

Empowering Persons with Psychosocial Disabilities to Fight for their Rights: An implementation of the CRPD and QualityRights principles in Ghana, Lebanon, and Armenia

SECOND YEAR INTERIM NARRATIVE REPORT



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List of acronyms used in the report

- **ABAAD:** ABAAD– Resource Center for Gender Equality
- **AMBRA:** AMBRA Mental Well-being NGO
- **ArPa:** Armenian Psychiatric Association
- **ASARP:** Associazione Sarda per l'Attuazione della Riforma Psichiatrica
- **DPO:** Persons with (psychosocial) Disabilities Organization
- **EC:** European Commission
- **EU:** European Union
- **HRCISO:** Human Rights Civil Society Organization
- **IDRAAC:** Institute for Development, Research, Advocacy & Applied Care
- **MEHSOG:** Mental Health Society of Ghana
- **MFGh:** MindFreedom Ghana
- **MHA:** Mental Health Authority (Ministry of Health, Ghana)
- **NMHP:** National Mental Health Programme (Ministry of Public Health, Lebanon)
- **OHCHR:** Office of the United Nations High Commissioner for Human rights
- **UEM:** Università Europea del Mediterraneo NGO
- **UNICA:** University of Cagliari
- **UNASAM:** Unione Nazionale delle Associazioni per la Salute Mentale
- **WHO-Armenia:** World Health Organization Country Office for Armenia
- **WHO-EURO:** World Health Organization Regional Office for Europe
- **WHO-Ghana:** World Health Organization Country Office for Ghana
- **WHO-HQ:** World Health Organization Headquarters Office (Geneva)
- **WHO-Lebanon:** World Health Organization Country Office for Lebanon

1. Description

- 1.1. Name of Coordinators of the grant contract: **Mauro Giovanni Carta - Principal Investigator**
Maria Francesca Moro - Principal Investigator
- 1.2. Name and title of the contact person: **Professor Mauro Giovanni Carta**
- 1.3. Name of beneficiary(ies) and affiliated entity(ies) in the Action:
- **University of Cagliari (UNICA)**
 - **MindFreedom Ghana (MFGh)**
 - **Mental Health Society of Ghana (MEHSOG)**
 - **ABAAD – Resource Center for Gender Equality**
 - **Institute for Development, Research, Advocacy & Applied Care (IDRAAC)**
 - **Armenian Psychiatric Association (ArPa)**
 - **AMBRA Mental Well-being NGO**
- 1.4. Title of the Action: **Empowering Persons with Psychosocial Disabilities to Fight for their Rights: an implementation of the CRPD and QualityRights principles in Ghana, Lebanon, and Armenia**
- 1.5. Contract number: **EIDHR 2018-400431**
- 1.6. Start date and end date of the reporting period: **10th January 2019 - 10th January 2021**
- 1.7. Target country(ies) or region(s): **Armenia, Ghana, and Lebanon**
- 1.8. Final beneficiaries &/or target groups¹ (if different) (including numbers of women and men): **Persons with psychosocial disabilities, their families, other stakeholders** (i.e., mental health workers, lawyers and law enforcements, people with psychosocial disability advocates, people working in the media, decision-makers and staff in local governments, local healers, refugees), **organizations of persons with psychosocial disabilities (DPOs), Human Rights Civil Society Organizations (HRCOs)**. *The total number of women and men is not currently available (analyses on final beneficiaries/target groups' characteristics will be performed in the third year of the project).*
- 1.9. Country(ies) in which the activities take place (if different from 1.7): **Armenia, Ghana, Lebanon, and Italy**

¹ “Target groups” are the groups/entities who will be directly positively affected by the project at the Project Purpose level, and “final beneficiaries” are those who will benefit from the project in the long term at the level of the society or sector at large.

2. Assessment of implementation of Action activities

2.1. Executive summary of the Action

This report presents the preliminary findings from the project “Empowering Persons with Psychosocial Disabilities to Fight for their Rights: an implementation of the CRPD and QualityRights principles in Ghana, Lebanon, and Armenia”. During the first year of the project, several activities were implemented to promote the rights of persons with psychosocial disabilities in Lebanon, Ghana, and Armenia. During the second year, due to the COVID-19 pandemic, the blast in Beirut (Lebanon), and the war in the Nagorno-Karabakh area (Armenia), the partners were obliged to postpone many of the project activities.

In all the countries, the target groups of the action are receiving capacity-building training on the rights of people with psychosocial disabilities. We expect that, in line with Outcome 1, the human rights training will empower people with psychosocial disabilities and promote their participation in all the decisions that affect their lives. We also expect that, as a result of this action, a higher number of people with psychosocial disabilities will be willing to collaborate with local DPOs and HRCOs, thus strengthening their capacity to advocate for the rights of this group.

The activity of mapping local DPOs and HRCOs has provided information about the organizations working to promote the rights of people with psychosocial disabilities in each country. Members of DPOs and HRCOs organizations from Armenia, Lebanon, Ghana, and Italy met (in person during year 1, online during year 2) and discuss on how to work together to promote the rights of persons with psychosocial disabilities in their countries. These results bode well for the achievement of Outcome 2. We expect that these collaborations will allow DPOs and HRCOs to better advocate for the rights of persons with psychosocial disabilities and participate in decision-making processes.

In all the countries involved in the project, local stakeholders were trained on human rights evaluation methods. In Armenia, Ghana, and Lebanon assessment teams have been appointed to evaluate mental health facilities (three in Armenia, seven in Ghana, and two in Lebanon) and are finalizing the baseline reports from the assessments. These results bode well for the achievement of Outcome 3.

Since the intervention logic is still valid, no changes to the information provided in the logframe matrix have been made.

2.2. Results and Activities

A. RESULTS

What is your assessment of the results of the Action so far? Include observations on the performance and the achievement of outputs, outcomes and impacts and whether the Action has had any unforeseen positive or negative results.

Referring to the updated logframe matrix (see point 2.3. below) please comment the level of achievement of all the results on the basis of the corresponding current value of the indicators and all the related activities implemented during the reporting period.

Outcome 1 (Oc 1) – “To empower people with psychosocial disabilities to have access to and participate in decisions that affect their lives.”

In all the three countries involved in the project, the target groups (i.e., persons with psychosocial disabilities, their families, mental health workers, lawyers and law enforcement officers, advocates, people working in the media, decision-makers and staff in local governments, DPOs and HRCSOs members, and other stakeholders) are receiving capacity-building training on the human rights of people with psychosocial disabilities. People with psychosocial disabilities have been central actors in all these activities. Many of them have become trainers/coaches and are currently empowering other peers to fight for their rights (training them in-person or through the online platform). In Ghana, the number of participants trained on human rights in mental health have exceeded our expectations (8,792 stakeholders trained through the QualityRights online platform).

These results bode well for the achievement of Outcome 1. We expect that the human rights training will empower people with psychosocial disabilities and promote their participation in the decisions that affect their lives. We also expect that a higher number of people with psychosocial disabilities will be willing to collaborate with local DPOs and HRCSOs, thus strengthening their capacity to advocate for the rights of this group (expressing opinions on the issues to address in the new laws, policies, plans, or codes in meetings with local governments).

Outcome 2 (Oc 2) – “To strengthen the capacities of persons with psychosocial disabilities organizations (DPOs) and human rights civil society organizations (HRCSOs) to advocate for the rights of persons with psychosocial disabilities and participate in decision-making processes, and foster their partnership both at local and international level”

The mapping of DPOs and HRCSOs has provided information about the organizations working to promote the rights of people with psychosocial disabilities in each country. In Armenia, the organizations mapped have been invited to participate to the trainings and will be involved in the future activities. In Ghana, several of the organizations mapped are participating to regular meetings with the local government to discuss how to improve the quality of care in mental health facilities. In Lebanon, people with psychosocial disabilities are meeting to create the first DPO in the country.

Members of DPOs and HRCSOs organizations from Armenia (AMBRA), Lebanon (ABAAD, IDRAAC), Ghana (MEHSOG, MindFreedom Ghana), and Italy (UNASAM, ASARP, UEM) met - both in person and online - and discuss on how to work together to promote the rights of people with psychosocial disabilities in their countries.

These results bode well for the achievement of Outcome 2. We expect that these collaborations will allow people with psychosocial disabilities organizations and HRCSOs to better advocate for the rights of persons with psychosocial disabilities and participate in decision-making processes (drafting of improvement plans in mental health facilities or drafting of new policies and laws).

Outcome 3 (Oc 3) – “To create a mechanism for the collection of data on the respect of persons with psychosocial disabilities rights over time.”

In all the three countries involved in the project, local stakeholders (including persons with psychosocial disabilities and their organizations, mental health professionals, local authorities, and others) have been trained on human rights evaluation methods. In Armenia, one assessment team has been established and has completed the baseline evaluation of three large mental health facilities in the country. The team members are currently waiting to have an official appointment as assessors. In Ghana, three assessment teams have been established. One assessment team has completed the baseline evaluation of seven mental health facilities. In Lebanon, one assessment team has completed the baseline evaluation of two large mental health facilities.

These results bode well for the achievement of Outcome 3.

Outcome 4 (Oc 4) – “To create a system for the continuous development of improvement plans in mental health services.”

The implementation of the activities related to this outcome will start in 2021.

Output 1.1. (Op 1.1.) Persons with psychosocial disabilities and other stakeholders trained on CRPD and human rights issues

Armenia. Capacity building training on human rights and mental health was provided to:

- **32 stakeholders** through the online platform. 30 persons provided consent for the use of their personal data in this report, 26 women and 4 men. 5 of them identified as persons with a psychosocial disability.
- **70 stakeholders** through the in-person training (56 women, 14 men). 8 of them identified as a person with a psychosocial disability.
- Training to become a trainer on CRPD and QualityRights issues was provided to **2 stakeholders** through in-person training (2 women). None of them identified as a person with a psychosocial disability. Another training to become a trainer will be organized in 2021.

The analysis of the scores at the WHO QualityRights instrument evaluating the changes before and after the training will be provided in the final report.

Ghana. Capacity building training on human rights and mental health was provided to:

- **8,792 stakeholders** through the online platform. 3614 persons provided consent for the use of their personal data in this report (1621 were women, 1852 men, 13 identified themselves as other gender, 50 preferred to not disclose their gender). 82 identified themselves as persons with psychosocial disabilities, and 33 as persons with other disabilities.
- **34 stakeholders** through the in-person training (10 women, 24 men), including 6 participants who identify as persons with psychosocial disabilities
- Training to become a trainer on CRPD and QualityRights issues was provided to **34 stakeholders** through in-person training (10 women, 24 men). 9 persons were selected to become trainers (3 women, 6 men).

The analysis of the scores at the WHO QualityRights instrument evaluating the changes before and after the training will be provided in the final report.

Lebanon. Capacity building training on human rights and mental health was provided to:

- **44 stakeholders** through the online platform. 44 persons provided consent for the use of their personal data in this report (35 were women, 7 men, 1 identified as other gender). 4 identified as persons with a psychosocial disability.
- **45 stakeholders** through the in-person training (29 women, 16 men). 1 of them identified as a person with a psychosocial disability.
- Training to become a trainer on CRPD and QualityRights issues was provided to **20 stakeholders** through in-person training (12 women, 6 men), including 2 participant who identify as a person with a psychosocial disability.

The analysis of the scores at the WHO QualityRights instrument evaluating the changes before and after the training will be provided in the final report.

Output 1.2. (Op 1.2) Provision of an online platform for the quality and human rights training and the exchange of experiences

Armenia. The online platform for the quality and human rights training and the exchange of experiences will be launched in 2021. In 2019 the training materials started to be translated into Armenian language, but the process was delayed in 2020 (due to the COVID-19 pandemic and the war in the Nagorno-Karabakh area). Up to date, **32 persons registered** to the online platform in English language and **32 completed the training**. 30 persons provided consent for the use of their personal data in this report, 26 women and 4 men. 5 of them identified as persons with a psychosocial disability.

The table below provides an overview of the background and experience of people trained.

Background/Experience				
Background_Experience	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Academia	2	6.67	2	6.67
Administration/Management	2	6.67	4	13.33
Family member or care partner	1	3.33	5	16.67
Health practitioner	5	16.67	10	33.33
Human rights advocate	1	3.33	11	36.67
Lawyer	1	3.33	12	40.00
Mental health or related practitioner	6	20.00	18	60.00
Other	7	23.33	25	83.33
Person with lived experience/Person with psychosocial, intellectual or cognitive disability	5	16.67	30	100.00
Frequency Missing = 2				

Ghana. The online platform for the quality and human rights training and the exchange of experiences was launched in February 2019. Up to date, **17,244 persons registered** to the online platform, and **8,792 completed the training**. 3614 persons provided consent for the use of their personal data in this report (1621 were women, 1852 men, 13 identified themselves as other gender, 50 preferred to not disclose their gender). 82 identified themselves as persons with psychosocial disabilities, and 33 as persons with other disabilities.

The table below provides an overview of the background and experience of people trained.

Background/Experience				
Background_Experience	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Academia	354	9.96	354	9.96
Administration/Management	142	4.00	496	13.96
Family member or care partner	62	1.75	558	15.71
Health practitioner	1117	31.44	1675	47.14
Human rights advocate	98	2.76	1773	49.90
Lawyer	3	0.08	1776	49.99
Mental health or related practitioner	1517	42.70	3293	92.68
Other	140	3.94	3433	96.62
Person with lived experience/Person with psychosocial, intellectual or cognitive disability	82	2.31	3515	98.93
Person with other disabilities	33	0.93	3548	99.86
Policy Maker/Analyst	5	0.14	3553	100.00
Frequency Missing = 61				

We have already achieved the target for this output, but we will continue to enroll and train more stakeholders in 2021 and 2022.

Lebanon. The online platform for the quality and human rights training and the exchange of experiences was launched in 2020 in English language (the platform does not support the use of the Arabic language). Because of the COVID-19 pandemic and the Beirut blast, the strategies for advertising the training and enrolling participants in the training were postponed to 2021. Up to date, **44 persons registered** to the online platform in English language and **44 completed the training**. 44 persons provided consent for the use of their personal data in this report (35 were women, 7 men, 1 identified as other gender). 4 identified as persons with a psychosocial disability.

The table below provides an overview of the background and experience of people trained.

Background/Experience				
Background_Experience	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Academia	2	4.65	2	4.65
Administration/Management	4	9.30	6	13.95
Health practitioner	13	30.23	19	44.19
Human rights advocate	1	2.33	20	46.51
Lawyer	1	2.33	21	48.84
Mental health or related practitioner	17	39.53	38	88.37
Other	3	6.98	41	95.35
Person with lived experience/Person with psychosocial, intellectual or cognitive disability	2	4.65	43	100.00
Frequency Missing = 1				

Output 1.3. (Op 1.3) Increased visibility of people with psychosocial disabilities in media and their communities

The activities of the first and second year of the project were disseminated via social media (Twitter, Instagram, Facebook) by the co-applicants and associate partners for this action.

Profiles for the project were created on

- Twitter: <https://twitter.com/QRagile> and
- Instagram: https://instagram.com/qualityrights_AGILE

The activities of the first year of the project were also featured in the World Health Organization QualityRights website: <https://qualityrights.org/in-countries/european-commission-project-on-people-with-psychosocial-disabilities-living-in-ghana-lebanon-and-armenia/>

Italy. A conference was organized to launch the project (March 2019). All the co-applicants and associate partners of the project participated to the event (with the exception of participants from Ghana, who were not able to receive their visas in time). The conference was open to the general public (organizations of people with psychosocial disabilities and their families, mental health professionals, representatives of the local government, law enforcements, and other stakeholders). People with psychosocial disabilities and their organizations were involved in the organization of the conference

Ghana. A conference was organized to launch the project in Ghana (February 2019). 763 persons drawn from all over the country participated, including the Ghanaian co-applicants and associate partners of the project (MEHSOG, MFGh, MHA), representatives of UNICA, and the WHO-HQ. EU Ghana officers were invited to the event as speakers. The conference was open to the general public (organizations of people with psychosocial disabilities and their families, mental health professionals, representatives of international and local governments, religious leaders, law enforcements, and other stakeholders). People with psychosocial disabilities and their organizations were involved in the organization of the conference and shared their experience during the event.

Output 2.1. (Op 2.1) Databank of the DPOs and HRCSOs operating in each country

Armenia. The mapping of the DPOs and HRCSOs has been completed. The co-applicants are organizing the information for the publication online.

Ghana. The mapping of the DPOs and HRCSOs has been completed in 2020. A document with the list of organizations mapped is attached to the present document (see Annex 1).

Lebanon. The mapping was not necessary since a list of the DPOs and HRCSOs operating in the country already existed (0 DPOs, 137 HRCSOs) and is published online.

Output 2.2. (Op 2.1) Databank of the DPOs and HRCSOs operating in each country

Armenia. In Armenia, 1 DPO (AMBRA) and 1 HRCSO (Helsinki Citizens' Assembly-Vanadzor NGO) were involved in the project. Up to date, 5 **HRCSOs members** (4 women, 1 man) received training. 1 DPOs member was trained.

Ghana. In Ghana, 2 DPOs (MEHSOG, Inclusion Ghana) and 4 HRCSOs (MindFreedom Ghana, BasicNeeds Ghana, Special Olympics Int, and Special Olympics Ghana) are actively collaborating for achieving the objectives of the project. Up to date, **14 DPOs** (7 women, 7 men) and **143 CSOs** – including HRCSOs - (59 women, 127 men, 1 identified as other gender, 4 preferred to not disclose their gender) **members** received training.

We have already achieved the target for this output, but we will continue 1) to network with DPOs and HRCSOs working in Ghana) and 2) train more DPOs and HRCSOs members in 2021 and 2022.

Lebanon. In Lebanon, 3 HRCSOs (IDRAAC, ABAAD, and Imam Sadr Foundation) were involved in the project. Up to date, **7 HRCSOs members** (13 women, 2 men) received training. No DPOs members were trained in this country. Currently, there are not DPOs in Lebanon. However, two persons with psychosocial disabilities (who received QualityRights training thanks to this project) are moving the initial steps for creating the first Lebanese DPO.

Output 2.3. (Op 2.3) Creation of partnerships between DPOs and HRCSO at the national and international level

Onsite visit in Italy (Cagliari, March 2019). Members of organizations from Armenia (AMBRA), Lebanon (ABAAD), and Italy (UNASAM, ASARP, UEM) met and discuss on how to work together to promote the rights of people with psychosocial disabilities in their countries. Participants had also the opportunity to visit the club-house managed by a local DPO and to meet with local advocates working in the disability rights field.

Onsite visit in Italy (Cagliari, September 2019). Members of organizations from Armenia (AMBRA), Lebanon (ABAAD), Italy (UNASAM, ASARP, UEM), and Ghana met and discuss on how to work together to promote the rights of people with psychosocial disabilities in their countries. They received also training on how to become a trainer on human rights in mental health and advocate for the rights of people with psychosocial disabilities in their countries.

Four online meetings with organizations from different countries were organized for the identification of common difficulties in implementing the activities of the project and the sharing of knowledge.

Output 3.1. (Op 3.1) Establishment of assessment groups trained on human rights evaluation methods - including persons with psychosocial disabilities and their organizations, mental health professionals, local authorities, and other stakeholders.

Armenia. Training on how to conduct human rights assessments using the WHO QualityRights toolkit was provided to **5 persons** through the in-person training (3 women, 2 men). 3 of them identified as a person with a psychosocial disability. Currently, in Armenia **8 persons** are trained on how to conduct human rights assessments using the WHO QualityRights toolkit (6 women, 2 men). 3 of them identified as a person with a psychosocial disability.

One assessment team was established for the evaluation of mental health facilities and social care homes in the country.

Ghana. Training on how to conduct human rights assessments using the WHO QualityRights toolkit was provided to **34 persons** through the in-person training (10 women, 24 men). 6 of them identified as a person with a psychosocial disability. Currently, in Ghana **38 persons** are trained on how to conduct human rights assessments using the WHO QualityRights toolkit (12 women, 26 men). 6 of them identified as persons with psychosocial disabilities.

Three assessment teams were established for the evaluation of mental health facilities in the country. One assessment team was selected to carry out the evaluation of mental health facilities in the present project.

Lebanon. Training on how to conduct human rights assessments using the WHO QualityRights toolkit was provided to **23 persons** through the in-person training (19 women, 4 men). 8 of them identified as a person with a psychosocial disability. Currently, in Lebanon **40 persons** are trained on how to conduct human rights assessments using the WHO QualityRights toolkit (29 women, 11 men). 8 of them identified as a person with a psychosocial disability.

Among the stakeholders trained, 25 assessors can be selected to be part of three assessment teams for the evaluation of mental health facilities in the country. One assessment team was selected to carry out the evaluation of mental health facilities in the present project.

Output 3.2. (Op 3.2) Availability of data on the violations of the rights of persons with psychosocial disabilities.

Armenia. Data on the violations of the rights of persons with psychosocial disabilities were collected in **3 large mental health institutions** for adults with psychosocial disabilities. Those institutions were the “Vardenis” psychoneurologic boarding house (Gegharkunik region), the “Sevan mental health centre” (Gegharkunik region) and the “National centre for mental health care” (Yerevan).

The partners are finalizing the information for presentation to the stakeholders in the facilities and publication online.

Ghana. Data on the violations of the rights of persons with psychosocial disabilities were collected in **7 mental health institutions** for persons with psychosocial disabilities. Those institutions were the Ankaful Psychiatric Hospital, the Accra Psychiatric Hospital, the Korle-Bu Teaching Hospital, the Sunyani Regional Hospital, the Koforidua Regional Hospital, the Ho Regional hospital and the Komfo Anokye Teaching Hospital.

The partners are finalizing the information for presentation to the stakeholders in the facilities and publication online. A document with the report from the assessment of the Ankaful Psychiatric Hospital is attached to the present document (see Annex 2).

Lebanon. Data on the violations of the rights of persons with psychosocial disabilities were collected in **2 large mental health institutions** for adults with psychosocial disabilities. Those institutions were the Ain and Zein Hospital and the La Croix Hospital. Due to COVID-19 and the high number of persons positive to COVID-19 in the third facility, its assessment has been cancelled. The assessment teams will focus on the two facilities evaluated for the post-improvement plans evaluation, as discussed with the European Commission Contract manager during an online meeting.

The partners are finalizing the information for presentation to the stakeholders in the two facilities. The report from these evaluations will not be published online, as required by the local government and the managers of the facilities.

B. ACTIVITIES

As mentioned in a reprogramming letter shared with the European Commission Contract manager, and in light of the recent developments taking place across Armenia, Ghana, and Lebanon since February 2020, some planned activities under this project have been delayed. The delays have been due to external factors linked to the COVID-19 pandemic, the Beirut blast, and the war in the Nagorno Karabakh area. The unpredictable lockdowns and restrictive measures imposed by local authorities have prevented holding the planned activities (particularly the in-person trainings and meetings, and, in Lebanon, the assessment of one facility).

Activity 1.1.1. Provision of training on quality and human rights issues for persons with psychosocial disabilities and other stakeholders

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2019 (Ongoing)

Lebanon. Activity started in 2019 (Ongoing)

In Armenia, Ghana, and Lebanon, many in-person trainings were postponed due to the COVID-19 pandemic. The training activities are planned to start again in 2021.

Activity 1.1.2. Provision of training to become a trainer on CRPD and QualityRights issues

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2019 (Ongoing)

Lebanon. Activity started in 2019 (Ongoing)

In Armenia, the in-person training of the trainers was postponed due to the COVID-19 pandemic. The training of the trainers will be completed in 2021.

Activity 1.2.1 Setting up the QualityRights online platform for the use in Ghana, Lebanon and Armenia

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2019 (Completed)

Lebanon. Activity started in 2019 (Ongoing)

In Armenia, the launch of the platform was postponed for allowing the co-applicants to complete the translation of materials in Armenian. The translation have been completed, but it is not possible to launch the platform due to the COVID-19 pandemic. Unfortunately, for technical reasons related to the software development, it will not be possible to have a version in Arabic of the online platform. Thus, in Lebanon, only English-speaking stakeholders will be trained by using the online platform.

Activity 1.3.1. Visibility activities

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2019 (Ongoing)

Lebanon. Activity started in 2019 (Ongoing)

Activity 2.1.1. Mapping DPOs and HRCOs operating in each country

Armenia. Activity started in 2019 (Completed)

Ghana. Activity started in 2019 (Completed)

Lebanon. Activity started in 2019 (Completed)

Activity 2.2.1. Training on how to set up and operate DPOs and human rights civil society organizations, and on how to strengthen their capacities

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2019 (Ongoing)

Lebanon. Activity started in 2019 (Ongoing)

Activity 2.3.1. Cooperation with organizations from other countries to promote the rights of persons with psychosocial disabilities

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2019 (Ongoing)

Lebanon. Activity started in 2019 (Ongoing)

Italy. Activity started in 2019 (Ongoing)

Participants from Ghana were not able to participate to the first onsite visit in Italy because of visas issues. The co-applicants from Ghana and the project leader, the University of Cagliari, contacted the Italian Embassy which ensured that similar problems will not happen again in the future.

Activity 3.1.1. Selection of the stakeholders who will be members of the assessment groups

Armenia. Activity completed

Ghana. Activity completed

Lebanon. Activity completed

Activity 3.1.2. Training the assessment groups on human rights evaluation methods

Armenia. Activity completed

Ghana. Activity completed

Lebanon. Activity completed

Activity 3.1.3. Supervision of the assessment groups

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2019 (Ongoing)

Lebanon. Activity started in 2019 (Ongoing)

Given to administrative constraints and the Italian law, although the missions to Ghana, Armenia, and Lebanon were undertaken in 2019, the per-diem and some travel tickets reimbursements were paid in 2020.

Activity 3.2.1. Collection of data on the respect of the rights of persons with psychosocial disabilities in selected mental health services

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2020 (Ongoing)

Lebanon. Activity started in 2020 (Ongoing)

Due to COVID-19 and the high number of persons positive to COVID-19 in one of the three facilities, its assessment has been cancelled. The assessment teams will focus on the two facilities evaluated for the post-improvement plans evaluation, as discussed with the European Commission Contract manager during an online meeting.

Activity 1.3.1. Analysis of data on the respect of the rights of persons with psychosocial disabilities in selected mental health services

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2020 (Ongoing)

Lebanon. Activity started in 2020 (Ongoing)

Activity 4.1.1. Identification of the causes of the non-realization of rights that need to be addressed

Armenia. Activity will start in 2021

Ghana. Activity will start in 2021

Lebanon. Activity will start in 2021

Activity 4.1.2. Development of ad hoc improvement plans in mental health services

Armenia. Activity will start in 2021

Ghana. Activity will start in 2021

Lebanon. Activity will start in 2021

Activity 1.3.1. Enactment of ad hoc improvement plans in mental health services

Armenia. Activity will start in 2021

Ghana. Activity will start in 2021

Lebanon. Activity will start in 2021

Overall management and coordination

Armenia. Activity started in 2019 (Ongoing)

Ghana. Activity started in 2019 (Ongoing)

Lebanon. Activity started in 2019 (Ongoing)

Italy. Activity started in 2019 (Ongoing)

Given to administrative constraints and the Italian law, it was not possible to pay the salaries for the part-time researcher and the budget experts in 2019. It was necessary to create an ad hoc call for proposal, to publish the call online for a certain period, to reunite the evaluators (one from UNICA, the other two external) for the assessment of the candidates' curriculum vitae, and to schedule a meeting with the evaluators and the candidates before the final decision on whom to assume. The part-time researcher had to leave his position after six months for personal reasons. A new ad hoc call for proposal was created, and two persons hired. They will start their work in 2021,

For the same reasons, although the missions to Ghana, Armenia, and Lebanon were undertaken in 2019, the per-diem reimbursements were paid in 2020.

2.3 Logframe matrix updated

	Results chain	Indicators	Baseline (incl. reference year)	Current value Reference date	Targets (incl. reference year)			Sources and means of verification	Assumptions
					Y1	Y2	Y3		
			reference year	reference date					
Overall objective: Impact	To promote and support the rights of persons with psychosocial disabilities in Lebanon, Ghana, and Armenia	Qualitative indicator: alignment of the Laws, Policies, and Codes to the principles of CRPD and QR initiative. Data disaggregated by country.	Lebanon: the previous law (Care, treatment and Protection of the Mentally Ill in Lebanon) was enacted in 1983 Armenia: an Action Plan on Provision of Alternative Care and Social Services to Persons with Mental Health Problems was adopted in 2013. Ghana: the Mental Health Act was enacted in 2012. Last policy was enacted in 1996	Lebanon: a mental health bill is under drafting Armenia: relevant stakeholders have expressed the necessity for these documents and their commitment to their development	Lebanon: Enactment and implementation of a <u>mental health bill</u> Armenia: Enactment of amendments to the <u>Law on Psychiatric Care</u> and the <u>Law on Disability</u> . Publication of a Code of Ethics for the use in mental health facilities. Ghana: Enactment of a mental health plan to improve mental health services (2021)			Lebanon: IDRAAC Ghana: MEHSGh & MFGh Armenia: ArPa When: 2021 Sources: Publications of the Laws, Plan, and Codes on the official repositories.	The enactment and implementation of Laws, Policies, Plans, and Codes will promote the respect of the rights of people with psychosocial disabilities in Lebanon, Ghana, and Armenia, thus ensuring that the results achieved with this project will be maintained over time
	Oc 1. – To empower people with psychosocial disabilities to have access to and participate in decisions that affect their lives.	1) # of persons with psychosocial disabilities collaborating in the activities of DPOs and HRCSOs towards the development of the of the new laws, policies, plans or codes Data disaggregated by sex and country in the report	1) none (2018)		Organization of at least 2 meetings with representatives of DPOs and HRCSOs (and, eventually, of governments) to express opinions on the issues to address in the new laws, policies, plans or codes (2021)			Lebanon: ABAAD Ghana: MEHSGh & MFGh Armenia: AMBRA When: 2021 Sources: contacts with the DPOs and HRCSOs registered in the databank	The empowerment of people with psychosocial disabilities will enable them to become central actors in the decisions regarding their life, and to express opinions on the issues to address in the new laws, policies, plans or codes

	<p>Oc 2. - To strengthen the capacities of persons with psychosocial disabilities organizations (DPOs) and human rights civil society organizations (HRCOs) to advocate for the rights of persons with psychosocial disabilities and participate in decision-making processes, and foster their partnership both at local and international level.</p>	<p>1) Participation in the drafting of the new laws, policies, plans or codes</p>	<p>1) none (2018)</p>		<p>Establishment of a network of DPOs and HRCOs operating at the national and international level (2021)</p>	<p>Lebanon: ABAAD Ghana: MEHSGh & MFGh Armenia: AMBRA</p> <p>When: 2021</p> <p>Sources: contacts with the DPOs and HRCOs registered in the databank</p>	<p>The expertise accumulated during the project will enable DPOs and HRCOs to advocate for the rights of people with psychosocial disabilities, and to make relevant contributions to the creation of the new laws, policies, plans, or codes</p>
	<p>Oc 3. – To create a mechanism for the collection of data on the respect of persons with psychosocial disabilities rights over time.</p>	<p>1) # of people legally appointed as members of the assessment teams</p> <p>Data disaggregated by sex and country in the report</p>	<p>1) none (2018)</p>		<p>Presence of at least 1 legally established assessment team operating at the national level in each country (2021)</p>	<p>Lebanon: ABAAD Ghana: MEHSGh & MFGh Armenia: AMBRA</p> <p>When: 2021</p> <p>Sources: contacts with the NMHP in Lebanon, with the Mental Health Authority in Ghana, with the Ministry of Health in Armenia</p>	<p>The data collected can be used to inform policies, plans and legislation on mental health. They might also indicate that an existing law (e.g., legislation on mental health) requires revision.</p>
	<p>Oc 4. – To create a system for the continuous development of improvement plans in mental health services.</p>	<p>1) # of people involved in the development and enactment of improvement plans in mental health facilities</p> <p>Data disaggregated by sex and country</p>	<p>1) none (2018)</p>		<p>Presence of a team of stakeholders involved in the development of improvement plans in each facility assessed (2021)</p>	<p>Lebanon: ABAAD Ghana: MEHSGh & MFGh Armenia: ArPa</p> <p>When: 2021</p> <p>Sources: contacts with stakeholders in the facilities</p>	<p>The experience and skills accumulated in the development and implementation of improvement plans can be used to inform policies, plans and laws.</p>
Outputs	<p>Op 1.1. (related to Oc 1) (Persons with psychosocial disabilities and other stakeholders trained on CRPD and human rights issues)</p>	<p>Op 1.1. 1) # of persons who received the training, 2) # of persons with psychosocial disabilities who received the training, 3) # of persons with psychosocial disabilities trained as “trainers”, 4) scores at the WHO QR instrument evaluating the changes (before and after training)</p> <p>Data disaggregated by</p>	<p>Op 1.1. 1) None 2) None 3) None 4) None (2018)</p>	<p>Op 1.1. (10th Jan 2020) 1) 6,208 stakeholder s trained Ghana (34 in-person), 77 in Armenia, 26 in Lebanon</p>	<p>Op 1.1. Y2 Target: 1) 150 persons trained Ghana, 70 in Armenia, 100 in Lebanon at month 18.</p> <p>Y3 Target: 1) at least 400 persons trained Ghana, 300 in Lebanon, 250 in Armenia 2) at least</p>	<p>Op 2.1. Lebanon: ABAAD Ghana: MEHSGh Armenia: AMBRA</p> <p>When: From month 1 to 30. Report to UNICA at month 12, 24, and 30.</p> <p>Sources: data collected during the training</p>	<p>The experience and skills accumulated will enable people with psychosocial disability to have an active role in their communities and seek redress for the violations of their rights. The other relevant stakeholders trained (e.g., family members, mental health professionals, lawyers, etc.) will be enabled to support people with psychosocial disabilities in this endeavour.</p>

		sex and country in the report			20 persons with psychosocial disabilities trained as trainers in Lebanon and Armenia, 40 in Ghana, 3) improvement in the scores at the WHO QR instrument at month 30.		
	Op 1.2. (related to Oc 1) (Provision of an online platform for the quality and human rights training and the exchange of experiences)	Op 1.2. 1) # of persons registered to the platform 2) # of persons trained through the platform Data disaggregated by sex and country in the report	Op 1.2. 1) 1 in Armenia, 13 in Lebanon, 2 in Ghana 2) 1 in Armenia, 13 in Lebanon, 2 in Ghana (<i>pilot version of the platform</i>) (2018)	Op 1.2. (10 th Jan 2020) 1) 12,996 persons registered to the platform in Ghana, 21 in Lebanon, and 8 in Armenia 2) 6,174 persons trained in Ghana, 21 in Lebanon, and 7 in Armenia	Op 1.2. Y2 Target: Op 1.2. 1) 200 persons trained in Ghana, 125 in Lebanon, and 40 in Armenia <u>at month 18</u> Y3 Target: 1) at least 400 stakeholders trained through the platform in Ghana, 320 in Lebanon, and 150 in Armenia	Op 1.2. Researchers at UNICA will collect the data When: Data collected at month 12, 18, and 24 Sources: data extrapolated from the online platform	The platform will reach a larger number of people compared to the in-person training. It will also provide an interactive and dynamic environment for the exchange of experiences among stakeholders from different countries, thus contributing to their empowerment.
	Op 1.3. (related to Oc 1) (Increased visibility of people with psychosocial disabilities in media and their communities)	Op 1.3. 1) # of services about the project (and the central role of people with psychosocial disabilities in in local, national and international media Data disaggregated by country in the report	Op 1.3. People with psychosocial disabilities rarely represented (or represented in a negative way in media) (2018)	Op 1.3. (10 th Jan 2020) 1 conference organized in Italy, 1 conference organized in Ghana	Op 1.3. Y3 Target: 1) at least 1 conference organized by people with psychosocial disabilities (and other stakeholders) to present the results of the action to their communities and local governments (before month 36)	Op 1.3. Lebanon: ABAAD Ghana: MfGh Armenia: ArPa& AMBRA When: From month 1 to 36. Report to UNICA at month 12, 24, and 36. Sources: data from the media	The increased visibility of people with psychosocial disabilities as central actors in this project and their communities will contribute fight stigma and the idea that people with psychosocial disabilities cannot take decisions about their lives, thus contributing to their empowerment.

	<p>Op 2.1. (related to Oc 2) (Databank of the DPOs and HRCSOs operating in each country)</p>	<p>Op 2.1. 1) # of DPOs and HRCSOs registered in the databank, 2) qualitative data: map of their distribution in the territory.</p> <p>Data disaggregated by country and regions in the report</p>	<p>Op 2.1. No data available on the number and distribution of DPOs and HRCSOs in Ghana and Armenia. In Lebanon, no DPO; 137 HRCSOs (2018)</p>	<p>Op 2.1. (10th Jan 2020) On-going mapping in Ghana. In Armenia the mapping has been completed.</p>	<p>Op 2.1. Y2 Target: 1) Report of first data at <u>month 18</u></p> <p>Y3 Target: 1) Publication of the databank online at month 30</p>	<p>Op 2.1. Ghana: MfGh Armenia: ArPa & AMBRA</p> <p>When: Cumulative up to month 30. Report to UNICA at month 9, 18, 30</p> <p>Sources: Official registries, presence in mental health facilities and tribunals, social media, etc.</p>	<p>The databank will provide information on the areas where the setting up of DPOs/HRCSOs is more necessary. It will also avoid the creation of “duplicate” organizations, and encourage interested stakeholders to join the ones already operating in the area, thus enhancing their strength.</p>
	<p>Op 2.2. (related to Oc 2) (Members of – or stakeholders interested in setting up - DPOs and HRCSOs trained)</p>	<p>Op 2.2. 1) # of DPOs/HRCSOs involved, 2) # of members who received the training.</p> <p>1) Data disaggregated by country in the report, 2) Data disaggregated by sex and country in the report</p>	<p>Op 2.2. (2018) 1) None 2) None</p>	<p>Op 2.2. (10th Jan 2020) 1) involvement of 6 DPOs/HRCSOs in Ghana, 3 in Lebanon, and 2 in Armenia 2) training of 157 DPOs/HRCSOs members in Ghana, 7 in Lebanon, 2 in Armenia</p>	<p>Op 2.2. Y2 Target: 1) involvement of at least 2 DPOs/HRCSOs in each country, 2) training of at least 25 DPOs/HRCSOs members in each country at <u>month 18</u></p> <p>Y3 Target: 1) involvement of at least 4 DPOs/HRCSOs in each country, 2) training of at least 50 DPOs/HRCSOs members in each country, 3) In Lebanon: <i>involvement of at least one HRCSO working with refugees,</i> 4) in Armenia: <i>involvement of at least one HRCSO expert in gender-based violence</i> at month 30</p>	<p>Op 2.2. Lebanon: ABAAD Ghana: MfGh Armenia: ArPa& AMBRA</p> <p>When: From month 6 to 30. Report to UNICA at month 18 and 30.</p> <p>Sources: data collected during the in-person training + data extrapolated from the online platform</p>	<p>The experience accumulated will provide DPOs and HRCSOs’ members with useful skills to advocate for the rights of persons with psychosocial disabilities and participate in decision-making processes. The training will also provide stakeholders from areas where DPOs and HRCSOs do not exist with the skills necessary to set them up.</p>

	<p>Op 2.3. (related to Oc 2) (Creation of partnerships between DPOs and HRCISO at the national and international level)</p>	<p>Op 2.3. 1) # of (online) meetings with organizations from other countries, 2) # of (on-site) visits to organizations in other countries, 3) # of persons involved, 4) qualitative data from focus groups on obstacles hindering partnership and possible solutions 3) Data disaggregated by sex in the report</p>	<p>Op 2.3. 1) None 2) None 3) None 4) None (2018)</p>	<p>Op 2.3. (10th Jan 2020) 1) 3 online meetings with organizations from other countries, 2) 2 (on-site) visits in Italy</p>	<p>Op 2.3. Y2 Target: 1) at least 4 online meetings with organizations from other countries, 2) (on-site) visits in 2 countries at month 20 Y3 Target: 1) at least 10 online meetings with organizations from other countries, 2) one (on-site) visit in each country (including Italy), 3) 2 persons from each country in all the visits, 4) at least one focus group at month 36</p>	<p>Op 2.3. UNICA will collect data at points 1), 2), 3), 4). When: Cumulative. From month 1 to 36. Sources: data collected during the online or in-person meetings</p>	<p>The cooperation among DPOs and HRCISOs will allow the identification of common difficulties and the sharing of knowledge, thus strengthening the capacities of these organizations to challenge similar problems and promote successful strategies.</p>
	<p>Op 3.1. (related to Oc 3) (Establishment of assessment groups trained on human rights evaluation methods - including persons with psychosocial disabilities and their organizations, mental health professionals, local authorities, and other stakeholders)</p>	<p>Op 3.1. 1) # of assessment groups established 2) # of people included in the assessment groups 3) # of people with psychosocial disabilities included, 4) # of people trained on human rights evaluation methods, 5) # qualitative data: feedback from external supervisors 2), 3), and 4) disaggregated by sex and country in the report</p>	<p>Op 3.1. <u>Ghana:</u> none in 1), 2), 3), and 4) <u>Armenia:</u> 1) 1, 2) 3 (females), 3) 0, 4) 3 <u>Lebanon:</u> 1) 2, 2) 14 (5 males, 9 females), 3) 3 (1 male, 2 females), and 4) 14 (5 males, 9 females) (2018)</p>	<p>Op 3.1. (10th Jan 2020) 1) 1 assessment group established in Armenia, 3) 40 persons trained in Lebanon, 38 in Ghana, and 8 in Armenia</p>	<p>Y2 Target: 1) at least 3 assessment groups in Ghana and Lebanon, and 1 in Armenia, 2) at least 2 persons with psychosocial disabilities in each group, 3) # at least 40 persons trained in Lebanon and Ghana, and 10 in Armenia at month 14 Y3 Target: Op 3.1. 1) at least 1 qualitative report on the activity of each assessment group at month 30</p>	<p>Op 3.1. Lebanon: ABAAD Ghana: MEHSGH & MFGH Armenia: ArPa & AMBRA When: From month 1 to 30. Report to UNICA at month 14, 22, 30. Sources: data collected during the training + data provided by external supervisors (WHO/OHCHR)</p>	<p>The expertise accumulated during the action will enable assessment teams to continue their work beyond the end of the project, thus contributing to the creation of a mechanism for the collection of data over time.</p>
	<p>Op 3.2. (related to Oc 3) (Availability of data on the violations of the rights of persons with psychosocial disabilities)</p>	<p>Op 3.2. 1) Quantitative data: scores at the WHO QualityRights toolkit (instrument developed ad hoc for assessing the quality and human rights in mental health services), 2) qualitative data: collected with the WHO QR toolkit, 3) #</p>	<p>Op 3.2. No data available for Ghana. 1), 2) data collected with this methodology during a pilot</p>	<p>Op 3.2. (10th Jan 2020) 3) Evaluation pre-improvement plans in 3 mental health</p>	<p>Op 3.2. Y2 Target: Evaluation pre-improvement plans in at least 3 mental health facilities in each country at month 18. Y3 Target: 1) Structural evaluation pre- and</p>	<p>Op 3.2. Lebanon: ABAAD Ghana: MEHSGH & MFGH Armenia: ArPa When: From month 10 to 30. Report to UNICA at month 18, 24, 30. UNICA will report to partners on analysis of data at month 18, 24, 30,</p>	<p>The availability of data on the violations of rights of persons with psychosocial disabilities will help local and national governments to identify the areas that need improvement and further assessment, thus contributing to the creation of a mechanism for the collection</p>

		mental health facilities assessed in each country, 4) # of visits carried out in each facility, 5) # of interviews carried out in each mental health facility. 1), 2), 3), and 4) disaggregated by country in the report, 5) by sex and country in the report	study in in Armenia (1 facility) and Lebanon (2 facilities) in 2017 (2018)	facilities in Armenia.	post- improvement plans in at least 3 facilities in each country, 2) improvement in the scores at the WHO QualityRights toolkit, 3) one report completed with the results of the assessment for each facility, 4) at least 3 papers submitted to peer-reviewed journals about the project at month 34	and 34. Sources: data collected during the visits to the facilities and analysed by UNICA in partnership with local experts	of data over time.
	Op 4.1. (related to Oc 4) (Development of improvements plans in selected mental health facilities - based on the data collected for Oc 3.)	Op 4.1. 1) # of improvement plans developed in each country, 2) # of people with psychosocial disabilities involved, 3) qualitative data: feedback on the quality of the plans provided by external supervisors. 2) disaggregated by sex and country in the report	Op 4.1. 1) None 2) None 3) None (2018)	Op 4.1. (10 th Jan 2020) None	Op 4.1. Y3 Target: 1) one improvement plan developed in each facility assessed, 2) at least 2 focus groups held for the development of the plan in each facility at month 27	Op 4.1. Lebanon: ABAAD Ghana: MEHSGh & MFGh Armenia: AMBRA When: From month 14 to 27. Report to UNICA at months 20, 23 and 27. Sources: data collected during the visits to the facilities + data provided by co-applicants	The experience and skills accumulated by relevant stakeholders living or working in the mental health facilities will enable them to continue this activity beyond the end of the project, thus contributing to create a system for the continuous development of improvement plans in mental health services.
	Op 4.2. (related to Oc 4) (Enactment of improvements plans in selected mental health services)	Op 4.2. 1) Quantitative data: scores at the WHO QualityRights toolkit (instrument developed ad hoc for assessing the quality and human rights in mental health services), 2) qualitative data: collected with the WHO QR toolkit, 3) qualitative data: feedback on the improvements provided by external supervisors WHO/OHCHR/UNICA.	Op 4.2. 1) None 2) None 3) None (2018)	Op 4.2. (10 th Jan 2020) None	Op 4.2. Y3 Target: 1) Improvement in the quality of care as showed by quantitative and qualitative data collected with the WHO QualityRights toolkit at month 36	Lebanon: ABAAD Ghana: MEHSGh & MFGh Armenia: AMBRA When: From month 18 to 36. Report every 3 months to UNICA. Sources: data collected during the visits to the facilities	The enactment of improvement plans will ensure better care and greater enjoyment of human rights for people with psychosocial disabilities. The achievement of positive changes and the expertise accumulated will enable the relevant stakeholders to become part of the process and make changes not because they have to but because they want to improve the service.
Activities	<i>What are the key activities to be carried out, to produce the outputs?</i>	<i>Means: What are the means required to implement these activities, e. g. staff, equipment, training, studies, supplies, operational facilities, etc. Costs What are the action costs? How are they classified? (Breakdown in the Budget for the Action)</i>					<i>Factors outside project management's control that may impact on the output-outcome linkage.</i>

	<p><i>A 1.1.1. – "Provision of training on quality and human rights issues for persons with psychosocial disabilities and other stakeholders" (The training will be delivered both in-person and through the QualityRights online platform) (related to Op 1.1.)</i></p>	<p>Ghana Means trainers Costs (Total cost: 5,709) Means travels & transportation reimbursement (participants) Costs (Total cost: 18,459) Means accommodation (participants) Costs (Total cost: 22,835) Means Expenses per diem staff (Total cost: 2,284) Means supplies and materials Costs (Total cost: 4,567) Means participants meals Costs (Total cost: 6,851) Means rooms reservation Costs (Total cost: 7,612) Responsibility MEHSOG <u>Total cost for Ghana: 68,317</u></p> <p>Armenia Means translation Costs (Total cost: 1,000) Means trainers Costs (Total cost: 5,712) Means Expenses per diem (Total cost: 1,651) Means supplies and materials Costs (Total cost: 614) Responsibility ArPa <u>Total cost for Armenia: 8,977</u></p> <p>Lebanon Means expert trainers Costs (Total cost: 7,175) Means staff Costs (Total cost: 6,458.76) Means transportation Costs (Total cost: 360.8) Means supplies and materials Costs (Total cost: 2,372) Means participants meals Costs (Total cost: 902) Means rooms reservation (11 days) Cost per unit 164 Costs (Total cost: 1,804) Responsibility IDRAAC Means trainers Costs (Total cost: 3,600) Means supplies and materials Costs (Total cost: 363) Means participants meals Costs (Total cost: 4148) Means rooms reservation (24 days) Cost per unit 164 Costs (Total cost: 3936) Responsibility ABAAD <u>Total cost for Lebanon: 30,946.76</u></p> <p>Total cost of the activity: 108,240.76</p>	<p>People who have been deprived of their rights for long time may feel disempowered and sceptical about the programme. Steps will be taken to challenge this situation.</p>
	<p><i>A 1.1.2. – " Provision of training to become a trainer on CRPD and QualityRights issues" (The training will be delivered both in-person and through the QualityRights online platform) (related to Op 1.1.)</i></p>	<p>Ghana Means staff Costs (Total cost: 571) Means travels & transportation reimbursement (participants) Costs (Total cost: 1,676) Means accommodation (participants) Costs (Total cost: 2,284) Means Expenses per diem staff (Total cost: 228) Means supplies and materials Costs (Total cost: 114) Means participants meals Costs (Total cost: 685) Means rooms reservation Costs (Total cost: 761,2) Responsibility MEHSOG <u>Total cost for Ghana: 6,319</u></p> <p>Armenia Means in-person training (2 units) Costs Cost per unit 642 (Total cost: 1,284) Responsibility ArPa <u>Total cost for Armenia: 1,284</u></p> <p>Lebanon Means staff Costs (Total cost: 240) Means supplies and materials Costs (Total cost: 100) Means participants meals Costs (Total cost: 600) Means rooms reservation (4 days) Cost per unit 164 Costs (Total cost: 656) Responsibility ABAAD <u>Total cost for Lebanon: 1,596</u></p> <p>Italy Means Expenses per flight travels per training in Armenia, Ghana and Lebanon (3 units) (Total cost: 2,080) Means Expenses per diem per training in Armenia, Ghana and Lebanon (18 units) (Total cost: 4,462) Means Salary full professor in charge of the training (2 person-months) Co-funding Co-funding per person-month 8,000 (Total co-funding: 16,000) Responsibility UNICA <u>Total cost for Italy: 6,542 + 16,000 co-funding</u></p> <p>Total cost of the activity: 31,741</p>	<p>People who have been deprived of their rights for long time may feel disempowered and lack the confidence to become trainers. Steps will be taken to challenge this situation.</p>
	<p><i>A 1.2.1. – " Setting up the QualityRights online platform for the use in Ghana, Lebanon and Armenia" (related to Op 1.2.)</i></p>	<p>Means maintenance of the online platform, updates, online coaching, license fees for the e-training, coding, evaluation reports for pre-post intervention changes</p> <p>Ghana Costs Total cost: 30,000 Responsibility UNICA</p> <p>Armenia Costs Total cost: 30,000 Responsibility UNICA</p> <p>Lebanon Costs Total cost: 30,000 Responsibility UNICA</p> <p>Total cost of the activity: 90,000</p>	<p>Low literacy rate among persons with psychosocial disabilities and limited access to internet may have a negative impact. The provision of in-person training in other activities mitigates this problem.</p>
	<p><i>A 1.3.1. – " Visibility activities" (related to Op 1.3.)</i></p>	<p>Ghana Means media coverage Costs (Total cost: 2,434) Responsibility MEHSOG <u>Total cost for Ghana: 2,434</u></p> <p>Armenia Means conference organization (1 units) Costs Cost per unit 1,500 (Total cost: 1,500) Means production of leaflets and brochures Costs (Total cost: 813) Responsibility AMBRA <u>Total cost for Armenia: 2,313</u></p>	<p>There may be a low interest of national media to broadcast services on mental health issues. This problem will be mitigated through the payment of spaces in local media or the use other</p>

	<p>Lebanon Means conference organization (1 units) Costs Cost per unit 2,000 (<u>Total cost: 2,000</u>) media coverage Costs (<u>Total cost: 500</u>) Responsibility ABAAD Total cost for Lebanon: 2,500</p> <p>Italy Means conference organization (1 units) Costs Cost per unit 4,000 (<u>Total cost: 4,000</u>) Means Web site organisation (1 units) Costs Cost per unit 2,000 (<u>Total cost: 2,000</u>) Means 3 publications in open access international journals (3 units) Cost per unit 1.500 (<u>Total cost: 4.500</u>) Responsibility UNICA Total cost for Italy: 10,500</p> <p>Total cost of the activity: 17,747</p>	channels of dissemination.
A 2.1.1. – "Mapping DPOs and HRCOs operating in each country" (related to Op 2.1.)	<p>Ghana Means staff Costs (<u>Total cost: 2,854</u>) Means researcher (1 unit) Costs (<u>Total cost: 8,586</u>) Responsibility MFGH Total cost for Ghana: 11,440</p> <p>Armenia Means researchers (2 units) Costs Cost per unit 1,650 (<u>Total cost: 3,300</u>) Means transportation Costs (<u>Total cost: 675</u>) Responsibility ArPa & AMBRA Total cost for Armenia: 3,975</p> <p>Lebanon activity not necessary, mapping already available and published online. Total cost for Lebanon: 0</p> <p>Total cost of the activity: 15,415</p>	DPOs and HRCOs would be likely concentrated in urban areas (and lacking in peripheral areas). It may be difficult to evaluate the presence of these organizations in rural regions.
A 2.2.1. – "Training on how to set up and operate DPOs and human rights civil society organizations, and on how to strengthen their capacities" (The training will be delivered both in-person – costs here - and through the QualityRights online platform – costs in A 1.2.1.) (related to Op 2.2.)	<p>Ghana Means trainers Costs (<u>Total cost: 571</u>) Means travels & transportation reimbursement (participants) Costs (<u>Total cost: 1,676</u>) Means Expenses per diem staff (<u>Total cost: 228</u>) Means supplies and materials Costs (<u>Total cost: 57</u>) Means participants meals Costs (<u>Total cost: 685</u>) Means rooms reservation Costs (<u>Total cost: 761.2</u>) Responsibility MFGH Total cost for Ghana: 3,978.2</p> <p>Armenia Means translation Costs (<u>Total cost: 800</u>) Means supplies and materials Costs (<u>Total cost: 378</u>) Means in-person training (4 units) Costs Cost per unit 434 (<u>Total cost: 1,736</u>) Responsibility ArPa & AMBRA Total cost for Armenia: 2,914</p> <p>Lebanon Means trainers & staff Costs (<u>Total cost: 840</u>) Means transportation Costs (<u>Total cost: 1792</u>) Means supplies and materials Costs (<u>Total cost: 200</u>) Means participants meals Costs (<u>Total cost: 800</u>) Means rooms reservation (4 days) Cost per unit 164 Costs (<u>Total cost: 656</u>) Responsibility ABAAD Total cost for Lebanon: 4,288</p> <p>Total cost of the activity: 11,180.2</p>	In some areas, DPOs and HRCOs may not exist. It may be difficult to find stakeholders interested in setting up these organizations in peripheral areas.
A 2.3.1. – "Cooperation with organizations from other countries to promote the rights of persons with psychosocial disabilities" (through the QualityRights online platform and on site exchange visits) (related to Op 2.3.)	<p>Ghana Means meeting (1 unit) Costs Cost per unit 1,922 (<u>Total cost: 1,922</u>) Means Expenses per flight travels per general meetings to Lebanon, Armenia and Italy (2 persons) (<u>Total cost: 5,000</u>) Means Expenses per diem per general meetings to Lebanon, Armenia and Italy (2 persons) (<u>Total cost: 5,128</u>) Responsibility MEHSOG & MFGH Total cost for Ghana: 12,050</p> <p>Armenia Means Expenses per flight travels per general meetings to Lebanon, Ghana and Italy (2 persons) (<u>Total cost: 4,638</u>) Means Expenses per diem per general meetings to Lebanon, Ghana and Italy (2 persons) (<u>Total cost: 6,928</u>) Responsibility ArPa & AMBRA Total cost for Armenia: 11,566</p> <p>Lebanon Means Expenses per flight travels per general meetings to Armenia, Ghana and Italy (2 persons) (<u>Total cost: 4,118</u>) Means Expenses per diem per general meetings to Armenia, Ghana and Italy (2 persons) (<u>Total cost: 6,056</u>) Responsibility ABAAD Total cost for Lebanon: 10,174</p> <p>Italy Means Expenses per flight travels per general meetings to Armenia, Ghana and Lebanon (2 persons) (<u>Total cost: 4,160</u>) Means Expenses per diem per general meetings to Armenia, Ghana and Lebanon (2 persons) (<u>Total cost: 6,296</u>) Responsibility UNICA Total cost for Italy: 10,456</p> <p>Total cost of the activity: 44,246</p>	It is possible that representatives of small DPOs and HRCOs may not be able to speak languages different from their own, and this may hinder the creation of international alliances. However, the creation of partnership at the national level and the exchanges with organizations that participated to the international exchanges will mitigate this problem.

	<p><i>A 3.1.1. – "Selection of the stakeholders who will be members of the assessment groups" (related to Op 3.1)</i></p>	<p><u>Ghana Means staff Costs (Total cost: 57) Means transportation (40 participants) Costs (Total cost: 1,845.9) Means supplies and materials Costs (Total cost: 171.5) Means participants meals Costs (Total cost: 171.27) Means rooms reservation Costs (Total cost: 190.3) Responsibility MFGh Total cost for Ghana: 2,436</u></p> <p><u>Armenia Means working group meeting (1 unit) (Total cost: 900) Means supplies (1 unit) (Total cost: 120) Responsibility AMBRA Total cost for Armenia: 1,020</u></p> <p><u>Lebanon Means working group meeting (1 unit) (Total cost: 900) Means supplies (1 unit) (Total cost: 100) Responsibility ABAAD Total cost for Lebanon: 1,000</u></p> <p>Total cost of the activity: 4,456</p>	<p>The illiteracy rate among persons with psychosocial disabilities may limit their participation as members of the assessment teams.</p>
	<p><i>A 3.1.2. – "Training the assessment groups on human rights evaluation methods" (The training will be delivered in person) (related to Op 3.1.)</i></p>	<p><u>Ghana Means staff Costs (Total cost: 228) Means travels & transportation reimbursement Costs (Total cost: 1,845.9) Means accommodation Costs (Total cost: 2,283.5) Means Expenses per diem staff (Total cost: 362) Means supplies and materials Costs (Total cost: 114) Means participants meals Costs (Total cost: 685) Means rooms reservation Costs (Total cost: 761.2) Responsibility MEHSOG Total cost for Ghana: 6,280</u></p> <p><u>Armenia Means supplies and materials Costs (Total cost: 378) Means in-person training (1 unit) Costs Cost per unit 622 (Total cost: 622) Responsibility ArPa Total cost for Armenia: 1,000</u></p> <p><u>Lebanon Means staff Costs (Total cost: 240) Means Expenses per diem staff (Total cost: 475) Means Means supplies and materials Costs (Total cost: 121) Means participants meals Costs (Total cost: 800) Means rooms reservation (4 days) Cost per unit 164 Costs (Total cost: 656) Responsibility ABAAD Total cost for Lebanon: 2,292</u></p> <p><u>Italy Means round trips flight tickets (3 units) (Total cost: 2,080) Means Expenses per diem (Total cost: 3,148) Responsibility UNICA Total cost for Italy: 5,228</u></p> <p>Total cost of the activity: 14,800</p>	<p>People with psychosocial disabilities who have been deprived of their rights for long time may feel disempowered and lack the confidence to become assessment team members. Steps will be taken to challenge this situation.</p>
	<p><i>A 3.1.3. – "Supervision of the assessment groups" (guaranteed by external consultants, including WHO and OHCHR personnel) (related to Op 3.1.)</i></p>	<p><u>Ghana Means 34 per diem for the WHO/OHCHR associate partners (34 units) Costs Cost per unit 376 (Total cost: 12,784) Means round trips flight tickets for the WHO/OHCHR associate partners (5 units) Costs Cost per unit 600 (Total cost: 3,000) Responsibility MEHSOG & MFGh Total cost for Ghana: 15,784</u></p> <p><u>Armenia Means 34 per diem for the WHO/OHCHR associate partners (34 units) Costs Cost per unit 151 (Total cost: 5,134) Means round trips flight tickets for the WHO/OHCHR associate partners (6 units) Costs (Total cost: 5,460) Responsibility ArPa Total cost for Armenia: 10,594</u></p> <p><u>Lebanon 24 per diem for the WHO/OHCHR associate partners (24 units) Costs Cost per unit 260 (Total cost: 6,240) Means 5 round trips flight tickets for the WHO/OHCHR associate partners (5 units) Costs (Total cost: 2,500) Responsibility ABAAD Total cost for Lebanon: 8,740</u></p> <p><u>Italy Means round trips flight tickets (9 units) (Total cost: 6,240) Means Expenses per diem (Total cost: 10,642) Responsibility UNICA Total cost for Italy: 16,882</u></p> <p>Total cost of the activity: 52,000</p>	<p>None</p>
	<p><i>A 3.2.1. – "Collection of data on the respect of the rights of persons with psychosocial disabilities in selected mental health services" (related to Op 3.2.)</i></p>	<p><u>Ghana Means transportation Costs Cost per unit 2,854 (Total cost: 2,854) Responsibility MFGh Means Field manager Costs Cost per month 555.6 (Total cost: 11,112) Responsibility MEHSOG Means Assessment group members Costs (Total cost: 17,172) Responsibility MEHSOG Total cost for Ghana: 31,138</u></p> <p><u>Armenia Means translation Costs (Total cost: 547) Means Assessment group members Costs (Total cost: 6,570) Means Field managers Costs (Total cost: 9,000) Means transportation Costs (Total cost: 966) Means Expenses per diem (Total cost: 609) Means supplies and materials Costs (Total cost: 1,118) Responsibility ArPa Total cost for Armenia: 18,810</u></p>	<p>Documentation may not be available in some of the institutions visited. There may be obstructions to the visits of certain facilities. The involvement of the relevant authorities in this project will mitigate this problem.</p>

	<p><u>Lebanon Means</u> Assessment group members Costs (Total cost: 23,579) <u>Means</u> Field managers Costs (Total cost: 18,278) <u>Means</u> transportation Costs (Total cost: 2928) <u>Means</u> supplies and materials Costs (Total cost: 3,000) Responsibility ABAAD Total cost for Lebanon: 47,785</p> <p>Total cost of the activity: 97,733</p>	
<p>A 3.2.2. – "Analysis of data on the respect of the rights of persons with psychosocial disabilities in selected mental health services" (related to Op 3.2.)</p>	<p><u>Ghana Means</u> Data entry & cleaning staff Costs (Total cost: 2,850) <u>Means</u> Data analyst Costs (Total cost: 11,116) Responsibility MFGh Total cost for Ghana: 13,966</p> <p><u>Armenia Means</u> Data entry & cleaning staff Costs (Total cost: 610) <u>Means</u> Part-time data analyst Costs (Total cost: 2,576) Responsibility ArPa Total cost for Armenia: 3,186</p> <p><u>Lebanon Means</u> Data entry & cleaning staff Costs (Total cost: 3,000) <u>Means</u> Data analyst Costs (Total cost: 10,000) Responsibility ABAAD Total cost for Lebanon: 13,000</p> <p><u>Italy Means</u> Salary senior researcher expert in quantitative and qualitative data analysis (3 person-months) Co-funding Co-funding per person-month 6,000 (Total co-funding: 18,000) <u>Means</u> Salary data analysts (20 person-months) Costs Cost per unit 2,000 (Total cost: 40,000) <u>Means</u> Materials and supplies Costs (Total costs: 1,500) Responsibility UNICA Total cost for Italy: 41,500 + 18,000 (Co-funding)</p> <p>Total cost of the activity: 88,652</p>	<p>The data analysed and reports may not be easy to understand for people with limited scholarization. Materials will be made accessible in easy formats for the use by all relevant stakeholders.</p>
<p>A 4.1.1. – "Identification of the causes of the non-realization of rights that need to be addressed." (related to Op 4.1.)</p>	<p><u>Ghana Means</u> meetings (3 units) Costs Cost per unit 961 (Total cost: 2,883) Responsibility MEHSOG & MFGh Total cost for Ghana: 2,883</p> <p><u>Armenia Means</u> members of working group Costs (Total cost: 5,000) Responsibility AMBRA Total cost for Armenia: 5,000</p> <p><u>Lebanon Means</u> working group meeting (1 unit) (Total cost: 1000) Responsibility ABAAD Total cost for Lebanon: 1,000</p> <p>Total cost of the activity: 8,883</p>	<p>It may be difficult to reach a consensus on the areas to prioritize for the interventions. In such situations, external supervision will be provided to help reaching an agreement.</p>
<p>A 4.1.2. – "Development of ad hoc improvement plans in mental health services" (related to Op 4.1.)</p>	<p><u>Ghana Means</u> working group meetings (3 units) Costs Cost per unit 961 (Total cost: 2,883) Responsibility MFGh Total cost for Ghana: 2,883</p> <p><u>Armenia Means</u> supplies Costs (Total cost: 156) <u>Means</u> working group meetings (5 units) Costs Cost per unit 1000 (Total cost: 5,000) Responsibility AMBRA Total cost for Armenia: 5,156</p> <p><u>Lebanon Means</u> working group meetings (5 units) Costs Cost per unit 1000 (Total cost: 5,000) Responsibility ABAAD Total cost for Lebanon: 5,000</p> <p><u>Italy Means</u> Salary full professor expert in quality of care (4 person-months) Co-funding Co-funding per person-month 8,000 (Total co-funding: 32,000) Total co-funding from Italy: 32,000</p> <p>Total cost of the activity: 45,039</p>	<p>Relevant stakeholders may lack the capacity to develop effective improvement plans. The capacity-building training provided in other activities will help mitigate this problem.</p>
<p>A 4.2.1. – "Enactment of ad hoc improvement plans in mental health services" (related to Op 4.2.)</p>	<p>Means salaries, materials, supplies, implementation meetings with stakeholders, etc.</p> <p><u>Ghana Costs</u> (Total cost: 16,552) Responsibility MEHSOG & MFGh Total cost for Ghana: 16,552</p> <p><u>Armenia Costs</u> (Total cost: 10,263) Responsibility AMBRA Total cost for Armenia: 10,263</p> <p><u>Lebanon Costs</u> (Total cost: 11,739) Responsibility ABAAD Total cost for Lebanon: 11,739</p>	<p>Outside interests can sometimes work against efforts towards internal reform. For example, local or national legislation may not enforce laws to stop the use of seclusion and restraints or external stakeholders may</p>

		<p>Total cost of the activity: 38,554</p>	<p>oppose the culture change. Efforts will be made to challenge this situation. It may not be possible to address all the causes of non-realization of rights due to lack of funding.</p>
	<p>Overall Management and Coordination (related to all the outputs)</p>	<p>Ghana Means Experts in budget & project management (units 2) Costs Cost per year 3,704 (Total cost: 22,224) Responsibility MEHSOG & MFGh Total cost for Ghana: 22,224</p> <p>Armenia Means Expert in budget Costs Cost per year 2,453 (Total cost: 7,359) Means Experts in project management Costs Cost per year 10,418 (Total cost: 31,254) Responsibility ArPa & AMBRA Total cost for Armenia: 38,613</p> <p>Lebanon Experts in budget & project management Costs Cost per year 8,151 (Total cost: 24,453) Responsibility ABAAD & IDRAAC Total cost for Lebanon: 24,453</p> <p>Italy Means Salary full professor expert in project management (6 person-months) Co-funding Co-funding per person-month 8,000 (Total co-funding: 48,000) Means Salary researcher expert in project management (36 person-months) Costs Cost per person-month 3,000 (Total cost: 108,000) Means Expert in budget (12 person-months) Costs Cost per month 1,000 (Total cost: 12,000) Means Expenditure audit Costs Cost per year 5,000 (Total cost: 15,000) Means Computers (Total cost: 5,000) Means Expenses per flight travels per general meetings to Armenia, Ghana and Lebanon (9 units) (Total cost: 6,000) Means Expenses per diem per general meetings to Armenia, Ghana and Lebanon (60 units) (Total cost: 15,104) Responsibility UNICA Total cost for Italy: 161,104 + 48,000 co-funding</p> <p>Total cost of the activity: 246,394 + 48,000 cofunding</p>	<p>The overall management and coordination will ensure that all the activities will be implemented, thus contributing to the achievement of the projects' objectives</p>

1.1. Please provide an updated action plan for the future activities of the project¹

Year 3													
Activity	Half-year 1						Half-year 2						Implementing body
	Month 1	2	3	4	5	6	7	8	9	10	11	12	
Execution Activity A 1.1.1. – "Provision of training on quality and human rights issues for persons with psychosocial disabilities and other stakeholders"													MEHSOG, ArPa, ABAAD
Execution Activity A 1.2.1. – " Setting up the QualityRights online platform for the use in Ghana, Lebanon and Armenia"													UNICA
Execution Activity A 1.3.1. – " Visibility activities"													MEHSOG, AMBRA, ABAAD, UNICA
Execution Activity A 2.2.1. – " Training on how to set up and operate DPOs and human rights civil society organizations, and on how to strengthen their capacities"													ABAAD MfGh ArPa& AMBRA
Execution Activity A 2.3.1. – " Cooperation with organizations from other countries to promote the rights of persons with psychosocial disabilities"													MEHSOG & MFGh, ArPa AMBRA, ABAAD, UNICA
Execution Activity A 3.1.3. – "Supervision of the assessment groups"													MEHSOG & MFGh, ArPa, ABAAD , UNICA

¹ This plan will cover the financial period between the interim report and the next report.

2. Beneficiaries/affiliated entities and other Cooperation

2.1. How do you assess the relationship between the beneficiaries/affiliated entities of this grant contract (i.e. those having signed the mandate for the Coordinator or the affiliated entity statement)? Please provide specific information for each beneficiary/affiliated entity.

The relationship between the beneficiaries of this grant contract has been characterised up to now by frequent contacts (in-person or online meetings), clear communication, and close collaboration towards the achievement of the objectives of the project.

Two in-person meetings were organized in Cagliari (in March and September 2019) with all the beneficiaries. During these meetings participants had the opportunity to know better each other and discuss on how to work together to implement the activities of the project.

In *Ghana*, **MFGh** and **MEHSOG** are collaborating closely with each other and the MHA to meet the project's pre-defined objectives. They had in-person meetings with **UNICA** representatives in February, March, and May 2019 (in Ghana) and a good partnership has been established.

In *Lebanon*, although some of the activities were postponed given the constraints in the country, **ABAAD** and **IDRAAC** are collaborating with the NMHP and were able to achieve most of the project objectives. They had in-person meetings with **UNICA** representatives in March (in Italy) and September 2019 (in Italy and Lebanon) and a good partnership has been established.

In *Armenia*, **ArPa** and **AMBRA** are collaborating closely with each other to successfully develop and implement the project's activities. They had in-person meetings with **UNICA** representatives in March (in Italy), in August (in Armenia) and in September 2019 (in Italy) and a good partnership has been established.

2.2. How would you assess the relationship between your organisation and State authorities in the Action countries? How has this relationship affected the Action?

The relationship between UNICA and State authorities in the Action Countries has been characterised up to now by mutual will and engagement to promote the rights of people with psychosocial disabilities. In **Ghana** and **Lebanon**, State authorities (the MHA and the NMHP, respectively) are Associates of the action and are actively collaborating to the implementation of the activities of the project. This strict collaboration has boosted the efforts of the Ghanaian and Lebanese co-applicants allowing them to reach a larger number of target groups and beneficiaries. In **Armenia**, UNICA representatives met with the Ministry of Health, the Ministry of Labor and Social Affairs, and the Chair of the Parliament Standing Committee on Health Care and Social Affairs. The Armenian State authorities expressed interest in the project and have declared their willingness to support its future activities.

2.3. Where applicable, describe your relationship with any other organisations involved in implementing the Action:

N/A

Associates

The relationship between UNICA and the MHA and the NMHP has been already described (see 3.3).

UNICA has established a productive collaboration with the **WHO-HQ** and the **WHO-EURO**. Representatives from these organizations have been always ready to help and available for providing guidance on the implementation of the QualityRights and CRPD principles in the Action Countries. WHO-HQ representatives were also present during some of the on-site visits to the Action Countries so as to provide more substantial feedback on the activities implemented. Similarly, a good relationship has been established between UNICA and the **OHCHR**, whose representatives have been available to provide guidance on the implementation of CRPD principles in Ghana, Armenia, and Lebanon.

Other third parties involved

UNICA has established a positive collaboration with the **WHO-Ghana**, the **WHO-Lebanon**, and the **WHO-Armenia**. These organizations are working with the beneficiaries in the Action Countries, supporting them to achieve the objectives of the project.

In **Ghana**, it has been possible to achieve results beyond our expectation thanks to the support (economic and operational) of some cofounders, that are working closely with the MHA and WHO-Ghana to promote human rights in mental health. In particular, the **United Kingdom Department for International Development**, the **Fondation D'Harcourt**, and the **Federal Ministry of Health of Germany** are collaborating with the local stakeholders to empower people with psychosocial disabilities to fight for their rights across the country.

2.4. Where applicable, outline any links and synergies you have developed with other actions.

In **Armenia**, this project is linked to an initial QualityRights assessment work carried out by ArPa and AMBRA, in collaboration with the WHO-EURO, in the largest institution for people with psychosocial disabilities in Armenia. The results of this preliminary assessment underlined the necessity to improve the quality of care and human rights conditions in Armenian facilities. Our project answers to this necessity by training stakeholders on human rights in mental health and empowering people with psychosocial disabilities to fight for their rights.

In **Lebanon**, this project builds on an initial QualityRights assessment carried out in a mental health facility by ABAAD, and NMHP, in collaboration with the WHO-Lebanon. As a result of these preliminary initiatives, stakeholders from Lebanon were trained on human rights evaluations methods.

In **Ghana**, this project builds on the results of previous initiatives carried out by MFGh, MEHSOG and the MHA for starting to raise awareness on the rights of people with psychosocial disabilities in this country.

2.5. If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this Action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

N/A

3. Visibility

How is the visibility of the EU contribution being ensured in the Action?

During the first and second year of the project, we implemented several initiatives to ensure the visibility of the action at the national and international level (organization of conferences and trainings, publication of materials on the WHO website and social media, etc.). The role of the EU in supporting the action was highlighted in all these activities.

In **Ghana**, representatives of UNICA and the local partners of the project (MEHSOG, MFGh, MHA) met with the European Union Officers in Ghana to ensure that the Communication and Visibility Plan was in line with the EU directives.

In **Armenia**, representatives of UNICA and the local partners of the project (ArPa, AMBRA) met with the European Union Officers in Armenia to ensure that the Communication and Visibility Plan was in line with the EU directives.

In **Lebanon**, representatives of UNICA and the local partners of the project (ABAAD, IDRAAC, NMHP) contacted several times the European Union Officers in Lebanon to schedule a meeting and discuss the Communication and Visibility Plan, so far without success.

The European Commission may wish to publicise the results of Actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.

No objection.

Name of the contact person for the Action:

Mauro Giovanni Carta

Signature: 

Location: **Cagliari**

Date report due: **March 10th**

Date report sent: **March 10th**

THE REPUBLIC OF GHANA

DATABASE OF HUMAN RIGHTS CIVIL SOCIETY ORGANIZATIONS & DISABLED PEOPLES' ORGANIZATIONS IN GHANA



The author of this document is MindFreedom Ghana

ACCRA
2020



World Health Organization



UNITED NATIONS HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER



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Preface and Acknowledgements

This report represents a snapshot of highly distilled and refined information gleaned from civil society organizations operating in various spheres of development in Ghana, and has been developed as part of the EU project. In order to accomplish this work within the required period, we held face-to-face interviews with relevant officials of organizations which agreed to be part of this mapping exercise.

It is also important to indicate that this methodology had to be abandoned when Ghana reported her first case of COVID-19 pandemic in March 2020. We resorted to phone calls (indeed, calls to organizations became our major means of gathering information) during the upsurge of COVID-19 cases in the country. Also, in the period preceding COVID-19, organizations expeditiously delivered hard copies of information to our offices in Accra. We relied on emails and visited the websites of several organizations. We also got additional information by making direct requests either from relevant departments such as the Department of Social Welfare and Community Development and/or from partners who availed the necessary information. The detailed pieces of information as obtained from the organizations are what are presented in this report.

To these organizations, we extend our heartfelt thanks for all your efforts, including the time spent in compiling the information and sending them in. It is your diligent work that has helped to make this compilation, a novelty for our organization, a huge success, and we are grateful to you for sharing this information which we shall share globally.

What had resulted from these endeavors was the collation and collection of the data which we hope, will be a standard work of reference for years to come.

We would like to extend special massive thanks to our European partners especially University of Cagliari, Italy, Mental Health Authority, Mental Health Society of Ghana and the World Health Organization (WHO) for the support and collaboration in the implementation of the project.

Our organization could not have achieved this level of success on this project thus far without a strong group support from some ninety-eight organizations that so willingly provided information for this project. Thank you all for your unwavering support and cooperation.

Background Information:

Ghana is a country in West Africa, situated on the coast of the Gulf of Guinea. Albeit relatively small in area and population, Ghana is one of the leading countries of Africa, partly because of its considerable natural wealth, flora, fauna and partly because it is the first black African country south of the Sahara to attain independence from British colonial rule in 1957.

In addition to being known for its lush forests, diverse animal life, and miles of sandy beaches along a picturesque coast, Ghana is also celebrated for its rich cultural history. Ghana's administrative capital is the coastal city of Accra with 16 administrative regions across the country. The country covers 238,533 square kilometres. The population in 2010 was 24,392,000 with 51% living in the urban areas.

Ghana is bordered to the north by Burkina Faso, to the east by Togo, and to the west by La Côte d'Ivoire. To the south is the Gulf of Guinea.

Governance in Ghana is by democracy since 1993 which has an executive President and Vice President. The legislature is constituted by two hundred and seventy-five (275) members who are elected just as the President every four years by popular vote. The Judiciary, which is wholly independent of any governmental control, is headed by the Chief Justice.

Mental healthcare and services in the country has had a chequered history that spanned from colonial rule. During the period of colonization and before the introduction of scientific medicine, mental health conditions were treated with herbal medicines and spiritual rites. In the very early days of colonial rule, persons with mental health conditions were left alone to their own fate. However, on 4th February 1888, by a Legislative Instrument (LI) under the signature of the then Governor, Sir Edward Griffiths, the old High Court of Victoria Borg in Accra was converted into Lunatic Asylum.

The wardens then looked after the patients. No medical treatment was given and no real distinction was made between the requirements of persons with mental disorders and those of the criminal cases. Overcrowding in the prison prompted the building of a new hospital from 1904, and was called Lunatic Asylum which is the present day Accra Psychiatric Hospital. It was commissioned in 1906 to accommodate 200 patients.

About 110 patients were initially admitted into the new hospital under the charge of 16 untrained attendants. The hospital consisted of four wards; Female, Male, General and Criminal wards. The Lunatic Asylum later underwent modifications and extension into the Psychiatric Hospital with a bed capacity of 600.

In 1972, the then military government (known as National Redemption Council) passed the Mental Health Decree, NRCD 30. The Decree focused mainly on:

1. Voluntary and involuntary treatment
2. Law enforcement and other judicial system issues for people with mental health conditions
3. Mechanisms to oversee involuntary admission and treatment practices

4. Mechanisms to implement the provisions of mental health legislation

The Mental Health Decree, NRCD 30 was however never fully implemented for the period it existed.

In 2012, a revised mental health law viz. Mental Health Act, 2012, Act 846 was passed. This new Act was drafted between 2004 and 2006 and continued to be modified until it was enacted in 2012 with World Health Organization (WHO) experts and consultants from South Africa, Zimbabwe, Canada, USA and Switzerland. Civil society organizations like ours, Mental Health Society of Ghana and BasicNeeds Ghana also made inputs into the draft law. The Act received presidential assent in May 2012 and it became law on 1st December 2012. The Governing Board was inaugurated the following year. The Legislative Instrument (LI) was also enacted thereafter in July 2019.

The new law became necessary as it was recognized that the 1972 legislation was outdated because it no longer accorded with current best practice standards for mental health practice and human rights. The Mental Health Act focuses inter alia on improving the access to care for people with mental illness or epilepsy including the poor and vulnerable, safeguarding human rights and promoting participation in restoration, rehabilitation and recovery.

Health care delivery in Ghana is provided by both public and private sectors. The Ministry of Health exercises control over the whole system including policy formulation, monitoring and evaluation. Under the public health system, the service delivery is undertaken largely by Ghana Health Service, teaching hospitals and the Christian Health Association of Ghana (CHAG). In addition to that, other quasi- and non-government institutions, religion-based and statutory bodies are also involved in health service delivery mostly in the hinterlands.

Ghana's mental health sector is funded primarily by the government and is supplemented to a small extent by internally generated funds and donations from individuals and corporate entities. Mental Health Authority, established under the Mental Health Act is the autonomous supervisory body in charge of the psychiatric hospitals, mental healthcare and services in the country.

There are three main psychiatric hospitals, all of which are located in the southernmost part of the country. These are: Accra, Ankaful and Pantang Psychiatric Hospitals. There are however mental health units in all the regional hospitals, teaching hospitals, district hospitals and clinics. There are also few private hospitals delivering mental healthcare services in Accra and Kumasi only.

As a government policy, mental healthcare and services are free and for that reason these have not been included in the statutory National Health Insurance Scheme. Sadly, because of the inadequacy of medications and other requisite services, clients and their relations have sometimes had to pay for them.

On the standard of care and treatment as contained in the Act, these cover various aspects among others in terms of human rights, voluntary and involuntary treatment, legal capacity and guardianship, psychosocial rehabilitation, right to refuse treatment and admission, seclusion and restraint.

Research:

The purpose of this research was to find out the kind of services and activities some human rights civil society and disabled peoples' organizations have been engaged in to guarantee the rights of persons with psychosocial, intellectual and mental disabilities.

The information obtained can be used by government agencies such as the Department of Social Welfare & Development in facilitating its social intervention policies, database for researchers and think-tanks, development partners to use same to determine the kind of support systems for persons with psychosocial, intellectual and mental disabilities. The database can also be helpful for the human rights civil society and disabled peoples' organizations to explore areas where they can partner / collaborate to advance the rights and dignity of persons with mental and psychosocial disabilities.

The database will further enable people and other organizations get to know the kind of work these human rights civil society and disabled peoples' organizations are doing and in which communities / places they operate.

Methodology:

The information collected were from various sources. These were:

- a. Through phone calls (calls made to organizations became a major source of information/data gathering)
- b. Emails
- c. Websites of some of the organizations
- d. Hard copies delivered to our office
- e. Third party interventions (some of our partners gave the information)
- f. Department of Social Welfare & Development
- g. Interviews with few of the organizations (this was however curtailed from March 2020 because of the Covid-19 pandemic)

Challenges:

1. Delays on the part of some organizations to provide information on time
2. Non-cooperative attitude of some organizations
3. Resorting to the use of phone calls for information gathering
4. Incomplete information due to the transient nature of phone conversations
5. Non-response by some organizations despite reminders
6. Impact of the COVID 19-adherence to protocols and restrictions on movement, especially in March and April 2020
7. Lack of suitably scheduled staff to adequately provide necessary information in support of the project
8. Likelihood of intrusion for respondents: Another drawback of phone interviews was that they could be intrusive. Most calls were done at random, often interrupting people's lunchtime, dinner or evenings. Hence, people hanged up before the survey was completed or refused to participate fully
9. Limited complexity of questions: It was quite a challenge to get respondents to elaborate on their responses by phone. The reason was that most of the phone interviews had limited time-frames of between to 15 and 30 minutes. Our field experience based on the use of same methodology showed that people hanged up with longer telephone surveys, resulting in partially completed interviews. To reduce this, we kept phone interviews - the questions and answers- generally were concise and brief
10. Another challenge had been identifying key persons in some of the organizations and accessing / getting in touch with them without any pre-existing relationship

DATABASE & INDEX:

This database contains information gathered from ninety-eight (98) human rights civil society and disabled peoples' organizations throughout the hitherto ten (10) administrative regions of Ghana. The breakdown are as follows:

REGION	NUMBER OF ORGANIZATIONS	SERIAL NUMBERS
Greater-Accra	36	1-36
Northern	6	37- 42
Upper West	7	43 - 49
Upper East	6	50 - 55
Brong- Ahafo	9	56 - 64
Ashanti	8	65 - 72
Eastern	9	73 - 81
Volta	10	82 - 91
Western	3	92 - 94
Central	4	95 - 98

NB: *From February 2019, six (6) more administrative regions were created following a referendum held in December 2018. Hence there are currently sixteen (16) regions in the country*

GREATER-ACCRA REGION

1. Organization: MindFreedom Ghana (MFGh)

Type of organization: Human rights civil society organization

Postal Address: P.O. Box AC610, Arts Centre, Accra, Ghana

Location: House No. F498/2, 1st Kuku Crescent, Kuku Hill, Osu, Accra near the Presbyterian Church of Ghana Head Office

Tel: +233(0)302 774261 / +233(0)27742017

Email: mindfreedomghana@yahoo.co.uk / taylordanash@gmail.com

Contact person: Dan Taylor

Website: www.mindfreedomghana.org

Facebook: www.facebook.org/mindfreedom.ghana5

Twitter: @MindFreedomGh

Vision: To improve the mental health and lives of persons with mental disabilities in Ghana as well as promote their human rights and dignity

Mission: To foster and strengthen links with analogous minded organizations both locally and internationally to harmonize our activities and explore diverse forms of cooperation as well as assistance towards persons with psychosocial disabilities in institutions and within their communities

OBJECTIVES:

- To support and assist persons with psychosocial disorders in their treatment regimen and further advocate for conditions that would not infringe on their human rights and dignity anywhere
- Seek to improve upon the social, moral and economic conditions of persons with psychosocial disabilities and deal with the stigma they suffer
- To promote activities that make persons with mental disabilities have a sense of belonging and acceptance in their communities
- To engage in activities to create awareness and educate the public on matters of mental disabilities and human rights

Areas of work:

- Advocacy
- Awareness creation
- Prevention
- Research

Places of work:

Greater-Accra Region and all other parts of the country depending on the project that is implemented

2. Organization: Mental Health Society of Ghana (MEHSOG)

Type of organization: Disabled Peoples' Organization

Postal Address:

Location: Alhaji Sulley Street, Abelenkpe, Accra

Tel: +233(0)302795610 / +233(0)244636060

Email: info@mehsog.org / Humphrey.kofie@mehsog.org

Contact person: Humphrey Kofie

Website: www.mehsog.org

Facebook: <https://web.facebook.com/mehsog>

Twitter: @mehsog

Vision: To ensure that MEHSOG eventually becomes an association run users and survivors of mental illness or epilepsy alone, with carers and other associated persons being affiliated members across the entire country, see to the welfare and common good of all its members and work towards addressing some of the issues that confront them locally and nationally

Mission:

To ensure that all people with mental illness and epilepsy, including people who have ever experienced mental illness and/or epilepsy in are represented in the association, co-operate with like-minded associations and bodies and with the Government of Ghana and advocate in pursuit of advancement of mental health

Objectives:

- To bring all people with mental illness and epilepsy, including people who have experienced one form of mental illness and/or epilepsy in Ghana into a unified and representative association
- To promote the socio-economic wellbeing of people with mental illness and/or epilepsy
- To co-operate with likeminded associations and bodies as well as with the Government of Ghana and advocate in pursuit of the advancement of mental health
- To educate the public and increase interest in psycho-social disability issues to reduce stigma.
- To empower user groups to self-advocate and fulfill their rights
- To influence key policy decision makers to develop policies and legislations that address the needs and rights of people with mental illness and their primary carers
- To deepen existing mental health and development programmes and provide a national outlook
- To empower communities to ensure social and economic integration of people with mental disorders and epilepsy

Places of work:

Throughout the country depending on the project implemented

3. Organization: Ecumenical Disability Advocates Network (EDAN)

Type of organization: Human rights civil society organization

Location: Greater-Accra Region

Tel: +233(0)244 808975

Email: cromwell2002gh@yahoo.com

Contact person: Rev. Joseph Ankomah Cromwell

Objectives / Areas of work:

- Protecting the rights of people who are Christians with disabilities to empower them to be included in all aspects of the society
- Engagement with policy makers and stakeholders on asserting the rights of persons with disabilities and facilitating economic and job prospects

Places of work: Throughout the country

4. Organization: Gender Centre for Empowering Development (GenCED)

Type of organization: Human rights civil society organization

Location: Greater-Accra Region

Tel: 0244923340

Email: genced.gh@gmail.com

Website: <https://www.genced.org/>

Twitter: [@GenCEDgh](https://twitter.com/GenCEDgh)

Contact person: Esther Tawiah

Objectives / Areas of work:

- GenCED seeks to become a leading organization that seeks to promote gender equality, women's rights, youth participation and democratic governance
- Educate women on issues that affect their development, climate change, food security and socio-economic issues
- Promote women with disabilities and youth participation in good local governance at all levels

Places of work: Greater-Accra Region and other parts of the country

5. Organization: Rights & Rehabilitation Ghana

Type of organization: Human rights civil society organization

Location: Greater-Accra Region

Tel: 0548485016

Email: rightsrehab@gmail.com

Contact person: Kingsley Ofosu-Amaah

Objectives / Areas of work:

- A disability focused non- Governmental Organization in Ghana committed to promoting the rights and social inclusion of persons with disabilities in Ghana
- community based rehabilitation, child empowerment

Places of work: Greater-Accra Region

6. Organization: SWEB Foundation

Type of organization: Human rights civil society organization

Location: 117, Haatso Video Club Atomic Energy Road Accra Greater-Accra Region

Postal address: PMB KW 1, Kwabenya, Accra

Tel: +233(0)250 0236 / +233(0)243 433714

Email: info@swebfoundation.org

Website: www.swebfoundation.org

Contact person: Seth Botwey

Objectives / Areas of work:

- A disability focused non- Governmental Organization in Ghana committed to promoting the rights and social inclusion of persons with disabilities in Ghana
- community based rehabilitation, child empowerment

Places of work: Greater-Accra Region and other parts of the country

7. Organization: Inclusion Ghana

Type of organization: Disabled Peoples' Organization

Location: Accra Rehabilitation Centre, Barnes Road, opposite the National Museum, Adabraka,

Accra

Postal address: P.O. Box GP 20950, Accra, Ghana

Email: info@inclusion-ghana.org / Jeleel55@yahoo.com

Website: www.inclusion-ghana.org

Facebook: <https://web.facebook.com/InclusionGhana>

Twitter: @InclusionGhana

Tel: +233(0)3022 43291 / +233(0)208151523

Contact person: Jeleel Odoom

Objectives / Areas of work:

- Equal opportunities and inclusion for all persons with intellectual disability in Ghana
- To reduce stigmatization and ensure full inclusion of persons with intellectual disability and their families in Ghana by advocating for their rights and needs
- Value the development of the potential of each person with an intellectual disability in an atmosphere characterized by love, respect and creativity
- Advocate and promote the rights of persons with intellectual disability and their families
- Foster partnership and collaboration in community inclusion of persons with intellectual disability and their families
- Demonstrate integrity through honesty, civility, and fairness
- Embrace the diversity of individuals, ideas, and expressions

Places of work: Throughout the country

8. Organization: The ARK Foundation Ghana

Type of organization: Human rights civil society organization

Location: Queen's Street, Ghana Atomic Energy Commission Road, Haatso, Opposite Step Publishers, Greater-Accra Region. **GhanaPost GPS - GE-277-0485**

Tel: +233(0)3025 11610 / +233(0)244254280

Email: thearkgh@yahoo.co.uk / info@arkfoundationghana.org

Website: <https://www.arkfoundationghana.org>

Facebook: <https://web.facebook.com/arkfoundation/>

Contact person: Angela Dwamena-Aboagye

Objectives / Areas of work:

- The Ark offers to vulnerable, distressed and abused persons, in particular women and children, compassionate care and empowering spaces to live without fear of violence or oppression from others and to find strength, dignity and hope for life
- The Ark seeks to offer to vulnerable, marginalized and abused persons, in particular women and children, compassionate care and to find strength, dignity and hope for life

Places of work: Throughout the country

9. Organization: ShareCare Ghana

Type of organization: Disabled Peoples' Organization

Location: Greater-Accra Region

Tel: +233(0)208157404

Email: Sharecare4u@gmail.com

Contact person: Nana Yaa Agyeman

Objectives / Areas of work:

- A society that factors in every person's condition of health and/or disability, and guarantees their human rights
- To create awareness of, advocate and support people with autoimmune and neurological diseases, and promote research into these diseases

Places of work: Throughout the country

10. Organization: Human Rights Advocacy Center

Type of organization: Human rights civil society organization

Location: House No: F1002/2 Koi Street, Osu Ako Adjei, Accra, Greater-Accra Region

Postal address: P.O. Box OS 134, Osu, Accra

Tel: +233(0)302 768733 / +233(0)266 302582

Email: info@hracghana.org

Website: <http://www.hracghana.org>

Facebook: <https://web.facebook.com/HumanRightsGhana>

Twitter: @HRACGhana

Contact person: George Owoo

Objectives / Areas of work:

- We seek to ensure the realization, respect, promotion and protection of the rights of all persons in Ghana in accordance with Ghanaian law and international standards
- We will increase human rights awareness and the adoption of a sustainable human rights culture, thereby enhancing democracy, good governance and accountability
- HRAC's work focuses on three main areas viz. research, advocacy and the provision of free legal services. As part of efforts to contribute to the development of the human rights landscape in Ghana, the organization's work revolves around the vulnerable and marginalized in society, including persons with disabilities, persons belonging to minority groups, refugees, women and children

Places of work: Throughout the country

11. Organization: Ghana Federation of Disability Organizations (GFD)
Type of organization: Disabled Peoples' Organization
Location: Accra Rehabilitation Centre, Barnes Road, opposite the National Museum, Adabraka,
Accra
Postal address: P.O. Box AC 40, Arts Centre, Accra
Tel: +233(0)202 044815 / +233(0)243447951
Website: www.gfdgh.org
Twitter: @gfdghana
Email: info@gfdgh.org / ritkusi@yahoo.com

Contact person: Rita Kusi

Objectives / Areas of work:

- GFD's vision is "an inclusive society for all persons with disabilities in Ghana", and the mission is "to advocate the rights of Persons with Disability by influencing policies, programmes and activities at the national and local levels and to strengthen the organizations of Persons with Disabilities"
- Respect
- Equal rights for all
- Fairness
- Unity in diversity
- Transparency
- The principle that disability is not inability

Places of work: Throughout the country

12. Organization: POS Foundation
Type of organization: Human rights civil society organization
Location: Greater-Accra Region
Tel: +233(0)302 316896 / +233(0)244 175879
Website: www.posfoundation.org
Facebook: <https://web.facebook.com/posfoundation>
Twitter: @POS Foundation
Contact person: Jonathan Osei-Owusu

Objectives / Areas of work:

- In its mission, POS Foundation seeks to create positive change and contribute to sustainable development through advocacy for better government policies, access to justice and respect for human rights
- The overall objective of POS Foundation is to contribute in creating a Ghana where human rights and dignity are respected and where policies work to better the lives of all Ghanaians through research based advocacy, youth development and policy reforms

Places of work: Throughout the country

13. Organization: Insight Foundation Ghana

Type of organization: Human rights civil society organization

Location: Greater-Accra Region

Tel: +233(0)244 143212

Email: insightfoundation.ghana@yahoo.com

Contact person: Andrews Dowuona

Objectives / Areas of work:

- Mission is to create an enabling environment through collaboration with relevant organizations to promote education, human rights and sexual reproductive of vulnerable girls through innovative programs and projects.
- To promote development opportunities with equity to vulnerable and disadvantaged girls
- To inform, inspire, mentor and inspire girls as agents of change in their communities through inter-disciplinary development projects and programs
- To organize leadership workshops and conferences that encourages participatory learning to empower girls
- To unleash the potentials of girls through educational and creativity programs.
- To promote interventional programs on the girl child areas of education, health and human rights

Place of work: Greater-Accra Region

14. Organization: Sightsavers Ghana

Type of organization: Human rights civil society organization

Location: No. 58 Patrice Lumumba Rd. Airport Residential. Area Accra, Greater-Accra Region

Tel: +233(0)302 774210 / +233(0)244 326635

Email: gofefoame@sightsavers.org

Website: www.sightsavers.org/ghana

Contact person: Gertrude Fefoame

Objectives / Areas of work:

- Our vision is of a world where no one is blind from avoidable causes, and where people with disabilities participate equally in society
- Promote equal opportunities for people with disabilities, and we campaign for disability rights so everyone has the chance to go to school, earn a living and be happy

Places of work: Throughout the country

15. Organization: Mental Health & Well-Being Foundation

Type of organization: Human rights civil society organization

Location: Greater-Accra Region

Tel: +233(0)242873175

Email: agyarepatience843@gmail.com / facquah@bigpond.net.au

Objectives / Areas of work:

- Our vision is of a society in which mental illness will be understood and accepted. Resources will be available to offer early interventions, treatment and support. People with mental illness will no longer experience stigma, and society will treat them with the same respect and dignity as is provided to any other person

- The promotion and protection of the civil and human rights of people with mental illness
- Promoting a better quality of life for people with mental illness
- Advocacy – Engaging civil society, academic institutions, political officials and mental health professionals and advocates to raise the level of commitment to mental health issues through Conferences Globally
 - Training/ workshop – Mental Health First

Place of work: Greater-Accra Region

16. Organization: Amnesty International Ghana

Type of organization: Human rights civil society organization

Location: 63 Olympics Street, Kokomlemle, Greater-Accra Region

Tel: +233(0)302 220814

Facebook: <https://web.facebook.com/amnestyghana>

Instagram: @amnesty_ghana

Email: info@amnestyghana.org

Contact person: Frank Doyi

Objectives / Areas of work:

- Through our detailed research and determined campaigning, we help fight abuses of human rights worldwide
- We bring torturers to justice. Change oppressive laws and free people jailed just for voicing their opinions / concerns

Places of work: Throughout the country

17. Organization: Special Olympics Ghana

Type of organization: Disabled Peoples' Organization

Location: Hse No. 725/14, Dzorwulu Special School, Efua Sutherland Street, Dzorwulu, Accra, Ghana

Postal address: P. O. Box KD10, Accra, Ghana

Tel: +233 (0)208853310

Email: soghanadirector3@gmail.com

Contact person: Phyllis Dillis Biney

Twitter: @SO_Ghana

Facebook: <https://web.facebook.com/SpecialOlympicsGhana>

Objectives / Areas of work:

The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate

courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community as a whole.

Places of work: Throughout the country

- 18. Organization:** Concern Health Ghana
Type of organization: Human rights civil society organization
Location: Greater-Accra Region
Tel: +233(0)243 044732
Email: concernhealthghana@yahoo.com
LinkedIn: <https://www.linkedin.com/in/concern-health-ghana>
Contact person: Isaac Ampomah

Objectives / Areas of work:

- Disseminate information to the beneficiary communities in the area of health, good governance, human rights and environment and to ensure that all, including children and the vulnerable, have access to good healthcare, health information mainstreaming on human rights and good governance
- To empower the youth to undertake community volunteering towards the full attainment in their internship projects in line with our objects
- To engage policy makers and policy enforcers in dialogue with the communities and to catalyze participatory approaches on health issues, environment, human rights and good governance
- To promote and encourage active citizenship towards community development and well-being

Place of work: Greater-Accra Region

- 19. Organization:** Commonwealth Human Rights Initiative, Ghana (CHRI)
Type of organization: Human rights civil society organization
Location: House No. 9, Samora Machel Street, Asylum Down, Opposite Beverly Hills Hotel Near Trust Towers, Accra, Ghana
Tel: +233(0)302 971170 / +233(0)242704558
Email: chriafrika@humanrightsinitiative.org
Website: <https://www.humanrightsinitiative.org/content/accra-ghana>
Twitter: @CHRI_INT
Contact person: Mina Mensah

Objectives / Areas of work:

- CHRI) is an independent, non-profit, non-partisan, international non-governmental organisation working in the area of human rights

- CHRI promotes adherence to the Universal Declaration of Human Rights, the Commonwealth Harare Principles and other internationally recognized human rights instruments, including domestic legislation supporting human rights in Commonwealth countries

Places of work: Throughout the country

20. Organization: Africa Centre for Law & Accountability (ACILAA)

Type of organization: Human rights civil society organization

Location: No. #95 Nortei Ababio Loop, North Airport Residential Area, Accra, Ghana

Email: acila@acilla.com

Tel: +233(0)302 777214 / +233(0)561 766680

Website: www.acila.org

Facebook: <https://web.facebook.com/ACILAAGAINSTIMPUNITY/>

Contact person: William Nyarko

Objectives / Areas of work:

- To promote human rights, international justice, rule of law, good governance and international law in Ghana and Africa
- Educate the public about bilateral regional, continental and international law instruments that Ghana and African states have signed and / or ratified and their rights and obligations thereof

Places of work: Throughout the country

21. Organization: International Federation of Women Lawyers (FIDA)

Type of organization: Human rights civil society organization

Postal address: Legal Services Centre, P.O. Box 16502, Accra North, Ghana

Tel: +233(0)243 320392

Email: info@fidaghana.org

Contact person: Suzzy Aryettey

Objectives / Areas of work:

- We are involved in the promotion, protection and preservation of the rights and inherent dignity of women and children. These include their civil, political, economic, social and cultural rights

Places of work: Throughout the country

22. Organization: Social Enterprise Development Foundation of West Africa (SEND Ghana)

Type of organization: Human rights civil society organization

Location: Box A28 Regimanuel Estates, Nungua Barrier, Sakumono Estates, Greater-Accra Region*

Tel: +233 (0) 302 716830 / +233 (0) 302 716860

Email: info@sendwestafrica.org

Website: www.sendwestafrica.org

Facebook: <https://web.facebook.com/sendghanaofficial>

Contact person: George Osei-Bimpeh

Objectives / Areas of work:

- Vision: Ghana where people's rights and well-being are guaranteed with mission to promote good governance and equality of men and women in the country and the sub-region
- Mission: work to promote good governance and equality for women and men as well as persons with disabilities

Places of work: Throughout the country

23. **Organization:** Favor Foundation for Life

Type of organization: Human rights civil society organization

Location: Hse 19 Ablekuma – Afiencya, Greater-Accra Region

Tel: +233(0)265 596722

Email: info@ffl.org

Website: www.fflghana.org

Facebook: <https://web.facebook.com/IShallNotDie>

Contact person: Favor Hilda Brown

Objectives / Areas of work:

- Mental health awareness
- Suicide prevention awareness
- Protecting the rights of persons with mental disorders and suicide ideations
- Advocacy for conditions that enhance mental healthcare and services

Place of work: Greater-Accra Region

24. **Organization:** Ghana Blind Union (GBU)

Type of organization: Disabled Peoples' Organization

Location: Accra Rehabilitation Centre, Barnes Road, opposite the National Museum, Adabraka,

Accra

Tel: +233(0)3026 8007 / +233(0)244 753570

Email: infoghanablind@gmail.com

Website: www.ghanablind.net

Facebook: <https://web.facebook.com/Ghana-Blind-Union-Info>

Objectives / Areas of work:

VISION: A just society where blind and partially sighted persons have equal rights and opportunities to lead decent, dignified and productive lives

MISSION: To advocate the total inclusion of blind and partially sighted persons in society through awareness raising, services in education, training and rehabilitation

Places of work: Throughout the country

25. Organization: Ghana Association of Persons with Albinism (GAPA)

Type of organization: Disabled Peoples' Organization

Location: Accra Rehabilitation Centre, Barnes Road, opposite the National Museum, Adabraka,

Accra

Tel: +233(0)303 961304 / +233(0)246064209 / +233(0)208246314

Email: info@albinismghana.org

Website: <http://www.albinismghana.org/>

Facebook: <https://web.facebook.com/Gapaghana/>

Contact person: Mawunyo Yakor-Dagbah

Objectives / Areas of work:

VISION:

A just and inclusive society for Persons with Albinism for self-reliance and active participation in all matters in Ghana

OUR MISSION:

We exist to project the positive image of Persons with Albinism as we work with stakeholders to mainstream albinism issues in all sectors of national development through advocacy and awareness raising and in essence making society a better place for all.

AIMS & OBJECTIVES:

- To create an appreciable level of social awareness on the causes and challenges of albinism.
- To promote the training, education and employment of Persons with Albinism.
- To promote gender equity and human rights of Persons with Albinism including children.
- To seek for quality, specialized, humane, and cost effective healthcare and support aimed at alleviating the peculiar vision and skin problems of Persons with Albinism in Ghana
- To advocate the promulgation and adherence to specific legislations that will effectively check the frequent infringements of the fundamental human rights of Persons with Albinism in Ghana
- To co-operate and collaborate with like-minded Associations and bodies and with the Government of Ghana in pursuit of advancement of issues on Albinism

Places of work: Throughout the country

26. Organization: Ghana National Association of the Deaf (GNAD)

Type of organization: Disabled Peoples' Organization

Location: Accra Rehabilitation Centre, Barnes Road, opposite the National Museum,
Adabraka,
Accra

Tel: +233 (0)302 680100

Email: info@gnad.org

Website: www.gnad.org

Twitter: @original_gnad

Contact person: Juventus Duorinaah

Objectives / Areas of work:

VISION: To achieve an active and productive deaf community with access to education and information, and steady economic activities that can sustain and maintain quality and security of life

MISSION: To mobilize members, remove communication barriers, create awareness on deaf issues, and advocate for equal opportunities for the Deaf People

Places of work: Throughout the country

27. Organization: Special Mothers Association

Type of organization: Disabled Peoples' Organization

Tel: +233 (0)244 547980 / +233 (0)203 399137

Email: info@specialmothers.org

Website: www.specialmothers.org

Twitter: @HannahAwadzi1

Facebook: <https://web.facebook.com/Special-Mothers-Project-in-Ghana>

Contact person: Hannah Awadzi

Objectives / Areas of work:

MISSION: Parents' support group advocating for the rights of children with developmental and intellectual disabilities

Place of work: Greater-Accra Region

28. Organization: Ghana Society of the Physically Disabled (GSPD)

Type of organization: Disabled Peoples' Organization

Location: Accra Rehabilitation Centre, Barnes Road, opposite the National Museum,
Adabraka,

Accra

Tel: +233(0)200 166469 / +233(0)242 517636

Email: gspdacra@gmail.com

Website: <https://gspdacra.webs.com/>

Contact person: Diana Akuamoah

Objectives / Areas of work:

To advocate the rights of its members and to promote the inclusion of persons with physical disabilities in national development through advocacy, capacity building and institutional strengthening

Places of work: Throughout the country

29. Organization: Ghana Stammerers Association

Type of organization: Disabled Peoples' Organization

Tel: +233(0)246 288770 / +233(0)261 172117

Postal address: P.O. Box KW 511, Kwabenya, Accra, Ghana

Email: ghstammeringassociation@gmail.com / elias.apreko@gmail.com

Facebook: <http://www.facebook.com/ghanastammeringassociation>

Contact person: Elias Apreko

Objectives / Areas of work:

Promote awareness and offer assistance to all Stammerers whose lives are affected through stigma, exclusion and deprivation of rights because of their conditions

Places of work: Throughout the country

30. Organization: Burns Survivors Foundation

Type of organization: Disabled Peoples' Organization

Tel: 0544794322

Email: burnsurvivors@hotmail.com

Contact person: Dennis Opoku

Objectives / Areas of work:

To create awareness on challenges confronting burn survivors and support for their treatment as well as rehabilitation

Places of work: Greater-Accra Region

31. Organization: Planned Parenthood Association of Ghana (PPAG)

Type of organization: Human rights civil society organization

Location: 6 - Naa Asia Road, Lartebiokorshie, Accra -0749 Postal code: GA 364

Tel: +233 (0)302 310369 / +233 (0)302 310454

Postal address: P.O. Box AN5756, Accra North, Ghana

Website: www.ppag-gh.org

Email: info@ppag-gh.org

Facebook: <https://web.facebook.com/PPAGh/>

Twitter: @PPAGGhana

Contact person: Abena Adubea Acheampong

Objectives / Areas of work:

Vision: All people in Ghana, especially the young population, and vulnerable groups, have unhindered access to and utilize Sexual and Reproductive Health and Rights (SRHR) information and services.

Mission: To provide comprehensive Sexual and Reproductive Health and Rights (SRHR) information and services to all people in Ghana especially the young and vulnerable towards enhancing the quality of life.

Aims and Objectives

1. To assist national efforts aimed at improving the socio-economic and political life of the population.
2. To promote the physical and mental health of families, especially the youth through positive sexual behaviours
3. To promote better health and nutrition of families, especially children and women
4. To initiate and promote educational and other programmes aimed at responsible family life for the youth

Places of work: Throughout the country

32. Organization: Network for Women's Rights (NETRIGHT)

Type of organization: Human rights civil society organization

Tel: +233(0)302 511189 / +233(0)302 500419

Email: info@netrightghana.org / netright@ymail.com

Facebook: <https://web.facebook.com/netrightghana/>

Website: www.netrightghana.org

Twitter: @NETRIGH

Contact person: Pauline Vande-Pallen

Objectives / Areas of work:

VISION: To create a society that pays equal attention to the ways in which national processes, policies and practices affect Ghanaian men and women as well

MISSION: To promote women's rights in Ghana through the critical analysis of gender dimension of national processes, policies and advocate for policy

Places of work: Throughout the country

33. Organization: Divine Group International Foundation

Type of organization: Human rights civil society organization

Location: Sowutuom-Omandjor, Ga West Municipal Assembly, Greater-Accra Region

Tel: +233(0)244760710

Email: divinegroupinternational@gmail.com

Facebook: <https://web.facebook.com/Divine-Group-International-Clinic-Maternity>

Website: www.dgigh.org

Contact person: Ebenezer Adu-Lartey

Objectives / Areas of work:

Mission: To promote human transformation and well-being by mobilizing and bringing quality healthcare and salvation to deprived communities

Vision: We envision an Improved life for all

Our services:

Divine Group International empowers children, families, and communities to escape poverty and injustice through a variety of programs, including:

- Child sponsorship
- Clean water
- Agriculture and farming
- Child education
- Hygiene and sanitation
- Medical care
- Economic development
- Maternal and child care
- Spiritual nurture
- Advocacy on behalf of those whom we serve

Places of work:

Throughout the country

34. Organization: Hope for Future Generation (HFFG)

Type of organization: Human rights civil society organization

Location: Odotei Tsui Loop, adjacent Ghana Refugee Board, Dzorwulu, Accra

Digital address: GPS: GA-121-2572

Tel: +233 (0) 303 971 433 / 303 971 435

Email: hello@hffg.org

Website: <https://hffg.org/about-us/>

Twitter: @HFFGat20

Contact person: Cecilia Lodonu-Senoo

Objectives / Areas of work:

Vision: A nation free of discrimination where women, children, and young people have equal opportunity to develop their full potential

Mission: To form partnerships that will facilitate and improve the health, education and socioeconomic status of women, children and young people through empowerment, right-based approaches, innovative, acceptable, sustainable and participatory strategies

HFFG was established in 2001 as a national, community based, non-governmental, not-for-profit organization to facilitate and improve the health, education and socio-economic status of women, children and young people through empowerment, rights-based approaches, innovative and acceptable participatory strategies.

Place of work: Throughout the country

35. Organization: Christ Soldiers Foundation

Type of organization: Human rights civil society organization

Location: La, Accra

Tel: 0243769119

Email: charlesashie@gmail.com

Contact person: Charles Ashie

Objectives / Areas of work:

- Mental Health education and advocacy
- Human rights of persons with mental disabilities

Place of work: Greater-Accra Region

36. Organization: Media Caucus on Disability

Type of organization: Human rights civil society organization

Location: Greater Accra

Tel: +233(0)277 451607

Email: majorielampzey340@gmail.com

Contact person: Marjorie Lampzey

Objectives / Areas of work:

- Publicize issues of persons with disabilities in the media
- Collaborate with organizations of persons with disabilities in asserting their rights
- Facilitate engagements with the media and other networks to highlight issues of disabilities

Place of work: Throughout the country

NORTHERN REGION (Now split into Northern, Savannah & North East Regions)

37. Organization: Mental Health Hub

Type of organization: Human rights civil society organization

Location: Tamale, Northern Region

Tel: +233(0)2444 94563

Email: mentalhealth.hub101@gmail.com

Facebook: <https://web.facebook.com/MentalHealthHubGhana>

Contact person: Sophia Kpebu

Objectives / Areas of work:

- Seeks to help give mental health education in various communities and help improve mental health situations in communities
- Assist and see people have better control of their mental health and chart a path of preventive approach to mental health issues in Ghana

The organization uses grassroots education and awareness creation to help tackle mental health issues also dedicated to research in mental and neurological health and, substance use to generate evidence for policy and best practice in the provision of affordable, appropriate, available

Places of work:

Tamale, Greater-Accra Region

38. Organization: BasicNeeds Ghana (BNG)

Type of organization: Disabled Peoples' Organization

Postal Address: P. O. Box TL1140, Tamale, Northern Region, Ghana

Location: Plot No: 143, Industrial Area Res. Ext. BLK III Revised, Chanshegu, Tamale-Kumasi Highway; Opposite UDS Central Administration, Behind: Offices of the Department of Feeder Roads

Tel: +233 (0)3720 23566, (0)302 781217 **Mobile:** +233 (0)244 572 733 **Fax:** +233 (0)3720 24245, (0)302 772003

Email: peter.yaro@basicneedsgh.org

Contact person: Peter Badimak Yaro

Website: www.basicneedsghana.org

Facebook: BasicNeeds Ghana

Twitter: @BasicNeedsGh

Vision: That the basic needs of all persons with mental disorders throughout the world are met and their basic rights are respected

Mission: To initiate programmes in developing countries which actively involve persons with mental health conditions and their carers and enable them to realize their basic needs and exercise their basic rights

Areas of work: -

- **Capacity building** of persons with mental disabilities, their carers, communities and partner organizations to improve their lives
- **Community mental health** where persons with mental health conditions can easily access treatment and care
- **Promoting sustainable livelihoods** where persons with mental disabilities can engage in skills and vocations that will enable them to live dignified and independent lives
- **Research, policy and advocacy:** Having persons with mental disabilities at the centre of research and policy as well as involving all the stakeholders, information base is developed which amply reflects their lives and needs

Areas of work are:

- **Capacity building** of persons with mental disabilities, their carers, communities and partner organizations to improve their lives
- **Community mental health** where persons with mental health conditions can easily access treatment and care
- **Promoting sustainable livelihoods** where persons with mental disabilities can engage in skills and vocations that will enable them to live dignified and independent lives

- **Research, policy and advocacy:** Having persons with mental disabilities at the centre of research and policy as well as involving all the stakeholders, information base is developed which amply reflects their lives and needs
- **Programme management and administration** ensure that all programmes are administered with the active participation of partner organizations in planning, implementation and monitoring

Places of work: All the districts in Northern Region and 8 other regions in Ghana

39. **Organization:** Drive for Health Foundation

Type of organization: Human rights civil society organization

Location: Tamale metropolis, Northern Region

Tel: +233(0)240 728938

Email: suglodamasus@yahoo.com

Facebook: <https://web.facebook.com/driveforhealthfoundationghana>

Website: www.drive4healthfoundationghana.org

Contact person: Damasus Suglo

Mission: Our mission is to create public awareness, prevention, care and treatment of communicable and Non communicable disease including Hepatitis B and C and HIV/AIDS not neglecting malnutrition and all that affect women with disabilities and children through effective communication and advocacy

Areas of work:

1. Viral Hepatitis
2. Maternal and child health
3. Reproductive health rights
4. Mental Health
5. Women Empowerment

Places of work: Tamale Metro, Sagnarigu, Savannah Region & Kpandai

40. **Organization:** North Code Ghana

Areas of work: Promotion of sustainable and equitable development of the deprived, poor and vulnerable societies, communities and Individuals to reflect social justice and equal rights

Places of work: Tamale Metropolis, Sagnerigu Municipality, North Gonja, Bole District & East Mamprusi Municipal

41. **Organization:** RUWA-Ghana

Type of organization: Human rights civil society organization

Location: Tamale metropolis, Northern Region

Tel: +233(0)200 799614

Email: ruwa@yahoo.com / info@ruwaghana.org

Website: <https://ruwaghana.wordpress.com/about/>

Contact person: Rauf Aziz Masud

Mission: To improve the situation of rural and urban women of northern Ghana with disabilities and their families by assisting them to unite and work together through economic empowerment, health interventions and good governance

Areas of work: Respect for human rights and dignity for the vulnerable and persons with disabilities

Places of work: Tamale Metropolis, Sagnerigu Municipality, Nalerigu, Walewale, Yendi Municipality, Gushiegu & Chereponi

42. Organization: Total Life Enhancement Centre Ghana – (TOLEC Gh)

Type of organization: Human rights civil society organization

Location: Tamale metropolis, Northern Region

Tel: +233 (0)242 154006

Email: tolec13@gmail.com

Facebook: <https://web.facebook.com/tolec17>

Website: www.tolecgh.org

Twitter: @tolec_13

Contact person: Peter Mintir Amadu

Mission: To help in improving the quality of life of individuals through the provision of holistic healthcare services delivery and advocacy

Areas of work:

- Mental health advocacy
- Psychological intervention
- Emotional management and emotional intelligence services
- Social intervention

Places of work: Tamale Metropolis, Sagnerigu Municipality, Bolgatanga, Sandema, Mion, Zabzugu & Tatale

UPPER WEST REGION

43. Organization: Centre for Advancing Rural Opportunity (CARO Ghana)

Type of organization: Human rights civil society organization

Location: Wa, Upper West Region

Tel: +233(0)547 840902 / +233(0)507 121220

Facebook: <https://web.facebook.com/CaroGhana/>

Email: caroghana@gmail.com / caronow.2010@gmail.com

Contact person: Salifu Freeman Kanton

Mission: Seeks to empower the vulnerable, extremely poor and marginalized group in communities for a sustainable community development through strategic partnerships and collaborations with other development partners to address the issue of poverty, illiteracy, disabilities, disease and injustice.

Areas of work: Health, Democracy, Human Rights, Governance & Advocacy

Places of work: Wa, Jirapa, Lambussie, Lawra, Nadowli, Tumu, Gwollu, Funsu, Wa East & Wa West District

44. Organization: Action for Sustainable Development (ASUDEV)

Type of organization: Human rights civil society organization

Location: Kusunjan Residential Area. City: Tumu, Upper West Region

Tel: +233(0)208 420949

Email: Asudevtumu06@yahoo.com.ph

Contact person: Osman Kanton Luriwie

Mission: Working actively with people in the rural areas in collaboration with other civil society organizations and agencies using rights-based approaches to empower the poor and disadvantaged towards reducing poverty, discrimination and marginalization

Areas of work: Human rights, empowerment of persons with disabilities, capacity building of the vulnerable

Places of work: Sissala East, Sissala West, Wa East, Wa Municipal, Dafiama-Bussie

45. Organization: Teentalk Ghana

Type of organization: Human rights civil society organization

Location: Wa, Upper West Region

Tel: +233(0)248 120587

Contact person: Osman Linat

Mission: a non-governmental organization that creates opportunities, and platforms for teenagers, teen-mothers and the youth with disabilities to empower themselves within their strengths.

Areas of work: Conduct research across the length and breadth of the region on teenagers, teen-mothers and youth with disabilities on empowerment and skills development

Dedicated to improving the educational attainments, human rights and welfare, health needs and creating opportunities for teenagers

Places of work: Wa Municipal, Wa East

46. Organization: Youth Advocacy on Rights and Opportunities (YARO)

Type of organization: Human rights civil society organization

Location: Wa, Upper West Region

Tel: +233(0)244 788662

Email: yaroghoffice@yahoo.co.uk

Facebook: <https://web.facebook.com/YARO-Club->

Website: www.yaroghana.net/

Contact person: Hajei Bennin Duori

Mission: Working for sustainable human development by sharing experiences and developing models strategies that respond to both changing needs and challenges of vulnerable and deprived people in society especially persons with mental health conditions and their carers

Areas of work: Mental health, outreaches, awareness creation and psychological well-being

- **Mission:** Mission is to work with the vulnerable, persons with disabilities and poverty stricken communities and families and to ensure that people everywhere have the right and opportunity to live a good life

Places of work: Wa, Jirapa, Lambussie, Lawra, Nadowli, Tumu, Gwollu, Funsu, Wa East & Wa West District

47. Organization: SAVE Ghana

Type of organization: Human rights civil society organization

Location: Wa, Upper West Region

Tel: +233(0)208 830901

Email: sule@saveghana.org

Contact person: Sule Dintie Tayiru

Mission: is to work with the vulnerable, persons with disabilities and poverty stricken communities and families and to ensure that people everywhere have the right and opportunity to live a good life

Areas of work: Health, disability, human rights, agriculture and livelihood support systems

Places of work: Wa, Jirapa, Lambussie, Lawra, Nadowli, Tumu, Tamale Municipal & Navrongo

48. Organization: ProNet North

Type of organization: Human rights civil society organization

Location: Behind the Nasona Fuel Station, Wa, Upper West Region

Postal address: P.O. Box 360 Wa, Upper West Region Ghana

Tel: +233(0)244 290439

Email: pronetwa@gmail.com

Website: <https://www.pronetnorth-ghana.org/contact.html>

Facebook: <https://web.facebook.com/pronetnorthwa>

Contact person: Martin Dery

Vision: To work towards a society of equal opportunity for sustainable development and women's rights

Mission: Promoting Inclusive Sustainable Poverty Reduction, Human Dignity, Ecological Balance and Gender Equality through Effective Partnerships, Networking and Continuous Learning

Places of work: Nadowli, Tumu, Gwollu, Funsu, Wa East & Wa West District, Bolgatanga, Bongo East, Sandema, Wa

49. Organization: The Centre for the Promotion of Democratic Governance (CENPRDEG)

Type of organization: Human rights civil society organization

Location: Wa, Upper West Region

Tel: +233(0)207 381894 / +233(0)248 655562

Email: cenprodeggghoffice@gmail.com / edithdery@gmail.com

Contact: Edith Naaza

Vision: To work towards eradication of vulnerability, child marriage (promoting the rights of the child), gender based violence, commercial sexual exploitation of the child, Children and youth empowerment with special emphasis on marginalized boys and girls at grassroots level

Mission: To promote and enhance the capabilities of children, youth and women in the Upper West Region and beyond to effect positive social changes that would necessitate the development of their lives, communities and the nation at large

Areas of work: Sissala West, Sissala East, Wa Municipal, Wa East

UPPER EAST

50. Organization: Development Research and Advocacy Centre

Type of organization: Human rights civil society organization

Location: Bolgatanga, Upper East Region

Tel: +233(0)247 588313

Email: dracbolga@yahoo.com

Website: www.dracghana.org

Facebook: <https://web.facebook.com/DRACGHANA/>

Contact person: Patrick Anamoo

Vision: Advocate the rights of women especially older ones detained at witches' camps and fetishes

Advocacy against child marriages and customary engagements

Places of work: Bolgatanga, Zebilla, Bongo, Sandema, Garu, Binduri, Pusiga, Tempene, Talensi, Builsa, Navrongo, Bawku, Paga, Tongo,

51. Organization: Mission of Hope

Type of organization: Disabled Peoples' Organization

Location: Navrongo, Upper East Region

Tel: +233(0)245 223979

Email: coalitionuppereast@gmail.com

Contact person: Thomas Agambire

Vision: Promote the economic and social rights of peasant farmers and farm labourers

Areas of work: Build the capacities of farmers to access support and resources to ensure increased productivity

Places of work: Talensi, Builsa, Navrongo, Bawku, Bongo, Sandema

52. Organization: RISE Ghana

Type of organization: Human rights civil society organization

Location: Bolgatanga, Upper East Region

Tel: +233(0)266 195156 / +233(0)248 498703

Email: riseghana06@gmail.com

Contact person: Mohammed Awal

Website: Riseghana.org

Facebook: <https://web.facebook.com/RISE-Ghana>

Mission: To facilitate and initiate processes and programmes that empower poor people's movements and persons with disabilities to access and utilize the social, human and natural resources they need in a sustainable and timely manner to become self-reliant

Areas of work:

- To promote health and sustainable livelihood practices
- To improve the rights of women, children and People with Disability (PWDs)
- To facilitate knowledge sharing and skills acquisition for self-help and sustainable development
- To empower poor people's movements economically and socially to live in dignity

Places of work: Bolgatanga, Zebilla, Bongo, Sandema, Garu, Binduri, Pusiga, Tempene, Talensi, Builsa East & West, Navrongo, Bawku, Paga, Tongo

53. Organization: Passion for Total Care

Type of organization: Human rights civil society organization

Location: Bolgatanga, Upper East Region

Tel: +233(0)24 476 8957

Email: pftcare@gmail.com

Contact person: Emmanuel Richard Avadetsi

Website: passion4totalcare.wordpress.com

Twitter: @pftcare

Mission: To provide mental healthcare services to persons with mental disorders for recovery, and to provide for such persons a congenial therapeutic environment with competent and devoted

Areas of work: Mental healthcare and rehabilitation and mental health advocacy

Places of work: Bolgatanga, Zebilla, Bongo, Sandema, Garu, Binduri, Pusiga, Tempane, Talensi, Builsa East & West, Navrongo, Bawku, Paga, Tongo

54. Organization: Youth Harvest Foundation Ghana

Type of organization: Human rights civil society organization

Location: Bolgatanga, Upper East Region

Tel: +233(0)382 095924 / +233(0)246 860092

Email: info@yhfg.org

Contact person: Augustina Achigibah

Website: www.yhfg.org

Facebook: <https://web.facebook.com/youth.harvest.partners.ghana>

Mission: Support and empower young people and persons with disabilities to achieve their full potential in their personal lives

Areas of work:

- professional development activities
- champion training as active advocates of the rights of young people
- contribute to a sustainable environment for the rights of persons with disabilities and the vulnerable to fester

Places of work: Bolgatanga, Zebilla, Bongo, Sandema, Garu, Binduri, Pusiga, Tempane, Talensi, Builsa East & West, Navrongo, Bawku, Paga, Tongo, Tamale, Wa

55. Organization: International Citizen Service

Type of organization: Human rights civil society organization

Location: Bolgatanga, Upper East Region

Tel: +233(0)203 522040

Email: rdah@internationalservice.org

Contact person: Rene Sie Dah

Mission & areas of work:

- Mental health education and training
- Advocacy for the rights of persons with mental disabilities and other vulnerable groups

Places of work: Bolgatanga, Sandema & Navrongo

BRONG AHAFO REGION (Now Ahafo, Bono and Bono East Regions)

- 56. **Organization:**** Human Care and Maintenance Foundation
Type of organization: Human rights civil society organization
Location: Tano South District, Brong-Ahafo (Now Ahafo) Region
Tel: +233(0)540 543051 +233(0)206 767788
Email: ngo.hucam@yahoo.com
Facebook: <https://web.facebook.com/Human-Care-and-Maintenance-Foundation>
Website: <http://www.tanosouthdistrict.blogspot.com/2012/04/profile-of-human-care-and-maintenance.html>
Contact person: Evelyn Bema Darkwa

Objectives / Areas of work:

MISSION STATEMENT:

To support government of Ghana's drive of building and improving the welfare of all people particularly the vulnerable such as orphans, persons with disabilities, aged, children, women and youth to become relevant to the socio-cultural, socio-political and socio-economic realities and national development through advocacy, education, accountability, efficiency, transparency, confidentiality and research.

Areas of work: Mental health education & advocacy, primary health care, HIV/AIDS, tuberculosis and Malaria

Place of work: Brong-Ahafo Region

57. Organization: MIHOSO International

Type of organization: Human rights civil society organization

Location: Sunyani, Brong-Ahafo (Now Bono Region)

Tel: +233(0)207 786929

Postal address: P.O. Box 1694, Sunyani, Brong-Ahafo Region

Email: hopeforsociety@yahoo.com / gbielgabriel@yahoo.com

Facebook: <https://web.facebook.com/mihosoint.foundation/>

Website: <https://mihosointernational.org/>

Contact person: Gabriel Gbiel Benarkuu

Objectives / Areas of work:

VISION: To create a safe world for Women, Youth, Children and the Socially Marginalized in Africa

MISSION: Committed to providing Public Health Services, Social Accountability, Community and Organisational Development Interventions to operational communities through Action Research, Advocacy, Capacity Training, Sharing of Resources and Livelihood Support to improve the quality of life of Women, Youth, Children and Socially Marginalized in Africa"

Areas of work: Maternal mental health, mental health and livelihood, HIV/AIDS support services, Sexual and reproductive health, Nutrition, agroforestry and food security, human rights and advocacy

Places of work: Brong-Ahafo Region, Ashanti Region, Upper West Region, Northern Region and Upper East Region

58. Organization: Ahenbronoso Care Foundation

Type of organization: Human rights civil society organization

Location: Techiman, (Bono East) Brong-Ahafo Region

Postal address: Box TM 426, Techiman, Brong-Ahafo Region

Tel: +233(0)504 108748

Email: addae.kusi009@yahoo.com

Contact person: Isaac Kusi Addae

Objectives / Areas of work:

Education, Primary health care, HIV/AIDS, TB, Malaria, disability, mental health education and advocacy

Place of work: Bono East Region

59. Organization: Holy City Foundation

Type of organization: Human rights civil society organization

Location: Kintampo, Bono East Region

Tel: +233(0)243 174742 +233(0)509 989969

Email: holycifound@yahoo.com

Facebook: <https://web.facebook.com/Holy-City-Foundation-HCF>

Contact person: Alhaji Baba Tanko

Objectives / Areas of work:

Basic education, HIV/AIDS, tuberculosis, health education and Malaria

Place of work: Brong-Ahafo Region

60. Organization: Peace Builder and Development Foundation

Type of organization: Human rights civil society organization

Location: Sunyani, Bono Region

Tel: +233(0)208 614825

Email: d.kokrah@yahoo.com

Contact person: P. K. Okrah

Objectives / Areas of work:

Peace education, HIV/AIDS, Tuberculosis and Malaria

Place of work: Brong-Ahafo Region

61. Organization: New Hope Association

Type of organization: Human rights civil society organization

Location: Bono Region

Tel: +233(0)208 614825
Email: Okuoba77@gmail.com
Contact person: Gyasi Godwin

Objectives / Areas of work:

HIV care and support, livelihood activities, maternal mental health, tuberculosis

Place of work: Brong-Ahafo Region

- 62. Organization:** Community Youth and Development Foundation
Type of organization: Human rights civil society organization
Location: Ghana Highways Authority Yard, Opposite College of Health, Kintampo, Brong-Ahafo
Postal Address: Post Office Box 68, Kintampo, Bono East, Ghana
Tel: +233 (0)248 270261 / +233 (0) 242 711068
Email: communityyouth_d@yahoo.com / e.fugah@yahoo.com
Website: <https://ghanayouthdirectory.org/directory/3000/community-youth-development-foundation>
Facebook: <https://web.facebook.com/youthcommunitydevelopmentfoundation>
Contact person: Emmanuel Fugar

Objectives / Areas of work:

VISION: Cultivate in our target audience mostly the youth, women and children Positive attitudinal and behavioural changes for holistic living and national development.

MISSION STATEMENT: Strategizing and delivering of quality services to mankind and working in partnership with other like-minded groups and individuals to provide relief, rehabilitation through education, Advocacy, Counselling and self-reliance activities within target beneficiary communities for the alleviation of poverty.

Health and its related issues, 2. Gender and Advocacy
3. Good Governance and Human Rights, 4. Conflict Management, 5. Rights of the Child
6. Youth Development, 7. Education, 8. Environment/Climate Change, 9. Agriculture
10. Social Accountability, 11. Voluntary service providers

Places of work:

Bono East, Bono, Ahafo Regions: Kintampo North and South, Nkoranza North and South, Goaso and Wenchi; Northern Region -Central Gonja District; Volta Region: - Keta Municipal and North Tongu and Eastern Region: Akuse

- 63. Organization:** Clement Care Foundation
Type of organization: Human rights civil society organization

Location: Sunyani, Brong-Ahafo Region
Tel: +233(0)209 057937 /+233(0)507 586232
Email: info@clementcare.org
Website: <http://www.clementcare.org/>
Facebook: <https://web.facebook.com/Clement-Care-Foundation>
Contact person: Clement Boateng

Objectives / Areas of work:

Mission: To care for the needy in Ghana through the implementation of relevant sustainable programs and services
Areas of work are: Education, public health promotion, advocacy, human rights

Place of work: Bono, Bono East and Ahafo Regions

- 64. Organization:** Global Media Foundation
Type of organization: Human rights civil society organization
Location: Sunyani, Brong-Ahafo Region
Tel: +233(0)2080 28666 / +233(0)209 323715
Email: glomefghana@gmail.com
Facebook: <https://web.facebook.com/glomef/>
Website: www.glomef.org
Contact person: Raphael Ahenu

Objectives / Areas of work:

- Organization is aimed at creating a vibrant, dynamic and smart media in Africa to fight against corruption and seek social justice as well as ensuring sustainable development through the promotion of Millennium Development Goals (MDG's), peace, democratic governance, human rights, youth and women development and ensuring free flow of information
- Awareness and advocacy campaigns

Places of work: Throughout the country

ASHANTI REGION

- 65. Organization:** Network for Health & Relief Foundation
Type of organization: Human rights civil society organization
Location: Kumasi, Ashanti Region

Tel: +233(0)244333613 / +233(0)209341855

Email: nethealfound@gmail.com

Contact person: Samuel Oracca-Tetteh

Objectives / Areas of work:

- Health education and awareness
- Advocacy for access to affordable healthcare for persons with disabilities and the vulnerable
- Engagements with duty bearers and stakeholders on health interventions and reliefs for the vulnerable

Places of work:

Ashanti Region, Western Region and Greater-Accra

66. Organization: Centre for the Development of People (CEDEP)

Type of organization: Human rights civil society organization

Location: Kumasi, Ashanti Region

Postal address: C/O Box 5601, Kumasi

Tel: +233(0)322 091847/8

Email: info@cedepghana.org

Contact person: Dr. Wisdom Mprah

Objectives / Areas of work:

- To support, facilitate and build the capacity of marginalized, persons with disability and vulnerable groups in society to become effective partners and together influence policy, in pursuit of sustainable human development in Ghana
- To empower disadvantaged groups, Community-Based Organizations and institutions to work for the rights of their members and ensure the recognition of their needs and potentials by the structures of authority and the community
- To sensitize critical actors in society to protect the rights of the marginalized and ensure the recognition of the needs and potentials of the latter by the structures of authority
- To enhance women's ability to improve the quality of their lives through participatory decision-making, access to and control of resources, skills and benefits
- To develop a strong network with other organizations in order to influence macro socio-economic

Places of work:

Throughout the country

67. Organization: Vision for Action Foundation (VAF)

Type of organization: Human rights civil society organization

Location: Kumasi, Ashanti Region

Tel: +233(0)207 841635

Contact person: Justice Owuraku Boafo

Objectives / Areas of work:

VISION: Focus on people with health conditions such as those with HIV/AIDS, Malaria, tuberculosis, mental health support and children with disabilities, incommunicable diseases, Child Labour on Ghana Economy, Orphans and Vulnerable Children and other health related issues. In addition to health issues also embark on various agriculture interventions such as provision of seeds\seedlings to vulnerable cocoa and vegetable farmers

MISSION:

Exists to ensure the provision of services to improve the living standards of people living with HIV/Aids, Malaria, tuberculosis mental health support and controls, Governance, Water and Sanitation and other health related diseases and supporting vulnerable children in Ghana through the formation and implementation of activities in partnership with other stakeholders

Place of work: Ashanti Region

68. Organization: MEMHREP

Type of organization: Human rights civil society organization

Location: Kumasi, Ashanti Region

Tel: +233(0)243362808 / +233(0)322 395627 / +233(0)248 76 2692

Email: memhrepghana@gmail.com

Facebook: <https://web.facebook.com/www.memhrep.org>

Website: www.memhrep.org

Contact person: George Amporfo

Objectives / Areas of work:

- Working to end the distress of people with mental health related issues
- Providing medical treatment, counseling, spiritual, emotional and moral support
- Preparing a resettlement plan for recovered clients
- Promoting and protecting good mental health for all
- Supporting personal recovery and promoting social inclusion
- Supporting people to take control over their mental health
- Treating service users fairly with respect and the dignity they deserve

Place of work: Kumasi and other districts in the Region

69. Organization: Social Support Foundation (SSF)

Type of organization: Human rights civil society organization

Location: House No. BNK 17, near Tema House, Bogobri-Adansi, Ashanti Region

Postal address: P.O. Box 968, Obuasi, Ashanti Region, Ghana

Tel: +233(0)208 989976 / +233(0)244 605165

Email: ssfghana@yahoo.c

Website: www.ssfghana.org

Facebook: <https://web.facebook.com/Social-Support-Foundation-Obuasi>

Contact person: Louis Acheampong

Objectives / Areas of work:

Social Support Foundation (SSF) is an international non-governmental organization and civil society organization in Ghana that is dedicated to improving the situation of marginalized Ghanaians. SSF recognizes the ideals enshrined in the universal declaration of human rights and seeks to empower those who have fallen by the wayside through grass-roots initiatives aimed at education, counseling, community intervention, and economic training.

Areas of work are:

- Human rights advocacy
- Sustainable development
- Social accountability
- Citizen-government engagement
- Supporting budget research and advocacy
- Supporting civil society training and capacity enhancement for budget advocacy in the health and social interventions

Place of work: Ashanti Region

70. Organization: WeRise Foundation Ghana

Type of organization: Human rights civil society organization

Location: Kumasi, Ashanti Region

Postal address: P.O. Box 4218, Kumasi

Tel: +233(0)270 551916

Email: albe.aot@gmail.com

Website: www.werisefoundation.org

Facebook: <https://web.facebook.com/Werisefoundationtech/>

Contact person: Albert Osei-Tutu

Objectives / Areas of work:

VISION: To establish presence and identity in all public and private schools in Ghana in our core mission of ensuring that disability issues are addressed adequately

VISION: To abate the stigmatization persons with disabilities face

To educate the populace disabilities issues and their acceptance

Place of work: Ashanti Region

71. Organization: Disability Talkers

Type of organization: Disabled Peoples' Organization

Location: Kumasi, Ashanti Region

Tel: +233 (0) 244 751855

Email: distalkers@gmail.com

Contact person: Kwadwo Agyei Okyere

Objectives / Areas of work:

VISION:

An environment where all children, youth and adults with disabilities enjoy the same rights, opportunities and responsibilities within inclusive societies and better employment services in Ghana

MISSION:

To promote the wellbeing, inclusion and participation of persons with disabilities in all spheres of social life through advocacy, voluntary service, technical and financial support to individuals and disability focused organizations

Place of work:

Ashanti Region

72. Organization: Kids with Special Needs and Parent Care Foundation

Type of organization: Disabled Peoples' Organization

Location: Kumasi, Ashanti Region

Tel: +233(0)545 420823

Email: kspcfoundation@yahoo.com

Contact person: Martha Opoku-Agyeman

Objectives / Areas of work:

VISION:

Be part of the collaborative force promoting curative measures for children with birth defects such as Cerebral Palsy and their families through awareness creation and to solicit funds for the provision of their special needs, livelihood support in catering for these vulnerable ones and bring about positive changes in their lives

MISSION:

Strives to improve the health of children with special needs and help in protecting their interests and fighting for the rights of the suppressed, marginalized and neglected parents and children to alleviate the burdens they carry

ACTIVITIES:

- Create awareness and advocacy on children with Cerebral Palsy and other birth defects nationally
- Fight for their fundamental rights to be respected
- Improve the health and living conditions of these vulnerable children especially those in the deprived areas

Place of work: Ashanti Region

EASTERN REGION

73. Organization: Divine Mother and Child Foundation

Type of organization: Human rights civil society organization

Location: Koforidua, Eastern Region

Tel: +233(0)506 494514 / +233(0)2493 96497

Email: divinemotherchildfoundation@gmail.com

Website: www.dmacgh.org

Twitter: @dmac_foundation

Facebook: <https://web.facebook.com/dmacfoundation1>

Contact person: Edmund Duodu Atweri

Objectives / Areas of work:

To identify, address and prevent complications that arise during pregnancies, labour and postpartum cases.

To collaborate and network with other NGOs to mobilize resources to address the needs of disadvantaged women and children

Places of work:

New Juaben Municipal, Kwahu Afram Plains District, North & South Districts of Ayensuano, all of which are in the Eastern Region

74. Organization: Obra Foundation

Type of organization: Human rights civil society organization

Location: Adeiso, Eastern Region

Postal address: P.O. Box 63 Adeiso, E/R Ghana

Tel: +233(0)243 745399 / +233(0)208 128794

Email: obrafoundation@yahoo.com

Facebook: <https://web.facebook.com/Obra-Foundation->

Contact person: James Mensah Boamah

Objectives / Areas of work:

- Ensuring quality education and healthcare for vulnerable women and children
- Advocacy for education at all levels for the vulnerable

Places of work:

Upper & Lower West Akim Districts, Kwahu East District, all in the Eastern Region

75. Organization: Zongo Youth Foundation

Type of organization: Human rights civil society organization

Location: Adoagyiri, Nsawam, Eastern Region

Postal address: P.O. Box 633, Nsawam, Eastern Region

Tel: +233(0)24 4 62 7910 / +233(0)243 624262

Email: zongoyouth2020@gmail.com

Facebook: <https://web.facebook.com/Zongo-Youth-Foundation>

Twitter: @vzyfoundation

Contact person: Abdul M. Yakub

Objectives / Areas of work:

Improving the capacity of the youth in the areas of education, mental health and good governance

Places of work:

Nsawam, Adoagyiri, Suhum

76. Organization: Ark Development Organization

Type of organization: Human rights civil society organization

Location: Nsawam, Eastern Region

Tel: +233(0)244 101915 / +233(0)503 896687

Email: arkdevelopmento@gmail.com

Website: www.arkghana.com

Facebook: <https://web.facebook.com/ARKDevelopmentOrganization/>

Twitter: @DevelopmentArk

Contact person: Emmanuel K. Mintah

Objectives / Areas of work:

Mission: Ark Development Organization is a health, education, governance and environmentally focused organization committed to improving the lives of deprived women, children and the disabled through capacity building, evidence based advocacy and participatory innovative programs.

Objectives:

1. To promote the development initiatives of children, the youth and women in deprived communities
2. To educate the women, children and persons with disabilities on public and reproductive health and rights
3. To provide education for out-of-school children in informal settings with the aim of ushering them into formal education
4. To provide a platform for the voiceless and the marginalized in society on good governance
5. To promote education on environment and climate change, water and sanitation issues that directly and indirectly affect the health and livelihoods of the people
6. To develop organizational capacity for effective community service delivery
7. To facilitate networking with partners and civil society organizations which share common vision for mutual support

Places of work:

Nsawam, Adoagyiri, Suhum, Ayensuano, Kwaebibirem, Akwapim South & North

77. Organization: Socioserve Ghana

Type of organization: Human rights civil society organization

Location: Akosombo, Eastern Region

Tel: +233(0)244 955578 / +233(0)244 167851

Email: socioservegh@gmail.com

Facebook: <https://web.facebook.com/Socioserve-Ghana-SSG>

Website: www.socioservegh.org

Twitter: @SocioserveGhana

Contact person: Rita Ntoso

Objectives / Areas of work:

NGO working to ensure that vulnerable and excluded people have access to quality education, good health, equal rights and a protective environment by creating empowering partnerships for sustainable development

The organization's main service delivery areas are:

Health: We focus on providing health education and services in areas such as Reproductive Health, Immunization, Cervical Cancer, Substance Abuse and Malaria. For effective implementation, our work is implemented in close partnership with the Ghana Health Service represented by its District Health Administrations.

Governance & Human Rights: We focus on ensuring that the rights of citizens are respected, protected and fulfilled. We undertake advocacy activities based on the principles of Citizen Government Engagement and People Centered Advocacy.

Education: Our work under this component aims at providing learning and teaching skills in basic school, non-formal education and sanitation and hygiene in communities especially in rural areas.

Places of work:

Akosombo, Manya Krobo, Yilo Krobo, Asuogyaman Districts

78. Organization: Pinnacle Health Foundation

Type of organization: Human rights civil society organization

Location: New Powmu, Asuogyaman District, Eastern Region

Tel: +233(0)24416589 / +233(0)203467095

Email: pinnaclehealth@yahoo.com

Facebook: <https://web.facebook.com/Pinnacle-Health-Foundation>

Contact person: Dr. Nkrumah Mills

Objectives / Areas of work:

Supporting community initiatives, education and needs of the vulnerable and persons with disabilities

Place of work:

Asuogyaman, Eastern Region

79. Organization: Center for Community & Rural Development

Type of organization: Human rights civil society organization

Location: Somanya, Eastern Region

Tel: +233(0)244 870346

Email: cencord2000@yahoo.com

Contact person: Gladstone P. Tetteh

Objectives / Areas of work:

- Committed to engaging duty bearers and stakeholders to promote positive change in the areas of healthcare, education and environmental management

Committed to providing a people centred knowledge base to improve access to quality healthcare, basic education and human rights

Place of work:

Upper Manya Krobo, Lower Manya Krobo

80. Organization: Youth AID Initiative Ghana

Type of organization: Human rights civil society organization

Location: House number: M54, Nsawam, Adoagyiri, Eastern Region

Postal address: Box 198, Nsawam

Tel: +233(0)244 027758

Email: youthaidinitiative@gmail.com

Facebook: <https://web.facebook.com/youthaidinitiative/about>

Instagram: @youth_aid_initiative_ghana

Contact person: Bright Owusu

Objectives / Areas of work:

Vision: “A society of equal rights and opportunities for children and the youth”

Mission Statement: Youth-AID is a children and youth-focused non-profit, non-partisan and non-sectarian Non-Governmental Organization (NGO) which seeks to promote the welfare of deprived and marginalized youth through skills training & entrepreneurship, educational assistance, health and civic education

Mission: ‘To inspire and empower young people in and around Nsawam-Adoagyiri Municipality to realize their full potentials

Key Program Areas

- Health education and promotion on HIV/AIDS, Tuberculosis, Malaria, Youth and Adolescents Sexual and Reproductive Health etc.
- HIV/Tuberculosis screening

- Entrepreneurship and vocational skills training,
- Career guidance & counseling internship and job placements
- Educational scholarships to needy but brilliant students
- Provision of health and education infrastructure
- Youth capacity building in social accountability issues

Objectives

1. To provide educational support services for young people and schools in the areas of scholarships and infrastructural development
2. To provide the youth with employable and leadership skills through capacity building
3. To educate and screen young people on/of communicable and non-communicable diseases so as to grow into healthy adults
4. promote the general welfare of young people, particularly their inclusion and participation in local governance by educating them on their civic rights and responsibilities so they can hold duty bearers accountable in addressing the challenges facing them

Places of work: Nsawam Adoagyiri, Suhum

81. Organization: Support for Mental Healthcare

Type of organization: Human rights civil society organization

Location: Obo, Kwahu South, Eastern Region

Tel: +233(0)241 837678

Email: mentalhealthcare4everyone@gmail.com

Objectives / Areas of work:

The objective of the organization is to care for persons with mental disorders and help integrate them into the community through:

- Health screening
- Food and clothing donations to persons with mental health conditions
- Administration of antipsychotic medications, counselling etc.

Places of work:

Kwahu South

VOLTA REGION (Now split into Volta & Oti Regions)

82. Organization: Ta-Excel Foundation

Type of organization: Human rights civil society organization

Location: Ho, Volta Region

Postal address: P.O. Box 96, Ho, Volta Region

Tel: +233(0)243 612205

Email: taexcelfoundation@gmail.com

Website: www.taexcelfoundation.org

Facebook: <https://web.facebook.com/MamaviFoundation/about>

Contact person: Kafui Klutse

Objectives / Areas of work

Mission: Exists to empower individuals, communities, societies and families to take control of their mental health

Vision: Empower individuals, communities, societies and families to be healthy and able to fully manage mental health situations by end of 2022

Objectives: To bridge equity gaps in access to healthcare through primary healthcare

Place of work: Ho, Volta Region

83. Organization: Volta Educational Renaissance Foundation (VEReF)

Type of organization: Human rights civil society organization

Location: Peki, Avetile, Volta Region

Tel: +233(0)208 187041 / +233 (0) 362 093 123

Email: info@verefghana.org

Website: www.verefghana.org

Facebook: <https://web.facebook.com/verefghana>

Contact person: Deodat Adenutsi

Objectives / Areas of work:

VEReF is a non-governmental organisation which supports programmes in the Volta Region that seek to advance quality social life and peaceful co-existence through improved formal and informal education, parenting with emphasis on good character formation and moral upbringing.

Mission: The mission of VEReF is to contribute to solving basic human problems through higher attainment of total quality education which embraces gender equality, moral discipline and leadership qualities for a greater impact on the eradication of ignorance, poverty, conflicts, prostitution, preventable diseases including HIV/AIDS, dishonesty, mental health conditions, drug abuse and violent crime, and thereby advance sustainable development in peace and dignity

Volta Educational Renaissance Foundation (VEReF) is a private voluntary organisation devoted to championing increasing access to total quality education in West Africa with the view to promote a peaceful, prosperous, just, open and honest society. VEReF supports programmes in Ghana and other West African countries that seek to advance quality social life and peaceful co-existence through improved formal and informal education, good character formation and moral upbringing.

The Foundation is committed to an educational system that does not only focus on numeracy, literacy and vocational skills training, but more importantly, also using education to promote morality as is expected to reflect in high ethical values such as truth and honesty, respect for authority, law and order as well as good governance and leadership. As a hallmark, the Foundation is committed to assisting in designing and financing sustainable educational projects that are economically beneficial, financially and commercially sound, and environmentally and socially sustainable in West Africa.

VEReF collaborates with individuals, benevolent organizations including religious bodies and the corporate world, at home and abroad, to provide educational infrastructure, equipment, logistics, exchange programmes, and policy research and advocacy. With financial support from partners, the Foundation acts as a donor, an implementer, a convener, an honest broker, and a trusted collaborator in promoting total quality education, justice, accountability, and socioeconomic prosperity in West Africa.

Besides total quality education, VEReF is also committed to programmes aimed at promoting good health and nutrition; human rights, democracy and governance; gender, social integration and empowerment; and water, sanitation and hygiene (WASH).

Place of work: Volta Region

84. Organization: New Horizon Foundation of the Blind (NHFB)

Type of organization: Disabled Peoples' Organization

Location: Ho, Volta Region

Tel: +233(0)248 056433 / +233(0)362 025644

Email: ericoferick@yahoo.com

Contact person: Eric Ofori

Objectives / Areas of work:

- Advocate and promote equal opportunities for children and young people with visual and other disabilities through training, education, awareness raising, good health and employment
- Advocacy & capacity building
- Braille production & literacy
- Accessible ICT training
- Research
- Networking with national international agencies to achieve the CRPD and the SDGs

Place of work: Ho East & West, Volta Region

85. Organization: Kekeli Foundation

Type of organization: Disabled Peoples' Organization

Location: Ho, Volta Region
Email: kekeliinc@gmail.com / kekeliinfo@gmail.com
Tel: +233(0)206 112747
Website: www.kekeli-ghana.org
Twitter: @KekeliGhana
Facebook: <https://web.facebook.com/kekelighana>
Contact person: Carrie Brown

Objectives / Areas of work:

Mission is to reduce stigmatization and ensure full inclusion of marginalized groups, including persons with intellectual disabilities, persons with cerebral palsy, and other vulnerable groups in Ghana by raising awareness, guaranteeing their rights, increasing educational opportunities, and training individuals to participate in economic activities

Kekeli Foundation was registered in Ghana in 2008 as a related organization to Kekeli Incorporated. The Foundation works to create self-advocacy groups to help young people with disabilities recognize their rights, establish parent self-help groups as a way of encouraging more involvement of their disabled children in their communities, promote the inclusion of people with disabilities within the education system and in society, and use both visual arts and music as a means to achieve greater awareness of human rights issues

Place of work: Volta Region

86. Organization: Voice Ghana

Type of organization: Disabled Peoples' Organization
Location: Ho - Adidome Rd, Adaklu Ahunda Kpodzi, Volta Region
Tel: +233(0)243 913183 / +233(0)36 202 5326
Email: info@voiceghana.org / asong@voiceghana.org
Website: <http://www.voiceghana.org>
Facebook: <https://web.facebook.com/VoiceGH>
Contact person: Francis Asong

Objectives / Areas of work:

Vision:

An inclusive and equitable society for all, including persons with disabilities.

Mission:

To improve, through capacity development and partnerships with all actors, the lives of people with disabilities at the grassroots to take charge of their lives, and to achieve their true potentials.

Aims & objectives:

To train, support and empower people with disabilities at grassroots level to form cross disability Self Help Groups (SHGs)

To inform people with disabilities about their rights to appropriate healthcare, welfare, education and employment

To work in collaboration with other Civil Society Organizations and organizations of people with disabilities as well as with the political and administrative systems to enhance the work of VOICE GHANA.

To campaign both locally and nationally to ensure that the Persons with Disability Act, 2006 (Act 715) and Policies on Disability are implemented

To promote legislation, declarations and conventions regarding Disability, Gender, Race, Tribes, and Religion that ensures that the rights of people with disabilities are upheld at all times

Places of work:

Throughout the country

87. Future Hope International Foundation

Type of organization: Human rights civil society organization

Location: Kpetoe, Agotime-Ziope District of the Volta Region

Postal address: P.O. Box 44, Kpetoe, Volta Region Ghana

Tel: +233 244 647 951 / +233 200 662 592

Email: info@futurehopeghana.org / futurehope2015@yahoo.com

Website: <https://futurehopeghana.org/>

Facebook: <https://web.facebook.com/Future-Hope-international>

Contact person: John Incoom

Objectives / Areas of work:

Vision Statement

Vision is an inclusive society that enables the full and effective participation in promoting the equal rights of all persons including persons with disabilities in all aspect of life.

- Mission is to facilitate enabling environments in the best interest of persons with disabilities
- Engage in diverse forms of activities that focus on rehabilitation and care
- Advocacy towards improving health outcomes
- Support persons with disabilities in emergencies
- Promote inclusion among which are governance, social education, economic livelihoods
- Ensuring equitable, accessible and equality services for persons with disabilities

Place of work: Volta Region

88. Organization: David Naboare Foundation

Type of organization: Human rights civil society organization

Location: Nkwanta South, Oti Region

Tel: +233(0)206 092748 / +233(0)541 098521

Email: davidnaboare2@gmail.com

Twitter: @DavidNaboare

Objectives / Areas of work:

- Advocacy on good mental health
- Provision of psychosocial interventions

- Research on mental health interventions
- Rehabilitation of persons with mental disabilities
- capacity building of mental health workers, caregivers and other stakeholders

Place of work: Ho, Volta Region

89. Organization: Lakeside Disability Rights Advocacy Initiative (Lakeside)

Type of organization: Disabled Peoples' Organization

Location: Dambai, Krachi East, Oti Region

Tel: +233(0)246 617982

Email: nyolittle@yahoo.com

Contact person: Joshua Agbanyo

Objectives / Areas of work:

- To build a collective voice of Persons with Disabilities youth, women and Self Advocacy Groups (SAGs) and by creating a supportive link with relevant stakeholders to advance the education and promotion of rights and fundamental freedoms
- To enhance governance through review of Ghana's legislations, structures and policies to accord with international standards
- To advocate the promotion of health, education, employment rights of PWDs, youth and women in society and also promote their social, political
- inclusion and participation through information and communication technology
- To strengthen and sustain Lakeside through a diversified network of local, regional and global partnership, publicity and fundraising strategies
- To economically empower PWDs, youth and women and their Self Advocacy Groups and families to be self-resilient in the society
 - Build institutions and networks toward strengthening social justice and responding to issues of inequality, gender, religion, race, disability among others

Place of work: Dambai, Krachi East, Oti Region

90. Organization: Support Services Foundation

Type of organization: Human rights civil society organization

Location: Jasikan, Oti Region

Tel: +233(0)548300242 / +233(0)244 811334

Email: ssfngo@yahoo.com

Contact persons: Stella Kumi / Mabel Asamany

Objectives / Areas of work:

To ensure that vulnerable and excluded people have equal access to quality education, good health, equal rights and a protected environment through creating empowering partnerships for sustainable development.

Places of work:

Ho Municipal, South Dayi, Kpandu Municipal and Biakoye District all in Volta Region

91. Organization: Needy Club of Ghana

Type of organization: Human rights civil society organization

Location: Biakoye District, Oti Region

Tel: +233(0)208 187041 /+233(0)243 456220

Email: tncg9@yahoo.com

Facebook: <https://web.facebook.com/Needy-Foundation-Ghana>

Contact person: Apostle Killians Kwame Carr

Objectives / Areas of work:

- Improving the health and livelihood of poor families and persons with disabilities and to promote economic opportunity through the provision of integrated financial and health services
- targeting the “poorest of the poor,” especially persons with disabilities, vulnerable women and their children
- delivering personalized community and home-based care in a culturally sensitive and appropriate manner
- empowering those in need with the knowledge and resources necessary to realize opportunity and achieve self-sufficiency

Places of work: Biakoye District, Volta Region

WESTERN REGION (Now split into Western & Western-North Regions)

92. **Organization:** Ansket Foundation

Type of organization: Human rights civil society organization

Location: Daboase, Western Region

Tel: +233(0)5014 13403

Email: ansket2001@yahoo.com / sackeyben@gmail.com

Contact person: Benjamin Sackey

Objectives / Areas of work:

Act objectively as a catalyst in providing local initiatives and community participation in the overall improvement in quality of life in the communities and the district as a whole where issues of disabilities form an integral part

Place of work: Western Region

93. **Organization:** No Rules Ghana Foundation

Type of organization: Human rights civil society organization

Location: Takoradi, Western Region

Tel: +233(0)246343907

Email: norulesgh@gmail.com

Twitter: @norulesGH

Facebook: <https://web.facebook.com/NoRulesGH/community>

Objectives / Areas of work:

Mission is to contribute concerted efforts in providing remedies to societal issues through creating avenues for social intervention programs that are centered around bringing to the fore the plight of the marginalized in the society to improve their livelihoods.

Good health and well-being (SDG3) These are projects related to education and awareness creation on health issues and also projects that seeks to extend a helping hand to certain peculiar illness and diseases that come along with stigmatization.

- We are currently working on mental health issues and related stigmatization
- Reduced Inequalities (SDG10): - These are projects that seek to reduce inequalities in the system and pay attention to the needs of the marginalized and persons with disabilities

Place of work: Western Region

94. Organization: Rural Aid Alliance Foundation

Type of organization: Human rights civil society organization

Location: Takoradi, Western Region

Tel: +233(0)200 717309 / +233(0)244 601007

Email: lucyadade@yahoo.com / raafghana@yahoo.co.uk

Website: www.raafghana.org

Twitter: @AidRaaf

Contact person: Lucy Adade

Objectives / Areas of work:

- To provide interventions for empowering women, youth and persons with disabilities as change agents for the transformation of their communities and promoting quality standards of life in rural communities
- 1. Sexual and Reproductive health behavioral change and training
- 2. Malaria, Sanitation and Hygiene promotion
- 3. Capacity building and youth development
- 4. Education and Sustainable livelihoods for women, youth and persons with disabilities

Place of work: Western Region

CENTRAL REGION

95. Organization: Counselling and Care for Humanity Centre

Type of organization: Human rights civil society organization

Location: Cape Coast

Tel: +233(0)50 3000 840 / +233(0)54 96 75317

Email: cccn@yahoo.com / contactcccn@gmail.com

Contact person: Maxwell K. Acquah

Objectives / Areas of work:

Mission

The mission of Counselling and Care for Humanity Centre (CCHC) is to partner with Schools, Colleges, Tertiary Institutions, Humanitarian Aids Organizations, Religious Bodies, Rural Community Leaders and Individuals to create suitable environment, restore hope and opportunities in people and the society as a whole

Objectives

Prevent and control social vices or deviant behaviours in the society.

To identify specific problems of students, individuals, and the community as a whole for appropriate action to be taken.

Bridge the gap between the vulnerable or disadvantage children and the advantage children

Our goal is to:

- counsel children, the youth, depressed, and parents
- seek to eradicate or reduce poverty in the society
- create a sound social, economic, intellectual and moral environment to our targeted groups

Place of work:

Cape Coast and Jukwa, Central Region

96. Organization: Empowerment Through Community Volunteering (ETCV)

Type of organization: Human rights civil society organization

Location: Breman Asikuma, Central Region

Tel: +233(0)242 385652

Email: gyaniewu@yahoo.com

Contact person: Gershon Aniewu

Objectives / Areas of work:

MISSION STATEMENT: Empowerment Through Community Volunteering (ETCV) works to improve the quality of life and the rights of Persons with Disabilities in the rural areas through improvement in health, education, nutrition, hygiene, and sanitation by influencing government at the local level using local volunteers

VISION: ETCV will be the leading NGO in disability issues by assisting persons with disabilities in rural areas to access funding, resources and training to live independent lives

AIMS & OBJECTIVES:

The overall aims and objectives are to undertake activities in communities in the Central Region that will enhance the total quality of lives for all persons especially persons with disabilities and the vulnerable.

In effect the organization is committed to the following:

To prevent extreme poverty and hunger

To promote gender equality

To improve maternal and mental health

Advocate the rights and dignity of persons with disabilities

Place of work: Odoben-Breman-Asikuma-Brakwa District, Saltpond, Central Region

97.Organization: Bridge Development Network (BDN)

Type of organization: Human rights civil society organization

Location: Nana Essuman House, Benya Road, Elmina, Central Region

Postal address: P.O. Box MD1611, Madina, Accra

Tel: +233(0)207 902378

Email: contact@bridgedevelopmentnetwork.org

Website: www.bridgedevelopmentnetwork.org

Facebook: <https://web.facebook.com/bridgedevelopmentnetwork>

Contact person: Andrews Ebo Mensah

Objectives / Areas of work:

VISION:

To improve the total wellbeing of lives and dignity of people including persons with disabilities and the vulnerable in communities

MISSION:

To serve as a link to development for the betterment of all lives

AIMS & OBJECTIVES:

The overall aims and objectives are to undertake activities in communities in the Central Region that will enhance the total quality of lives for all persons especially persons with disabilities and the vulnerable.

In effect the organization is committed to the following:

To prevent extreme poverty and hunger

To promote gender equality

To improve maternal and mental health

To advocate the rights and dignity of persons with disabilities

Place of work:

Central Region

98. Organization: Health Protection and Environmental Sanitation Network

Type of organization: Human rights civil society organization

Location: Winneba, Central Region

Tel: 0242941320

Email: hepens89@gmail.com

Contact person: Nicholas Baidoo

CONTACT DETAILS:

Contact person: Dan Taylor

Postal Address: P.O. Box AC610, Arts Centre, Accra, Ghana

Location: House No. F498/2, 1st Kuku Crescent, Kuku Hill, Osu, Accra near the Presbyterian Church of Ghana Head Office

Tel: +233(0)302 774261 / +233(0)27742017

Email: mindfreedomghana@yahoo.co.uk / taylordanash@gmail.com

Website: www.mindfreedomghana.org

Facebook: www.facebook.org/mindfreedom.ghana5

Twitter: @MindFreedomGh

Assessing and improving quality
and human rights in mental
health and social care facilities

Ankaful Psychiatric Hospital Assessment Report



QualityRights



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MENTAL HEALTH
AUTHORITY
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for International
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Fondation
d'Harcourt



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Assessment team with key hospital staff

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Nana Abena Korkor Addo	Service user, Mental Health Society of Ghana
Kingsley Ofosu Armah	Mental health advocate with an NGO
Professor J.B. Asare	Retired Psychiatrist, Ghana
Anaba Sunday Atua	Mental health advocate, Basic Needs Ghana
Emma Avenorgbo	Mental health advocate, Intellectual Disability Organization
Grant A. Baiden	Mental health advocate, Intellectual Disability Organization
Martha Coffie	Service user, Mental Health Society of Ghana
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Executive summary

Purpose

This report presents findings of QualityRights assessment conducted in Ankaful Psychiatric Hospital (AkPH) in Ghana. The purpose of this exercise was to measure the quality-of-service delivery and human rights standards in Ankaful Psychiatric Hospital. The assessment was conducted between September and November 2020 with funding from European Commission (EC), Department for International Development (DFID), Fondation d'Harcourt and World Health Organisation (WHO). The overall objective of the project is to address service delivery gaps and work towards consolidating gains in the targeted facility in a manner that respect the rights and dignity of service users. Thus, the report captures forward looking recommendations on the expected interventions or improvement plan for Ankaful Psychiatric Hospital, leveraging on both internal and external resources.

Methods

Two facilities were assessed: a mental health facility, the Ankaful Psychiatric Hospital (the main target of the present report), and a general facility, the Korle Bu Teaching Hospital (KBTH, as a comparison). The assessment was conducted by a team of well-trained assessors drawn from different professional backgrounds (including service users). A total of 26 assessors were taken through three days training on the WHO Quality Rights (QR) toolkit in Accra. Out of this number, a team of nine assessors were assigned to each facility (Ankaful and Korle Bu Teaching Hospital) for data collection and scoring. Initial contacts with hospital authorities were facilitated by the project coordinator with Mental Health Society of Ghana (MEHSOG), before the deployment of the assessment team to the field. In line with guidelines in the WHO QR toolkit, the team adopted a mixed method approach involving interviews, observation and document review. The essence was to obtain rich qualitative detail and quantitative data that present a true picture of the service delivery standards in the facilities.

A total of 113 respondents were interviewed in Ankaful comprising 53 service users, 34 staff and 26 family members. These represent 100 percent of the sample the team planned to interview. The assessment was conducted at a time when nurses were on strike over conditions of service. As a result, the supporting staff of AkPH were temporarily assisting with some duties of the nursing staff while also coordinating the selection and assignment of service users for the assessment. This challenge affected the coordination role of hospital authorities and consequently, the number of days originally planned for the exercise in AkPH.

The interview results were triangulated with findings from document review and observation made on the hygiene and sanitary conditions, the quality of meals served, access to water, bedding facilities, availability of leisure activities, safety measures and attitude of staff towards users amongst others. The same approach to the data collection was applied in the general health facility (KBTH). However, 6 respondents were interviewed comprising 3 service users and 3 staff members.

After the data collection, the assessment team collectively discussed the findings and rated the facilities using the criteria specified in the QR toolkit. First, the team scored each criterion followed by scoring of the standards and finally the overall themes as summarized in Table 2.

The QR toolkit provides a measurable description of how a facility should be rated on the various themes. This is summarised in Table 1 below.

Table 1: Description of Ratings

Level of achievement	Description
Achieved in full (A/F)	There is evidence that the criterion, standard or theme has been fully realized.
Achieved partially (A/P)	There is evidence that the criterion, standard or theme has been realized, but some improvement is necessary.
Achievement initiated (A/I)	There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
Not initiated (N/I)	There is no evidence of attempts or steps towards fulfilling the criterion, standard or theme.
Not applicable (N/A)	The criterion, standard or theme does not apply to the facility in question (e.g., rating sleeping quarters for outpatient or day treatment facilities).

Results

The results of the assessment are summarized along five thematic areas, addressing different aspects of human rights standards. Similarly, the ratings are also categorized into five, defining the extent to which each thematic area has been realised. Table 2 shows the ratings of each thematic area for both the mental health facility (MHF) and the non-psychiatric ward in KBTH.

The results show that none of the themes has been fully achieved for both facilities. Except for theme 5, where steps have not been taken to ensure users realize their right to live independently and be included in the community, some attempts have been made in fulfilling theme 1 to 4, but significant gaps still remain. On the right to standard of living, Korle Bu Teaching Hospital achieved substantial results compared to the Mental Health Facility (MHF). The buildings were well painted with relatively good hygiene conditions in the toilets and bathrooms. Though each service user had bed to themselves, the environment in KBTH was cleaner than in the MHF. The general hospital also had more diversified staff skillset to provide quality services to users than in the MHF. Therefore, service users' right to enjoyment of highest attainable standard of health care was substantially met in KBTH compared to MHF. Both Hospitals had the same ratings for themes 3 and 5. Whereas some steps have been taken towards realising the legal rights of users, albeit the need for significant interventions, there was no evidence towards supporting users to live independently and be included in the community. For service users in KBTH, the setting of the

hospital did not allow for leisure activities in the wards, but users could participate in leisure activities outside the ward, if they wish. However, the right to participate in leisure activities were rarely exercised by users in KBTH because most service users tend to prioritise medical care to participation in leisure activities.

Table 2: Summary of Facility Results

Theme	Mental Health Facility (Ankaful)	General Health Facility (KBTH)
	Rating	Rating
Theme 1: The right to an adequate standard of living (Article 28 of the CRPD)	A/P	A/P
Theme 2: The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)	A/I	A/I
Theme 3: The right to exercise legal capacity and the right to personal liberty and security of person (Articles 12 and 14 of the CRPD)	A/I	A/I
Theme 4: Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD)	A/I	A/P
Theme 5: The right to live independently and be included in the community (Article 19 of the CRPD)	N/I	N/I

Note: Achieved Fully (AF); Achieved Partially (A/P); Achievement Initiated (A/I); Not Initiated (N/I); Not applicable (N/A).

Discussion

Ankaful Psychiatric Hospital has the vision “to be the centre of excellence in mental health care and training in the sub region”, but evidence on ground relating to service delivery and upholding human rights standards revealed significant gaps. There is need for deliberate and targeted interventions in many areas to help realise this vision. Most of the buildings have not been renovated for a long time despite the fact that they are old structures. Only a few dormitories looked decent because they were renovated through the benevolence of an alumni group of a past service user. Though users in those wards and wards designated as VIP are happy about the conditions, other wards do not have similar conditions and this undermines the right of users to adequate standard of living.

The hospital has been in existence for over five decades, but some essential staff like clinical psychologists are not available. It was only recently the hospital sponsored two staff to pursue courses in clinical psychology and return to serve the hospital. Government supported medical supplies are not consistent and authorities often rely on private arrangement to get supplies on hire purchase. From review of documentation, prescribed medication and dosage were observed to be appropriate for clinical diagnoses, but users are not informed of side effects of medications

during prescriptions. The team realised the hospital combines the use of medication and other psychosocial treatment options like counselling and occupational therapy, but service users were not aware of the intent of those programs, thus undermining their effectiveness. Majority of users made us aware that their rights to informed consent are not respected because hospital authorities only consult their relatives without regard to their capacity to take decisions by themselves. Service users who said their consent was taken were those who voluntarily visited the hospital for treatment.

Issues of privacy were also raised. There are separate wards for both men and women, but users complained about absence of partitioning in the rooms to allow for privacy. Meanwhile, some of these rooms accommodate an average of 8 to 10 people. Secondly, the ward phones made available to users are placed at a central location where nurses and other medical staff are stationed. This allows staff to listen into conversations of services users, thereby violating their rights to privacy and ability to communicate freely. However, users are not restricted on the preferred language they want to use during phone conversations.

There are serious gaps when it comes to fire safety and measures during emergency. Apart from the Outpatient Department (OPD) and administration blocks that had fire extinguishers, many of the wards did not have fire extinguishers, alarms and emergency directional signs. Where fire extinguishers were sighted, the servicing date was past due. The whole hospital did not have fire certificate and both staff and service users did not remember the last time there was fire training or fire drill. These question the preparedness of the hospital towards emergencies like fire outbreak and therefore poses serious risk to the entire hospital community.

Ankaful Psychiatric is a publicly funded hospital and open to the general public. The admission protocol did not discriminate on the basis of gender, race, religion, ethnicity and economic background. However, the hospital does not admit service users with physical disabilities as well as children. We were told the hospital makes referral of service users to other facilities when the hospital does not have the capacity to handle certain cases, but there was no referral policy in place. The hospital faced challenges with discharge, especially when family members are unwilling to accept service users back into the community or it is unable to trace relatives of service users.

Document review also revealed that the hospital did not have the required number of professional staff despite its high user population. Apart from the nursing staff (200 in number), there were only two psychiatrists and two occupational therapists serving 236 service users under admission. Given this situation, the staff to user ratio does not meet acceptable standards. Also, the hospital did not have diversity of staff skills required to provide relevant services as there was no psychologist for the entire hospital.

At the time of this assessment, users in Ankaful Psychiatric hospital were not able to fully realise their legal rights. Service users were unanimous in their response regarding the fact that hospital staff do not seek their opinion on whether they should be admitted or not. Decisions like this are taken by the relatives and family members on behalf of service users. This is contrary to WHO QR principles and provisions in the CRPD and the Mental Health Act of Ghana. Consent is rarely sought from service users because of the believe that they are not able to take decisions for themselves at the time of admission. This was mostly the case for users who were brought to the facility by their relatives. Further, the hospital still uses seclusion and chemical restraint as ways

of managing crises situation. This is in contrast to WHO QR principles and CRPD provisions. A review of the Mental Health Act of Ghana shows that involuntary seclusion is allowed provided it is intended to prevent service users from being exposed to danger as a result of crisis situation. We realized staff and service users lack knowledge on how to identify triggers in crisis situation and apply de-escalation methods. This made the use of seclusion and chemical restraint the easiest and convenient options.

In Ankaful, service users said they are treated with respect and dignity. There was no report of staff subjecting service users to any form of abuse; be it verbal, physical or emotional abuse. Despite these, the observation we made points to the fact that the use of seclusion rooms and the conditions of some lavatories are sources of psychological trauma that erode the dignity of service users. Though the Mental Health Act of Ghana allow the use of seclusion and other forms of restraints as means of managing potential crisis, if the guidelines are followed, the WHO QR and CRPD require the end of these practices and the implementation of alternatives.

Opportunities for housing and access to financial resources for service users are limited, if not non-existent in Ghana. It makes it difficult for staff to support service users in this regard. Some of the staff interviewed said they do not provide these support mechanisms. However, the Social Welfare Department of the hospital said they inform relatives of service users about government's social interventions available in their respective local government areas. On education and employment, the team did not find evidence of information and support being given to service users. It was only under occupational therapy that staff provided guidance to develop the skills of service users, but not to access paid employment. Even that, the occupational therapy department is under resourced, thus affecting effective skills development.

Conclusions and recommendations

Unlike Ankaful psychiatric hospital, the living conditions in the non-psychiatric ward of KBTH was much better with the walls well painted. While KBTH had a lift to facilitate movement of persons with physical disabilities, physical accessibility at Ankaful was a challenge. Road linking wards were bad with a lot of portholes and doors to some of the wards were not wide to accommodate people who may need to use wheel chairs. Service users do not have good standard of living; they are not able to fully realise their legal rights; their preferences are not considered during treatment and they lack access to housing, employment opportunities and financial resources. However, staff relations with services are positive and should be commended. Overall, both hospitals require improvements in the service delivery and respect for human rights. Staff need to be mindful of the right of service users to consent at the time of admission and during treatment. There is also the need to carry out comprehensive renovation in all wards to improve standard of living of service users. Finally, the hospital needs to immediately discontinue the use of seclusion and chemical restraint as ways of managing crisis situation. Both staff and service users should be trained on how to identify triggers in order to de-escalate potential crisis.

Methodology

This section describes the methods applied during the assessment process. It outlines how the team was composed, the roles and responsibilities of the team, the meetings and visits to the hospital.

Selection, composition, roles and responsibilities of the assessment team

Members of the team were selected from multidisciplinary backgrounds. A three-day training was organised for 26 assessors to build their capacity on the tools for human rights evaluation (assessment and scoring). The team comprised social workers, mental health advocates, retired psychiatrists and service users. The retired psychiatrists were assigned to carry out document review because of their wealth of experience in direct mental health practice. One person was designated as rapporteur to document the work of the assessment team while the rest of the trained officers served as interviewers. To ensure the team were well-informed on the QR toolkit for the assessment, there was a simulation exercise at the Pantang Psychiatric Hospital in Accra after the training exercise, where assessors had the opportunity to pre-test the QR toolkit for their understanding. Prior to starting the actual assessment, the project coordinating team from MEHSOG also arranged a virtual meeting to reorient members on the QR toolkits and the expectations about the project. Apart from the data collection, the assessors also scored and rated the facilities. In between the assessments, the coordinating team continued to organise virtual meetings through zoom to discuss challenges and feedback from the field for redress.

Below is the list of the assessment team:

SR	Name of Assessor	Background
1	Dan Taylor	Mental health advocate with Mind Freedom
2	Nana Abena Korkor Addo	Service user with MEHSOG
3	Kingsley Oforu Armah	Mental health advocate in NGO
4	Professor J.B. Asare	Retired Psychiatrist
5	Anaba Sunday Atua	Mental health advocate with Basic Needs
6	Grant A. Baiden	Mental health advocate, Intellectual Disability Organisation
7	Emma Avenorgbo	Mental health advocate, Intellectual Disability Organisation
8	Martha Coffie	Service user with MEHSOG
9	Humphrey Kofie	Mental health advocate with MEHSOG
10	Chimbar, Nurokinan	Lead Consultant with Methods Consult

Preliminary meeting of the assessment team

The first meeting was held to train the assessment team from 27th to 30th May, 2020 at Mensvic Hotel in Accra. The policy frameworks that were available in the facility included the Mental Health Act, 2012 (Act 846), the Patients Charter and Staff Charter. The Mental Health Act covers a lot of human rights concerns and procedures on voluntary and involuntary admissions, seclusion,

and use of Electroconvulsive Therapy (ECT). However, most staff are not conversant with the staff charter and the Mental Health Act. The Patient Charter is not also presented or displayed for service users who visit the facility. We realised the Patient charter was not translated in any local language and therefore those who could only speak and read the native languages will not be able to read even when it is displayed for service users. A number of steps are being taken by the Mental Health Authority to streamline and improve service delivery. This includes a recent sensitization workshop, which was organised for residents of the faculty of psychiatrists of the College of Physicians and Surgeons. There are plans to host a trainer-of-trainers (tot) session for mental health staff and partners on the various legal and policy frameworks as well as human rights standards. The MHA is also developing standard forms for consent on voluntary admission, seclusion authorisation, restraint authorization, discharge against medical advice, order for prolonged treatment, transfer warrant for persons on court orders, consent for ECT and referral forms. Ankaful like any other hospital will be mandated to adopt these standard forms when they are ready for use. Seclusion and physical restraint are practiced in addition to chemical restraint in the form of rapid tranquillisation, but guidelines contained in the Mental Health Act on the latter are not adhered to. Importantly however, the use of seclusion and other forms of restraints are against the recommendations of CRPD and WHO QR. To this extent, provisions in the Mental Health Act, which sanctions the use of seclusion and provides guidelines on its use are inconsistent with CRPD. Ankaful has not been monitored in the past and therefore this assessment was the first using the WHO QR toolkit. Before this assessment, approval was obtained from the ethics committee of the Ghana Health Service and consent of respondents sought before information was collected.

The Visit

Preliminary discussions were held with the medical director of Ankaful via zoom meeting and email was sent to the hospital introducing the assessment team. At least two weeks' notice was given before the actual assessment commenced. The discussion focused on the purpose and scope of the exercise. The selection of the respondents was jointly done by the hospital staff and assessment team. The service users included in the study were selected based on the following criteria: 1) Persons who did not require urgent medical attention (e.g., evidence of profound confusion or agitation, high fever, injury), 2) Persons who were not experiencing difficulties in their ability of concentration (e.g., due to the effects of sedating medication) as determined by the trained assessment team members during the process of obtaining the informed consent. While the selection of the in-patients was jointly done by the assessment team and the hospital staff, the selection of the out-patients and family members was exclusively done by the assessment team based on respondents who were present at the time of interviews. Staff respondents were selected by the hospital authorities.

The QR toolkit provides a guide on how the respondents should be selected. This is largely based on the population of users and staff in the facility, but can also be discretionary depending on the pattern established during interviews, especially if sufficient information has been gathered to ascertain the quality and human rights conditions of the facility.

To this end, the sample size of service users to a large extent was influenced by this guide, which requires as follows:

- If only six service users receive services from a facility, all of them (100%) should be interviewed.
- If there are 16 service users, a minimum of eight (50%) should be interviewed.
- If there are 40 service users or more, at least 12 (approximately 30%) should be interviewed.

The QR toolkit also recommends a formular for determining the number of family members or care givers to be included in the assessment. It suggests that the number of family members can be half (50%) the number of interviews planned with service users. Table 3 gives a breakdown of the sample considered for each category of respondents.

Table 3: Sample Size information

Name and Location of Facility	No. of Staff	No. of Service Users	Date and time of Visit	Staff Interviews		User Interviews		Family (or friends or carers) Interviews	
				Planned	Conducted	Planned	Conducted	Planned	Conducted
Ankaful Psychiatric Hospital	226	236	27 September, 2020 to 28 September, 2020	34	34	53	53	26	26
KorleBu Teaching Hospital			15 October, 2020 to 16 October, 2020	3	3	3	3	-	-

Table 4: Ankaful Hospital Demographics

Description	Number
Number of beds	236
Male	165
Female	71
Psychiatrists	2
Administrators	2
Psychologist	0
GPS+MOS	6
Social workers	3
Orderlies	10
Nurses	200
Occupational therapist	2
Assistant Occupational therapist	1

Meeting of the committee after a visit

For purposes of discussing the findings and scoring the facility, the assessment team convened at the office premises of MEHSOG, the lead organisation for the implementation of this QR project. All the assessors in addition to the rapporteur and document review officer met for three days (from 27 to 29th October, 2020) to score the facility. To ensure the process was devoid of assessor subjectivity, each assessor was allowed to read out their interview responses, observation and findings from document review. This was then summarised by a member of the assessment team who was responsible for coordinating the scoring. In deciding on the scores, the team looked at the trend of responses and triangulated these with the observation made. Where there was no consensus on the rating by the assessment team, time was allowed for each assessor with a dissenting rating to explain further the rationale for their scoring. This process formed the basis for arriving at the facility rating contained in this report. It is important to highlight the fact, the team started by scoring the criteria first, followed by the standards and then to the themes.

Results

Theme 1

Theme 1 - The right to an adequate standard of living (Article 28 of the Convention on the Rights of Persons with Disabilities (CRPD))

Overall scores:

Mental health services: A/P

General health services: A/P

Standards

- 1.1 The building is in good physical condition.
Mental health: A/I
General health: A/P
- 1.2 The sleeping conditions of service users are comfortable and allow sufficient privacy.
Mental health: A/P
General health: A/P
- 1.3 The facility meets hygiene and sanitary requirements.
Mental health: A/P
General health: A/P
- 1.4 Service users are given food, safe drinking-water and clothing that meet their needs and preferences.
Mental health: A/P
General health: A/P
- 1.5 Service users can communicate freely, and their right to privacy is respected.
Mental health: A/P
General health: A/P
- 1.6 The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.
Mental health: A/P
General health: A/P
- 1.7 Service users can enjoy fulfilling social and personal lives and remain engaged in community life and activities.
Mental health: A/I
General health: A/I

Theme 1, standard 1.1

	Mental health facility	General health facility
	Score	Score
Standard 1.1. The building is in good physical condition.	A/I	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.1.1. The building is in a good state of repair (e.g., windows are not broken, paint is not peeling from the walls).	A/P	A/P
Criterion 1.1.2. The building is accessible for people with physical disabilities.	A/I	A/I
Criterion 1.1.3. The building's lighting (artificial and natural), heating and ventilation provide a comfortable living environment.	A/P	A/F
Criterion 1.1.4. Measures are in place to protect people against injury through fire.	A/I	A/I

Theme 1, standard 1.2

Standard 1.2. The sleeping conditions of service users are comfortable and allow sufficient privacy.	A/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.2.1. The sleeping quarters provide sufficient living space per service user and are not overcrowded.	A/P	A/F
Criterion 1.2.2. Men and women as well as children and older persons have separate sleeping quarters.	A/P	A/F
Criterion 1.2.3. Service users are free to choose when to get up and when to go to bed.	A/P	A/P
Criterion 1.2.4. The sleeping quarters allow for the privacy of service users.	N/I	A/P
Criterion 1.2.5. Sufficient numbers of clean blankets and bedding are available to service users.	A/P	A/I
Criterion 1.2.6. Service users can keep personal belongings and have adequate lockable space to store them.	A/I	A/P

Theme 1, standard 1.3

	Mental health facility	General health facility
	Score	Score
Standard 1.3. The facility meets hygiene and sanitary requirements. (Score this standard after assessing each criterion below.)	A/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.3.1. The bathing and toilet facilities are clean and working properly.	A/P	A/I
Criterion 1.3.2. The bathing and toilet facilities allow privacy, and there are separate facilities for men and women.	A/P	A/F
Criterion 1.3.3. Service users have regular access to bathing and toilet facilities.	A/F	A/P
Criterion 1.3.4. The bathing and toileting needs of service users who are bedridden or who have impaired mobility or other physical disabilities are accommodated.	A/P	A/P

Theme 1, Standard 1.4

Standard 1.4. Service users are given food, safe drinking-water and clothing that meet their needs and preferences.	A/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.4.1. Food and safe drinking-water are available in sufficient quantities, are of good quality and meet with the service user's cultural preferences and physical health requirements.	A/P	A/P
Criterion 1.4.2. Food is prepared and served under satisfactory conditions, and eating areas are culturally appropriate and reflect the eating arrangements in the community.	A/I	A/P
Criterion 1.4.3. Service users can wear their own clothing and shoes (day wear and night wear).	A/F	A/F
Criterion 1.4.4. When service users do not have their own clothing, good-quality clothing is provided that meets the person's cultural preferences and is suitable for the climate.	A/F	N/I

Theme 1, Standard 1.5

	Mental health facility	General health facility
	Score	Score
Standard 1.5. Service users can communicate freely, and their right to privacy is respected.	A/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.5.1. Telephones, letters, e-mails and the Internet are freely available to service users, without censorship.	A/I	N/I
Criterion 1.5.2. Service users' privacy in communications is respected.	N/I	A/F
Criterion 1.5.3. Service users can communicate in the language of their choice, and the facility provides support (e.g., translators) to ensure that the service users can express their needs.	A/P	A/P
Criterion 1.5.4. Service users can receive visitors, choose who they want to see and participate in visits at any reasonable time.	A/P	A/P
Criterion 1.5.5. Service users can move freely around the facility.	A/P	A/P

Theme 1, Standard 1.6

	Mental health facility	General health facility
	Score	Score
Standard 1.6. The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.	A/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.6.1. There are ample furnishings, and they are comfortable and in good condition.	A/P	A/P
Criterion 1.6.2. The layout of the facility is conducive to interaction between and among service users, staff and visitors.	A/P	A/F
Criterion 1.6.3. The necessary resources, including equipment, are provided by the facility to ensure that service users have opportunities to interact and participate in leisure activities.	A/P	A/I
Criterion 1.6.4. Rooms within the facility are specifically designated as leisure areas for service users.	A/I	A/I

Theme 1, Standard 1.7

Standard 1.7. Service users can enjoy fulfilling social and personal lives and remain engaged in community life and activities.	A/I	A/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 1.7.1. Service users can interact with other service users, including members of the opposite sex.	A/F	A/F
Criterion 1.7.2. Personal requests, such as to attend weddings or funerals, are facilitated by staff.	A/I	N/A
Criterion 1.7.3. A range of regularly scheduled, organized activities are offered in both the facility and the community that are relevant and age-appropriate.	A/I	N/I
Criterion 1.7.4. Staff provide information to service users about activities in the community and facilitate their access to those activities.	N/I	N/I
Criterion 1.7.5. Staff facilitate service users' access to entertainment outside of the facility, and entertainment from the community is brought into the facility.	N/I	N/A

Theme 2

Theme 2 - The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)

Overall scores:

Mental health services: A/I

General health services: A/I

Standards

2.1 Facilities are available to everyone who requires treatment and support.

Mental health: A/P

General health: A/F

2.2 The facility has skilled staff and provides good-quality mental health services.

Mental health: A/I

General health: A/I

2.3 Treatment, psychosocial rehabilitation and links to support networks and other services are elements of a service user-driven recovery plan and contribute to a service user's ability to live independently in the community.

Mental health: N/I

General health: N/I

2.4 Psychotropic medication is available, affordable and used appropriately.

Mental health: A/P

General health: N/A

2.5 Adequate services are available for general and reproductive health.

Mental health: A/P

General health: A/P

Theme 2, Standard 2.1

	Mental health facility	General health facility
	Score	Score
Standard 2.1. Facilities are available to everyone who requires treatment and support.	A/P	A/F
<i>Criteria and actions required to achieve this standard</i>		
Criterion 2.1.1. No person is denied access to facilities or treatment on the basis of economic factors or of his or her race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.	A/P	A/F
Criterion 2.1.2. Everyone who requests mental health treatment receives care in this facility or is referred to another facility where care can be provided.	A/P	A/F
Criterion 2.1.3. No service user is admitted, treated or kept in the facility on the basis of his or her race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, disability, birth, age or other status.	A/P	A/F

Theme 2, Standard 2.2

Standard 2.2. The facility has skilled staff and provides good-quality mental health services.	A/I	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 2.2.1. The facility has staff with sufficiently diverse skills to provide counselling, psychosocial rehabilitation, information, education and support to service users and their families, friends or carers, in order to promote independent living and inclusion in the community.	A/I	A/F
Criterion 2.2.2. Staff are knowledgeable about the availability and role of community services and resources to promote independent living and inclusion in the community.	A/I	N/A
Criterion 2.2.3. Service users can consult with a psychiatrist or other specialized mental health staff when they wish to do so.	A/I	N/A
Criterion 2.2.4. Staff in the facility are trained and licensed to prescribe and review psychotropic medication.	A/F	N/A
Criterion 2.2.5. Staff are given training and written information on the rights of persons with mental disabilities and are familiar with international human rights standards, including the CRPD.	A/I	N/I
Criterion 2.2.6. Service users are informed of and have access to mechanisms for expressing their opinions on service provision and improvement.	A/I	A/I

Theme 2, Standard 2.3

	Mental health facility	General health facility
	Score	Score
Standard 2.3 Treatment, psychosocial rehabilitation and links to support networks and other services are elements of a service user-driven recovery plan and contribute to a service user's ability to live independently in the community.	N/I	N/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 2.3.1. Each service user has a comprehensive, individualized recovery plan that includes his or her social, medical, employment and education goals and objectives for recovery.	N/I	N/I
Criterion 2.3.2. Recovery plans are driven by the service user, reflect his or her choices and preferences for care, are put into effect and are reviewed and updated regularly by the service user and a staff member.	N/I	N/I
Criterion 2.3.3 As part of their recovery plans, service users are encouraged to develop advance directives ¹ which specify the treatment and recovery options they wish to have as well as those that they don't, to be used if they are unable to communicate their choices at some point in the future.	N/I	N/I
Criterion 2.3.4. Each service user has access to psychosocial programmes for fulfilling the social roles of his or her choice by developing the skills necessary for employment, education or other areas. Skill development is tailored to the person's recovery preferences and may include enhancement of life and self-care skills.	A/I	N/I
Criterion 2.3.5. Service users are encouraged to establish a social support network and/or maintain contact with members of their network to facilitate independent living in the community. The facility provides assistance in connecting service users with family and friends, in line with their wishes.	A/I	A/I
Criterion 2.3.6. Facilities link service users with the general health care system, other levels of mental health services, such as secondary care, and services in the community such as grants, housing, employment agencies, day-care centres and assisted residential care.	A/I	N/I

¹ An advance directive is a written document in which a person can specify in advance choices about health care, treatment and recovery options in the event that they are unable to communicate their choices at some point in the future. Advance directives can also include treatment and recovery options that a person *does not* want to have, and as such can help to ensure that they do not receive any intervention against their wishes.

Theme 2, Standard 2.4

	Mental health facility	General health facility
	Score	Score
Standard 2.4. Psychotropic medication is available, affordable and used appropriately.	A/P	N/A
<i>Criteria and actions required to achieve this standard</i>		
Criterion 2.4.1. The appropriate psychotropic medication (specified in the national essential medicines list) is available at the facility or can be prescribed.	A/F	N/A
Criterion 2.4.2. A constant supply of essential psychotropic medication is available, in sufficient quantities to meet the needs of service users.	A/P	N/A
Criterion 2.4.3. Medication type and dosage are always appropriate for the clinical diagnoses of service users and are reviewed regularly.	A/F	N/A
Criterion 2.4.4. Service users are informed about the purpose of the medications being offered and any potential side effects.	A/I	N/A
Criterion 2.4.5. Service users are informed about treatment options that are possible alternatives to or could complement medication, such as psychotherapy.	A/I	N/A

Theme 2, Standard 2.5

Standard 2.5 Adequate services are available for general and reproductive health.	A/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 2.5.1. Service users are offered physical health examinations and/or screening for particular illnesses on entry to the facility and regularly thereafter.	A/I	A/F
Criterion 2.5.2. Treatment for general health problems, including vaccinations, is available to service users at the facility or by referral.	A/P	A/F
Criterion 2.5.3. When surgical or medical procedures are needed that cannot be provided at the facility, there are referral mechanisms to ensure that the service users receive these health services in a timely manner.	A/P	A/F
Criterion 2.5.4. Regular health education and promotion are conducted at the facility.	A/I	A/I
Criterion 2.5.5. Service users are informed of and advised about reproductive health and family planning matters.	A/I	A/I
Criterion 2.5.6. General and reproductive health services are provided to service users with free and informed consent.	A/F	A/I

Theme 3

Theme 3 - The right to exercise legal capacity and the right to personal liberty and the security of person (Articles 12 and 14 of the CPD)

Overall scores:

Mental health services: A/I

General health services: A/I

Standards

3.1 Service users' preferences on the place and form of treatment are always a priority.

Mental health: A/I

General health: A/P

3.2 Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.

Mental health: N/I

General health: A/I

3.3 Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.

Mental health: A/I

General health: A/I

3.4 Service users have the right to confidentiality and access to their personal health information.

Mental health: A/I

General health: A/P

Theme 3, Standard 3.1

	Mental health facility	General health facility
	Score	Score
Standard 3.1. Service users' preferences regarding the place and form of treatment are always a priority.	A/I	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 3.1.1. Service users' preferences are the priority in all decisions on where they will access services.	A/I	A/P
Criterion 3.1.2. All efforts are made to facilitate discharge so that service users can live in their communities.	A/I	A/F
Criterion 3.1.3. Service users' preferences are the priority for all decisions on their treatment and recovery plans.	A/I	A/F

Theme 3, Standard 3.2

Standard 3.2. Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	N/I	A/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 3.2.1. Admission and treatment are based on the free and informed consent of service users.	A/I	A/F
Criterion 3.2.2. Staff respect the advance directives of service users when providing treatment.	N/I	A/P
Criterion 3.2.3. Service users have the right to refuse treatment.	A/I	A/F
Criterion 3.2.4. Any case of treatment or detention in a facility without free and informed consent is documented and reported rapidly to a legal authority.	A/I	N/A
Criterion 3.2.5. People being treated or detained by a facility without their informed consent are informed about procedures for appealing their treatment or detention.	N/I	N/I
Criterion 3.2.6. Facilities support people being treated or detained without their informed consent in accessing appeals procedures and legal representation.	N/I	N/I

Theme 3, Standard 3.3

	Mental health facility	General health facility
	Score	Score
Standard 3.3 Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.	A/I	A/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 3.3.1. At all times, staff interact with service users in a respectful way, recognizing their capacity to understand information and make decisions and choices.	A/I	A/P
Criterion 3.3.2. Clear, comprehensive information about the rights of service users is provided in both written and verbal form.	A/I	A/I
Criterion 3.3.3. Clear, comprehensive information about assessment, diagnosis, treatment and recovery options is given to service users in a form that they understand and which allows them to make free and informed decisions.	A/I	A/I
Criterion 3.3.4. Service users can nominate and consult with a support person or network of people of their own free choice in making decisions about admission, treatment and personal, legal, financial or other affairs, and the people selected will be recognized by the staff.	A/I	A/I
Criterion 3.3.5 Staff respect the authority of a nominated support person or network of people to communicate the decisions of the service user being supported.	A/P	A/I
Criterion 3.3.6. Supported decision-making is the predominant model, and substitute decision-making is avoided.	A/I	A/I
Criterion 3.3.7. When a service user has no support person or network of people and wishes to appoint one, the facility will help the user to access appropriate support.	N/I	A/I

Theme 3, Standard 3.4

	Mental health facility	General health facility
	Score	Score
Standard 3.4. Service users have the right to confidentiality and access to their personal health information.	A/I	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 3.4.1. A personal, confidential medical file is created for each service user.	A/F	A/F
Criterion 3.4.2. Service users have access to the information contained in their medical files.	N/I	A/I
Criterion 3.4.3. Information about service users is kept confidential.	A/F	A/F
Criterion 3.4.4. Service users can add written information, opinions and comments to their medical files without censorship.	N/I	N/I

Theme 4

Theme 4 - Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD)

Overall scores

Mental health services: A/I

General health services: A/P

Standards

4.1 Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect.

Mental health: A/P

General health: A/P

4.2 Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.

Mental health: N/I

General health: N/A

4.3 Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent **or** irreversible effects, whether performed at the facility or referred to another facility, must not be abused and can be administered only with the free and informed consent of the service user.

Mental health: A/P

General health: N/A

4.4 No service user is subjected to medical or scientific experimentation without his or her informed consent.

Mental health: N/I

General health: A/P

4.5 Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse.

Mental health: A/I

General health: A/P

Theme 4, Standard 4.1

	Mental health facility	General health facility
	Score	Score
Standard 4.1. Service users have the right to be free from verbal, mental, physical and sexual abuse and physical and emotional neglect.	A/P	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 4.1.1. Staff members treat service users with humanity, dignity and respect.	A/P	A/P
Criterion 4.1.2. No service user is subjected to verbal, physical, sexual or mental abuse.	A/P	A/P
Criterion 4.1.3. No service user is subjected to physical or emotional neglect.	A/P	A/P
Criterion 4.1.4. Appropriate steps are taken to prevent all instances of abuse.	A/P	A/I
Criterion 4.1.5. Staff support service users who have been subjected to abuse in accessing the support they may want.	N/I	A/P

Theme 4, Standard 4.2

Standard 4.2. Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	N/I	N/A
<i>Criteria and actions required to achieve this standard</i>		
Criterion 4.2.1. Service users are not subjected to seclusion or restraint.	N/I	N/A
Criterion 4.2.2. Alternatives to seclusion and restraint are in place at the facility, and staff are trained in de-escalation techniques for intervening in crises and preventing harm to service users or staff.	N/I	N/A
Criterion 4.2.3. A de-escalation assessment is conducted in consultation with the service user concerned in order to identify the triggers and factors he or she find helpful in diffusing crises and to determine the preferred methods of intervention in crises.	N/I	N/A
Criterion 4.2.4. The preferred methods of intervention identified by the service user concerned are readily available in a crisis and are integrated into the user's individual recovery plan.	N/I	N/A
Criterion 4.2.5. Any instances of seclusion or restraint are recorded (e.g. type, duration) and reported to the head of the facility and to a relevant external body.	N/I	N/A

Theme 4, Standard 4.3

	Mental health facility	General health facility
	Score	Score
Standard 4.3. Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the facility or referred to another facility, must not be abused and can be administered only with the free and informed consent of the service user. (Score this standard after assessing each criterion below.)	A/P	N/A
<i>Criteria and actions required to achieve this standard</i>		
Criterion 4.3.1. No electroconvulsive therapy is given without the free and informed consent of service users.	A/P	N/A
Criterion 4.3.2. Clear, evidence-based clinical guidelines on when and how electroconvulsive therapy can or cannot be administered are available and adhered to.	A/P	N/A
Criterion 4.3.3. Electroconvulsive therapy is never used in its unmodified form (i.e., without an anaesthetic and a muscle relaxant).	A/P	N/A
Criterion 4.3.4. No minor is given electroconvulsive therapy.	N/A	N/A
Criterion 4.3.5. Psychosurgery and other irreversible treatments are not conducted without both the service user's free and informed consent and the independent approval of a board.	A/P	N/A
Criterion 4.3.6. Abortions and sterilizations are not carried out on service users without their consent.	A/P	N/A

Theme 4, Standard 4.4

Standard 4.4. No service user is subjected to medical or scientific experimentation without his or her informed consent.	N/I	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 4.4.1. Medical or scientific experimentation is conducted only with the free and informed consent of service users.	A/I	A/F
Criterion 4.4.2. Staff do not receive any privileges, compensation or remuneration in exchange for encouraging or recruiting service users to participate in medical or scientific experimentation.	N/I	A/I
Criterion 4.4.3. Medical or scientific experimentation is not undertaken if it is potentially harmful or dangerous to the service user.	N/I	A/F
Criterion 4.4.4. Any medical or scientific experimentation is approved by an independent ethics committee.	N/I	A/F

Theme 4, Standard 4.5

	Mental health facility	General health facility
	Score	Score
Standard 4.5. Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment and other forms of ill-treatment and abuse.	A/I	A/P
<i>Criteria and actions required to achieve this standard</i>		
Criterion 4.5.1. Service users are informed of and have access to procedures to file appeals and complaints, on a confidential basis, to an outside, independent legal body on issues related to neglect, abuse, seclusion or restraint, admission or treatment without informed consent and other relevant matters.	A/I	A/F
Criterion 4.5.2. Service users are safe from negative repercussions resulting from complaints they may file.	A/P	A/F
Criterion 4.5.3. Service users have access to legal representatives and can meet with them confidentially.	N/I	A/F
Criterion 4.5.4. Service users have access to advocates to inform them of their rights, discuss problems and support them in exercising their human rights and filing appeals and complaints.	N/I	A/I
Criterion 4.5.5. Disciplinary and/or legal action is taken against any person found to be abusing or neglecting service users.	A/P	A/F
Criterion 4.5.6. The facility is monitored by an independent authority to prevent the occurrence of ill-treatment.	N/I	A/I

Theme 5

Theme 5 - The right to live independently and be included in the community (Article 19 of the CPRD)

Overall scores:

Mental health services: N/I

General health services: N/I

Standards

5.1 Service users are supported in gaining access to a place to live and have the financial resources necessary to live in the community.

Mental health: N/I

General health: N/I

5.2 Service users can access education and employment opportunities.

Mental health: N/I

General health: N/I

5.3 The right of service users to participate in political and public life and to exercise freedom of association is supported.

Mental health: N/I

General health: N/I

5.4 Service users are supported in taking part in social, cultural, religious and leisure activities.

Mental health: N/I

General health: A/I

Theme 5, Standard 5.1

	Mental health facility	General health facility
	Score	Score
Standard 5.1. Service users are supported in gaining access to a place to live and have the financial resources necessary to live in the community.	N/I	N/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 5.1.1. Staff inform service users about options for housing and financial resources.	A/I	A/I
Criterion 5.1.2. Staff support service users in accessing and maintaining safe, affordable, decent housing.	N/I	N/I
Criterion 5.1.3. Staff support service users in accessing the financial resources necessary to live in the community.	N/I	N/I

Theme 5, Standard 5.2

Standard 5.2. Service users can access education and employment opportunities.	N/I	N/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 5.2.1. Staff give service users information about education and employment opportunities in the community.	N/I	N/I
Criterion 5.2.2. Staff support service users in accessing education opportunities, including primary, secondary and post-secondary education.	N/I	N/I
Criterion 5.2.3. Staff support service users in career development and in accessing paid employment opportunities.	A/I	N/I

Theme 5, Standard 5.3

	Mental health facility Score	General health facility Score
Standard 5.3. The right of service users to participate in political and public life and to exercise freedom of association is supported.	N/I	N/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 5.3.1. Staff give service users the information necessary for them to participate fully in political and public life and to enjoy the benefits of freedom of association.	N/I	N/I
Criterion 5.3.2. Staff support service users in exercising their right to vote.	A/I	N/I
Criterion 5.3.3. Staff support service users in joining and participating in the activities of political, religious, social, disability and mental disability organizations and other groups.	A/I	N/I

Theme 5, Standard 5.4

Standard 5.4. Service users are supported in taking part in social, cultural, religious and leisure activities.	N/I	A/I
<i>Criteria and actions required to achieve this standard</i>		
Criterion 5.4.1. Staff give service users information on the social, cultural, religious and leisure activity options available.	A/I	A/I
Criterion 5.4.2. Staff support service users in participating in the social and leisure activities of their choice.	N/I	N/A
Criterion 5.4.3. Staff support service users in participating in the cultural and religious activities of their choice.	N/I	A/I

Discussion

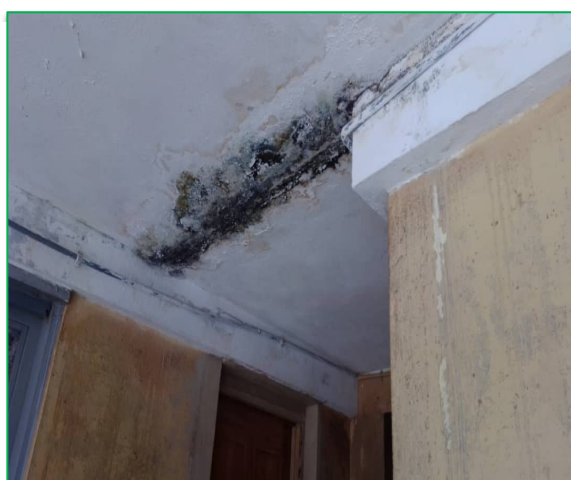
Introduction

Ankaful Psychiatric was established in 1965 as the second public psychiatric hospital in Ghana. It is located in a town called Ankaful in the Central Region of Ghana. The hospital has the vision “to be the centre of excellence in mental health care and training in the sub region”. Part of its mission is to “render accessible, quality and efficient mental health care” to users. Apart from mental health services, it also provides general medical services, family health and reproductive care, counselling and special services for the treatment of epilepsy, alcohol abuse and diabetes/hypertension.

1. The right to an adequate standard of living (Article 28 of the CRPD)

Facility	1.1	1.2	1.3	1.4	1.5	1.6	1.7	Overall Rating
AkPH	A/I	A/P	A/P	A/P	A/P	A/P	A/I	A/P - Achievement initiated: There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
KBTH	A/P	A/P	A/P	A/P	A/P	A/P	A/I	A/P - There is evidence that the criterion, standard or theme has been realised, but some improvement is necessary

Most of the buildings in Ankaful are old and requires structural renovation works, painting and replacement of broken items. Users complained of leaking roofs during rainy season and absence of trap doors to prevent entry of mosquitoes. There were strains of leaking water on some walls and cracks on selected wards with iron rods and electrical wires exposed. It is important to note that only a few wards were painted and looked decent.



Users in wards like Foster Ward were happy about the living conditions. One of them remarked that “*the building was beautiful, well painted and decent*”. Another user described Nightingale ward (inpatient ward) as fine, but needs refurbishment. The Out-Patient Department (OPD) and administration blocks were also in good condition, but users complained about overcrowding during high patient turnout at the OPD. Despite these, it was observed that the surroundings of the OPD is bushy and unkempt with inappropriate littering. Nurses’ injection/treatment rooms were not in good condition.

The internal roads and the general terrain of the hospital were not friendly to persons with physical disabilities. Roads linking wards were bad with lots of potholes and most drains were uncovered. Except for the renovated Foster ward, which was accessible to persons who use wheelchairs, the in-patient Nightingale and VIP wards were not accessible. Doors to the wards were not wide enough to accommodate movement of people who use wheelchairs.

There were divergent opinions among users on the lightening situation, but this was influenced by the wards users found themselves. The following remarks were made by selected users:

Respondent 1: *“Lightening is okay, but consistent maintenance is needed to replace electrical fittings and bulbs”.*

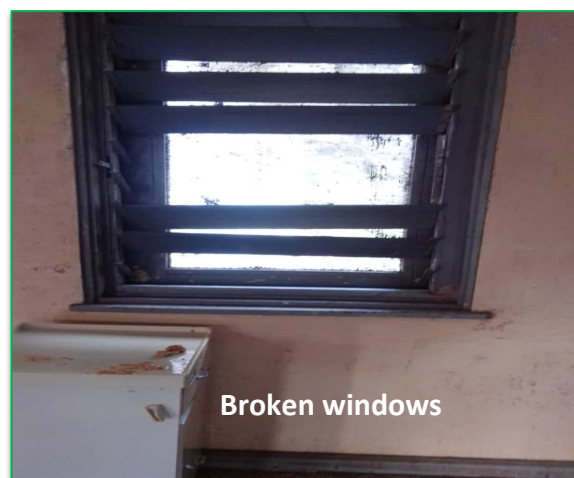
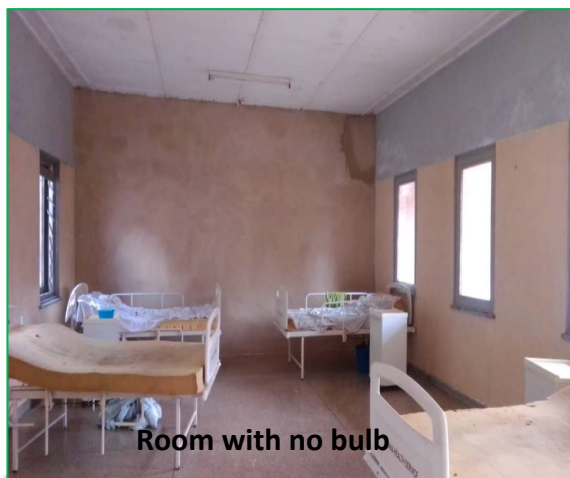
Respondent 2: *“Lightening is good, but bulbs are not working properly”*

Respondent 3: *“The place is well lit and there are street lights”*

Respondent 4: *“Lightening is okay compared to previous”*

Respondent 5: *“Facility is always dark when there is power outage because the generator is unable to supply power to the entire facility”.*

Some staff collaborated these remarks by admitting resource constraints in providing fuel for the power plant to serve the entire hospital community. Observation and further probing revealed that there is only one officer assigned to operate the power plant during the night and his absence from duty at any time in the night leaves the facility in total darkness during power outage from the national grid. It was also observed that the use of plywood and design blocks to partition the consultation rooms contributed to the darkness during power outage.

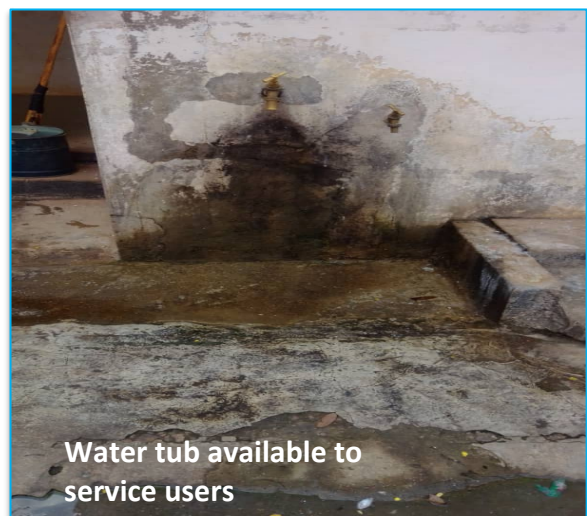


Ventilation is relatively okay for some wards, but there were complaints of some ceiling fans not functioning properly. Some users said the fans were fixed few months before the assessment, but were not been working as expected and they would prefer air conditioners to be installed to improve ventilation in the wards. It was observed some rooms had dusty window nets and some broken windows, exposing service users to mosquitoes.

The facility had no adequate safety measures in place. Fire extinguishers were only sighted at the OPD, kitchen and administration blocks and last service date was past due. There were no fire alarms and fire extinguishers and neither were service users given any form of training or fire drills. Document review also revealed that the hospital had no fire certificate in place.

The bedding area was spacious with adequate number of beds for each user, but some users did not have bedsheets and the mattresses looked dirty. We were told that sometimes over 50 service users are admitted in the acute ward, where service users are first assessed before transferred to other wards, making the place overcrowded. Both men and women have separate dormitories with each dormitory accommodating an average of 34 users in the normal wards (between 8 to 10 users in a room). There are also dormitories designated as VIP for users who are able to afford extra charge for special care. The VIP wards had a maximum of 3 service users in a room. Review of documents revealed that service users paid a minimum of GHS 1,500 (USD260) per month for treatment and accommodation and are allowed to stay in the facility for a maximum period of 70 days. It was observed that due to COVID-19 pandemic, a lot of service users were released in order to observe physical distancing protocols.

Leisure activities were encouraged within wards. Hospital authorities provided television sets, Ludo, playing cards, ghetto blasters and other board games. However, “users complained before some of these things were procured for their use”. The dining area had a television set as well, but the place requires renovation because the paint is pilling off the walls.



Every ward has official phones, which can be used by service users to receive and make calls, but calls are monitored by staff. There is limited privacy because phones are placed at a common location, where staff can listen to conversation of users. Personal phones are not allowed, but users can speak in their own preferred language during phone conversation. The hospital made provision for users to move freely in the ward, but movement outside the ward is done “on parole” and must be accompanied by staff.



**Ward compound
with poor sewage**



Seclusion Room



A toilet bowl left unclean with messy floor

Compared to the non-psychiatric ward in KBTH, substantial work needs to be done at AkPH to improve the standards of living of service users, family members and staff. Areas to immediately focus on are captured in the recommendations.

Suggestions for Service Improvement:

- The hospital should immediately carry out renovation works in all wards to ensure walls are well painted, repair roof leakages, replace broken windows and fix damaged bulbs and fans.
- There is the need to have cleaning roster in place and washrooms should be regularly monitored by senior officers on duty.
- Rehabilitate damaged sewage systems and provide waste disposal bins at vantage points for proper waste management
- Take steps to immediately clear the entire hospital community of weeds and ensure there is continuous management of weeds
- There is need to provide bed sheets to all service users and continuously ensure they are kept clean/changed regularly
- Take steps to get fire certification in place and install fire alarms and extinguishers in all wards as well as train staff on fire safety and conduct regular fire drills to measure response to hazard management.

Theme 2 - The right to enjoyment of the highest attainable standard of physical and mental health

Facility	Standards					Theme Rating
	2.1	2.2	2.3	2.4	2.5	
AKPH	A/P	A/I	N/I	A/P	A/P	A/I - <i>Achievement initiated</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
KBTH	A/F	A/P	N/I	N/A	A/P	A/P - <i>Achievement initiated</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.

Ankaful Psychiatric is a 236-bed capacity hospital. It is publicly funded and accessible to the general public. The admission protocol does not discriminate on the basis of gender, race, religion, ethnicity and economic background. However, the hospital does not admit service users with physical disabilities as well as children. We were told the hospital makes referrals to other facilities when the hospital does not have the capacity to handle some cases, but there was no referral policy in place. The team could not ascertain the number of referrals the hospital makes periodically since there was no record to verify. Unlike Ankaful, the KBTH is a tertiary hospital and does not refer except medical laboratory tests that cannot be performed in the country. According to the staff, discharge is done when service users have “stabilized”. However, some other conditions are also considered during the process of discharge. This includes whether there is a support mechanism in the community to aid in the reintegration of users or not. The team was informed that there are instances where hospital authorities are unable to trace relatives of service users, although community health nurses make efforts to find out the communities’ users come from. This makes it difficult for discharge to take place. This is common in both KBTH and AkPH as we saw a service user at the general ward in

KBTH who had stayed in the hospital for more than three months because there was no family relative to receive him. The social welfare office at AkPH also makes contacts with local assemblies and social support schemes to establish linkages to facilitate service users' discharge, but where these fail, users tend to stay longer than their planned discharge. From our review discussions, we found out that the maximum length of stay for each service user is 70 days, but circumstances like the difficulty in tracing relatives prolong the length of stay.

The AkPH was the second to be established after Accra Psychiatric hospital (APH) and has been in existence for over five decades. Meanwhile, at the time of conducting this assessment, the hospital had only two psychiatrists and two occupational therapists serving 236 service users. There were also two hundred psychiatric nurses and three social workers, but the hospital had no psychologist. We were told the hospital recently sponsored two serving officers of the hospital to pursue courses in psychology. These staff were bonded and required to return and serve the hospital after their course of study. The hospital is yet to achieve the diversity of skills required since there is presently no psychologist. However, the staff who are required to prescribe medications and treatment options have the requisite training and license to do so, except that the number is inadequate. From the interviews it was found that service users had access to specialised staff, especially the psychiatric nurses. From our review, it was clear that service users could not have access to a psychiatrist at their chosen time because the psychiatrists are only two, but the nurses do inform the psychiatrists to attend to such requests during their general ward visitations.

Knowledge of human rights standards and compliance to human rights laws during treatment are key to achieving the quality required in service delivery. We realised that there are significant gaps when it comes to knowledge of the Mental Health Act and the CRPD, although these are the basic human rights laws that govern treatment standards. From the service users' perspective, staff respect their human rights and treats them with dignity, although they do not know if they have any training in human rights frameworks. A service user had this to say: "staff in this facility treat us with human rights and respect us. But I don't know if they are aware of international human rights law".

To ensure all incidents are documented, AkPH has made available incident books to senior nurses to record events that occur when they are on duty. The assessment team were informed various disciplinary actions are taken against staff who disrespect the rights of service users, but there was no record to validate the actions that have been taken in the past. Despite the fact that service users confirmed that staff give them the opportunity to report incidents of maltreatment or human rights violations, the absence of an official disciplinary record book could be a way of hiding the human rights violations of staff against service users.

All the service users interviewed said they did not have any input in their recovery plans and neither were they aware of the existence of any comprehensive recovery plans that guide their treatment. One of them said: "*no staff has ever helped to come up with such comprehensive plan... even though we don't have such recovery plans, staff make sure to check on how well we are improving and also where we are not*". Observation and review also brought to light the fact that recovery plans are not stated in patient records and they are not also informed about advance directives, although it is way of documenting the treatment and recovery options for service users in case they find themselves in situations they cannot decide for themselves in the future.

Apart from medication, we realised that AkPH also relies on the use of other psychosocial programs like occupational therapy as part of the treatment process. However, service users

are not aware of this and the occupational therapy programs are not well developed. A service user remarked: *“they only instruct us to take any medication is given to us from the hospital, but no alternatives. No other complimentary information given to us”*. It is important that users are made aware of the therapeutic impact of such programs as well as the need for authorities to scale investment to improve the various programs for occupational therapy.

As a government facility, AkPH relies on government for medical supplies, but this has not been consistent. As a result, the facility has made arrangement with private providers of medicine to supply on hire purchase. Service users told us their medications are always given to them on time. Though we noted that essential drugs were available, they were in small quantities and supply was irregular; hence patients had to buy drugs when the hospital had no available stock. Most users said they were not informed of the side effects of medication given to them except that they are told to report any side effect they observe. From some staff, this is being done in order not to discourage service users from taking their medication.

To facilitate treatment, Ankafu Psychiatric hospital carries out physical health examinations at the point of admission to ensure service users are screened of other ailments. One of the service users said this: *“they make sure to look out for other underlying health conditions as well. I remember very well there was a time that they allowed for our liver to be checked. That is hepatitis B screening”*. In addition, service users confirmed that the hospital undertakes regular health education, which includes general reproductive health care and this is done with free and informed consent. From our review, health promotion is undertaken, but there were no flyers or pamphlets available on this to amplify the sensitisation.

In terms of staffing, KBTH has sufficient number of skilled staff compared to AkPH. Both hospitals do not discriminate on the basis of gender, race, economic status, religion or ethnic background. However, unlike KBTH which is a tertiary hospital and most often take on referred patients, the Ankafu hospital was not admitting service users with physical disabilities. This was to allow for space to admit persons with mental health conditions. Overall, findings from both facilities revealed that significant gaps exist as far as the rights of patients to enjoyment of the highest attainable standard of physical and mental health is concerned.

Suggestions for Service Improvement:

- Government should prioritise the supply of essential drugs to the facility to ensure seamless service delivery
- Hospital authorities should include comprehensive recovery plan in each service user’s records and this should reflect the will and preferences of the users. Service users should be involved in the development of their recovery plans.
- Government through Ghana Health Service and Mental Health Authority should prioritise and scale the training and posting of qualified psychiatrists and psychologist to Ankafu hospital to improve personalized service delivery.
- Hospital authorities should train their staff to encourage service users to develop advance directives on how they wish to be treated in case they are unable to communicate their treatment option in future

- Hospital staff should ensure service users are informed of different treatment options aside medication. Such information will encourage service users to take those programs seriously and this could bring much more desired outcome.
- Hospital authorities should develop a referral policy in line with the provisions of the Mental Health Act and train staff to ensure compliance on the policy guidelines
- Reorient staff on the Staff Charter, Mental Health Act and the CRPD to improve quality service delivery.
- Train staff and service users on human rights and methods to improve the quality of care in the mental health facilities by using the WHO QualityRights materials and training.
- Service users should be informed about possible side effects of medications prescribed for them.
- Flyers and pamphlets on general health education and promotion should be developed and posted at strategic places within the hospital to create sustained awareness among service users.

Theme 3 - The right to exercise legal capacity and the right to personal liberty and the security of person

Facility	Standards				Theme rating
	3.1	3.2	3.3	3.4	
AKPH	A/I	N/I	A/I	A/I	A/I- <i>Achievement initiated</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
KBTH	A/P	A/I	A/I	A/P	A/I- <i>Achievement initiated</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.

This theme looks at whether service users have the opportunity to access legal avenues to protect their rights or not. It deals with consent to admission, treatment, appeal procedure for forceful detention, support mechanisms for service users to appeal their detention, respect for their human rights, confidentiality and access to their personal information. We realised some attempts have been made with respect to this theme, but there are a lot that the hospital needs to do for users to realise these legal rights. At the time of this assessment, users in Ankaful Psychiatric hospital were not able to fully realise their legal rights. Service users were unanimous in their response regarding the fact that hospital staff do not seek their opinion on whether they should be admitted or not. Decisions on consent were taken by the relatives and family members on behalf of service users. This is against WHO QR recommendations. One of the service users said; *“it is not you who decides this. If you need to be admitted, you will be admitted. In this hospital, you are not the one to decide when it comes to treatment and care services”*. Another user also said *“when you come and you are sick, they will still treat you whether or not you give consent”*. Consent is rarely sought from service users because of the believe that *“service users are not able to take decisions for themselves at the time of admission”*. This was mostly the case for users who were brought to the facility by their relatives. There was only one exception where consent was obtained from service users – that is, if the service user voluntarily visited the hospital on their own.

There was no written information available to service users on the opportunity to appeal any forceful detention or admission without consent in the hospital and service users have never seen any staff supporting a user on any appeals procedure. However, staff of the hospital *“were generally friendly and respect the dignity of service users”*. The team were told that users have the liberty to nominate a support person who will communicate their decisions, but it was not in all instances they were allowed to have supported decision making. *“There are times you meet with a health official who will listen to you; at other times they don’t”*. This was a user’s response when asked whether staff respect the authority of the nominated support persons. While on the one hand, users are allowed to choose people or support networks to take decisions on their behalf, it was not in all situations that the views of support persons were recognised.

From personal observation to user responses, we realized all users in Ankaful have personal medical folders and these are kept confidential from unauthorised access. The folders can only be accessed by staff for purposes of review and recording of their treatment history. It was surprising to note that even service users do not have access to their own folders, although CRPD and WHO QR strongly recommend that service users have access to their own medical folders. When we asked service users if they were allowed to add comments or opinions to their medical files, all the users responded in the negative. One of them had this to say: *“no! no! no! not even with censorship, you cannot add any written opinion or information to your medical file”*. There is a general mistrust arising from the believe that, if service users are allowed to add comments to their files, they may be adding things that are “untrue”.

It was on the basis of these accounts that the team scored both AkPH and KBTH as *Achievement Initiated (AI)*. This is because some steps have been taken with respect to some criteria in realizing the rights of users, but significant improvements are required in the area of consent, knowledge of available legal options, access to personal medical folders and respect for supported decision making as opposed to substituted decision making.

Suggestions for service improvement:

- Educate staff to ensure the consent of service users are sought at the time of admission and during treatment.
- Create flyers and informative materials on the legal opportunities and appeal procedures available to service users to appeal admission and detention effected without consent.
- Inform all service users of their rights to have access to their personal medical folders and be able to add their opinions and comments. Staff should also be sensitized to avail the opportunities to service users who wish to add comments to their folders.
- Sensitise staff on the need to respect and recognise supported decisions by authorised people or network group nominated by service users to do regarding admission, treatment and legal matters.
- Train staff and service users on the right to legal capacity and the supported decision-making model

Theme 4 - Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse

Facility	4.1	4.2	4.3	4.4	4.5	Overall Rating
AKPH	A/P	N/I	A/P	N/I	A/I	A/I- <i>Achievement initiated</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.
KBTH	A/P	N/A	N/A	A/P	A/P	A/P- <i>Achievement initiated</i> : There is evidence that steps have been taken to fulfil the criterion, standard or theme, but significant improvement is necessary.

In Ankafu, service users are treated with respect and dignity. There was no report of staff subjecting service users to any form of abuse; be it verbal, physical or emotional. The following are responses of some selected service users: *“staff members do respect us”*; *“service users are not subjected to any verbal, physical or sexual abuse”*; *“no, in this hospital or facility, you can’t do that to service user”*; *“Yes the facility tries its best to prevent abuses”*. Despite these responses, the observation we made points to the fact that conditions in the seclusion room and some lavatories could be sources of psychological abuse because it affects the dignity of service users. Seclusion was not used in line with the guidelines provided in the Mental Health Act of Ghana, which requires that seclusion is documented in the clinical notes of the service user and authorized by head of facility or senior nurse in charge of a ward. In addition to this, chemical restraint in the form of rapid tranquillisation was also used to manage acute “aggressive” behaviors, but the approach and comments by staff on the use of this restraint creates the impression that service users are being punished. The Mental Health Act prohibits the use of the seclusion or any restraint as forms of punishment to service users or at the convenience of staff. WHO QR and CRPD require the end of these practices and the implementation of alternatives.

From our review, we realised that Ankafu Psychiatric applies Electroconvulsive Therapy (ECT) and these were done in line with guidelines contained in the Mental Health Act. The Act provides that ECT shall not be administered without the informed consent of service users. However, according to these guidelines, ECT can also be administered with the approval of a mental health tribunal, where “service users are unable to give consent”. Though we did not have the opportunity to review ECT case, staff said the guidelines are followed. Some service users also confirmed that the free and informed consent of service users are sought before ECT is applied. Majority of the interviewees however were unable to comment on this since they have personally not experienced the use of ECT. Some of the staff who were interviewed also said the use of ECT is based on the service user’s “physical soundness and health”. *“When a patient is not fit, we don’t conduct electroconvulsive therapy on them”*, a staff said.

The assessment team did not see any formal notice and information regarding the procedure for filing complaints by service users relating to abuse, neglect, seclusion or restraint and admission without consent. One of the service users told us some nurses do ask them verbally if they have any form of complaints, but these are not documented to the best of their knowledge. Service users were not aware, if there is any committee or team responsible for investigating and dealing with user complaints. Nonetheless, we were told by staff that disciplinary actions are taken against staff who are found abusing service users. We could not

ascertain how true this was due to lack of documented evidence. Indeed, if the hospital sanctions staff for abusive behaviours but fail to document, it does suggest that such acts maybe deliberate and aimed at hiding abusive conduct of staff. To be fair however, a lot of the service users said staff treat them with respect and dignity.

Regarding visitation by any independent monitoring institutions to the Ankaful Psychiatric hospital, both service users and staff said they had no knowledge of this. The team did not also see any report suggesting any visit had taken place in Ankaful by an independent monitoring body.

Suggestions for service improvement:

- Develop procedure for filing complaints and sensitize service users in a language that they understand. Information on this should also be posted at vantage points within Ankaful for easy reference by service users.
- Discontinue the use of seclusion and other forms of restraints immediately. Instead, staff should be trained on de-escalation techniques and how to identify potential triggers of crisis for effective management.
- Government should amend the Mental Health Law of Ghana to conform with CRPD to implement alternatives to the use of seclusion.
- The hospital should ensure there is a disciplinary record book to document all instances of human rights and treatment violations and the corresponding actions taken against affected staff.

Theme 5 - The right to live independently and be included in the community

Facility	5.1	5.2	5.3	5.4	Overall Rating
AKPH	N/I	N/I	N/I	N/I	N/I - <i>Not initiated</i> : There is no evidence of attempts or steps to fulfill the criterion, standard or theme.
KBTH	N/I	N/I	N/I	A/I	N/I - <i>Not initiated</i> : There is no evidence of attempts or steps to fulfil the criterion, standard or theme.

In Ghana, opportunities for housing and access to financial resources for service users in their communities were limited, if not non-existent. This made it difficult for staff to support service users in this regard. Some of the staff interviewed said they did not provide these support mechanisms. It was the social welfare department that confirmed some form of engagements are done with local assemblies to access government social intervention. This included funds allocated by central government for persons with disabilities at the district assembly level as well as Livelihood Empowerment Against Poverty (LEAP) program. The social welfare department also mentioned that some benevolent organisations and philanthropist are contacted to assist, but it was often not easy to come by such support mechanisms. Service users and family members interviewed also had no knowledge about any support extended to them.

Also, there was no evidence of information and support being given to service users on education and employment opportunities. It was only under the occupational therapy sessions that staff provided guidance to develop the skills of service users, but not to access paid employment. Even that, the occupational therapy department was not well-resourced, thus affecting effective skills development. Service users also admitted that hospital staff guide them on how to improve their personal businesses or occupations and these confirm the assertions by the interviewed staff.

There were no direct staff-to-service user engagements on how service users can participate fully in political life, but some staff said users have access to television and are able to follow any political programs telecast on television. In terms of the right to vote, staff said they assist service users to register for voter identity cards by following them to the polling stations. Although staff did not support users to join political party activities, hospital authorities said sometimes they invite religious bodies to conduct religious services in the hospital and these give service users the opportunity to join in those activities. According to the interviewed staff, they also conduct morning devotions and through those sessions, service users are given education on how to associate with family and keep personal hygiene when they are discharged. In contrast however, service users said they were not supported to participate or join political and religious activities. At the general ward in KBTH, patients were not also supported to participate or join in political activities, but service users are allowed if they express their desires to participate in such events. What we realized was however the fact that service users in KBTH tend to prioritise medical care to engaging in social and political activities because of the short stay in the facilities. Decisions regarding the participation of users in social and political events remain the discretion of users and KBTH authorities allow users to fully exercise this right once they make such requests. Overall, service users in both Ankafu Psychiatric hospital and Korle Bu teaching Hospital were not able to realise their rights to live independently and be included in the community due to limited opportunities in the areas of housing, education, financial resources and participation in political activities while on admission. Meanwhile, the Mental Health Act of Ghana mandates the Minister responsible for Social Welfare to take steps to provide for the psycho-social rehabilitation of service users, which include vocational training.

Suggestions for service improvement:

- The social Welfare department of Ankafu Psychiatric hospital should identify both government and non-government support schemes, including philanthropist to link service users for support on education, housing and employment
- The occupational therapy unit of the hospital should be retooled to ensure service users are given relevant training that will increase their employable skills and opportunities.
- Hospital authorities should work with service users to develop recovery plans and work with them towards enhancing their skills for employment.
- The MHA should explore the possibility of establishing a fund to support the reintegration and settlement of service users, especially those whose relatives cannot be traced or are unwilling to accept them back in the communities due to stigma

- The Government of Ghana through the ministry housing should explore the option of providing social housing for service users who have been discharged and are homeless.

Conclusions and recommendations

This assessment was conducted using the WHO QR toolkit, which was developed to measure human rights standards provided in the UN CRPD. Ghana is one of the countries that have ratified the CRPD since 2012. In line with its international commitment, it is required to align national legislation with the provisions in the CRPD to guarantee the enjoyment of rights provided for persons with disability, which include those for persons with mental disability. One of these laws is the Mental Health Act, 2012 (Act 846) and the Persons with Disability Act, 2006 (Act 715). A review of the national laws shows that very important provisions in the CRPD are not sufficiently captured in the national laws. Some of these include access to social housing for the homeless and opportunities for employment after discharge.

The assessment at Ankafu revealed that service users did not have good standard of living. The buildings were not in good state of repairs; hygiene situation in most wards were poor and some of the roofs were leaking, causing discomfort to both service users and staff. This does not guarantee the rights of adequate standard of living. The right to legal capacity is also undermined because of a number of reasons: disregard for users consent during admission and treatment, lack of information on appeal procedure for admission without free consent and lack of formalised complaint reporting mechanism. There were no recovery plans; user preferences were not considered in the treatment and recovery process and no evidence of advanced directives.

The relations between staff and service users were good and generally, there was no report of abuse (physical, verbal, sexual and emotional). Treatment in Ankafu is open to all without discrimination on the basis of sex, economic status, race, ethnicity and religious affiliation. The only exception is that the hospital does not admit children and service users with physical disabilities.

The right to live independently in the community was not achieved because there are limited opportunities for housing, employment and education. This reflects a wider problem in the Ghanaian environment. Occupational therapy (OT), which is expected to also contribute to improving the occupations and recovery of service users is under resourced and requires retooling. Worse, service users were not aware that some of these programs are alternative treatment options aside medication. On the whole, Ankafu Psychiatric has taken some steps to fulfil the rights of service users, but significant gaps still exist. The next sections capture some recommendations to improve service delivery.

Recommendations for Ankafu Psychiatric Hospital:

- The hospital should immediately carry out renovation works in all wards to ensure walls are well painted, repair roof leakages, replace broken windows and fix damaged bulbs and fans.
- There is the need to have cleaning roster in place and washrooms should be regularly and monitored by senior officers on duty.

- Rehabilitate damaged sewage systems and provide waste disposal bins at vantage points for proper waste management
- Hospital authorities should develop a referral policy in line with the provisions of the Mental Health Act and train staff to ensure compliance on the policy guidelines
- Reorient staff on the staff charter, Mental Health Act and the CRPD to improve quality service delivery
- Take steps to immediately clear the entire hospital community of weeds and ensure there is continuous management of weeds
- There is need to provide bed sheets to all service users and continuously ensure they are kept clean/changed regularly
- Take steps to get fire certification in place and install fire alarms and extinguishers in all wards as well as train staff on fire safety and conduct regular fire drills to measure response to hazard management.
- The hospital authorities should ensure there is a disciplinary record book to document all instances of human rights and treatment violations and the corresponding actions taken against affected staff.
- Hospital authorities should include comprehensive recovery plan in each service user's records and this should reflect the will and preferences of the users
- Hospital authorities should train staff to encourage service users to develop advance directives on how they wish to be treated in case they are unable to communicate their treatment options in future
- Hospital staff should ensure service users are informed of different treatment options aside medication. Such information will encourage service users to take those programs seriously and this could bring much more desired outcome.
- Service users should be informed about possible side effects of medications prescribed for them.
- Flyers and pamphlets on general health education and promotion should be developed and posted at strategic places within the hospital to create sustained awareness among service users.
- Train staff and service users on human rights and methods to improve the quality of care in the mental health facilities by using the WHO QualityRights materials and training
- Educate staff to ensure the consent of service users are sought at the time of admission and during treatment.
- Create flyers and informative materials on the legal opportunities and appeal procedures available to service users to appeal admission and detention effected without consent
- Inform all service users of their rights to have access to their personal medical folders and be able to add their opinions and comments
- Sensitise staff on the need to respect and recognise supported decisions by authorised people or network group nominated by service users to do so regarding admission, treatment and legal matters.
- Develop procedure for filing complaints and sensitize service users in a language that they understand. Information on this should also be posted at vantage points within Ankafu for easy reference by service users.
- Discontinue the use of seclusion and other forms of restraints immediately. Instead, staff should be trained on de-escalation techniques and how to identify potential triggers of crisis for effective management.

- Hospital staff should be trained on WHO QR principles regarding alternatives to seclusion and the use of restraints. This will help staff apply appropriate de-escalation techniques when crisis do occur.
- The Social Welfare department of Ankaful Psychiatric hospital should identify both government and non-government support schemes, including philanthropist to link service users for support on education, housing and employment
- The occupational therapy unit of the hospital should be retooled to ensure service users are given relevant training that will increase their employable skills and opportunities.
- Hospital authorities should work with service users to develop recovery plans and work with them towards enhancing their skills for employment.

Recommendations for MHA & Government:

- The MHA should explore the possibility of establishing a fund to support the reintegration and settlement of service users, especially those whose relatives cannot be traced or are unwilling to accept them back in the communities due to stigma.
- Government should prioritise the supply of essential drugs to the facility to ensure seamless service delivery
- The Government of Ghana through the ministry of housing should explore the option of providing social housing for service users who have been discharged and are homeless.
- Consider a review of the Mental Health Act to include provisions to promote reintegration with emphasis on provision of social housing, employment opportunities and education. Alternatively, steps should be taken to develop a policy guideline to address these rights.
- Government through Ghana Health Service and Mental Health Authority should prioritise and scale the training and posting of qualified psychiatrists and psychologists to Ankaful hospital to improve personalized service delivery.
- Government should amend the Mental Health Law of Ghana to conform with CRPD to implement alternatives to the use of seclusion and any form of restraint against service users and end these practices in all hospitals.

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Author:

NUROKINAN CHIMBAR

Consultant, Methods Consult Limited

E-mail1: chimbar@methodsconsult.org

E-mail2: nchimbar@gmail.com

Mob. +233 (0)233333204/2



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