocacy for improved supply of psychotropic medicines, ensure participation by:

- Meeting separately with female members of SHGs who have mental health conditions and ask about how the erratic supply of psychotropic medicines is affecting them and how that can be addressed.
- Purposely request for representation and views of female caregivers on the issue.
- Collect views of male members of SHGs who have mental health conditions.
- Gather the views of young people with mental health conditions on the issue.

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<sup>6</sup> The Rights-based Approach to Advocacy | Edmund Rice International

## **4.2.2. Partnership and collaboration**

Partnership and collaboration here refer to persons with mental health conditions and their caregivers teaming up with other individuals, groups, and organisations to engage MMDAs on their rights and needs. SHGs specifically invite district staff of the Ghana Health Service (GHS), members of the Ghana Federation of Disability Organisations (GFD) in the districts to engagements with key officials MMDAs. This promotes shared vision and mutual commitment to the advocacy action of the SHGs.

## **4.2.3. Maximising opportunities**

This involves persons with mental health conditions and their primary caregivers taking advantage of national and global events to draw attention of duty holders to their rights and needs. Eg, SHGs engaging with state institutions and the media during the World Mental Health Day to talk about 'Mental health in an unequal world' and how that affects the wellbeing of persons with mental health conditions. Similarly, SHGs use global event to demand justice and an end to violence against persons with mental health conditions. SHGs in Nanumba North District during a World Mental Health Day expressed their displeasure about the continuous abuse of female members of their groups. This public protest led to the prosecution and conviction of a man who physically abused a member of the Maltiti SHG by the Magistrate Court.

## **4.2.4. Maximising opportunities**

Advocacy in essence is communicating by a set of actions to draw the attention of duty holders to rights that have been violated. The rights-based advocacy communication and actions seek to influence, convince, and secure commitment to address an advocacy issue. This needs to be communicated in a convincing and compelling manner through lobbying, media campaigns, activism, policy briefs among others.

## **4.2.5. User-led**

Allowing the group whose rights have been ignored or violated to lead in the advocacy efforts gives legitimacy to the advocacy. To achieve legitimacy, it is imperative to involve the persons with mental health conditions and their primary caregivers in the advocacy process. This fits with the principle of 'nothing about us without us.'





Photo: Members of SHGs in Bawku West District of the Upper East Region in a meeting with staff of NHIS on enrolment of persons with mental health conditions on to the NHIS.

## 4.3. Formats for advocacy communication

### Approaches

#### Lobbying

This can be one-on-one face-to-face engagements with duty holders identified from stakeholder analysis. A stakeholder analysis template is attached as appendix 6 and may include Metropolitan, Municipal and District Chief Executives (MMDCEs) and other key officials of the Assemblies, Department of Social Welfare, Community Development, NHIS, GHS, etc. or small meetings of leaders and representatives of SHGs with religious or traditional leaders. The leaders of SHGs should adopt appropriate language, style, and tone to convey their message to the target audience in a convincing manner.

#### Media advocacy campaign

This usually involves the use of one or more media strategies to bring the rights-based advocacy issue into the public space. This format for advocacy communication is suitable for advocacy issues of public interest and seeks to add public pressure on duty holders to achieve the desired advocacy results. As such the message should be simple and easily understood by the target audience and other stakeholders. For example, 'together, breaking the cycle of abuse of women with mental health conditions' This can be delivered through press conferences, TV/radio discussions, and social media like Twitter, Facebook, or Instagram.

#### Activism

This is a more radical approach to rights-based advocacy involving the use of petitions, flyers, posters, leaflets and demonstrations in support of an issue, e.g., protesting against the mistreatment of persons with mental health conditions.

### Materials

#### Briefing package

This should be factual and succinct and contain key information in digestible formats. It could be a combination of other materials like fact sheets, talking points or policy briefs and is usually for members of parliament or other key stakeholders. A **press pack** will be similar and will also include a press statement, and copies of any statements or speeches given at your event, as well as any other important information. The purpose of a briefing package is to inform your stakeholders, while the purpose of the press pack is to inform, and also to support accurate reporting.

#### Policy brief

This is a short, concise summary of a social problem or government policy that helps readers not only understand a problem or policy, but also make an informed decision about it. A policy brief outlines objectives, rationale, and practicality of a particular policy. See appendix 7 for a template. As the name suggests, a policy brief should not be too long and ambiguous.



### Fact sheet

This is typically a one-page document that quickly and efficiently communicates the most relevant information about a particular topic. It contains essential information about an issue, for example, a fact sheet of mental health in Ghana, disability, sexual and reproductive health, etc. Since it is about facts, everything that is provided in a facts sheet should be true, otherwise it would defeat the purpose of having a fact sheet and may cause backlash on the issue being raised. See appendix 8 for a template.

### Press statement

A press statement is an official statement delivered to members of the news media for the purpose of providing information, creating an official statement, or making an announcement which is for public release. A press statement is usually for providing a statement reacting to something, like an event or a challenge faced by people. A **press release** is usually for new information like an announcement or update, while a **communiqué** is typically issued after a high-level meeting of important people. Using a press statement helps news media tell the story clearly and succinctly. See appendix 9 and 10 for examples.

### Talking points

When meeting a key stakeholder, attending an interface meeting, or speaking with the media, it is important to plan what key points you want to make in advance. Some people might write a **speech**, but if your event format is more about having a conversation then talking points will be best. These are a few key points which you really want your stakeholder to understand and remember. It might include statistics, or it might include a call to action. Planning your talking points in advance will really help you think about what you want to say. See appendix 11 for an example.



Photo: Members of a SHG in Damongo identifying issues for advocacy.

## 5. Steps in the advocacy process

### Step 1: Identify the advocacy issue

An advocacy issue is a problem that requires a policy solution or a decision maker's action. It is a situation that advocacy groups seek to rectify. This also includes identifying the causes of the problem or issue, and the possible solutions to the issue. Therefore, to achieve change, rights holders and other stakeholders need to identify the specific issue that they want to be solved. For example, exclusion of persons with mental health conditions in the disbursement 3% DACF. Define the problem clearly to enhance finding solutions to address the problem.

#### Case study of Tiyumba SHG

Tiyumba SHG in Tolon had difficulty assessing the 3% Disability Common Fund from Tolon District Assembly in the past few years. The fund was accessed mainly by people with physical disability, and hardly any people with mental health conditions and epilepsy benefited. The SHG identified this as an advocacy issue. They sensitised and educated their members and their caregivers. They informed community members and caregivers to understand that the fund was not only meant to serve people with physical disabilities as was widely thought. They also engaged the fund management committee, the District Budget Officer, District Co-ordinating Directors, District Chief Executive and Finance Officers to ensure people with mental health conditions and epilepsy are also targeted for fund disbursement.

### How to identify an advocacy issue

To identify your main advocacy issue, you need to be able to prioritise the issues that concern you and demonstrate their relative importance to those you aim to represent. To identify the key issue like Tiyumba SHG did, you need to narrow down a shortlist, examine each of these and prioritise them.

You can also research into the issue to get a detailed understanding of the issue you will be working on. This research should be undertaken at the earliest stage of the advocacy planning cycle. Research gives your advocacy position credibility and assist you build alliances. For example, exclusion of persons with mental health conditions in benefiting from DACF for persons with disabilities. It will be useful for leaders and representatives of SHGs to obtain information about the number of quarterly release of funds over a given period, the total amount involved, the number of persons with disability benefiting and the number of persons with mental health conditions who have benefited within the same period. The data available will help to define the problem, the stakeholders affected by the problem, target audience, partners, and ultimately the advocacy message.

**Quick and useful:**

Use the following checklist to identify which advocacy issues you should prioritise.

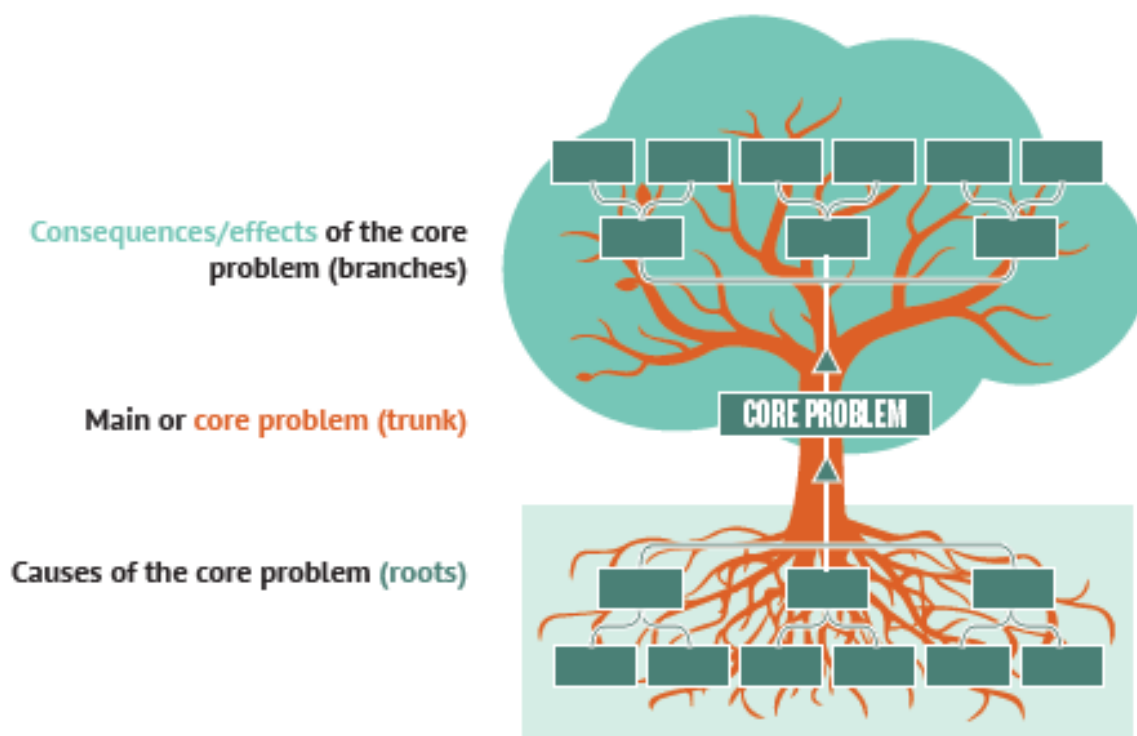
Will working on the issue:

- Result in real improvement in people's lives?
- Give people a sense of their own power?
- Be widely and deeply felt?
- Build lasting partnerships and alliances?
- Provide opportunities for women and others to learn about and be involved in politics?
- Develop new leaders?
- Promote awareness of, and respect for rights?
- Link local concerns with larger-scale, national and even global issues?
- Provide potential for raising funds?
- Enable the organisation to further its vision and mission?
- Be winnable, does it have a clear target, timeframe and solution?

Source: Adapted from Veneklasen, L and Miller.V.(2002). A new kind of power, people and politics- The Action Guide for Advocacy and Citizen Participation.

Another tool you can use to get to the top advocacy issue is problem tree or problem analysis framework. Problem analysis can lead you to the root and core problem which becomes your advocacy issue.

### Example of Problem Analysis Framework



## Step 2: Advocacy goal and objective

The rights-based advocacy goal refers to the desired change that the advocacy efforts intend to achieve, for example mental health being integrated into annual plans and budgets. The advocacy objectives are the tangible successes of your advocacy efforts, for example introducing legislation, change in policies, etc. For example, if your problem setting above has identified women's limited participation in development, the advocacy objectives could include increasing women's participation, and thereby contributing to gender equality. Equally, if the problem identified is lack of psychotropic medicines, then advocacy objectives could include highlighting the impact of the issue through stories in the press, and working with government officials to address challenges like stock outs.

## Components of an advocacy action plan

An action plan is a document that outline the steps or tasks that are required to be completed to achieve set goals. The action allows you to communicate planned activities with members of the SHG and set the limits on what persons assigned roles are to do. It offers a complete view of actions that need to be performed, resources required and assign responsibility to persons. This improves accountability. A sample action plan is provided as appendix 4. The action plan shows the following:

- **Who** is responsible?
- **What** is the objective and what are the activities that meet the objective?
- **How** will the work be carried out? (Resources needed)
- **When** will it take place?
- **What** is the expected outcome?

## Step 3: Target audience

Knowing your target audience is vital for the rights-based advocacy process. The audience could be individuals, groups, or organisations that are considered to be capable of influencing the advocacy issue or problem needing identified using a position map. This is attached as appendix 6. The audience in real sense could be heads of MDAs, policy makers, law makers, traditional rulers, media, and other stakeholders in the community. Therefore, in identifying the target audiences of your advocacy. It is important to ask:

- What is their interest in the issues?
- What is their influence on the issue?
- Are they willing or reluctant engage on the subject of your advocacy?

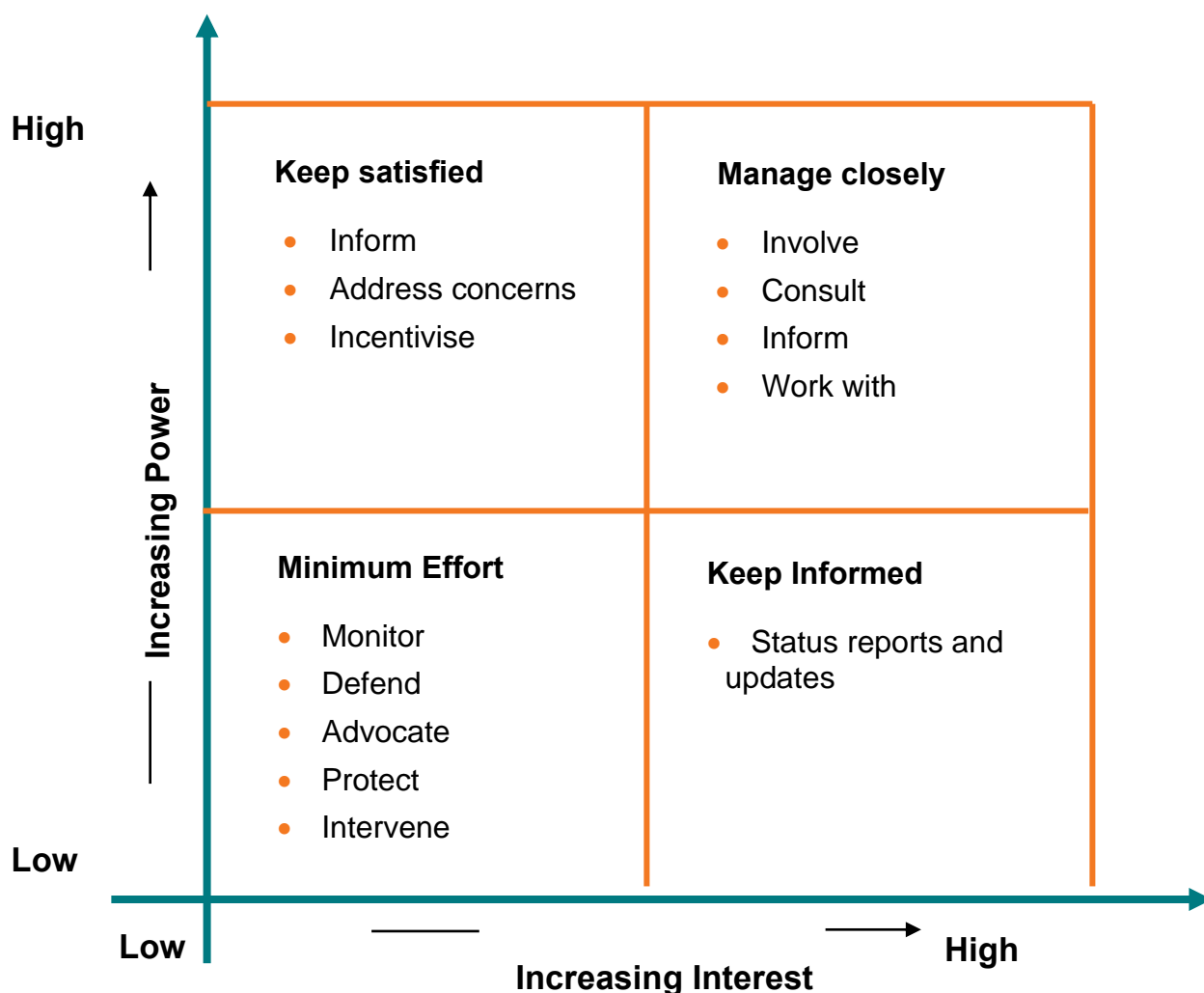
The answers to these questions will enable you to determine the target audience that will promote your cause or hinder your efforts.

## How will you identify the audience?

- Identify all stakeholders and actors involved on your issue
- Classify them according to their role, in relation to the issue
- Are they adversaries, beneficiaries, allies, or stakeholders?

You can do a matrix in a quadrant form or shape to classify the stakeholders and do the analysis such as the power interest grid below:

## Stakeholder Analysis (Power-Interest Grid Model)<sup>7</sup>



### Step 4: Developing an advocacy message

The advocacy message must communicate the change that you want to see the target audience addressing. This must be presented in a simple concise manner. The language and tone of the message should consider the target audience and must be consistent with the demand you are making for a change to the issue of concern.

Examples:

- Address the discrimination against women, men, girls and boys with mental health conditions
- There is no health without mental health for women, men, girls and boys
- The mental health of women, men, girls and boys must be a concern for all

<sup>7</sup> ProjectManagement.com - Stakeholder Analysis using the Power Interest Grid



## Step 5: Building support

Sheer numbers of people is essential in rights-based advocacy and leaders of SHGs must aim at building support for their advocacy actions. You need to identify your allies and those who may be opposed to your cause. From the stakeholder analysis, those likely to oppose your cause represent a potential risk to your advocacy efforts. Knowing those who will oppose your cause will put you in a better position to strategise and win them to your side on one hand and help you to maintain your allies on the other hand. Think about the stakeholders you are going partner with to realise your advocacy objective and goal.

### Identifying Key Influencers

When drawing up your list of stakeholders and targets, it is also useful to identify secondary targets at the same time by looking a little deeper into the decision-making process. Often, you may not be able to reach decision-makers themselves, however effective your advocacy planning. Instead, your advocacy may need to be targeted those who do have access to decision-makers. These 'influencers' may be your most important route to bringing about change through those relationships. Influencers can include Media, MPs, faith leaders, donors and religious leaders.

Take note that:

- Stakeholders may have different interests in the advocacy issue, and this will determine whether they will support your advocacy action or oppose it.
- Stakeholders with high interest in your issue will support you and those with no interest at all are likely to oppose your cause.

What should a rights-based advocate do with these two categories of stakeholders?

- Strengthen collaboration with your allies
- Reach out and try to win those who oppose your cause to your side

## Step 6: Resource mobilisation

It is important to know the resources at your disposal before you engage in rights-based advocacy. This may include but not limited to financial and human resources as well as allies, existing relationships, opportunities, and experience. Assessing your strengths, weaknesses, opportunities and threats will inform your financial and human resource mobilisation strategy needed for advocacy.

You need to examine each of the elements (money, people, skills and experience, partners, time, reputation) in turn to enable you to identify any gaps that need filling before you can begin an action to fill the gaps and undertake your advocacy action.

- Money - what money do you have available for this project? Where is it coming from? Are there likely to be cashflow problems and how will it be filled?
- People - Who will be available to work on the different aspects of the project?
- Skills and experience - Do the key people have the right skills and experience? If not, can you train them or get other people involved?

Create a simple budget to prepare for your fundraising efforts.

### **Case study of Tiyumba SHG**

Tiyumba SHG in Tolon District used the media to advocate for their share of the Disability Common Fund. They indicated they never accessed the fund since its inception. They held series of meetings with the fund management committee and got to know the right procedures to apply and access the fund. They also held separate meetings with the District Chief Executive, District Co-ordinating Director and District Finance Officer during which they got clearer explanations on the rationale of the fund and its intended application and usage. They subsequently applied and invited media to their meetings to apprise them of their activities. Eventually, when their application was assessed by the District Fund Management Committee, they qualified and received their disbursement.

The experience suggests that engagements, lobbying and media advocacy are important promising practices when used to advocate for a course of action.

## **Step 7: Implementation of advocacy actions**

Decide on your preferred approach such as lobbying, media campaign or activism. Prepare your key materials such as policy briefs, fact sheets, press statements. For more information refer to section 4.3 above.

## **Step 8: Monitoring and evaluation (M&E)**

Leaders of SHGs should be able to measure and determine the success of their advocacy strategies after a period of implementation through M&E. This will enable advocates to modify or adopt their strategies and consider other strategies for greater results. M&E will enable you to assess progress towards your set advocacy objectives, use of resources and take remedial action where necessary. A sample M&E template is attached as appendix 5.

A pre-post training assessment survey is also attached as appendix 3. This tool is used to assess the knowledge and confidence level of SHG leaders who take part in



a rights-based advocacy training and should be used before and after a training. It helps to determine change in the level of knowledge and confidence that can be attributed to the training.

## 5. Networking in rights-based advocacy

Networking is based on people's need to take measures and capitalise on their social relations in order to deal with the challenges of life. Networking is about seeking multilateral cooperation with persons or organisations<sup>8</sup>. Networking is therefore a process for initiating and maintaining contact with individuals and organisations that share or support common goals and agree to work together to achieve those goals. Applied to rights-based advocacy, advocacy networks are groups of organisations and individuals working together to achieve changes in policy, law or programmes for a particular issue.

### 5.1. Benefits of advocacy networks

Some of the benefits associated with networking in rights-based advocacy are:

- Keeps you up to date on what is going on
- Provide support for your actions
- Provide access to varied and multiple resources/skills
- Pool limited resources for the common goal
- Achieve things that single organisations or individuals cannot – power of numbers
- Form the nucleus for action and attract other networks

Networking creates opportunity for like-minded people to share knowledge, experience, and nurture innovations for advocacy. It creates an avenue for participation and building a unified voice in demanding accountability and responsiveness from duty holders to address the issues affecting rights holders.

## Conclusion

Using the knowledge and skills imparted in this toolkit will strengthen the ability of SHGs to claim rights enshrined in international and Ghanaian law. From identifying which rights have been abused, working with those who are affected to develop powerful advocacy messages, to identifying those with most influence to affect change, this toolkit provides a step-by-step guide with tools to facilitate the process towards implementing a successful advocacy campaign. By using this guide, SHGs will be well-equipped to ensure that people with mental health conditions' rights are upheld.

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<sup>8</sup> Introduction (omsar.gov.lb)

## Appendix 1: List of abbreviations

Acronym	Description
<b>CBO</b>	Community-based organisation
<b>CD</b>	Community Development
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>COVID-19</b>	Coronavirus disease of 2019
<b>CSO</b>	Civil Society Organisation
<b>DACF</b>	District Assembly Common Fund
<b>DCD</b>	District Coordinating Director
<b>DPO</b>	Disabled People Organisation
<b>DSW</b>	Department of Social Welfare
<b>GFD</b>	Ghana Federation of Disability Organisation
<b>GHS</b>	Ghana Health Service
<b>GoG</b>	Government of Ghana
<b>KCL</b>	King's College London
<b>M&amp;E</b>	Monitoring and evaluation
<b>MEHSOG</b>	Mental Health Society of Ghana
<b>MMDA</b>	Metropolitan, Municipal and District Assemblies
<b>MMDCE</b>	Metropolitan, Municipal and District Chief Executives

<b>Acronym</b>	<b>Description</b>
<b>MP</b>	Member of Parliament
<b>NGO</b>	Non-governmental organisation
<b>NHIS</b>	National Health Insurance Scheme
<b>SHGs</b>	Self-Help Groups
<b>TA</b>	Technical Assistance
<b>ToTs</b>	Trainer of Trainers
<b>UDHR</b>	Universal Declaration of Human Rights
<b>UN</b>	United Nations
<b>UNCPRDs</b>	United Nations Convention on the Rights of Persons with Disabilities

## Appendix 2: Take away sheet on human rights and principles of human rights

### Human rights

Human rights are the rights of human beings. They are the basic rights and freedoms to which everyone is entitled based on the common humanity. These rights include civil and political rights, as well as economic, social, and cultural rights.

#### Human rights can be classified as:

- **Civil or political rights**

Civil and political rights include the right to freedom of speech, of assembly, the right to move freely, to hold property and practice trade or profession and the right to take part in the political activities including the right to vote and to be voted for.

- **Economic, social, and cultural rights**

These are entitlements of the individual the state promotes to eradicate social inequality, economic imbalances and to limit disadvantages caused by nature and other factors.

- **Solidarity or group rights**

These rights are exercised by groups of people.

- **Principles of human rights**

The principles of human rights are:

- Human rights are universal.
- Human rights are indivisible: All rights are inter-related and there is inter-dependency between them. People should be treated with justice, equity, and dignity.
- Human rights are inalienable: they cannot be taken away and people cannot be forced to give them up.

## Appendix 3: Pre-post training assessment survey for trainer of trainers for leaders of SHGs on rights-based advocacy

Your name:

District:

Date:

Location:

**Please answer questions 1 and 2 before the training, and the remaining questions after the training**

1. For each of the topics listed, please use the scale below to indicate **your level of knowledge**:

1 – Have no knowledge

2 – Know very little

3 – Have basic knowledge, there is more to learn

4 – Consider myself quite knowledgeable

5 – Consider myself very knowledgeable

How would you rate your knowledge about the following topics below?	1	2	3	4	5
1. Human Rights					
2. Rights-based advocacy					
3. Rights-based advocacy process					
4. Formats for rights-based advocacy					
5. Benefits of networking in rights-based advocacy					

**Please explain your answers further if you wish**

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2. For each of the topics listed, please use the scale below to indicate **your level of confidence**:

- 1 – Have no confidence
- 2 – Have low confidence
- 3 – Have some confidence
- 4 – Consider myself quite confidence
- 5 – Consider myself very confident

<b>How would you rate your confidence about the following areas listed below?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Educating members of your SHG on human rights					
2. Educating members of your SHG on rights-based advocacy					
3. To discuss the rights-based advocacy process with members of your SHG					
4. In deciding which advocacy format(s) to use					
5. To network with others to advocate on a particular issue					

**Please explain your answers further if you wish**

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**The remaining questions should be answered at the end of the training sessions.**

**Trainer of trainers for selected leaders of SHGs on rights-based advocacy: post-training assessment survey**

3. **Using the understanding that you now have at the end of the training, for each of the topics listed, please use the scale below to indicate your level of knowledge:**

- 1 – Have no knowledge
- 2 – Know very little
- 3 – Have basic knowledge, there is more to learn
- 4 – Consider myself quite knowledgeable
- 5 – Consider myself very knowledgeable

<b>How would you rate your knowledge about the following topics below?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Human Rights					
2. Rights-based advocacy					
3. Rights-based advocacy process					
4. Formats for rights-based advocacy					
5. Benefits of networking in rights-based advocacy					

**Please explain your answers further if you wish**

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4. **Using the understanding that you now have at the end of the training, for each of the topics listed, please use the scale below to indicate your level of confidence:**

- 1 – Have no confidence



- 2 – Have low confidence
- 3 – Have some confidence
- 4 – Consider myself quite confidence
- 5 – Consider myself very confident

<b>How would you rate your confidence about the following areas listed below?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Educating members of your SHG on human rights					
2. Educating members of your SHG on rights-based advocacy					
3. To discuss the rights-based advocacy process with members of your SHG					
4. In deciding which advocacy format(s) to use					
5. To network with others to advocate on a particular issue					

**Please explain your answers further if you wish**

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5. What additional training, if any, will you need to be able to provide rights-based advocacy training to members of SHGs in your district? For example, training toolkit, supervision, fliers, etc. Please be as specific as possible.

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**6. Overall, how did you find this training?**

Please use the scale below where 1 is poor and 5 is fantastic.

<b>How would you rate today's training?</b>	<b>Very poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very good</b>	<b>Excellent</b>
1. Rights-based advocacy					
2. Rights-based advocacy process					
3. Benefits of networking in rights-based advocacy					

**Please explain your answers further if you wish**

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## Appendix 4: Sample Advocacy Action Plan

<b>Overall Goal:</b> Improved wellbeing of SHG members					
<b>Change Objectives:</b>					
<ul style="list-style-type: none"> <li>• SHG is effectively engaging duty-bearers and claiming their rights to improved services</li> <li>• Women members are actively participating and contributing at meetings</li> <li>• Women members are recognised and take community level leadership positions</li> </ul>					
Broad Area	Specific Issue	Key Action	Strategy	By whom?	Timeline
Women and leadership	Low representation of women with disabilities in community leadership positions	<ul style="list-style-type: none"> <li>• Education and sensitisation of community members on rights of people with disabilities to participate in community leadership</li> <li>• Advocate for women with disabilities to be represented in community leadership roles</li> </ul>	<ul style="list-style-type: none"> <li>• Lobbying community leaders</li> <li>• Capacity building of women</li> <li>• Training of women on leadership</li> <li>• Mentorship on leadership for women with disabilities</li> </ul>	SHG leadership supported by Non-governmental organisation (NGO)/ Civil Society Organisation (CSO)	By end of 2022

## Appendix 5: Sample M&E template

Goal:

Objective:

Actions / strategies	Timelines		Resources required	Person(s) responsible	Means of evaluation
	Start	End			

## Appendix 6: Position map – ranking of target audiences

Level of influence over mental funding from 3% DACF	Current position		
	Not a focus	Neutral	Supportive
<b>High</b>	MP		MMDCEs DCD (District Coordinating Director) District Director, DSW/CD Scheme Manager
<b>Medium</b>		Chiefs Assembly members Chairperson – Social Services sub-committee	District Director of Health Service Mental health staff
<b>Low</b>			

You want to target those with high influence that are either Neutral (i.e. get them on board) and use the power of those who are already supportive to help.

Any stakeholder with high influence and that are not supportive are indicative of potential bottlenecks for the advocacy.

## Appendix 7: Policy brief template

**Purpose:** Provides accessible, concise, evidence-based policy recommendations demonstrating thought leadership on a specific issue

**Key audience:** Donors/funders and decision-making audience (including policy-makers and officials, but also technocrats, journalists and civil servants)

**Length / word count:** Between 2000-2500 words, 4 pages maximum

Example template:

### Title

Introduction

Paragraph text

Background/analysis

Paragraph text

Policy recommendation

Paragraph text (brief summary)

Conclusion and recommendations

Paragraph text

References

- List
- List

## Appendix 8: Fact sheet template

**Purpose:** Provides concise information on a specific or single topic in an easy-and quick-to-read format

**Key audience:** Government officials and national media

**Length / word count:** Between 2000-3000 words, 2 pages maximum

**Example template:**

### Title

Introduction

Paragraph text

Facts on a particular issue

Paragraph text (facts on a particular issue backed by evidence)

Reference<sup>9</sup>

#### Text box title

Paragraph text

1. List
2. List
3. List

- List
- List
- List

Contact details

Paragraph text

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<sup>9</sup> Reference

## Appendix 9: Press release template

### How to write a press release

A press release is an official written statement that an organisation publishes to media outlets and beyond . It is sometimes also referred to as a "press statement," a "news release," or a "media release".

While the heading should contain action verbs, the first paragraph should answer the "who," "what," "why," "where" and "when" (and possibly "why"). The press release should be written in accessible language and in the third person, and always include a quote.

A press release should be succinct and no longer than 300-400 words or one page.

There is no standard structure for a press release, but a common structure could look as follows:

- Heading (ideally catchy/punchy, with action words)
- For immediate release, publishing date
- Intro paragraph (answering who, what, why, where, when)
- Main Body 2-3 short paragraphs max (provide more details and explain why your story/updates/news is relevant). Make sure you add sources, if relevant.
- Quotes
- Optional: any other details
- Contact information
- Boiler plate: short blurb on company/organization



## Appendix 10 Press statement example

### Example press statement: Mental Health Alliance Calls on Government to Constitute and Inaugurate the Mental Health Board

We, the Alliance for Mental Health and Development (also known as the Mental Health Alliance), on this occasion of the 2021 World Mental Health Day, here call on the Government of Ghana (GoG), particularly, the President, Minister of Health, Minister of Finance, and the honourable Parliament of the Republic to take the opportunity of this international day for mental health to address the numerous challenges confronting Ghana's Mental Health sector. We particularly ask the Minister of Health to constitute the Governing Board of the Mental Health Authority as a matter of urgency.

The Mental Health Authority has not had a Governing Board since the previous Board completed its tenure. It has been 10 months into 2021 and a new Board is yet to be constituted and inaugurated in line with Section 4 of the Mental Health Law (Act 846, 2012). This call of the Mental Health Alliance is in line with Section 4(2) of the Mental Health Act which states that the members of the Board shall be appointed by the President in accordance with article 70 of the Constitution.

According to Section 4(3) of the Mental Health Law (Act 846, 2012), 'The Board shall ensure the proper and effective performance of the functions of the Authority'. The delay in constituting the Board is, therefore, hampering the effective functioning of the Mental Health Authority. The Mental Health Alliance fears that any further delay in constituting a new Board will negatively affect the successful implementation of the National Mental Health Policy and the momentum gained by mental health advocates in advancing mental health development in Ghana. Without a functioning Board, the Mental Health Alliance is convinced that it will be difficult for the Mental Health Authority to mobilise the resources it requires to operate effectively.

At this critical time, when the Coronavirus disease of 2019 (COVID-19) pandemic has exposed the weaknesses in the mental health systems of many countries including Ghana, it is important for the government to translate its promises into reality by effectively investing in the development of Ghana's mental health system through concrete actions so that the mental health sector of the country's health system is not left behind.

The Mental Health Authority gained significant achievements under the previous Governing Board. Notable among these achievements are the collaboration with key stakeholders to develop a framework to guide the practice of traditional and faith-based healers and bringing into being a National Mental Health Policy. The stage is, thus, set for the Mental Health Authority to capitalise on the goodwill mental health advocacy is currently enjoying, especially during this COVID-19 pandemic, to bring real benefit to persons with mental health conditions.

To this end, we look forward to the constitution of the Mental Health Authority Board to facilitate implementation of the Mental Health Policy and enforce the Mental Health Law through concrete actions such as the inauguration of the long-awaited Mental Health Review Tribunal, Mental Health Visiting Committees, and revival of

Mental Health Regional Sub-committees. We believe these will ensure that people's mental health needs are met, and their rights protected.

The Mental Health Alliance notes with appreciation, GoG's promise to build two new mental health hospitals – one each to be cited in the middle and northern belt. We also express our gratitude to the Minister for Health for assuring the people of Ghana of Government's commitment to Universal Health Coverage and resourcing the Mental Health Fund as provided for in the Mental Health Law (Act 846, 2012).

The Mental Health Alliance wishes all persons with mental health conditions, their caregivers and service providers well on this year's World Mental Health Day celebration. We are hopeful that Government will heed our call to prioritise mental health in Ghana through concrete actions such as constituting the Governing Board of the Mental Health Authority and adequately resourcing mental health care in Ghana.

Signed:

[name, title, organisation, other relevant role/s]

**Note to the Editor:**

This press statement is to be released on Monday, 11 October 2021 to mark the World Mental Health Day which falls on Sunday, 10 October 2021.

The Alliance for Mental Health and Development (Mental Health Alliance) is a national network of over 300 CSOs, NGOs, and (Community-based organisations) CBOs engaged in mental health advocacy in Ghana. It has eight regional chapters in the Upper East, Upper West, Northern (Northern, Savannah and North-East), Brong Ahafo (Bono, Bono East and Ahafo), Ashanti, Greater Accra, Volta, Central, and Eastern Regions.

**For Interviews, please contact the national and regional convener(s) below:**

- [name, email, phone, of each person willing to be contacted by the press]

Example adapted from Alliance for Mental Health and Development.

## Appendix 11 Talking points example – Investment case for mental health

### Describing the topic

Mental Health Authority (MHA) with support of key stakeholders has developed new evidence about why investing in mental health is really important for Ghana<sup>10</sup>.

### Key issues

- Ghana spends just 1.4% of total government health expenditure on mental health.
- The majority of people with mental health conditions in Ghana – between 85% and 98% of people in need – cannot access treatment.
- In Ghana, it is estimated that nearly 7% of GDP is lost due to psychological distress, compared with 4% of GDP lost to malaria.
- Household costs associated with poor mental health account for as much as a third of total monthly earnings.

### Link to COVID-19

- COVID-19 has shown that people with disabilities, including people with mental health conditions, are not treated equally. There was little involvement of organisations working with people with disabilities in the government's design of health and socio-economic responses to COVID-19.
- It is unclear how many services provided as a response to COVID-19 were accessed by people with disabilities, or people with mental health conditions
- Information on COVID-19 was not widely available in a range of accessible formats, which impacted people's ability to keep themselves and others safe.
- People with disabilities, including people with mental health conditions, are already disadvantaged by societal, economic and physical barriers to inclusion. As a result, they are more likely to feel the impact of any economic recession.
- The COVID-19 pandemic is contributing to rising levels of depression, anxiety, harmful alcohol and drug use, self-harm and suicidal behaviours.

### Case for investment / call to action

- The mental health impact of COVID-19 needs to be urgently addressed
- The new investment case calls for investment of just 3 to 4 US dollars per person per year, equivalent to GHS 540 to GHS 720 million per year. This is less than 1% of estimated total government spending for 2020.
- Funds are urgently needed to implement mental health legislation and scale up implementation of Ghana's mental health policies and strategies, as well as to enable the Mental Health Authority to fulfil its mandate.
- Investment in mental health means mental health could be included in the NHIS benefits package so that more people can be supported

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<sup>10</sup> Investment case in Mental Health 2021



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