UNIVERSITY FOR DEVELOPMENT STUDIES

SOCIAL PROTECTION FOR PERSONS WITH DISABILITIES IN THE NADOWLI-KALEO DISTRICT

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SOCIAL PROTECTION FOR PERSONS WITH DISABILITIES IN THE NADOWLI-KALEO DISTRICT

By

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DECLARATION

STUDENT'S DECLARATION

I hereby declare that with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere:

..... Date: 18-03-2015

LAMPSON ADAMS LENGWA

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of the thesis was supervised in accordance with the guidelines on supervision of thesis laid down by the University for Development Studies.

..... Date: 18.03.15

DR. SANYARE FRANCIS

ABSTRACT

Social Protection provisioning for Persons with Disabilities (PWDs) in Ghana is highly inadequate. Despite the passage of the Persons with Disability Act of 2006 (Act 715) to ratify the United Nations Convention on the Rights of Persons with Disabilities [UNCRPD], PWDs in Ghana still face substantial barriers of entry into the workplace and for social and political participation. PWDs lack material supports; including health care, education and training, credit facilities and transportation, and do not receive reasonable accommodation that best supports their functioning. In addition, individuals with impairments have difficulty qualifying as PWDs to entitle them to disability social protection schemes financed by the central Government. Qualitative research design was therefore used for the research and the instruments employed to gather the data were focus group discussion and interview. Thirty PWDs. comprising ten

each of the blind, the deaf and dumb and persons with physical disabilities were purposively sampled for the focus group discussion; whiles twenty stakeholders in disability issues were also purposively sampled for the interview. This study therefore examines the challenges PWDs face under the social, political, economic and cultural contexts and on the other hand, the effectiveness of existing social protection schemes for PWDs in the Nadowli-Kaleo District. It highlights the fact that PWDs in the district are faced with enormous challenges. It argues that Ghana is signatory to the UNCRPD and has subsequently ratified it by passing the Persons with Disability Act. Yet PWDs continue to experience extreme poverty, neglect, gross human rights violation; and social, economic and political discriminations. To ensure that the conditions of PWDs are improved, it is recommended that the institutions that provide social protection services to PWDs are resourced both financially and materially to enable them administer social protection services to PWDs with less difficulty.

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DEDICATION

This work **is** dedicated to my parents, Mr. Lampson Taanuba of blessed memory and Madam Sungtaba Lampson. It is also dedicated to the entire Lampson's family for their prayers, support and love. Most especially my beloved wife Naah Edna and all my children; words cannot express my appreciation for your dedication, love and persistent confidence reposed in me.

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CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND TO THE STUDY

In a world of contemporaneous reports on issues of disability, it is important that the provision of social protection and support for persons with disability (PWDs) become the concern for all mankind due to the vagaries of life. The global rate and effects of accidents and diseases suggest that, every physically abled person today is also a potentially disabled person in the future. Thus, it is important to note that disability can affect people from birth, or could be acquired later in life through injury or illness. Therefore, disability protection laws and support systems call for the attention of every individual as a stakeholder. However, global reports on situations of PWDs indicate that; less care and attention is given to disabled persons with regards to their welfare provisioning (Marriott & Gooding, 2007).

Disabled persons across the world still encounter severe economic, cultural and social deprivations. The problem is generally worse for PWDs living in rural areas and is especially acute for those in low-income countries (Colin, 2001). It is therefore important for society to adopt a truly inclusive approach to issues that address the needs of all disabled people; so as to ensure full participation, inclusion and empowerment. Thus, access to medical, education and related services is a basic human right that must not be determined by the ability to pay; especially by the disabled population (United Nations Convention on the Rights of Persons with Disabilities [UNCRPD], 2006).

The premise that PWDs throughout the world lack access to medical, education and related basic necessities of life, has created a global concern, even for the majority of the world population that are not disabled. This is because disability does not affect only the individual with disability, but it also has a profound impact on the family unit within which this individual with disability operates (Singal, 2007). The realization and acceptance of the fact that disabled persons have had their civil, cultural, economic, political and social rights violated all across the globe called for the concerted efforts of international organizations to find an antidote to this predicament faced by the disabled population (UNCRPD, 2006). Internationally, laws were made under various conventions to protect these rights and give support to persons with disabilities. The UNCRPD is one of the instrument that has set operational standards for UN member states to respect and implement, and to emulate in fulfilling the rights of PWDs. The Convention also recognizes social support to PWDs as a right and not a matter of charity as some people think; and as such should be underpinned by legislation. It also recognizes the right of PWDs to fully participate in all national issues as any other citizen would; particularly discussions on issues that concern their welfare.

In traditional Ghanaian society, social protection and support provisioning for PWDs was a task for the person's immediate and extended family members. With the rise of modern societies and the promotion of economic growth and urbanization, the extended family system got weakened and the social protection and support that individuals with disability ought to receive under this system got faded (Abebrese, 2011). This situation therefore, aggravated the level of vulnerability of the disabled population in Ghana. Thus, disabled persons in Ghana are characterized by lack of access to public health, education, and other social services that would ideally support

and protect them. Their vulnerability ranges from extreme poverty, social exclusion, all forms of abuse, neglect and discrimination (Ghana Federation for the Disabled [GFD], 2008).

In recent years, following the adoption of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) by Ghana, it was the expectation of many that the trend would have changed such that, PWDs would have had rights as any other persons in Ghana and would also have received support from society as required. Yet, the disability population in Ghana is still marginalized in the areas of social participation, transportation, work, education, public health and information; and by architectural designs (Mensah et al., 2008). There exist social, architectural, transportation, education, health, work and information barriers that continue to prevent the disabled from having access to available resources and opportunities to maximize their welfare (Naami, 2010). It is therefore, indefensible for society to ignore disabled people, especially for the fact that, one does not become disabled on his or her own volition or chooses to have no eyesight or limbs for instance.

1.1 DISABILITY SITUATION IN GHANA

Ghana's 2010 population and housing census analytical report revealed that Ghana's population with disability is about 737,743 (3 per cent) of the total population of 24,658,823 (Ghana Statistical Service [GSS], 2013). The Upper West Region ranks third in terms of regions with proportionately large numbers of PWDs. It ranks third after Volta and Upper East Regions respectively. This is summarised in table 1 below:

Table 1: National and Regional Disability Status

Regions	Total Population	Population Without Disability	Population With Disability	Percentage Pop. With Disability
Western	2,376,021	2,310,005	66,016	**2.78**
Central	2,201,863	2,125,924	75,939	**3.45**
Graeter Accra	4,010,054	3,906,115	103,939	**2.59**
Volta	2,118,252	2,026,485	91,767	**4.33**
Eastern	2,633,154	2,538,575	94,579	**3.59**
Ashanti	4,780,380	4,655,879	124,501	**2.60**
Brong Ahafo	2,310,983	2,256,945	54,038	**2.34**
Northern	2,479,461	2,418,167	61,294	**2.47**
Upper East	1,046,545	1,006,621	39,924	**3.81**
Upper West	702,110	676,364	25,746	**3.67**
Total	24,658,823	23,921,080	737,743	**2.99**

Source: GSS, 2010 Population And Housing Census Analytical Report

The regional analytical report of 2010 population and housing census further indicates that, in the Upper West Region, the Nadowli-Kaleo District recorded the highest number of PWDs both in percentage terms and in absolute figures. The total population of PWDs is 4,571 (4.84%) out of the entire population of 94,388 in the district. This is illustrated in table 2 below:

Table 2: Upper West Region Districts Disability status

Districts	**Total population**	**Population with Disability**	**Percentage of Pop. with Disability**
Wa West	81348	2453	**3.01**
Wa Municipal	107214	2788	**2.60**
Wa East	72074	2783	**3.86**
Sisala East	56,528	1886	**3.34**
Nadowli	94,388	4571	**4.84**
Jirapa	88,402	3390	**3.83**
Sisala West	49,573	1745	**3.52**
Lambussie Karni	51,654	2046	**3.96**
Lawra	100,929	4084	**4.05**
Total	702,110	25,746	**3.67**

Source: GSS, 2010 Population And Housing Census Analytical Report

According to the 2010 population and housing census analytical report, disability rate is relatively the same for males and females but higher in rural areas than in urban areas (GSS, 2013). The most prevalent types of disability identified were those related to visual impairment, hearing impairment and physical disabilities. The rate is highest in the 0 to 14 years age group and the 65 years and above group.

Although the 1992 Constitution of Ghana, the Labour Act of 2003 (Act 651) and Persons with Disability Act of 2006 (Act 715) are imbued with significant provisions for PWDs to access education, healthcare, employment, and decent social life, statistics of the 2010 population and housing census report indicate that PWDs generally have low access to education, employmet and healthcare and social participation (GSS, 2013). The Disability Act in particular gives a great deal of power to PWDs to accordingly solicit protection and support from Civil Society Groups, Government and Ghanaians in general. Under the Disability Act, the National Council on Persons with Disability (NCPD) is established and tasked to propose and evolve policies and strategies that would give full and equal participation of PWDs in national development issues. According to Mensah et al. (2008), PWDs would have benefited greatly if the council was well resourced to undertake its mandate efficiently. However, the non-implementation of provisions, policies and legislations contained in the Ghanaian constitution and the various Acts of parliament have contributed immensely to the present pattern of poverty, exclusion and vulnerability among PWDs.

For instance, provisions in the fourth Republican Constitution of Ghana (Chapter 5) grants equal rights of participation to every citizen, but participation among PWDs in politics and governance is found to be very low (Mensah et al., 2008). Appointment

of PWDs to high profile and leadership positions in Ghana has faced serious resistance and criticisms from some part of the general public. This is exemplified by the nomination of Dr. Danaah H. Seidu (a visually impaired) as Minister for Chieftaincy and Culture by President John Dramani Mahama; which was seriously and openly opposed by a cross-section of members of the National House of Chiefs on cultural grounds (Ghana News Agency [GNA], 2013). Generally, chieftaincy customs that discriminate against PWDs are prevalent in Ghana (Mensah et al., 2008). In some parts of Ghana, PWDs are not eligible to ascend to the throne of chieftaincy and this is not only an affront to the 1992 constitution of Ghana but also a discrimination against PWDs.

According to Mensah et al., (2008), many PWDs in Ghana face various forms of discrimination and are unable to assert their rights. The reasons for this occurrence is that, the disability movement in Ghana is weak, fragmented and lack the capacity to confront injustices meted out to its members by the larger society. Accordingly, persons with disabilities face numerous challenges ranging from low level of self-esteem, limited mobility, high dependency and poverty, lack of access to education, health and other social services. Despite the fact that OPWDs and Civil Society Organizations (CSOs) have made some strides to pushing forward the disability agenda, but weak organizational capacity and limited expertise in the area of advocacy have hampered their ability to enforce and fulfil the provisions of the Persons with Disability Act, (Act 715), and the development of targeted social interventions for PWDs. (GSGDA, 2010).

In Ghana, the severity of poverty is much higher with PWDs when compared with the abled persons. Deepening poverty, vulnerability and exclusivity among the Ghanaian

disabled populations give serious concerns for fostering democratic and good governance. Many of the PWDs actually languish in abject poverty, with a high degree of unemployment and under employment; especially that most of them have no formal education (Mensah et al., 2008). Accordingly, they face discrimination in the job market despite the fact that the Labour Act and its auxiliary Labour Regulation 2007 call for the setting up of disablement unit in each district to assist PWDs who need employment. The job discrimination has not stopped even when special incentives have been provided under the Labour Law for employers who may employ PWDs. Access to credit remains a challenge to many PWDs although the Disability Act 2006 has provisions that seek to address extreme poverty among PWDs. It is seldom possible for PWDs to access the 2% allocation of the District Assembly Common fund [DACF] meant to relief PWDs in the District Assemblies (Carlucci, 2012).

Furthermore, disability in Ghana has been explained in the realm of cultural beliefs and myths that dehumanize affected persons. The self-esteem of PWDs has been lowered to the extent that it has limited their opportunities for social interaction. Women with disabilities bear the greatest burden of cultural discrimination particularly in the area of marriage, where many people frown on marriage with PWDs because of the beliefs held about disability (Naami, 2010). As a result, abled persons are rarely encouraged by their family members, especially parents, to marry PWDs. Those who are not able to get their disabled counterparts to marry may have to remain single throughout life. Women with disabilities are often sexually abused by abled men; sometimes make them pregnant in the process and abandon them at the end. They only want them for 'sex partners' but not for 'life partners'.

The social life of PWDs is a pattern of exclusion at the family, community and national level. In situations where resource is a constraint at the household level, opportunities are given to the abled siblings to the disadvantage of PWDs. At the community level, PWDs face discrimination at the school, health facilities, on transport and in the larger community (Naami, 2010). The existing health policy and the National Health Insurance Scheme (NHIS) do not give any consideration for the care needs of PWDs. The Disability Act 2006 contains provisions that are supposed to provide PWDs access to free healthcare, but this provisions are limited to persons with severe disabilities and as such, those whose disability do not fall under the severe category cannot access free health care (Mensah et al., 2008).

Access to building structures poses a problem to PWDs despite the provision in the Disability Act that requires all new public buildings and places to be made friendly to PWDs (Mensah et al., 2008). Yet in the Nadowli-Kaleo District, many new public buildings and that of the District Assembly do not have accessible pavements for PWDs. The recent lamentation by the Sector Minister for Gender, Children and Social Protection; that most public buildings were still unfriendly to PWDs confirms that the implementation of the Disability Act has been lip serviced for long. The 10-year moratorium given to ensure that public buildings are constructed in line with the Disability Act expires in 2015 and yet buildings of most public organizations are still unfriendly to PWDs (GNA, 2013).

1.2 PROBLEM STATEMENT

Ghana is a member of the United Nations and is therefore a signatory to the 2006 UN declaration on the rights of PWDs. Therefore, adequate legislative provisions have consequently been made towards providing social protection for PWDs in Ghana.

Particularly, the Persons with Disability Act was passed to provide explicit guidelines that should respond to the needs of PWDs. The Act recognizes among others, the rights of PWDs, thus their right to participation, information, education and skills training, health care and employment (Nana et al., 2007). Also, Government provides support to PWDs in a form of financial assistance, payable at the District Assemblies' level. Importantly, two per cent (2%) of the District Assembly common fund as per the guidelines for the disbursement of the fund, is allocated to exclusively assist PWDs in their respective Districts (DACF, 1993). Furthermore, the government has put in place various institutions, interventions, policies and programmes to provide social protection services to PWDs. Some of these institutions, interventions, policies and programmes in the Nadowli-Kaleo District include the National health insurance scheme, Commission of Human Rights and Administrative Justice and the Livelihood Empowerment against Poverty.

Although these State Social Protection institutions/programmes have been in operation in the Nadowli-Kaleo District for over a decade now, the quality of social protection services provided to PWDs has not improved over the years and the rights of PWDs also continue to be abused. Consequently many PWDs are faced with extreme poverty, vulnerability, social exclusion, abuse, neglect and discrimination. They are not provided with adequate means of survival, and some of them are forced to go into the streets to beg under very hazardous conditions. Many PWDs suffer physical abuse at the hands of **adults and children. This of course raises the** question of awareness of the rights of PWDs and the roles of the institutions that are meant to provide social protection for PWDs. Thus, this interrogation also pushes one to wander about the effectiveness of the institutions in undertaking their responsibility of

providing social protection for PWDs. It was against this background of doubt and uncertainty that the study was undertaken.

The problem that engages the attention of this research is that, Ghana has signed up to several international conventions on the right of persons with disabilities, particularly the United Nations Convention on the Rights of Persons with Disabilities. Supposedly, legislative provisions have been made locally to promote these rights and to provide safety net for the impoverished and vulnerable disabled population in Ghana. However, it appears these provisions that are set to leverage PWDs from the hardships they faced have not been adhered to. Thus, the established social protection and support systems for PWDs in Ghana are failing or are yet to be enforced despite their inclusion in the Ghanaian laws. As a result, ***persons with disability in the Nadowli-Kaleo District are faced with the abuse of their rights, extreme poverty, neglect and social, economic and political discrimination.***

1.3 RESEARCH QUESTIONS

In order to investigate the effectiveness of the social protection and support systems for PWDs in the Nadowli-Kaleo District, the following research questions were set.

1.3.1 MAIN RESEARCH QUESTION

Has social protection and support systems in Ghana catered for PWDs in the Nadowli-Kaleo District?

1.3.2 SUB QUESTIONS

- What are the various social protection and support agencies in Ghana and their impact in protecting the rights of PWDs in the Nadowli-Kaleo District?

- What contributions has the Persons with Disability Act of 2006 (Act 715) made towards providing safety nets for PWDs in the Nadowli-Kaleo District?
- What are the attitudes of society towards PWDs in the Nadowli-Kaleo District?
- What are the problems associated with social protection and support provisioning for PWDs in the Nadowli-Kaleo District?

1.4 MAIN RESEARCH OBJECTIVE

The main objective of this work is to investigate the impact of social protection and support systems for PWDs in the Nadowli-Kaleo District.

1.4.1 SUB RESEARCH OBJECTIVES

Specifically, the study seeks to:

- Identify the various social protection and support agencies in the Nadowli-Kaleo District and examine their impact in protecting PWDs.
- Assess the contributions of the Persons with Disability Act of 2006 (Act 715) in providing safety nets for PWDs in the Nadowli-Kaleo District.
- Examine the attitudes of society towards PWDs in the Nadowli-Kaleo District?
- Identify the problems that impede PWDs from accessing social protection and support benefits in the Nadowli-Kaleo District.

1.5 JUSTIFICATION OF THE,STUDY

The Government of Ghana is party to the United Nations Convention on the Rights of Persons with Disabilities. This requires Ghana as a nation and also persons into research, to collect research data in order to facilitate the formulation and

implementation of policies to combat stereotypes, prejudices and harmful practices relating to disabled people in Ghana. In line with this, the Disability Act of Ghana, Act 715 (2006) enjoins all persons to make proposals that would eliminate all the stereotypes, prejudices and harmful practices relating to disabled people. In accordance with the Disability Act, the Government of Ghana has also established a number of social protection schemes for PWDs throughout the country. Some of these schemes include the NHIS, LEAP and DACF. Therefore, this study is justified as it seeks to analyse the effectiveness of the social protection schemes for PWDs in the Nadowli-Kaleo District and possible come out with data and suggestions that will aim at improving the situation of the disabled population in the district and to meet the UNCRPD goals.

As mentioned earlier, disability rate is generally higher in the rural areas than in the urban areas and is especially acute in areas where poverty is severe (Colin, 2001). Emmett (2006) also asserts that poverty is both the cause and consequence of disability. The degree of vulnerability of PWDs is also severe in the rural areas than in the urban centres. It is against this background that, the Nadowli-Kaleo District which is predominantly rural is chosen for the study (GSS, 2013). It is my assumption that, all the woes experienced by PWDs in Ghana would manifest themselves well in the district, since the district for several years now, has been captured among the poorest districts in Ghana (Nadowli-Kaleo District Assembly Composite Budget Statement, 2012). The predominantly rural Nadowli-Kaleo District also records the largest number of PWDs in the Upper West Region and therefore the study would be representative enough to unearth the weaknesses or otherwise in social protection provision for PWDs in the district.

1.6 ORGANISATION OF THE STUDY

This study is divided into six chapters. Chapter one discussed the introduction to the study. Specifically, it explained the background behind the study, presented the problem statement, the objectives, the research questions and the justification of the study. Chapter two dealt with the review of relevant literature on the development of social protection policy; and the contextual analysis of the situation of PWDs in Ghana. Chapter three dealt with the mechanisms of social protection for PWDs in Ghana. Chapter four explains the research methodology employed for the study. Chapter five is devoted for the presentation and analysis of findings from the field study, while Chapter six presents the summary of findings, conclusion and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter is a review of selected literature which helps clarify issues on social protection for PWDs in Ghana. The chapter is divided into six Sections. Section one is a brief conceptualization of social protection and disability. In section two, I reviewed perspectives on the rationale for the development of social protection as a field of policy. I further explored views on the context for contemporary global interest in social protection. It further covered the various forms or instruments of social protection; with specific examples drawn from the developed country contexts. Section three then reviews the interconnectivity between vulnerability, disability and social protection. This section is well illustrated to justify the need of social protection for PWDs and to identify PWDs as vulnerable persons needing social protection. Thereafter, the chapter provides a contextual analysis of the problems faced by PWDs in Ghana under the legal, political, economic and socio-cultural contexts. Finally, the theoretical perspectives of social protection for PWDs in relation to the research questions for the study were reviewed and a conceptual frame developed thereof.

2.1 CONCEPTUALIZING SOCIAL PROTECTION

In developing policies in the field of social protection, international development agencies and individuals have come out with diversity of definitions and approaches to social protection. The first issue that needs to be addressed is the distinction between social protection and alternative terms in circulation. In the opinion of Norton, Conway and Foster (2001), social security is the most long-established of these terms which is used synonymously with social protection. However, social

security is primarily associated with the comprehensive and sophisticated social insurance and social assistance machinery of the developed world. These terms are therefore considered inappropriate to the debate in much of the developing world, where higher levels of absolute poverty, combined with financially and institutionally weak states, pose a set of challenges to social protection provisioning. In contrast, they identified the more recent terminology of 'safety nets' or 'social safety nets' to be appropriate for developing country's contexts.

World Bank (2014) explains 'social safety nets' to comprise non-contributory transfers in cash or in-kind; designed to provide regular and predictable support to poor and vulnerable people. Accordingly, Social safety nets, also known as "social assistance" or "social transfers," are part of broader social protection systems that also include measures such as contributory insurance (social insurance) and the various labour market policies. Thus, "social safety nets", "social assistance" or "social transfers"; together with social security or social insurance, and the various labour market policies make up social protection. In distinguishing social protection from the other alternate terms, Adato and Hoddinott (2008) point out that, all the alternative terms for social protection take care of only a limited range of interventions. Notably targeted social assistance; which have often been conceived as short-term compensatory measures during structural adjustment or national crises and intergenerational transmission of poverty.

There is also the opinion that, different academicians and development agencies use social protection with different definitions in mind. Thus, the understandings of the meaning of social protection vary in a number of ways — between broad and narrow perspectives; between definitions which focus on the nature of the deprivations and problems addressed, and those which focus on the policy instruments used to address

them; and between those which take a conceptual as opposed to a pragmatic approach to the task (Norton et al., 2001). Most definitions therefore have a dual character, referring to both the nature of deprivation and the form of policy response. Almost all the definitions, however, include the following three dimensions:

a) they address vulnerability and risk,

b) the levels of (absolute) deprivation that is deemed unacceptable and

c) the form of response which is both social and public in character

This study considers the following definitions:

Norton, et al. (2001, p. 21) defined social protection as 'the public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society.' They write that, social protection may involve both the absolute deprivation and vulnerabilities of the poorest, and also with the need of the currently non-poor for security in the face of shocks and life-cycle events. The 'public' character of social protection response may be governmental or non-governmental; it may also involve a combination of institutions from both sectors.

In the view of Devereux and Sabates-Wheeler (2004), the concept of social protection has four dimensions. It must contain preventive measures that will help manage shocks; such as pensions and health insurance. Social protection strategy should also have a protective element. This involves the provision of assistance to persons who are unable to work and the provision of social services to targeted groups such as orphans and abandoned children. The third dimension concerns the promotion of income-generation and capabilities for vulnerable groups. This dimension involves the provision of subsidized inputs, micro-finance and school-feeding programmes.

The fourth dimension takes into account, transformative measures that seek to address concerns of social equity and exclusion. This dimension of social protection extends beyond the realm of risk management to embrace income generation and changes in the legal and regulatory frameworks. In summary, Social protection is described as all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of the poor, vulnerable and marginalized groups. Furthermore, the advantage of this conceptualization of social protection is that; it brings within its ambit the various categories of the poor, the excluded and the vulnerable in society (Devereux and Sabates-Wheeler, 2004).

From the ILO, (as cited in Abebrese, 2011, p. 4), social protection is described as "having security in the face of vulnerabilities and contingencies; it is having access to health care and it is about working in safety". Specifically, the ILO explained social protection to mean "the set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence, or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner); the provision of health care; and, the provision of benefits for families with children" (Garcia and Gruat, 2003, pp. 13-14). By citing this definition, one can say they quite agree with the view that social protection is broader and more inclusive than social security since it incorporates non-statutory or private measures for providing social security, and yet still encompasses traditional social security measures such as social assistance and social insurance. It is important to note that, there are significant differences among societies on the definition and

approaches to social protection. Differing cultures, values, traditions and institutional as well as political structures affect the definitions of social protection and the choice of how social protection should be provided. Accordingly, the ILO's definition is broader in scope than the definition adopted by some countries, although this does not imply value judgments. The most important thing is that societies should develop social protection strategies that would protect people from chronic poverty, risks and shocks (Garcia & Gruat, 2003).

In the first poverty reduction strategy paper of Mali, social protection was narrowly defined as "a collective system for managing risks faced by individuals" (Government of Mali, 2002, p. 62). However, DFID takes a broader but similar perspective definition for social protection. Thus, social protection is defined in the context of public actions that are carried out by the state or privately; to enable people to deal more effectively with risk and their vulnerability to crises and changes in circumstances such as unemployment or old age; and to help tackle extreme and chronic poverty (DFID, 2006). In briefing European Parliament's Committee on Development, Bastagli (2013) described social protection to include any formal initiative that aims to provide social assistance to particular vulnerable groups, social insurance against risks such as those associated with old age and the loss of employment as well as labour market programmes such as job-search and matching and skills-building programmes. This conceptualization is in line with the DFID's definition but it provides further specific cases that require social protection provisioning. To a large extent, Bastagli's conceptualization is more encompassing in terms of providing social protection services for vulnerable persons in society.

2.2 CONCEPTUALIZING DISABILITY

Fremstad (2009) posits that disability is a complex and an evolving concept. He further points out that, disability was in the early 20th century viewed solely in individual and medical terms; and as a problem intrinsic to the PWD. However, in recent years, disability has come to be understood in dynamic social terms as a process that involves the interaction between people with health conditions and the environments in which they live and work. For instance, the most broadly accepted framework for understanding disability today is the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001). **The** ICF framework (p. 6) describes human functioning and disability as "the product of dynamic interaction between various health conditions and environmental and personal contextual factors". From this perspective, environmental and personal factors interact with a health condition, which to a large extent, determines the level of one's functioning. A disability therefore, in the light of this framework, is an umbrella term for impairments, activity limitations, or participation restrictions, which are defined as follows:

Impairments: Problems in body function or body structure; such as a significant deviation or loss from certain generally accepted standards in the biomedical status of the body and its functions.

Activity Limitations: Difficulties an individual may have in executing activities.

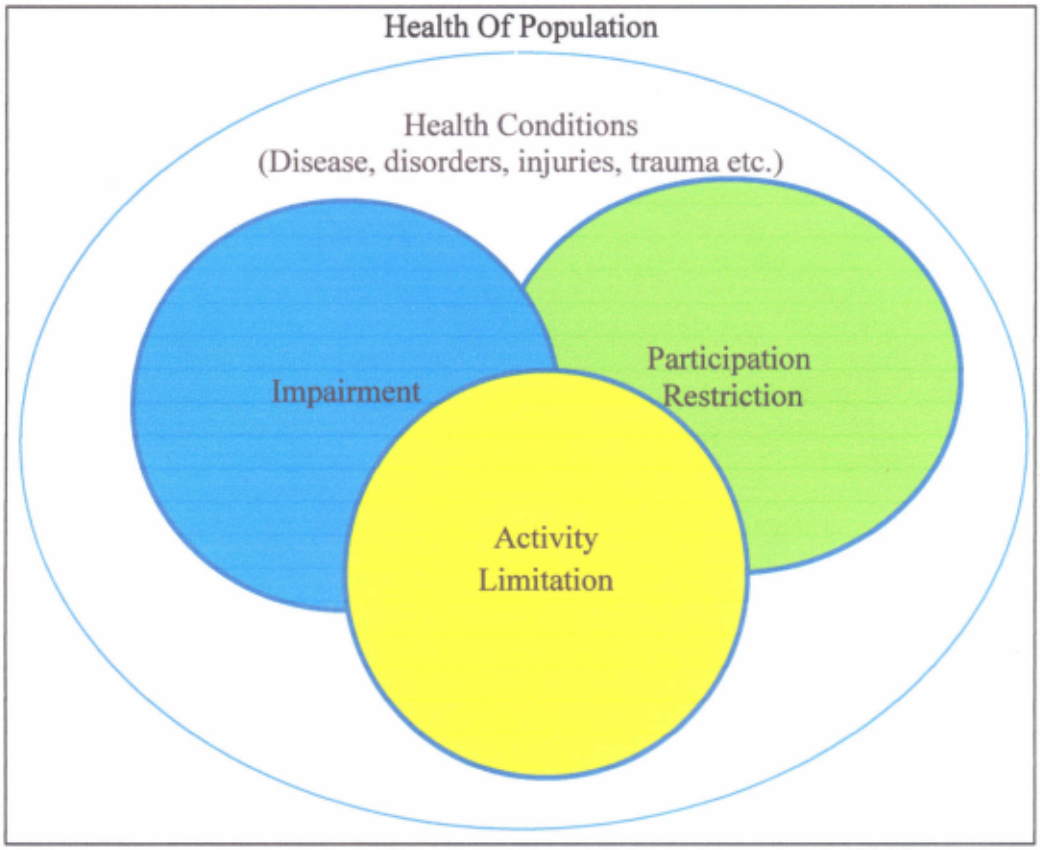
Participation Restrictions: Problems an individual may experience in his/her involvement in life situations.

The ICF disability framework is similar to how disability is defined by U.S. civil rights laws; particularly the Americans with Disabilities Act (ADA) of 1990.

(Amended 2008, p. 7); which defines "disability" as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual" or "being regarded as having such impairment." Section 1(2) of the Disability Discrimination Act (DDA) 1995; cited in Staniland (2009, p. 20), similarly defined someone as disabled if 'he or she has a physical or mental impairment which has a substantial and long term adverse effect on her or his ability to carry out normal day-to-day activities'. These definitions are in congruence with the ICF disability framework.

In order to visualize the current understanding of interaction of various components of the ICF model better, Fremstad (2009) has provided a simplified representation of the ICF conceptual model in figure 1 below. It indicates that, impairments, activity limitations, and participation restrictions overlap to a considerable degree, but are not coextensive. Thus, a person can exist in the absence of either impairment or activity limitation or both and yet experience participation restriction. The ICF model also notes that, an activity limitation or participation restriction can result from a health condition, even when there is no impairment. For example, an individual who is HIV-positive without any symptoms or disease, or someone with a genetic predisposition to a certain disease, may exhibit no impairments or may have a sufficient capacity to work, yet may not do so because of the denial of access to services, probable based on discrimination or stigmatization.

Figure 1: Fremstad's Simplified ICF Conceptual Model



Source: Adopted from Fremstad (2009, p. 5)

In contrast, some disability activists and scholars have criticized the World Health Oorganization for confusing the distinction between the terms 'disability' and 'impairment' in the ICF model. The critics think impairment refers to physical or cognitive limitations that an individual may have, such as the inability to walk or speak; whereas disability refers to socially imposed restrictions, that is, the system of social constraints that are imposed on those with impairments by the discriminatory practices of society (Ghosh, 2012). Most importantly, the Union of the Physically Impaired against Segregation (UPIAS 1976, pp.3-4) has provided the definitions of impairment and disability in the following manner: An impairment is defined as 'lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body'. On the other hand, disability is defined as 'the disadvantage or restriction

of activity caused by contemporary organization which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities'.

In furtherance to this argument, Handicap International (2006) posits that, disability is a relative situation that results from the interaction between a person's abilities and the person's environment. They used the 'Disability Creation Process' as an essential approach to understanding the concept of disability. Accordingly, this approach considers the concept of disability not as a fixed 'state' but as a process which limits a person's social and everyday activities. Under the 'Disability Creation Process', disability is considered as a disturbance in a person's life habits and a limitation on his or her full social participation. This perspective suggests that the concept disability is relative rather than a permanent situation and that; individual, environmental and contextual variations are possible. In sum, the 'disability situation' of a person can change or evolve by reducing the impairment, developing capabilities and also by changing the physical, social and cultural environment of the person with impairment.

2.3 **RATIONALES FOR THE DEVELOPMENT OF SOCIAL PROTECTION**

Regardless of geography, social structure, or political and economic systems, societies or individuals throughout the world are exposed to a wide and differing range of contingencies. Exposure to risk is undoubtedly part of the human condition. The sources of risk are many and varied; and all populations are susceptible to adverse shocks resulting from natural, health, social, economic, political, and environmental factors. For instance, Garcia and Gruat (2003), points out that the nature and number of risks show no signs of decline at all and in many situations are becoming more complex, to the extent of excluding a significant portion of the world's population

from a decent livelihood. Thus, the current era presents many challenges stemming from a number of economic and social developments such as the process of globalization, the alarming levels of poverty and unemployment, demographic changes, the pandemic of HIV/AIDS, and the implications of growing international migration. All these poses greater insecurity and vulnerability.

With such a great number of risks and such a significant portion of the world's population living with unbearable situations, social protection has an essential role to play in providing the necessary support and tools to allow societies and their populations minimize life challenges, break the vicious circle of poverty and to channel a path of sustainable development. Against this backdrop, Garcia and Gruat (2003) see the implementation of social protection policies as one of the most significant social achievements of the 20th century. This is because systems of social protection have the rationale of enabling societies to advance the well-being and security of their citizens by protecting them from vulnerability and deprivation; so that they can pursue a decent life. On the other hand, social protection can provide the essential needs of human survival by ensuring that all men and women have basic social and economic security. To a very large extent, they foresee social protection playing a more far-reaching role in enhancing the quality of life of individuals and societies by developing and unleashing human potential, facilitating structural change, increasing stability, advancing social justice and cohesion, and promoting economic dynamism.

In semblance to the above, Norton et al. (2001) puts the rationale for the development of social protection as a field of policy to include: a) the need to develop social support for economic reform programmes, or to make growth more efficient and sustainable; **b)** the pursuit of social justice and equity, or the obligation to provide all

citizens with a minimum acceptable livelihood and protection against risk; and c) the promotion of social cohesion, solidarity and stability. Thus, the overall rationale for pursuing social protection is to promote dynamic, cohesive and stable societies through increased equity and security. Notwithstanding any differing opinions, they argue social protection is necessary in order to develop social support for the reformation of programmes that will promote social justice and equity and to make growth more efficient and equitable. In their argument, a good Social protection policy will provide policy-led support to persons outside the labour market who have insufficient assets to achieve a secure livelihood. For instance, social protection will facilitate investment in human capital development for poor households and communities; to enable such poor households to take economic risks to pursue better livelihoods. Furthermore, social protection has the rationale of promoting social cohesion and social solidarity (social stability); through compensating lbr the declining effectiveness of traditional and informal systems for enhancing livelihood security in the face of vulnerabilities.

2.4 CONTEMPORARY GLOBAL INTEREST IN SOCIAL PROTECTION

For far too long, social protection has been a domestic concern of only wealthy nations, which they have developed sophisticated institutional arrangements to execute; in order to protect their citizens against risk and provide assistance to the destitute (Organization for Economic Cooperation and Development [OECD], 2009). To this end, Scott (2012) points out that social protection originated from the idea of the state as a provider and protector of citizens; with a rich history in Western Europe in the post-World War II period. However, in the majority of developing country contexts, social protection was largely neglected, or addressed only with inappropriate tools, where emphasis was placed largely on only economic growth. However, in

recent years, there **has been an increase in the awareness and practice of social** protection in **both rich and poor countries of the world. In the debate about the growing interest in the** development of **social protection in recent years, Kabeer (2009) argued that, the global reaction to various forms of economic or financial crisis over the 1990s create the need for establishing broad-based social protection systems to compensate for market failures and deal with the insecurities generated by globalization.**

Norton et al. (2001) assert that, the increasing need of social protection policies in most states of the world is derived from the contemporary processes of globalization, specifically with the growing integration of trade systems and capital markets, which are generally seen to present two contrasting scenarios. On one hand, the integration of trade systems and capital markets are seen as increasing opportunities for all (including poorer people and poorer countries). On the other hand, growing **integration of trade systems and capital markets are also seen as increasing insecurity on a global scale and this therefore, call for nations to propose social protection strategies to ameliorate the effects of the increasing insecurity. Accordingly, other dimensions of contemporary global change that is of relevance to the increasing need** of **social protection in recent years are increasing inequality — both within countries** and **between countries; increasing liberalization of the international economic environment, restricting many sources of revenue which were previously available to governments to fund social expenditures; and the current global demographic** transition where life expectancy **has increased;** which implies long-term changes in dependency ratio.

In contributing to the debate, the OECD (2009) also attributed the current growing need for social protection to the current economic climate. To **the OECD, social**

protection is increasingly necessary in this 21st century as it can offer a powerful tool for governments and donors to strengthen their responses to the emerging global challenges and aggregate shocks, including recent food, fuel and economic crises. Such shocks and crises impact most severely on those least able to cope with them. A good social protection policy is not only to help the poor and vulnerable groups cope better, but also facilitates adjustments to mitigate or limit the impacts of global challenges and aggregate shocks on livelihoods. Other threats that necessitate the increasing need of social protection are HIV and AIDS and climate change. The OECD notes that in many developing countries HIV and AIDS is eroding customary social protection mechanisms while increasing care burdens, prompting governments to implement and expand social protection responses that strengthen traditional networks. Climate change also increases livelihood risks, particularly in agriculture, and threatens health security through changing disease patterns. Increasingly, governments and donors are responding to these shocks and trends by scaling up cash transfers that can restore livelihoods and food security while safeguarding developmental outcomes.

2.5 FORMS OF SOCIAL PROTECTION

According to Norton et al. (2001), prior to the institutionalization of modern state sponsored social protection system, poorest households in poor countries scarcely ever benefited from direct state support. They relied instead, on transfers from a range of non-state sources such as the kin, community and religious organizations. However, this traditional form of solidarity and collective social protection scheme operating on principles of reciprocity have been eroded as economies became increasingly monetized and involved in market and commodity relations. They further acknowledged that, such forms of assistance and mutual support had excluded many

of the world poorest people and therefore policy makers understanding the realities of the system, decided not to rely on those rosy images of harmonious rural communities which venerated older people and cared for the vulnerable. Thus, mutual support and solidarity; though they are important in providing social safety nets and coping strategies for poor people in most parts of the developing world, it does not mean that they fulfill all the functions of social protection that a national policy may wish to promote. However, it is also true that despite the short falls in the traditional form of social protection, but its significance in contemporary times cannot be under estimated because most vulnerable persons worldwide still derive enormous support and care from this source. However, the few limitations identified with this form of social protection prompted modem economies to adopt the more inclusive national sponsored social protection systems.

The scope of national social protection policy is made up of a wide range of instruments and institutional arrangements and policy options that are opened to the state. To Marriott and Gooding (2007), state social protection instruments may be grouped under three headings: social insurance, social assistance and market intervention schemes.

2.6 SOCIAL INSURANCE

Social insurance schemes are contributory programmes in which beneficiaries make regular financial contributions in order to join a scheme that will reduce risk in the event of a shock (Scott, 2012). Stated differently, Marriott and Gooding (2007) see social insurance as a kind of policy in which individuals or households spread risk by paying contributions to a scheme in order to mitigate people's exposer to the risk and consequences of livelihood, health, life-cycle and other shocks. Examples of social insurances may include health insurance, unemployment insurance, disaster

insurance, sickness benefits and contributory old-age pensions. These insurances are such that if members experience a shock or negative change in life circumstances, they would in turn receive financial support from the scheme to mitigate the effects of the shock.

However, Social insurance is strongly linked to the formalized labour market, which means that coverage is determined by the number of formal workers in a country. The informal labour market therefore presents a strong challenge to the success of social insurance programmes since they may be legally excluded or have voluntary coverage option (Scott, 2012). According to Mesa-Lago (2008), since the 1980s, formal sector labour in Latin America has diminished while the informal sector has swelled tremendously, thus creating a challenge for social insurance to be maintained and expanded in coverage. To this challenge however, Norton et al. (2003) had earlier on noted it but then expressed optimism that, by removing legal restrictions upon membership and streamlining administrative procedures, more fundamental innovations such as flexible contribution schedules and more appropriate benefit packages will be able to incorporate significant numbers of the informal sector into social insurance programmes. In the light of this, Graetz and Mashaw (2013) noted that, in 2010, Barack Obama signed the Patient Protection and Affordable Care Act (the ACA), a complex statute of more than nine hundred pages that fulfilled his goal of extending health-insurance coverage to virtually all Americans; an objective that previous U.S. presidents had sought and failed to achieve for a century. However, the process of getting this legislation passed was met with strong opposition from the House; notwithstanding its good intentions.

2.7 SOCIAL ASSISTANCE

According to Marriott and Gooding (2007), social assistance refers to regularly predictable and non-contributory cash and in-kind transfers to the poor (e.g. child support grants, disability allowance). To Howell (2001), social assistance could be governmental or non-governmental action to transfer resources to people whose vulnerability warrants some form of entitlement. Norton et al. (2003) also see social assistance as non-contributory, tax-financed benefits, in cash or kind, sometimes universal but generally targeted towards certain categories assumed to be vulnerable. Accordingly, social assistance may also be used as a means to other social policy ends, such as the provision of free school meals which may be used to encourage poor families to keep their children (and especially girls) in education. Social assistance is therefore seen as a means to reducing poverty and to developing the capabilities of the most vulnerable; increasing social and economic participation and equality of opportunity. To Marriott and Gooding (2007), social assistance transfers can be conditional — usually on the contribution of one's labour on public works programmes or on attendance at school or health facilities. There is also social assistance in the form of unconditional cash transfers, for example, social pensions or cash benefits. They can also be universal, covering all citizens regardless of their financial status, or targeted, using a means test or other eligibility criteria including age or disability.

McCord (2010) noted that conditional cash transfer programmes (CCT) in Latin America, such as the Opportunidades programme in Mexico, Chile's Solidario and the Bolsa Familia in Brazil have been very successful. CCTs yielded rapid, positive impacts and reduced the level of the 'vicious cycle' of intergenerational poverty in the long-term. Several evaluations of CCTs in Latin American countries have shown them to be efficient in reaching the poor and in achieving poverty reduction, health

and education goals. However, CCTs are criticized for having high administrative, monitoring and enforcement costs, being too reliant on targeting and having a disempowering effect on recipients. For instance, Norton et al. (2003) notes that, many forms of social assistance in poor countries have become problematic due to deficiencies not just in financial resources but also in the institutional capacity and accountability necessary to deliver scarce resources to the poor. This is because attempts to operate exemptions to cost-recovery policies in the delivery of health services have shown unsatisfactory records when such exemptions have been based on supposedly means-tested poverty criteria. However, exemptions can be more effective when applied to easily identifiable social categories (e.g. pregnant women, age groups).

2.8 MARKET INTERVENTIONS

These are somewhat residual category of social protection instruments that are neither state contribution-funded insurance nor tax-funded assistance. They include Labour market policies that are meant to facilitate fuller and more rewarding employment through labour exchanges and prudent labour standards that are primarily relevant to the formal sector (Norton et al., 2003). According to Scott (2012), labour market interventions can be both active and passive: active programmes include training and skills development and employment counselling, whilst passive interventions include income support and changes to labour legislation, for example in establishing a minimum wage or safe working conditions. To Norton et al., other state market interventions may include intervention on the prices of goods produced by the poor or the commodities they require for subsistence (e.g. food staples), so as to smooth income and consumption respectively. Also, microfinance services can contribute to social protection as it may enable the poor to access loans which can be used to invest

in income-generating activities or to meet consumption needs without the need to sell assets or cut back on children's education.

2.9 VULNERABILITY, DISABILITY AND SOCIAL PROTECTION

The word "Vulnerable" had its roots from the Latin word "vulnerare"; which means "to wound". Therefore, the term vulnerability can basically be described as the capacity to be wounded (Patterson, 2013). Holzmann and Jorgensen (2000) therefore define vulnerability as the likelihood of being harmed by unforeseen events or as susceptibility to exogenous shocks. In their analysis, they iterated that, the likelihood of being harmed by a shock depends on:

(i) A person's resilience to a given shock- the higher the resilience of the person (the capacity to deal with a shock), the lower his or her vulnerability.

(ii) The severity of the impact — the more severe the impact, if risks cannot be reduced, and the higher the vulnerability.

They noted further that, the susceptibility to a shock depends largely on the capacity of avoidance of the shock. However, they cited the poor and the very poor in particular, as especially vulnerable since they are typically more exposed to shocks and have fewer instruments to manage risk, and even the least drop in welfare can mean a lot to them. Therefore, enhancing the risk management capacities of the poor and non-poor reduces their vulnerability and increases their welfare; by declining transitory poverty and providing a way out of chronic poverty.

Devereux and Sabates-Wheeler (2004) posits that, vulnerability can be conceptualized in several ways. Accordingly, most literatures on social protection see vulnerability as a characteristic of a person or group, an event affecting a person or group, or a critical

point in a person's life-cycle. From the World Bank perspective, PWDs can be characterized as more or less vulnerable persons than people living without disabilities in any given context. In the world Bank's perspective, "YWDs are very susceptible to critical events in their life-cycle; which they have very little capacity to cope with, as compared to persons without disabilities" (World Bank, 2000, pp. 136-138). This view is copiously expressed in Gill (2006, p.183) that:

> "Vulnerability concerns power and lack of power. Many people with longterm impairments confront society's power over their lives each day as they struggle with abridged choices and blocked access to resources. PWDs know that, regardless of their value and competence, they are less likely than nondisabled counterparts to get an adequate education, a job, an organ transplant, and a ride to where they need to go, or a date. They are more likely to be socially isolated and under the poverty line. These inequities constitute the foundation of disabled people's status as a vulnerable group".

Following from the above, there is evidence of relationship between disability and vulnerability regardless of the context in which people live. However, Smith, Jolley & Schmidt (2012) think PWDs in resource poor countries are hit the hardest as their vulnerability is determined by conditions linked to their disability and by other structural risks common for poorer settings, such as high levels of poverty, poor sanitation, low levels of education, limited resources for health and social care and a lack of safety nets. Thus, disability magnifies existing vulnerabilities among individuals, communities and nations.

Research into the multidimensional aspects of vulnerability and disability has made important contribution to the development of social protection for PWDs (DFID,

2011). Social protection programmes often includes PWDs because it is recognized that the situation PWDs face create additional vulnerabilities (Schneider et al., 2011). Especially in developing countries, PWDs are more likely to be poor, unemployed, have little access to education, live in deplorable conditions and experience social exclusion and discrimination. From the rights-based perspective, social protection measures are vital to achieve the equalization of PWDs with other abled members of society. It is envisaged that social transfers can reduce vulnerability and enable greater participation of PWDs in their economic and social life (Schneider et al, 2011). Social protection transfers to PWDs have the potential to cover the additional costs that PWDs incur as a result of their disability (for example assistive devices). Furthermore, social protection measures can help overcome discriminatory barriers which PWDs experience in society. Further justification for the inclusion of PWDs in social protection programmes is their "susceptibility to chronic poverty and social exclusion" (Palmer, 2013, p. 151; Schneider et al, 2011, p. 38). PWDs are more susceptible to adverse shocks resulting from natural, health, social, economic, political, and environmental risks.

However, global reports on situations of PWDs indicate that, less care and attention is given to disabled persons with regards to their welfare provisioning (Marriott & Gooding, 2007). This is exemplified by the World Bank report that 20 per cent of the world's poorest people are disabled and yet disability is not mentioned in any of the 8 MDG goals, the 18 targets, or the 48 indicators (UN Enable, 2009). According to the Department of Economic and Social Affairs [DESA] (2011), this obvious absence of disability issues in the MDGs is of particular concern to many disability advocates, experts and researchers because they have identified that the most pressing issue faced globally by PWDs is not their specific disability, but rather their lack of equitable

access to resources such as education, employment, health care, and social and legal support systems. If disability is said to be both a cause and consequence of poverty (Department for International Development [DFID], 2000), and poor people themselves describe PWDs as among the most excluded 'poorest of the poor' (Narayan & Petesch, 2002), then any effort to address global poverty should not exclude PWDs.

Among disability rights advocates however, there is the fear that social protection for PWDs might be misconstrued for handouts and this may reinforce the common assumption of PWDs as dependent and passive citizens that are unable to care for themselves. However, Rohwerder (2014) asserts that social protection programmes on their own will not eliminate the vulnerabilities PWDs. Therefore complementary programmes such as adaptations to the built environment, inclusive education, rehabilitation and vocational training services, and the enactment and enforcement of disability legislation are needed to create an enabling environment for PWDs to achieve social inclusion and live comfortable and dignified lives.

2.10 CONTEXTUAL ANALYSIS OF THE SITUATION OF **PWDs IN GHANA**

2.10.1 LEGAL CONTEXT

At the global level, there have been various International Declarations and Conventions which seek to protect the Fundamental Human Rights of PWDs. Some of these are the UN Declaration on Human Rights, 1948, the UN Standard Rules on the Equalization of Opportunities for PWDs, 1993 and the UN Convention on the Rights of Persons with Disability, 2006. All these instruments seek to make provisions that safeguard the right of PWDs. At the national level, the Fourth Republican Constitution of 1992, the Persons with Disability Act, 2006 and the

National Disability Policy, 2000 provide for the equal right of PWDs to education, healthcare, employment, and decent social life. These legislations and international declarations present enormous opportunities to PWDs in Ghana.

In particular, the 1992 Constitution of Ghana provides for the fundamental human rights of all Ghanaians. Under Article 29; clause 8 of the 1992 Constitution, it imposes an obligation on Parliament to legislate laws to protect and promote the rights of PWDs. Article 29(1) of this constitution enshrines PWDs' right to live a decent life with their families or foster parents and participate fully in social and recreational activities. Article 29(4) also guarantees the right of PWDs against all forms of exploitation, regulations and treatments of a discriminatory, abusive or degrading nature. The right of PWDs to uninterrupted access to all places to which the public have access is also catered for under Article 29(6) of the 1992 Constitution. PWDs who engage in business and employers, who employ PWDs, are also guaranteed some special incentives under Article 29(7) of the 1992 Constitution. However, Ghana Federation of the Disabled (2008) reported that PWDs continue to face discrimination in all aspects of their social and professional lives even in the face of the constitutional provisions. This has resulted in Ghanaians with disabilities being amongst the country's most marginalized and poorest inhabitants (Danso, Owusu-Ansah & Alorwu, 2012).

To reverse or ameliorate the situation, organizations providing aid or services to PWDs joined hands under the auspices of both the Ghana Federation of the Disabled and the Government of Ghana to facilitate the preparation of the National Disability Policy document (Danso et al., 2012). Accordingly, in 2000, a National Disability Policy document was prepared to address the needs of PWDs to receive the appropriate training, adequate technical aides and necessary support services to

increase their capabilities to deal with the task and challenges in life in a dignified manner. The National Disability Policy has as one of its long term goals, the mainstreaming of all PWDs into the development process and to improve their quality of life through the equalization of opportunities by the year 2020. However, the National Disability policy achieved little of the objectives set in the policy documents because the policy did not have a legal backing and hence civil society could not do much in terms of putting pressure to ensure the implementation of the policy document. The policy however to a large extent, paved the way for the passage of the Disability Act 2006 as many of the issues raised in the policy were adopted in the legislation (Mensah et al., 2008).

Following from the above, the Disability Act 2006 (Act 715) was passed by Parliament in June 2006 with the aim of providing a legal framework for PWDs in Ghana. The passage of the Act sought to fulfill a constitutional obligation of enacting laws to protect and promote the rights of PWDs and to fulfill Ghana's international obligations to the UN. In essence, the contents of the Act include the promotion of the rights of PWDs; their right to employment, education, transport and health care facilities (Nana et al., 2007). A year after passing the Act, Ghana signed up the UN Convention and Optional Protocol documents on the rights of PWDs but delayed to ratify the Convention until 2012. According to Baffoe (2013), although Government has taken the significant official step by ratifying the UN convention on the rights of PWDs, much need to be done by the government to address the persistent problems and issues that still affect the rights of PWDs; including their access to resources and opportunities especially in education and employment. He notes that, service provisions to PWDs in Ghana are run mostly by non-governmental organizations with

limited resources. Thus, not much progress has been made since the Disability Act (Act 715) was passed and the UN convention on the rights of PWDs ratified.

Therefore, Ntibea (2011) asserts that Ghana is not only a party to the ratification of the UN Declaration on the Rights of the Disabled but also have the Persons with Disability Act (Act 715 of 2006). However, the situation of PWDs is no better because the laws made to safeguard their rights are not enforced. As a result, most PWDs are very poor and dependent on family and friends for survival. She adds that, PWDs are often identified as persons whose survival depends on charity as most of them are without job and can be found roaming on the streets begging to make ends meet. To ensure the enforcement of the Disability Act, the Ghana Human Development Report [GHDR] (2007) suggest that, there is the need to reexamine the criminal law approach to dealing with non-compliance of its provisions. It explains that, the Act appears to limit sanctions to fines and imprisonment and does not seem to recognize the fact that potential culprits may not be individuals but organizations such as Government agencies, commercial entities, NGOs and churches. There is the need therefore to expand the scope of sanctions under the Act to ensure that all mechanisms and practices leading to violations of economic, social and cultural rights of excluded groups are identified as punishable offences, giving entitlement to compensation (GHDR, 2007).

The African Charter on Women's Rights, of which Ghana is a signatory, provides that the state parties should ensure "the protection of Women with Disabilities (WWDs) and take specific measures to commensurate with their physical, economic and social needs to facilitate their access to employment, professional and vocational training, as well as, their participation in decision-making". Accordingly, state parties should also ensure the right of WWDs; to freedom from violence, including sexual abuse,

discrimination based on disability and the right to be treated with dignity. However. the Disability Act of 2006 (Act 715) is silent on the gender dimension of discrimination against PWDs. Females with Disability (FWDs) face more discrimination and prejudices at the household and community levels than men (GHDR, 2007). In view of the fact that Females with Disabilities (FWDs) face multiple discriminations, the law should have singled them out for special treatment. It has been noted that FWDs tend to suffer exploitative and abusive practices in society coupled with ineffective legal provisions to protect their rights. Data available indicate a more stable marriage for male PWDs than female PWDs. FWDs recorded a higher divorce rate, about four (4) times that of male PWDs (Ministry of Employment and Social Welfare [MESW], 2000).

In reference to Article 29 of the Convention on the Rights of Persons with Disabilities (CRPD), PWDs have the political rights and the opportunity to enjoy them on an equal basis with others. The right to political participation is also guaranteed by other UN, as well as regional, human rights treaties. Furthermore, Article 12 of the CRPD establishes that, PWDs shall enjoy legal capacity on an equal basis with others in all aspects of life. The CRPD does not make any distinctions for particular types of disability and must therefore be applied without discrimination. The legal implications of Article 12(2) leave no doubt that all PWDs; regardless of the type and extent of the disability, are entitled to participate equally in all political processes. However, PWDs, especially those with intellectual or psychosocial disabilities and placed under guardianship or in institutions against their will, are denied the right to vote in many countries as well as Ghana. This denial of the right to vote is discriminatory, and results from historic segregation and stigmatization (Human Rights Watch [HRW], 2011). The German Electoral Law flatly prevents some

citizens from voting based on disability. Article 13 (clause 3) states: "A person shall be disqualified from voting if he or she is accommodated in a psychiatric hospital under an order pursuant to Article 63 of the Penal Code".

Similarly, the Constitution of Thailand excludes people of unsound mind or of mental infirmity from voting. Timor Leste's electoral laws deny political participation to citizens with mental disabilities by stating clearly that, individuals clearly and publicly known as mentally ill persons even where they are not judicially disabled are not granted active electoral capacity. Also, the Constitution of Ghana provides that "every citizen of Ghana of eighteen years of age or above and of sound mind has the right to vote". This implies that mental ill persons who are eighteen years of age or above are not eligible to vote under the 1992 constitution of Ghana. However, several human rights legislations; for example, the Universal Declaration on Human Rights and the UN Convention on the Rights of Persons with Disabilities, clearly establish that PWDs have the same rights as other members of the societies they live in. Discrimination on the grounds of disability is therefore prohibited (HRW, 2011).

2.10.2 POLITICAL CONTEXT

Despite provisions in the 1992 Constitution (Chapter 5) that grants equal rights of participation to every citizen, participation among PWDs in politics and governance was found to be very low. The appointment of PWDs to high profile and leadership positions in Ghana is low and often met with intense opposition even if it becomes possible. There is presently only one PWD who is a Minister of state in government. Indeed, there is very little history of PWDs serving as ministers, legislators or judges. However, for PWDs to influence the decision-making bodies and processes in Ghana. they need to enter into both central and local government structures as well as civil society groups. This is because, without any influence, PWDs will not be able to

either remove any existing barriers or enhance any possible opportunities for the participation of PWDs in governance. No special recognition has of yet been given to the representation of PWDs to the District Assemblies. Only in a few districts have PWDs managed to be elected or appointed to the District Assemblies (GFD, 2008).

Article 42 of the 1992 Constitution of Ghana gives rights to every citizen of Ghana of eighteen years of age or above and of sound mind (including PWDs) to register and vote in general elections and referenda. Also, Sections 6 and 7 of Persons with Disability Act, 2006 (715) provide for PWDs access to public places and public services including access to electoral registration and polling stations in the country. However, in a plenary presentation on the topic "Mainstreaming Inclusion of PWDs in Elections and Political Processes", Ansong Francis, Director of VOICE GHANA noted that PWDs experience many barriers in accessing their basic human right to political participation, especially in exercising their right to vote (VOICE GHANA, 2012). According to him, most common barriers to election access for PWDs are physical, environmental, attitudinal, legal and cultural. For example, many polling stations are located in facilities that are not accessible to persons who use wheelchairs, crutches and white canes; voter information and registration materials are not accessible to persons who are hearing and visually impaired; and many election officials refuse to allow persons with physical, sensory or intellectual disabilities to register or vote due to negative attitudes and cultural stigma.

However, International Foundation for Electoral Systems (IFES), a non-profit international research organization has stated that some significant progress have been made in recent years regarding the participation of PWDs in Ghana electoral process. Since 2000, IFES and Ghana's Electoral Commission (EC) have collaborated to promote the full participation of PWDs in Ghana's elections. In 2000, they supported

the EC and the tactile ballot guide was developed and piloted in order to give the opportunity to blind voters to vote in secret and independently (IFES, 2014). For subsequent general elections, the electoral commission introduced the tactile ballot guide in all polling stations to aid the blind to vote independently. However, in my opinion, a lot more need to be done still to further increase the participation of PWDs in the electoral process; particularly the intimidations they face in the process.

2.10.3 ECONOMIC CONTEXT

Globally, PWDs are regarded as the poorest of the poor. Yeo (2005) argued that Disabled people are among the most disadvantaged people in the world and are over-represented among the poorest of the poor. He described the relationship between disability and poverty as a vicious circle. This is supported by Emmett (2006) that, poverty creates the conditions for increased risk of becoming disabled and thus; poverty is the cause and consequence of disability. Also, DFID's Issues Paper. Disability, Poverty and Development (DFID 2000, p. 1) states that, "disability is both a cause and consequence of poverty". Accordingly, poverty is both a cause and consequence of disability. Thus, poverty and disability reinforce each other, contributing to increased vulnerability and exclusion. Therefore, being poor dramatically increases the likelihood of being born with impairment. Being poor also increases one's probability of becoming impaired and then disabled.

According to Mitra, Posarac and Vick (2012), disability and poverty are complex, dynamic and intricately linked phenomena. The onset of disability may increase the risk of poverty and poverty may increase the risk of disability. The onset of disability may lead to lower living standard and poverty; through adverse impact on education, employment and increased expenditures related to disability. Sen (2009) has coined the term "conversion handicap" to refer to the mechanism whereby disability can lead

to poverty through increased expenditures related to disability. To Sen (2009), disability may lead to additional expenditures for the individual and the household with disabilities; in relation to the provision of specific services (health care, transportation, assistive devices and personal assistance). The expenditures on these extra needs form extra cost to living with a disability and may result in worsening of the living standard and eventually poverty.

The economic theory of labor-leisure choice model' suggests that the unemployment rate is expected to be higher for persons with disabilities due to higher reservation wages (sometimes as a result of the availability of social assistance to PWDs) and lower market wages as a result of lower productivity and/or discrimination (Mitra & Sambamoorthi, 2007). In reality, the negative effect of disability on employment will vary depending on a variety of factors, starting with the individual's type of disability, the timing of disability onset (at birth, during childhood or adulthood), its duration (temporary or permanent) and how it relates to the person's occupation (Mistra et al., 2012). For instance, Baldwin and Johnson (1994, cited in Mistra et al., 2012), explains that, a blind person might find it difficult to operate a crane but might face no productivity impediment as a phone operator. Also, in an agrarian economy most jobs are in the primary sector (agriculture, forestry) and may involve heavy manual labor, which persons with walking or carrying limitations may find difficult to do.

The economic situation of PWDs in Ghana can be described as one of abject poverty, deprivation and squalor. This is because PWDs in Ghana are often regarded as unproductive and incapable of contributing in a positive way to society. They are rather seen as constituting an economic burden on the family and the society at large. which leaves them in a vicious cycle of poverty (GFD, 2008). The poverty level of PWDs is much severe as compared to non- disabled persons. Many PWDs actually

languishes in extreme poverty with high degree of unemployment and under employment; and discrimination in the job market. Access to credit facilities still remain a challenge to many PWDs despite several provisions in the Labour Act 2003 and Disability Act 2006 that seek to address some of these issues that contribute to extreme poverty among PWDs (Baffoe, 2013).

In Ghana, Individuals with disabilities are not only poor, but they are subject to prejudice and discrimination in the job market and this partly accounts for the high rate of unemployment and worsen economic situations among PWDs (Tetteh, undated). According to him, formal education for most PWDs in Ghana is a hard nut to crack mainly because most of them are intimidated by their disability. Furthermore, some families unfortunately also discriminate against members with disability. Thus they would rather finance the education of a child without disability than one with a disability. Consequently, the job opportunities of PWDs in Ghana becomes a dilemma since the current employment situation in Ghana is one of very strong competition even for people with formal education. Therefore, coming on to the job market with lower education standard and limited skills, PWDs have difficulties competing with abled persons. Majority of the disabled population are therefore unemployed, partially employed or have full employment but at lower wages. Thus, the employment rate and the economic status of PWDs tend to be lower than that of non-disabled persons in Ghana (Tetteh, undated).

According to Ntibea (2011), PWDs are often excluded in work. because of ignorance and prejudice of society. The most often given explanation for their exclusion from work is their inability to compete on the basis of relevant skills or qualification. As a result, unemployment rate among PWDs in Ghana is higher than non-disabled persons. Most of them are without job and are often seen roaming on the streets

begging to make ends meets. However, PWDs also have the right to work and live an independent life just as persons without disabilities; as contained in the Disability Act 2006 (715) of Ghana. As stated in the National disability policy document (2000), PWDs are full citizens and have equal rights as any citizen. They are entitled to dignity, equal treatment, independent living and full participation in society and quality of life as well. By so doing they can also contribute to the national development if only they are given the opportunity (Ntibea, 2011). According to the 2007 Ghana Human Development report, the employment rate of PWDs was 69 per cent while that of the general population was 80.2 percent. This suggests that the unemployment rate for PWDs stood at 31 per cent while that of general population was 19.8 per cent (GHDR, 2007).

2.10.4 SOCIO-CULTURAL CONTEXT

Disability is a social construct whereby society erects barriers and structures that limit the ability of PWDs in society to function. The barriers limit the ability of PWDs to access the opportunities, privileges and resources in society (Baffoe, 2013). People with impairments are disabled by the fact that they are excluded from participation within the mainstream of society as a result of physical, organizational and attitudinal barriers (Culham & Nind, 2003). These barriers prevent PWDs from gaining equal access to information, education, employment, public transport, housing and social/recreational opportunities. It should be noted that impairment and disability are two different things. The primary source of disability is not the impairment but society's responses to people who are considered disabled. Baffoe (2013) notes that, public has stereotyped PWDs; exposing them to prejudice, discrimination and ultimately to the denial of rights and resources that are provided for all citizens. To

him, understanding the different ways in which disability is perceived lies in the fact that societies address disability issues based on the ways they conceptualize it.

Avoke (2002) indicates that in many communities in Ghana, pejorative labels and unkind treatment are meted out to PWDs. These pejorative labels were considered justifiable due to the strong belief that disability was the result of evil placed on an individual from the gods, for committing offences in the community or to the gods. Baffoe (2013) provides some examples of disability stereotypes in Ghanaian society as follows: PWDs are generally referred to as "Ayarefuo" which means "sick people" in the Akan language. Persons with Autism and Downe Syndrome are labeled as "Kwasea, Kwasea" or "Gyimi, Gyimi" which means a stupid person or an imbecile in the Akan language. Persons with hearing impairment are referred to as, "Mumu" (dumb). A person with any form or level of mental illness is referred to as "Obodamfuo" (Mad Person). According to Fefoame (2009), when a woman gives birth to a disabled child, the only one explanation that is offered is that the gods are annoyed. They do not take into account sicknesses like Rubella and German measles, and other factors such as the woman's nutritional state and prenatal care conditions; which can all lead to disability. These public attitudes and perceptions about PWDs in Ghana have created situations that lead to the isolation and stigmatization of PWDs (Baffoe, 2013).

In Ghanaian society, disability has been explained in the realm of cultural beliefs and myths that dehumanize affected persons. According to Naami (2010), women with disabilities bear the greatest burden of cultural discrimination particularly in the area of marriage, where many people frown on marriage with PWDs because of the beliefs held about disability. Women with disabilities are often sexually abused by abled men; sometimes make them pregnant in the process and abandon them at the end.

They only want them for 'sex partners' but not for 'life partners'. Baffoe (2013) adds that socio-cultural beliefs that see PWDs as evil exposes such persons to humiliation and discrimination by society. As a result, PWDs are often treated with disrespect. The show of disrespect and discrimination may lead to societal exclusion, bullying, aggression, ridicule and devaluation of the self-worth of the PWD. Such discrimination meted against PWDs results in oppression against them in all areas of life including their ability to obtain housing, maintaining regular employment, access education, engage in meaningful relationships and enjoy quality of life afforded to all citizens.

According to Appiagyei-Atua (2006), in Ghana and many parts of Africa; culture, social status and religious cosmology have interacted and influenced people's perception and attitude towards disability. PWDs face different barriers and forms of exclusion and discrimination. Accordingly, most of the limitations encountered arc not the result of the functional impairments related to their disability. but rather the influence of religio-cultural belief in Ghanaian society; that a person's sin is responsible for his/her disability. A direct result of this religio-cultural thinking about disability is that traditionally, more attention has been placed on finding out and obviating the causes of disability than on improving the living conditions of PWDs. The natural consequence of this unfortunate approach is the marginalization of PWDs and their exclusion from enjoying equal opportunities in all spheres of life (GHDR. 2007).

Disability in Ghana has been linked to cultural beliefs and myths that dehumanize affected persons. The general treatment offered to PWDs has, at best, been to treat them as persons deserving to benefit from the charity and largess of others (Appiagyei-Atua, 2006). In most instances, PWDs are stigmatized, stereotyped and

relegated to the fringes of society. Among the Akan, as is the case in other communities in Ghana, a person born with some disability or who becomes adventitiously disabled is precluded from holding any traditional political office or occupying any leadership position in the community. As noted by Munyi (2012), among the Ashanti of central Ghana, traditional beliefs precluded men with physical defects, such as amputations from becoming chiefs. A case eulogizing this premise is the Paramount Chief of Seikwa's vehement opposition to the nomination of Dr. Danaa Henry Seidu, a visually impaired person for the position of Minister of Chieftaincy and Traditional Affairs (Ghana News Agency [GNA], 2013). In times past, children born with disability were killed or otherwise disposed of. Severely retarded children were abandoned on riverbanks or near the sea so that they could return to what was believed to be their own kind (Munyi, 2012). In all these instances, the fundamental and inherent rights of PWDs are trampled on (GHDR, 2007).

2.11 THEORETICAL FRAMEWORK

This study adopts three interrelated models to understanding disability and to further clarify the research questions. These models are the medical model of disability, the social model of disability and the human rights model. The models complement each other in the process of addressing salient issues in this study.

2.11.1 THE MEDICAL MODEL OF DISABILITY

According to WHO (2001), the medical model views disability as a problem of the person, directly caused by disease, trauma or other health condition, which requires medical care or cure provided in the form of individual treatment by health professionals. Management of the disability is aimed at cure or the individual's adjustment to the problem and behaviour change. Medical care is viewed as the main issue, and at the political level the principal response is that, stakeholders should

modify or reform health care policies in order to facilitate the medical care. Similarly. Handicap International (2005) noted that, the medical model defined disability as an individual health problem, illness or impairment. The problem is placed on the individual and the response to the problem is to look for medical cure or rehabilitation so that the person can adapt to the society.

Under the medical model as posited by CUTS International (2011), disabled people are defined by their illness or medical condition. They are disempowered based on medical diagnosis used to regulate and control their access to social benefits, housing, education, leisure and employment. The model promotes the view of a disabled person being a dependent and needing to be cured or cared for, and this justifies the systematic exclusion of PWDs from society. This model is also known as the `individual model' because it creates the notion that it is the individual disabled person who must adapt to the way in which society is constructed and organized. This model was predominant for several decades back, and it still is within some contexts.

However, the medical model of disability faced a lot of criticisms from the way in which people have thought about disability from the 1980s onwards. For instance, Staniland (2009) critics that, when considering disabled people and the disadvantages they experience in life, many people attribute it primarily to their impairment; seeing a person's medical conditions as the main barrier they experience in their day-to-day lives. However, in contrast to this medical model, the social model argued that the main barriers disabled people face is from the way in which society is organized, but not their impairment. Staniland (2009, p. 29) illustrates this with the saying that, "a wheelchair user who wants to use a bus, for example, is not disadvantaged because they have a physical impairment, but because the bus is not designed to accommodate wheelchairs". Similarly, Quinn and Degener (2002) also criticized the medical model

as focusing on persons' medical traits such as their specific impairments. Accordingly, this has the effect of locating the "problem" of disability within the person. The medical model clearly portrays the broader and deeper social attitude — the tendency to problematize the person and view him/her as an object for clinical intervention. The criticisms of the medical model therefore, gave emergence to the social model of disability.

2.11.2 SOCIAL MODEL OF DISABILITY

To the WHO (2001), the social model of disability sees the issue of disability mainly as a socially created problem, and principally as a matter of the full integration of individuals into society. Accordingly, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence the management of the problems of the disabled person requires social action, and it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of PWDs in all areas of social life. The issue is therefore an attitudinal or ideological one requiring social change and not just mere medical cures. Handicap International (2006) also asserts that, disability is as a result of the limitations imposed by social, cultural, economic and environmental barriers; the problem is placed on discrimination and exclusion. Therefore, the response of the social model to disability issues is to remove those barriers that problematize disability, while at the same time recognizing the importance of medical intervention.

According to Naami (2006), the social model of disability was pioneered by the Union of the Physically Impaired against Segregation (UPIAS), an activist movement in Britain. The model was later formalized by Vic Finkelstein (1980) and Mike Oliver (1990). However, CUTS International (2011) noted that, it was in 1983 the disabled

academician Mike Oliver coined the phrase of "social model of disability." According to CUTS International (2011), the social model of disability is an independent model (of which the medical model is a part) and is derived from the distinction between impairment and disability. A fundamental aspect of the social model concerns equality in all aspects of life in society and strongly believes in the phrase "Nothing about us without us". The social model of disability is based on a distinction between the terms "impairment" and "disability." Impairment is a term that is used to refer to the actual attribute of the abnormality of a person; whether in terms of limbs, organs or mechanisms, and including psychological defects (CUTS International, 2011). However, disability is defined as "the disadvantage or restriction of activity caused by contemporary organization which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities" (UPIAS, 1976, pp. 3-4). The model addresses such issues as the underestimation of the potential of disabled people to contribute to the society; by enhancing their economic values if given equal rights, suitable facilities and opportunities.

Yeo (2005), points out that the social model has huge implications for poverty reduction work and has relevance for all manner of marginalized groups, especially PWDs. To her, if the problems faced by PWDs and other Marginalized groups emanate from society itself, then what is needed is to change society not the individual. Thus, if society were constructed in a more egalitarian, inclusive manner then both poverty and the exclusion of disabled people could be addressed. Notwithstanding the widespread use of the term 'social model' among those working on disability and international development issues, the extent to which it is understood, or forms the basis of action, is debatable. This is because in the last few

years, many international development agencies have begun to adopt the 'rights-based approach' which we shall see next.

2.11.3 HUMAN RIGHTS MODEL OF DISABILITY

The human rights model is derived from the social model, and it is based on the principle that all people must access equal opportunities to participate in society. The main goal of the model is to empower PWDs and to guarantee their right to equal and active participation in political, economic, social, and cultural activities (Handicap International, 2006). According to Quinn and Degener (2002), the human rights model focuses on the inherent dignity of the human being. Accordingly, human dignity is the anchor norm of human rights. Each individual is deemed to have an inestimable value and nobody is out rightly insignificant. Therefore, persons are to be valued not just because they are economically or otherwise useful but because of their inherent self-worth. Thus, the recognition of the value of human dignity serves as a powerful reminder that PWDs have a stake in and a claim on society that must be honoured quite apart from any considerations of social or economic utility (Quinn & Degener, 2002). Furthermore, they noted that the human rights model placed the individual at the center-stage of all decisions affecting him/her and, most importantly, located the main "problem" outside the person. Thus, the "problem" of disability under this model stems from the lack of responsiveness on the part of the state and civil society to cater for the rights of PWDs.

The human rights model of disability asserts that each person has equal economic, cultural and social rights; that international development work should be based on working for equal rights rather than on notions of charity (Yeo, 2005). In terms of disability, the Southern African Federation of the Disabled (SAFOD) described the rights-based approach as a step to leveling the playing field so that PWDs can access

jobs, education, health and other services. According to Yeo (2005), the rights-based approach is aimed at removing all physical and social barriers; it is about attitude adjustments for policy makers, employers, teachers, healthcare professionals and even family members. Thus, the model is about ensuring universal design, accessible technology, and coordinated public programmes and services. In addition, the approach requires government to provide the resources necessary to implement the goals and to enforce penalties for those who refuse to cooperate (Albert and Hurst 2005).

To Rioux and Carbert (undated), the human rights model includes disability within a paradigm of rights that has been emerging since the United Nations Universal Declaration of Human Rights of 1948. Accordingly, this declaration acknowledges that all persons have certain civil, political, economic, social, cultural, and development rights, despite differences between individuals. From this perspective, the rights model of disability perceived the differences in human characteristics associated with disability as inherent to the human condition. The variations in the characteristics of disability; be it cognitive, sensory, or motor ability do not limit potential contributions to society, but rather diversify the range of potential contributions and the range of mechanisms to ensure that individual potentials are realized. Thus, the human rights approach presumes that society is mandated to provide whatever mechanisms that are necessary for individuals to realize their rights. To Rioux and Carbert (undated), this may involve the provision of supports, services, and aids to enable social and economic integration, self-determination, and the enjoyment of legal and social rights in the case of PWDs. The principle underlying this presumption is that all people have the right to participate and to exercise self-determination as equals in society.

The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings irrespective of their disabilities have certain rights which are inalienable (CUTS International, 2011). This model builds upon the spirit of the Universal Declaration of Human Rights, 1948, according to which, 'all human beings are born free and equal in rights and dignity." The principle of diversity provides the foundation to accept disability as part of human variation. However, CUTS International (2011) noted that, in practice, it is a sad reality regarding the poor treatment of difference in the context of disability. Accordingly, the doctrine of differentiation is a mindboggling problem to PWDs especially that it can deny PWDs some specialized services or support that is required to be materially equal to others. CUTS International (2011) positions the rights-based discourse at a strategic level, but concedes also that, although it has brought some additional entitlements to PWDs, it has not significantly altered the way in which disability is construed and, despite legislative changes, some PWDs' lives have not necessarily changed.

2.12 CONCEPTUAL FRAMEWORK

For the reasons that best triggered the medical, social and human rights models of disability, it is imperative to argue that the three models complement each other in the process of addressing the social protection needs of PWDs and other salient issues in this study. It is worthy to mention that the objectives of each of these models have some relevance to addressing the social protection needs of PWDs in these contemporary times. Therefore, for effective social protection provision for PWDs, all the three models are relevant and should be applied concurrently.

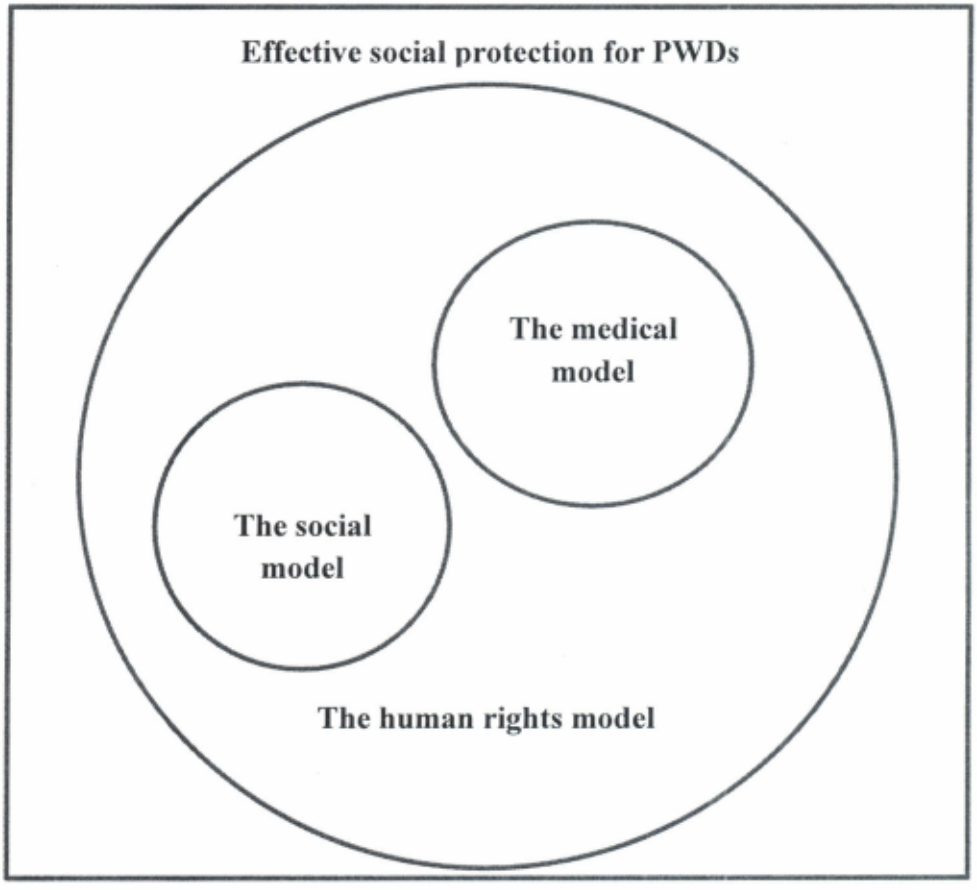
For instance, notwithstanding the criticisms of the medical model of disability, it is worth noting that its objective of providing medical care for PWDs is still relevant;

and stakeholders should therefore design health care policies to facilitate the medical care for PWDs. Also, the position of the social model theorists that disability is a social creation, facilitated by a complex collection of conditions, many of which are created by the social environment is quite convincing. Furthermore, the suggestion that management of the problems of PWDs requires social action, which it is the collective responsibility of society at large is recommendable. However, the argument of the social model do not overthrow the position of the medical model theorists that PWDs are persons with some form of impairments and need to be given medical care. Although the two models see disability in different perspectives, they are both relevant in addressing the social protection needs of PWDs.

The human rights model of disability is the most recent model derived from the social model. The main goal of the model is to empower PWDs and to guarantee their right to equal and active participation in political, economic, social, and cultural activities (Handicap International, 2006). The model sees the "problem" of disability from the perspective of lack of responsiveness on the part of the state and civil society to cater for the rights of PWDs. Therefore, the rights-based approach is aimed at removing all physical and social barriers; by compelling government to provide the resources necessary to implement and enforce penalties for those who refuse to cooperate (Albert and Hurst 2005). From the enchewing arguments, I see the human rights model of disability as a reinforcement to both the medical and social models of disability. Without the rights based approach, PWDs can still be denied medical care to defeat the main objective of medical model of disability. Also without the rights based approached, physical and social barriers can be created to perpetuate activity limitation and participation restriction on individuals with impairment. On the otherhand, the human rights model alone cannot operate in isolation. The objectives

of medical and social models of disability become the main instruments for the human rights model to operate. Hence, the human rights model came to reinforce both the medical and social models of disability and therefore all three models should be applied in addressing the social protection needs of PWDs. This concept is illustrated with the aid of figure 2 below:

Figure 2: An Integrated Model for Effective Social Protection for PWDs



From figure 2 above, the medical model and the social model; although they have different views on the disability discourse, they are both significant in the provision of some form social protection for PWDs. However, the human rights model of disability encompasses both the medical and social models of disability because all social protection objectives envisioned by the two models are within the objectives of

the human rights model of disability. It is therefore deducible that the human rights model came to reinforce both the medical model and the social model of disability.

2.13 SUMMARY AND CONCLUSIONS

In this chapter, the distinctions between social protection and alternative terms such as "social security" and "social safety nets" were discussed in the context of the study. It emerged from the review that, although these terms are often used interchangeable with social protection, they are far or less to social protection. Social security and social safety nets are only forms of social protection. The review further touched on the conceptualizations of social protection and disability by various authors and agencies. The rationales for the development of social protection as a field of policy and the growing interest in social protection issues in the world at large were not left out in the review. It emerged the rationale and the growing interest in social protection were triggered by the challenges and effects of globalization, the alarming levels of poverty and unemployment, demographic changes, the pandemic of HIV/AIDS, and the implications of growing international migration. The chapter also reviewed literature on the various social protection instruments; mainly the social insurance, social assistance and market intervention schemes. The chapter also explored some literature on the interconnectivity between vulnerability, disability and social protection. It was revealed that, although all persons were vulnerable in one way or the other, PWDs were hardest hit by vulnerabilities. It was further revealed that varying degree of vulnerabilities could also lead to impairment and consequently lead to disability. Additional vulnerabilities faced by PWDs as result of their disability were also identified for the justification of social protection for PWDs. The chapter further made a contextual analysis of the problems faced by PWDs in Ghana under the legal, political, economic and socio-cultural contexts. Finally, the

theoretical perspectives of social protection for PWDs; guided by the medical, social and human rights models of disability, were reviewed. A conceptual frame was thereof developed to end the chapter. This was followed by chapter three which also dealt with the mechanisms of social protection for PWDs in Ghana.

MECHANISMS OF SOCIAL PROTECTION FOR PWI)s IN GHANA

3.0 HISTORY OF SOCIAL PROTECTION IN GHANA

Historically, there existed a traditional system of social protection amongst Ghanaians that ensured that the extended family had the responsibility of taking care of the aged, the disabled, orphans and the poor in society (Abebrese, 2011). However, with the advent of modern societies in the **1970s** onwards and urbanization; and the pressures created by the promotion of economic growth and social mobility and together with the severe resource constraints, the citizenry has become highly migratory and self-centered. All these culminate into strains on the extended family as an effective cohesive unit that provides security for the vulnerable in society. Therefore, the extended family which used to be the critical focus in the provision of support and care for family members who became old and were threatened by economic deprivation, disability and social isolation; got weakened to the extent that, the traditional extended family social protection schemes also declined (Abebrese, 2011; Kumado & Gockel, 2003). As a result, Government therefore faced the challenge of having to provide sustenance for the aged, disabled, sick, orphaned and the vulnerable in general; through the provision of social protection schemes. Thus, due to the decline in the traditional social protection systems, new forms of social protection schemes emerged. The provision of social protection under this new regime therefore, became a direct responsibility of central government, with occasional support from Civil Society and Faith Based Organizations.

3.1 NATIONAL POLICIES AND STRATEGIES TARGETING PWDs

Following from the available literature that there is a decline in the traditional extended family social protection system; and that extended family that use to be the critical focus in the provision of support when members became old and were threatened by economic deprivation, disability, and social isolation is weakened, it became necessary for Government to provide sustenance for the vulnerable in society through the development of national policies, strategies and programmes targeting PWD's (Kumado & Gockel, 2003). Abebrese (2011) also notes that, with the advent of modern societies and urbanization, the social protection and care that the vulnerable part of the Ghanaian society use to receive from the traditional extended family system got disrupted. The absence of this traditional social protection system therefore, worsened the plight of vulnerable people in Ghana and Government became directly responsible for providing the social protection needs of the people. In the bid to fill in the gap created by the weakened traditional social protection system in Ghana, new national policies, strategies and programmes were therefore developed by Government for the inclusion of PWDs. In other words, for a country focused so strongly to reduce the poverty effects on its poor citizens, Ghana has managed to develop an impressive plethora of social protection policies and programmes in the last two decades. Some of these national policies, strategies and programmes targeting PWD's under this literature review are the National Health Insurance Scheme (NHIS), the Livelihoods Empowerment against Poverty (LEAP) and the District Assembly Common Fund (DACF).

3.2 NATIONAL HEALTH INSURANCE SCHEME (NHIS)

At Independence in 1957, the Government of Ghana (GoG) provided free health care services to its population and this was solely financed from tax revenues (Blanchet, Fink & Osei-Akoto, 2012). However, this gesture has not been sustainable because the Government refocused on giving financial support to other sectors of the economy in order to accelerate their development too. From then onwards, different nominal charges were introduced and this eventually metamorphosed into the "cash and carry" system which provided medical treatment solely by a direct payment (Abebrese, 2011). The gradual shift from financing health care services solely from Government revenues into the "cash and carry" regime took place at a time also when there was a drastic decline in the traditional extended family social protection system that cared for the health needs of the vulnerable members in society. It therefore became imperative for Government to develop a mainstream national health policy that would ameliorate the stress Ghanaians in general had to go through in accessing their health needs, most particularly the vulnerable in society. Blanchet et al. (2012) also attributed the need for Government to develop a mainstream national health policy based on the reasons that, the "cash and carry" system improved operating revenues for some facilities, but it was poorly regulated, inconsistently implemented, and therefore found to have worsened access to care for the poor. These reasons therefore gave emergence to the national health insurance scheme in 2003.

The Government of Ghana established the National Health Insurance Scheme (NHIS) under the National Health Insurance Act (Act 650) in 2003. The National Health Insurance Act was meant to secure the provision of basic healthcare services to persons resident in the country through mutual and private health insurance schemes. It needed to put in place a body to register, license, and regulate health insurance

schemes and to accredit and monitor healthcare providers operating under the health insurance schemes. It was also mandated to establish a National Health Insurance Fund that will provide subsidy to licensed district mutual health insurance schemes and to impose a health insurance levy and to provide for related matters (NHIS Act, 2003). Following from the above therefore, the National Health Insurance Scheme was launched in 2005 and charged to provide basic healthcare services to persons resident in the country through mutual and private health insurance schemes. The policy objective of NHIS is to ensure that every resident of Ghana belongs to a health insurance scheme that adequately covers him or her against the need to pay out of pocket at the point of service. The NHIS was implemented as a response to the declining rate of health service utilization as a result of the "Cash and Carry" policy. The design of the NHIS exempts the extreme poor from contributing and provides for the poor to pay less than the rich, apparently to enhance access of the poor (SEND-Ghana, 2010a).

There are three types of schemes available under the law:

(1) The district-wide mutual health insurance scheme (they operate across a district where all residents can become members)

(2) The private mutual health insurance scheme (These private schemes are not restricted to a specific region or district, all Ghanaians can become members)

(3) The private commercial health insurance scheme (These provide health insurance services for particular groups of people like church members who build their own mutual health insurance schemes).

Every district in Ghana is designated a Health Insurance Community in order to give all Ghanaians the opportunity to join the scheme. By the implementation of the NHIS, people benefiting from the scheme are issued with NHIS identification cards which enable card holders to access health care services at the hospital without direct payments. The hospital will then send the bills to the respective scheme provider which will then pay the money for the delivered services (Abebrese, 2011). The NHIS is financed by premiums of subscribers (persons in the informal sector have to register and pay a premium), 2.5% National Health Insurance Levy, 2.5% SSNIT deductions from formal sector workers, funds from Government of Ghana to be allocated by the Parliament and returns from NHIS investment (NHIS Act, 2003). In 2008, almost 12.3 million Ghanaians were registered nationwide which represents 54% of the Ghanaian population. The fact that coverage was still below expectation and did not cover most vulnerable groups, the President decided in May 2008 that all children under 18 would get a free membership to the Health Insurance besides all pregnant women during their pregnancy (Abebrese, 2011).

3.3 THE NATIONAL HEALTH INSURANCE SCHEME AND PWDs

Sections 31-35 of the Disability Act 2006 provides that free health care services should be made available to PWDs. The Act directs the Ministry of Health to provide free specialist medical treatment for PWDs; especially those with severe disability and to include disability issues in the training of health professionals (Disability Act, 2006). The indication of this provision is that, PWDs whose disability(s) may not be severe but need health care services cannot be treated free under the law. However, apart from the basic health care needs of every citizen, PWDs have particular health needs that range from physiotherapy services for the physically disabled, corrective surgery for children with disabilities, and adaptation and care support services for

children born with disabilities. According to a research report by Mensah et al. (2008), both policy makers and PWDs confirmed that the present health policy and the NHIS do not cater for the particular health care needs of PWDs. Accordingly, corrective surgery can be done on children born with disabilities to reduce or eliminate their form of disability if the health system caters for some of these particular healthcare needs.

In Ghana, access to health care delivery is generally appalling and particularly worse in deprived and rural areas. According to (SEND-Ghana, 2010a), access to the services of professional Nurses for NHIS members in the Northern, Upper East and Upper West Regions has been declining since 2006. The research report revealed that there is disproportionate growth in NHIS membership and number of professional Nurses in all the regions studied. Therefore, the poor usually suffer from long queues and productive days are lost at the various health facilities. As a result. PWDs lace double challenge when it comes to accessing health care (Mensah et al. 2008). Although the Ghana Disability Policy and the Disability Act (2006) enjoin the Government to ensure that PWDs have access to effective healthcare and adequate medical rehabilitation service, a number of constraints still continue to deny PWDs this opportunity. There are no special provisions for the exemption of PWDs under the National Health Insurance Scheme. The scheme only makes provision for people who are identified as core poor or indigent (i.e. adults and unemployed who do not receive any consistent financial support from identifiable sources). These categories of persons are exempted from contributing to any District Mutual Health Insurance Scheme. Slikker (2009) therefore analyzed that, unless PWDs are classified as indigents, they are not entitled to exemption from paying the fee of subscription to the

NHIS. Thus, a lot more of PWDs are denied health care services contrary to the Disability Act (2006).

In a story published in Modern Ghana News (2009), Naami Augustina (a disabled academician), asserts that, even the process of identifying a person as an indigent do not favour PWDs. According to her, the term indigent as indicated in the NHIS policy seems very ambiguous and therefore gives a greater deal of discretion to the NHIS staff to determine who they consider to be an indigent. Many PWDs are left out of the exempt category due to the excessive discretional powers given to the NHIS staff and this is as a result of the fact that there is no clear criterion for determining who qualifies to be indigent. Coupled with the negative perceptions that society holds about PWDs, they are unable to access the NHIS and enjoy its benefits, thus compounding their plight and exclusionism. Also, the 2007 Ghana Health Service Annual Reports supports the view of Naami on the account that, the definition of' indigents as indicated in the NHIS policy is very narrow and the expectation is that some poor/disabled people who cannot afford the NHI premium may be deprived of services. They suggested that the approaches for identifying and recruiting the poor under the NHIS need to be tested in order to include a lot more people under the exempt/indigent group.

Mensah et al. (2008) also described the exclusivity of PWDs from the benefits of the NHIS in yet another technical manner. To them, there are no specific provisions in the NHIS that cater for the particular health care needs of PWDs in Ghana. Thus, any PWD whose ailment falls outside the benefit package as provided in the NI I IS essential drug lists, the person has to pay for such medical treatment even if the person is classified as an indigent. This is because policymakers in the health insurance sector have cited the issue of high cost of treatment for certain diseases

hence their exclusion from the benefit package. Some of the diseases currently not covered are optical aids, hearing aids, orthopedic aids, dentures, beautification surgery, supply of AIDS drugs, treatment of chronic renal failure, heart and brain surgery, autoimmune diseases, physiotherapy services, corrective surgery etc. Slikker (2009) supports this with the assertion that, rehabilitation services, appliances (wheel chairs, calipers, crutches, hearing aids and white canes) and prostheses for PWDs are not included in the NHIS, making the benefit to PWDs limited.

3.4 GHANA LIVELIHOOD EMPOWERMENT AGAINST POVERTY (LEAP)

Launched in 2008, the Livelihood Empowerment against Poverty (LEAP) cash transfer is the Government of Ghana (GoG) flagship programme under the auspices of the National Social Protection Strategy (NSPS). The programme aims to 'empower' the poor and vulnerable groups by enhancing their capacity to access government intervention programmes and to enable them 'LEAP out of extreme poverty' (Ministry of Manpower,. Youth and Employment, 2007). The LEAP programme is being implemented by the Department of Social Welfare (DSW) under the Ministry of Employment and Social Welfare (MESW). The idea of LEAP social grants programme originated from the National Social Protection Strategy's recognition that, there was an existing gap in GoG programming towards social for the vulnerable and poor. According to Sultan and Schrofer (2008), for the past years Ghana has provided basic livelihood security to children, the elderly and the disabled. However, these vulnerable groups did not necessarily benefit from existing development interventions and needed extra support to meet even their basic needs, such as food, education and healthcare. To Sultan and Schrofer, LEAP is unique because instead of providing in kind benefits, it is one of the first government-financed cash transfer programmes in Ghana that is based on the right to basic social security.

When the programme started in 2008, it enrolled 1,654 beneficiary households in 21 selected districts. Currently LEAP reaches 70,191 beneficiary households across 100 districts nationwide (DSW, 2012). According to the Food and Agricultural Organization [FAO] (2013), LEAP uses a range of targeting methods including geographical, community based, categorical and proxy means testing. Geographical targeting divides districts according to poverty indicators, with priority given to districts with high poverty indicators. Within the selected districts, beneficiary communities are selected by the District LEAP Implementation Committee (DLIC). According to the LEAP operational manual, the DLIC is made up of the District Chief Executive, a representative of the social services sub-committee of the Assembly, a representative of Assembly Members, the District Social Welfare Officer, the Director of the Department of Children, the Director of Education, the Director of Health, the Director of Labour, the Director of Information, as well as religious and non-government organization (NGO) representatives in the districts. The selection of beneficiary communities follows a range of locally-identified poverty criteria such as the high incidence of guinea worm, buruli ulcer and HIV/AIDS; the level of NHIS registration; the availability of and access to quality basic social services; the prevalence of child labour or child trafficking; and the degree of geographical isolation. There does not appear to be a clear or consistent methodology for weighting these various poverty criteria (FAO, 2013).

LEAP social grant programme provides both conditional and unconditional cash transfers to the target population. The cash transfers to people with severe disabilities or the older people above 65 are unconditional. However, the cash grants for the Orphans and Vulnerable Children (OVCs) are conditional on households (1) sending children to school, (2) not allowing child labour, (3) enrolment of family members on

the National Health Insurance Scheme (NHIS) and (4) birth registration of all children (Sultan & Schrofer, 2008). This is similar to the Brazilian Bolsa Familia programme which provides cash transfers for needy people but on condition that they send their children to school and to regular health checks. According to Abebrese (2011). selected households receive monthly cash transfers between $8 and $15 per month. depending on the number of qualifying individuals in the household. The grant is provided through the Ghana post office and payments are made every two months. In addition to the provision of cash, LEAP promotes an 'integrated social development approach' which seeks to link beneficiaries with complementary services. For example, the MESW signed a memorandum of understanding with the health. education and agriculture ministries to provide free access to the National Health Insurance Scheme (NHIS), free school uniforms and access to agriculture support. Linkages to micro-credit through the Ministry of Gender and Social Protection are also an envisaged complementary service (FAO, 2013).

3.5 LEAP AND PERSONS WITH DISABILITIES

From the foregoing discussions on the LEAP programme, it is an undisputable that not all PWDs are unconditionally qualified to enroll onto and benefit from the LEAP programme. The programme extends the unconditional cash benefits to PWDs only when the level of their disability is very severe. Alternatively, disabled persons without severe disability may also unconditionally enroll onto LEAP if the person is without productive capacity; an extremely poor person above 65 years (Ministry of Manpower, Youth and Employment, 2007). Apart from these categories of PWDs. all other PWDs can only be enrolled onto the LEAP programme based on equal conditions with persons without disabilities. Thus, for disabled persons without severe disability and not also extremely poor above 65 years to qualify to enroll onto the

LEAP programme, then such persons must belong to households of Orphans and vulnerable Children (OVCs) and the beneficiary household must conditionally comply with the following conditions while they remain on the scheme (Ministry of Manpower, Youth and Employment, 2007).

i) To enroll and retain all school going age children in the household in public basic schools. This will afford the children to also benefit from the ongoing Capitation Grant and the School Feeding Programme.

ii) All members of the household must be registered card bearing members of the National Health Insurance Scheme.

iii) New born babies (0 -18 months) must be registered with the Birth and Deaths Registry, attend required post natal clinics and complete the Expanded Programme on Immunisation.

iv) To ensure that no child in the household is trafficked or engaged in any activities constituting the Worst Forms of Child Labour (WFCL).

Based on the conditions above, Mensah et al. (2008) noted that, with the exception of persons with severe disabilities, PWDs generally do not have any preferential access to any of the provisions under the LEAP programme. Also, Wodon (2012) bemoaned the exclusion of most PWDs to the LEAP programme by labeling it as a strictly targeting programme. To wodon, the number of individuals with disabilities in poverty is an underestimation of the issue of disability given that standard household survey questionnaires capture only the most severe forms of disability. The only privileges to PWDs who are poor but have productive capacity under the LEAP programme is to give them recommendation that will enable existing social protection

measures such as the Youth Employment Programme, Micro Finance Scheme and Community—Based Rehabilitation to give them the necessary support. However, this kind of support to PWDs to access the existing social protection programmes usually take several forms; including quotas and special registration processes. According to Mensah et al. (2008), all these quotas and special registrations are themselves rigorous processes meant to exclude PWDs from enjoying the benefits of the programme.

3.6 THE DISTRICT ASSEMBLY COMMON FUND (DACF)

Article 252 (2) of the 1992 Constitution of Ghana and the District Assemblies Common Fund (DACF) Act, (1993), Act 455 mandates Parliament to make provision for the allocation of not less than five per cent (5%) of the total revenue of Ghana to the District Assemblies' Common Fund for the implementation of development programmes in the Metropolitan, Municipal and District Assemblies. In 2007, the allocation of the DACF to the Metropolitan, Municipal and District Assemblies increased from the initial 5% to 7.5% of total national revenue following an increase in the number of MMDAs from **110** to 170. The allocation has subsequently been increased to 10% of total national revenue, effective 2014 following an increase in the number of MMDAs to 235 (SEND-Ghana, 2013). Section 7(a) of the Common Fund Act, (1993) also mandates the Administrator of the District Assemblies' Common Fund to propose annually for the approval of Parliament a formula for disbursing the Common Fund to the Metropolitan, Municipal and District Assemblies. The Fund Administrator is expected to transfer the funds to the District Assemblies quarterly.

Although the Ghanaian decentralization concept was seen as a way to improving the efficiency of state structures and bringing decision-making closer to the people affected by policymakers' decisions, the DACF has come to give the District Assemblies more financial autonomy to actually make decisions at the local level.

According to SEND-Ghana (2010b), the DACF has since become an important tool for the achievement of fiscal decentralization in particular and overall decentralization in general. Accordingly, to ensure prudent use of the DACF, the Ministry of Local Government and Rural Development, Ministry of Finance and Economic Planning, and the Administrator of the DACF usually set out clear guidelines for the utilization of the fund by MMDAs to ensure value for money. Some of these guidelines relate to procurement, while others relate to special allocations, such as a 2 percent earmarked to reduce poverty among PWDs; particularly those outside the formal sector of employment and a 7 percent earmarked for Members of Parliament to use for development purposes in the constituencies they represent (SEND-Ghana, 2010b).

3.7 PWDs AND THE 2 PER CENT ALLOCATION OF THE DACF

Recognizing that PWDs are allocated 2 percent of the DACF and appreciating that Article **41** of the Persons with Disability Act, 2006 (Act 715) provides for the establishment of the National Council on Persons with Disability (NCPD), whose object is to propose and evolve policies and strategies to enable PWDs enter and participate in the mainstream of the national development process; the NCPD in collaboration with the GFD under the authority of the Minister for Employment and Social Welfare, in cooperation with the DACF and with the approval of the Minister for Local Government and Rural Development, provided some guidelines on the disbursement and management of the DACF to PWDs (NCPD, 2010). According to SEND-Ghana (2010b), the guidelines for the disbursement and utilization of the 2 percent share of the DACF required that the beneficiary PWDs of the DACF be well sensitized among other things, the actual purpose of the DACF allocated to PWDs.

3.8 FUND MANAGEMENT COMMITTEE

The fund management committee in each District Assembly shall comprise the following:

- a representative from the District NCPD
- the Chairperson of Social services sub-committee of the District Assembly
- the District Director of the Department of Social Welfare
- the District GFD representative and
- a Co-opted technical member(s) that the Committee deems fit

3.9 GUIDELINES ON AREAS FOR FUNDING

The guidelines on areas for support under the DACF for PWDs include the following:

- Advocacy/awareness raising on the rights and responsibilities of PWDs
- Strengthening of OPWDs (Organizational development)
- Training in employable skills/apprenticeship
- Income generation activities (input/working capital)
- Some educational support for children, students and trainees with disability
- Provision of technical aids, assistive devices, equipment and registration of NHIS.

3.10 ACCESS TO THE 2% ALLOCATION OF THE DACF TO PWDs

The NCPD guidelines provide that both groups and individuals with disabilities shall have access to the fund. Individual PWDs who are not members of any Organization

of Persons with Disability can also access funding from the DACF for any of the purposes stated above.

3.11 DISBURSEMENT OF THE 2% SHARE OF THE PWDs FUND

According to the Commonwealth Human Rights Initiative [CHRI] (2011), the allocation of a percentage of the District Assembly Common Fund (DACF) to PWDs dates back to 1995. However, awareness of the fund to PWDs has been poor and access to the fund itself has been variable. SEND-Ghana (2010b) supports this assertion with study findings that revealed that, there has been non adherence to the guidelines for the utilization of the DACF funds by MMDAs, particularly the 2 percent share of the fund for PWDs. Thus, the use of the disability fund is not transparent, and frequently is decided without meaningful stakeholder participation. Accordingly, more than half of MMDAs sampled do not have the mandated Disability Fund Management Committees in place. In support to the assertion of the Commonwealth Human Rights Initiative, Mensah et al. (2008) noted that disbursement of the DACF towards issues on disability began only in 2005. The 2005 guideline allocated up to 5% to initiatives of PWDs. This generated disagreement between PWDs and the MMDAs. Among some of the disagreements were; the exact percentage of the DACF to be allocated to PWDs, what constituted an acceptable initiatives from PWDs, which of the disability groups should MMDAs deal with since each of the groups comes demanding their share of the fund, and the limited skills on the part of PWDs to prepare and present basic project proposals.

According to the GFD (2008), this development saw disability movements coming together to embark on vigorous advocacy and lobbying activities that would give them a united front to enable them access the DACF. This process brought all the disability groups in the districts together into one umbrella group called the district

GFD; to make it easier for the District Assemblies to deal with them. This also gave the leaders of some of the districts GFD the opportunity to obtain training on how to prepare a basic project proposal to be understood by the Districts Assemblies. With this development, new guidelines were developed in 2007 and the fund was to be released to OPWDs upon presentation of a proposal detailing how PWDs intend to use the funds (GFD, 2008). Individual PWDs were denied access to the funds under the new disbursement guidelines. OPWDs who intend to access the fund should be a recognized association registered with the Department of Social Welfare in the respective district.

Prior to the use of these new guidelines, access to the PWDs' share had been at the discretion of the respective MMDAs (SEND-Ghana, 2010b). However, with the new guidelines in place, it therefore posed a lot of challenge to PWDs in accessing their share of the DACF from the MMDAs. Particularly that they lacked uniform arrangement at the local level to enable them come together as an OPWDs to put up a meaningful proposal that can qualify them to access the fund. In addition to this challenge, Mensah et al. (2008) also noted that with the new disbursement guidelines, no single individual with disability could also access the disability fund; either with or without a proposal. In her research report, Nyame (2013) revealed that the guidelines required to access the District Assembly Common Fund is shrouded with lots of bureaucracies and as a result, some PWDs that cannot contain the frustration involved prefer to engage themselves in jobs such as cobbler work and street begging, just for their survival. She also noted that, due to the bureaucratic processes PWDs had to go through before they could access the DACF, non-state actors were preferred by the PWDs in terms of initiatives, since the non-state actors seem to be more flexible than the state actors.

Goring (2008) also asserts that, the challenges PWDs face in accessing their share of the DACF emanates from the fact that PWDs are not able to organize themselves into a potent force to challenge or dialogue with people in authority. According to him, Politicians like working with broken fronts because that way, they are able to avoid responsibility. Besides the political will on the part of the MMDCEs, there is the need for PWDs to do vigorous lobbying, especially in pursuing funding from MMDAs. In addition, he noted that ignorance and illiteracy also militated against PWDs, such that they are not able to effectively lobby the politicians. Accordingly, high illiteracy among PWDs is a significant factor that prevents them from claiming what is due them at the various MMDAs. Illiteracy among Ghanaians generally is 65%, but among PWDs it is pegged at around 85%. This small number of literate PWDs is unfortunately not evenly distributed across the various MMDAs. The implication is that, the disability front at the various MMDAs will be weak and they are therefore not able to assert their rights.

In the opinion of Mensah et al. (2008), the real bottleneck on the issue of the DACF not being accessible to PWDs is the inability of Government to often release the fund on time, and even where it does, it is not released fully. However, District Assemblies also finance most of their development projects from this fund. Therefore, the little funds that the Government may release at a point in time are given out to contractors and other beneficiary projects to the detriment of PWDs. Although this is not a justification for non-release of the funds to PWDs, it however reinforces the view that MMDAs have not prioritized the needs of PWDs in their programmes and activities. On a different note, SEND-Ghana (2010b) report sees the recurring delays in releasing the DACF to the MMDAs as no obstacle to PWDs' access to the disability share of the fund. This was because, in the midst of the delays in releasing the DACF,

but there was an overwhelming access to the fund in 2009. Rather than blaming the delays in releasing the DACF for the low access, SEND-Ghana (2010b) opined that, the improvement in access to the fund correlated with the growing national attention given to disability issues in 2009. Following the growing national attention given to disability issues from 2009 onwards, Government revised the PWDs share of the DACF from 2 percent to 3 percent in 2011(SEND-Ghana, 2010b).

CHAPTER FOUR

METHODOLOGY

4.0 INTRODUCTION

Having identified the problem that, PWDs in Ghana continue to face gross human rights violation, neglect and social, economic and political discriminations; even upon the adoption and subsequent institutionalization of the UN convention on the rights of persons with disabilities in Ghana; the researcher deemed it important to research into the situation. To achieve the research objectives, the researcher adopted series of methods to arrive at a successful outcome of the study. Thus, the methodology unveiled the various strategies, concepts and approaches that the researcher employed to arrive at valid and reliable conclusions. To achieve these purposes, the research methodology was structured to include the following:

- The research design
- Sampling procedures
- Data collection methods and sources of data
- Data presentation and analysis
- Summary and conclusion

4.1 THE RESEARCH DESIGN

According to Trochim (2006), a research design is the structure of the research; it is the "glue" that holds all of the elements in a research project together in order to address the central research questions. Accordingly, it is the plan of what to gather, from whom, how and when to collect the data, and how to analyze the data collected.

In a world of methodological pluralism, it is common and suitable for researchers to take the pathway of methodology and design that best explores their research interests and possible allow them to pursue their investigative curiosities (Chenail, 2011). Therefore, due to the exploratory, interpretive and descriptive nature of the research, the researcher employed the qualitative research approach to conduct the research. Specifically, the research is phenomenological in approach as the study sought to know people's perceptions, perspectives and understandings of disability; a particular situation that certain individuals experience (Leedy & Ormrod, 2010). In other words, the purpose of the phenomenological approach is to describe and explicate the meaning and essence of a phenomenon that several individuals share (Kvale, 1996; Marshall & Rossman, 1999). Thus, adopting the phenomenological approach gives the opportunity to the disabled respondents to provide rich descriptions of their lived experiences. This facilitated the understanding of the day-to-day experiences of the disabled population in the Nadowli District; with particular reference to the effectiveness of some of the existing social protection systems for PWDs in their perOnal, social, economic, political, and legal contexts.

4.2 SAMPLING PROCEDURES

In order to do an in-depth study into the phenomenon under consideration, all respondents for this study were purposively sampled. The rationale for choosing to purposively sample the respondents was that, in some cultures PWDs are perceived to be evil persons and are cruelly treated; exposing them to prejudice, discrimination and ultimately to the denial of certain rights and resources that are meant for all citizens (Baffoe, 2013). As a result, it is only purposive sampling that would guide the researcher to select persons who care more about the plight of PWDs: and ready to answer the research questions accurately, without any expression of bias. In addition.

purposive sampling was used because disability issues (particular the rights of PWDs) are a bit technical and would require persons who have the relevant knowledge to answer the research questions appropriately. Above all, PWDs were purposively sampled for the study because they are the persons that face the odds of disability and can better tell their own story. In line with the above, Patton (2002) argued that, the logic and power for choosing purposive sampling is that, it leads to the selection of information-rich cases for the study.

Specifically, three categories of PWDs (the blind, the deaf and dumb; and persons with physical disabilities) were purposively sampled from the total disability population of 4,571 in the district for the study. Each of the categories was made up of ten (10) respondents. To obtain information from the deaf respondents, I recruited the services of a sign language interpreter. The respondents were recruited with the assistance of the Ghana Federation of the Diasable in the district, since most PWDs in the district were accessible to them. In addition, twenty (20) stakeholder respondents whose work schedules were related to the provision of social protection to PWDs were purposively drawn from government and civil society organizations (non-governmental, faith-based, community-based and persons with disabilities organizations) in the Nadowli-Kaleo District for the study. Fifteen (15) of the twenty (20) stakeholder respondents were sampled from government organizations and interviewed alongside five (5) respondents from civil society organizations. Thus, 50 respondents were sampled for the entire study for the two categories of respondents. In recruiting stakeholders, a letter containing information about the study was written and given to the appropriate agencies for consideration and subsequent approval of their interests to participate.

4.3 DATA COLLECTION METHODS AND SOURCES OF DATA

The research relied on mainly primary data. The primary data for this study was collected using two main instruments: Focus Group Discussion and Indepth Interview. Whiles the focus group discussion is administered on PWDs, the indepth interview was administered on stakeholders whose work schedules were connected to the provision of social protection for PWDs in the District. However, secondary data relevant to the study provided very useful information to augment and establish relationships with the primary data collected.

4.3.1 FOCUS GROUP DISCUSSION

The focus group discussion was administered on the three categories of PWDs sampled for the study. Morgan (1996) asserts that, focus group discussion is a good research tool as it has the capacity to give voice to marginalized groups. Accordingly, the use of focus group discussion gives opportunity to participants to query each other and explain themselves to each other thoroughly, to arrive at a consensus. In this study therefore, the PWDs were comfortable to articulate some of the odds they faced with regards to their marginalization. In addition, the researcher had the opportunity to read facial expressions and gestures of participants and this formed a good source of information to the study. Furthermore, the researcher had the opportunity to ask follow-up questions for clarifications from respondents. The fact that most PWDs have little or no education, the focus group discussion was conducted in Dagaare, the local language of the Nadowli-Kaleo traditional area. The researcher is able to speak the Dagaare language fluently and this helped immensely in moderating the focus group discussion. Respondents were informed about the purpose of the study and also acknowledged that their participation was voluntary. All focus group discussions were audio-recorded with the participants' permission.

The focus group discussion for the three categories of PWDs; the blind group, the deaf group and the persons with physical disabilities group, were conducted on separate platforms but with the same content. This is because PWDs are not a homogenous group, but are people who have varied needs, interests and circumstances that contribute to their well-being and opportunities in life (Marriott & Gooding, 2007). Thus, different types of impairments and different social and economic situations create very different situations for PWDs (Guthrie et al., 2001). Accordingly, this must be recognized in all discussion on the rights and interests of each category of PWDs. Hence, respondents were interviewed on different groupings because each of these disability groups has its unique characteristics that will not facilitate all in one group discussion.

The discussions usually commenced with questions on their lived experiences; in relation to their personal, social, economic, political, health, cultural, psychological and legal contexts. Specifically, some of these questions sought for respondents' views on the extent to which certain provisions under the Persons with disability Act (Act 715), NHIS, DACF and LEAP have impacted on their lives. How effective the OPWD were in the District was also a matter for investigation, especially the District branch of the GFD. Furthermore, questions also sought to know how easy and reliable it was to receive social protection assistance from stakeholder agencies. Finally, questions were asked on their experiences as disabled persons and the way forward for the disability fraternity.

4.3.2 **INDEPTH INTERVIEW**

The use of qualitative interviewing as a primary data collection method is recommended by Mason (2002) for the reason that, it stimulates the researcher's interest in his/her ontological position of getting participants' perceptions on a particular topic under discussion; whiles at the same time, stimulating 'researcher—participant' dialogue; and these are a very meaningful method for generating data. In line with the above therefore, an interview guide was designed and administered on the stakeholder respondents. It was assumed that all respondents were literates and technical minded in issues that concerned PWDs and could therefore respond to the research questions posed in the English language with ease.

Before the field work begun, the respondents were informed about the purpose of the study and were also prevailed upon to participate voluntarily. They were purposively selected from among the officials of NHIS in the district, the Nadowli-Kaleo District Assembly Secretariat and some Assembly Members who belonged to the Social Services Sub-committee. Other respondents in this category included officials of the Department of Social Welfare (DSW), legal experts from the Commission on Human Rights and Administrative Justice (CHRAJ) and members of Civil Society Organizations. The interview checklist confined respondents to speak on areas of particular relevance; areas that were answerable to the research questions posed. The questions consisted of open-ended questions only and were also different from those used for the focused group discussants. However, the contents were the same and the import also the same. All interviews with the stakeholders were audio-recorded with the participants' permission.

The interview was made up questions on demographics; age, sex, education level, number of years in the current job, job specifications and their perceptions about the

experiences of PWDs in their social, economic, political, health, psychological, and legal contexts. Thus, questions pertaining to social protection systems for PWDs in the Nadowli-Kaleo District were asked. Particularly questions on the constitutional provisions under the Disability Act of Ghana, which seeks to safeguard the interest of PWDs. Specifically, provisions on the rights of persons with disability, the employment of PWDs, the education of PWDs and the provision of free health care and health facilities to PWDs. Some specific questions on the NHIS, LEAP, DACF, CSOs and OPWD were also posed; with the view to investigating the extent to which these agencies in social protection provisioning for PWDs have performed in the district. Furthermore, the interviews sought to know some of the difficulties these agencies encounter in their bid to extend social protection provisioning to PWDs. Finally, questions seeking to know respondents' general impressions about social protection provisioning for PWDs in the Nadowli-Kaleo District were posed and the way forward for effective social protection provisioning for the disable population also formed the concluding comments of the interviewees.

4.4 DATA PRESENTATION AND ANALYSIS

4.4.1 DATA PRESENTATION

Data obtained from the focus group discussions participated by the PWDs were first to be presented. This was also followed by data obtained from the stakeholders' interviews. All audio-recordings were replayed multiple times before the transcription took place. This was to enable to the researcher capture all parts of the interview that needed to be transcribed; and as well to do away with all unnecessary repetitions. The audio-recordings for the focus group discussions were transcribed verbatim at the presentation of data stage; while that of the in-depth interview was summarised into common themes and presented. The two perspectives obtained were then compared

and contrasted; and this contributed immensely to coming out with credible analysis and reliable conclusions.

4.4.2 ANALYSIS OF DATA

The analysis of the data was done manually; that is, without the use of any computer software or programme. For each of the data set obtained from the focus group discussions and the interview of stakeholders, I looked at the responses closely, question-by-question with respect to the interview guides. According to Creswell (2003), the main task in the data analysis process is to identify common themes in respondents' descriptions of their experiences on the phenomenon under study. Therefore, the important themes from respondents' responses were identified as such. This enabled me to separate relevant information from irrelevant information; and also enabled me to compose the relevant information into smaller segments, with each representing a single specific thought. This enabled me to develop initial memos and diagrams where necessary; and this way, I was able to conceptualize the various responses, and finally identified them into broader specific themes; that were answerable to the research questions. These respective themes identified were used as representation of respondents' views in relation to the research questions set. Based on these thematic responses identified, I was able to construct an overall description of the efficacy of social protection schemes for PWDs in the Nadowli-Kaleo District.

The data analysis process began with the first research question; where participants' views on the availability of social protection and support agencies in Ghana and their impact in protecting the rights of PWDs in the Nadowli-Kaleo District were sought for. Emerging themes from answers provided by both focus group discussants and stakeholder interviewees; in relation to the availability of institutions that provide social protection services to PWDs and the effectiveness of such institutions in the

district formed the bases of the analysis. The extent to which the institutions to provide social protection services to PWDs were equipped to adequately render their services formed the bases of the analyses of the strengths and weaknesses of the social protection systems for PWDs in the Nadowli-Kaleo District.

Secondly, the contributions of the Persons with Disability Act of 2006 (Act 715); towards providing safety nets for PWDs in the Nadowli-Kaleo District, formed part of the analysis. Emerging themes from the respondents' answers on the existing provisions in the Persons with Disability Act; particularly provisions on the rights of PWDs, employment of PWDs, education of PWDs and health care and facilities of PWDs; formed the bases of the analysis. A further analysis looked at the views of respondents on the performance of the NHIS as a stakeholder in health care delivery in Ghana, particular the provisions in the NHIS Act, that seek to offer free medical services to PWDs as a form of social protection. Since focus group discussants are the direct beneficiaries of this provision in the NHIS Act, they were better placed to provide the most reliable responses that reflected the true performance of the NHIS in free health care provisioning for PWDs in the Nadowli-Kaleo District.

Under Section 2 of the DACF Act, Act 455, Parliament annually allocates 2% of the DACF for PWDs. This is to minimize the level of poverty among all PWDs. particularly those outside the formal sector of employment, and to enhance their social image through dignified labour. Thus, questions pertaining to how appropriate the fund is disbursed in the Nadowli-Kaleo District attracted a number of responses from both sets of respondents. The common themes that emerged from the responses formed the bases for the analyses of how effective the DACF is utilized in providing the social protection needs of PWDs. The contributions of Non-state Actors in social protection provisioning for PWDs was also questioned. Themes that emerged from

the responses provided by respondents on the roles of Non-state actors in social protection provisioning for PWDs in the Nadowli-Kaleo District was used for the analysis. The LEAP programme which was established to provide safety net for the vulnerable in society was also investigated; to ascertain the extent to which it provides the social protection needs of PWDs. Themes arising from the responses of the respondents formed the bases for the analysis of the LEAP programme in the Nadowli-Kaleo District.

The attitude of society towards PWDs in the Nadowli-Kaleo District was the third researched question. The purpose of this question was to help unearth some of the negative socio-cultural beliefs and practices that seem to infringe on the fundamental human rights of PWDs; and to some extent, deny them the right to social protection and participation. The themes that emerged from the responses of the participants formed the bases of the analysis. The last research question asked for the problems associated with social protection provisioning for PWDs in the Nadowli-Kaleo District. Common themes that emerged from the responses of both stakeholder respondents and PWDs who took part in the focus group discussions formed the bases of the analysis of the problems associated with social protection provisioning for PWDs in the Nadowli-Kaleo District. The analysis ended with themes on the general impressions of respondents about the state of social protection for PWDs in the Nadowli-Kaleo District and the way forward to empowering PWDs in the district.

4.5 SUMMARY AND CONCLUSIONS

This chapter is composed of the research design, sampling procedures, data collection methods and sources of data; and finally data presentation and analysis. Due to explorative, subjective, inductive and descriptive nature of the topic under investigation, qualitative research design was used for the study. With this

methodology, PWDs and stakeholder respondents whose work schedules were related to the provision of social protection to PWDs were purposively sampled from government and civil society organizations in the Nadowli-Kaleo District for the study. The research tools were mainly focus group discussions and in-depth interviews. Whiles the focus group discussions were conducted with the PWDs, the in-depth interview was carried out with the stakeholder participants. After the field work was done, emerging themes from both focus group discussions and the interviews granted were then compared and contrasted. Common themes that emerged from the two sets of respondents formed the bases for the analysis and conclusions made about the impact of social protection for PWDs in the Nadowli-Kaleo District. The next chapter is made up of the presentation and analysis of the research findings gathered from the research participants.

CHAPTER FIVE

PRESENTATION OF FINDINGS AND DISCUSSION

5.0 INTRODUCTION

This chapter presents the results obtained from the focus group discussions and the interviews administered in a coherent manner. It presents and analyses the data **gathered for the purpose of answering the** research questions. The data analyses were **guided by the research questions as set out in Chapter** One. The presentation of the **data is sometimes supported with tables to enhance easy interpretation. It outlines the specific views of the interviewees on each specific variable and also establishes the linkages between them, in terms of similar or different opinions. The study titled "social protection for persons with disabilities** in the Nadowli-Kaleo **District" was conducted to investigate the impact of** social protection and support systems for persons with disability in the Nadowli-Kaleo District. Therefore, the interviews sought for the views and experiences of persons with disability and as well, the views of stakeholders on disability issues; to find out the various issues arising from the provision of social protection for persons with disability. The study findings are presented below.

5.1 FINDINGS FROM THE FOCUSED GROUP DISCUSSION

For the Focused Group Discussions, three sets of Focus Group Discussions were held. These were with three different groupings of PWDs sourced from the Nadowli Cross Disability Movement (NCDM), a local branch of the Ghana Federation of the Disable (GFD). They were mainly made up of the physically challenged people, the blind and the deaf and dumb. The questions asked were put into four main sections. The First category of questions was on the awareness of the Persons with Disability Act. 2006

(Act 715). The second category of questions was on factors affecting PWDs' access to health care delivery and health related facilities. While the third category of questions was based on the education of PWDs, the fourth category sought the views of PWDs on their political, economic, social and cultural participation.

5.2 SECTION A: AWARENESS OF THE PERSONS WITH DISABILITY ACT

In this section, questions sought to find out from persons with disability whether they were aware of the existence of the Persons with Disability Act that was enacted to cater for the rights of persons with disability. The questions further sought to know how familiar the provisions in the Disability Act were to persons with disability in the Nadowli-Kaleo District. Finally, a question was posed to solicit respondents' views on the level of Government's commitment to disability issues as compared to other national issues. The answers from the respondents were as follows:

Physically challenged group:

All the physically challenged persons claimed to be well aware of the Persons with Disability Act and also familiar with some the provisions in the act. They quickly mentioned the sixth and thirteenth provisions in the Act respectively to be "to make public buildings accessible to PWDs and to resource them with finances and job skills to live independently." On the question of Government's commitment to disability issues as compared to other national issues, they claimed Government is not sensitive to the plight of PWDs. As lamented by Gervase, the chairman of the Nadowli Cross Disability Movement:

> We are relegated to the background. Look! Government is anxious to provide our communities with beautiful school blocks but they do not insist on contractors to provide such school buildings with accessible walk ways for us

with physical challenges or on wheel chairs to easily access the buildings. This is a clear neglect of the disability group. Worst of it is the District Assembly buildings; the old block did not have suitable pavement for those on wheel chairs to get access to the DCE. After we cried over this situation for several years without success, it was lucky on our part that this year the District Assembly got a new office block with pavement provided. Yet still, we can't get access to the DCE in his office because the building is a storey-building and the DCE is at top floor. We can only get to his subordinate at the offices in the ground floor.

Blind group:

On the awareness of the Persons with Disability Act, 8 out of the 10 blind persons claimed to be well aware of the Persons with Disability Act and also familiar with some of the provisions in the act. When asked to mention some of the provisions in the Act, Joana said, "Government is supposed to give special incentives to persons with disability engaged in business and also give tax rebate to businesses that employ persons with disability". Another woman also remarked: "All public buildings are supposed to be accessible to PWDs and PWDs are to receive free medical care and treatment under the Act." On the question of Government's commitment to disability issues as compared to other national issues, they all claimed Government does not pay attention to the concerns of PWDs. The secretary to the group remarked: "If a PWD and an abled person have the same qualification and they both apply for the same job, the employer usually prefer the abled person to the PWD just because of our disability. However, disability does not mean inability".

Deaf and dump group:

All the deaf and dumb persons said they are not aware of the Persons with Disability Act and also do not know about any provisions in the act. They were probed further as to whether they do receive support from Government or Civil Society Organizations. They said no support comes to them from these agencies. They however alleged that any time there is support to all PWDs, the blind and the physically challenged have often excluded them from such supports. On the question of Government's commitment to disability issues as compared to other national issues, they all claimed Government does not pay attention to the deaf and dumb. They accused Government of only attending to the needs of blind and physically challenged.

5.3 SECTION B: ACCESS TO HEALTH CARE AND HEALTH FACILITIES

The first question asked under this category was whether persons with disability have access to free health care services; which include medical, rehabilitative and assistive devices. This was followed by a question as to whether persons with disability do get specialist care from medical personnel who are specialized in their area of disability. Also under the health insurance law, categories of differently-abled persons may be determined by the Minister responsible for Social Welfare and such persons are exempted from the payment of contributions under the Scheme. Also, persons with hearing impairment were asked whether they had access to a sign language interpreter whenever they attended hospital. Under this category of questions, the final question asked was to identify the challenges persons with disabilities face in their attempt to access health care services from the various health institutions in the Nadowli-Kaleo District. The answers from each group of respondents were as follows:

The Physically Challenged group:

All the participants said they do not have access to free health care services, except when one is registered under the NHIS; which is in any way not free. They explained that any time they are sick and get to the hospital; they are made to pay the same way as persons without disabilities would pay if they were not insured under the NHIS. For the case of assistive devices, they claimed they buy them on their own. "For me, my relatives contribute towards the purchase and maintenance of my wheel chair" remarked by one of the physically challenged. On the question of free subscription to the NHIS, they said they are sometimes made to pay the full amount required to subscribe onto the NHIS; just the same as the abled persons do. The chairman has this to add:

> We can remember it was only on one occasion the MP financed the registration of a good number of us to the tune of G110500.0 (five hundred Ghana cedi). Some of our members who did not get the information early could not enjoy this gesture from the MP. Since then, we have been paying for subscription and renewal to the NHIS just as all other persons do. We are not treated differently. I even went to the scheme manager and pleaded for PWDs who were 65 years and above to be exempted from the payment of the administrative charges of four Ghana cedi, but he explained that was not possible.

On the question of whether they get specialists to attend to them in the various health care facilities, they claimed there is no orthopaedist that is specialized in their area of disability to attend to them in any of the health facilities in the district. One of them lamented: "We are treated by the general medical personnel as if we had no special

medical needs". Finally under this section, when they were asked of the challenges they face in accessing health care services in the health institutions in the district, they said the challenge they face most is that when they get to the health facilities, they are made to join the queue with the abled persons throughout the process. The secretary of the Nadowli Cross Disability Movement lamented:

> I was sick last week and went to the hospital. **I** was on my wheel chair in the queue and one of the patients remarked that my wheel chair was occupying space. When she said so, I moved out of the queue to plead with the nurse in the consulting room to allow me to enter but she also told me it wasn't my turn and I should get back into the queue. I sat in my wheel chair speechless until an elderly man in front of the queue intervened that **I** should be attended to. Imagine the frustration we face! It disturbs us a lot.

Nabie also added: "Any time we complain of injustice meted out to us in circumstances like this, they would remark that 'No mercy for the cripple'. This is hurting to us as humans".

The Blind group:

All the participants said they do not have access to free health care services. They explained it is only when one is registered under the NHIS that you can enjoy free health care services. They however conceded that registration of the NHIS itself is in any way not free. On the issue of free medical, rehabilitative and assistive devices; they said Government does not provide them with any assistive device that would aid them in their disability. Joana, secretary to the visually impaired remarked: "The white canes you see us using were acquired on our own. Our association (GAB) has some dry season gardens project and that is where we generate some income to buy

these white canes for ourselves". On the question of free subscription to the NHIS, they claimed they do pay as much as any other abled bodied person to be registered on the NHIS. They said they have often challenged officials of the NHIS that under the health insurance law, PWDs are supposed to be registered free of charge but this concern has been brushed aside. One of them remarked: "We know Government is making efforts to make us comfortable but the institutions put in place to provide us with the comfort is rather working against us"

However, on the question of whether they get specialists care when they visit the various health facilities, they said there is an eye clinic at the Nadowli hospital where they usually get treatment whenever they have problems with their eyes. Their only worry with this unit is that, the eye clinic is only staffed with nurses and they would one day wish to get a doctor ophthalmologist. On the question of what challenges they face in accessing health care services in the district, they said their major challenge in accessing health care is the idea of letting them queue with sighted persons to receive care. The complained that when they are in the queue with sighted persons, they usually skip them back on the queue but because they are blind, they would not see them. Joana remarked:

> Even when we have health insurance cards with us, but it is still a problem. Imagine the blind in the same queue with the non-blind. If you don't meet a `Good Samaritan' on that day, you will be the last person to go home because those who come last will come and bypass you on the queue without you knowing.

Christie added: "They often assert that the blind have no work doing and should therefore give them the chance to be attended to first to enable them go home and continue with their work. They forget that we are also patients".

The Deaf and Dumb group:

Except one person who claimed he was registered free of charge onto the NH IS which he uses to access free health care services, all the other deaf and dumb persons said they don't receive free health care from any health facility. They explained they have never received any hearing aids from government. On the question of whether the subscription of the deaf and dumb onto the NHIS is free or not, they said they were informed the registration for health insurance is free for them but any time the NHIS officials come to register them, they insist they should pay money. Mark, one of the deaf and dumb persons explained: "I wanted to register with the Nadowli Health Insurance Scheme but they said I would have to pay. I refused and went to the Wa Municipal Scheme to register and it was done for me free". On the issue of whether they get specialists care at the health facilities, they simple said they do not get specialist to attend to them any time they go to hospital. On the question of what challenges they face as deaf and dumb any time they visit health facilities, they mentioned their major challenge as not having any sign language interpreter at the various health institutions in the district. As a result, it becomes difficult to tell their exact health worries to doctors. A woman in the group said: "I was bleeding and went to the hospital. It took a long time for the doctor to understand my problem. I have to use a red cloth to indicate that I was bleeding".

5.4 SECTION C: EDUCATION OF PERSONS WITH DISABILITY

This set of questions sought to identify the challenges persons with disability face in their bid to receive formal education. Therefore, the first question wanted to know if there is a Ministry of Education designated school with the necessary facilities for educating PWDs who cannot attend mainstream schools in the Nadowli-Kaleo District. This was followed by the question as to whether PWDs do suffer any form of discrimination at school. The final question under this category was whether education is free for PWDs. Responses from each group of respondents were as follows:

Physically challenged group:

The physically challenge said there is no special school for PWDs in the Nadowli-Kaleo district. They however mentioned the nearest schools for PWDs to be the Wa Blind School and the Wa Deaf School both in the Wa Municipality. The chairman of the Nadowli Cross Disability Movement has this to add: "It is only a fortnight ago that I heard they are building a special school for the mentally retarded at Loho. If it is completed it will be the first school for PWDs in the Nadowli-Kaleo district". On the question of whether they suffer any form of discrimination at school, they answered yes. The group remarked:

> You may be very good academically but the fact that you are a physically challenged person, when they want representatives for a class or school programme, they would ignore you. They feel it is an embarrassment for the physically challenged to represent them on a programme. This is discrimination enough and it is unfair.

As to whether education for PWDs is free or not, the group claimed education is not free for PWDs at all levels of education. They claimed they pay all fees on equal grounds with persons without disability. They explained that under the FCUBE programme, education is supposed to be free for all persons at the basic level; both persons with disability and persons without disability. Hence, it is only this facility they enjoy in equal terms with persons without disability. A physically challenged woman remarked: "Most of us were not able to attain higher level of education because of the cost elements of education in Ghana. We are disabled and cannot work like our abled counterparts to earn some income to pay our school fees". When they were asked to summarize the challenges face in accessing formal education, they mentioned their challenges to include their inability to pay their school fees, no pavements at most school buildings to facilitate their movement and the longer distances they sometimes make before getting to school.

Blind group:

The blind said they have never heard of any special school for PWDs in the Nadowli-Kaleo district. They however said they only know about the Wa Blind School and the Wa Deaf School in the region but conceded that these were not in the Nadowli-Kaleo district. On the question of whether they suffer any form of discrimination at school level, they said the discrimination is too much at the school level. They said every person was born, baptized and given a name to identify him/her from others. However, if unfortunately you get a disability, your disability becomes your name. Joana gave the following remarks to illustrate their claim: "Even if they will call your name, but they would sarcastically attach your kind of disability. For instance, they would call you `Joana ZOnga' and 'Paul Gberee' to mean 'Blind Joana' and 'Crippled Paul' respectively".

On the question of whether education is free for PWDs, all the blind participants said education is not free for blind. They said apart from the FCUBE programme which both persons with disability and persons without disability enjoy free education on equal terms at the basic level, all other fees that are payable by a person without disability are also applicable to PWDs. They claim they even make additional expenditure in the procurement of the braille equipment on their own. When asked to summarize the challenges they face in accessing formal education, they mentioned some of their challenges to include discrimination at the school level, long distances they have to make to attend school, inability to pay their school fees and inadequate teaching and learning materials like the braille to facilitate learning.

Deaf and dump group:

The deaf and dumb said there is no special school for PWDs in the Nadowli-Kaleo district. They mentioned only the Wa Deaf School as the only nearest school to illustrate the absence of special school for the deaf in the district. On the question of whether they face discrimination at the school level, they said there is discrimination but explained that because they cannot hear and cannot talk, people usually insult and abuse them but get away with it. When they were asked whether education was free for PWDs, all the participants said education is not entirely free for the deaf and dumb. They explained at the basic level, they don't pay but at the higher level, they pay like all other persons do. To give a summary of the challenges they face in accessing formal education, the participants mentioned their educational challenges to include their inability to pay their school fees and the absence of assistive devices like hearing aids to facilitate learning.

5.5 SECTION D: POLITICAL, ECONOMIC, SOCIAL AND CULTURAL PARTICIPATION OF PWDs

This last set of questions sought for persons with disability's lived experiences in their political, economic, social and cultural participation. Under political participation, questions sought to know whether PWDs were allowed to register to vote in national elections and what problems do they encounter in the process of casting their votes. Also, questions sought to know how readily PWDs were accepted into political parties in the Nadowli-Kaleo District and their level of participation in the political processes. Finally, respondents were asked to provide those factors that act a barrier to their political participation. Under economic participation, the first set of questions sought to know the employment conditions of PWDs; particularly comparing their unemployment situation to the general unemployment problem in Ghana. Also, PWDs were asked about their accessibility to credit facilities to finance their businesses.

Furthermore, the Livelihood Empowerment against Poverty (LEAP) and the District Assembly Common Fund (DACF) both have the intention of providing the social protection needs of PWDs. Therefore, PWDs in the Nadowli-Kaleo District were questioned as to whether they do get any support from these facilities. Finally, under the socio-cultural participation of PWDs, the first question sought to know whether public buildings in the Nadowli-Kaleo District were accessible to PWDs. This was followed by the question on people's perceptions of disability in the Nadowli-Kaleo District. The investigation wanted to know whether PWDs were permitted to become chiefs or traditional rulers in the Nadowli-Kaleo District. Finally, if it was not possible for PWDs to become chiefs, the study wanted to know the reasons why it is so and to further know what traditional authorities in the Nadowli-Kaleo District are

doing to help change these cultural beliefs about disability that have led to the social exclusion of PWDs. Responses from each group of respondents were as follows:

Physically challenged group:

All participants were above 18years and therefore were qualified to vote under the electoral laws of Ghana. Therefore, on the question of whether they have been registered to vote in national elections, all the physically challenged said they have been registered with the electoral commission and have being voting in national elections. However, on the question of whether they encounter any problems in casting their votes, they all answered yes and went ahead to mention their problems. Richard remarked:

> When a PWD goes early to the polling station to cast your vote, but the physically abled persons will do all that they can to vote before you. When we complain, they would say they want to vote early and go to continue with their work. They often feel that we have no job doing and should therefore remain in the queue all day long.

On the question of whether PWDs were accepted into political parties, all the participants claimed they were accepted into political parties with ease. One woman remarked: "None of the political parties rejects PWDs. They know we are PWDs but then we have votes which they need most. So they want us to belong to their parties". On whether any of the PWDs in the District have ever stood for national elections for the positions of either Unit Committee Member, Assembly Member or Member of Parliament before, all the participants said it was only one person, who happens to be part of **the** discussion; ever stood for the position of Unit Committee Member and won it **too. He** remarked: "I stood for the position of Unit Committee Member and

won it. However, the threats and insults I received from cross section of the people completely demoralized me. As a result, I did not have peace throughout the period".

When they were asked to mention some of the factors limiting PWDs from contesting elections, the group mentioned low financial standing of PWDs to finance the campaigns and election processes, lack of the strength to engage in the violent campaigns that are associated with election processes in Ghana and the widely but false mentality of the general Ghanaian population that PWDs are not capable of doing things on their own. They also added, a cultural belief held by the people that PWDs are not allowed to be traditional leaders is another factors limiting PWDs from contesting national elections, although PWDs are allowed by the electoral laws of Ghana to contest such elections.

On the employment conditions of PWDs in Ghana, all the physically challenged participants said their employment conditions were not very impressive. They said most of them have acquired skills to enable them work effectively but they are unemployed. They said the few of PWDs that have employment also face a lot of discrimination at work place. Unfortunately, all the ten participants said they have no formal employment but claimed they were better skilled to occupy certain jobs than those who have been given such jobs. One of them remarked: "We know it is due to our disability that most employers refuse us employment".

On the question of how accessible they were to credit facilities to enable them finance their own businesses, the group lamented that they were not accessible to credit facilities that would enable them finance their own businesses. They added that, they have the skills to go into self-employment but where to get the capital to finance the business is usually their problem. They accused the banks of not ready to assist them

with loans. However, they praised MASLOC for once assisting a handful of them with loans to do business. Three recipients of the loan facility were part of the respondents and they said the loan had helped them in their respective self-employed businesses. They claimed the loans had been paid back and they were wishing MASLOC could come again to help those that did not get but MASLOC has not turned up for over four years now.

When they were asked as to whether they know about the Livelihood Empowerment against Poverty (LEAP) cash transfers programme in the district, only a handful of them said they have heard of the LEAP programme. It was only one person out of the ten participants that said she was enjoying it. The secretary of the Nadowli Cross Disability Movement remarked:

> We once called on the Department of Social Welfare Officer and asked why LEAP was not getting to us; but he explained the programme is currently dealing with selected communities on pilot bases and if one is not a member of a selected community, it was not possible to enrol the person.

On the question of whether they get adequate information on the distribution of the 2% allocation of DACF to PWDs from their District Assembly, almost all the participants said they were not getting information on the distribution of the 2% allocation of DACF to PWDs; except the Chairman of the Nadowli Cross Disability Movement who said he is a member of the Disability Fund Management Committee in the district and for that matter gets information on the distribution of the fund. The following is his response to the question:

> I happen to be a member of the Disability Fund Management Committee in the district, so I do get information on the 2% share of the DACF at the

committee level. But this is not to suggest that I am satisfied with the way the fund is distributed. The guidelines for distribution of the 2% share of the DACF for PWDs at the district level is such that, if one benefits from the facility in a particular year, it will take you three years before you become eligible to apply for the fund again. It is not every year too PWDs are given their 2% of the fund. For the past two years they have not released the 2% share to PWDs.

However, this generated a heated debate among the discussants, and some of the participants accused the chairman of hiding vital information on the fund from them. Others also accused the chairman of not representing the interest of PWDs at the committee. One of the participants remarked in reaction: "I got assistance from this facility five years ago. Since then, I have being applying but I don't usually get any favourable response from them. I think there is no transparency in the distribution of this fund".

When they were asked about their accessibility to public buildings, the participants said although contractors, architects, individuals and Government agencies were making efforts to provide disability friendly pathways on buildings, their efforts were far below expectation. Richard remarked:

> Most of our schools and public buildings are not disability friendly. The pavements of most buildings are high and instead of ramps being provided to aid the movement of wheel chairs onto the pavements, steep steps are rather provided and this can be disturbing. At times we get to an office to transact some business but because of the presence of high pavements and absence of

ramps, the officers have to come out of their offices to attend to us outside. This is sometimes very embarrassing.

Another participant lamented:

> I once went to Charikpong and saw a school block that had a very steep pavement and my disabled friends in the school complained to me the difficulties they were facing as a result the steep pavement. I went the District Assembly and complained to the District Chief Executive about the problem my colleagues were facing in that school. He promised he was going to bring the contractor involved to site to provide ramps for the building. It is over six months now, but I am told nothing had been done on the building.

To the question of how traditionally people perceive of disability in the Nadowli-Kaleo District, the group said people in the Nadowli-Kaleo District see disability as a misfortune that has befallen on the individual that is disabled and his family. They said most people are of the opinion that PWDs are evil persons and that is the most reason why God has given them the disability. Furthermore, some others also perceive children born with disabilities to be evil or spiritual beings that are given to the parents of the children born with disabilities; as a kind punishment for some crimes the parents of the children born with disabilities might have committed in the past. A participant lamented:

> Traditionally, the way PWDs are treated in society; even at the family level, sometimes demonstrate that disability is understood to be evil or is as a result of one's evil doing. The worst of ordeals is even with children born with disabilities. If not for recent interventions by CSOs, many more children born with disabilities would have been buried alive than those that would have been

> chief In the history of the Nadowli-Kaleo District, no PWD has ever been enskinned as a chief However, if a chief becomes disabled, he may continue to rule as a chief and the people have no problem with this situation.

On the follow up question of why PWDs are not allowed to become chiefs, the participants said there were no tangible reasons for not allowing PWDs to become chiefs in the Nadowli-Kaleo District. To them, all the reasons that are usually given for excluding them from becoming chiefs are simple based on their disability. They mentioned one of the reasons people usually advance against them to be the fact that PWDs cannot lead people on the battle field but then, one of the roles a chief is to lead his people for battle. However, they said this assertion is not relevant these days because communities no longer engage in tribal wars. They also mentioned another reason people give for their exclusion to be that, there are some rituals that one is taken through before he is made a chief and PWDs cannot go through it successful. One of the participants remarked on this:

> For example, to become a chief, it is required of the candidate to go through the ritual of jumping over a lying cow without any portion of your body or dress touching the cow. A disable person like me cannot succeed in this simple test and for that matter they would not accept me as a prospective chief

Finally, when it got to the question of what traditional authorities were doing to help change some of the cultural beliefs about disability that is leading to the social exclusion of PWDs, all participants said traditional authorities were doing very little to help change this phenomenon. They argued that physical disabilities are not hereditary but most people do not allow persons with physical disabilities such as cripples and hutch-backs to marry from their families; based on the assumption that

these forms of disabilities will be introduced into their families. They blamed most traditional authorities for knowing that these beliefs are not true and yet, they would not speak against them. They called on traditional authorities as the custodians of our customs, to help change the perceptions people have on disability. They concluded the discussion with the argument that, the belief held by many that PWDs are not allowed to become chiefs is palpable false and there is no tangible reason supporting it.

Blind group:

All participants were above 18years and therefore qualified to vote under the electoral laws of Ghana. On the first question under this section, they were asked whether they have been registered to vote in national elections and they all claimed they have been registered with the electoral commission and have being voting in national elections. On the question of whether they encounter problems in the processes of casting their votes, all the ten participants answered in the affirmative. They explained their major problem is the way they are made to queue with sighted persons throughout the voting process. In this way, they lamented some of the sighted persons usually take advantage of the fact that they are blind and would skip them on the queue in order to vote before them. They said whenever they complain about this ordeal, the sighted people usually explain that, they want to vote early and go back to their work places. Another problem they said they were facing is the fact that they are sometimes assisted to vote; and in the process of voting, some unfaithful persons would lead them to voting the candidates they do not intend to vote for.

On the question of whether they were accepted into political parties, all the participants said they were accepted into political parties. They however explained that, they know their acceptance into political parties is based on the fact that they

have votes and the politicians need these votes to achieve their targets. Joana **remarked: "The politicians usually come after us to join them but sometimes we refuse to join them. We know they only need our votes, after which they would dump us". On the question of whether any person with disability has ever stood for national elections in the district before, all the** ten participants said **they knew of only one PWD whoever stood for national** elections in the past. On the **factors limiting PWDs from contesting national elections, the participants mentioned some of** the **factors to** include the poor **financial status of PWDs; that makes it difficult for them to move around to solicit for votes. They also mentioned the lack of strength to engage in violent campaigns that are associated with election processes in Ghana and the cultural belief of the people that the blind is not allowed to lead sighted persons.**

When they were asked to describe the employment conditions of PWDs in Ghana, all the ten participants said their employment conditions were very bad; particularly with formal sector employment. They said majority of them were self-employed because they are often denied job opportunities in the formal sector. They however asserted that, the few of them that are employed by organizations have done remarkable well on the job; and also that, PWDs were very honest and trustworthy persons in their dealings **with others. Joana remarked:**

> Our other colleagues **that are fortunate to have gotten employment are still complaining of discrimination at the work place. They are often denied certain benefits that are meant for all employees and sometimes all employees' salaries are increased while theirs remain the same; especially** those in the informal sector. In the formal sector too, their promotions are often delayed as compared with employees that are not disabled.

On their accessibility to credit facilities to finance their own businesses, the group said they were not accessible to credit facilities that would enable them finance their own businesses, the secretary to the group remarked:

> The banks do not give us loans because we are not able to raise the needed collateral security to qualify for the loans. They should understand we are poor persons that cannot raise such collateral. However, they should also see us as honest persons and the fact that we are blind, we cannot run to anywhere with their money. This alone is enough to qualify us for the loans.

When they were asked as to whether they know about the Livelihood Empowerment against Poverty (LEAP) cash transfers programme in the district, only a handful of them said they have heard of the Livelihood Empowerment against Poverty (LEAP) programme. Three of the participants said they have heard of the Livelihood Empowerment against Poverty (LEAP) cash transfers programme but conceded they have not been enrolled into it. The other seven participants expressed total ignorance about the existence of the programme. Thus, none of the ten blind persons that took part in the discussion is enjoying the LEAP programme. On the question of whether they get information on the distribution of the 2% allocation of DACF to PWDs from your District Assembly, all the participants said they ever benefited from the fund. However, they said information on the fund and its disbursement does not come to them easily. They said they have not had any adequate information on the fund and its disbursement for the past four (4) years. One of them remarked: "I think it is only in election years the District Assembly usually release the money to us, just to entice us to vote for them".

When they were asked about their accessibility to public buildings, they said most buildings in the district were not accessible to them at all. All the participants complained that contractors, architects, Government agencies and individuals are not making efforts to provide disability friendly pathways for them. One of them remarked:

> We the blind do not have problems with the steep pavements if only steps are available to aid us climb. However, our colleagues that are physically disabled and in wheel chairs; they struggle a lot to climb buildings with steep pavements. Many public buildings do not still have pavements to aid our movement. The worst is public buildings that are storey- buildings. We are pleading with officers who may be attending to the needs of PWDs to stay at the ground floors to reduce the stress we face in climbing the storey-buildings.

To the question of how traditionally people perceive of disability in the Nadowli-Kaleo District, the blind said some persons perceive disability to be a curse from God. They said when people see PWDs doing well on certain careers; such as singing, dancing, farming, sports and teaching, they turn to pass rather negative comments about them. One of them remarked:

> When we excel in certain areas, people pass negative comments about us. They will say this is the most reason why God has not given us eyes or legs. Some would say if we had eyes or legs, it wouldn't have been good. Some members of the society also refer to us as evil persons. They usually comment that, it is because of the evil in us that God has given us disability. These are the reasons why we are saying some people perceive our situation as a curse from God and that we are evil persons.

Another person remarked:

> I was dating a woman and she asked that I see her relatives to ask for her hand in marriage. The day I went to ask for her hand in marriage, the relatives became furious. The uncle proverbially asked me: *why do I think it should be his dog that should catch an elephant.* This means, marrying a blind person is a task that is equivalent to catching an elephant. After that episode, the woman distanced herself from me.

On the question of whether PWDs are allowed to become traditional rulers (chiefs) in the Nadowli-Kaleo District, all the participants said no PWD have ever been given the opportunity to become a chief in the history of the Nadowli-Kaleo District. They however noted that, PWDs are allowed to become family heads and clan heads. They also noted further that, in the event that a PWD becomes the head of his family or clan, but the abled bodied members of his family mostly do not respect his authority. They however said the people cannot completely ignore a disabled family head because there may be certain rituals to be exclusively performed by him. If the people ignore the family head in such circumstances, it could lead to a family disaster. On a follow up question of why PWDs are not allowed to become chiefs, the participants said there were no tangible reasons for not allowing PWDs to become chiefs in the Nadowli-Kaleo District. They said all the reasons that are assigned to their ineligibility to become chiefs are simple based on their disability. One of them remarked:

> People usually claim PWDs are not allowed to become chiefs for no apparent reason. When we ask them why PWDs are not allowed to be chiefs, they simple cannot give any concrete reason apart from saying traditionally it is not

> accepted. Others also will remark sarcastically that how can the blind lead sighted people. So we think the reasons for not allowing PWDs to become chiefs are based on our disability but they should note that disability is not inability.

When it finally got to the question of what traditional authorities were doing to help change some of the cultural beliefs about disability that is leading to the social exclusion of PWDs, the participants were quick to assert that, most traditional authorities were not in position to help change some of the misconceptions people have about disability. They said traditional authorities being the custodians of our customs, they should come out strongly to clear the air on some of the outrageous cultural beliefs people have on disability. They queried that traditional authorities sitting on the fence would not help in erasing those stereotypes that lead to the social exclusion of PWDs. They however commended Government agencies and NGOs for making efforts to help change some of the cultural beliefs about disability that are leading to their exclusion. One of them remarked:

> We know about persons born with disabilities that are doing better as compared to others that got their disability later in life. Some have become very important persons in society. To a large extent, I think traditional authorities are not doing much to help change some of the cultural belief's about disability that are leading to our social exclusion.

Deaf and dump group:

All participants were above 18years and therefore qualified to vote under the electoral laws of Ghana. For the first question in this section, they were asked whether they have been registered with the electoral commission to vote in national elections. They

all claimed to have been registered with the electoral commission and have being voting in national elections. To the follow up question of whether they encounter any problems in the process of casting their votes, they all nodded their heads in the affirmative. They said their major problem has to do with their inability to communicate effectively with officials at the polling stations. They complained there are no sign language interpreters at the polling stations to give them the appropriate instructions that would enable them vote successfully. On the question of whether they were accepted into political parties, they answered in the affirmative. However, one of them remarked: "We know they accept us into political parties because they need our votes to win power".

However, to the question of whether any of their members ever stood for national elections before, all the ten participants said none of their members ever stood for national elections. When they were asked to mention some of the factors limiting PWDs from contesting national elections, they mentioned their inability to communicate effectively with the people as their main challenge. They explained that, only a small number of Ghanaians understand sign language and this therefore formed a barrier of communication with the electorates. Secondly, they said PWDs are usually looked down upon and as such, people will not vote for them. Therefore, there is no need for them to waste their time to contest elections.

On the employment conditions of PWDs in Ghana, all the participants said their employment conditions were very bad. They complained they do not get employment in the formal sector where the jobs are stable. They complained most of their members were employed in the informal sector where they faced a lot of discrimination from both employers and employees. They said employers usually under pay them as compared to their colleagues employees, and when they protest in

such instances, people take them for difficult people and this will finally result into their dismissal. They also said at the place of work, people often tell lies on them but as deaf and dumb, they are not able to defend themselves. All these negative things account for their high rate of poverty.

When they were asked about their accessibility to credit facilities that would enable them finance businesses on their own, all members of the group said they have no access to credit facilities that would enable them open their own businesses. However, they were frank to have said that they have never gone to any bank to ask for loans. They conceded that because of their disability, there may be information about credit facilities but they may not know about them. They further accused the other disability groups of taking advantage of their situation (being deaf and dumb) to deny them certain opportunities that are meant for all of them. On the question as to whether they also know about the Livelihood Empowerment against Poverty (LEAP) cash transfers programme in the district, the group said no one has ever told them about the LEAP programme and as a result, none of them is enrolled into the LEAP programme.

On whether they do you get information on the distribution of the 2% allocation of DACF to PWDs from the District Assembly, they said no information gets to them about the fund. They said they have been to the District Assembly several times to ask for assistance but they have often been disappointed. It was only one of them who claimed to have received money from the District Assembly but said it was five years ago. On the accessibility of PWDs to public buildings in the district, they claimed they do not have any problems accessing public buildings in the district. They however expressed their sympathy for the blind and physically challenged groups on their difficulties in accessing public buildings. Mr. Mark lamented: "We see those steep pavements of buildings in the district as a challenge to the blind and those with

physical disabilities. Sometimes some of these persons have to be carried onto the pavements and this is very bad". They therefore entreated on Government to provide ramps for all public buildings.

To the question of how traditionally people perceive disability in the Nadowli-Kaleo District, they said people see PWDs as sub-human and a tool lbr mockery. One of them remarked: "People feel there is no blood in our system. When people go against us and we protest, they see us to be difficult. The fact that we cannot explain ourselves to their understanding, society sees us to be awkward". On the question of whether PWDs are allowed to become traditional rulers (chiefs) in the Nadowli-Kaleo District, the group said they have never seen PWDs becoming chiefs in the district. They said they knew of PWDs being leaders only at the family and clan level. One of them remarked: "PWDs are allowed to lead at the family level. However, there are difficulties involved because people feel PWDs should not be part of decision making. So the people we lead may sometimes take certain decisions without our consent".

A follow up question as to why PWDs are not allowed to become chiefs in the Nadowli-Kaleo District was also posed. The group said people have no good reasons for saying all PWDs are not eligible to be chiefs. They however conceded that, they the deaf and dumb may have problems becoming chiefs because they may not be able to communicate effectively with the people. However, they endorsed the physically challenged and the blind as persons that can become chiefs. One of them remarked: "If we can get interpreters to help with the translation of the sign language, we can communicate with the people and we can also become chiefs" When they were finally questioned on the role of traditional authorities in helping change some of the cultural beliefs about disability that lead to the social exclusion of PWDs, all the participants

said traditional authorities were not doing much to help change some of the beliefs people have about PWDs. One of them remarked: "Society believes the deaf and dumb are difficult persons but that is not the case. They know there is language barrier between us and those that cannot use the sign language. But people just conclude that we lack understanding".

5.6 FINDINGS FROM THE STAKEHOLDERS INTERVIEW

The stakeholder participants in the study that responded to the interview were twenty (20). This comprised of one official from the Commission on Human Rights and Administrative Justice (CHRAJ), two officials from the National Health Insurance Scheme (NHIS), eight officials from the Department of Social Welfare (DSW), two Assembly Members from the Social Services Sub-committee and two persons from the District Assembly Secretariat. Others include one member drawn from the management committee of the 2% allocation of the DACF to PWDs in the district, two officials of the OPWD and two officials from HAYTAFORD; a civil society organization based in Nadowli.

The questions were categorized into four sections. Section one presents the background information of the respondents. Section two finds out if respondents were aware any social protection schemes for PWDs in the Nadowli-Kaleo District and the effectiveness of such schemes in providing the social protection needs of PWDs in the District. Section three touched on respondents' perception of Ghana's Disability Act of 2006 (Act 715). The questions asked under this section were whether government provides free health care services to PWDs, assistance for PWDs to find employment and incentives for PWDs engaged in business; as well as employers of PWDs as contained in the Persons with Disability Act of 2006. Also, other questions sought to know the kind of training that are available for PWDs to provide them with job skills

and the existence of any rehabilitation centre in the Nadowli-Kaleo District. In summing up in section three, respondents were tasked to comment on the effectiveness of the Persons with Disability Act in the provision and protection of the rights of PWDs in the district.

Finally, section four finds out the attitudes of Ghanaians towards PWDs. The first set of questions attempts to find out whether there are any taboos/barriers that prevent PWDs from living with their families or accessing employment in the Nadowli-Kaleo district. Also, questions sought to find out the degree of dis/agreement of respondents on the claims that PWDs are despised by many in society; are poor and mostly without secured jobs, living in indecent conditions and mostly engaged in street begging. The claims that PWDs do not have easy access to free health care, their share of the District Assembly Common Fund (DACF) and special education schools in the district formed part of these questions. Furthermore, respondents' views on the claim that PWDs are not allowed to hold traditional leadership positions were also solicited. Finally, respondents were asked to give a brief description of the discriminations faced by PWDs and to also describe the role played by the NHIS, LEAP or the DACF in the provision of social protection for persons with disability in the Nadowli-Kaleo District.

5.7 SECTION A: BACKGROUND INFORMATION ON THE RESPONDENTS

The background information of the participants is on their sex, age, highest level of education, institution of service, length of service, position held and religion. All participants for the interview were aged between twenty (20) and fifty-six (56) years; comprising 5 females and 15 males. In terms of qualification, three of them held Middle School Leaving Certificate (MSLC); eight held Diploma Certificate and the remaining nine had first degree qualification. With regards to the length of service

with their various institutions of work, five (5) of them had only one year experience, five (5) had three years of experience, four (4) had ten years of work experience and the remaining six (6) had over twenty years of experience. Three of the respondents were the Directors of the various institutions, while the rest were other members of the various institutions or committees; but with technical expertise that is appropriate enough to answer the research questions.

5.8 SECTION B: AWARENESS OF SOCIAL PROTECTION FOR PWDs Under this section, the questions sought to know if the respondents were aware of any institution(s) that provide social protection services to PWDs in Ghana; particularly in the Nadowli-Kaleo District. If the response is yes, the researcher asked to know if such institutions were Governmental, Non-governmental or both. Finally, respondents were tasked to mention at least two prominent organizations in the Nadowli-Kaleo District that provide the social protection needs of PWDs and comment on the effectiveness of such institutions with reasons. Responses from the respondents were as follows:

Except for two respondents who said they did not know about institutions in Ghana that provide social protection services to PWDs, the remaining eighteen of the twenty respondents interviewed all said they knew about institutions that provide social protection services to PWDs in Ghana. The eighteen interviewees went ahead to affirm that some of these institutions were operating in the Nadowli-Kaleo District. In addition, majority (fifteen) out of the eighteen respondents agreed that the social protection service institutions in the district were made up of both Government institutions and Non-governmental institutions. However, the remaining eight respondents were split on these institutions being solely Government institutions and solely Non-governmental institutions. Interestingly, all these eighteen respondents

were quick to mention at least, two of such institutions from among the NHIS, DS W, CHRAJ, LEAP, HAYTAFORD, World Vision International (WVI) and the DACF as examples of institutions or programmes that provide social protection for PWDs in the district.

On the effectiveness of the organizations that provide the social protection needs of PWDs in the district, five (5) of the eighteen (18) interviewees who claimed they knew about institutions that provide social protection services to PWDs were of the opinion that, the institutions they mentioned were effective in providing the social protection needs of PWDs. Some of the reasons they gave to support their claim were among others, the claim that PWDs have not complained of any ineffectiveness on the part of the institutions and that all the institutions were adequately resourced to provide social protection services to PWDs. On the other hand, as many as thirteen (13) claimed the institutions that provide social protection services to PWDs were not effective in meeting the needs and challenges of PWDs. Four themes relating to the ineffectiveness of the institutions emerged from the interview and they include: financial constraints on the part of the institutions to enable them operate effectively due to inconsistencies in the release of funds to organizations to appropriately channel social protection services to PWDs, the lack of logistics to facilitate the operations of the institutions, inadequate material resource needed for the smooth running of the institutions' activities and inadequate personnel skilled enough to appropriately deliver social protection services to PWDs.

5.9 SECTION C: PROVISIONS IN THE DISABILITY ACT OF 2006

The questions asked under this section sought to know how some of the provisions in the Persons with Disability Act of 2006 (ACT 715), have effectively been implemented. The first question therefore asked the stakeholders of their perceptions about the Persons with Disability Act. The questions asked to know whether Government in response to the provisions in the Persons with Disability Act, provide assistance for persons with disability to find employment, provide free health care services to persons with disability and also, provide incentives for persons with disability engaged in business; and as well as their employers. Furthermore. questions as to whether there are training programmes for the unemployed person with disability to provide them with job skills and the availability of rehabilitation centres for PWDs in the Nadowli-Kaleo District were also asked. In summing up the questions under this section, the respondents were questioned about the ease of accessibility of PWDs to public places/buildings and also prevailed upon the respondents to comment on the effectiveness of the Persons with Disability Act in the provision and protection of the rights of PWDs. The responses of stakeholder respondents were as follows:

To the first question that sought to know stakeholders' perception about Ghana's Disability Act of 2006 (Act 715) in the provision and protection of the rights of persons with disability, a slim number of three (3) out of the twenty (20) interviewees were of the opinion that the persons with disability Act was effective in responding to the needs of PWDs. On the other hand, seventeen (17) out of the twenty (20) interviewees held the contrary view that, Ghana's Persons with Disability Act of 2006 (Act 715) was not effective in providing and protecting the rights of PWDs. On the question of whether Government does provide employment assistance for PWDs to

find employment; only five (5) out of the twenty (20) interviewees claimed the Government has being providing public employment opportunities for PWDs in the Nadowli-Kaleo District; in order to give them secured jobs. However, a large majority of fifteen (15) respondents out of the twenty (20) interviewees were of the opinion that the Government does not provide public employment assistance for PWDs to get employment.

On the question of whether Government provides free health care services to persons with disabilities in the district, only four (4) respondents said Government provides free health care services to PWDs. The remaining sixteen (16) interviewees were of the opinion that Government does not provide any free health care services to PWDs. One of them remarked:

> No, Government does not provide free health care services to PWDs. One may think the registration of PWDs as indigenes under the NHIS is an equivalent to free health care services but this may be misleading. This is because, if they don't register the NHIS and fall sick and are sent to the hospital, they would not be treated free. Also, even upon their registration to the NHIS, but not all ailments are free under the NHIS. So a PWD may be sick and even with the NHIS card, but free health care would not be given to him/her.

However, when the four respondents who claimed Government provides free health care services to PWDs were questioned on the effectiveness of such free health care services; two of them claimed the free health care services to PWDs was as effective as the kind of care received by all other patients, irrespective of whether the patient is paying for the service or not and also, irrespective of whether the patient is with disability or without disability.

When the question of whether Government provides incentives for PWDs engaged in businesses as well as their employers was posed, majority were of the view that the Government does not provide incentives to PWDs engaged in businesses nor to persons that have employed PWDs. On a follow up question as to whether there are training programmes for the unemployed PWDs to provide them with job skills, majority held the view that the District Assembly occasionally organized skills training programmes for PWDs, using the 2% allocation of the DACF to PWDs. They however conceded it has being a long time PWDs in the district benefited from such training. On how PWDs could access these training programmes, a member of the Disability Fund Management Committee (DFMC) at the Nadowli-Kaleo District explained:

> To access the training, PWDs are required to apply to the Disability Fund Management Committee (DFMC) indicating the kind of skills training he/she wants. The committee would look into the application for its approval or otherwise. An institution or individual to give the skills training is then contracted by the District Assembly to give the training.

On the question of whether there is/are any rehabilitation centre for PWDs in any part of the Nadowli-Kaleo District, only a handful of the stakeholder interviewees claimed there is one rehabilitation centre in the district and they cited the Kaleo Orthopaedic Centre in a follow up question as the only rehabilitation centre in the district. However, they were quick to concede that the facility was newly opened by the Roman Catholic faith and as a result, was not in full scale operation. The Disability Fund Management Committee (DFMC) secretary remarked:

> I would say partly yes, there is a rehabilitation centre in the district and this is the Kaleo Orthopaedic Centre which was recently opened by the FIC Brothers of the Roman Catholic faith. In reality, a rehabilitation centre is supposed to provide grounds for the disabled to assemble and learn a trade; but the Kaleo Orthopaedic Centre is an assistive access centre to PWDs; to enable them acquire technical aids.

When it came to the question of how possible it is for PWDs to find employment, all the stakeholder respondents claimed it is not easy for PWDs to get employment. They mentioned among other factors; discrimination towards PWDs, cultural beliefs, their low level of education, inadequate skills and their inaccessibility to public places as some of the factors that make it difficult for them to get employment. On the question of how accessible PWDs were to public places/buildings, a large number of the interviewees agreed that public places/buildings were not accessible at all to PWDs. They cited the high footage of most public buildings and the absence of ramps to aid PWDs climb such high footage buildings as the main challenge to PWDs. They also mentioned the recent sprouting of storey buildings in the district as another denial of access to PWDs. They mentioned the new structure of the District Assembly as a glaring example of buildings PWDs are not able to access with ease.

To summarize the findings under this section, interviewees were asked to comment on the effectiveness of the Persons with Disability Act; in the provision and protection of the rights of PWDs. To this, all the stakeholders were of the opinion that the Persons with Disability Act was not effective in providing for and protecting the rights of PWDs. Some of the themes that emerged from their comments were that not all the aspects (provisions) of the Persons with Disability Act were implemented yet; and even for those provisions that seem to have been implemented, but there is no

enforcement. One of the respondents from the Department of Social Welfare (DSW) remarked:

> The implementation of the Act in Ghana is not effectively utilized because we are in the tenth year of the Act, yet old buildings have not been made accessible to persons with disabilities. New buildings without disability friendly pathways are even sprouting after the Act had been passed into law and yet still, no one is punished for that. Most Senior Government Officials and Politicians in the district are still pegged upstairs, how do we get to them?

An Assembly Member who is a member of the Social Services Sub-Committee at the District Assembly remarked: "The Persons with Disability Act is not effective. Most of the provisions in the Act have not yet been implemented to the letter and PWDs are still facing the same challenges they used to face".

Another interviewee from the Department of Social Welfare remarked:

> There are no enough structures at the district level to implement the provisions in the Act to the letter. For example, there is no District Disable Council to protect the rights of PWDs. There is also low level of public education on the Act and this makes its implementation difficult. Public buildings are without adequate disability friendly access points.

5.10 SECTION D: ATTITUDES OF GHANAIANS TOWARDS PWDs

Under this section, the researcher sought to know how society relates with PWDs at work place and at the family level. The questions intend to solicit respondents' views on some of the perceived acts of discrimination against PWDs in society. Specifically, the questions asked to know if there are any restrictions that prevent PWDs from

being employed at the various work establishments and also, if there are any taboos restricting PWDs from living with their families. Also, respondents were asked to assent their degree of agreement or disagreement to the following claims on a five-point likert scale. The claims include the assertions that, PWDs are despised by many in society and have only few friends, PWDs do not have the right to family life, or right to participate in social, political or recreational activities, PWDs are very poor persons without secured jobs, no decent accommodation and mostly engaged in street begging, PWDs do not have access to free health care delivery and that the PWDs share of the DACF is not easily accessible to PWDs.

Others include the claims that subscription of PWDs as indigenes to the NHIS is only limited to persons with severe disabilities, special education schools for PWDs are woefully inadequate in Ghana and none is in the Nadowli-Kaleo District, PWDs are not allowed to hold traditional leadership positions and finally the claim that traditional beliefs that people have on disability influences how PWDs are handled in society. The last question under this section required that respondents briefly describe any discrimination faced by PWDs in the Nadowli-Kaleo District. The themes arising from the responses of the stakeholders under this section are as follows:

For the first question that sought to know if respondents had PWDs living with them in their families, as many as seventeen of them said they did not have PWDs living with them in their families. On a follow up question to ascertain if there is a taboo that says people should not live with PWDs, all the respondents said there are no such taboos. However, five of them noted that in the past, there used to be such taboos but explained modern religions and westernization have done away with all such cultural beliefs. On whether respondents had PWDs working with them in the institution they work, only three respondents said they had PWDs working with them. Of the

seventeen that said they had no PWDs working with them, two of them said they were not sure if there are any restrictions to PWDs seeking for employment in their place of work; while the remaining fifteen interviewees claimed there are no restrictions to employing PWDs in their place of work.

To the statements on the five-point likert scale, the degree of agreement and disagreement of the interviewees are presented with the aid of the table below. The key to the responses are: strongly agree (SA); agree (A); neutral (N); disagree (I)) and strongly disagree (SD). The number of interviewees that responded to each of the statements under a particular likert scale is recorded in the spaces provided.

Table 3: Responses of respondents on the attitudes of Ghanaians towards PWDs

SN	Statements	SA	A	N	1)	SI)
1.	PWDs are despised by many in society and have only few friends.	8	9	1	2	-
2.	PWDs do not have the right to family **life,** or right to participate in social, political or recreational activities	8	8	**I**	2	1
3.	PWDs are very poor persons without secured jobs, no decent accommodation and mostly engaged in street begging.	6	8	3	3	-
4.	PWDs do not have access to free health care delivery (medical, rehabilitative and assistive devices).	2	13	2	1	2
5.	The PWDs share of the District Assembly Common Fund (DACF) is not easily accessible to them.	8	5	2	3	2
6.	The subscription of PWDs as indigenes to the NHIS is only limited to persons with severe disabilities	7	6	4	2	1
7.	Special education schools for PWDs are woefully inadequate in Ghana and there is none in the Nadowli-Kaleo District.	14	5	-	-	1
8.	PWDs are not allowed to hold traditional leadership positions.	8	6	2	1	3
9.	Traditional beliefs that people have on disability influences how PWDs are handled in society.	7	6	3	3	**1**

When the interviewees were asked to briefly describe any discrimination faced by PWDs in the Nadowli-Kaleo District, most of them described the traditional belief held by the people that PWDs are not permitted to become chiefs to be an act of discrimination. Other themes of discrimination that emerged from the interview were the insistence on PWDs marrying to only their fellow PWDs of the opposite sex, denying PWDs the right to employment based on the fact that they have disability, restricting PWDs from participating in socio-cultural activities, denying PWDs access to public places/buildings through the built environment and the denial of PWDs the right to education at the family, community and national levels; in favour of abled persons. One of them remarked:

> Parents will generally not invest to the same extent in a child with disability as they would in the case of their able bodied children. They think that the child that has a kind of disability is not going to be a productive member of society.

5.11 ANALYSIS AND DISCUSSION OF FINDINGS

The first section of this chapter presented the research findings, highlighting the major themes to 'make sense' of the data. The current section analysed the data critically with reference to relevant literature and the research questions; in an attempt to explore the deeper meanings of the responses and to understand the phenomenon. As noted earlier, the purpose of this study was to look at the impact of social protection and support systems for persons with disability in the Nadowli-Kaleo District. In this section therefore, the findings of the interviews and the focus group discussions will be analysed, given deeper meanings and relate each of the themes in the findings presented to the relevant literature and the research questions in particular; and fill in the details that would explain the relationships. The emerging themes from both focus

groups discussion and the interview are compared and contrasted; and common themes that emerged from the two sets of respondents formed the bases for the conclusions made about the impact of social protection for PWDs in the Nadowli-Kaleo District.

The main research question asked was: Has social protection and support systems in Ghana catered for persons with disability in the Nadowli-Kaleo District? Social protection and support systems in this study refers to the roles and activities of institutions such as the NHIS, DSW, CHRAJ, District Assemblies, Faith Based Organizations and Civil Society Organizations; in providing livelihood security and safety nets for vulnerable persons in society. The answers to the main research question will be derived from the answers provided by both the interviews and focused group discussions on the sub questions. By the end of the discussion of each sub-question, the overall view regarding social protection for PWDs in the Nadowli-Kaleo District will emerge which will then lead into the discussion of the factors affecting social protection for PWDs in the Nadowli-Kaleo District. Each of the sub-questions relating to this broader question will now be discussed and answered with the aid of the findings:

5.11.1 **Social Protection and support agencies in Ghana and their impact in protecting the rights of PWDs in the Nadowli-Kaleo** District

This question targets responses from the stakeholder respondents because it is believed that this category of respondents are better positioned to tell whether some of the social protection and support agencies in Ghana are also available in the Nadowli-Kaleo District; and also better positioned to assess the effectiveness of these agencies in protecting the rights of PWDs in the Nadowli-Kaleo District. In answering the

research question above, two major themes emerged. These were the availability of institutions that provide social protection services to PWDs in the Nadowli-Kaleo District and the effectiveness of the institutions in providing social protection services to PWDs.

In the context of this study, over 90% of respondents interviewed claimed they were aware of some institutions that provide social protection services to PWDs in the Nadowli-Kaleo District. The data showed some commonalities in the findings of the interviewees. In their responses, each interviewee was able to mention at least two institutions from among the NHIS, DSW, CHRAJ, LEAP, HAYTAFORD, World Vision International (WVI) and the DACF as examples of institutions or programmes that provide social protection for PWDs in the district. The data obtained further revealed that, both Central Government and Non-Governmental Organizations have established these institutions in the Nadowli-Kaleo District. This suggests that Non-State Actors are significantly complementing the efforts of the Government in the provision of social protection services to vulnerable groups as indicated in Abebrese (2011) and Kumado & Gockel (2003).

It is expected that the availability of social protection institutions and programmes such as the NHIS, DSW, CHRAJ, LEAP, DACF, HAYTAFORD and World Vision International (WVI) will contribute immensely to protecting the rights of PWDs. However, the benefits to be derived from these institutions will depend on how effective they are. Therefore, on the effectiveness of the institutions that provide social protection services to PWDs in the district, majority of the interviewees claimed the institutions were not effective in providing the social protection needs of PWDs. Some of the reasons they assigned to their claim were that, there is financial

constraints on the part of the institutions to enable them operate effectively due to inconsistencies in the release of funds to organizations to appropriately channel social protection services to PWDs. They also mentioned the lack of logistics to facilitate the operations of the institutions, inadequate material resource needed for the smooth running of the institutions' activities and inadequate personnel skilled enough to appropriately deliver social protection services to PWDs.

To the large extent, the reasons provided by the respondents to support their claim that the institutions to provide social protection services to PWDs are ineffective also surfaced in the relevant literature with Mensah et al. (2008) noting that, the real bottleneck on the issue of the DACF not being accessible to PWDs is the inability of Government to often release the fund on time, and even where it does, it is not released fully. Also on their claim of inadequate personnel skilled enough to appropriately deliver social protection services to PWDs, a research report by SEND-Ghana (2010a) revealed that there is disproportionate growth in NHIS membership and number of professional Nurses in the Northern, Upper East and Upper West Regions studied. Thus, access to the services of professional Nurses in these regions has declined since 2006.

5.11.2 Contributions of the Persons with Disability Act of 2006 **(Act 715) towards** providing safety nets for PWDs in the Nadowli-Kaleo District

In answering this question, the responses from both the stakeholder interviewees and PWDs who took part in the focus group discussions were necessary to providing accurate and reliable answers to the question. The purpose of this question is to help assess the performance of the persons with disability Act in providing the social protection needs of PWDs in the Nadowli-Kaleo District; with particular reference to

those provisions in the Act that received overwhelming Parliamentary approval and Presidential endorsement. For the purposes of this research, the provisions that were assessed emanated from these sections of the Act:

(1) Rights of persons with disability,

(2) Employment of persons with disability,

(3) Education of persons with disability, and

(4) Health care and facilities

The researcher did not expect all the provisions in the act to have been implemented to the letter; however the focus was on how the implementation has progressed and some of the provisions in the Act been enforced, given that the Act had been passed into law for nearly ten years now. The general impression of both categories of respondents to the question was that none of the four main sections has received progressive attention.

On the rights of persons with disability, where issues like the right to family life and social activities, differential treatment in respect of residence, access to public services and public places as well as discrimination against the disabled were assessed, it was found out that there is a consensus among both categories of respondents, that the rights of PWDs had not been promoted in the Nadowli-Kaleo District. According to the findings, over ninety per cent of the stakeholders overwhelmingly agreed that PWDs do not have the right to family life, or the right to participate in social, political or recreational activities. The insistence on PWDs marrying to only their fellow PWDs of the opposite sex is not only discriminatory, but also a clear violation of the right of PWDs to raise a family. This assertion goes to confirm the lamentation of the blind man who was dating a woman; and when it was

right to employment based on the fact that they have disability, restricting PWDs from participating in socio-cultural activities, denying PWDs access to public places/buildings through the built environment and the denial of PWDs the right to education at the family, community and national levels. Naami (2010) enjoins this with the assertion that, parents will generally not invest to the same extent in a child with disability as they would in the case of an able bodied child. Also, Baffoe (2013) identified significant of these same acts of humiliation and discrimination against PWDs and claimed these negative tendencies are the cause of the exclusion of PWDs from society and from enjoying the quality of life afforded to all citizens.

On the employment of PWDs, all the focus group discussants and stakeholder interviewees described the employment situation of PWDs to be very bad. They asserted it is not easy for PWDs to get employment. Accordingly, even the few PWDs that had employment faced a lot of discriminations at the work place. They mentioned among other factors; discrimination towards PWDs, cultural beliefs, inadequate skills and inaccessibility to work/public places as some of the factors that make it difficult for PWDs to get employment. Even when PWDs had the requisite skills to do some kind of work, but the fact that their disability is falsely linked to evil, many people may fear to either employ or work with them. This is significantly espoused in the work of Mensah et al., (2008); a situation where many PWDs in Ghana with the requisite skills are searching for jobs but cannot get any. The reasons for this frustrating scenario are simple based on their disability. It is also analytical that, no matter what skills a PWD may possessed, but if the work/built environment is not adaptable; to suit the kind of disability he/she has, this may lower the productivity level of the PWD and eventually make such a person unproductive. Thus,

noncompliance of the public to the ten year moratorium on access to public buildings is partly affecting the opportunities of PWDs in the labour market.

On another note, both PWDs and the stakeholder participants in this research acknowledged there seemed to be some effort by the government in training the disabled with some handicraft skills like dressmaking and shoemaking through the usage of the DACF. However there was a mixed feeling with regard to the training opportunities. Some of the PWDs complained only a few of them have had the opportunity to access the training programme contrary to the views of the other interviewees. The fallout seems to be true following an earlier claim by majority of the PWDs that, the DACF was not regular and had not reached many of them; especially those in the peripheral of the district. Also to a large extent, both stakeholders and PWDs agreed on the fact that there is no rehabilitation centre for PWDs in the district and this therefore, worsened the woes of PWDs since there are no grounds for PWDs to be enrolled for skills training. Where the Persons with Disability Act states it will give annual tax rebate to employers of PWDs, the participants claimed there had never been any such incentive given to any employer of PWDs in the Nadowli-Kaleo District. This ample gives support to the public opinion that, the implementation of the Disability Act has been lip serviced for long.

On the education of PWDs, none of the provisions in the Act concerning free education for the disabled child, provision of disabled facilities in schools and so on had been addressed. All the three groups of PWDs that participated in the discussion bemoaned there is no Ministry of Education designated school with the necessary facilities for educating PWDs in the Nadowli-Kaleo District. Some went on to complain that even when they had to manage with the situation by attending the

unsegregated schools, but conditions in these schools demonstrated that they were left out. Their first daunting challenge was the built environment of such schools. They claimed most school buildings in the district do no not have access points for PWDs; especially for those in wheel chairs and those that crawl on their bodies. Discrimination and name callings at the school level also came up as one of the obstacles to the education of PWDs. Accordingly; all PWDs were christened like all other persons and given preferred names. However, it was not uncommon to have PWDs been rechristened with their kind of disability against their will. One of them called Christy exclaimed: "my classmates call me `gbe-gmaa' which literary means an amputee". All these insinuations could have a crippling effect on the education of PWDs. According to Avoke (2002), pejorative labels on PWDs are not only unfair but are also humiliatory and discriminatory; and sometimes these labels have the negative effect of coiling back the potentials of PWDs.

On the aspect free education for children with disabilities, all the PWDs groups denied any opportunity for free education at the higher levels of education. They pay on equal grounds with persons without disabilities at the higher levels of education. However, at the basic level, they enjoy some level of free education as per the FCUBE programme; but they said this was also applicable to both PWDs and persons without disabilities. This suggests that PWDs do not have any special treatment on the aspect of free education differently from persons without disabilities. They further augued that, parents of children with disabilities even make additional expenditure in the procurement of teaching and learning materials such as the braille used by the blind. For children without disabilities, the PWDs claimed these children are lucky to receive gifts of text books and exercise books from philanthropists and stakeholders in their education; such as from the MMDCEs and their Members of Parliament.

On the aspect of health care and health facilities, PWDs do not have access to any form of free general and specialist medical care. They usually pay for treatment at the various health facilities in the district like other able bodied persons do. When it comes to the **registration of PWDs for National Health Insurance cards, they pay the** same amount as everybody else. The **assistive devices they have are mostly from** donations made to them by **NGOs and sometimes from relatives. However, the** Persons with Disability Act stipulates that, the Ministry of Health in formulating **health policies shall provide free general and specialist medical care, rehabilitative treatment and appropriate assistive devices for persons with total disability. In consonance with the above clause, the NHIS policy exempts from the payment of premiums, categories of differently-abled persons (PWDs) determined by the Minister responsible for Social Welfare. However, from the data gathered, it is analytical that the exemption of PWDs from the payment of premiums has not yet been implimented in the Nadowli-Kaleo District.**

Despite the good intentions of the Persons with Disability Act and the NHIS, but the problem some PWDs in the Nadowli-Kaleo District still face is that, they still pay for their medical treatment just as in the days of the cash and carry system; simple on the grounds that they might not have been severely disabled to qualify for free registration under the NHIS as indigenes or they may not have money to pay for the registration. Even for those PWDs who are duly registered under the NHIS as **indigenes or otherwise, it suffices to note** that not all ailments **are free under the NHIS. Certain ailments and certain drug lists that are assumed unessential are not covered by the NHIS. So PWDs may be sick and have the NHIS card alright but then** free **health care would not be given if their ailments do not fall under the essential** medicines list **approved by the Minister of Health. As PWDs argued, their health**

needs such as physiotherapy services for the physically disabled and corrective surgery for children with disabilities are not catered for under the current NHIS policy. Similar findings also emerged from the work of Mensah et al., (2008), where PWDs argued that the NHIS does not provide them with assistive devices such as calipers and wheelchairs for the physically disabled, hearing aid for the hearing impaired and white canes and optical services, sunglasses for the visually impaired.

When both PWDs and the stakeholder interviewees were asked to give their general impressions on the effectiveness of the Persons with Disability Act; in the provision and protection of the rights of PWDs, both categories of respondents asserted that the Persons with Disability Act was not effective in providing for and protecting the rights of PWDs. To them, not all the aspects (provisions) of the Persons with Disability Act have been implemented yet. They bemoaned that, even for those provisions that have been implemented, enforcement has been a problem and this has derailed the good intentions behind the implementation of the act. The low pace of implementation is however attributed to the fact that there are no enough structures at the district level to implement the provisions in the Act to the letter. For example, there is no District Disable Council to highlight some aspects of the rights of PWDs to the people. Thus, there is low level of public education on the Act and this makes its implementation difficult. Similarly, Mensah et al., (2008) noted in their work that, the weak organizational capacity of the OPWD was responsible for the inability to enforce and fulfil the provisions in the Persons with Disability Act.

5.11.3 Attitudes of society towards YWDs in the **Nadowli-Kaleo District**

The purpose of this question was to help unearth some of the negative socio-cultural beliefs and practices that seem to infringe on the fundamental human rights of PWDs;

and to some extent, deny them the right to social protection and care from those state institutions that are meant to deliver social protection and support to PWDs. On the question of how people in the Nadowli-Kaleo District perceive of disability and PWDs, both stakeholder interviewees and PWDs who participated in the focus group discussions lamented on the negative perceptions society holds about PWDs in the Nadowli-Kaleo District. The study revealed that, society sees disability as a misfortune that has befallen on the individual that is disabled and his/her family. Misfortune here is construed in negative terms; that most PWDs are evil persons and that is the most reason God has given them disability as a form of punishment. Some others also perceive children born with disabilities to be evil or spiritual beings that are given to the parents of the child born with disabilities. They explain it as a punishment of a kind for some wrong the parents of the child born with disabilities might have committed in the past. Similar findings emerged from the work of Fofoame (2009); where the only explanation offered to parents who give birth to disabled children is that the gods are annoyed with them.

It was further revealed that if not for recent interventions by NGOs, FBOs and CS Os, many more children born with disabilities would have been buried alive than those that have been allowed to live. A blind man recounts: "some of us are lucky we were not born with our disabilities; rather we got them later in life. If not, we could have been buried alive in those days". Accordingly, the way some PWDs are sometimes isolated; in terms of their sleeping places, feeding arrangements and on social issues, demonstrate that there is a negative connotation on disability. Even relatives of PWDs are culpable of meting out some form of injustices to their own disabled relatives. To some extent, they are the people who even help to worsen their plight. To substantiate this claim, another participant remarked:

> The roof of my hut has being leaking for the past three years. I have pleaded with my relatives to assist patch it for me, but all these years they have not listened to me. They wouldn't even come round to see the problem I am facing. It is only my sister who sometimes brings me food and comes to sympathize with me. My other relatives distance themselves from me as if I am the worst of God's creation.

Although it was revealed by the stakeholders that there are no taboos within the district that prevent people from living with their relatives with disabilities, it was found out through the focus group discussions that, majority of the PWDs interviewed were not living with their families. Also, even where the stakeholders interviewed unanimously claimed there are no restrictions to employing PWDs in most places of work, but it was revealed from the focus group discussions that most PWDs in the Nadowli-Kaleo District do not have any secured employment. It was further revealed that PWDs in the Nadowli-Kaleo District are also despised by many in society and as a result, they have only few friends to share their problems with. These revelations were further cemented with the strong agreement of most stakeholders interviewed that PWDs in the district were known to be very poor persons, without secured jobs, no decent accommodation and mostly engaged in street begging.

Upon all these negative attitudes visited on the disabled fraternity in the Nadowli-Kaleo District, the study still revealed that when PWDs are doing well on certain careers; such as singing, dancing, farming, sports and teaching, people turn to pass rather negative comments about them. Thus, when PWDs excel in certain fields in life, it is perceived to be the witchcraft in the person that has enabled him/her to achieve that far. When they also make efforts to marry and procreate, their efforts are

curtailed on frivolous grounds. According to the findings, some people see the situation where abled bodied persons marry to PWDs as a task equal to a dog catching an elephant. They would proverbially remark; "Whose dog is supposed to catch the elephant". Naami (2010) came out with similar findings where many people frown on marriage with PWDs because of the beliefs held about disability.

5.11.4 Problems associated with social protection for PWDs in Nadowli-Kaleo District

Under this research question, the themes that emerged were the challenges the institutions that are responsible for channelling social protection services to PWDs in the Nadowli-Kaleo District face. The research findings indicated that the institutions involved are saddled with many challenges relating to the promotion and protection of the rights of PWDs. The challenges are multidimensional. The aspect of material resource is perhaps the most important resource every organization may need for smooth running of its activities. However, the findings showed that the various institutions do not have either decent office accommodation, furniture, computers and means of transport to embark on outreach and education programmes. The DSW is supposed to superintend over the disbursement of the 2% allocation of the DACF to PWDs and to also enrol vulnerable persons; including PWDs into the LEAP cash transfer programme in the Nadowli-Kaleo District. However, the DSW in the Nadowli-Kaleo District has no vehicle to enable their staff embark on outreach programmes to remote communities where the LEAP programme is in operation.

As a result of inconsistencies in the release of funds from central Government to the institutions charged with the responsibility of extending social protection services to PWDs, the institutions face financial constraints in their bid to expand social

protection services to vulnerable groups, including PWDs. Although they are strong advocates of social protection and social welfare services to vulnerable groups, the DSW, CHRAJ, and NHIS are to some extent reliant on central Government for funding to undertake their constitutional obligations. The insufficient funding from the central Government have compelled NGOs, CBOs, FBOs and sometimes benevolent organizations and individuals to come to the aid of PWDs with financial or material assistances. Thus, World Vision International (WVI) and HAYTAFORD were identified by stakeholders as the two most important NGOs in the district that are complementing the efforts of Government in this direction.

It also came out that the human resources situation of the institutions involved in delivering social protection services to PWDs was not the best. The institutions have no adequate staff qualified enough to appropriately attend to issues of PWDs that require professional competence and analytical thinking. This assertion is evident from the fact that, during the data collection stage, most of the officers I came into contact with in most of the institutions were National Service Personnel who knew little about the institutions they were working with. For instance, the claim by PWDs that whenever they are sick and get to the health institutions in the district, they are not attended to by medical personnel specialized in their area of disability confirms the poor human resource base of the institutions that provide social protection services to PWDs. SEND-Ghana (2010a) came out with similar findings that; there is disproportionate growth in NHIS membership and number of Professional Nurses in the Northern, Upper East and Upper West Regions and this advertently could affect the deliverance of health care services through the NHIS.

One other problem that seems to hinder the delivery of social protection services to PWDs in the Nadowli-Kaleo District is that, PWDs are not involved in the decision making process at the National and District Assembly levels. To the PWDs interviewed; they think their denial of information on the distribution of the DACF is due to the fact that they have no representation at the District Assembly. They conceded to the fact that PWDs were not barred from contesting national elections; however, they attributed their unwillingness to stand for national elections and to participate in the governance process to the insanitary political atmosphere in Ghana and the Nadowli-Kaleo District in particular. To some extent, PWDs also think social protection services in the district had been politicized. The reason they advanced to support their claim that social protection services to PWDs in the district had been politicized was the fact that DACF is distributed to PWDs only in election years in the Nadowli-Kaleo District. They also bemoaned the inconsistencies in the release of the DACF by central Government to the various MMDAs. SEND-Ghana (2010b) cited similar findings, where the recurring delays in releasing the DACF to the MMDAs was noted as an obstacle to PWDs' access to the disability share of the fund.

5.12 SUMMARY

In this chapter, the data provided by the interviewees have been discussed in relation to the literature, especially those reviewed in chapter two. The chapter firstly discussed the research findings on social protection and support agencies in Ghana and their impact in protecting the rights of PWDs in the Nadowli-Kaleo District. This was followed by the analysis of the contributions of the Persons with Disability Act of 2006 (Act 715) towards providing safety nets for PWDs in the district. The chapter further analysed the data on the attitudes of society towards PWDs in the Nadowli-

Kaleo District. The common themes identified and discussed hereof were mainly on extreme poverty, neglect, gross human rights violation; and social, economic and political discriminations of PWDs. The chapter finally analysed the data obtained on the problems associated with social protection for PWDs in the district. The next chapter presents the summary of findings of this study. It primarily demonstrates how the key research questions of the study have been addressed. Conclusions and recommendations are presented here; with other relevant issues highlighted.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 INTRODUCTION

This final chapter provides a brief overview of the study, highlights the major findings to draw conclusions and to suggest a way forward. The chapter is categorized into six sections. The first section demonstrates how the original research questions and objectives set have been answered. The findings are summarized under the research questions. The next section takes a look at how the study has contributed to knowledge. This is followed by the third section which concludes by giving a brief summary of the study. Section four covers recommendations for promoting effective social protection practice for PWDs. The penultimate section discusses the limitations while the last section highlights on new areas opened for further research. As already noted, the purpose of this study was to take a look at the effectiveness of social protection for PWDs in the Nadowli-Kaleo District.

Four objectives were set out and these were to find out: the various social protection and support agencies in Ghana and their impact in protecting the rights of PWDs in the Nadowli-Kaleo District; the contributions of the Persons with Disability Act towards providing safety nets for PWDs in the Nadowli-Kaleo District; the attitudes of society towards PWDs in the Nadowli-Kaleo District and the problems associated with social protection and support provisioning for PWDs in the Nadowli-Kaleo District. To achieve these objectives, the study sought the views of respondents using interviews and focus group discussions. Due to the exploratory nature of the research, the researcher employed the qualitative research approach in conducting the research. The research design was phenomenological in approach and purposive sampling

method was used to obtain a sample size of 50; made up of 20 stakeholder respondents and 30 PWDs. The 30 PWDs were put into three groups of ten persons each; consisting of the groups of the blind, the deaf and dumb and persons with physical disabilities.

6.1 SUMMARY

In summary, the following research questions and responses were derived from the research:

6.1.1 Social Protection and support agencies in Ghana and their impact in protecting the rights of PWDs in the Nadowli-Kaleo District

Over 90% of the interviewees claimed they were aware of some institutions that provide social protection services to PWDs in the Nadowli-Kaleo District. They were able **to** mention at least two institutions from among the NHIS, DSW, CHRAJ, LEAP, HAYTAFORD, World Vision International (WVI) and the DACF as examples of institutions or programmes that provide social protection for PWDs. Majority of them also claimed that social protection institutions in the district were made up of both Government and Non-Governmental institutions. On the effectiveness of the institutions that provide social protection services to PWDs in the district, majority of the interviewees claimed the institutions were not effective in providing the social protection needs of PWDs. The reasons they advanced to support their claim included financial constraints on the part of the institutions, lack of logistics to facilitate the operations of the institutions, inadequate material resource needed for the smooth running of the institutions and inadequate personnel skilled enough to appropriately deliver social protection services to PWDs.

6.1.2 Contributions of the Persons with Disability Act of 2006 (Act 715) towards providing safety nets for PWDs in the Nadowli-Kaleo District

The general impression of interviewees to the question was that, most of the provisions in the Persons with Disability Act of 2006 (Act 715) had not received progressive attention since the Act was passed into law in 2006; and as result, it has not contributed much towards providing safety nets for PWDs in the Nadowli-Kaleo District. On the rights of persons with disability, it was revealed that, to some extent PWDs do not have the right to family life, or the right to participate in social, political or recreational activities. It was further revealed that PWDs had limited access to public places due to the slow pace in complying with the ten year moratorium given; to make all public buildings accessible to PWDs. On the employment of PWDs, it was unanimously asserted that, only a small number of PWDs had jobs and it was not also easy for them to get jobs even when they had the requisite skills.

On the education of PWDs, it was revealed none of the provisions in the Act concerning free education for the disabled child, provision of disabled facilities in schools and so on had been addressed. Finally, on the aspect of health care and health facilities, the study revealed that PWDs do not have access to any form of free general and specialist medical care. They usually pay for their medical treatment on equal grounds with the abled bodied persons. On registration of PWDs for National Health Insurance cards, it was revealed most PWDs pay for their registration and the amount paid was the same as everybody else. They however commended the non-state actors for their role in assisting PWDs with assistive devices. They blamed the non-compliance and non-enforcement of the provisions in the Act on disability based discriminations.

6.1.3 Attitudes of society towards PWDs in the Nadowli-Kaleo District

The study revealed that the attitudes of abled bodied persons towards PWDs in the Nadowli-Kaleo District had not been the best. One aspect that emerged strongly from the interviews was the denial of the rights of PWDs with impunity and on cruel grounds. Access to social protection benefits such as the DACF and NHIS/free health care services have often been denied them by the state institutions that are supposed to deliver such services to them. They also lamented on the negative perceptions society holds about PWDs in the Nadowli-Kaleo District. The study revealed that, society sees disability as a misfortune that has befallen on the individual that is disabled and his family. As a result, PWDs are sometimes tagged as evil persons and children born with disabilities are particularly perceived to be evil or spiritual beings that are given to the parents of the child born with disabilities. In the past, children born with disabilities were buried alive. These negative connotations about disability make PWDs to be despised by many in society. Furthermore, PWDs were identified as very poor persons, without secured jobs, no decent accommodation and mostly engaged in street begging. Although they have names, society mostly identifies them with stereotype labels that are derived from their disability. Above all, PWDs are not permitted to become chiefs without any tangible reasons. The insistence that PWDs marry to their colleague PWDs only, is a clear case of discrimination against PWDs and the dominance of negative socio-cultural beliefs and practices in the district.

6.1.4 Problems associated with social **protection for PWDs** in the Nadowli-Kaleo District

The findings indicated that the institutions involved in social protection delivery are saddled with many challenges relating to the promotion and protection of the rights of PWDs. The findings showed that the various institutions were resource constrained.

They do not have decent office accommodation, furniture, computers and vehicles to facilitate their work. Also, inconsistencies in the release of funds from Government to the institutions make them financially constrained in their bid to expand social protection services to PWDs. It also came up that the institutions do not have adequate staff qualified enough to appropriately attend to issues of PWDs that require some level of professional competence. PWDs also claimed that social protection services in the district have been politicized enough and this has created problems for the institutions involved.

6.2 CONTRIBUTION TO KNOWLEDGE

The study contributes significantly to the literature on social protection for PWDs in the Nadowli-Kaleo District. There is substantial literature on PWDs in Ghana and the problems they encounter; particularly relating to gross human rights violation, extreme poverty, neglect and social, economic and political discrimination. There is also ample literature on institutions and constitutional provisions established by the State and Non-state Actors alike, to prevent and protect issues of gross human rights violation, extreme poverty, neglect and social, economic and political discrimination faced by PWDs. There is however limited literature on the level of performance of the state institutions and the level of enforcement of the constitutional provisions; that are meant to extend social protection services to all vulnerable groups, with PWDs inclusive. The study therefore intends to fill this gap.

A better understanding of what constitutes the effectiveness of these institutions and provisions in the promotion and protection of the rights of PWDs in the Nadowli-Kaleo District has been developed through the themes relating to the availability and effectiveness of the institutions in protecting the rights of PWDs; the contributions of the Persons with Disability Act towards providing safety nets for PWDs; the attitudes

of abled bodied persons towards PWDs; and the problems associated with social protection delivery to PWDs in the Nadowli-Kaleo District. Such awareness will help stakeholders and advocates in disability rights in the district, especially the government institutions and disability rights expects, to develop appropriate and effective strategies and policies to address the problems PWDs face. This research also contributes to knowledge about the complementing roles of CSOs, NGOs, CBOs and FBOs in providing social protection services to PWDs.

Lastly, a key finding of the study lies in unveiling the factors that affect the provision of social protection for PWDs. This study will therefore help institutions that provide social protection services to PWDs to identify the shortfalls in their programmes and redesign their activities for better results. Although literature in Ghana emphasizes that PWDs are saddled with many problems including what this study has come out with, no study has attempted to identify the factors responsible for some of the problems PWDs face in the Nadowli-Kaleo District. This study has the potential to improve the approach human rights institutions in general and the institutions that provide social protection services to PWDs in particular; will use in advocating for the rights of PWDs and in providing social protection services to PWDs.

6.3 CONCLUSION

Ghana acceded to and ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The country is therefore obliged to comply with its provisions as a state party. It has the obligation to respect, promote, protect and fulfil the rights of PWDs. More specifically, the state pledged commitment to protect and promote the rights of PWDs through legal means. This implies that the state must promote recognition and observance of the rights of PWDs in the country. Since the ratification, there have been legislations, policies, programmes and other measures in

promoting and protecting the rights of PWDs. However, these initiatives have not transformed the situation of PWDs as yet. For almost a decade that the nation has entrusted the promotion and protection of the rights of PWDs into the care of the Department of Social Welfare and other state agencies such as CHRAJ and the NHIS, these state agencies have failed to put in place direct policy road map to implement the provisions in the UNCRPD; in order to ameliorate the suffering PWDs go through in life. As a result, PWDs in the Nadowli-Kaleo District continue to experience extreme poverty, neglect, human rights abuse; and social, economic and political discriminations.

6.4 RECOMMENDATIONS

Based on the findings of this study, several recommendations could be made for the institutions that provide social protection services to PWDs in order to improve upon their effectiveness in the promotion and protection of rights of PWDs. Whereas some of these recommendations have to be considered at the local level, others need to be given attention at the national level.

In line with the findings of the study, measures are needed to ensure that PWDs in Ghana benefit fully from the nation's ratification of the UNCRPD; taking into consideration our socio-cultural background.

For institutions that provide social protection services to PWDs to be effective in the discharge of their responsibilities, the measures firstly need to include proper financial and material resourcing of the institutions to enable them administer social protection services to PWDs with less difficulty. In addition, the financial administrations of these institutions; particularly the District Assembly need to be streamlined in order to prevent the misappropriation of the 2% share of the PWDs fund. Although there is a

committee in-charge of the disability fund at the District Assembly, the committee sometimes has to contend with the effects of no money syndrome or the common fund has been delayed syndrome. This in turn affects the ability of the institutions to provide social protection services to PWDs. It is therefore recommended that the Ministry of Finance and Economic Planning should expedite actions to releasing the statutory payments to the DACF Administrator; to in turn enable the DACF Administrator release funds to the various Metropolitan, Municipal and District Assemblies.

Secondly, the effectiveness of an organization or a programme intervention largely depends on the calibre of personnel involved in the administration of the programme. Apart from the institutions to deliver social protection services to PWDs suffering from inadequate essential staff, the few personnel that they have also lack the specialized knowledge and professional competence required to attend to the health and socio-economic needs of PWDs. It is therefore recommended that the necessary steps be taken by Government to train adequate numbers of specialized health and other essential personnel for the various areas of disability health and social protection provisioning for PWDs. If the Government is not capable of training specialized personnel in the various areas of disability at the moment, then the 'step in professionals' should periodically undergo refresher courses to up-date their skills and knowledge on the job.

Public knowledge on issues of the rights of PWDs is woefully inadequate. Although there might be appropriate laws and some incentives design to protect and help PWDs, the awareness is very little. Issues of general fundamental human rights are more on the lips of the public than issues of the rights of PWDs. It is therefore important for the institutions concerned for general public education; stakeholders and

advocates in disability issues to do more public education by visiting communities and institutions to educate people on the rights of PWDs. Effective education on the rights of PWDs should be filmed publicly in communities and institutions; and some atrocities meted out to PWDs and the accompanying punishments for such atrocities should be shown on various television stations for people to see. This will create the awareness of disability rights in people and also deter those who derive pleasure from dealing cruelly with PWDs.

Most importantly, the Persons with Disability Act should be strengthened. Strengthening the Act to achieve its constitutional mandate on the rights of PWDs makes great sense. Ghana continues to attract the international community due to its good human rights record and this must be sustained. If the Disability Act is strengthened and the various provisions in the Act enforced, PWDs in the Nadowli-Kaleo District would be relieved from some of the difficult conditions they face. In brief, PWDs will have the right to family life and social participation; access to free health care and education, access to public places, services and employment opportunities.

6.5 LIMITATIONS OF THE STUDY

Being an Assembly Member in the Nadowli-Kaleo District where the study is conducted, I had developed some understandings and had some preconceived notions about the behaviour of some respondents in the context of the study. Therefore, there could have been the temptation to allow the interpretation of the interview data to be influenced by these understandings and preconceptions rather than allowing the data or the participants to speak for themselves. Being aware of this, I tried to avoid any initial intuitive interpretation rooted in my own personal experience (Davis, 2002, cited in Jones et al, 2006).

Moreover, since the research instruments often gathered the views and opinions of the participants, it was realised that some of the participants could potentially be identified. The threat to confidentiality and anonymity of information provided by the respondents was higher, considering the detailed explanations they provided. Therefore, I decided to fine tune from the data any comments/quotations that could denigrate the reputation of some persons and as such, expose the identity of any of the participants for questioning or possible attack. However, Henn et al. (2006) argued that, in deciding what to include and what not to, we must accept that we are introducing a degree of subjectivity; but I ensured that I presented a balanced picture of the data fined tuned in order to reflect the competing perspectives found in the data.

Another limitation of the study is related to the sampling of the population of the study, consisting of only officials of CHRAJ, DSW, NHIS, the District Assembly Secretariat, Assembly Members, DFMC Members, HAYTAFORD and PWDs in the Nadowli-Kaleo District. However, I recognized that other stakeholders such as teachers and parents of children with disabilities and Nurses in the various health facilities had something to say about the phenomenon investigated. The exclusion of these stakeholders was felt, especially during the presentation of the findings and the data analysis, because their views could have the potential to clarify some issues raised by the participants.

In line with the above is also the fact that in the focus group discussions with PWDs, only three groups of PWDs (the blind, the deaf and dumb and the physically challenged persons) were interviewed. It would have been appropriate to also interview persons with mental health problems and those suffering from Down Syndrome and Autism; as they also face some form of abuse, poverty, neglect and social, economic and political discriminations. I however excluded these categories of

PWDs from the focus group discussions because I found it difficult for them to appropriately respond to the research questions. Moreover, I could not also guarantee my security in interreacting with especially the mental ill persons at this level.

In spite of these limitations, it could be said that the phenomenological approach was appropriate for the study. It was suitable for answering the key research questions set out in the introductory chapter, and allowed the problems facing PWDs and their social protection provisioning to be investigated.

6.6 SUGGESTIONS FOR FUTURE RESEARCH

The present study covered only one district in Upper West Region. A replication of the study in other MMDAs is suggested to confirm or otherwise, refute the results of the study. The methods adopted for this study can be used for replication. Furthermore, effective social protection provisioning to PWDs; through the promotion and protection of the rights of PWDs requires the collaboration of the major stakeholders. This means that the provision of social protection services to PWDs cannot be totally effective when it is solely left on the shoulders of Government. Families, members of the society and the Non-State Actors have to collaborate with the efforts of the state to improve upon social protection for PWDs. A research is required therefore, to look at the effectiveness of these collaborative agencies; especially the Non-State Actors in the provision of social protection services to PWDs.

Additionally, social protection for PWDs is derived from the promotion and protection of the rights of PWDs. Therefore, the promotion and protection of the rights of PWDs has direct effects on social protection for PWDs. It is appropriate

therefore, for further research to be conducted into the promotion and protection of the rights of PWDs and its effects on social protection for PWDs.

Furthermore, social protection for PWDs is totally linked to social protection for vulnerable persons in society. Therefore, an improvement of social protection for the vulnerable in society has direct effects on PWDs and so it is appropriate for further research to be conducted into the effectiveness social protection for the vulnerable in society and its effects on PWDs.

As already indicated, acceding to and ratifying the UNCRPD, Ghana is obliged to comply with its provisions as a state party. Research is therefore required to explain how the provisions under the UNCRPD can fully be operationalized in the Ghanaian context. It is hoped that future research focused on these and other related views can help improve the state of social protection for PWDs in a more holistic way.

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APPENDICES

UNIVERSITY FOR DEVELOPMENT STUDIES (UDS)

FACULTY OF INTEGRATED DEVELOPMENT STUDIES (FIDS)

WA CAMPUS

APPENDIX A: INTERVIEW GUIDE FOR STAKEHOLDER PARTICIPANTS

INTRODUCTION

I am an M.Phil Social Administration student in the Department of Social, Political and Historical Studies (SPHS) of the University for Development Studies, Wa **Campus. You have been identified as an important person who can provide useful information on the topic:**

SOCIAL PROTECTION FOR PERSONS WITH DISABILITIES IN THE NADOWLI/KALEO DISTRICT

The study is for academic purposes only and I would appreciate it if you provide me with honest and thoughtful answers on the above mentioned topic. You are assured that all information you may provide for the purpose of this research shall be strictly confidential and that your name will not be associated with the comments you make.

SECTION A: Background Information of Respondents

1. Gender:

2. What is your age?

3. What is the highest level of **education** you attained?

4. What is the name of the institution you work with?

5. How long have you been with the Institution?

6. What position(s) do you hold in the institution?

SECTION B: Awareness of Social Protection for PWDs

7. Do you know about any institution(s) that provide social protection services to persons with disability in Ghana?

If No to question 7, you can skip to question 12 in Section C.

8. Do you have any of these institutions operating in the Nadowli-Kaleo District? If

No to question 8, you can skip to question 12 in Section C.

9. Are these institutions governmental or non-governmental?

10. Could you mention at least two of these institutions in the district?

11. In your opinion, are these institutions mentioned above effective in providing the social protection needs of PWDs in the District? Give reasons to support your claim.

SECTION C: Provisions in **the Disability Act** of **2006 (Act 715)**

12. How do you perceive of Ghana's Disability Act of 2006 (Act 715) in the provision and protection of the rights of persons with disability?

13. Does the Government through some public employment processes provide assistance for persons with disability to find employment?

14. Does Government provide free health care services to PWDs in the district?

15. If yes, how effective are these free health care services to persons with disability?

16. Does Government provide incentives for persons with disability engaged in business as well as their employers?

17. Are there training programmes for the unemployed person with disability to provide them with job skills?

18. If yes, briefly state how PWDs access these training programmes.

19. Do you know of a rehabilitation centre for PWDs in any part of the district?

20. If yes, what is/are the name(s) and location(s) of the rehabilitation centre(s)?

21. In your opinion, how possible is it for persons with disability to find employment?

22. Do persons with disability have easy access to public places/buildings?

23. Briefly comment on the effectiveness of the Persons with Disability Act in the provision and protection of the rights of persons with disability.

SECTION D: Attitudes of Ghanaians towards PWDs

24. Do you have a person with disability living with you in your family?

25. Are there taboos within the district which does not permit people to live with PWDs? If yes, briefly state the reasons/beliefs behind this taboo?

26. Do you have a person with disability employed in the institution you work? If yes to question 26, you can skip to question 29

27. Is it allowed to employ PWDs in the institution?

28. If No to question 27, what are the reasons for not employing PWDs in the institution?

I will read the following statements about PWDs in the Nadowli-Kaleo District and you are required to appropriately answer on the five points scale, your degree of

agreement. The responses are: strongly agree (SA); agree (A); neutral (N); disagree (D) and strongly disagree (SD)

S/N	Statements	SA	A	N	I)	SD
29,	PWDs are despised by many in society and have only few friends.					
30.	PWDs do not have the right to family life, or right to participate in social, political or recreational activities					
31.	PWDs are very poor persons without secured jobs, no decent accommodation and mostly engaged in street begging.					
32.	PWDs do not have access to free health care delivery (medical, rehabilitative and assistive devices).					
33.	The PWDs share of the District Assembly Common Fund (DACF) is not easily accessible to them.					
34.	The subscription of PWDs as indigenes to the NHIS is only limited to persons with severe disabilities					
35.	Special education schools for PWDs are woefully inadequate in Ghana and there is none in the district.					
36.	PWDs are not allowed to hold traditional leadership positions.					
37.	Traditional beliefs that people have on disability influences how PWDs are handled in society.					

38.Briefly describe any discrimination faced by PWDs in the Nadowli-Kaleo District.

Thank you for participating in this research process. God richly bless you.

APPENDIX B: FOCUS GROUP DISCUSSIONS QUESTIONS GUIDE FOR PWDs

UNIVERSITY FOR DEVELOPMENT STUDIES (UDS)

FACULTY OF INTEGRATED DEVELOPMENT STUDIES (FIDS)

WA CAMPUS

SECTION A: Awareness of Persons with Disability Act, 2006 (Act 715)

1. Have you ever heard of the Persons with Disability Act, 2006 (Act 715)?

2. How familiar are you with the provisions in the act?

3. What is the level of Government's commitment to disability issues compared to other issues?

SECTION B: Access **to Health** Care and Health Facilities

4. Do you have access to free health care services? (Medical, rehabilitative and assistive devices)

5. Do you have access of free subscription onto the National Health Insurance Scheme? Or are you required to pay a token before you are registered?

6. Do you get specialist care any time you attend hospital? (i.e. care from medical personnel who are specialist in your area of disability).

7. What challenges do you face in accessing health care services in the health institutions in the Nadowli-Kaleo District?

SECTION C: **Education of Persons with Disability**

8. In the district, is there a Ministry of Education designated school with the necessary facilities for educating PWDs who cannot attend mainstream schools?

9. Do you suffer any form of discrimination at school?

10. Is education free for Persons with Disability? Explain your answer with supporting reasons.

11. Summarize the challenges you face in your attempt to access formal education.

SECTION D: Political, Economic, Social and Cultural Participation