Disability Stigma Reduction Interventions Study Report: appendices

October 2023

Appendix 1: Awarded grants factsheet

Factsheet: Evidence and Effectiveness Grants for Mental Health and Disability Inclusion

Ghana Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme in Ghana, with a specific focus on mental health. This programme is funded with UK Aid from the UK government. The programme is run by an Options-led consortium, which also consists of BasicNeeds-Ghana, King's College London, Sightsavers International, and Tropical Health, and focuses on 4 key areas:

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

In December 2020, the programme launched its Main Grant Call in response to its Foreign, Commonwealth and Development Office-approved workplan, log frame, and theory of change (ToC) under the theme 'Evidence and Effectiveness Grants for Mental Health and Disability Inclusion'.

The overarching objective of the Call is to ensure that people with disabilities, including people with mental health disabilities, are in the lead on approaches to improve their wellbeing, social and economic outcomes, and rights.

The specific objectives of the call are:

- To improve the wellbeing of, and empower, people with disabilities, including mental health disabilities, through evidence-based approaches to improve integration and accessibility of mental health and social services and user-led advocacy initiatives
- To reduce stigma and discrimination against people with disabilities, including people with mental health disabilities
- To generate evidence through research to inform policy and practice on disability and mental health needs, programmes and interventions, in particular community-based rehabilitation (CBR) initiatives. No grants were awarded under this objective due to budget cuts
- The Evidence and Effectiveness Grants were awarded to 9 grantees in April 2021 by the programme. The nine grantees were awarded with a total grant amount of GHS 6,844,350 to implement their projects across Ghana for a period from 12 months to 33 months.
- The grants awarded to the 9 grantees comprised of 5 small grants and 4 large grants implementing advocacy and social and behaviour change (SBC) projects across 10

regions of the 16 regions of Ghana. These grantees will contribute largely to the larger UK programme goal of leave no one behind (LNOB) aimed at ensuring that: “All people with disabilities and mental health conditions in Ghana are engaged, empowered and able to enjoy improved wellbeing, social and economic outcomes and rights.”

Grantee projects and outcomes

Sub grants	Organisation or grantee name	Project location	Project name	Project objectives
SBC small grants (from April 2021 for 12 months)	ABAK Foundation	Central Region	Advocacy and Behavioural Change for Disability Rights and Inclusion	• Provide positive language for mental health and disability, and promoting these messages by encouraging widespread adoption at local, national and policy levels through incentives and innovative tactics to challenge the old language and to embed the new language • Create a culture of support for people with disabilities and mental health disabilities to reach their full potential
	Centre for Active Learning and Integrated Development (CALID)	Northern Region	Anti-Stigma and Discrimination Against Blind people	• Access to basic, equitable and quality healthcare of 550 blind and partially sighted people in Northern Region increased • Stigma and discrimination against blind and partially sighted people in communities and public service delivery centres reduced
	Centre for People's Empowerment and Rights Initiatives (CPRI)	Upper West Region	Challenging stigma and negative language; restoring the dignity of women, men and young	• To reduce stigma and discrimination through engagement of media, traditional leaders and key influencers to create community awareness about mental health issues and the need for acceptance, support and inclusion of people living with mental health disabilities • To strengthen capacity of 25 self-help groups to lead in advocacy in the Upper West Region so as to attract positive attention of duty bearers to increase investment to support the needs of people living with mental health disabilities

Sub grants	Organisation or grantee name	Project location	Project name	Project objectives
			people with mental health disabilities	
SBC Large Grants (from April 2021 for 33 months)	Hope for Future Generations (Lead organisation) With The PsyKForum	Greater Accra, Central and Northern Regions	The Social Behaviour Change Communication and Stigma Reduction for Mental Health and Disability Inclusion Project	• A positive culture of support created to allow people with disabilities, including people with mental health conditions, to reach their full potential • Increased use of positive disability and mental health language in Ghana • Improved enforcement of Ghana's Disability and Mental health policies and laws by duty bearers • Closed April 2023
	Voice of People with Disability, Ghana (VOICE Ghana)	Oti and Volta Regions	#We-Matter Project	• A positive culture of support created in Volta and Oti Regions to allow people with disabilities, including people with mental health conditions, to reach their full potential • Increased use of positive disability and mental health language in Volta and Oti Regions • Improved enforcement of Ghana's Disability and Mental health policies and laws by duty bearers in Volta and Oti Regions

Sub grants	Organisation or grantee name	Project location	Project name	Project objectives
Advocacy Small Grant (from April 2021 for 12 months)	Foundation for Community Empowerment Programme (FOCEP)	North East Region	Promoting Disability Inclusive Development	• Increased awareness and responsiveness of stakeholders on disability issues to remove negative barriers • Enhanced knowledge of decentralised heads of departments on disability and mental health issues to influence inclusive planning • Empowered people with disabilities and people with mental health disabilities for community sustainability
	Global Action for Women Empowerment (GLOWA)	Volta and Oti Regions	STOP Discriminating Against Persons with Disabilities and Mental Health Disabilities	• Increased awareness of disability and mental health acts among right holders and duty bearers • 30% of empowered people with disabilities are engaging duty bearers for fulfilment of their rights using their developed Advocacy Action Plans
Advocacy Large Grants (from April 2021 for 33 months)	Ghana National Association of the Deaf (GNAD)	Greater Accra, Central, Northern and Upper West Regions	Empowered Deaf People for Improved Mental Health	• Increase evidence-based information on mental health needs, barriers, practices and gaps among the deaf and hard of hearing so as to inform policy advocacy and monitoring • Increase access to comprehensive mental health services including access to treatment as well as outpatient services • Increased support from national government for the inclusion of deaf-friendly services such as access to qualified sign language interpreters and health workers with

Sub grants	Organisation or grantee name	Project location	Project name	Project objectives
				knowledge in basic sign language in public mental health services
	Songtaba	Northern and North East Regions	Promoting Women Mental Health Rights in Ghana	• Improved access to mental health care-related service delivery to 640 women including 'alleged witches' in Northern and North East regions • Improved evidence and knowledge on reduction of stigma and violence against people with mental health disabilities • Conducive and enabling policy environment and institutional support for the implementation of mental health act

Appendix 2: List of documents reviewed

Document type and name	Number of documents reviewed
Grantees documentation	
Selection of large Grantees quarterly reports from year 1 and year 2 (5 per grantee) GNAD	20
Large grants results frameworks	4
Large grants results frameworks	5
Small grants internal evaluations and Change Stories	6
Small grants results frameworks	5
Evidence and Effectiveness grants proposals	9
Large grants Mid-term Review reports	4
Summary Technical Support Monitoring Report: Quarter 5 – Evidence and Effectiveness grants	1
Description of Evidence and Effectiveness grantees by type of grant and objectives	1
Evidence and Effectiveness grants overview	1
Ghana Somubi Dwumadie (Ghana Participation Programme) Grantee Learning Exchange	1
Progress of social behaviour change strategy and technical support July 2021	1
Learning product: what works in grant-making mechanisms for mental health and disability inclusion programmes in Ghana	1
Social Behaviour Change Strategy January 2021	1
Report on Evidence and Effectiveness Small Grants Call Evaluation – October 2022	1

Document type and name	Number of documents reviewed
A Formative Study: Stigma and discrimination experienced by people with disabilities, including people with mental health conditions, in Ghana	1
Learning product: the delivery of inclusive and accessible social behaviour change (SBC) to reduce disability and mental health stigma	1
Process documentation of positive Ga, Fanti, Mampruli and Gonja disability language development	1
Internal Report on the Evidence and Effectiveness Grantees Learning and Reflection Event (28 – 30 June 2022) July 2022	1
Report on the Evidence and Effectiveness Grantees Learning and Reflection Event (28 – 29 September 2021) November 2021	1
Social Behaviour Change Cocreation Workshop Report – June 2021	1
Ghana Somubi Dwumadie social behaviour change quality assurance checklist for grantees – April 2022	1
Ghana Somubi Dwumadie Social behaviour change quality guidance for grantees – April 2022	1
Positive Disability Terminologies Development – June 2022	1
Policy Advocacy Communications	
2021 World Mental Health Day activities supported	1
Why Ghana needs to invest more in mental health	1
Addressing Mental Health Needs Of Deaf People: The Need For Inclusive Mental Health Policy	1
Policy brief: Mental Health and Quality of Life Situation of Women Accused of Witchcraft in Northern and North East Regions in Ghana	1
SHG support documentation	
Basic Needs Ghana – Quarterly Narrative Report (Jan – March 2022)	1
Basic Needs Ghana – Quarterly Narrative Report (July – September 2022)	1

Document type and name	Number of documents reviewed
Follow up interface meetings between leaders of SHGs and their District Assembly for increased support to persons with mental health conditions – report Feb 2022	1
Rights Based Advocacy Toolkit for Self-Help Groups	1
Interface meetings between leaders of SHGs and their district assembly for increased support to people with mental health conditions – report September 2021	1
Facilitate follow up interface meetings between representatives of SHGs with key staff of metropolitan, municipal and district assemblies (MMDAs) for improved support to people with mental health conditions – report August 2022	1
Report-Interface Meetings report 092021	1
Basic Needs Ghana – Quarterly Narrative Report (April – June 2022)	1
District MH plans	
Combined District Mental Health Care Plan - detailed workplan	1
Community Health Volunteer Training on Mental Health Case Detection and Reporting Nov – December 2022	1
Baseline Health Facility Survey Paper October 2022	1
Progress report on implementation of District Mental Health Care Plans April 2022	1
Towards Implementation of Context-specific Integrated District Mental Health Care Plans: A Situation Analysis of Mental Health Services in Five Districts in Ghana – Jan 2022	1
Supervising and Evaluating the Implementation of District Mental Healthcare Plans – July 2022	1
KCL Quarterly Report Year 2, Quarter 4	1
KCL Narrative Report Year 3, Quarter 2	1
KCL Quarterly Report Year 3, Quarter 1	1
KCL mhGAP Training Manual	1
Overview of District Mental Health Care Plans	1

Document type and name	Number of documents reviewed
Pre- and post-test mhGAP report	1
Theory Of Change Report	1
WHO mhGAP Community Toolkit	1
Other programme documents	
Ghana Somubi Dwumadie Logframe Revised 07072021	1
Ghana Somubi Dwumadie Year 3, Quarter 2 Narrative Report	1
Ghana Somubi Dwumadie Year 3, Quarter 1 Narrative Report	1
Theory of Change Rapid Mid-Point Review	1
Improving user-led approaches in mental health and disability services	1
Additional documents, research etc	
List of programme generated evidence - as at October 2022	1
Summary report on Knowledge, Attitude and Practices (KAP) Baseline Survey	1
Knowledge, Attitudes and Practices Baseline Survey	1
Disability-related stigma and discrimination in sub-Saharan Africa and south Asia: a systematic literature review May 2021	1
TOTAL	**105**
Other various advocacy media materials	
Also on website materials (short films, policy briefs etc) on World Mental Health Day: **https://www.ghanasomubi.com/**	
Ghana Somubi Dwumadie ambassadors on GTV Breakfast Show: https://www.youtube.com/watch?v=BJ5NKOutSz0&t=97s&ab_channel=GhanaSomubiDwumadie	
Ghana Somubi Dwumadie website blog page - https://www.ghanasomubi.com/blog	

Document type and name	Number of documents reviewed
International Women's Day 2022 – short documentary by Ghana Somubi Dwumadie: https://www.youtube.com/watch?v=grL_IBJu2No&t=11s&ab_channel=GhanaSomubiDwumadie	

Appendix 3: Sample

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
National level interviews									
Ghana Somubi Dwumadie staff	National	1. Leadership and Governance Advisor 2. Grants Advisor 3. Community Based Rehabilitation Grants Advisor 4. SBC Grants Technical Advisor 5. CL Research Assistant 6. Assistant programme manager Ghana Somubi Dwumadie	Programme implementation staff	5	1		NA	1 (mini- 2 workshop)	
Ghana Somubi Dwumadie - Options	National	Team Leader Ghana Somubi Dwumadie	Programme implementation staff		1		NA		1

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
Ghana Somubi Dwumadie - KCL	National	Research assistant	Programme implementation staff	1			NA		1
Ghana Somubi Dwumadie - tropical health	National	MEL officer	Programme implementation staff		1		NA		1
Ghana Somubi Dwumadie - Basic Needs Ghana	Head office (Tamale)	Head of programmes, programme manager, MEL officer, finance officer	Implementing partner staff	4		Representation of one person with a mental health condition	N/A		1
Ghana Federation of Disability (GFD)	National	Executive director. President	Collaborating partner organisation	1	1	Visual impairments (1)	N/A		1
Mental Health Society of Ghana	National	Executive secretary	Collaborating partner organisation	1			NA		1
Grantee (HFFG)	National	MEL officer, programme manager, MEL consultant	Grantee	1	2		N/A		1

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
Grantee (GNAD)	National	CEO	Grantee	1			N/A		1
SUBTOTAL				**15**	**6**			**1**	**8**
North and North East Region									
Grantee (GNAD)	Northern region	Gender specialist officer for deaf association (female), president of women's wing (female), regional president of the Association of the Deaf (male) and Parent chairman of the disability resource centre.	Grantee staff – implementers and participants	1	2	Hearing impairments (3)			1
Grantee (Songtaba)	Northern region	CEO and gender equity and social inclusion officer	Grantee staff – implementers	1	1				1

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
Songtaba	Northern region GUSHEGU district	Songtaba SHG – 'alleged witches'	Participants		4	'Alleged witches'. Based on research report, some are likely to have a mental health condition.	Rural	1	
BNGh	Northern region GUSHEGU district	BNGh SHG leadership members including community volunteer	Grantee – SHG participants	3	1	Mental health conditions (3) and caregiver (1)	Rural		1
BNGh	Northern region GUSHEGU district	BNGh – SHG – members	Grantee – SHG participants	3	5	Mental health conditions (5) and caregivers (2)	Rural	1	
Government	Northern region GUSHEGU district	Social welfare officer	Collaborating partner	1			Rural		1

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
Local leaders	Northern region GUSHEGU district	Traditional leaders	Collaborating partner	2			Rural		1
HFFG	North East and Savannah	HFFG staff – project officers	Grantee staff	1	1				1
HFFG	North East region East Mamprusi district	FGD 1 – SHG members	Participants		5	Caregivers (2), physical disabilities (2), visual impairments (1)	Rural	1	
HFFG	North East region East Mamprusi district	FGD 2 – SHG members	Participants	7	1	Physical disabilities (3), HIV (1), visual impairments (1), assistants (2)	Rural	1	

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
HFFG	North East region East Mamprusi district	FGD 3 – disability champions	Participants	4	1	Physical disabilities (3), albinism (1), visual impairments (1)	Rural	1	
Government/media	North East region East Mamprusi district	CHRAJ officer/social welfare officer/media rep	Collaborating partners	3			Rural		1
Local leaders	North East region/East Mamprusi district	Traditional leader/religious leaders (3)	Participants	2	1		Rural		1
HFFG	Savannah region East Gonjal Sawla Tuuna Kalba district	HFFG disability champions	Implementers and participants				Rural		1
GNAD	North/North East	GNAD leadership	Grantee - implementors	21				1	1

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
SUBTOTAL				**30**	**23**			**6**	**8**
Volta Region									
DSW	Volta	Regional social welfare officer	Implementing partner		1		Urban		1
VOICE Ghana inclusive ambassadors	Volta	Inclusion ambassadors		7	5	Physical disabilities (1)	Urban	1	
WODAO	Volta	President	Implementing partner		1	Physical disabilities (1)	Urban		1
Local traditional leader	Volta	Youth chief of Anfoeta Tsebi		1			Rural		1
SHG Anfoeta Tsebi	Volta	SHG members		6	5	Physical disabilities (6), parents (2), visually impairments (2), epilepsy (1)	Rural	1	

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
Mental Health Alliance	Volta	Members of Mental Health Alliance	collaborating partner	5	3	Physical disabilities (1)	Urban	1	
NCCE	Volta	Programme officer	Collaborating partner	1			Urban		1
Local traditional leader	Volta	Queen Mother of Awakpevome			1		Rural		1
SHG Awakpevome	Volta	SHG members		7	5	Physical disabilities (7), visual impairments (1), caregivers (4)	Rural	1	
Faith-based organisation	Volta	Christian Council chair		1			Urban		1
Regional Imam	Volta	Regional Imam and secretary		2			Urban		1
Traditional authority	Volta	Chief of Adaklu		1			Rural		1

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
SHG Adaklu Waye	Volta	SHG members		11	1	Physical disabilities (5), visual impairments (1), HIV (1), caregivers (4), multiple disabilities (1)	Rural	1	
VOICE Ghana	Volta	Staff of VOICE Ghana	Grantees – implementers	5	6	Physical disabilities (2)	Urban	1	
GFD	Volta	GFD members		6	5	Physical disabilities (3), HIV (2), visual impairments (1), albinism (1)	Urban	1	
Traditional Authority	Volta	Inclusion ambassador			1		Urban		1
Ghana Health Service	Volta	District mental health officers		2			Urban		1
SUBTOTAL				**54**	**34**			**7**	**10**

Organisation	Region/District	interviewees	Classification	M	F	Disability/Mental Health condition	Urban/Rural	FGD	IDI
TOTAL				99	63			14	26

Appendix 4: Research matrix

Original Research Objectives	Original Research questions	Gender and diversity (cross cutting)
1.a participation design: explore how strategies, activities and materials aiming to reduce disability stigma can best be designed in Ghana, with the leadership and involvement of people with disabilities **1.b Delivery:** explore how activities and materials aiming to reduce disability stigma can be delivered in Ghana, with the leadership and involvement of people with disabilities	What are the participatory approaches that Ghana Somubi Dwumadie has taken to design and implement disability stigma reduction interventions across the project locations? And how did different programme implementers and participants experience involvement in the design of programme interventions, with regard to the leadership and involvement of people with disabilities?	Did the participation of men and women vary in these processes. If so, in what way? Were approaches adapted to promote inclusive participation, e.g. variation in processes for people with different types of disability? Or different levels of education?
2 Coherence: investigate whether and how a diversity of intervention approaches can complement each other to improve implementation of stigma reduction interventions in Ghana	How coherent or cohesive did different programme implementers perceive or experience the programme interventions, either directly or indirectly targeted at stigma reduction, to be?	Has there been a coherent approach to how gender and diversity has been addressed, both within and across workstreams? For example, shared learning which has then informed approaches.

Original Research Objectives	Original Research questions	Gender and diversity (cross cutting)
3.**Acceptability**: understand the acceptability of different disability stigma reduction interventions in Ghana	How acceptable did different programme stakeholders (e.g. key institutions expected to drive stigma reduction, community leaders and members, people with disabilities) perceive or experience programme interventions to be?	
4. Monitoring: explore how stigma can be understood and assessed to show changes in disability stigma through programme interventions	How is stigma reduction being measured and monitored across the programme, and how effective have these metrics and processes appeared to be in capturing change in stigma?	Has the data been disaggregated by gender and other characteristics? What are the lessons learnt?
5. Early effect: contribute to understanding of early effects of direct or indirect stigma reduction interventions on attitudes, perceptions and stigmatising behaviours in Ghana	Do programme implementers and participants perceive a change in disability-related stigma linked to programme interventions? If yes, what sort of change, and how do they believe it came about?	Are changes different for men and women, and those with different types of disabilities, including mental health?
6. Gender: explore how these experiences differ across gender (especially for women and disability types, especially mental health)	Cross-cutting issue	Questions built into each research area

Appendix 5: IDI topic guides

Topic guide 1

IDI target group: government partner staff and other collaborating partners, including metropolitan, municipal and district assemblies (MMDAs) and related agencies such as social welfare and Commission for Human Rights and Administrative Justice (CHRAJ), National Council for Persons with disabilities, GFD, MEHSOG at national and local level, and media partners

Key research objectives:

1. Participation- design and delivery
2. Coherence
3. Acceptability
5. Early effect
6. Gender and diversity

1. Introductions and background

Check in advance if any accommodations need to be made for the interview.

Reminder of the information sheet and consent form. We are able to stop the interview at any time.

We will be taking detailed notes. Confirm permission for recording.

Name/Code: (Name will not be used in the report)

Organisation:

Job/role in the programme:

Date:

Site:

Interviewer:

2. Brief overview of the stigma-reduction work they have been engaged with

Can you tell us about the key areas of stigma-reduction work you are engaged on, in terms of your collaboration with GSD (tailor to partnership with Sightsavers/Options/KCL/BNGhana)? With whom, which areas, how you are engaged?

3. Participation – design

We would like to explore your views on taking a participatory approach in the design of the stigma reduction work. Prompts tailored to each organisation and how they have engaged

1. Can you tell us about your organisation's engagement and participation in stigma work. Probe to include:

- Development of district mental health plans
- Interface meetings with SHGs
- Development of media
- Others, e.g. role of MHA, CHRAJ, tribunals etc.

2. Who else was involved in this development process? How were men and women with disabilities, including with MH, engaged in that process?

4. Participation – delivery

We would also like to explore the participatory approach adopted in the delivery of your stigma work. What has worked well and why?

1. Are there components of your work which are being delivered in a participatory way, specifically in collaboration with OPDs/self-help groups of people with disabilities?
2. Can you tell me more about how men and women with disabilities are participating?
3. Are other participants involved (carers/family/other) and in what way?
4. What works well and why?

5. Acceptability

We would like to understand more about the appropriateness and suitability of the approach/materials on stigma – with particular attention to the Ghana context (tailor to their specific activities).

1. Satisfied with the approach? Do you think it was 'fit for purpose' for this area? Any further changes you would want to make? And why?
2. If working across more than one site, were there differences across sites in the stigma work? Did you have to adapt for different locations (across different regions)? In what way? What worked well and why?
3. Have you had any feedback about stigma materials/approach? E.g. reactions to the community radio broadcasts (draw out concrete examples where possible, dependent on approach adopted)
4. Were there changes that you needed to make for women with disabilities? For people with different kinds of disabilities (varies by target group of the organisation).

6. Coherence

This may not be relevant for all organisations but for those collaborating across one site/with more than one implementing organisation, e.g. MHA.

1. Have you coordinated with other organisations across the programme (BNGh, Options, KCL) on stigma work? In what way?
2. Have there been any benefits as a result of the collaboration. Prompts:

- Using a similar stigma message, using each other's materials
- Gathering expertise/research/evidence from another organisations – to probe around role of meetings, value of the policy briefs and guidelines, e.g. the user-led guidelines (show them, have they used them?)

7. Early effect

It is early in the programme to capture the impact on stigma, but we would like to capture any perspective on changes that you may have seen (be specific - tailor to specific contribution of activities)

1. Have you seen any changes as a result of X/Y/Z activities?
2. How do you think that change has come about? Some of the key stepping stones to change. Prompts:

- Level of individual (individual empowerment, addressing self-stigma)
- Within family
- Within the immediate environment – community/workplace – social norms, attitudinal change
- Were there other factors – beyond the programme contribution – which you felt was important?

3. Have you been able to collect any evidence which shows some of these elements of change? Explore.

8. Other

Is there anything else in relation to your stigma intervention work that we haven't touched upon and that you think is important? In particular, do you have any more general lessons learned to share regarding stigma reduction interventions design and delivery beyond the participatory approaches used?

Topic guide 2:

IDI target group: Ghana Somubi Dwumadie core operational staff and consortium partner staff (including grants team staff, BasicNeeds-Ghana staff, KCL staff, Options)**.**

Key research objectives:

1. Participation – design and delivery
2. Coherence
3. Acceptability
4. Monitoring
5. Early effect
6. Gender and diversity

IDI/small group discussion with programme staff, including organisational and stakeholder mapping exercise linked to stigma reduction activities.

1. Introductions and background

Check in advance if any accommodations need to be made for the interview.

Reminder of the information sheet and consent form. We are able to stop the interview at any time.

Name/Code: (Name will not be using the name in the report).

Organisation:

Job/roles:

Date:

Site:

Interviewer:

2. Mapping[1] of key organisations and key stigma reduction activities

First step: map out the key organisations and stakeholders involved in stigma-reduction activities. Map per 'workstream'. Map the nature of their relationship to each other, and across different elements of the programme.

[1] This mapping exercise to be conducted in mini-workshop meeting with all staff. During planning in Accra, timeline activity removed.

Use this mapping to prompt a general discussion on understanding coherence and linkages across the programme and differences across sites, and gaps to follow up during field work.

3. Brief overview of the stigma-reduction work they have been engaged with

Can you tell us about the key areas of stigma reduction work you are engaged on? (tailor to each organisation)

4 Participation – design

We would like to better understand the participatory approach in the design stage for your stigma reduction work. What do you think worked well? (concrete examples where possible)

1. Any differences in how men and women engaged, people with different types of disabilities?
2. In what way do you think the involvement of people with disabilities and people with mental health conditions made a difference to your designs and planning of (be specific and tailor to each organisation – draw out differences between grantees being both implementers and participants)?
3. Were there any changes you made as a result of the participation of people with disabilities/mental health conditions? What were they? How did that come about? What learning did you gain from that? (mode of delivery and/or content of the stigma messaging).
4. Were there any differences across the sites (different geographical sites) in the engagement? Any factors which shaped that?

5. Participation – delivery

We would like to explore the participatory approach adopted in the delivery of the work and understand what has worked well and why (refer back to the mapping):

1. Can you tell me more about how men and women with disabilities/people with mental health conditions are participating in the delivery of the different components, e.g.
   - Community radio/engagement with the district, metropolitan, municipal, and district assemblies (MMDAs)/other/in the running of the self-help groups/ inclusion champions-ambassadors/community watch advocates/using the language guide
   - In how SHGs engage on different stigma reduction activities (explore collective engagement of the group vs individuals being engaged). How did that work?
2. Are other participants involved (carers/family/other community members) and in what way?

3. What works well in your approach? Why? How do you think this is being more effective? Any areas where you think the approach could be further strengthened, why?
4. Are there differences that you see across your different sites in terms of levels of participation and approaches to delivery? E.g. a site which is working particularly well? The engagement with a particular OPD? Why? Other factors that need to be added to the mix for effective delivery?
5. How are people selected for those roles? How are men and women engaged, and have you made any changes in how it is delivered to men/women? For people with different types of disabilities?
6. What do you see are the benefits of this approach to your delivery of stigma reduction activities?

6. Acceptability

We would like to understand more about the suitability of the approach/materials (tailor to their specific activities).

1. In terms of the target audience (community members, or people with disabilities/people with mental health conditions, or other KIs.) did you have any feedback on the suitability of the stigma materials for the Ghana context? For the local context? E.g. reactions from the community radio broadcasts, reactions to the language guide (draw out concrete examples where possible)
2. Were there differences across sites in the stigma materials/approach? Did you have to adapt for different location or a different context? In what way? How did you approach this? What worked well and why?
3. Were there changes that you needed to make for women with disabilities? For people with different kinds of disabilities (varies by target group of the organisation)
4. From the perspective of your organisation, were you satisfied with the materials/approach that you adopted? Any further changes you would want to make? And why?

7. Coherence

This is a large and complex programme. We would like to explore whether different pieces of stigma work interacted with each other – refer to their own mapped activities first and draw out any relationships between activities. Explore any synergy across programmes of other participating organisations.

Within your organisation and across workstreams:

1. How do you see the different components of your organisational stigma work fitting together? (use specific examples to prompt)
2. What, if anything, has helped facilitate a more ‘joined-up approach’ with the other implementers?

3. What role did the Learning and Reflection Event in June 22 play? (mainly focussed on grantees) Did you take anything from that event? Other approaches?

Across the workstreams:

4. Have you coordinated with other implementing organisations across the programme (BNGh, Options, KCL) for your stigma work? In what way? (draw out specific examples), any benefits?
   - Adoption of the SBC strategy – beyond the grantee portfolio
   - Lesson from research conducted (formative stigma research, GNAD and SONGTABA)
   - Sharing guidelines and briefs
5. Have there been any benefits that you have seen as a result of these different 'layered' activities. Prompts, e.g.
   - Using a similar stigma message, using each other's materials?
   - Local policy-related activities (such as setting up a tribunal)
   - Joined-up advocacy
   - Gathering expertise/research/evidence from another organisation
   - Evidence of different components linking up
   - Benefits of overlap across one area
6. Any challenges you have seen? And how they could be addressed?

8. Early effect

It is early in the programme to capture the impact on stigma, but we would like to capture your perspective on changes that you may have seen (be specific – tailor to their activities, which have been mapped, and explore the ToC pathways for SBC)

1. What changes have you seen which relate to stigma?
   - At level of individual (Individual empowerment, addressing self-stigma)
   - Within the immediate environment:
     - Collectively within the SHG
     - Within family
     - Community
   - Within the wider policy environment (e.g. district level structures, improved access to services, media reporting, other)
2. Different early effects for men and women/those with different types of disabilities/other
3. How do you think that change has come about? What have been some of the key stepping stones in that process? Look at each of the change processes and explore:

- Shift in attitudes/social norms/changes in use of language around disability and mental health
- Better access to services
- Policies and their implementation – what difference does that make (i.e. better access to…)
- Contextual factors in the locality
- Other

4. Are there any unintended consequences, including negative impact of the work on stigma?
    - For example, GNAD mid-term review – exacerbated stigma for deaf people with mental health conditions – how has that come about and any plans to mitigate this?

9. Monitoring

We want to be able to better understand how you capture these changes (link to their specific tools) which are often complex:

1. Have you been able to collect any evidence which captures some of these elements of change?
2. Which of your metrics, tools or your approaches do you think have been most useful at capturing the change and change processes. Explore.
3. Which ones have been more challenging and why?

10. Other

Is there anything else in relation to your stigma intervention work that we haven't touched upon and that you think is important? In particular, do you have any more general lessons learned to share regarding stigma reduction interventions design and delivery beyond participatory approaches used?

Topic guide 3:

IDI target group: grantees

Key research objectives

1. Participation – design and delivery,
2. Coherence
3. Acceptability
4. Monitoring
5. Early effect
6. Gender and diversity

IDI/small group discussion with grantee staff.

Interviewer note: grantees are both implementers and participants, so aiming to capture that and drawing out that distinction.

In advance of interview have examples of stigma reduction materials to hand – e.g. language guides etc., so that they can be referred to.

1. Introductions and background

Check in advance if any accommodations need to be made for the interview.

Reminder of the information sheet and consent form. We are able to stop the interview at any time. Collect the information on a separate sheet.

Name/code: (Name will not be using the name in the report).

Organisation:

Job/roles:

Date:

Site:

Interviewer:

2. Participation – design

We would like to explore the key areas where you have adopted/or been involved in a participatory approach in the design stage of your stigma reduction work.

Prompts:

1. In addition to your organisation, who else was involved – other key stakeholders/other key organisations

2. How were these activities designed?
3. Can you tell us more about your engagement in the early stages of planning when you participated in various activities:
   - Participatory design workshop to develop the SBC strategy?
   - Development of language guides
   - Other (tailor to grantee)
4. What do you think worked well in in the design phase? And why? (concrete examples where possible). Probe on lessons learnt more widely, as well as around their engagement.
5. How were the materials developed made accessible (ideally have hard copies to refer to)? Prompts: printed, was it available in braille? In social media videos, was caption or sign language interpretation used? Was it available in local language? Was the language used clear, no technical jargons, for audience to understand? If actors/people used on videos, was there representation of people with disabilities? Of both gender? How were they portrayed? Etc.
6. In what way do you think the involvement of people with disabilities and people with mental health conditions made a difference to your own designs and planning of (be specific and tailor to each organisation's work):
   - Stigma materials developed (choice of mode of delivery e.g. radio/social media)
   - Stigma messaging (content)
   - Language guides
   - Research undertaken (GNAD/Songtaba)
   - Advocacy strategy/advocacy messaging
   - Other?
7. How were men and women with disabilities, including people with mental health conditions, engaged in that process? Explore any differences in how men and women engaged, people with different types of disabilities?
8. Were there any changes you made as a result of the participation of people with disabilities/mental health conditions? What were they? How did that come about? What learning did you gain from that? (mode of delivery and/or content of the stigma messaging).
9. Benefits for those who participated in the processes (how did grantees see what they gained from participation?)
10. Is there anything that surprised you?
11. Were there any differences across the sites (different geographical sites) in the engagement? What shaped those differences?

3. Participation – delivery

We would like to explore the participatory approach adopted in the delivery of your work and understand what has worked well and why (refer back to the mapping for grantees):

1. Who else was involved in delivery – organisations/other stakeholders?
2. Let us discuss how men and women with disabilities/people with mental health conditions are participating in the delivery of the different components of your work examples (link to grantee activities on mapping):
   - Community radio
   - Engagement with the district, metropolitan, municipal, and district assemblies (MMDAs)/other
   - In the running of the self-help groups/as inclusion champions ambassadors/community watch advocates/using the language guide
   - In how SHGs engage on different stigma reduction activities (explore collective engagement of the group vs individuals being engaged). How does that work? Prompts: do they just attend the meetings? Is there an example of something where they have individually or worked together to address negative beliefs/attitudes in their community? How? Can you tell me about that?
3. Are other participants involved (carers/family/other community members), and in what way? What was their role? E.g. as advocacy champions – explore different models being used and why they have adopted this approach?
4. What works well in your approach? Why? How do you think this is being more effective? Any areas where you think the approach could be further strengthened, why?
5. Are there differences that you see across your different sites in terms of levels of participation and approaches to delivery? E.g. a site/district which is working particularly well? The engagement with a particular OPD? Why? Other factors that need to be added to the mix for effective delivery?
6. How are people selected for those roles? How are men and women engaged, and have you made any changes in how it is delivered to men/women? For people with different types of disabilities?
7. What do you see are the benefits of this approach to your delivery of stigma reduction activities?

4. Acceptability

We would like to understand more about the appropriateness/suitability of the approach/materials (tailor to their specific activities)

1. In terms of the target audience (community members, or people with disabilities/people with mental health conditions, or other KIs.) did you have any feedback on the suitability of the stigma materials for the Ghana context? For the local context? E.g. reactions from the community radio broadcasts (draw out concrete examples where possible)

2. Were there differences across sites in the stigma materials/approach? Did you have to adapt for different location or a different context? In what way? How did you approach this? What worked well and why?
3. Were there changes that you needed to make for women with disabilities? For people with different kinds of disabilities (varies by target group of the organisation)
4. From the perspective of your organisation, were you satisfied with the materials/approach that you adopted? Any further changes you would want to make? And why?

5. Coherence

This is a large and complex programme. Reflect back on range of activities.

Within your organisation:

1. How do you see the different components of your organisational stigma work fitting together (use specific examples to prompt).
2. With other grantees: is there learning from other grantees which you have adopted, or any joined-up work? (such as stigma materials developed, guidelines).
3. What, if anything, has helped facilitate a more 'joined-up approach' with the other implementers? What role did the Learning and Reflection Event in June 22 play? (mainly focussed on grantees) Did you take anything from that event? Other approaches?

Across the workstreams:

1. Have you coordinated with other organisations across the programme (BNGh staff and self-help groups, the work on mental health district plans (especially relevant in the Volta Region) for your stigma work? In what way? In the same district/region? Engagement with other key organisations (tailor to site and link back to the MAPPING document and who they highlighted were key players)
2. How did that come about?
3. Have there been any benefits that you have seen as a result of these different 'layered' activities – explore. Prompts, e.g.
    - Using a similar stigma message, using each other's materials
    - Local policy -related activities (such as setting up a tribunal)
    - Joined-up advocacy
    - Gathering expertise /research/evidence from another organisation
    - Evidence of different components linking up

6. Early effect

It is early in the programme to capture the impact on stigma, but we would like to capture your perspective on changes that you may have seen.

1. What changes have you seen which relate to stigma?
   - At level of individual (individual empowerment, addressing self-stigma)
   - Within the immediate environment
     - Collectively within the SHG
     - Within family
     - Community
   - Within the wider policy environment (e.g. district level structures, improved access to services, media reporting, other)
   - Different early effects for men and women/those with different types of disabilities/other
2. How do you think that change has come about? What have been some of the key stepping stones in that process? Look at each of the change processes and explore.

Prompts: use the **key drivers** identified in the formative research, which the project aimed to address.

- Shift in attitudes/social norms/cultural factors
- Changes in use of language around disability and mental health
- Changes in understanding of disability and mental health – within family, health service etc.
- Availability of family support
- Policies and their implementation – what difference does that make (i.e. better access to services? Better links to social protection?)

Interviewer note: Initially don't prompt and see what the participants identify

3. Are there any unintended consequences, including negative impact of the work on stigma?
   - For example, GNAD mid-term review – exacerbated stigma for deaf people with mental health conditions – how has that come about and any plans to mitigate this?

7. Monitoring

We want to be able to better understand how you capture these changes (link to their specific tools) which are often complex:

1. Have you been able to collect any evidence which captures some of these elements of change?
2. Which of your metrics, tools or your approaches have been most useful at capturing 1) the change, and 2) change process?
3. Which ones have been more challenging and why?

8. Other

Is there anything else in relation to your stigma intervention work that we haven't touched upon and that you think is important? In particular, do you have any more general lessons learned to share regarding stigma reduction interventions design and delivery beyond participatory approaches used?

Appendix 6: FGD topic guides

Topic guide 1

Target group: SHGs

Research objectives: 1. Participation - design and delivery, 3. Acceptability, 5. Early effect

Interviewer note on 'language of stigma': the aim is not to use the word 'stigma' unless that emerges in the group discussion. Use the terms that members use – such as negative beliefs, derogatory language, not giving equal opportunities, or access and understanding the drivers and how addressed

Background	
Code: Name of SHG/OPD: Male/female members in group: Date: Site (town/region): Urban/peri-urban/rural: Brief summary of group (collect information in advance) from implementing agency, to include type of disability represented, how long group has been running, other relevant contextual information	
Domain	**Questions**
Welcome and Introductions	Welcome everyone. Check again if any accommodations need to be made in the group. Check if any questions from the information and consent form need to be clarified.

	Round of introductions. Names/how long have you been a member of the group. Reflect on the fact that there is a lot of experience in this group, and we are here to better understand your work on disability/mental health, particularly around negative attitudes and beliefs and practices which impact on your lives. We want to understand what you feel has worked well and why.
1. General overview of the group/ Icebreaker - value of group to the members (warming up)	Can you tell me about your SHG, when it was set up, how often it meets? One thing that you value most about being part of the group? • If issues are raised here about stigma, explore those/return later in the interview to build upon. • Explore any issues about internal/felt stigma (i.e. solidarity from group, feelings of empowerment, feeling valued /listened to etc.).

2. Participation in the group (combine both design and delivery)
 	
Mapping exercise
	Today, we are particularly interested in learning about anything you have done to address negative attitudes and beliefs in your communities with support from Ghana Somubi Dwumadie (Basic Needs Ghana, Sightsavers… as relevant)
	
	Map these with a rough timeline on a large flipchart (when activities are noted, prompt to ask about the planning for these)
	
	- Probe on both their involvement, and (including lead roles?) in planning and delivery of these activities and add to timeline (tailor to each setting) E.g.
	  ○ Their role in meetings to generate a guide on the language of disability
	  ○ Planning for radio programme – what was the focus /delivery of radio programme?
	  ○ As inclusion champions/ambassadors or community watch advocates
	  ○ Role in advocacy
	  ○ interface meetings they may have engaged with duty bearers etc. Draw out any focus on stigma-related issues.
	- Map any training they have received with support from the Ghana Somubi Dwumadie and whether they were involved in the planning.
	- Anybody else who was engaged in these activities that you partnered with, i.e. family members/other KIs? What was their role? (Add to flipchart)

3. Their experience of participation	- What did you enjoy participating in? - Different coloured sticky notes/stones for men and women - Explore why? Draw out any gender differences. - Any training they have received? In what way did they think they benefited from it? (Exploring issues of empowerment, such as feeling more self-confident, self-esteem gaining skills).
4. Early effect Voting activity and drawing stepping stones to change	- Of all the activities, which do you think have worked really well/made a difference around the issue of changing negative attitudes and beliefs? - Explore why. - Draw out any differences between gender perspectives in the group - Explore in what way they feel the activities have led to change – these 'stepping stones'. Map onto a flipchart - exploring their views on how the change process happens - Was there anything else happening which helped to bring about the change (outside of the programme, other partnerships etc.)? - Probe on changes at different levels: 1) to the individual (such as person with the disability), 2) within families 3) in communities, 4) wider - Any activities/messaging that you think didn't work well? Why? Had to be changed? Had a negative impact? - Anything that surprised you?
5. Acceptability and areas to improve	Do you think the stigma activities (use concrete examples) have been suitable for this context? - Have you had to make any changes to the stigma work? Prompt to specific examples

	- Have you had to make any adaptations for women specifically? Or for people with different types of disabilities? If so, in what way? Have you seen the stigma manifest itself differently for people with different types of disabilities? If so, in what way, and how have you had to tailor your work? (Link back to the stepping stones activity above - Lesson learnt here.
Other	- Anything else that we haven't covered today which you think is important when it comes to addressing negative attitudes and beliefs related to disability and mental health and practices in your community?

Topic guide 2:

Target group: OPD members (for example, have received training or engaged in events with grantees, a regional group)

Research objectives: 1. Participation- design and delivery, 3. Acceptability, 5. Early effect

Background	
Code: Name of OPD/s: Male/Female members in group: Date: Site: Urban/Rural: Brief summary of OPDs (collect information in advance) from implementing agency,	
Domain	**Prompt Questions**
Welcome and Introductions	Welcome everyone. Check again if any accommodations need to be made in the group. Check if any questions from the information and consent form need to be clarified. Round of introductions. Reflect on the fact that there is a lot of experience in this group, and we are here to better understand the work that has been conducted to reduce the levels of stigma related to disability and mental health. And to understand what you feel has worked well and why.
General overview of the OPD Icebreaker - value of group to the	Can you provide a brief overview of the work of your OPD? One thing that you value most about being part of the organisation?

members (warming up)	Prompts: If issues are raised here which relate to addressing stigma then explore those/return to late in the interview to build upon.

Participation in stigma activities
 	
Mapping exercise (if feasible)
	Today, we are particularly interested in learning about activities that you have done to reduce negative attitudes and beliefs.
	
	- Map these onto a large flipchart
	- Probe on both their involvement in planning and delivery of these activities and add to timeline (tailor to each setting) E.g.
	  ○ Engagement in meetings to generate a guide on the language of disability
	  ○ Planning for radio programme – what was the focus /delivery of radio programme?
	  ○ As inclusion champions/community watch advocates
	  ○ Interface meetings they may have engaged with etc. Draw out any focus on stigma-related issues
	  ○ Work with SHGs
	- Map any training they have received
	- Anybody else who was also engaged in these activities that you partnered with, i.e. family members/other Kis?

Their experience of participation	- What did you enjoy participating in (put a sticker/sticky note/stone on the activity) - Different-coloured sticky notes/stones for male and female members - Explore why. Draw out any gender differences - Any training they have received? In what way did they think they benefited from it? (exploring issues of empowerment)
Early effect - Positive changes - Any negative impact Voting activity	- Of all the activities, which do you think has worked really well/made a difference around issue of stigma? - Put a sticker/sticky note/stone on the pieces of work - Different coloured sticky notes/stones for men and women - Explore why - Draw out any differences between gender perspectives in the group - Explore in what way they feel the activities have led to change – these 'stepping stones' can also be mapped onto the flipchart, exploring their views on how the change process happens. - Probe on changes at different levels: 1) to the individual (such as a person with a disability), 2) within families 3) in communities, 4) wider

	- Any activities/messaging that you think didn't work well? Why? Had to be changed? - Anything that surprised you?
Other factors which may have contributed to change	- Draw out any other factors which may have contributed to the observed changes – that can be another stepping stone, or have an impact on the stepping stones - Contextual factors, other
Acceptability and areas to improve	- Where you think the approach could be further strengthened and why? - Changes to make more suitable for this community - Have you had to make any changes to the stigma work? Prompt to specific examples - Have you had to make any adaptations for women specifically? Or for people with different types of disabilities? If so, in what way? Have you seen the stigma manifest itself differently for people with different types of disabilities? If so, in what way, and how have you had to tailor your work? (Link back to the stepping stones activity above - Lesson learnt here
Other	- Anything else that we haven't covered today which you think is important when it comes to addressing stigma in your community or with duty bearers' reaction to disability and mental health?

Topic guide 3:

Target group: community members – traditional and faith-based leaders, inclusion advocates /champions (this may include, teachers, lawyers, social workers), caregivers

Key research objectives: 1. Participation- design and delivery, 3. Acceptability, 5. Early effect

Background
Code: Name of community: Male/female members in group: Date: Site: Urban/peri-urban/rural: Brief summary/background to the community and members. To include type of disability represented, how long group has been running, other relevant information related to the group

Domain	**Questions**
Welcome and Introductions	Welcome everyone. Check again if any accommodations need to be made in the group. Check if any questions from the information and consent form need to be clarified. Round of introductions. Reflect on the fact that there is a lot of experience in this group, and we are here to better understand the work that has been conducted to reduce some of the negative beliefs and practices related to disability and mental health. And to understand what you feel has worked well and why in your family/communities.

The stigma reduction activities and their participation in design/delivery	Today, we are particularly interested in learning about anything you have participated in to address attitudes, beliefs and practices towards disability/mental health in your family/communities.
	
	- Map these with a rough timeline on a large flipchart (when activities ate noted, prompt to ask about the planning for these) and explore what was the main focus (i.e. on mental health/disability more broadly) E.g.
	  ○ Local meetings such as durbars
	  ○ Community radio programme
	  ○ As inclusion champions/community watch advocates
	  ○ Interface meetings they may have engaged with etc. Draw out any focus on stigma-related issues
	- Map any training they have received
	- Anybody else who was also engaged in these activities that you partnered with, i.e. family members/other Kis?

Their experience of participation	- What did you enjoy participating in (put a sticker/sticky note /stone on the activity)? - Different coloured sticky notes/stones for male and female members - Explore why. Draw out any gender differences - Any training they have received? In what way did they think they benefited from it?
Early effect - Positive changes - Any negative impact	- Of all the activities, which do you think has worked really well/made a difference in challenging beliefs and practices? - Voting activity: put a sticker/sticky note/stone on to the pieces of work / - Different coloured sticky notes/stones for men and women - Explore why - Draw out any differences between gender perspectives in group. - Explore in what way they feel the activities have led to change – these 'stepping stones' can also be mapped onto the flipchart - exploring their views on how the change process happens. - Any activities/messaging that you think didn't work well? Why? Had to be changed? - Anything that surprised you?
Acceptability and areas to improve	- Where you think the approach could be further strengthened and why? - Changes to make more suitable for this community

	- Have you had to make any changes to the stigma work? prompt to specific examples - Have you had to make any adaptations for women specifically? Or for people with different types of disabilities? If so, in what way? Have you seen the stigma manifest itself differently for people with different types of disabilities? If so, in what way, and how have you had to tailor your work? (Link back to the stepping stones activity above) Lesson learnt here
Other	- Anything else that we haven't covered today which you think is important when it comes to addressing stigma related to disability and mental health in your community?

Appendix 7: Preliminary findings workshop

Workshop agenda, Monday 26 June 2023

Overall objectives for workshop:

- To present and validate emerging findings, with a focus on the primary research
- To explore differences across sites, including sites not visited for the primary research
- To understand and capture more about factors, including contextual factors, that also impact on different elements of the research

Programme:

Time	Estimated Timings	Topic	Lead
9.30	5 mins	Welcome to participants	Ghana Somubi Dwumadie team leader
9.35	5 mins	Housekeeping – agenda	Co-principal Investigator
9:40	10 mins	Introductions of participants	Co -principal investigator
9:50	10 mins	Setting the scene on stigma and discrimination – overview of the Ghana landscape	Ghana Federation for Disabilities talk

Time	Estimated Timings	Topic	Lead
10:00	5 mins	Overview of research objectives and methods	Co-principal investigator
10:05	20 mins	Presentation from field part 1: Volta region – emerging findings	Co-principal investigator
10:25	20 mins	Presentation from North/NE, plus overall cohesion	Co-principal investigator
10:45	15 mins	Q&A/discussion	Co-principal investigator with all participants
11:00	30 mins	Coffee break	
11:30	5 mins	Introduction to group work activity	Co-principal investigator
11:35	1 hour – 25 mins per group	Small group work by research area: 1) Participation 2) Early effect and mechanisms of change 3) Gender and diversity 4) Cohesion 5) Challenges and recommendations	Lead by Ghana Federation for Disabilities and co-principal investigators for all participants Carousal activity, selecting 2 'topics'
12:25	50 mins	1 hour plenary/feedback on each research question	Co-principal investigator with all participants
13:15	10 mins	Next steps and closure	Co-principal investigators

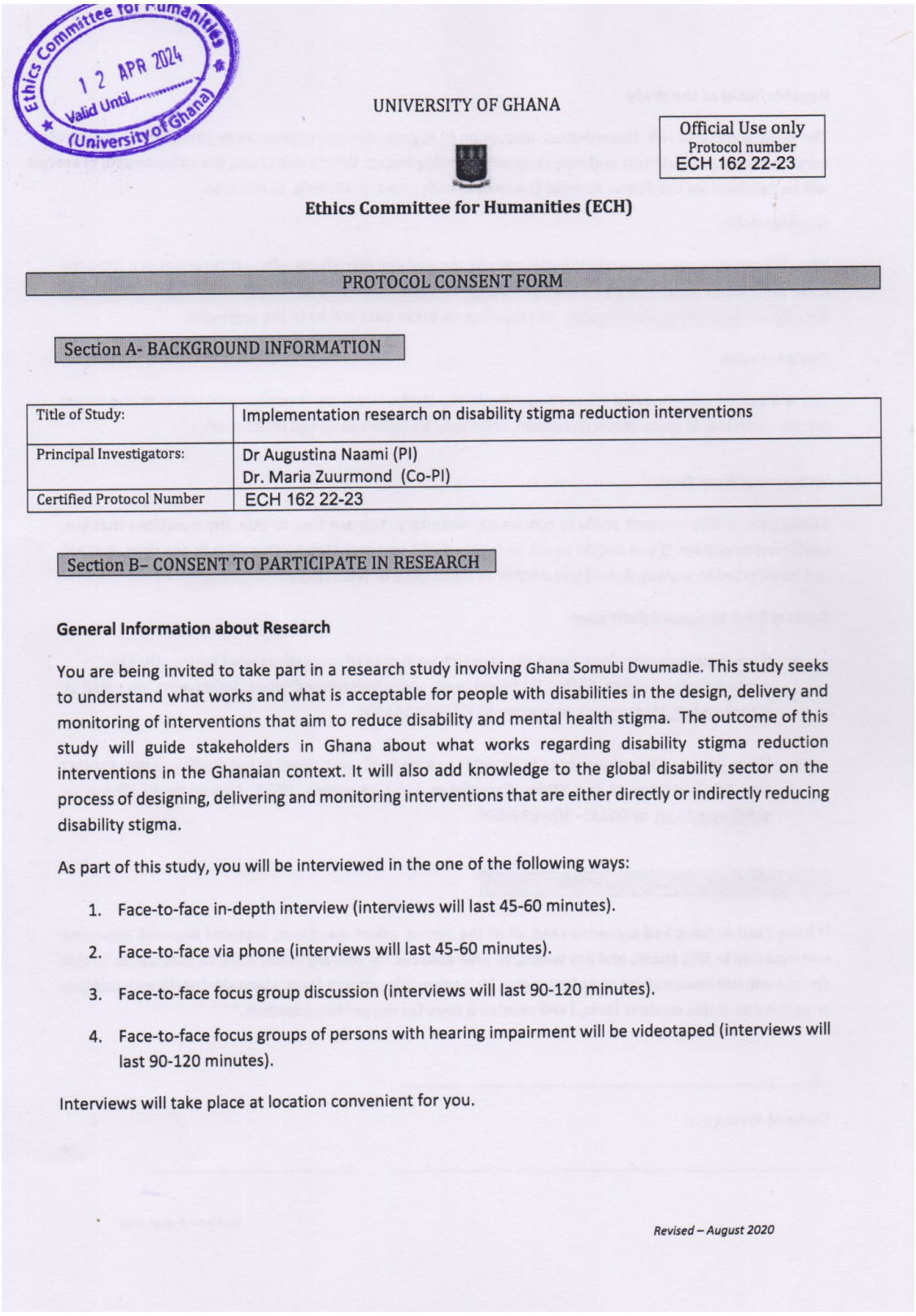
List of attendees at the participatory workshop

	Organisation represented	Female	Male	Post
1	Ghana Federation of Disability Organisation (GFD)	F		Executive director

	Organisation represented	Female	Male	Post
2	Ghana Federation of Disability (GFD)	F		Assistant programme officer
3	Ghana Federation of Disability (GFD)		M	President of Ghana Federation of Disability Organisation (GFD)
4	Ghana Federation of Disability (GFD)		M	Programmes manager
5	Ghana Federation of Disability (GFD)	F		Assistant to programme manager
6	Ghana Federation of Disability (GFD)	F		Disability inclusion advisor
7	Ghana Health Service		M	Bongo District Mental Health coordinator
8	Ghana Health Service		M	Mental Health nurse – Asunafo North Municipal
9	Ghana National Association of the Deaf (GNAD)	F		Project officer
10	Ghana Somubi Dwumadie - Basic Needs Ghana		M	Community-based rehabilitation grants advisor
11	Ghana Somubi Dwumadie - Basic Needs Ghana		M	Mental health primary health care integration advisor
12	Ghana Somubi Dwumadie - Kings College London		M	Research assistant
13	Ghana Somubi Dwumadie - Options	F		Team leader

	Organisation represented	Female	Male	Post
14	Ghana Somubi Dwumadie – Options		M	Grants advisor
15	Ghana Somubi Dwumadie – Options	F		Leadership and governance advisor
16	Ghana Somubi Dwumadie – Sightsavers		M	SBC advisor
17	GSPD – Tamale		M	Research assistant
18	HFFG	F		Communication officer
19	HFFG	F		Head of programmes
20	Mental Health Society of Ghana (MEHSOG)	F		Project officer
21	NASLIG	F		Sign language interpreter
22	NASLIG		M	Sign language interpreter
23	Songtaba		M	Head of programmes and policy
24	University of Ghana	F		Co-principal investigator
25	University of Ghana	F		Research assistant
26	VOICE Ghana		M	M&E officer
27	Freelance consultant	F		Co-principal investigator
		14	13	

Appendix 8: Ethics approval letter



Ethics Committee for Humanities
12 APR 2024
Valid Until.....
(University of Ghana)

UNIVERSITY OF GHANA

Official Use only
Protocol number
ECH 162 22-23

Ethics Committee for Humanities (ECH)

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	Implementation research on disability stigma reduction interventions
Principal Investigators:	Dr Augustina Naami (PI) Dr. Maria Zuurmond (Co-PI)
Certified Protocol Number	ECH 162 22-23

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

You are being invited to take part in a research study involving Ghana Somubi Dwumadie. This study seeks to understand what works and what is acceptable for people with disabilities in the design, delivery and monitoring of interventions that aim to reduce disability and mental health stigma. The outcome of this study will guide stakeholders in Ghana about what works regarding disability stigma reduction interventions in the Ghanaian context. It will also add knowledge to the global disability sector on the process of designing, delivering and monitoring interventions that are either directly or indirectly reducing disability stigma.

As part of this study, you will be interviewed in the one of the following ways:

1. Face-to-face in-depth interview (interviews will last 45-60 minutes).
2. Face-to-face via phone (interviews will last 45-60 minutes).
3. Face-to-face focus group discussion (interviews will last 90-120 minutes).
4. Face-to-face focus groups of persons with hearing impairment will be videotaped (interviews will last 90-120 minutes).

Interviews will take place at location convenient for you.

Revised – August 2020

Appendix 9: ECH protocol consent form

University of Ghana

Ethics Committee for Humanities (ECH)

Official use only Protocol number

PROTOCOL CONSENT FORM

Section A: BACKGROUND INFORMATION

Title of Study:	Implementation research on disability stigma reduction interventions
Principal Investigators:	Dr Augustina Naami (PI) Dr. Maria Zuurmond (Co-PI)
Certified Protocol Number	

Section B: CONSENT TO PARTICIPATE IN RESEARCH

General information about research

You are being invited to take part in a research study involving Ghana Somubi Dwumadie. This study seeks to understand what works and what is acceptable for people with disabilities in the design, delivery and monitoring of interventions that aim to reduce disability and mental health stigma.

The outcome of this study will guide stakeholders in Ghana about what works regarding disability stigma reduction interventions in the Ghanaian context. It will

also add knowledge to the global disability sector on the process of designing, delivering and monitoring interventions that are either directly or indirectly reducing disability stigma.

As part of this study, you will be interviewed in the one of the following ways:

1. Face-to-face in-depth interview (interviews will last 45-60 minutes)
2. Face-to-face via phone (interviews will last 45-60 minutes)
3. Face-to-face focus group discussion (interviews will last 90-120 minutes)
4. Face-to-face focus groups of people with hearing impairments will be videotaped (interviews will last 90-120 minutes).

Interviews will take place at location convenient for you.

Benefits/risks of the study

The study is minimal risk. Nevertheless, discussion of stigma-related experiences or perspectives may cause minor emotional discomfort and may raise safeguarding issues. Where this arises, the safeguarding protocols will be followed for the Ghana Somubi Dwumadie, with onward referrals, as required.

Confidentiality

We will keep your responses confidential and will remove any identifying information about you from the data. All written or audio-visual data collection information will be kept on password-protected devices, only available to the research team. All reporting on these data will be in the aggregate.

Compensation

You will not be compensated for participating in the study. However, if you have to travel to the venue for the interview or focus group discussion, your transport costs will be covered.

Withdrawal from study

Taking part in this research study is completely voluntary. You are free to skip any questions that you prefer not to answer. If you decide to not be in this study, you may stop participating at any time. You will not be affected in anyway should you decline to participate or later stop participating.

Contact for additional information

If you have any questions about the research, or in case of a research-related injury, you may contact Cathy Stephen, global technical lead, social behaviour change, Sightsavers. Email cstephen@sightsavers.org or phone +44 (0)7812 165004.

If you have any questions about your rights as a research participant in this study, you may contact the administrator of the Ethics Committee for Humanities, ISSER, University of Ghana. Email ech@ug.edu.gh or phone 00233- 303-933-866.

Section C: PARTICIPANT AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing/thumb printing or putting an X on **this consent form, I will receive a copy for my personal records."**

_____

Name of participant

_____

Signature or mark of participant Date

If participant cannot read and or understand the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____

Name of witness

_____

Signature of witness / Mark Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____

Name of person who obtained consent

_____

Signature of person who obtained consent Date

Appendix 10: Grantees MEL Tools summary

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
Survey	ABAK	2 questions. Q1, support: Have you received support in any form within the last 12 months? Yes/No Q2, change in language: Do you understand what constitute positive or negative language for mental health and disability and that you use only positive	Mixed methods: survey plus 'Change stories'.	Unclear	Final internal evaluation	Gender of respondents was balanced and data disaggregated. No discussion of any differences.	Good analysis of the limitations of the survey data available	Overall, very simplistic question. Comments on limited timespan for project for capturing change

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		language for mental health and disability?						
Change stories	ABAK	Change stories focussed on: how are you promoting positive non-discriminatory language in your community work/religious work as a leader based on learning from the project? Are there specific testimonies or examples to give? How has the project	Mixed methods: survey plus 'Change stories'.	GSD technical support on Change stories	Final internal evaluation	Some stories attributed to women but no discussion of implications of findings	These are some good quotes which capture some understanding of the process, i.e. most notably feeling 'empowered' to 1) represent people with disabilities in district assembly, 2) building self-esteem to be able to communicate, 3) acquisition of new skills	Limited 'story' behind understanding change; additional detail would have enriched the story and understanding of process. The very broad question on 'support' is good but only a 'Yes/No answer' limits understanding of different dimensions of support.

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		made some level of positive impact in your life?					so can be able to advocate, and 4) building knowledge about rights	
IDIs	CALID	IDIs to 30 participants. A semi-structured questionnaire with mostly open-ended questions was utilised to carry out face-to-face interviews with key informants, institutions or strategic group members and stakeholders including champions, chiefs and opinion	Semi-structured interviews to community members and to people with disabilities – face to face with 30 participants	Not clear how developed – but some of questions appear to reflect what was on the KAP study, capturing range of types of stigma (in line with the guidance document provided) Good use of some open-ended questions to	Internal evaluation	No gender analysis	Strength in using mixed methods. Some strong questions that aim to capture level of support, e.g. should you need help, how easy is it for you to get help from? Use of response scale is more suited to capturing level of change	

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		leaders, health workers, hospitals, the assemblies and project implementing staff.		capture experience				
Survey	CALID	Questionnaire targeted people with a disability on: 1) barriers to health care (although did not include barrier of stigma) 2) level of support and relationships, 3) support from local authority, 4) stigma and discrimination: This included 2 questions		Unclear	Internal evaluation	No gender analysis	Good mix of methods. Broad set of questions asked in survey, aiming to be open-ended. Overall reasonable questions. Appears to draw some questions from the KAP study	Not clear survey sample and approach. The limitation appears to be in the presentation of the data which is limited. Note that there was a reflection about lack of budget for a final evaluation conducted by the grantees, which might also reflect the more limited scope of the report

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		which appear drawn from the KAP baseline on experiences in the last year related to participation, and one open question about forms of stigma experienced.						
FGDs	CALID	No topic guide presented		Unclear	Internal evaluation	No gender analysis		Only very limited data presented, but able to reflect some change processes and how it links to project interventions
Change stories	FOCEP		Not clear if there was a final evaluation, but there were two	Unclear			Change stories captured processes and allowed a	Not clear who selected or how collected these 2 stories

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
			'success stories' presented				more person-centred capture of impact in relation to stigma	
Survey	GLOWA	Tool not provided but results indicate open-ended questions	Survey to 200 people conducted in four sampled project communities in the two project districts (2 communities per district)	Unclear	Internal evaluation	There was a purposeful attempt to track these groups in official reporting. No analysis of the gender data and reflection on key learning.	The open-ended questions offered more of a narrative to understand the change processes, e.g. Section 9 offers one clear example: "I was unaware about my rights at first but through the Somubi project I'm now empowered	

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							and will not accept any form of abuse at the market place or the community." No questionnaire provided; sampling unclear. Comments on only short timespan being a limiting factor for seeing change.	

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
Survey: small grants evaluation	All small grants	5-6 questions (complete questionnaire not clear from report).	Mixed methods: 1) document review of project reports, 2) questionnaire to a sample of 159 people with disabilities, including mental health.	Unclear if some of the questions were adapted from elsewhere and from an 'off the shelf' question set. Some of the questions look familiar, but this is not clear.	External evaluation	Disaggregated some questionnaire responses by gender but little/no interpretation of the data	Survey uses a range of questions to capture the complexity of the stigma experience and how that changes lives. I.e. change in levels of participation in the family, feeling treated with respect. These capture different types of support and exclusion at different levels which is helpful. Looked at different levels of change in different	No follow-up question to explore some of the changes. Questions overall fairly robust but unclear how they were selected and tested. Using a rating scale for questions was helpful for understanding gradual change, but again useful to understand how piloted. Report highlights how questions on retrospective change open to recall bias.

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							segments of society, and also one of the only questions about observed change in media.	
Survey: KAP	All	Question set focus on knowledge, attitude and reported practice/intended behaviour for 1) mental health and 2) disability. Mental health-related knowledge (MAKs) questionnaire comprises six questions covering:	Mixed mixed-method approach to 790 quantitative household surveys focus group discussions and 48 key informant interviews were conducted.	Lead consultancy and tools shared with grantees for comments. Not clear if these tools were piloted or adapted to the Ghana context and/or is used in the Ghana context previously. Some were 'off-the-shelf tools' and	External	Characteristics of respondents documented. Data disaggregated by gender, but what seems to be missing is any discussion about some of the implications of any	Adopted a mixed methods approach. Using tools that have been used internationally, although less clear how piloted and adapted, not really documented clearly	Disability tools were less strong as adapted from mental health assessment measures and unclear how piloted. A real emphasis of the design of the survey and in reporting, including the qualitative data, was understanding knowledge. In practice, knowledge is only

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		stigma-related mental health knowledge, including employment, help-seeking, treatment, support, recovery, and recognition. Two additional questions were adapted from the Time To Change Global study. A second component explored general knowledge about mental health and disability. Knowledge was assessed by adapting the		some adapted.		differences observed.		one factor in contributing the stigma and stigma reduction. There was not close alignment in the KAP study design with the SBC strategy and the theory of change. There was an emphasis on knowledge of community holders rather than on the perspective of people with disabilities. Although this aligns with the logframe, it's useful to have both.

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		MAKs questionnaire to disability and tailoring it to this study with a 'DAKS' set of questions. Also adapted mental health standard questions to disability; the community attitude towards the Mentally Ill scale (CAMI) and the RIBS – the Star Social distance scale to measure the domains living with, working with, living nearby and continuing a						

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		relationship with someone with a mental health condition.						
FGDs-KAP/KI interviews	All	No topic guide	6 FGDs		External	Not clearly documented		The presentation of FGD data on this was limited. No clear delineation of views of different types of stakeholders
Grantee monitoring forms	All	Quarterly monitoring forms for grantees		Overall, unclear on how forms were developed and match the SBC and core underlying principles	Internal monitoring	Dedicated space to report in gender issues: focus on participants reached and participation	Main areas where stigma highlighted is in 'Change stories'. Emphasis on change in awareness but less clear how translated into change in lives	

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							of people with disabilities.	
Record of abuse reporting	VOICE	This is referred to within the monitoring forms and also during interviews		Does not appear to be a shared approach with tools used and some limited application of KAP questions from baseline			This was identified as a good way to monitor changes in discriminatory practices by staff.	
Monitoring of radio stations audience	VOICE						The main challenge identified here is not being able to access data on audiences. Call-ins after the programmes	

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							are monitored in a qualitative way in quarterly monitoring.	
Documentaries	All	Short video documentary which aims to illustrate contribution to stigma reduction. These were finalised for the small grants at the time of this research. They have not been reviewed.						

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
Change stories	HFFG	Change stories embedded in the monitoring form					Some of the qualitative reporting captured change in awareness. What is not captured is change in attitude or practice (but then that reflects the logframe?). Also captures aspects of 'empowerment'; moving beyond awareness raising to bringing about legal redress through SHGs being empowered.	Good if it's possible to delineate the voice of the people with disabilities versus other types of participants

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							Participant feedback elicits quotes - but good if it's possible to delineate the voice of the people with disabilities versus other types of participants	
Survey: mid-term evaluation	GNAD	Key areas of focus: 1) knowledge and understanding, 2) ways that deaf people are supported by their family, community, and services 3) views on quality of the services 4) barriers to	Mixed methods	Unclear - but technical support from GSD	Internal mid-term evaluation	Overall, no obvious reflection on these beyond the GNAD example - Check again when reviewing the reports on early effect		Survey tool has some strengths, but challenge appears to be in the analysis and write-up

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		service use 5) awareness about project activities. Retrospective approach to understanding change, e.g. Is there any difference between your awareness about mental health issues now compared with 12 months back?						
FGDs/Kis: mid-term evaluation	GNAD	Topic guide not shared	4 FGDs and 25 people with mental health conditions and caregivers		Mid-term evaluation	Some gender issues raised and on intersectionality	Illuminated the complexity of the stigma experience. Did not delineate the voices of people with disabilities.	

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							Some very rich data in the qualitative which also captures gradual change rather than 'yes /no' changes in outcomes, e.g. according to some of them, the situation is gradually changing due to the project. This is what some of them had to say: “The project has helped our families/caregivers to better understand the need to care for us and the kind of	

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							support they can provide to us. They also confirmed that some of their community members have started appreciating that they have the ability to equally make decisions for themselves and take up leadership roles. As a result, a total of 30 people with disabilities including users confirmed to have been supported to take up	

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							leadership positions such as inclusion ambassadors	
Survey: mid-term evaluation	VOICE	Not shared			Mid-term evaluation			The mid-term review highlighted the limitations of only using questionnaires, and of capturing only knowledge change and stated attitudinal and behaviour change. This was apparent in the differing perspectives of those with disabilities and 'other stakeholders' e.g. p.10. In the survey,

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
								when respondents were asked whether they have improved their attitudes towards people with disabilities, including people with mental health conditions, all (100%) of community and family members answered in the affirmative. They went further to describe some of the things they were now doing which they were not doing before the start of this project. However, when the people with disabilities were asked the same question in a

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
								FGD, they indicated that they had not experienced any improvement in the attitudes of family and community towards them.
Survey	HFFG		Mixed methods, survey of individual interview questionnaire to 270 people (although not clear if this		Internal mid-term evaluation	Ensured a balanced approach in male/female participants of survey, but data not disaggregat	Very large numbers sampled and aimed to get a good spread of participants - but criteria for sample not shared. Good	Guides not provided in general so hard to understand exactly which key areas were probed. And which questions were used to draw some quite big

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
			includes the FGDs).			ed by gender	that the report reflects on social desirability bias and also triangulates with the FGD data to illustrate that care needs to be taken in interpretation of some of the questionnaire results. E.g. 100% participants say they have improved language and no longer use derogatory language, but FGDs illustrate a contrasting picture. So, views of	generalisations. Some of the data difficult to interpret

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
							people with disabilities are well captured	
FGDs	HFFG	Simple guide	2 FGDs	unclear	Internal mid-term evaluation		There is some very rich qualitative data and quotes from the FGDs which illustrate the complexity of the stigma experience	Would have been good to have had more of a breakdown of people in the FGDs, gender or other aspects of diversity
KIs and FGDs mid-term	Songtaba	KIs with implementing partners and traditional authorities (15). No focused	Mixed methods, survey to 175, 4 FGDs plus 15 KI interviews	Unclear	Mid-term internal evaluation	Focuses on female 'alleged witches'		No specific questions on stigma, although it is a core issue through the data. Overall, the final report was quite

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
		question on stigma						poorly written. It is probably that a large amount of information has been collected and they have struggled in analysing and presenting this
Survey	Songtaba	No stigma-specific questions		Unclear	Mid-term evaluation		Very large sample for adequate strength. 175 'witches'. States that 'random sampling' - although approach adopted not very clear	The questionnaire overall was not of strong quality. Lots of leading questions. No specific reference to exploring a reduction in stigma. A tendency to focus on process data.

Tool	Organisation	Brief description of tool (where info available)	Overview methods	How developed	Evaluation type	Gender dimensions	Strengths	Weaknesses
Survey	VOICE	Questionnaire, 10 questions: with open/closed questions to families/caregivers, traditional/religious leaders, and community members to 1. 180 respondents (huge number) from 20 communities	Survey to families/caregivers, traditional/religious leaders, and community members. 180 respondents (huge number) from 20 communities	Unclear	Mid-term evaluation	Gender balance in reach of evaluation, and disaggregation of data by gender. No interpretation, discussion of how it was used		Very large number for survey, but poor quality reporting with generalisations made about causality No specific reference to stigma. Overall, weak questionnaire design and reporting scale
FGDs: mid-term	VOICE	FGD focuses on: 1) culture of support 2) use of positive language 3) how to address human rights abuses	FGDs with 180 participants	Unclear	Mid-term evaluation	Gender balance in respondents: 97 males and 83 females with disabilities		Limited information presented

Appendix 11: Characteristics of IAS, DCs, and CVs

HFFG: Disability champions

Female	**9**
Mental Health Society of Ghana (MEHSOG)	2
General population	1
Ghana Society for the Physically Disabled (GSPD)	4
Ghana Blind Union (GBU)	1
Ghana Association for Persons with Albinism (GAPA)	1
Male	**29**
Ghana Blind Union (GBU)	6
Ghana National Association for the Deaf (GNAD)	1
General population	1
Ghana Society for the Physically Disabled (GSPD)	19
Mental Health Society of Ghana (MEHSOG)	2

BasicNeeds-Ghana: community volunteers

No.	M	F	Status	Subdistrict/title

1	M		CM (community member	Tamale
2	M		CM	Sagnarigu
3	M		CM	Yendi/Mion
4	M		CG (caregiver)	Yendi
5	M		CM	Mion
6	M		CM	Larabanga
7	M		CM	Sawla
8	M		CM	Savelugu/Nanton
9	M		CM	Tolon
10	M		CM	Tolon
11		F	CM	Gambaga
12	M		CM	Kumbungu
13	M		CM	Gushegu
14	M		CM	North Gonja
15	M		CM	Mion
16	M		CM	Chereponi
17	M		CM	Chereponi
18	M		CM	Chereponi
19	M		PWMHC (Person with mental health condition)	Gushiegu
20	M		CM	Salaga
21	M		CM	Salaga
22	M		PWMHC	Walewale

23	M		CM	Bunkpurugu/Yunyuo
24	M		CM	Buipe
25	M		CM	N. Gonja
26	M		CM	Central Gonja
27	M		CM	Kpandai
28	M		CM	Kpandai
29	M		CM	Yunyuo
30	M		CM	Saboba
31	M		CM	Saboba
32	M		CM	Saboba
33	M		CM	Tatale
34	M		CM	Tatale
35	M		CG	Zabzugu
36	M		CM	Karaga
37		F	PWMHC	Accra
38	M		CM	Wulensi
39	M		CM	Bamboi
40	M		CM	Kumbungu
41	M		CM	Tolon
42	M		CM	Voggu
43	M		CM	Tolon
44	M		CM	Kumbungu
46	M		CM	Karaga

47	M		CM	Makango
48	M		CM	M. Moaduri
49	M		CM	M. Moaduri
50	M		CM	M. Moaduri
51	M		CM	Damongo
52	M		CM	Tolon
53	M		CM	Damongo
54	M		CM	Nankpanduri
55	M		CM	Yapei
56	M		PWMHC	Tamale
57		F	CM	Gumbihini/Tamale
58		F	PWMHC	Baare
59	M		CM	Bawku West
60	M		CM	Yikene -Bolga
61	M		CM	Binduri
62	M		CM	Bongo
63		F	CM	Bolga
64		F	CG	Accra
65		F	PWMHC	Accra
66		F	PWMHC	Accra
67	M		CM	Accra
68	M		PWMHC	Accra
69		F	CM	Accra

70		F	CM	Accra
71	M		CG	Akuma
72		F	CG	Busunya
73	M		CM	Gulumpe
74	M		PWMHC	Amoma
75	M		PWMHC	Amoma
76	M		CM	Dromankese
77	M		CM	Anyima
78	M		CM	Portor
79	M		CM	Dortaba