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EMPOWERING PERSONS WITH DISABILITY

**A MAPPING REPORT ON DISABILITY
INTERVENTIONS IN GHANA**

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**Africa
Centre for
Energy Policy**



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ACRONYMS

| | |
|---------------|---|
| CBR | Community Based Rehabilitation |
| CHRAJ | Commission on Human Rights and Administrative Justice |
| DACF | District Assemblies Common Fund |
| EC | Electoral Commission |
| EPI | Expanded Programme on Immunization |
| FIDA | International Federation of Women Lawyers |
| GAFL | Ghana Amputee Football League |
| GFD | Ghana Federation of Disability Organisations |
| LEAP | Livelihood Empowerment Against Poverty |
| LESDEP | Local Enterprise and Skills Development Programme |
| MASLOC | Microfinance and Small Loans Centre |
| MMDA | Metropolitan, Municipal and District Assemblies |
| MOH | Ministry of Health |
| NBSSI | National Board for Small Scale Industries |
| NCCE | National Commission for Civic Education |
| NCPD | National Council on Persons with Disability |
| NDC | National Democratic Congress |
| NGO | Non-Governmental Organisation |
| NHIS | National Health Insurance Scheme |
| NTD | National Neglected Tropical Diseases |
| PMMP | Prevention of Maternal Mortality Programme |
| PWD | Person with Disability |
| RCC | Regional Coordinating Council |
| SDG | Sustainable Development Goals |
| UN | United Nations |
| UNDP | United Nations Development Program |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organisation |

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EXECUTIVE SUMMARY

Ghana is signatory to a number of international conventions and has also enacted local laws and regulation which are all aimed at the inclusion of persons with disability in the national development process. To achieve these goals and ensure PWD inclusion, it is important for government, donors and other stakeholders to stay committed to mainstreaming disability inclusion across all policies, programs and interventions being implemented in the country. Given the context and the challenges, there is the need to map out the various practice interventions and policies on improving the conditions of PWDs in Ghana. This report maps out the interventions and actors working on the issues of disability. This gives an evidenced based understanding of the nature and scale of disability related exclusion in the country and know what works to prevent exclusion of PWDs. The mapping of the various interventions helps to identify the most effective disability inclusive actions and ensure that government and donor spending is equitable and result in the greatest possible impact for PWDs.

This report maps out the various interventions and policies aimed at enhancing the condition of PWDs in Ghana and identifies key state and non-state actors addressing the issue of PWD exclusion in the country. The research approach used for this study was the exploratory qualitative research technique. Interviews were conducted to purposively sampled respondents in the disability space. Study participants included persons from national state institutions, regional state institutions, non-state actors (NGOs) and disability groups. The WHO's Community Based Rehabilitation (CBR) framework was adapted and served as a guideline for categorizing interventions aimed at realizing the full inclusion and empowerment of PWDs. The interventions were categorized across the sectors of health, education, livelihood and employment, social inclusion, empowerment, advocacy and governance.

A total of 81 respondents were interviewed across the 16 regions of Ghana, covering institutions and organizations that have some responsibility of ensuring the inclusion of people with disability. These include National State Institutions, Regional Coordinating Councils, Regional Health Directorates, Regional Education Directorates, Regional Social Welfare Departments, Development Organizations (NGOs and Donors working on disability), and disability groups and associations.

The results of the mapping study reveal that some interventions have been and/or are being implemented to alleviate the plight of PWDs and ensure inclusion in the country; albeit, with numerous challenges. In some areas, there appear to be nothing done at all to support persons with disability. The ensuing paragraphs will highlight some of the key findings from the study.

On health, the study finds that there are no key interventions targeted at pregnant women with disabilities in terms of their access to maternal health care. Same can be said for children with disabilities. There are no distinct state interventions on child health from what was being done in the general pursuit of child health in the country. The most widespread intervention to prevent illnesses that causes disability is polio immunization.

Again, while the law provides for physical accessibility to all public spaces including hospitals and other health care centres, the evidence on the ground shows that this is not being implemented in several health facilities. This poses a great challenge to accessibility to health services by PWDs in the country.

In terms of education, while the government is operating an inclusive education policy, the implementation has not been as inclusive as would be desired. Children with intellectual disabilities and other developmental challenges still face barriers to accessing inclusive education.

Again, there are a number of special education institutions serving different kinds of disability dotted across the country. These institutions are however at the basic level giving PWDs very limited transitioning opportunities for higher special education. Indeed, there is only one secondary school for the deaf at Mampong in the Ashanti Region, which admits about 250 students per year. There are two schools in Ghana for the blind, one located at Wa in the Upper West Region and the other at Akropong in the Eastern Region.

The study also reveals several initiatives to support the livelihoods and economic empowerment of PWDs. These include the establishment of rehabilitation centers, implementation of the community-based rehabilitation program among others which are aimed at equipping PWDs with economic skills for their successful integration into society. PWDs in Ghana also have access to a disability grant (3% of the District Assemblies Common Fund) to engage in economic empowering activities. However, access to financial services, loans, grants and credit facilities remain limited as most banking and financial processes are not disability friendly.

Social interventions programs such as the Livelihood Empowerment Against Poverty (LEAP) programme and the National Health Insurance Scheme (NHIS) are key interventions implemented by the state which is aimed at eliminating poverty among PWDs and providing affordable health care for PWDs respectively.

EXECUTIVE SUMMARY

To foster social inclusion through sporting and recreational activities, the National Sports Authority has made commendable efforts at developing PWD interest in sports. Ghana has PWD sports teams that participate in international Paralympic events. Special Olympics, a global disability organization, provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities and developmental challenges in Ghana.

On political participation of PWDs, government's framework and strategies on Disability Mainstreaming in Metropolitan, Municipal and District Assemblies (MMDAs) was launched in 2018 and it mandates the reservation of a percentage of general assembly membership of these MMDAs for nomination of PWDs. PWDs are also encouraged to participate in the running of assemblies by contesting for position during district assemblies' elections.

During the electoral cycle, the Electoral Commission (EC) organizes sensitization programmes and workshops to give the leadership of the various associations within the Ghana Federation for Disability Organizations ample information on various activities. This information is later disseminated to their respective members.

A number of measures have also been put in place by the EC to ensure that PWDs fully take part in the electioneering process. They include inclusive registration, inclusive voter education and information including sensitization workshops for PWDs, preferential treatment from long queues, site selection of polling stations for accessibility, redesign of the polling booth for inclusive voting, tactile ballot jackets for Visually Impaired Voters among others.

The study also identifies several actors working on issues of disability in the country. These include state and non-state actors working towards alleviating the plight of PWDs, advocating for more support and promoting inclusion of PWDs in Ghana. The state actors include Ministries, Department and Agencies of state and the non-state actors include disability groups, donors, NGOs, faith-based organisations among others. This section discusses the role of these stakeholders in supporting PWDs.

While efforts are being made towards inclusion, several factors impede stakeholders in successfully implementing interventions to support PWDs in the country. These include the inadequacy of funds, very limited research into disability issues, limited participation of PWDs in the planning of these

interventions leading to poorly planned intervention among others. These challenges are effectively derailing the progress towards the full inclusion of PWDs in Ghana. Interestingly, these challenges cut across both state and non-state actors in the disability space.

Based on the aforementioned challenges that constraints the effective implementation of interventions to alleviate the plight of persons with disability, we propose the following actions to be taken to remedy the situation; timely release of budgetary allocations for intervention programs, participatory decision-making on disability policies, properly planned implementations, improved research on disability issues, changing public mindset and stereotyping and access to information on interventions.

01

INTRODUCTION AND BACKGROUND TO STUDY

1.0 INTRODUCTION

There is an estimated number of 900,000 people living with disabilities in Ghana¹. This means that an estimated 3% of the population suffer some form of disability. As the population ages and the chronic conditions that lead to impairment and disability become prevalent, this number is likely to increase in the future². Yet, the social integration systems leave these people marginalized and disrespected in many forms.

Persons with Disabilities (PWD) still face stigmatization and discrimination due to the negative perception a section of the Ghanaian society attaches to them. These misperceptions and myths are traditionally rooted in superstition and the cultural belief systems to the extent that disability is believed to be a curse or punishment for sins committed either by the PWD, parents of the PWD, or one of his or her ancestors³. This discrimination contributes significantly to the

challenges PWDs face in Ghana. In some instances, parents are unwilling to expose their children with disabilities to the public to avoid negative public reactions.

In the public spaces, persons with disability face exclusion across several sectors. They are more likely to be disadvantaged in accessing health care and education, participating in economic and work activities, political leadership, decision making, as well as increasing rates of poverty and vulnerability. For example, even though Ghana has a policy on inclusive education⁴, very little has been seen by way of implementation of the policy. Consequently, recent estimates show that four out of ten PWD aged three years and older have no formal education, while 17.4% have had primary school education⁵. Again, negative perceptions concerning the capability or fitness of PWDs to work is still pervasive in the country⁶.

It is important to highlight that women and girls with

¹ Ghana Statistical Service. (2012). 2010 Population and Housing Census. Ghana Statistical Service, 1–117. http://www.statsghana.gov.gh/docfiles/2010phc/Census2010_Summary_report_of_final_results.pdf

² WHO (2018, January 16) Disability and Health [Fact Sheet] Retrieved from <http://www.who.int/en/news-room/fact-sheets/detail/disability-and-health>

³ UNDP (2007). Ghana Human Development Report 2007: Towards a More Inclusive Society. Accra: UNDP.

⁴ Inclusive Education Policy http://www.voiceghana.org/downloads/MoE_IE_Policy_Final_Draft1.pdf

⁵ Ibid

⁶ Opoku-Boadi, D. (2015). Employers' Perception about Capabilities of Persons with Disabilities in the Asante Mampong Municipality in the Ashanti Region of Ghana. Kwame Nkrumah University of Science and Technology.

disability suffer disproportionately from discrimination. In most cases, they are discriminated against and marginalised for their gender, as well as for their disability⁷. Women with disability also face challenges with access to sexual and reproductive healthcare. Ganle et al (2016) suggest that although women with disability want to receive institutional maternal healthcare, their disability often makes it difficult for them to access skilled care⁸. Other related access challenges include: healthcare providers' insensitivity and lack of knowledge about the maternity care needs of women living with disability; negative attitudes of service providers; the perception from able-bodied persons that women with disability are not sexually active; and health information that lack specificity in terms of addressing the special maternity care needs of women with disability.

There have been progressive attempts by government and civil society to mitigate the exclusion of PWD in the Ghanaian society. The 1992 Constitution of Ghana recognises rights of PWD and provides for their equal treatment. Various policies and legislations have been developed to flesh out the constitutional provisions on PWDs. The National Disability Policy, Persons with Disability Act, 2006 (Act 715), and the Labour Act support the integration of PWDs through provisions such as fair treatment of PWDs in employment and education, protection of PWDs, and the provision of infrastructure to cater for the disabled in public places. Subsequent to these provisions, the Ghana Standards Authority has

also developed the Ghana Standards on Accessibility Design to guide the provision of access in public spaces for PWDs.

Beyond the local legislative efforts, Ghana is also signatory to international conventions and protocols that emphasise the development, integration and protection of the rights of PWD. These include the UN Convention on the Rights of Persons with Disability, 2006; the African Charter on Human and People's Rights; the African Decade of the Disabled 2000-2009; and recently, the Sustainable Development Goals (SDGs). The SDGs 4, 8, 10, 11, and 17 recognise the need for member states of the United Nations to;

1. Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable; including persons with disabilities, indigenous peoples and children in vulnerable situations by the year 2030.
2. Achieve full and productive employment and decent work for all women and men, including young people and persons with disabilities, and equal pay for work of equal value by the year 2030.
3. Empower and promote the social, economic and political inclusion of all; irrespective of age, sex, disability, race, ethnicity, origin, religion, economic or other statuses by 2030.
4. Provide access to safe, affordable, accessible and sustainable transport systems for all; improving road safety, notably, by expanding public transport

⁷ CBM (April 2018) The Intersection of Disability and Gender in the Global South: Narratives, Gaps and Opportunities - CBM UK advocacy paper.

⁸ Ganle, J. K., Otupiri, E., Obeng, B., Edusie, A. K., Ankomah, A., & Adanu, R. (2016). Challenges women with disability face in accessing and using maternal healthcare services in Ghana: a qualitative study. *PLoS one*, 11(6), e0158361.

giving special attention to the needs of those in vulnerable situations: women, and children, persons with disabilities and older persons by 2030.

5. Enhance capacity-building support to developing countries, least developed countries and small island developing states, to significantly increase the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant to national contexts by 2030.

To achieve these goals and ensure PWD inclusion, it is important for government, donors and other stakeholders to stay committed to mainstreaming disability inclusion across all policies, programs and interventions being implemented in the country. Given the context and the challenges, there is the need to map out the various practice interventions and policies on improving the conditions of PWDs in Ghana. This report maps out the interventions and actors working on the issues of disability. This gives an evidenced based understanding of the nature and scale of disability related exclusion in the country and helps to know what works to prevent exclusion of PWDs. The mapping of the various interventions help to identify the most effective disability inclusive actions, ensure that government and donor spending are equitable and also result in the greatest possible impact for PWDs.

1.2 Study Objectives

The primary question this mapping study sought to answer is:

- What are the various practice interventions and policies on improving the conditions of (PWD)

in Ghana and how do these meet the SDG benchmarks for the year 2030?

- Specifically, the study sought:
- To map out the various interventions and policies aimed at enhancing the condition of PWDs.
- To identify key state and non-state actors addressing the issue of PWD exclusions at both the regional and national levels.
- To assess how and to what extent the interventions by both state and non-state actors contribute to enhancing the issues of disability in the country.

1.3 Methodology

The study adopted the exploratory qualitative research technique as it aimed to explore and map out various interventions and policies directed at enhancing the lives of PWDs in Ghana; and how they respond to the Sustainable Development Goals (SDG). This approach was adopted because exploratory research design allows new insight, and ideas surrounding a social phenomenon to be studied (Brink & Wood 1998).

1.3.1 Description of Interventions

The SDG guidelines indicates that to engender an inclusive and global dialogue, the SDGs must be implemented in line with and build upon existing international and national commitments and mechanisms. Thus, the interventions' categorization of WHO's Community Based Rehabilitation (CBR) was adapted as the guiding framework for categorizing practice interventions aimed at realizing the full inclusion and empowerment of persons with disabilities. The CBR is the WHO's comprehensive and multi-sectoral strategy to equalize opportunities and include PWDs in all aspects of community life.

⁹ Brink, P.J. & Wood, M.J., 1998, *Advanced design in nursing research*, 2nd ed., SAGE Publications Inc., Thousand Oaks.

The five main intervention categories for the mapping are:

1. Health
2. Education
3. Livelihood and Employment
4. Social Inclusion
5. Empowerment, Advocacy and Governance

| INTERVENTION CATEGORY | DESCRIPTION |
|-----------------------|--|
| Health | Interventions that promote mental health and health awareness of PWDs. |
| | Includes interventions that ensure people with disabilities receive full immunization as required by WHO, national prevention programs against certain illnesses like polio and leprosy that could lead to disability. |
| | PWDs access and benefit from quality medical services appropriate to their life stage needs and priorities. |
| | Includes the interventions that ensure PWDs have access to rehabilitation activities and services. |
| | Interventions that help PWDs to access, use, and know how to maintain appropriate assistive products in their daily lives. |
| Education | Interventions that are conducive for children with disability to participate in and complete quality primary education in an enabling and supportive environment. |
| | Interventions that ensure PWDs experience post school options on an equal basis with their peers; make youth or adult centred learning opportunities available to PWDs to improve their life skills and living conditions; ensure PWDs participate in a variety of non-formal learning opportunities based on their needs and desires. |
| | Includes interventions that are conducive to education for PWDs and ensure smooth transitions through different stages of learning (Primary, secondary and Higher education); ensure PWDs have access to education in mainstream education facilities/inclusive education. |

| INTERVENTION CATEGORY | DESCRIPTION |
|---|---|
| Livelihood and Employment | Interventions that ensure/assist PWDs to acquire marketable skills on an equal basis with others through a range of inclusive training opportunities. |
| | Interventions that ensure or assist PWDs earn income through their own chosen economic activities. |
| | Interventions that ensure that PWDs have paid and decent work in the formal and informal sectors on equal basis with others. |
| | Interventions that ensure that PWDs have access to grants, loans and other financial services on an equal basis with others; ensure PWDs participate in local saving and credit schemes. |
| | Interventions that ensure PWDs have access to formal and informal social protection measures they need, social protection programs, such as poverty alleviation and out-of pocket payments that cover PWDs. |
| | Interventions that make PWDs feel valued as community members and have a variety of social identities, roles and responsibilities |
| Social Inclusion | Interventions aimed at ensuring PWDs participate in artistic, cultural or religious events in and outside their homes as they choose. |
| | Interventions that ensure PWDs are able to participate in inclusive or specific recreation, leisure and sports activities. |
| | Interventions to ensure PWDs access and use formal and informal mechanisms of justice and legal aid; ensure recognition of PWDs as equal citizens with legal capacities. |
| Empowerment, Advocacy and Governance | Interventions that ensure/assist PWDs to participate in political processes on an equal basis with others. |
| | PWD self-help groups that have come together to form federations to harness collective energy and influence positive change. |
| | Interventions that ensure/assist PWDs to effectively use communication skills and resources (including supportive decision making) to facilitate interactions and influence change. |

Table 1: Description of Interventions

1.3.2 Sampling Procedure and Sample Respondents

The study population was purposively sampled. This was to ensure that only respondents with sufficient knowledge of the issues were considered for selection. Qualitative data was collected through interviews with national and regional state institutions, non-state actors working on disability and disability groups in the country.

A total of 81 respondents were interviewed across the 16 regions of Ghana, covering institutions and organizations

that have some responsibility of ensuring the inclusion of people with disability. These include National State Institutions, Regional Coordinating Councils, Regional Health Directorates, Regional Education Directorates, Regional Social Welfare Departments, Development Organizations (NGOs and Donors working on disability), as well as disability groups and associations. Table 2 below provides information on the breakdown of numbers from each group.

| GROUP | NUMBER OF INSTITUTIONS |
|---|------------------------|
| Regional Education Directorates | 11 |
| Regional Social Welfare Departments | 14 |
| Regional Coordinating Councils | 10 |
| Regional Health Directorates | 6 |
| Development Organizations (NGOs and Donors Working on Disability) | 13 |
| Disability Groups and Associations. | 20 |
| National State Institutions | 3 |

Table 2: Respondents' Categorizations

02

KEY STAKEHOLDER ON DISABILITY ISSUES IN GHANA

2.0 INTRODUCTION

There are several actors working on issues of disability. These include state and non-state actors working towards alleviating the plight of PWDs, advocating for more support and promoting inclusion of PWDs in Ghana. The state actors include Ministries, Department and Agencies of state and the non-state actors include disability groups, donors, NGOs among others. This section discusses the role of these stakeholders in supporting PWDs.

2.1 Ministries, Departments and Agencies of State

In terms of scale of interventions, the government and its agencies are the largest stakeholder on disability issues in Ghana. The government is responsible for enacting laws and policies focused on supporting PWDs. The Ministry of Gender, Children and Social Protection is the government's ministry responsible for policy formulation on disability issues in Ghana. The Ministry also has the responsibility of developing interventions that foster the social protection and inclusion of PWDs in Ghana. Other ministries whose roles affect and impact PWDs include but not limited to;

- The Ministry of Local Government and Rural Development and its agencies (the Metropolitan, Municipal and District Assemblies) disburse the

three percent disability grants component of the District Assemblies' Common Fund (DACF). The Ministry also oversees the participation of PWDs in local political processes, and monitors implementation of development projects to ensure they provide access for PWDs

- The Ministry of Education and the Ghana Education Service – Responsible for ensuring inclusive and provision of special education for PWDs.
- The Ministry of Health and the Ghana Health Service – Responsible for ensuring health policies and programs are inclusive and deliberately targets the special health needs of PWDs in Ghana.
- The Ministry of Employment and Labour Relations – Responsible for developing employment policies that ensure access to decent and paid employment opportunities for PWDs.

2.2 National Council for Persons with Disability

The National Council on Persons with Disability (NCPD) was created by the Disability Act 2006 (Act 715) to propose and evolve policies and strategies to mainstream disability into the national development process. Beyond this, they also monitor and evaluate disability policies and programs. They are also responsible for maintaining a database of PWDs, institutions working

on disability issues. The Council has however been faced with funding challenges to the extent of affecting the delivery of its mandate. For example, the national disability database was last updated in 2015 because there are no funds to do yearly or biennial updates. The absence of such a database makes targeting PWDs with interventions difficult.

2.3 National Disability Network

The national disability network is a group of donors, civil society organisations, disability groups and NGOs working on disability issues of Ghana. The network which is convened by the Ghana Federation of Disability organisations is focused on mainstreaming disability issues into national policies through advocacy and engagement of relevant stakeholders at the national level.

2.4 Regional Disability Advocacy Networks

The regional disability advocacy networks are a group of organisations including National Commission for Civic Education (NCCE), Commission of Human Rights and Administrative of Justice (CHRAJ), Civil Society Organizations and NGOs working on disability, the security agencies, the traditional authorities, the Ghana Federation of Disability Organisations and the media. The network is responsible for identifying issues affecting the PWDs in each region and to draw up action plans for advocacy and engagement of relevant stakeholders.

2.5 The Ghana Federation of Disability Organisations

Established in 1987, the Ghana Federation of Disability

Organisations (GFD) is the national umbrella body of organisations of persons with disabilities in Ghana. GFD is visible at the national level and has branches in all ten (16) administrative regions of Ghana and in over 200 districts of Ghana. The core business of the GFD is to advocate for the rights of Persons with Disability by influencing policies, programmes and activities at the national and local levels and to strengthen the organisations of Persons with Disabilities. GFD concerns itself with advocacy on general disability issues while its constituent organisations focus on their specific disability needs.

The current organisations of GFD include the Ghana Blind Union, Ghana National Association of the Deaf, Ghana Society of the Physically Disabled, Ghana Association of Persons with Albinism, Mental Health Society of Ghana, Inclusion Ghana – a group for people with intellectual disability, Share Care Ghana – a group for people with auto-immune and neurological disorders, Ghana Stammerers Association and Burns Survivors Association. GFD also works with people with deaf-blindness and leprosy.

2.6 NGOs Working on Disability Issues

There are several Non-Governmental Organisations (NGOs) working across the country on various disability issues. The activities of these organisations range from advocacy, implementation of programs, provision of assistive devices and providing livelihood support and skills training for PWDs. These organisations play a very vital role in filling the interventions gaps that exist

by implementing interventions that supports persons with disability. They are also more likely to focus on smaller chunks and localize the issues facing PWDs than government and have developed specific programs for specific groups of disability or persons with disability.

The nature of these organizations includes a mix of community based, national and international organizations. Some individuals have also formed foundations in their names to advance the course of PWD issues in Ghana. Some of the key organisations identified in the study include: Empowerment Through Community Volunteering, Future Hope International, Kekeli Foundation, Lakeside Cross Disability Self-Help Group, New Horizon Foundation of the Blind, Basic Needs, Voice of People with Disability Ghana, Disability Needs Foundation, Centre for Employment of Persons with Disabilities (CEPD), Multi Kids Africa, SWEB Foundation, African Centre for Inclusive Development, Damango based Kachito Community Development Centre (KODEC), Campaign for Learning Differences (CLEL), Parent Association of Children with Intellectual Disability (PACID-GHANA), Offinso Grassroots Community Foundation, Stitching Abled Men, Autism Compassion Africa, Osteogenesis Imperfecta Foundation, Rex Yankey-Otoo (REYO) Foundation, Services and Advocacy for People with Intellectual Disability, Human Rights Advocacy Centre (HRAC), Disabled Equipment Sent Overseas (DESO), Power Empowerment (PEM), Kids and Single Parents Care (KSPC) Foundation, among others.

2.7 Donors and International Partners

The role of donors and Ghana's international partners in supporting actions for disability inclusion cannot be

overemphasized. Beyond giving financial and technical support to government programs aimed at alleviating the plight of persons with disability, they also fund and partner local NGOs, disabled persons organizations (DPOs) and community groups to undertake targeted localized programs and interventions for PWDs. Some of these donors and partners identified from the study include; the Danish International Development Agency (DANIDA), Open Society for West Africa (OSIWA), Ford Foundation, Disability Rights Fund, Mobility Equipment for Needs of the Disabled (MEND) Trust in New Zealand, UNICEF, STAR Ghana Foundation, Amplify Change, Sight savers Ghana, World Vision Ghana, USAID, Action on Disability and Development (ADD), Volunteer Services Overseas (VSO), World Health Organisation (WHO) among others.

2.8 Faith Based Organizations

Several faith-based organizations also take actions to support PWDs in Ghana. They do these through philanthropic activities that include donating assistive aids, providing shelter for children with disability among others. They are also very key in the social integration and inclusion of PWDs in the country. Some of these faith-based organizations include Catholic Bishops Conference, Christian Council of Ghana, Ahamadiyya Muslim Mission, National Muslim Council among others. A number of churches also provide relief support to PWDs. An example is the Charismatic Evangelistic Ministry which supports PWDs and launched a project in 2019 to build a safe haven for PWDs called the 'CEM Ability Village'.

03

DISABILITY INTERVENTIONS IN HEALTH

3.0 INTRODUCTION

The health of every individual is very important to the growth and development of every country. The state of health of citizens is often assessed on tenets such as awareness, efficiency and accessibility among others. Persons with disability are no exceptions when analysing issues of health. Generally, participants were of the assertion that health policies are formulated for all individuals, whether physically challenged or not.

3.1 Mental Health and Health Awareness

The study reveals that most of the interventions on Mental Health for PWDs have been focused on public education and awareness creation to reduce the stigmatization of the mentally disabled. Some interventions include;

- Engagements with the leadership of the disability groups on how to access mental health care for their members.
- Having dedicated people at the various health facilities to assist PWDs in accessing mental health care.
- Health professionals from hospitals and other community groups like Advocacy Network Group in Tamale organize workshops and seminars for PWDs with regards to their mental health.

- Some members of the Mental Health Society of Ghana (MHESOG) as well as their care givers have been incorporated as beneficiaries of the disability component of the district assembly's common fund.
- The assemblies also embark on public education to address the issue of stigmatization which is also one problem PWDs often encounter. Efforts have been made to punish people who abuse the mentally disabled in some communities.

3.2 Child Health and Disability Prevention

Generally, there are no distinct state interventions on child health from what was being done in the general pursuit of child health in the country. The most widespread intervention to prevent illnesses that cause disability is polio immunization. The Ministry of Health (MOH) and other partner organizations have instituted a number of programmes and are working through the primary health care system to prevent and fight against both infections and chronic disabling diseases. These programmes include the Expanded Programme on Immunization (EPI), the Ghana National Neglected Tropical Diseases (NTD), the National Buruli Ulcer Control programme, the Regenerative Health and Nutrition programme among others.

Beyond the state interventions, some non-state organizations engage PWDs in the area of child health. For instance, Kodec Send Ghana, an NGO at Damango in the Savanna region with the assistance of Charismatic Evangelistic Ministries (CEM) Ghana and its partners engage in public education on child health for PWDs.

The following practice interventions geared toward disability prevention were reported to be undertaken by both state and non-state actors;

- Sensitisation on timely reporting of any suspected case of disability in children to health centers for early care.
- Screening of children to enable early referrals to the hospital for proper diagnosis of any illness that could cause disability. This is done to mitigate the risk of curable illnesses deteriorating to cause disability.
- The disability groups and NGOs with funding from their partners also support special schools to acquire items needed to address their sanitation needs.
- The GFD also embarks on identification exercises to identify children with cerebral palsy as well as intellectually or developmentally challenged children. After being identified, they are enrolled in special schools with most of them provided with wheelchairs. All these interventions are funded with donations received from foundations, groups and individuals.

3.3 Maternal Health of PWDs

Women and girls are disproportionately affected by disability and they face challenges with access to sexual and reproductive healthcare. This notwithstanding, just like in child health for disabilities, no distinct state

intervention on maternal health care for PWDs has been reported by participants in the study. The general view was that state interventions to safeguard maternal health of all citizens included PWDs.

A number of interventions introduced by government to improve maternal healthcare such as the free maternal health services, Ghana VAST Survival Programme, Prevention of Maternal Mortality Programme (PMMP) and Safe-Motherhood Initiative are all-inclusive programs that do not specifically target pregnant women with disabilities.

Participants in the study bemoaned the little assistance given to the reproductive health of women with disability. To them, the health provisions are too general with no special considerations for women with disability. As a result, the basic demands of these women when they access health are deemed overbearing on the health care system

Nonetheless, non-state actors have also been active in promoting the maternal health of women with disability; albeit, on a zonal basis. Some of their interventions include arranging home visits by health professionals for the physically disabled to access maternal health care.

3.4 Access to Equal Medical Services

Medical services are expected to be accessed by all individuals on equal basis irrespective of one's status within the society. People with disability are often disadvantaged when it comes to access to facilities and services, thus the need to have interventions in place to aid them to access medical facilities and also benefit from available services.

The mapping reveals that by law (Persons with Disability Act, 2006), all public facilities including health facilities are supposed to be physically accessible with assistive devices and or personnel to make it easy for PWDs access healthcare when they visit the health facilities. Furthermore, specially trained people such as sign language interpreters are supposed to be available to help PWDs and health professionals give proper diagnosis and treatment of their ailments. The evidence on the ground shows that this is not being implemented in several health facilities due to funding and logistical constraints. This poses a great challenge to accessibility to health services by PWDs in the country.

In terms of interventions to ensure access to medical services, the National Health Insurance Scheme (NHIS), an initiative from the state was widely mentioned as an intervention that helps PWDs to have equal access to and benefit from medical services. The primary objective of the scheme is to make healthcare affordable and increase the general use of drugs and healthcare, particularly among the most vulnerable. People insured under the scheme have the opportunity to use outpatient facilities and public health services, especially in lower-income communities.

The scheme however does not cover the basic aids of PWDs including spectacles, clutches, and wheelchairs. These are deemed expensive and are excluded from the NHIS list.

3.5 Access to Using and Maintaining Assistive Devices

There are no visible efforts of the state on ensuring PWDs have access to using and maintaining assistive devices. Rather, the disability groups are leading efforts to seek

support to provide assistive devices such as white canes, wheelchairs, lenses etc for their members.

For example, it was revealed that in October each year, the Ghana Blind Union observes the ‘International White Cane Day’ to call for support for its White canes for all project. The main aim of this project is to provide mobility training and white canes for all blind people in Ghana. The Ghana Society for the Physically Disabled (GSFPD) has also been educating its members on the use and care of disability assistive devices.

Beyond the disability groups, some NGOs and philanthropists donate assistive devices to PWDs albeit on a small scale and often limited to their areas of operation. For instance, Disabled Equipment Sent Overseas (DESO), a United Kingdom (UK) based organization with operations in Ghana, collects and recycles assistive equipment that ordinarily would be unnecessarily disposed of in the UK and distributes them to needy PWDs in Ghana.

3.6 Access to Rehabilitation Activities and Services

The state has made some provisions to ensure PWDs have access to rehabilitation activities and services in Ghana. Some of these include;

- Establishment of rehabilitation centers in 10 regional capitals to train and empower PWDs with economic skills for their successful integration into the society.
- The Ghana Health Service is also promoting community-based rehabilitation which enables beneficiaries stay within their own communities rather than having to travel miles to access these services at the regional centers.

Some non-state actors such as Voice Ghana, an NGO

based in the Volta Region, provide small funding for persons with disabilities, especially children for corrective surgery, artificial limbs, callipers and crutches; as well as physiotherapy exercises.

3.7 Other Areas that Require Attention

While some commendable effort has been made in certain areas to promote the health and wellbeing of PWDs, some other areas have received little or no attention. Respondents were not abreast with the status of critical interventions required of government. For example, the Disability Act (2006) requires the establishment of assessment centers in every region of the country where children with special needs are assessed for appropriate remedial action to be taken. However, the study reveals that this is one area which has been greatly ignored within the healthcare system.

The study reveals that some forms of disability are generally recognized than others. For example, the blind, deaf and the autistic. Persons with Albinism and midgets also came up as groups often ignored as far as health issues were concerned. This was mainly because the society hardly recognizes for example, Persons with Albinism as persons with disability though they have peculiar challenges that could be resolved with support. The critical attributes that keep Persons with Albinism disabled are mainly their eyesight and skin which require glasses and skin protection from direct sunlight. However, state intervention for disabilities do not include sunglasses and umbrellas which are required for Persons with Albinism to improve their sight and reduce skin reaction to direct sunlight.

04

DISABILITY INTERVENTIONS IN EDUCATION

4.0 INTRODUCTION

Education is a right for all Ghanaians of school going age. As such, no person has to be denied access to education for any reason. However, people with disability are often either unable to access education or further their education to the highest level as a result of their disability. To ensure that all Ghanaians enjoy this right to education, interventions and policies are being implemented to facilitate access to education by PWDs. We assess the scope of these interventions from the perspective of respondents in this chapter.

4.2 Access to Education in Mainstream Education Facilities or Inclusive Education

The findings indicate that a number of interventions are being implemented to ensure that children with disabilities are able to participate in quality primary education in an enabling and supportive environment. A key intervention is the Inclusive Education Policy which requires all stakeholders to address the diverse learning needs of all citizens in the Ghanaian education system.

The Inclusive Education Policy makes provision for the following interventions among others for quality basic education.

- Screening children on their first day of school to observe whether they express any form of disability to determine the proper support needed for their education.
- Upgrade of old school buildings to be disability friendly and; ensure new school buildings and facilities are disability friendly.
- Training and re-training of teachers to guide children with disabilities at the primary level to ensure that the children have all the support they need at school.
- Provision of inclusive teaching and learning materials

Non-state actors also provide support to ensure there is a conducive environment for quality education for PWDs. This support includes the provision of teaching and learning aids, training for teachers on disability assessments, provision of assistive devices among others. For instance, Lakeside Disability Rights Advocacy Initiative, a local NGO in the Oti Region, trains Kindergarten (KG) teachers in identifying children with disability at the KG level. It was evident from the study that these interventions aimed at providing conducive environments for children with disability from non-state actors was not widespread but limited to places where there are NGOs working on the issues.

4.3 Equipping Teachers and Caregivers with Knowledge and Skills

In order to have a fully functional inclusive education system, there is the need for well trained and equipped teachers, and caregivers to be able to support children with disability in accessing quality education.

The University of Education, Winneba, is the only training ground for teachers who handle children with disability. The school trains special educators purposely to help children or persons with disabilities in schools. Caregivers, for example, those at special schools for the deaf and blind, are also given some training to equip them with the relevant skills needed for handling PWDs under their care. Exchange programs are also held periodically for teachers to share ideas with each other.

Non-state actors also sponsor and conduct localized trainings for teachers and caregivers. International bodies like UNICEF were particularly mentioned as some organizations that support the trainings of teachers and caregivers.

Parents also receive some form of training to enable them take better care of PWDs under their care. The Ashanti School for the Deaf at Jamasi for example trains parents of deaf persons in sign language to be able to properly communicate with their wards.

4.4 Smooth Transition of PWDs through the Stages of Education

The Ghana educational system starts from KG through primary school, Junior High School (JHS), Senior High School (SHS) to the various tertiary institutions. It is important to ensure a smooth transition through all the stages of the educational system. An inclusive

educational system will ensure that no one is left behind at any of these stages unless the person chooses to.

The only intervention that came up to ensure a smooth transition through the various stages of the educational system is the free registration of PWDs to participate in all examinations also obtain additional time and giving PWDs extra time during examinations to be able to complete their work.

The study reveals that aside these two, there are no deliberate efforts to smoothen the transition of PWDs through the various stages of the educational system. However, this was not known to many of the respondents.

4.5 Participation of PWDs in Non-Formal Education

For PWDs who for one reason or the other are unable to go through formal education or continue to the highest level, non-formal education is an option that should be available to them. Teaching PWDs useful vocational skills such as soap-making, dressmaking, animal rearing, among others are some of the interventions mentioned. These interventions are however targeted at adult PWDs and are often led by NGOs, sometimes with state support.

After these vocational trainings, some of the PWDs are given funds from the disability grant of the district assemblies common fund to support them in setting up their own enterprise.

4.6 Special Education Institutions for PWDs

Special education institutions exist in almost all regions. The Ministry of Education has a Special Education Division responsible for these specialised institutions

among which are schools for the deaf, the blind and a number of vocational training centres for PWD. There are more than ten primary schools for the deaf. However, there is only one secondary school for the deaf at Mampong in the Ashanti Region, which admits about 250 students yearly. There are two schools in Ghana for the blind, one located at Wa in the Upper West Region and the other at Akropong in the Eastern Region.

In addition, there are about 38 National Vocational Training centres situated throughout the country. The one in Biruwa, near Cape Coast, accepts mostly men at the boarding facility and trains approximately forty-five (45) PWDs a year in vocational skills. The other 37 centres accept only persons with minor disabilities. To be accepted at a centre, Junior High School graduation is required, and a fee must be paid. However, an application can be made to the local District Assembly for a fee waiver for PWD.

Some private individuals and philanthropists run special schools for persons with disability. Some of these private disability schools include; New Horizon Special School, the Reyo Paddock School, Epicenter Special School and the Autism Awareness Care and Training Center, all in Accra.

4.7 Areas of Education That Require More Attention

From the study, some areas of education for PWDs that require more attention include technical and vocational education or training, which is critical for economic empowerment. The existing number of vocational training centers is inadequate to fully satisfy the needs of PWDs. People have to travel long distances to access these centers which can be challenging for many parents who are already poor. Again, the existing centres can only accommodate few students in a year. Beyond

this, these centers are also poorly funded and lack the necessary resources to deliver quality training for PWDs. While considerable progress has been made towards inclusive education, the disability groups feel not much has been done at the basic level of education. This level of education for them is critical because it is the foundation on which subsequent experiences at other levels is built.

4.8 Groups of PWDs That Require More Attention in Education

Persons with intellectual disabilities and developmental challenges were popularly mentioned as the group of disability that have been ignored in education interventions in the country. Until recent awareness creation to correct negative stereotypes against them, these group of PWDs were often deemed incapable of learning to become independent and contribute to society.

Again, unlike other groups of PWDs such as the physically challenged who are able to take care of themselves to some extent, the intellectually disabled need a lot of support and attention. As such, the services and resources needed to assist them are often more complex and expensive. Consequently, they have been ignored over the years by the state.

There are few private schools that are offering services to children with intellectual disabilities and developmental challenges. However, these services tend to be expensive to the exclusion of the poor.

Even though stammerers adjust into the normal educational system, they believe they require special educational attention.

05

DISABILITY INTERVENTIONS IN LIVELIHOOD AND EMPLOYMENT

5.0 INTRODUCTION

The population pyramid of every given society has the work force brackets upon which the entire population depends economically. Thus, the age bracket that forms the work force group is often expected to be gainfully employed and economically independent in order to steer the economic engine of their society. In order to ensure that the greatest number of people in this bracket contribute to the economic growth of the country, states often empower identifiable groups within the work force age brackets in the form of policies and interventional programs. Among these identifiable groups are the persons with disability (PWDs), the youth and women. Persons with Disabilities need support and assistance to be able to improve upon their wellbeing and participate in social and economic life on equal basis with others.

5.1 Acquiring Marketable Skills on Equal Basis

The state has instituted a number of programs and interventions to ensure that PWDs access marketable skills on an equal basis with every citizen. Some of these include;

- The Local Enterprise and Skills Development Programme (LESDEP) where PWDs are being empowered through training in skills and are being supported with equipment and machinery.
- Another intervention is the national community-

based rehabilitation programme (CBR)

- Establishment of rehabilitation centers in all regional capitals to train and empower PWDs with economic skills for their successful integration into the society.
- The National Board for Small Scale Industries (NBSSI) which tends to provide inclusive skills training for all citizens.

Non-state actors also have interventions put in place to assist PWDs acquire marketable skills and a means of livelihood. Some NGOs like World Vision International have been mentioned by majority of respondents as key actors in providing such opportunities for PWDs was created by the Disability Act 2006 (Act 715) to propose and evolve policies and strategies to mainstream disability into the national development process. Beyond this, they also monitor and evaluate disability policies and programs. They are also responsible for maintaining a database of PWDs, institutions working on disability issues. The Council has however been faced with funding

5.2 PWDs Earning Income through their Own Economic Activities

Each quarter of the year, the government of Ghana gives Metropolitan, Municipal and District Assemblies (MMDAs) funds for developmental projects and the smooth running of the assemblies. This is referred

to as the District Assembly's Common Fund (DAFC). Persons with disability (PWDs) within every assembly receive three percent (3%) of the DAFC, as an economic support from the state. The social welfare department of the various assemblies are usually in charge of the disbursement processes of the allocation given to the PWDs. In other instances, the district assembly directly administers the grant which introduces partisanship to targeting of beneficiaries.

The focus of such disbursement has changed over time. In the beginning, it was just monetary support to the PWDs but upon review, disbursing physical cash has been substituted with providing economic empowerment for the sustainability of the disability grants.

5.3 Access to Paid & Decent Work in Formal & Informal Sectors on Equal Basis.

The labour laws and national employment policies make provision for the employment of persons with disability in the formal sector. Governments through their various programs like the Youth Employment Agency, Persons with Disability Road Toll Initiative among others have made efforts at securing employment opportunities for PWDs. Section 46 of the Ghana Labour Act, 2003 (Act 651) also provides incentives in the form of annual tax rebates for employers who engage PWDs. However, the regulations to operationalize this have currently not been developed and neither the tax rebate nor the special incentives have been specified.

There is evidence of PWDs employed within the formal sector such as teaching, nursing and the banking fields in Ghana. Participants also shared evidence of PWDs

employed in the informal sector as well, although most of them believed much progress has not been seen in that sector.

"...there are some people that are beginning to understand how significant it is to employ PWDs. (NGO - Accra)

"...almost all our deaf members who graduated from university are not working for the government, they are in private institutions, NGOs, banks. Some pharmaceutical companies and supermarkets have also employed deaf people." (Ghana National Association for the Deaf – Accra)

Beyond the Labour Act, the disability movement led by the GFD have engaged stakeholders to produce a draft Employment Equity Policy which they intend to submit to the Minister for Gender, Children and Social Protection for government's adoption to address the employment challenges among persons with disabilities in Ghana.

5.4 Access to Loans, Grants & Financial Services on Equal Basis

The study reveals that some state facilities for loans and grants have been made accessible to persons with disabilities. An example of such facilities is the Microfinance and Small Loans Centre (MASLOC), a state intervention that provides sustainable microfinance, small loans and business services to Ghanaians.

Some private financial institutions also have special packages for persons with disability. Opportunity International, a local savings and loan institution was

mentioned as one of such institutions that supports PWDs to access loans, grants and other financial services. The Ghana Blind Union also has an ‘Employment Project’ where they are partnering with a number of rural banks through the ARP Apex Bank to streamline their processes to include PWDs, train their staff on how to engage the blind and structure special loan terms for PWDs in their catchment area. These rural banks include the Odotobri Rural Bank, Bosomtwe Rural Bank, Lawra Rural Bank, Builsa Rural Bank and Ada Rural Bank.

5.5 Participation in Local Savings & Credit Schemes

PWD participation in local savings and credit schemes is usually spearheaded by non-state actors. Some NGOs assist PWDs to form cooperatives who are able to access financial facilities available. The disability groups themselves come together to form cooperatives or what they call ‘susu groups’ (Village Savings and Loans Associations) where they save and give credit to each other.

5.6 Access to Formal & Informal Social Protection Programs

A key social protection program implemented by the state to alleviate the plight of the most vulnerable including PWDs is the Livelihood Empowerment Against Poverty (LEAP). The LEAP program supports PWDs by providing cash transfers to the most vulnerable people in the country. Beneficiaries also receive free national health insurance registration and annual renewal.

Non-state actors like UNICEF, USAID’s RING program and WINROCK support the implementation of some social protection programs, usually geared towards the fight against poverty, child labour and the promotion of child wellbeing. While these programs may not be targeting

PWDs, implementation has been inclusive and PWDs have benefited from them.

5.7 Areas of Employment or Livelihood

Opportunities for PWDs That Require More Attention

The study reveals that employment or livelihood opportunities in general is a great challenge for PWDs. Participants mentioned the non-existence of public sensitization on the need for PWDs to be given a fair chance in job opportunities, employment in the state security services, fostering good working relationship between the general public and PWDs as some areas that have received little attention.

The private sector has to be sensitized on disability issues and the need to create opportunities for PWDs. Special initiatives to support PWDs should be incorporated into their corporate social responsibilities as part of their contribution to the attainment of the SDGs. While some efforts are being made by some private entities in the service delivery sector, specialised sectors such as oil and gas, and mining create limited opportunities for PWDs. This is often influenced by the perception and sympathy that PWDs cannot function in those environments. However, there are departments in those businesses that can still accommodate PWDs.

5.8 Groups of PWDs that Require More Attention in Employment and Livelihood Support

The responses for groups of PWDs who are often excluded from employment and livelihood revealed that Persons with Albinism, the deaf, people with mental health conditions as well as those with intellectual disability and developmental challenges required more attention in terms of employment and livelihood support.

06

DISABILITY INTERVENTIONS TO FOSTER SOCIAL INCLUSION OF PWDs IN GHANA

6.0 INTRODUCTION

All individuals deserve the right to be recognised as an integral part of the society. Persons with disability are no exception to this fundamental human right. The social inclusion of PWDs within the society is very important when assessing interventions geared towards their wellbeing in the society. The level of participation of PWDs in social activities ranging from cultural activities, family life, religious activities, recreation among others determines the extent of social inclusion in a society.

6.1 Participation in Artistic, Cultural & Religious Events

Findings reveal that interventional programs are put in place by both state and non-state actors to ensure PWDs participate in artistic, cultural and religious events. More prominently, non-state actors are seen as the major actors of fostering this kind of inclusion in Ghana. There is an ongoing conscious effort to include them in national events such as Independence Day celebration march pasts.

There is also noticeable and commendable attempt at bridging the communication gap at social events including religious, political and social gatherings. Sign language interpretation has become a significant part

of most of these gatherings, especially the high-profile ones. Some TV stations like GTV have a sign language interpreter for their primetime news.

6.2 Participation in Inclusive or Specific Recreation, Leisure & Sporting Activities

At the national level, the National Sports Authority has made commendable efforts at developing PWD interest in sports. Ghana has PWD sports teams that participate in international Paralympic events. In 2018, the Ghana Amputee Football League (GAFL) was launched with the intention to mainstream PWDs in sporting activities in the country. While all these efforts are commendable, the PWD sports groups are usually challenged with raising funds to participate in competitions.

Special Olympics, a global disability organization, provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities and developmental challenges in Ghana. They have over the years sponsored Ghana's intellectually disabled football team to compete in global special Olympics tournaments.

At the local level, several NGOs and disability groups engage PWDs in sports and fun activities on a regular basis. While some are competitive games, others are

usually fun games to commemorate celebration of events.

“I happen to be the Sports chairman within the Municipality. We organise Javelin throwing, Short put, discus and sprints (100m, 200m) for persons with disability including the deaf and the blind in the Upper West region.” (GFD – Upper West)

6.3 Access to and Use of Formal & Informal Mechanisms of Justice & Legal Aid

Access to justice is guaranteed by Ghana’s constitution. There is a legal aid scheme created to provide free legal services for vulnerable persons who may not be able to procure such services. PWDs are able to access justice through the legal aid scheme and this is mostly facilitated by the Department for Social Welfare when the need for legal services arise. It is however not a special intervention targeted at PWDs; any citizen can benefit from this service. The challenge here as confirmed by respondents is that, the legal aid scheme covers only the lawyer’s fees. Persons accessing that service are expected to bear all other costs which is already challenging for all vulnerable persons, including PWDs.

Another avenue for accessing justice is through the Commission on Human Rights and Administrative Justice (CHRAJ). The CHRAJ is mandated by the constitution to investigate complaints of violations of fundamental rights and freedoms, injustice, abuse of administrative power among others. The findings of CHRAJ’s investigations is equated to decisions of a high court on the basis of which aggrieved persons can seek redress.

Another avenue available to access justice is the Department of Social Welfare and the local offices of the National Commission for Civic Education (NCCE). These are some informal platforms that facilitate access to justice by PWDs. These institutions are mostly under resourced to perform their functions, thereby, hindering the potential to enhance PWDs’ access to justice.

While the above represent the state’s efforts, findings also reveal that the PWDs on their own have put up measures to assist themselves in accessing justice. Members of disability groups who are lawyers offer their services for free to their colleagues. For instance, Disability Needs Foundation has a legal team that provides pro bono legal advice services to promote awareness of the rights of people with disabilities, defend these individuals if they believe they have been discriminated against, and provide other kinds of legal support services and information. Again, some lawyers outside these groups do sometimes offer free legal services to Persons with Disability. In addition, some other identified organisations on their own volition and on humanitarian grounds offer legal services when the need arises. An example is the Federation of Women Lawyers (FIDA).

6.4 PWDs’ Dignity and Social Status in Society as Community Members

There exist socio-cultural factors that determine the social status and dignity of PWDs in Ghana. Poverty is identified as one of the factors that determines a person’s social status in the society or community. According to the World Bank and the World Health Organization¹⁰, most PWDs suffer higher rates of

¹⁰ World Health Organisation & World Bank (2011). World report on disability. Geneva: WHO.

poverty and vulnerability. This was confirmed through interactions with PWDs. Thus, tackling poverty levels of PWDs will have positive impacts on their social lives. When PWDs are engaged in economic activities because they have added value to themselves, their disability almost seems to disappear in the eyes of society.

“...if you have money you can't be ignored. If you're disabled and you have money, you'll be invited for everything but if you don't have money you are ignored” (Disabled Association – Nareligu).

As part of efforts by the state to address poverty among the vulnerable groups including PWDs, a number of interventions are being implemented to ensure financial empowerment for PWDs. These include dedicating a percentage of the District Assemblies Common Fund (DACF) and the Livelihood Empowerment Against Poverty (LEAP).

6.5 Areas of Social Inclusion that Requires Attention for PWDs

Some areas identified for attention in terms of social inclusion for PWDs included access to public facilities, political leadership both (locally and nationally), job market, decision making, traditional leadership and health education among others. For some of these areas, although there are some interventions, there is still more room for improvement in order for PWDs to benefit adequately. For example, there is the Ghana Standards on Accessibility Design that is supposed to inform how disability friendly the built environment and public places should be. The implementation of these standards however leaves much to be desired.

6.6 Groups of PWDs Excluded in Interventions Focused on Social Inclusion

Persons with Albinism, Stammers and Persons with Intellectual Disabilities and Developmental Challenges are some groups of PWDs who are often side-lined in the area of social inclusion and recognition for support to PWDs.

07

INTERVENTIONS FOR DISABILITY EMPOWERMENT, ADVOCACY AND GOVERNANCE

7.0 INTRODUCTION

Persons with Disabilities (PWDs), as citizens, have the right to participate in the governance of the state. To be able to do this effectively, they must be able to participate in political processes like other citizens; communication barriers must be removed, and they must be resourced to enable them influence and impact their communities.

7.1 PWDs Participation in Political Processes on an Equal Basis with Others

Government's framework and strategies on Disability Mainstreaming in Metropolitan, Municipal and District Assemblies (MMDAs) was launched in 2018 and it mandates the reservation of a percentage of the general assembly membership of these MMDAs for nomination of PWDs. PWDs are also encouraged to participate in the running of assemblies by contesting for position during district assemblies' elections.

Some political parties have also made concessions and reduced the presidential and parliamentary nomination fees for PWDs to enable them to contest for these positions. For example, in 2018 while the filing fee for

a presidential aspirant in the National Democratic Congress (NDC) was GHS 400,000, PWDs were required to pay GHS 150,000 to file their nominations. Again, Dr Henry Danaa, first PWD (blind) minister, was appointed by the NDC Government in February 2013.

Again, the disability movement has representation on all the civil society platforms on the SDGs where they make inputs into civil society positions which feeds into the overall government strategy on mainstreaming and achieving the SDGs.

7.2 Financial Assistance to Aid Campaign

PWDs who exhibit interest in taking up political positions like assembly and unit committee membership are sometimes given some financial and logistical support by relevant stakeholders. This support is usually in the form of printing brochures or general funding to help in the campaign process. ‘

“... the districts [assemblies] go to the extent of having these brochures and leaflets printed for them ...to support them vie for the various positions and I think that is very good.” (RCC, Kumasi).

It must be noted that the abovementioned interventions are not widespread and nationwide as some respondents disclosed that although there have been advocacy, proposals and discussions on putting in place policies and interventions to ensure political participation of PWDs, none has been, or is being implemented.

In spite of the few interventions that have been and are being implemented, only a few PWDs take advantage of them. The reason for this, according to some respondents is, stereotyping, discrimination and stigmatisation of PWD. Some PWDs lack the self-esteem to openly participate in political processes because of years of stereotyping and stigmatisation. Those who are brave enough to openly participate or show any interest in politics are reminded of their disability by community members. Thus, while some are taking advantage of these interventions, few PWDs are willing to make use of the policies or interventions that will project their voices in the public sphere.

7.3 Mobilizing Support and Resources (Including Supportive Decision Making) to Facilitate Interactions and Influence Change

The National Council on Persons with Disability is a creation of the state to coordinate the disability front to mainstream disability issues in national governance. They are however not well resourced to carry out this role effectively. As a result, non-state actors like NGOs and international donors are increasing assuming the role of resourcing PWDs to mobilize support to influence change in the society.

These non-state stakeholders organise forums and courses for PWDs to educate and train them on how to pursue their rights. Organisations like International Federation of Women Lawyers (FIDA-Ghana) and the Human Rights Advocacy Centre organize human rights trainings and build PWDs' capacity to advocate for their rights. Some PWD groups also engage various stakeholders on their rights to be heard and create awareness about PWD related issues.

During the electoral cycle, the Electoral Commission (EC) organizes sensitization programmes and workshops to give the leadership of the various associations within the Ghana Federation for Disability Organizations ample information on various activities. This information is later disseminated to their respective members.

PWDs are also given the opportunity to come out with concerns about the electoral process that they are not conversant with. This allows the EC to also take these concerns and suggestions into consideration in the planning and implementation of the entire electoral process. There is also public education on the types of disabilities and their specific needs in each electoral cycle to support an inclusive electoral process. PWDs are also educated on their rights as citizens to vote and be voted for during elections.

Participation of PWDs in the electoral process has led to reforms such as;

- Changing the face of the tactile ballot jacket from grey to black;

- Redesigned voting screens for easy access to wheelchair users;
- Carefully selecting polling station sites for accessibility;
- Increased access to information and;
- Printing of educational materials in braille format.

7.4 Access to Appropriate Assistive Products or Devices and Support During Elections

To ensure inclusive participation in political and democratic processes, the state is mandated to ensure that assistive devices, materials, facilities and procedures which are accessible, appropriate and easy to use and understand are available to help PWDs during elections.

A number of measures have been put in place by the EC to ensure that PWDs fully take part in the election process. They include the following;

- **Voter eligibility and inclusive registration**
In order not to prevent certain categories of PWDs such as persons with amputated upper arms and missing fingers from registering to be eligible voters, measures have been put in place by the Commission during the registration of voters to ensure that such persons are identified on Election Day with their faces only (FOs).
- **Inclusive voter education and information**
Voter education and information campaigning is always directed at enhancing voters' awareness of the electoral process, equipping them with knowledge about the process, increasing their understanding of election day activities, informing them of election date and time and other related issues. Variables such as language, literacy, disability, gender and others are taken into consideration in planning for effective education and outreach.
- **Sensitization workshops for PWDs**
The EC in collaboration with donor partners organizes a number of sensitization workshops for disability organizations that fall under the Ghana Federation of Disability Organizations (GFD) to inform them on the electoral process, sensitize them on the need to exercise their constitutional rights irrespective of their disabilities and also to enable them get responses to questions and issues concerning elections that bother them.
- **Illustrative and pictorial educational materials**
Illustrative and pictorial educational posters are used in the EC's public education for easy understanding by less educated voters; to aid them to be abreast with issues on the electoral process. Persons with hearing impairments also benefit greatly from this effort.
- **Sign Language**
Sign Language interpreters are available at the Commission's voter education programmes on TV. They are always present at the EC's engagements with Persons with disability to facilitate communication with persons with hearing impairment at workshops and sensitization programmes and other public education programmes as well.
- **Ballot design**
Ballot designs are important dimensions of accessibility. The EC designed the ballot in a

very simple manner so that everyone can easily understand to adequately cast their votes. The photo of the candidate, his or her symbol and the box for thumb print are horizontally aligned for each candidate on the ballot paper. People who cannot even read can easily identify their preferred candidate at the mere site of the ballot paper and cast their votes accordingly.

- **Election observation**

The participation of PWDs in election observation is part of the measures to facilitate transparency in the electoral process, strengthen public confidence in election results, and ensure acceptability. The EC ensures the facilitation of accreditation for PWDs, who are often part of domestic observer groups.

- **Preferential treatment**

All PWDs are given preference during the electoral process. They are not allowed to join long queues at the polling centers. Polling officials and agents are sensitized to ensure effective participation of vulnerable people in the process. Issues about preferential treatment and types of disabilities have been inscribed in the Election Day flyer and training manuals for election officials to always refer to.

- **Polling Officials**

PWDs that qualify and apply to be part of the election officials are given the opportunity. Taking part in the process as officials enlightens them on the details of the process and even motivates them to contest in future elections.

- **Access to information**

There is access to information for PWDs. In the EC's public education, specific posters are made with the image of some PWDs from the various groups to sensitize others about their inclusion and their right to participate in the electoral process.

- **Proxy Voting**

PWDs who are not available on Election Day have the opportunity to assign their rights to vote by their proxies. District Electoral Officers facilitated the process for them.

- **Site selection for accessibility**

The EC ensures the location of registration and polling centers are on level grounds to impact on accessibility to voter registration and balloting for voters with mobility impairments such as wheelchair users or those using other mobility devices such as calipers, crutches and even white canes, as well as older persons and individuals with temporary or permanent health conditions that limit mobility.

- **Redesigning of the polling booth**

The Commission has redesigned the voting booth by reducing the heights to enable wheelchair users to easily cast their votes within. Persons with physical disability have always had a problem with the height of the poll booths (voting screens), where they sometimes voted on their laps in most elections.

- **Tactile**

Visually Impaired Voters (VIVs) often vote with assistance of their aids or the Presiding Officer

at the polling center, a situation that results in the secrecy of their ballot being compromised, and their preferred choice of candidates not being guaranteed as well. To remedy this, tactile ballot jackets are provided for persons with visual impairment to exercise their franchise independently to ensure secrecy of their ballot. VIVs are trained on the usage of the jackets. Tactile jackets are produced for all elections. VIVs were trained on the usage of the jackets as well.

- **Development of Election Day flyers in accessible format Braille**

Persons with visual impairment have over the years appealed to the Commission to produce some of its educational literature in accessible format such as printing in large font and development of braille copies. In recent times, the Commission produced copies of the Election Day flyers in braille. The Ghana Blind Union was very grateful to the Commission for the initiative.

7.5 Access to State Documents and Information in Disability Friendly Format

Most institutions, notably state institutions, do not have information in disability friendly formats, although

there are provisions in treaties, conventions and acts of law which stipulate information must be made readily available for PWDs in a format that is suitable for them. Thus, PWDs are unable to access information needed and often have to rely on the assistance of other individuals at their own expense to translate this information to them. This situation is not only embarrassing or breaches the privacy of PWDs on information that otherwise would be personal but is also sometimes challenging as often, PWDs or people who are skilled to communicate with or translate information to the understanding of PWDs such as the hearing impaired are unavailable in these institutions.

7.6 Groups of PWDs that Require Attention During Elections

The study reveals that persons with intellectual disabilities and developmental challenges are ignored in the pursuit of citizen's right to vote and be voted for. The constitutional provision in Article 42 which requires citizens to be of 'sound mind' to vote and be voted for has been abused over the years to prevent persons suffering from low to mild within the Autism spectrum and other developmental challenges to register to vote even if these persons have proven their capacity to function in all areas of life.

08

CONSTRAINTS TO IMPLEMENTING PWD INTERVENTIONS AND THE WAY FORWARD

8.0 Constraints to the Implementation of Public Interventions

While efforts are being made towards inclusion, several factors impede stakeholders to successfully implement interventions that support PWDs in the country. These include the inadequacy of funds, very limited research into disability issues, limited participation of PWDs in the planning of these interventions leading to poorly planned intervention and their delivery among others. This section discusses the key challenges and offers some recommendations.

8.0.1 Inadequate Funds

The most prominent constraint faced with implementation of interventional programs earmarked for persons with disability especially from the state actors is funding. Stakeholders believe government has a lot of programs that can positively impact the lives of PWDs. However, these interventions are poorly funded, thus posing a huge challenge for both the implementers and the beneficiaries. Also, the general assertion was that the limited budget allocations for the disability funds in the various MMDAs usually delay or do not come at all.

“...the amount of money that was allocated to the council of PWDs in the first quarter of 2019 was GHS 10,000 [about \$1800] for setting up offices for the NCPD across the country...” [Respondent]

Again, in instances where the funds are disbursed, they are often misapplied by district assemblies because monitoring from both state and non-state actors are weak. While the auditor general is not able to audit all assemblies every year, their audited reports hardly lead to sanction of public officials. The non-state actors such as the NGOs often lack the data, funds and have limited technical capacities to monitor the utilization of the disbursed funds.

For the NGOs working on disability, inadequate funds threaten the sustainability of some of the interventions they run. Most of these interventions are donor funded, usually on project basis with limited long-term commitments. The current trend of donor funding however shows a decline, and this does not augur well for the sustainability of the programs these NGOs run.

8.0.2 Limited Participation of PWDs in the Policy Process

Limited or non-involvement of the PWDs in the entire process of national policy formulation is the second most mentioned challenge after limited funding. This limits the extent of mainstreaming of PWD issues in policy design. As one puts it, “the principle of nothing about us, without us does not apply to PWDs.” PWDs must be involved in policies that should benefit them from design and structuring to the implementation of policies.

“...if you think that you can think for me, what you are thinking for me might not really be right...” (NGO)

8.0.3 Poor Implementation Plans

There were concerns about the faulty implementation plans of the policies targeted at PWDs. While bemoaning the inadequacy of policies, the few policies in existence are poorly implemented. There is no proper implementation plan that guides government agencies on PWD related policies. This creates significant discretion without necessary controls for economic, efficient and effective utilisation of the resources. Participants were of the view that programs were not piloted properly to test their viability. In the event of a set-back or a loophole, the defects are on a larger scale making it difficult to manage and prevent waste of resources.

8.0.4 Limited Research and Development into Disability

The data also shows that inadequate research on disability issues is another constraint on the successful implementation of intervention programs for PWDs. At the various district and regional levels, interventions on the utilization of the disability grants varies. However, there is no research to inform the choice of interventions. Research will be relevant to identify context specific interventions with relevant justifications which can be tested within a transparent and inclusive framework before implementation. In the absence of research, discretionary power determines specific interventions particularly at the local level.

8.0.5 Information Asymmetry

The data indicates that there is limited conscious effort to reach out to all persons with disabilities. This leaves

a significant number of disabled persons unaware of government interventions they could benefit from. Also, those who are privileged to have some access do not have the full extent of the information required to benefit from the interventions. This also has implications on accountability as those PWDs are unable to fully assess the extent of how their share of national resources are utilised.

8.0.6 Societal Stereotypes

Most often, people tend to maintain a perception that depicts persons with disability as less capable to work. Society looks at PWDs with sympathy rather than empowering them to be able to access opportunities. In addition, PWDs still face stigmatization and discrimination due to the negative perception the Ghanaian society attaches to them. Findings of the study confirms the research conducted by UNDP in 2007 on negative perceptions society has on PWDs. This study shows that PWDs are stigmatized and discriminated against, seeing them as cursed from their own deeds, parents or ancestors. This societal stigma creates the reluctance of some parents to empower their disabled children through formal education. Within the confines of stigmatisation, scientific evidence on causes of disability are ignored. This suggests that power of stereotyping overshadows scientific evidence which require extensive knowledge sharing and education.

“I have polio and its cause has been known for several decades. How then can I be cursed?”

[Individual with disability]

8.1 Recommendations on the Way Forward

Based on the aforementioned challenges that constraints the effective implementation of interventions to alleviate the plight of persons with disability, the

following actions are proposed to remedy the situation.

8.1.1 Timely Release of Budget Allocations

First and foremost, government who is seen as the main actor must ensure that budgetary allocations to the various MMDAs is released on time so that what is due the PWDs can accessed on time. This should be complemented by proper supervision of the disbursement of funds to deter the assemblies from discretionary expenditure.

8.1.2 Participatory Decision-Making on Disability Policies

Since PWDs are the ultimate beneficiaries of the policies targeted at them, it is necessary to include them in the policy making process. The design of interventions should have active participation of PWDs, with their inputs from the conception stage through implementation to the evaluation, to ensure the benefits of such interventions are optimized for PWDs. The involvement of PWDs in the process will also resolve the communication challenges that these interventions encounter during implementation.

Again, because of the general impression that people in charge of the disbursement of the disability grants are not PWDs themselves and therefore do not understand the plight of PWDs, it is recommended that the leadership of the various disability groups be signatories to the funds allocated to them from the District Assembly Common Fund (DACF). This will ensure that monies for PWDs are used for the good of PWDs.

8.1.3 Properly Planned Implementations

To resolve the general concern about poorly planned implementations, it is recommended that such

interventions are piloted and pre-tested before they are scaled up so that setbacks or loopholes are identified and mitigated. Learnings from the pilot is useful for addressing challenges at the smaller scale before national level implementation. This prevents policy and program defects from spiralling out of control because they are on a large scale.

8.1.4 Improved Research on Disability Issues

There is the need for improved research to understand the issues of disability and the appropriate mitigation interventions. This allows context appropriate policies and programs to be developed and implemented successfully.

8.1.5 Changing Public Mindset and Stereotyping

Both state and non-state actors have to aggressively participate in shaping mindsets and stereotypes in the Ghanaian society. This has the potential to create change and enhance integration of PWDs into society. It can also encourage care givers to embrace public support and appreciate scientific evidence on disability.

8.1.6 Access to Information

There is the need for increased access to information for PWDs. Governments and non-state actors should deepen the provision of public information and PWD-specific information. Sensitive information should be available in accessible formats and assistive services must be provided in public places like hospitals, schools among others.

REFERENCES

- CBM (April 2018). The Intersection of Disability and Gender in the Global South: Narratives, Gaps and Opportunities - CBM UK advocacy paper.
- Desa, U. N. (2016). Transforming our world: The 2030 agenda for sustainable development.
- Ganle, J. K., Otupiri, E., Obeng, B., Edusie, A. K., Ankomah, A., & Adanu, R. (2016). Challenges women with disability face in accessing and using maternal healthcare services in Ghana: a qualitative study. *PloS one*, 11(6), e0158361
- Ghana Statistical Service. (2012). 2010 Population and Housing Census. Ghana Statistical Service, 1–117. http://www.statsghana.gov.gh/docfiles/2010phc/Census2010_Summary_report_of_final_results.pdf
- Inclusive Education Policy. Retrieved from http://www.voiceghana.org/downloads/MoE_IE_Policy_Final_Draft1.pdf
- Opoku-Boadi, D. (2015). Employers' Perception about Capabilities of Persons with Disabilities in the Asante Mampong Municipality in the Ashanti Region of Ghana. Unpublished Student Thesis. Kwame Nkrumah University of Science and Technology.
- UNDP (2007). Ghana Human Development Report 2007: Towards a More Inclusive Society. Accra: UNDP.
- WHO (2018, January 16) Disability and Health [Fact Sheet] Retrieved from <http://www.who.int/en/news-room/fact-sheets/detail/disability-and-health>
- World Health Organization. (2004). Meeting report on the development of guidelines for community-based rehabilitation (CBR) programmes. Geneva: World Health Organization. Retrieved from http://www.who.int/disabilities/publications/cbr/050405_CBR_guidelines_1st_meeting_report.pdf

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