

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

## FINAL 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

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- 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: **10<sup>th</sup> January 2019 - 10<sup>th</sup> January 2022**
- 1.7. Target country(ies) or region(s): **Armenia, Ghana and Lebanon**
- 1.8. Final beneficiaries &/or target groups<sup>1</sup> (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 final year of the project).*
- 1.9. Country(ies) in which the activities take place (if different from 1.7): **Armenia, Ghana, Lebanon, and Italy**

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<sup>1</sup> “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

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### 2.1. Executive summary of the Action

This report presents the findings of 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 compelled to postpone many of the project activities. The consequences of these events and the COVID-19 pandemic also impacted implementation of the activities in the third year. However, we were granted an extension for the project that allowed us to achieve the main objectives proposed for this action.

In all the countries, the target groups of the action received capacity-building training on the rights of people with psychosocial disabilities. In line with Outcome 1, the human rights training has empowered people with psychosocial disabilities and enabled their participation in the decisions that affect their lives. As a result of this action, a higher number of people with psychosocial disabilities was able to collaborate with local DPOs and HRCSOs, thus strengthening their capacity to advocate for the rights of this group.

The activity of mapping local DPOs and HRCSOs has provided information about the organizations working to promote the rights of people with psychosocial disabilities in each country. Members of DPOs and HRCSOs organizations from Armenia, Lebanon, Ghana, and Italy met (in person during year 1, online during year 2 and 3, and in person during year 4) and discussed on how to work together to promote the rights of persons with psychosocial disabilities in their countries. These collaborations enabled DPOs and HRCSOs to better advocate for the rights of persons with psychosocial disabilities and participated in decision-making processes in their respective countries.

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, eight in Ghana, and two in Lebanon) and have finalized the baseline reports from the assessments. Improvement plans have been developed and implemented in all the three countries. Evaluations were also conducted following the improvement plan implementations. In line with Outcome 3 and 4, a mechanism for the collection of data on the respect of persons with psychosocial disabilities rights and the continuous development of improvement plans in mental health services is in place in the three countries (although additional resources may be needed locally to continue the implementation of this work over time).

### 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 HRCOs members, and other stakeholders) received 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 and Lebanon the number of participants trained on human rights in mental health has exceeded our expectancy. As of July 2023, the total number of stakeholders registered to conduct the QualityRights on line platform course in the three countries were: 48,892 in Ghana (of which 940 with mental health conditions, and 1,308 family members), 1171 in Lebanon, (of which 52 with mental health conditions, and 15 family members); 470 in Armenia (of which 8 with mental health condition, and family members 5). In July 2023 the people that had already finished the on-line training were: 25,424 in Ghana, 456 in Lebanon and 63 in Armenia. In line with Outcome 1, the human rights training has empowered people with psychosocial disabilities and enabled 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 HRCOs, 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 (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”**

The mapping of DPOs and HRCOs 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 have been involved in the 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 have created the first DPO in the country.

Members of DPOs and HRCOs organizations from Armenia (AMBRA), Lebanon (ABAAD, IDRAAC), Ghana (MEHSOG, MindFreedom Ghana), and Italy (UNASAM, ASARP, UEM) met - both in person and online - and discussed on how to work together to promote the rights of people with psychosocial disabilities in their countries. These collaborations will allow people with psychosocial disabilities organizations and HRCOs 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 stakeholders (including persons with psychosocial disabilities and their organizations, mental health professionals, local authorities, and others) have been trained on human rights and quality or care evaluation methods. In Armenia, one assessment team has been established and has completed the project (see below) in the three large mental health facilities in the country. In Ghana, three assessment teams have been established. They have completed the project (see below) in the eight mental health facilities of the country. In Lebanon, one assessment team has completed the project of two large mental health facilities. In all three countries involved the assessment teams are active. The experience in detecting on issues and critical points with structured methods and tools, setting improvement plans and measuring the effectiveness of the plans according to the use of instruments and methods of QualityRights program makes it possible to create a continuous mechanism for collecting data in the future. The documentation collected may constitute a basis for comparison for future evaluations. 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.”**

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) met to identify the causes of the non-realization of rights that needed to be addressed. Improvement plans were developed for all the facilities evaluated, implementation plans were carried out and the facilities were re-evaluated after the finish of the improvement plans by one team in Armenia, three in Ghana and one in Lebanon. In this way, a system capable of supporting a continuous process of quality improvement focused on human rights respect was created in all the countries.

**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:

- **62 stakeholders** through the online platform (5 of them identified as persons with a psychosocial disability). 30 persons provided consent for the use of their personal data in this report, 26 women and 4 men; **372 stakeholders** through the in-person training (335 women, 37 men, 2 preferred to not disclose their gender). At least 8 of them identified as a person with a psychosocial disability. Training to become a trainer on CRPD and QualityRights issues was provided to **8 stakeholders** through in-person training (6 women). Three of them identified 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 show a good improvement on attitudes toward mental health.

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



- **25,424 stakeholders** through the online platform (402 of them identified as persons with a psychosocial disability and 191 as persons with other disabilities. 6,129 persons provided consent for the use of their personal data in this report (3,066 were women, 2,934 men, 54 identified themselves as other gender, 75 preferred to not disclose their gender); **806 stakeholders** through the in-person training (289 women, 517 men), including 140 participants who identify as persons with psychosocial disabilities and **152 traditional or faith-based healers**. Training to become a trainer on CRPD and QualityRights issues was provided to **34 stakeholders** through in-person training (10 women, 24 men) including 2 participant who identify as a person with a psychosocial disability; 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 showed a good improvement on attitudes in Ghana. The data on the general improvement on attitudes toward psychosocial disability in Ghana pre-post the QualityRights e-training were already published in one paper with quantitative analysis pre-post (*Poynton-Smith E, et al. Int J Ment Health Syst. 2023 Dec 5;17(1):46*) and qualitative analysis as well as in another with qualitative analysis (*w(Harden B, et al. BMC Psychiatry. 2023 Mar 7;23(1):142*)

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

- **451 stakeholders** through the online platform (15 of them identified as persons with a psychosocial disability). 77 persons provided consent for the use of their personal data in this report (37 were women, 7 men, 1 identified as other gender and the others are missing data). **85 stakeholders** through the in-person training (59 women, 26 men). At least 1 of them identified as a person with a psychosocial disability. Training to become a trainer on CRPD and QualityRights issues was provided to **40 stakeholders** through in-person training (29 women, 11 men), including 8 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 show a good improvement on attitudes toward mental health. The issue will be the theme of a new paper that will be published.

### **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 was launched in April 2022. In 2019 the training materials started to be translated into Armenian language, but the process was delayed in 2020 and 2021 (due to the COVID-19 pandemic and the war in the Nagorno-Karabakh area). In 2021 work was performed to add captioning and dubbing to the platform videos. Up to date, Data relating to the amount and characteristics of the people trained, who signed up to attend the course until July 2024 were above provided [470 stakeholders registered, 63 of which have already finished the course] but the platform remains available even after the end of the project)

The table below provides an overview of the background and experience of people trained that provided consent for the use of their personal data in this report.

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, 48,892 **persons were registered** to the online platform, and 25,424 **completed the training**. 6,129 persons provided consent for the use of their personal data in this report (3,066 were women, 2,934 men, 54 identified themselves as other gender, 75 preferred to not disclose their gender). 349 identified themselves as persons with psychosocial disabilities, and 191 as persons with other disabilities.

The table below provides an overview of the background and experience of people trained that provided consent for the use of their personal data in this report.

Background/Experience				
Background_Experience	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Academia	4238	22.74	4238	22.74
Administration/Management	449	2.41	4687	25.15
Family member or care partner	529	2.84	5216	27.99
Health practitioner	6717	36.04	11933	64.03
Human rights advocate	412	2.21	12345	66.24
Lawyer	72	0.39	12417	66.63
Mental health or related practitioner	4676	25.09	17093	91.72
Other (please specify)	972	5.22	18065	96.94
Person with lived experience/ person with psychosocial, intellectual or cognitive disability	349	1.87	18414	98.81
Person with other disabilities	191	1.02	18605	99.83
Policy Maker / Analyst	31	0.17	18636	100.00

We had already achieved the target for this output, but we continued to enroll and trained more stakeholders in 2022 and 2023.

**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, 1,171 **persons registered** to the online platform in English language and **456 completed the training**. 77 persons provided consent for the use of their personal data in this report (37 were women, 7 men, 1 identified as other gender and the others are missing data). 11 identified as persons with a psychosocial disability and 2 as persons with other disabilities.

The table below provides an overview of the background and experience of people trained that provided consent for the use of their personal data in this report.

Background/Experience				
Background_Experience	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Academia	5	2.16	5	2.16
Administration/Management	8	3.46	13	5.63
Health practitioner	42	18.18	55	23.81
Human rights advocate	2	0.87	57	24.68
Lawyer	1	0.43	58	25.11
Mental health or related practitioner	131	56.71	189	81.82
Other (please specify)	27	11.69	216	93.51
Person with lived experience/ person with psychosocial, intellectual or cognitive disability	11	4.76	227	98.27
Person with other disabilities	2	0.87	229	99.13
Policy Maker / Analyst	2	0.87	231	100.00

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

The activities of the first, second, and third 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](https://instagram.com/qualityrights_AGILE)

The activities of the the project are 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.

The Italian collaborative group presented the actions at national and international congresses as well in congresses organized by organisations of users. All these contributions are on-line available (see: 1) LA SALUTE E' ANCORA UN DIRITTO? – Cagliari 11 Dicembre 2023 - Italy <https://www.researchgate.net/publication/376410589> La promozione dei diritti umani e della assistenza di qualita in salute mentale; - 2) Critical issues on human rights violations, stigma, and discrimination in individuals with psychosocial disabilities: a double level approach Conference: Lecture at Universidad Popular del Cesar, October 2013, Valledupar, Colombia <https://www.researchgate.net/publication/375611171> Critical issues on human rights violations stigma and discriminati on in individuals with psychosocial disabilities a double level approach - 3) Building a two-level action for human rights promotion and care delivery in mental health.nSeptember 2023 Conference: WPA World Congress Vienna, Austria <https://www.researchgate.net/publication/374291693> Building a two-level action for human rights promotion and care delivery in mental health - 4) “An experience of a two-level intervention for human rights promotion in psychosocial disability”, WPA Regional Congress - Innovations in the Practice of Psychiatry in XXI Century, June 8-10, 2023. Armenia

<https://www.researchgate.net/publication/371426719> An Italian experience of a two-level intervention for human rights promotion in psychosocial disability WPA Regional Congress - Innovations in the Practice of Psychiatry in XXI Century June 8-10 2023 - 5) Human Rights and Mental Health

IMPLEMENTING THE UN CRPD AND QUALITYRIGHTS PRINCIPLES THE QUALITYRIGHTS INITIATIVE EMPOWERING PERSONS WITH PSYCHOSOCIAL DISABILITIES TO FIGHT FOR THEIR RIGHTS Seminario online progetto recovery, December 2022 Servizio Sanitario Regione Emilia Romagna, Italy <https://www.researchgate.net/publication/366272007> Human Rights and Mental Health IMPLEMENTING THE UN CRPD AND QUALITYRIGHTS PRINCIPLES THE QUALITYRIGHTS INITIATIVE EMPOWERING PERSONS WITH PSYCHOSOCIAL DISABILITIES TO FIGHT FOR THEIR RIGHTS Seminario o - 6) LA PROMOZIONE DEI DIRITTI UMANI IN SALUTE MENTALE December 2022 Convegno Nazionale "Insieme si può", A.S.A.R.P. - Hotel Regina Margherita, Cagliari, <https://www.researchgate.net/publication/366186376> LA PROMOZIONE DEI DIRITTI UMANI IN SALUTE MENTALE - 7) Human Rights and Mental Health December 2022 Conference: WPA African Regional Conference, Hammamet, Tunisia <https://www.researchgate.net/publication/366185277> Human Rights and Mental Health - 8) Derechos Humanos y Salud Mental Empoderamiento de las personas con discapacidades psicosociales y la lucha por sus derechos November 2022. IV congreso internacional de investigacion y educacion para la paz, en democracia y valores, Universidad Popular del Cesar, Valedupar-Colombia. <https://www.researchgate.net/publication/366271876> Derechos Humanos y Salud Mental Empoderamiento de las personas con discapacidades psicosociales y la lucha por sus derechos - 9) Keynote lecture: Public Mental Health and Human Rights October 2022 Conference: 6th Eastern-European Conference of Mental Health & 3rd International Public Mental Health Conference Zagreb, Croatia <https://www.researchgate.net/publication/364330592> Keynote lecture Public Mental Health and Human Rights - 10) Empowering Persons with Psychosocial Disabilities to Fight for their Rights: implementing the UN CRPD and QualityRights principles October 2021, XXI On-line Congress of Psychiatry. WPA 2021 <https://www.researchgate.net/publication/355474033> Empowering Persons with Psychosocial Disabilities to Fight for their Rights implementing the UN CRPD and QualityRights principles#fullTextFileContent - 11) QualityRights- un appoggio inclusivo alla qualità centrato sui diritti umani attraverso una metodologia verificabile June 2021 Conference: Conferenza Nazionale Salute Mentale di Comunità, ROME ITALY <https://www.researchgate.net/publication/352744513> QualityRights- un appoggio inclusivo alla qualità centrato sui diritti umani attraverso una metodologia verificabile)

Starting from the mutual knowledge that occurred during the training and meeting in Italy, a researcher group was created working on issues related to the project and including people with psychosocial disabilities from Italy and Lebanon. The research group produces scientific articles published the international scientific journals in which the contributor as authorship of people with psychosocial disabilities was indicated.

Cossu G, Zreik T, Ciccu S, Guttman ME, Sancassiani F, Melis P, Angermeyer M, Carta MG. Respects of human rights and perception of quality of care, the users' point of view comparing mental health and other health facilities in a region of Italy. *Int Rev Psychiatry*. 2023 Feb-Mar;35(2):194-200.

Cossu G, Gyppaz D, Kalcev G, Manca AR, Angermeyer M, Zreik T, Carta MG. Systematic review of involuntary hospitalisation and long-term compliance. *Int Rev Psychiatry*. 2023 Feb-Mar;35(2):209-220.

**Ghana:** A conference was organized to launch the project in Ghana in 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.

**Lebanon:** IDRAAC was scheduled to carrying out a series of meetings relating to illustrating the new proposals for mental health laws in Lebanon to the various actors and a discussion in light of the CRPD. To raise awareness about the law proposal and ensure its proper implementation, IDRAAC, in collaboration with the National Mental Health Program at the Ministry of Public Health, held a series of trainings and consultations aimed at expediting and facilitating the legislative process and validating the feasibility of implementation with relevant stakeholders.

These meetings were reported by media. The following meetings and trainings were held: 1. Psychiatry nurses - March 19, 2021 (online); 2. Nurses from various medical units - March 30, 2021 (Face-to-face); 3. ER Emergency nurses - April 1, 2021 (Face-to-face); 4. Psychiatry nurses - May 11, 2021- (online); 5. Public Health Specialists, February 27, 2023 (Face-to-face); 6. Medical Doctors, May 2, 2023 (Face-to-face); 7. Caregivers, May 5, 2023 (Face-to-face); 8. Psychologists, May 29, 2023 (Face-to-face); 9. Social Workers, May 30, 2023 (Face-to-face); 10. Minister of Public Health, May 31, 2023 (Face-to-face); 11. Heads of Associations and Mental Health Professionals – June 9, 2023 (Face-to-face); 12. Service Users, June 23, 2023 (Face-to-face); 13. MPs and Judges – June 26, 2023 (Face-to-face)

**Armenia:** In the Vardenis mental health centre which was extremely "closed to the outside" and located in a critical area on the border with Nagorno Karabakh. Thanks to the improvement plans within the project, a small tailoring workshop was created in which people with psychosocial disabilities who had been in the hospital for years without any contact with the outside world began to work in tailoring for the community, creating good visibility for the initiative which was reported by the media.

#### **Output 2.1. (Op 2.1) Databank of the DPOs and HRCOs operating in each country**

**Armenia:** The mapping of the DPOs and HRCOs has been completed and published online.

**Ghana:** The mapping of the DPOs and HRCOs has been completed in 2020 and published online. 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 HRCOs operating in the country already existed (0 DPOs, 137 HRCOs) and is published online. From the publication, 1 DPO was founded.

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

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

**Ghana:** In Ghana, 2 DPOs (MEHSOG, Inclusion Ghana) and 4 HRCOs (MindFreedom Ghana, BasicNeeds Ghana, Special Olympics International and Special Olympics Ghana) actively collaborated for achieving the objectives of the project. Up to date, **54 DPOs** (34 women, 19 men) and **268 CSOs** – including HRCOs - (91 women, 168 men, 1 identified as other gender, 6 preferred to not disclose their gender) **members** received training.

We have already achieved the target for this output in 2022, but the work according the project lines continued in 2022 an 2023 both to network with DPOs and HRCOs working in Ghana and to train more DPOs and HRCOs members.

**Lebanon:** In Lebanon, 3 HRCOs (IDRAAC, ABAAD, and Imam Sadr Foundation) and 1 DPO were involved in the project. Up to date, **42 HRCOs members** (24 women, 2 men, 1 identified as other gender) received training. Currently, two persons with psychosocial disabilities (who received QualityRights training thanks to this project) have founded "Justice for Mental Health" the first Lebanese DPO (led by persons with psychosocial disabilities).

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

##### **On-site visit to Italy (Cagliari, March 2019)**

Members of organizations from Armenia (AMBRA), Lebanon (ABAAD), and Italy (UNASAM, ASARP, UEM) met and discussed 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.

**On-site visit in Italy (Cagliari, September 2019).**

Members of organizations from Armenia (AMBRA), Lebanon (ABAAD), Italy (UNASAM, ASARP, UEM), and Ghana met and discussed 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 (on April 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup>, and 29<sup>th</sup>, 2021) for 1) training stakeholders on how to develop and implement improvement plans, 2) identifying common difficulties in the implementation of these and other QR activities, and 3) discuss potential solutions together. Visits to other countries were partly abolished due to the persistence of the Covid pandemic and were replaced by online meetings conducted between the parties every month (excluding September) in 2022.

**On-site visit in Italy (Cagliari, September 2022)**

Members of organizations from Armenia (AMBRA), Lebanon (ABAAD), Italy (UNASAM, ASARP, UEM), and Ghana (MindFreedom) met and discussed on how to work together according to the status of the project. Members of organizations including from Italy (UNASAM, ASRP, UEM), met and discussed on how to work together to promote the rights of people with psychosocial disabilities in their countries. The visit also allowed us to visit some examples of residential apartments managed by people with psychosocial disabilities (Casamatta UASRP) and to meet social work experiences of people with psychosocial disabilities (Centro "LA Vigola") within a system of care in mental health without a psychiatric hospital such as the Italian one.

**On-site visit in Italy (Cagliari, 29 April-6 May 2023).**

Due to the delay in granting entry visas in Italy to the representatives of MEHSOG - Ghana , A specific meeting dedicated to representatives of MEHSOG - Ghana was organized in Cagliari in 2023 (29 April - 6 May). Members of organizations from Italy (UNASAM, ASRP, UEM), and MESOG met and discuss on how to work together to promote the rights of people with psychosocial disabilities in their countries. The visit also allowed us to visit some examples of residential apartments managed by people with psychosocial disabilities and to meet social work experiences of people with psychosocial disabilities within a system of care in mental health without a psychiatric hospital such as the Italian one.

***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 **8 persons** (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 and for the finalisation of the project. This assessment team is already active.

**Ghana:** Training on how to conduct human rights assessments using the WHO QualityRights toolkit was provided to **38 persons** through the in-person training (10 women, 24 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 **40 persons** (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 information was finalized and presented to the stakeholders in the facilities. A paper for publication in a peer-review journal is being prepared with these data. See below the synthesis of the results of the pre-post evaluation after the improvement plans (concerning the baseline).

**Ghana:** Data on the violations of the rights of persons with psychosocial disabilities were collected in **eight health institutions** for persons with psychosocial disabilities. Those institutions were: Accra Psychiatric Hospital, Ankaful Psychiatric Hospital, Eastern Regional Hospital, Ho Teaching Hospital, Komfo Anokye Teaching Hospital, Korle-Bu Hospital, Pantang psychiatric Hospital, Sunyani Regional Hospital

The information was finalized and presented to the stakeholders in the facilities. The reports from the assessment of the facilities are attached to the present document (see Annex 2).

A paper has been published in a peer-review journal (Moro MF, Carta MG, Gyimah L, Orrell M, Amissah C, Baingana F, Kofie H, Taylor D, Chimbar N, Coffie M, Cole C, Ansong J, Ohene SA, Tawiah PE, Atzeni M, D'Oca S, Gureje O, Funk M, Drew N, Osei A. BMC Public Health. 2022 Apr 2;22(1):639. doi: 10.1186/s12889- A nationwide evaluation study of the quality of care and respect of human rights in mental health facilities in Ghana: results from the World Health Organization QualityRights initiative). See below the synthesis (concerning the baseline) of the results of the pre-post evaluation after the improvement plans.

**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 information was finalized and presented to the stakeholders in the facilities. The report from these evaluations is submitted for publication in a peer review journal. The synthesis of the results of the pre-evaluation after the improvement plans concerning the baseline was already produced in the previous reports.

**Output 4.1. (Op 4.1) Development of improvements plans in selected mental health facilities.**

Armenia. QualityRights improvement plans have been developed for the three facilities evaluated: the “Vardenis” psychoneurologic boarding house (Gegharkunik region), the "Sevan mental health centre" (Gegharkunik region), and the “National centre for mental health care” (Yerevan).

**Ghana:** QualityRights improvement plans have been developed for the *eight* facilities evaluated which are: Accra Psychiatric Hospital, Ankafu Psychiatric Hospital, Eastern Regional Hospital, HO Teaching Hospital, Komfo Anokye Hospital, Korle-Bu Hospital, Pantang psychiatric Hospital, Sunyani Regional Hospital

**Lebanon:** QualityRights improvement plans have been developed for the two facilities evaluated: the Ain and Zein Hospital and the La Croix Hospital.

**Output 4.2. (Op 4.2) Development of improvements plans in selected mental health facilities.**

Armenia. The enactment of the QualityRights improvement with a few months' delay but within the limits of the extension granted to the project, the improvement plans were conducted in the three involved facilities. A brief summary of the data relating to the comparison between the first evaluation and the evaluation after the improvement plans conducted in the three is presented. structures by the joint evaluation team (professionals, user representatives and external experts) through QualityRights tools. There was a clear improvement in Nubarashen in 4 out of 5 topics, a slight improvement in Sevan in 3 out of 5 topics, a substantially unchanged condition in Vardenis. The latter is the most peripheral structure a few kilometers from the border with Nagarno, it is also the one that has suffered the most from the war conditions. However, the project has built links with an Italian non-profit association that will try to support some social inclusion initiatives. An accurate processing of the data will be the basis for future publications. The extended reports are attached to this report.

**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).



**Theme 1: The right to an adequate standard of living and social protection (Article 28 of the CRPD)**

	<u>Pre-evaluation</u>	<u>Post evaluation after improvement plans</u>	
Nubarashen	Not initiated	Partially Achieved	<u>Improved</u>
Sevan	Not initiated	Achievement Initiated	<u>Improved</u>
Vardenis	Not initiated	Not Initiated	<u>Not Improved</u>

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

	<u>Pre-evaluation</u>	<u>Post evaluation after improvement plans</u>	
Nubarashen	Achievement Initiated	Partially Achieved	<u>Improved</u>
Sevan	Achievement Initiated	Achievement Initiated	<u>Not Improved</u>
Vardenis	Achievement Initiated	Not Initiated	<u>Worsened</u>

**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)**

	<u>Pre-evaluation</u>	<u>Post evaluation after improvement plans</u>	
Nubarashen	Not initiated	Partially Achieved	<u>Improved</u>
Sevan	Not initiated	Achievement Initiated	<u>Improved</u>
Vardenis	Not initiated	Not Initiated	<u>Not Improved</u>

**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).**

	<u>Pre-evaluation</u>	<u>Post evaluation after improvement plans</u>	
Nubarashen	Not initiated	Partially Achieved	<u>Improved</u>
Sevan	Not initiated	Achievement Initiated	<u>Improved</u>
Vardenis	Not initiated	Not Initiated	<u>Not Improved</u>

**Theme 5: The right to live independently and be included in the community (Article 19)**

	<u>Pre-evaluation</u>	<u>Post evaluation after improvement plans</u>	
Nubarashen	Not initiated	Not initiated	<u>Not Improved</u>
Sevan	Not initiated	Not Initiated	<u>Not Improved</u>
Vardenis	Not initiated	Not Initiated	<u>Not Improved</u>

**Ghana.** The enactment of the QualityRights improvement plans was carried out in 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.

A summary diagram of the comparison of pre-post evaluations is shown in the table below. An improvement was recorded in 52.5% of the topics, the situation remained unchanged in 40%, a worsening was found in 7.5%. The most frequently unchanged theme was the first (12.5% improvement), the most improved was the fifth (87.5%) in which however it started everywhere from the minimum level (Not initiated) out of Accra in which the score was Achievement initiated. The most evident improvement was in Accra where 4 out of 5 themes improved apart from theme 5 (Accra, however, was the only location where "partially started" was already initially coded, this level which remained unchanged is the one ultimately reached by the other locations under improvement). An improvement in 4/5 locations was also seen in Ankaful and Ho (but in this location also with a worsening theme). The least evident improvement was in Komfo where there was only one improving theme versus one worsening and three without any changes. The extended reports are areported in attached files.

**Theme 1: The right to an adequate standard of living and social protection (Article 28 of the CRPD)**

	<u>Pre-evaluation</u>	<u>Post evaluation after improvement plans</u>	
Accra Psychiatric Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Ankaful Psychiatric Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Eastern Regional Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Ho Teaching Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Komfo Anokye Teaching Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Korle-Bu Teaching Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Pantang Psychiatric Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Sunyani Regional Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>

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

	<u>Pre-evaluation</u>	<u>Post evaluation after improvement plans</u>	
Accra Psychiatric Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Ankaful Psychiatric Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Eastern Regional Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Ho Teaching Hospital	Achieved initiated	Achieved partially	<b><u>Improved</u></b>
Komfo Anokye Teaching Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Korle-Bu Teaching Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Pantang psychiatric Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Sunyani Regional Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>

**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)**

	<b><u>Pre-evaluation</u></b>	<b><u>Post evaluation after improvement plans</u></b>	
Accra Psychiatric Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Ankaful Psychiatric Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Eastern Regional Hospital	Achieved initiated	Achieved partially	<b><u>Improved</u></b>
Ho Teaching Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Komfo Anokye Teaching Hospital	Achievement partially	Achieved initiated	<b><u>Worsened</u></b>
Korle-Bu Teaching Hospital	Achieved initiated	Achieved initiated	<b><u>Not Improved</u></b>
Pantang psychiatric Hospital	Achievement partially	Achieved initiated	<b><u>Worsened</u></b>
Sunyani Regional Hospital	Achieved initiated	Achieved initiated	<b><u>Not Improved</u></b>

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

Accra Psychiatric Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Ankaful Psychiatric Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Eastern Regional Hospital	Achieved initiated	Achieved initiated	<b><u>Not Improved</u></b>
Ho Teaching Hospital	Achievement partially	Achieved initiated	<b><u>Worsened</u></b>
Komfo Anokye Teaching Hospital	Achieved partially	Achieved partially	<b><u>Not Improved</u></b>
Korle-Bu Teaching Hospital	Achieved initiated	Achieved partially	<b><u>Improved</u></b>
Pantang psychiatric Hospital	Achievement initiated	Achieved partially	<b><u>Improved</u></b>
Sunyani Regional Hospital	Achieved initiated	Achieved initiated	<b><u>Not Improved</u></b>

**Theme 5: The right to live independently and be included in the community (Article 19)**

Accra Psychiatric Hospital	Achievement initiated	Achievement initiated	<b><u>Not Improved</u></b>
Ankaful Psychiatric Hospital	Not initiated	Achievement initiated	<b><u>Improved</u></b>
Eastern Regional Hospital	Not initiated	Achievement initiated	<b><u>Improved</u></b>
Ho Teaching Hospital	Not initiated	Achievement initiated	<b><u>Improved</u></b>
Komfo Anokye Teaching Hospital	Not initiated	Achievement initiated	<b><u>Improved</u></b>
Korle-Bu Teaching Hospital	Not initiated	Achievement initiated	<b><u>Improved</u></b>
Pantang psychiatric Hospital	Not initiated	Achievement initiated	<b><u>Improved</u></b>
Sunyani Regional Hospital	Not initiated	Achievement initiated	<b><u>Improved</u></b>

**Lebanon.** The enactment of the QualityRights improvement plan started in 2022. The processing of the reevaluation data is finished. The first elaboration of data shows a general trend to improvement, the results are now discussed by the teams involved and will be the subject of a future publication. The stakeholders and people with psychosocial disabilities involved asked not to publish the results relating to the scores before and after the evaluation but to use them in an initial phase only for the discussion between the actors involved (which took place). The paper that will be published in this phase will concern the difficulties encountered and the improvement strategies from a qualitative analysis perspective. The synthesis of the results of the pre-evaluation after the improvement plans concerning the baseline was already produced in the previous reports.

**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 were 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 (Completed)

Ghana: Activity started in 2019 (Completed)

Lebanon: Activity started in 2019 (Completed)

In Armenia, Ghana, and Lebanon, many in-person trainings were postponed due to the COVID-19 pandemic. The training activities started again in 2021 and finished in 2023.

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

Armenia: Activity started in 2019 (Completed)

Ghana: Activity started in 2019 (Completed)

Lebanon: Activity started in 2019 (Completed)

In Armenia, the in-person training of the trainers was postponed due to the COVID-19 pandemic. The training of the trainers was finished in 2023.

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

Armenia: Activity started in 2019 (Completed)

Ghana: Activity started in 2019 (Completed)

Lebanon: Activity started in 2019 (Completed)

In Armenia, the launch of the platform was postponed for allowing the co-applicants to complete the translation of materials in Armenian. The translation has been completed and the platform was launched on April 12, 2022. 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 were trained by using the online platform.

#### **Activity 1.3.1. Visibility activities**

Armenia: Activity started in 2019 (Completed)

Ghana: Activity started in 2019 (Completed)

Lebanon: Activity started in 2019 (Completed)

#### **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 (Completed)

Ghana: Activity started in 2019 (Completed)

Lebanon: Activity started in 2019 (Completed)

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

Armenia: Activity started in 2019 (Completed)

Ghana: Activity started in 2019 (Completed)

Lebanon: Activity started in 2019 (Completed)

Italy: Activity started in 2019 (Completed)

Participants MESOG from Ghana were not able to participate to the first on-site 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 solved the problem although late for attending the first meeting. Due to the delay in granting entry visas to Italy to the representatives of MEHSOG - Ghana, a specific meeting dedicated to representatives of MEHSOG - Ghana was organized in Cagliari in 2023 (29 April - 6 May).

**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. Activity completed

Ghana: Activity started in 2019. Activity completed

Lebanon: Activity started in 2019. Activity completed

Because of 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. Activity completed

Ghana: Activity started in 2020. Activity completed

Lebanon: Activity started in 2020. Activity completed

In Lebanon, due to COVID-19 and the high number of persons positive to COVID-19 in one of the three facilities, its assessment was cancelled. The assessment teams will focus on the two facilities evaluated for the improvement plans post-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. Activity completed

Ghana: Activity started in 2020. Activity completed

Lebanon: Activity started in 2020. Activity completed

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

Armenia: Activity started in 2021. Activity completed

Ghana: Activity started in 2021. Activity completed

Lebanon: Activity started in 2021. Activity completed

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

Armenia: Activity started in 2021 (Completed)

Ghana: Activity started in 2021 (Completed)

Lebanon: Activity started in 2021 (Completed)

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

Armenia: Activity started in 2021 (Completed)

Ghana: Activity started in 2021 (Completed)

Lebanon: Activity started in 2021 (Completed)

#### **Overall management and coordination**

Armenia: Activity started in 2019 (Completed)

Ghana: Activity started in 2019 (Completed)

Lebanon: Activity started in 2019 (Completed)

Italy: Activity started in 2019 (Completed)

Because of 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 started 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.