

## ANNEX 2

### Core Grant Narrative Progress Report

**Report Period** January – June 2010

**Contract Ref. No.** 04/Core/88/BNGh

**Organisation** BasicNeeds Ghana

**Contact Tel. No.** 0372 23566

**Report Date** June 29, 2010

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**Signature & date**

**Signature & date**

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Please do not write in green coloured sections; refer to notes at last page for explanations

#### 1. Institutional/Organisation Development: Evidence of significant progress / change

What are major changes in the organisation's circumstances that are likely to have impacted your outputs over the period?

- Organisational structure / board / management team
- Strategy / planning / decision making / knowledge management
- Human resource issues
- Marketing / communication / public relations

Indicators	Baseline	Prior Period	Current Period	Cumulative
1. HR Management i) Leadership	Leadership of the organisation largely rests with the Programme Manager.	Capacity of four Project Coordinators needed to be improved to support over management of the organisation efficiently	Leadership of four Project Coordinators improved to support Programme Manager in the management of BasicNeeds.	There is an improved and coordinated leadership made up of two Project Coordinators for the two programme areas, a Policy Research Coordinator, and a Finance and Administration Coordinator, all led by the Country

<p>ii) <i>Core staff</i></p>	<p>A team of seven core staff in place and needing improved incentives to enhance the performance</p>	<p>Financial constraints threatened the ability to maintain the current seven core staff team</p>	<p>The core staff team of seven has been maintained and is largely stable now as a result of assured funding to meet salaries and other working conditions. Staff salaries have increased by 6%.</p>	<p>Programme Manager in the running of the organisation. These are supported by a Research Officer, Knowledge and Communications Officer, a Programmes Assistant and an Accounts Assistant. There are also two drivers, two housekeepers and seven watchmen.</p> <p>A core staff of seven in place managing a programme covering 18838 people with mental illness (8680) and epilepsy (10158), with over 17863 primary carers in four regions, working in partnership with nine other local NGOs and government health and rural development institutions. General implementation of project research and advocacy activities has been enhanced.</p>
<p>iii) <i>Support staff</i></p>	<p>Absence of an Accounts Assistant for the national office based in Tamale burdens the national Finance and Administration Coordinator</p>	<p>Fourteen support staff team, mainly housekeepers, drivers and security guards, in place but the absence of an Accounts Assistant to support the National Finance and Administration Coordinator has increased the work-load and compromised his financial over-sight responsibilities as well as and other routine office management duties</p>	<p>Twelve support staff in place now, made up of eight watchmen (five in national office in Tamale and three in the Accra Programme Office), two drivers (one in the national office in Tamale and the other in the Accra Programme Office), two housekeepers (one in each of the two offices of BasicNeeds) and a Programme Assistant in Accra and a newly recruited Accounts Assistant in the Accra Programme office. Rationalisation of the support staff took place with two security guards retired for being of advanced ages and not able to cope with security</p>	<p>The addition of an Accounts Assistant has significantly improved the finance tasks that the Finance and Administration Coordinator had to shoulder all alone, bringing about enhance performance and probity of financial transactions</p>

			duties with adequate compensation packages, whilst an Accounts Assistant was recruited to assist the National Finance and Administration Coordinator. Support staff equally enjoyed a 6% salary increment	
<p><b>2. Governance</b></p> <p>i) <i>Board</i>  ii) <i>Committees</i>  iii) <i>Documented Board and Management meetings</i>  iv) <i>Staff meetings</i></p>	A five-member Board of Directors of BasicNeeds meet only once a year	Meeting of the five-member Board Directors happens only once a year.	<p>Governance of the organisation has improved as it is now possible to hold two meetings in a year. The first half-year Board of Directors meeting is due in the first week of July 2010. Replacement of two Board members who will be retiring will take place</p> <p>Management meetings take place quarterly and staff team meetings are monthly. One management quarterly and five staff monthly meeting reports have been written. These have overall improved running of the organisation and project activity implementation</p>	Governance of the organisation has improved with increased oversight responsibility provided by members of the Board of Directors to the Programme Manager and the team. <a href="#">The Board advised and approved the 2010 Plan and Budget. They also approve programme/project expenditure above GHS¢4,000.</a>
<p><b>3. Systems and procedures</b>  <i>Financial management systems</i></p> <p>1. <i>Programme activities to overhead ratio</i></p> <p>2. <i>Total turnover for the period in US\$</i></p>	<p>Sound office/administration and financial systems and procedures in place with clear authorities and accountabilities</p> <p>3.5:1</p> <p>US\$900,000/annum</p>	<p>Sound office/administration and financial systems and procedures in place with clear authorities and accountabilities</p> <p>3.5:1</p> <p>US\$900,000/annum</p>	<p>High level of financial management systems in place. BasicNeeds Ghana has secured an accounting software (SAGE-MMS) package under its Comic Relief Grant which has been installed into one two laptops bought under the G-RAP grant for processing all financial transactions the organisation in tandem with the international BasicNeeds group</p> <p>The ratio is <a href="#">75% of programme activities to overheads</a> (around 3:1)</p> <p>USD\$764,831.60 per annum</p>	<p>Efficient organisational systems and procedures exist, guiding the financial management and reporting of the organisation. This assures the integrity and accountability of the organisation in human resource management, activity implementation and reporting and financial accountability and over all governance of the organisation.</p>

<p>3. <i>Total number of donors for the period</i></p>	<p>Six (6) - [European Union, DFID, Comic Relief, Canada Fund for Local Initiatives (CFLI), ACT/UNDP, Africa Women Development Fund (AWDF),</p>	<p>Six (6) - [European Union, DFID, Comic Relief, Canada Fund for Local Initiatives (CFLI), ACT/UNDP, Africa Women Development Fund (AWDF),</p>	<p>Five (5) - [European Union, DFID, Comic Relief, Africa Women Development Fund (AWDF), and G-RAP</p>	<p>A reasonably good turn over ratio. USD\$764,831.60 per annum. There is a reduction in the size of confirmed funding and number of donors. This points to the need for increased fundraising, including developing/improving relations with potential donors.</p>
<p>4. <i>Internal controls</i></p>	<p>Clear authority limits in place with checks and balance relating to financial requests, approvals and payments/receipts and accounting</p>	<p>Clear authority limits exist with checks and balance relating to financial requests, approvals and payments/receipts and accounting</p>	<p>Recruitment of an accounts assistant to support the National Finance and Administration Coordinator has further improved internal controls.</p>	<p>A combination of <b>existing</b> clear systems and procedures and staff with requisite qualifications ensure efficient and effective running of financial operations of the organisation. <b>A clear command and control is in place with appropriate authority levels, as well as processes for request for approvals and provision of such approvals, including use of requisition memoranda, payment vouchers, store issues, leave and travel approvals, use of log-books for vehicles, medicals and use of electronic communications.</b></p>
<p>5. <i>External audit</i></p>	<p>External are conducted on all annual financial accounts of each project. Current external auditor is Deloitte and Touche</p>	<p>External are conducted on all annual financial accounts of each project. Current external auditor is Deloitte and Touche</p>	<p>External audits were conducted on 2009 financial accounts.</p>	<p><b>2009 Audit report is attached separately</b></p>
<p><i>Operational policies</i></p> <p>1. <i>HR policy</i></p> <p>2. <i>Gender strategy/action plan and milestones</i></p>	<p>There is sound Human Resource Policies and Procedures (HRPP) manual which seeks to address appropriate staff</p>	<p>A Human Resource Policies and Procedures manual exists, but there is no gender policy and strategy/plan of actions</p>	<p>A female Accounts Assistant has been recruited to work with the organisation, increasing the number of females to two out of a nine core staff team.</p>	<p>Policies and activities have been gender sensitive but will be further enhanced with a gender policy and strategy document to track and record achievements of key</p>

<p>3. <i>Budget spent on gender for the period</i></p>	<p>performance, development and welfare issues but inadequate finances compromised the extent to which provisions of the HRPP could be realised. No gender strategy/action plan and miles stone in place, even though many of the project activities involved more than 60% of women. Staff team is largely male</p>	<p>with mile-stones of actions required. However, the core grant provided funding for development of a gender strategy with actions and key milestones for implementation.</p>	<p>A consultant has been commissioned to develop a gender policy and strategy with plan of action and milestones to gauge implementation. The gender audit conducted with BasicNeeds by G-RAP officials also indicate an offer of support from G-RAP for BasicNeeds to finalise its new five year Country Strategy Plan and to make it more gender sensitive.</p>	<p>actions that address any inherent imbalances.</p>
<p><b>4. Funding base development</b></p> <p>1. <i>List long-term programmes(3yrs +)</i></p> <p>2. <i>List short-term projects(1 year)</i></p>	<p><b>Long-term programmes</b></p> <p>1.1 'Self-Representation for Poor Mentally Ill People and their Carers in Ghana' (2007-2012) funded by Comic Relief</p> <p>1.2 Ensuring Secure Livelihoods for Poor People with Mental Illness and Epilepsy and their Carers in Ghana (2007 – 2010) funded by the EU</p> <p>1.3 Promoting Self Help Groups and Building Regional Alliances for Mental Health and Development work in Northern Ghana 2007-2010) funded by DFID CSCF</p> <p>2.1 Supporting Self-Help Groups of women with mental disorders to</p>	<p><b>Long-term programmes</b></p>	<p><b>Long-term programmes</b></p> <ul style="list-style-type: none"> <li>- 'Mental Health Advocacy to Improve Human Rights and Reduce Poverty of Poor People with Mental Illness and Epilepsy in Ashanti and Brong-Ahafo Regions of Ghana' (2011-2014) to be submitted to DFID CSCF</li> <li>- 'Self-Representation for Poor Mentally Ill People and their Carers in Ghana' (2007-2012) funded by Comic Relief</li> <li>- Supporting Self-Help Groups of women with mental disorders to advocate for women's mental health – funded by AWDF</li> </ul>	<p><b>Long-term programmes</b></p> <ul style="list-style-type: none"> <li>- 'Self-Representation for Poor Mentally Ill People and their Carers in Ghana' (2007-2012) funded by Comic Relief</li> <li>- 'Mental Health Advocacy to Improve Human Rights and Reduce Poverty of Poor People with Mental Illness and Epilepsy in Ashanti and Brong-Ahafo Regions of Ghana' (2011-2014) to be submitted to DFID CSCF</li> <li>-</li> </ul>

<p>3. <i>Total dollar volume of programmes [d1]</i></p> <p>4. <i>Approved dollar volumes[d2]</i></p> <p>5. <i>Percentage overhead recovery[d3]</i></p>	<p>advocate for women’s mental health – funded by AWDF</p> <p>2.2 Enabling People with Mental Illness or Epilepsy and their Carers Participate in Local Development and Exercise their Rights in Ghana funded by CFLI</p> <p>2.3 ACT (Assisting Communities Together) Phase 6 Project funded by UNDP through the UNOHCHR.</p> <p>USD\$764,831</p> <p>USD\$764,831</p> <p>22%</p>		<p>- The Ankaful Vegetable Garden Project - ‘Gardening for Recovery and Empowerment of Mentally Ill Patients in Ankaful Mental Hospital’ – Funded by JOAC</p> <p>USD\$250,946</p> <p>USD\$ 83,983</p> <p>28%</p>	
<p><b>List number of publications (policy briefs, briefing papers, research reports, programme reviews)</b></p>	<ul style="list-style-type: none"> <li>- We Count magazine Issue 06</li> <li>- BasicNeeds Annual Impact Report 2008</li> <li>- Psychotropic Medicine Shortages in Ghana, A Situation Analysis</li> <li>- The Disabled have a role to play in society (The Heritage)</li> <li>- Inadequate supply of psychotropic drugs- a setback to the recovery</li> </ul>		<ul style="list-style-type: none"> <li>- We Count magazine Issue 07</li> <li>- Community Mental Health Practice</li> <li>- Mental Health Financing in Ghana</li> <li>- Reflections on Mental (Daily Graphic)</li> <li>- Feasibility Study on the Situation of Mental Health and Development in Ashanti and Brong-Ahafo Regions of Ghana</li> <li>- Television documentary on the need for passage of the Mental Health Bill into Law</li> <li>- Television documentary on the</li> </ul>	<p>The documents produced have significantly helped with availability of adequate and reliable information about mental health and epilepsy and the people experiencing such conditions as well as families affected by the conditions; improved awareness and provision of mental health services, and for increased participation of people with mental illness or epilepsy in development processes at the family and</p>

	<p>of mental illness (Daily Graphic)</p> <ul style="list-style-type: none"> <li>- Fact Sheet - Women's Mental Health</li> <li>- Middle Ghana (Ashanti and Brong-Ahafo Regions) Feasibility, April, 2009</li> <li>- Raising Awareness on Risk Factors to Women's Mental Health, 2007; Mar. 2008</li> </ul>		<p>activities of Self-Helps Groups of People with mental illness or epilepsy and their primary carers as part of raising awareness for support of the activities of people stabilised from mental illness or epilepsy</p> <ul style="list-style-type: none"> <li>- Press releases separately on reminding government to fulfil their promise of passing the mental health Bill into Law and improving the mental health system in Ghana; and on suicide and murder cases related to people who had mental health problems and the</li> <li>- End of Project Evaluations: <ul style="list-style-type: none"> <li>• 'Promoting Self Help Groups and Building Regional Alliances for Mental Health and Development work in Northern Ghana'</li> <li>• 'Giving Voice for Local Action: Strengthening Mentally Ill People to organise so as to engage with District Assemblies in Ghana'</li> </ul> </li> </ul>	<p>community levels.</p>
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	Health Sector Advisory Office (HSAO) of DANIDA	Request for support to build up a national mental health alliance to enhance national level collective advocacy on mental health	BasicNeeds has been invited to participate in a meeting to identify capacity building needs the HSAO could provide to identifiable health coalitions and umbrella organisations. This is important for BasicNeeds to ensure a group of organisations in mental health effectively bring the issue of mental health to the larger coalition of health NGOs and be prioritised
<b>Peers CBOs</b>	Mental Health Society of Ghana (MEHSOG)	Improve inclusion of SHGs of people with mental illness or epilepsy and their primary carers in community activities.	SHGs who make up the base membership of MEHSOG have been registered as CBOs in District Assemblies and begun engagements
<b>Donor agencies</b>	Mwananchi Call for Proposals  Denmark International Development Agency (DANIDA)	Full proposal submitted following acceptance of the Expression of Interest for funding for a project - <i>Ghana – A Picture of Mental Health</i> – to produce a picture book on the situation of mental health in Ghana.  Support BasicNeeds to track inclusion of mental health in the Medium Term Development Plans (2010-2013) of District Assemblies as contained in the guidelines	BasicNeeds has been invited to submit a full application for the project.  BasicNeeds has been advised to look out for the GHARI funding scheme. BasicNeeds is also been consider by the Health Advisory Support Office
<b>DA (please indicate district)</b>	Gushiegu, Bongo, Builsa, Tamale metropolitan area	To fund activities of SHGs to enable them effectively engage with their local assemblies and secure financial and logistical resources to support secure livelihoods activities of their members and poor people with mental illness or epilepsy in general. Gushiegu provided GHS¢200 to support provision of supplementary psychotropic medicines for people in the district; Bongo to provide relief support to people affected by the lean hunger period; Builsa for support members of SHGs with ploughing services for those going into farming, and in Tamale, for registration of people with mental illness of epilepsy to benefit from small grants for income earning activities.	
<b>Private Sector</b>	MTN Foundation	Support mental health infrastructure (community mental health services centre) development.	Have considered a proposal of BasicNeeds for sponsoring a community mental health services centre for Bolgatanga

### 3. National pro-poor policies

Identified Policy Issue: (In all these identified Policy Issues, continuous lobbying, continuous advocacy, regular organisation of Policy fora and media outreach programmes were embarked upon for maximum stakeholder buy-in)	Research activities in relation to the identified policy area	What are the policy gaps identified from the research conducted	What is your organisations position on these issues supported by your research	What policy alternatives do you propose and how do you hope to achieve this policy change
Providing mental health legislation that promotes community based care, increased funding for mental health infrastructure, and active participation of people with mental illness or epilepsy	Undertaken thematic research on government financing of mental health in Ghana through documentation of experiences of people with mental illness or epilepsy and their primary carers, as well as service providers	Lack of up-to-date law on mental health – no policy for improving mental health infrastructure, human resource and integration of mental health into primary health care	Decentralise mental health improved integration of mental health into primary care and increases financing of mental health	Provide separate budget allocation for mental health and encourage integration of mental health into Primary Health Care, at least at the district level

### 4. Success Story

**Briefly describe your organisation’s landmark achievement this period**

The landmark achievement have the successful forum with members of the select Committee of Parliament on Health to take them through the provision of the draft Mental health Bill and to garner their support for it, including calling for it by tabling questions to know the status of the Bill and for its passage when it comes to the floor of Parliament. There was unanimous support for it support from both sides of the political divide.

### 5. Stakeholder Perception

**How has the credibility and legitimacy of RAOs changed in the eyes of GoG and the Ghana public? What is your interpretation? Is there a reference to this evidence of change?**

The credibility and legitimacy of RAOs have been positive. It has evolved from a look at RAOs as litigants to one of constructive engagement where government see RAOs as non-profit private sector for engagement in the spirit of public-private sector relationship. There is recognition of the efforts of BasicNeeds as an advocacy organisation in mental health and development. The invitation of BasicNeeds to participate in the visit of health development partners to the Pantang Mental Hospital to appraise themselves about problems of the mental health sub-sector of Ghana. Over the last three years,

BasicNeeds has also been part of the health summits of the Ministry of Health/Ghana Health Service. There have been invitations of government to RAOs to the oil-round table discussions, as well as on issues of gender, education, anti-corruption and accountability.

## **6. What is your perception on the general policy making environment in Ghana**

The policy making environment is improved even though a lot of remains to be done. Access to information and policy makers can still be improved, especially with regards discourse of mental health issues.

## **7. Grant and report related issues**

### **7.1 What issues do you wish to raise relating to the Grant or to G-RAP management?**

It has been a cordial relationship with G-RAP with regular information flow and communications from G-RAP. BasicNeeds has been invited to various fora – the national gender forum and news conference on the oil Bill. BasicNeeds has also invited G-RAP PMT to its fora and this has promoted a fairly cordial working relationship.

### **[d6] 7.2 What parts of the report are confidential or cannot be shared without prior consent?**

None

## **G-rap Narrative Progress Report**

### **Notes on narrative reporting**

In addition to this narrative report, G-rap accepts grantee organisation's own annual report, on the assumption that these reports show a relationship between annual workplans, budgets and outputs of these organisations and – if possible – impact.

G-rap however monitors a number of indicators that a Grantee's annual report may not always focus on and have designed a simple narrative reporting format to gather this data. This gives the programme managers a quick overview of progress against workplan of each grantee and of significant results in a number of relevant areas relating to the Logical Framework and objectives of the Programme.

G-rap intends to minimize Grantee's time investments in reporting, hence this concise format. Nonetheless, additional documentation can be annexed to the report for more detail.

Narrative reporting is a bi-annual contractual requirement. The deadline for report submission is four weeks after the end of the reporting period.

Completed reports need to be submitted in signed hard copy (2 signatures), as well as in electronic format using MS-Word 2003 compatible software (to: [info.grap.ghana@gmail.com](mailto:info.grap.ghana@gmail.com)).