

TOWARDS INCLUSIVENESS AND EFFECTIVE PARTICIPATION OF PERSONS WITH DISABILITIES IN GHANA

SUPPORTED BY:

MINISTRY OF LOCAL GOVERNMENT AND RURAL DEVELOPMENT
THROUGH THE DISTRICT ASSEMBLY COMMON FUND (DACF)

**TOWARDS INCLUSIVENESS AND EFFECTIVE
PARTICIPATION OF PERSONS WITH
DISABILITY IN GHANA: OVERCOMING
CHALLENGES AND EQUALITY CONCERNS
FOR NATIONAL DEVELOPMENT**

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FOREWORD

**Mrs. Charlotte Osei,
Chairman, NCCE**

Ghana's constitution proscribes discrimination and in year 2006, the Persons with Disability Act (Act 715) was enacted. Ghana has also signed and ratified the Convention on the Rights of Persons with Disabilities. In fulfillment of these national and international commitments, the nation must continue to improve upon the implementation of policies and programmes to promote the effective participation of Persons with Disabilities (PWDs) in national development.

Eight years after the enactment of the Disability Act, almost 50% of the populace are ignorant of the existence of the Act in spite of the fact that up to ten per cent (10%) of the population live with disability. This level of ignorance can lead to the denial of PWDs certain basic rights and entitlements.

The NCCE sought to find facts unique to the Ghanaian society on issues affecting PWDs. The research was organized in some selected districts throughout the ten regions of Ghana using focus group discussions, interviews and questionnaires. The general public, caregivers, service providers and PWDs were interviewed.

The study focused on:

- The state of some key rights of PWDs in the face of the legal provisions in Ghana;
- Factors that contribute to the exclusion of PWDs from national development;
- Gender differentials of disability in Ghana;
- Ways of mainstreaming disability issues into community and national development; and
- Concerns of PWDs and the extent to which they feel their concerns have been addressed.

The study revealed that a majority of PWDs in Ghana are physically challenged persons who are restricted in mobility. The occurrence of most cases of physical disability was at birth.

In some communities, disability is associated with superstitious beliefs such as witchcraft, sorcery, punishment from God or supernatural forces as a result of some sin committed by the PWDs or their ancestors. Such misconceptions account also for the neglect and victimization of PWDs.

The study also revealed unequal access to education for PWDs as parents refuse to enroll children with disabilities in specialized schools. Those who have the opportunity to be enrolled in these specialized schools face infrastructural challenges and lack assistive devices to aid their education.

The report indicates that PWDs are limited in terms of opportunities to earn income. This is worsened by the unwillingness of the public, who own businesses to employ them as a result of their disability and the government's inability to create employment for qualified PWDs.

The wrong perception about the capabilities of PWDs is mostly responsible for their exclusion in national development. PWDs feel they are excluded from decision making at all levels of governance. Both genders were found to be discriminated against and as a result of this and the other challenges revealed in the study, PWDs themselves feel less useful to society and isolate themselves from the public domain. However, in the nation's effort to create a more inclusive society, various policies and programmes are being initiated to resolve the challenges indicated above.

This research will aid in policy formulation and implementation to address inequality challenges of PWDs, and foster their inclusion and participation in national development.

We are grateful to the Ministry of Local Government and Rural Development for funding this research through the District Assembly Common Fund, authorities of the special schools, interviewees, institutions and organizations that supported us in various ways in making the survey a success. We also commend the staff of the Commission who contributed towards the success of the study.

CHARLOTTE OSEI (MRS.)
CHAIRMAN, NCCE
JULY 2014.

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EXECUTIVE SUMMARY

The National Commission for Civic Education embarked on this study in January 2014 to explore ways of promoting the inclusion and effective participation of PWDs in national development. The study also outlines strategies for overcoming the challenges and equality concerns that confront PWDs.

Specifically, the study sought to assess the state of some key rights of PWDs granted by the Disability Act 2006, (Act 715) and examines the factors that contribute to the exclusion of PWDs in national development. Further, the research investigated the gender differentials of disability in Ghana and the concerns of PWDs as well as ways of mainstreaming disability issues into community and national development.

This cross sectional study was conducted as a national sample survey and covered 87 districts. A total of 2,623 respondents comprising of 1,314 PWDs, 307 caregivers, 363 service providers and 635 general public respondents were interviewed. The category of 4 other respondents was not indicated. Ten (10) focus group discussions were also held in each of the regional capitals.

Results obtained from the study shows that in the areas of employment, education, access to social amenities and public spaces, PWDs were denied their rights compared to persons with no disability.

Respondents also named some factors promoting exclusion of PWDs in development. Notable among the list of factors named include wrong perceptions about the capabilities of PWDs (Discrimination/Stigmatization), Low education / Illiteracy (Inadequate educational facilities and assistive devices) and the degree of disability and accompanying complications. The lack of vocational and employable skills, exemption of PWDs from the decision-making process, lack of confidence and apathy among PWDs etc. were also mentioned.

There were a number of pertinent concerns of PWDs that were noted from this study. A high number of respondents mentioned “creation of employable and vocational skills (financial assistance/basic necessities)” for PWDs. The next most important concern was “access to education (Provision of educational facilities / assistive devices)” with the least concern being “the provision of free medical care to PWDs”. Respondents also called for the

provision of food, clothing and good housing conditions, and some form of financial assistance to prevent them from begging on the streets.

Though there was a consensus that the onset of disability had equal discriminatory effect on both gender, the data obtained indicated that females are more discriminated against in terms of education, access to public places and in their general social life as compared to their male counterparts. Respondents were again of the view that males are also discriminated more than their female PWDs in areas such as employment, marriage and access to health facilities.

To promote inclusion of PWDs in development at all levels, respondents proposed some strategies such as involving PWDs in decision making at all levels, giving PWDs skills and entrepreneurial training and also promoting formal education among PWDs. Others called for the appointment of PWDs into public offices, enforcement of existing legislation on PWDs and the establishment of an association to formulate best ways PWDs could be included in national development.

CHAPTER ONE

INTRODUCTION AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

INTRODUCTION

Background

The World Bank's World Development Report 2006 asserts that 'Inequality of opportunity, both within and among nations, sustains extreme deprivation, results in wasted human potential and often weakens prospects for overall prosperity and economic growth'. The Bank calls on member countries to promote the principles of equality and equity in all aspects of national development. Equity, involves recognizing that people are different and need different support and resources. Closely linked is the concept of inclusion. The concept of inclusion embodies supporting people - including those who are discriminated against and marginalized such as women, children, the aged as well as PWDs - to engage in wider processes to ensure that their rights and needs are recognized as well as safeguarding their active participation in national development.

According to the World Health Organization (WHO), an estimated 600 million people worldwide (i.e. about 10% of the world population) live with some form of disability. An estimated 80% of these PWDs worldwide live in developing countries. With a population of 24 million, Ghana has a disability population of three percent. According to the Ministry of Health, there is a growing trend in the number of PWDs in Ghana (National Health Policy, 2007).

The United Nations Convention on the Rights of Persons with Disabilities classifies PWDs as those having long-term physical, mental, intellectual or sensory impairments, which may hinder the full and effective participation of such persons in society on an equal basis with others.

In most developing countries including Ghana, PWDs constitute a large number of impoverished and marginalized groups, characterized by lack of access to public health, education and other social services that would ideally support and protect PWDs (Inclusion Ghana, 2011). By far, the greatest challenges reported globally by experts and individuals with disabilities are prejudice, social isolation and discrimination in society (UNICEF, 1999).

These challenges have hindered the full integration and effective participation of PWDs in various communities, national and development programmes and projects. Since people with disabilities are often excluded from basic health care services, political and legal processes, formal/informal education and employment, they are likely to have significantly reduced income-generating opportunities, thus leading to poverty (Yeo & Moore, 2003).

Research problem

In Ghana, PWDs are among the most socially, economically and politically excluded (Ghana Human Development Report, 2007) at the family, community and national levels. Both physical and mental disabilities have been the reasons for isolation in Ghanaian societies (Ghana Human Development Report, 2007). PWDs are perceived as incapable of achieving anything meaningful in society and are excluded from every aspect of social life. Hence, in situations where there are resource constraints at the household level, opportunities are given to non-disabled family members to the disadvantage of PWDs.

PWDs have been given labels and tags, which are inherently premised on the dominant cultural mindset that marginalizes and constructs subjectivities about PWDs in the Ghanaian society. Labels used in Ghana are usually negative and tend to emphasize shortfalls of PWDs thereby overshadowing their inherent potentials. The use of tags/labels have become instruments for defining characteristics of PWDs, denying their complex whole and used to constantly remind them of their shortcomings. In many communities, PWDs are often called derogatory names such as 'Asotowo' (among the Ewes) and 'Buluus' (among the Gas) meaning idiots or fools. The Akans label persons with intellectual disabilities as 'gyimi-gyimi' or 'Nea wanyin agya n'adwene ho' which means 'feeble minded'. In the tradition of the tribes, these are abusive names, which are equated to insults (Agbenyega, 2003).

Despite provisions in the fourth Republican Constitution (Chapter 5) that grant equal rights of participation to every citizen, appointment of PWDs to high profile and leadership positions in Ghana is low. For example, PWDs have no representation on the Council of State, a body that advises the President on critical challenges facing the nation. Although a PWD has been appointed into a ministerial position, there is very little history of PWDs serving as ministers, legislators or judges.

For children with disabilities, access to education is limited. Statistics show that there are about 679,000-804,000 children with disabilities in Ghana. Out of this number only 6 percent of these children receive any form of education. The remaining 94 percent representing

about 629,800-755,760 children with disabilities are out of school (Ghana Education Service, 2004).

Many PWDs find it difficult getting jobs. Although the government has opened special schools for PWDs, there are often very limited vacancies and they are located far away from rural communities hence PWDs in such areas are often denied access to these facilities.

Apart from the socio-cultural factors, institutional weaknesses have further compounded the problems of PWDs. The social welfare systems in Ghana have been besieged with financial and resource constraints hence PWDs have no social protection against discrimination, marginalization and poverty. Although the state has made some effort by formulating laws and policies to safeguard the needs and rights of PWDs, there is no effective monitoring mechanism within the state or the disability council (which provides guidelines for the disbursement and management of the district assembly common fund allocation to PWDs) to ensure compliance with the provisions of the law.

There is a dearth of research and information about cost-effective inclusionary techniques and strategies. No specific national survey has been carried out to determine the incidence and prevalence of disabilities in the country.

Objectives of the study

The main focus of this study was to discover ways of promoting inclusiveness as well as effective participation of PWDs in national development with emphasis on overcoming the challenges and equality concerns that confront them.

The objectives of the study include:

- Assess the state of some key rights of PWDs in the face of the legal provisions in Ghana
- Identify the factors that contribute to the exclusion of PWDs in national development
- Investigate the gender differentials of disability in Ghana
- Identify ways of mainstreaming disability issues into community and national development
- Identify the concerns of PWDs and the extent to which they feel their concerns have been addressed.

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Types of respondents

The total number of respondents was 2623. Slightly more than half 1314(50.1%) of the respondents were PWDs. This was followed by 635(24.2%) respondents from the general public. Other respondents included 363(13.8%) service providers to PWDs, and 307(11.7%) caregivers to PWDs.

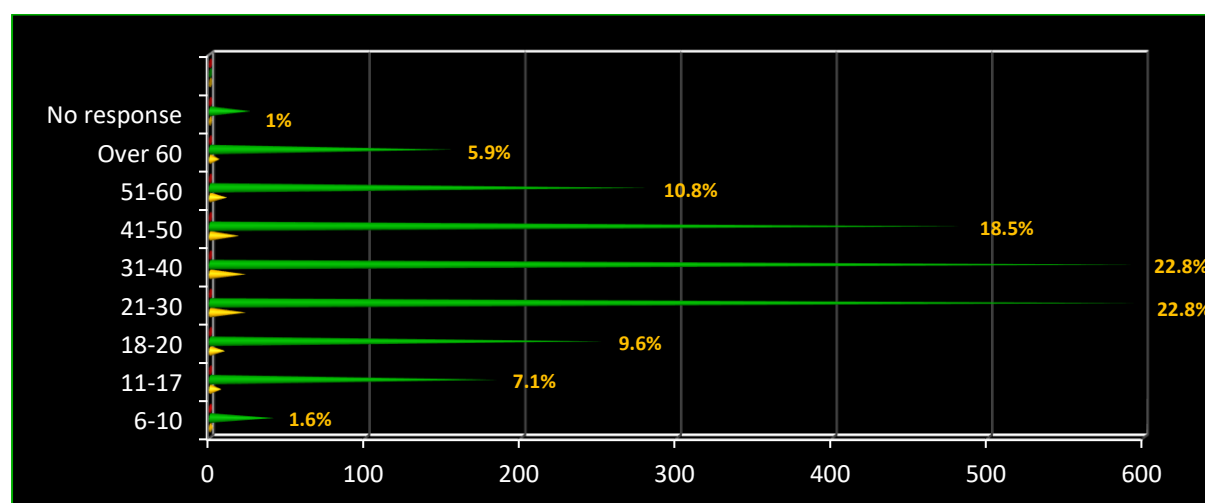
Sex distribution of respondents

An analysis of the sex of respondents revealed that among the Care Givers and General Public more female views were sought compared to their male counterparts. Of the 307 Care Givers, 191(62.2%) were female while 113(36.8%) were male. Out of the 635 members of the General Public polled, 312(49.1%) were female, and 308(48.5%) male. Conversely, among the PWDs and Service Providers, the male respondents exceeded the females. Out of the 1,314 PWDs polled, 721(54.9%) were male and 565(42.9%) were female. With regards to the 363 Service Providers, 190(52.3%) were male as against 167(46%) female.

Age distribution of respondents

A large proportion of the respondents for this study fell between the ages of 21 to 50 years, whilst the least engaged age groups included persons above 60 years as well as children between the ages of 6 - 10 years. The highest number of respondents (598) was within the ages of 21-30 which forms 22.8%. This was by those within the ages of 31-40 with a figure of 597(22.8%). Figure 1.1 below depicts the age distribution of respondents

Fig 1.1: Age distribution of respondents



Educational background of respondents

An examination of the educational background of respondents showed that majority of them had attained basic level education. Those who had no formal education but could speak or write in the English or local language, were in the minority. Out of the 2,623 respondents 906(34.5%) had completed basic education, 589(22.5%) secondary education, and 515(19.6%) had completed tertiary level education.

The data also showed that most of the PWDs who were interviewed have formal education. 582(44.3%) out of the 1,314 have completed basic education, 271(20.6%) have completed secondary education and 96(7.3%) have tertiary education.

Occupation of respondents

The majority of the 2,623 respondents for this study were students with entrepreneurs/Industrialists forming just a small fraction. According to the data, 495(18.9%) Students 418(15.9%) Unemployed 389(14.8%) Traders and 367(14%) Civil Servants were interviewed. Other categories of occupations covered included, Teachers/Lecturers 253(9.6%), Farmers/Fishermen 227(8.7%), Artisans 223(8.5%) and Entrepreneurs/Industrialists 66(2.5%).

Marital status of respondents

The data portrayed a significant number of respondents 1,145(43.7%) out of the 2,623 were single, followed by those who were married 1,079(41.1%). Respondents who had separated from their married partners were 114(4.3%); whilst the widows/widowers among them numbered 113 representing 4.3% and divorced respondents were 100(3.8%).

In reference to the 1314 PWDs who were interviewed, 727(55.3%) were single, 356(27.1%) were married and the least represented were divorced persons who were 56(4.26%).

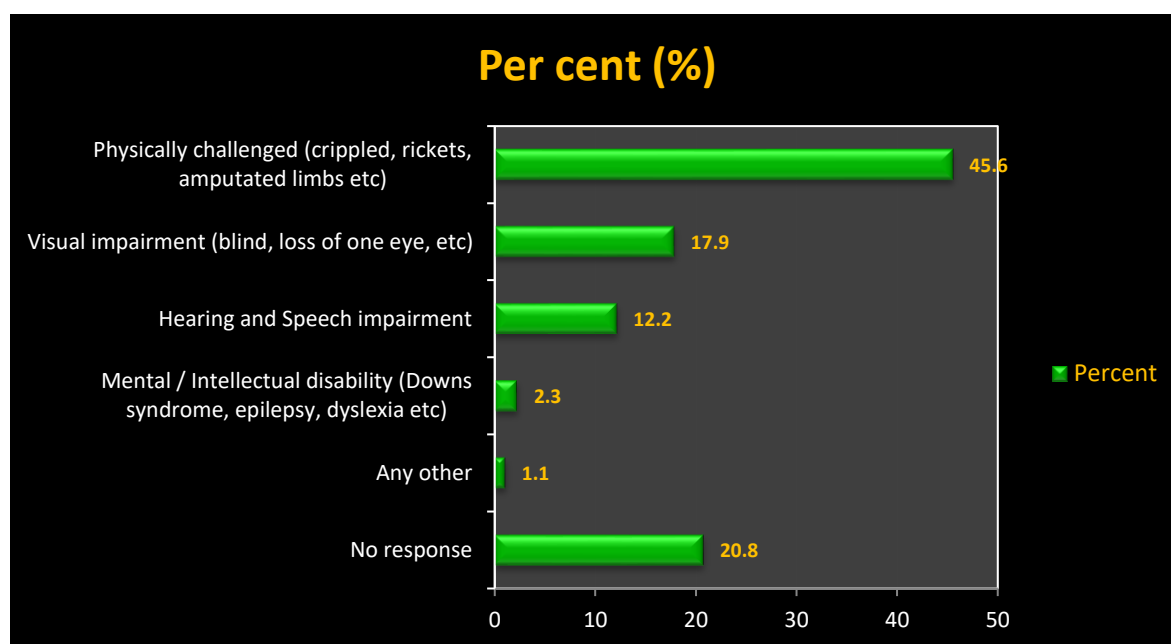
CHAPTER TWO

FINDINGS

2.1: FACTORS PROMOTING THE EXCLUSION OF PWDs IN NATIONAL DEVELOPMENT

Respondents had diverse views on the definition of PWD. Data revealed that 32.9% of respondents indicated that a PWD is anyone with physical, mental, intellectual or sensory impairment, which may limit the person's participation in society on an equal basis with others. For 32.4% respondents, any physical impairment means one is a PWD. Other opinions on who a PWD is include: Someone who cannot do what he normally does at first (6.2%), one who depends on others because of certain incapacities (5.9%), one born with abnormal features (3.8%), a person with a medical condition which restricts him or her (2.9%), one with a mental or emotional disability (0.6%) and finally, one who is deaf and dumb (0.3%).

Fig 2.1: Type of disability suffered by respondents or their dependents



From the survey results, the highest form of disability suffered in Ghana is physical disability, followed by visual impairment, hearing and speech impairment and lastly, mental / intellectual disability.

Fig 2.2: How disability occurred

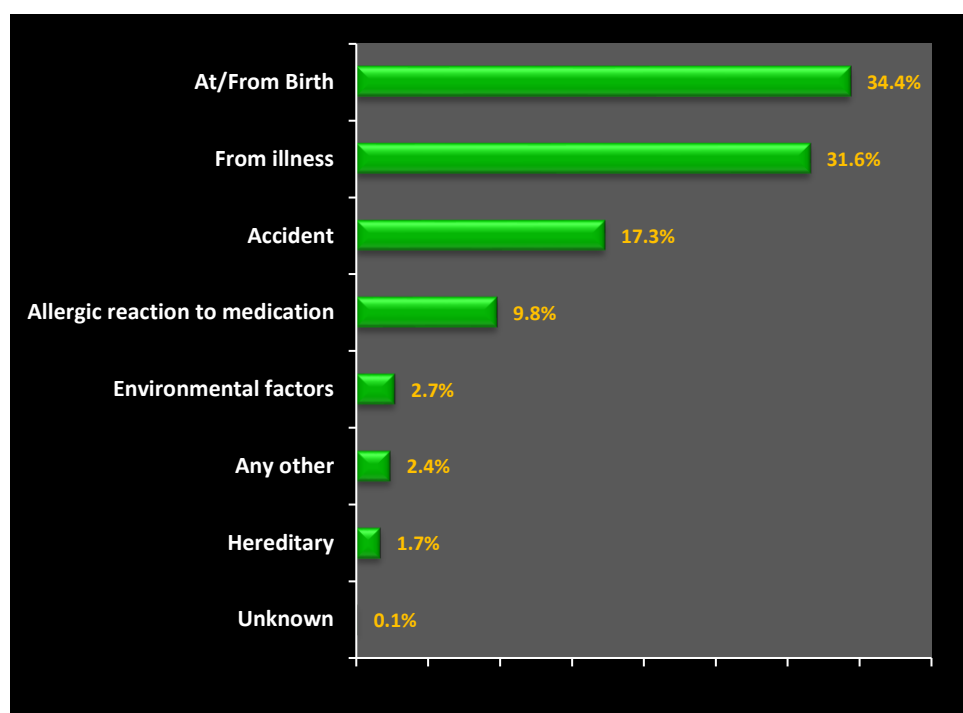


Fig 2.2 displays the percentages of the genesis of disability in the respondents or their dependents. The Any other category of 2.4% cited spirituality as the cause of disability

2.2 FACTORS THAT CONTRIBUTE TO THE EXCLUSION OF PWDS IN NATIONAL DEVELOPMENT

1: Wrong perceptions about the capabilities of PWDS (Discrimination/Stigmatization) - 29.3%

Disability is not inability, however people still hold strongly to disability as inability. With this as the number one factor mentioned by respondents, PWDS are seen as people incapable of making any contribution to family and society and therefore they are discriminated against in all spheres of national development.

Inadequate educational facilities and assistive devices make majority of PWDS unable to pursue education to a higher level. Data revealed this underlying trend with 24.8% of PWDS with no formal education and 44.3% with basic education as their highest level of education.

2: Low education / Illiteracy (Inadequate educational facilities and assistive devices) - 11.5%

**3: *The degree of disability
and accompanying complications-***
7.5%

The impairment of PWDs in itself limits their participation in national development as mentioned by 7.5% of respondents. Some PWDs are limited in the type of work they can do.

**4: *Lack of
vocational and
employable skills -***
4.6%

Selective employment by ignoring PWDs and lack of employment opportunities in itself prevents PWDs from acquiring the needed vocational and employable skills that can contribute to national development.

There also exist a communication gap between PWDs and the public especially in the case of hearing and speech impaired persons. The lack of persons to interpret the sign language, contributes to their exclusion from participation in the public sphere.

**5: *Exemption of
PWDs from the
decision making
process -*** **3.4%**

**6: *Lack of confidence
and apathy among PWDs -***
3.3%

Low self-esteem as a result of the inability of some PWDs to accept their disabilities and the limitations imposed by the disability. There is also lack of confidence among PWDs to perform given task.

7: Socio-cultural and economic factors - 3.0%

Cultural and traditional practices and beliefs also impede the participation of PWDs in national development. Economic factors, such as lack of employable and vocational skills and inadequate livelihoods, also limit PWDs participation in national development.

2.3% of respondents mentioned lack of political will to implement the disability act and policies geared at supporting PWDs as the 8th factor that contributes to the exclusion of PWDs in national development.

8: Lack of political will to implement policies geared at PWDs/Implement the Disability Act - 2.3%

9: Lack of public education on disability issues - 0.7%

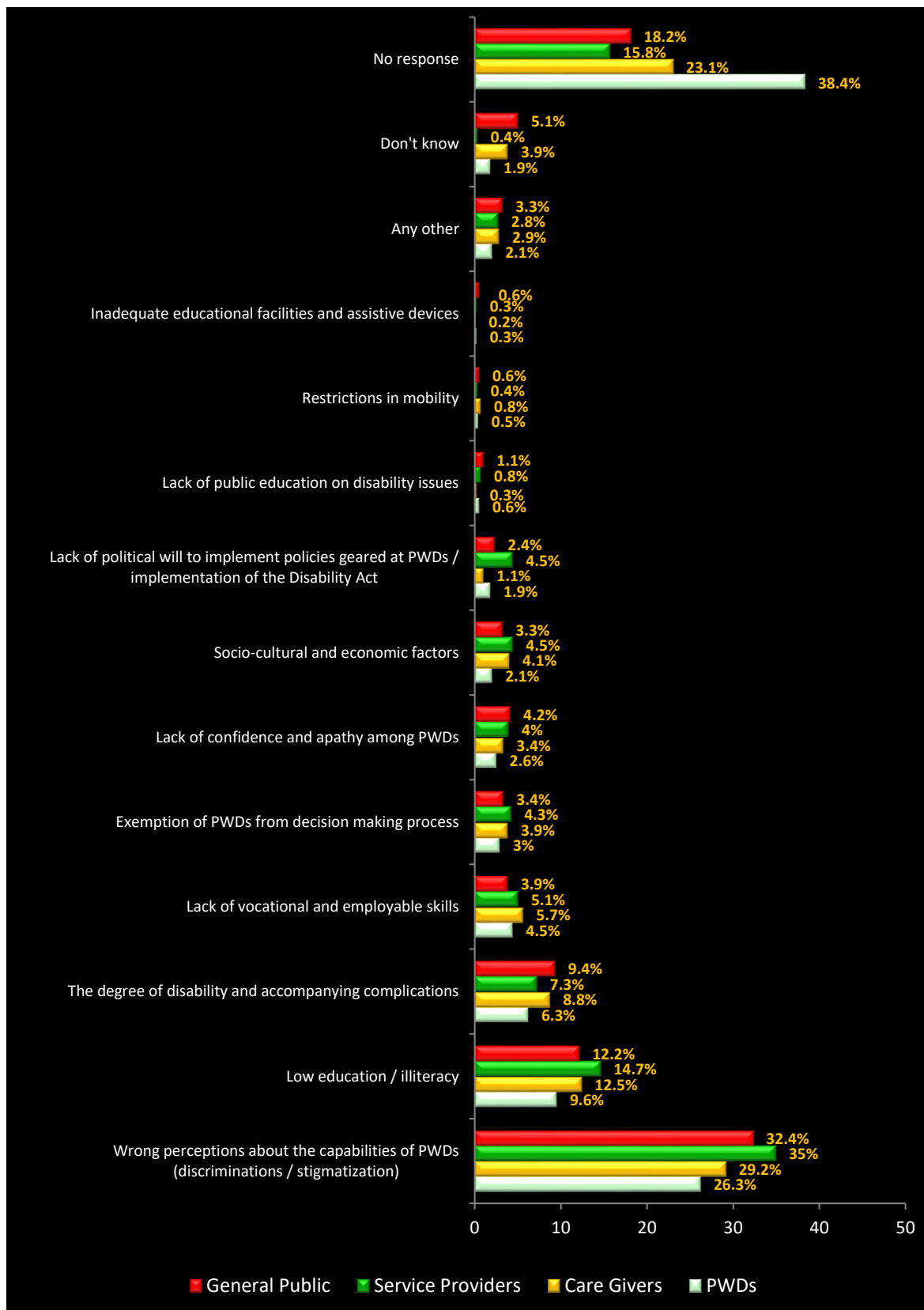
For 0.7% of respondents, there is a lack of public education on disability issues thereby PWDs are not enlightened enough to know their rights and fight for them. Also, the public are not educated and adequately engaged on disability matters.

Lastly, lack of assistive devices such as mobility aids, hearing aids, cognitive assistance, ramps and automatic door openers restricts PWDs and excludes them from national development.

10: Restrictions in mobility - 0.6%

Respondents were asked to indicate factors that contribute to the exclusion of PWDs from national development. The most polled factor indicated by all categories of respondents was wrong perceptions about the capabilities of PWDs. Next was low education/illiteracy among PWDs. The figure below presents the findings.

Fig 2.3: Factors that contribute to the exclusion of PWDs from national development



Below are the views of the Focus Group Discussants on the factors that have hindered the inclusion and participation of PWDs in Ghana's Development.

- Lack of political will at all level of governance to take the right decisions to deal with the issues confronting PWDs.
- Society's wrong perceptions of PWDs as "burden" and for that matter incapable of contributing positively to development.
- Discrimination and stigmatization of PWDs militate against their inclusion and participation in Ghana's development.
- Traditional, cultural and religious beliefs also militate against the inclusion and participation of PWDs in Ghana's development.
- The 2% District Assemblies Common Fund is inadequate to help develop PWDs in order for them to be included in Ghana's development.
- Low self-esteem and lack of confidence on the part of PWDs themselves.
- Low levels of education also militate against the inclusion and participation of PWDs in the nation's development.
- Lack of aids for PWDs.
- Lack of public education on the rights and issues of PWDs.
- Lack of vocational skills.
- Non-involvement of PWDs in Policy Formulation and implementation.

Overall Consensus:

It was generally acknowledged that stigmatization, discrimination and wrong perception of the capabilities of PWDs borne out of traditional and socio-cultural beliefs militate against the inclusion and participation of PWDs in national development.

2.3 MOST IMPORTANT CONCERNS OF PWDs

Table 2.1: Concerns of respondents (%)

Responses	Type of respondents			
	PWDs	Care Givers	Service Providers	General Public
Creation of employable and vocational skills (financial assistance / basic necessities)	24.1	34.9	29.2	27.8
Access to education	13.9	21.0	24.1	22.1
Address stigmatization and discrimination of PWDs	7.2	9.9	9.4	9.8
Provision of health facilities and rehabilitation centres	3.6	5.7	5.5	6.8
Public / private structures should be disability friendly	3.4	2.3	5.5	4.9
Re-strategize the distribution of the 2% common fund meant for PWDs	3.2	1.8	3.2	1.7
Mainstreaming and integration of PWDs into the development process	2.2	1.3	2.8	2.4
Implementation of the provisions of the Disability Act 715	2.1	2.1	4.0	2.8
PWDs should be factored into the various poverty alleviation strategies (GYEEDA, MASLOC, etc.)	2.1	1.5	.8	1.7
Provision of educational facilities / assistive devices	1.9	2.8	1.8	2.8
Free medical care should be given to PWDs	1.3	.8	.8	.6
Any other	5.4	4.9	5.2	5.1
Don't know	.2	.3	.1	1.1
No response	29.3	10.7	7.6	10.3
Total	100.0	100.0	100.0	100.0

CHAPTER THREE

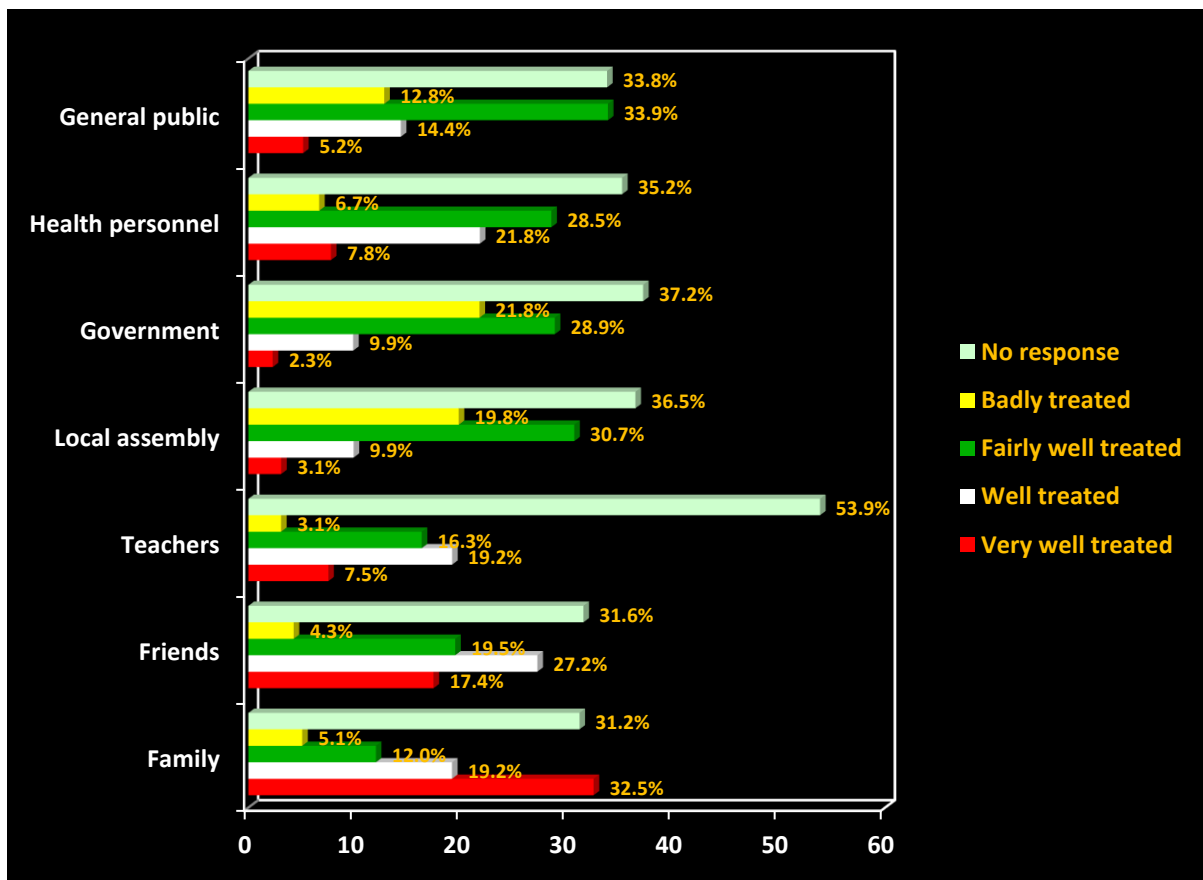
FINDINGS

CHALLENGES OF PWDs

This chapter examines the treatment, difficulties and challenges PWDs face in their daily lives. The chapter focuses on the treatment PWDs receive from society, the impact of tags and labels on PWDs, the level of difficulty PWDs encounter in some aspect of life as well as the gender differentials associated with these difficulties. The section also assesses the participation of PWDs in the 2012 national elections.

PWDs described the treatments they receive from various groups of people and institutions on a scale of ‘very well treated’, ‘well treated’, ‘fairly well treated’ and ‘badly treated’. The results are presented in Fig 3.1 below.

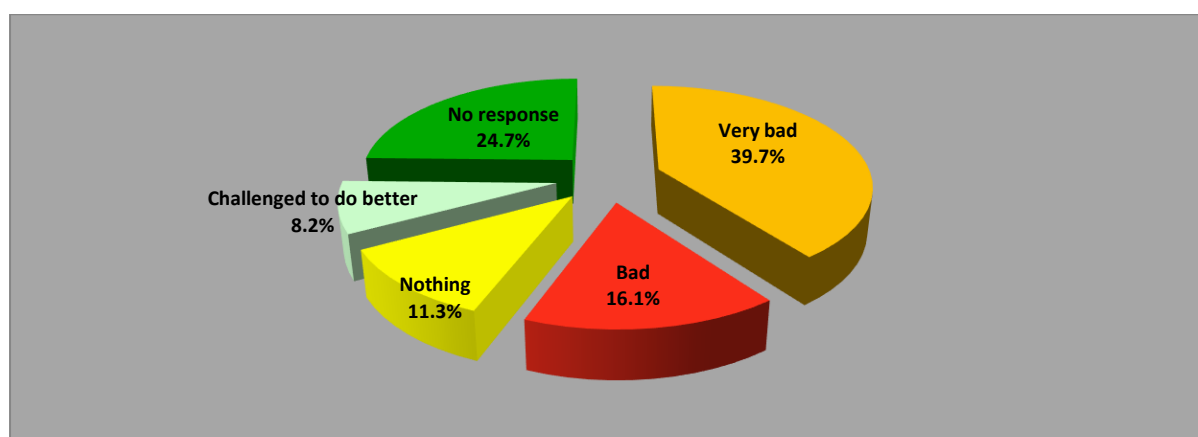
Fig3.1: How PWDs are treated by various sections of society



With respect to the treatment PWDs receive from their families, a high percentage of them (32.5%) felt their families treat them very well. Some PWDs affirmed that their friends (27.2%) and teachers (19.2%) treat them well while the local assemblies (30.7%), government (28.9%), health personnel (28.5%) and the general public (33.9%) treat them fairly well.

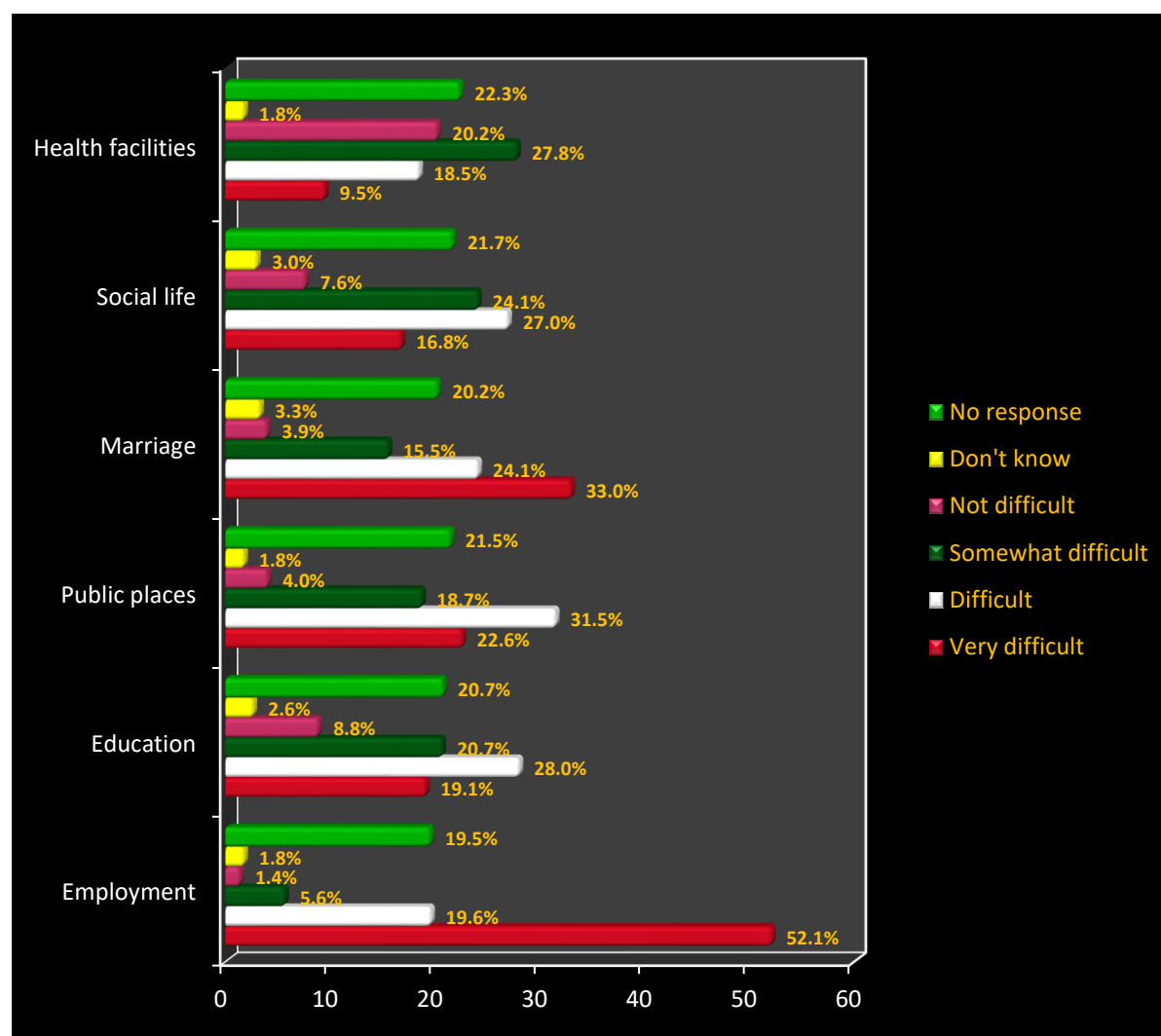
When asked, “*How they feel when society labels them on the basis of their disability*”, 39.8% said they felt “*very bad*” while 16.0% said they felt “*bad*”. For 11.3% of disabled respondents, they felt “*nothing*” when they are labeled on the basis of their disability and 8.2% said they were “*challenged to do better*”.

Fig 3.2: How PWDs feel when they are tagged or labeled on basis of their disability



Using accessibility and participation as a criteria, hindrances to PWDs’ full integration into national development was evaluated across various areas of national life i.e. employment, education, access to public places, marriage, having an active social life and access to health facilities. The responses obtained are presented below.

Fig 3.3: Level of difficulty faced by PWDs in various areas of their lives



The results indicate that the level of difficulty PWDs faced in life varied from one issue to the other. Majority of respondents opined that it was very difficult obtaining employment (52.1%) and marriage (33.0%). Access to public places (31.5%), education (28.0%) and living an active social life (27.0%) according to some respondents was difficult. Access to health facilities (27.8%) was somewhat difficult for PWDs.

The extreme responses (i.e. 'very difficult' and 'not difficult') were critically examined among PWDs. It was observed that the physically challenged (65.7%) were the majority of PWDs who said it was 'very difficult' to get employment. The visually impaired (22.2%) were the next majority, followed by those with hearing impairments with 6.4%. PWDs with speech impairments were the least with 2.9%.

Among PWDs who said it is ‘not difficult’ for PWDs to get employment, the majority (42.9%) were the visually impaired. Surprisingly, the physically challenged were found to be the next majority (35.7%) of respondents saying it is ‘not difficult’ for PWDs to get employment. 21.4% of hearing impaired PWDs can be found in this category.

The different types of respondents shared their views on how difficult it is for PWDs to access good education. They all agreed in the majority of cases (PWDs 26.2%, caregivers 28.3%, service providers 29.8%, general public 30.9%) that access to good education is ‘difficult’ for PWDs in Ghana.

Among all the respondent types, only few (PWDs 7.8%, caregivers 8.5%, service providers 8.8% and general public 11.3%) agreed that access to good education among PWDs was ‘not difficult’.

Access of PWDs to public places was also assessed to ascertain the level of preparedness of various bodies and institutions towards meeting the provisions of the Disability Act to make all public places disability friendly by 2016.

All categories of respondents interviewed agreed that access to public places for PWDs was ‘difficult’. PWDs who said this were 27.5%, caregivers were 34.2%, service providers were 34.4% and the general public was 36.9%.

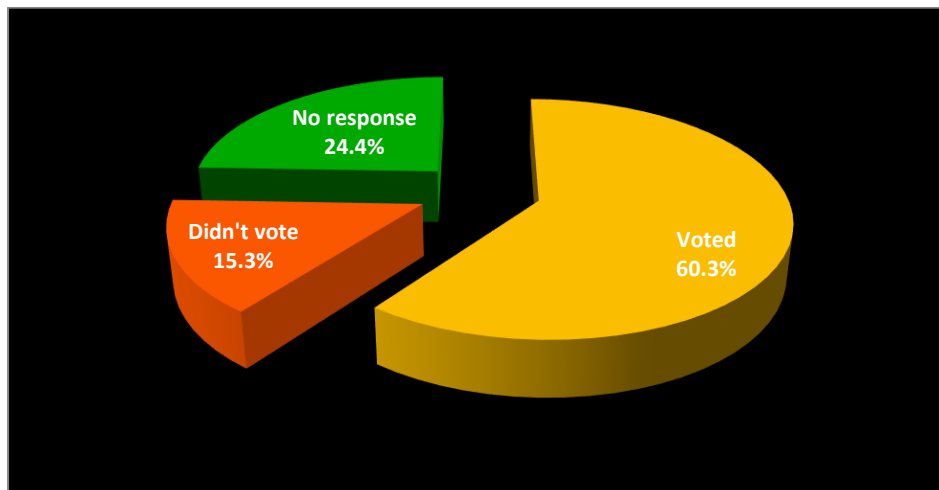
The responses obtained from the various groups of respondents on the difficulties PWDs face in accessing health facilities was very different from all the assessments carried out. Here, the least percentage response from PWDs (8.8%), caregivers (11.1%), service providers (10.2%) and the general public (9.6%) said it is ‘very difficult’ for PWDs to access health facilities. The majority response from all the categories of respondents (i.e. PWDs 26.3%, caregivers 28.3%, service providers 31.1% and general public 29.0%) indicated that it is ‘somewhat difficult’ for PWDs to access health facilities.

In the view of some service providers (20.4%) and the general public (20.9%) however, accessibility to health facilities for PWDs is ‘not difficult’.

VOTING IN THE 2012 PRESIDENTIAL / PARLIAMENTARY ELECTIONS

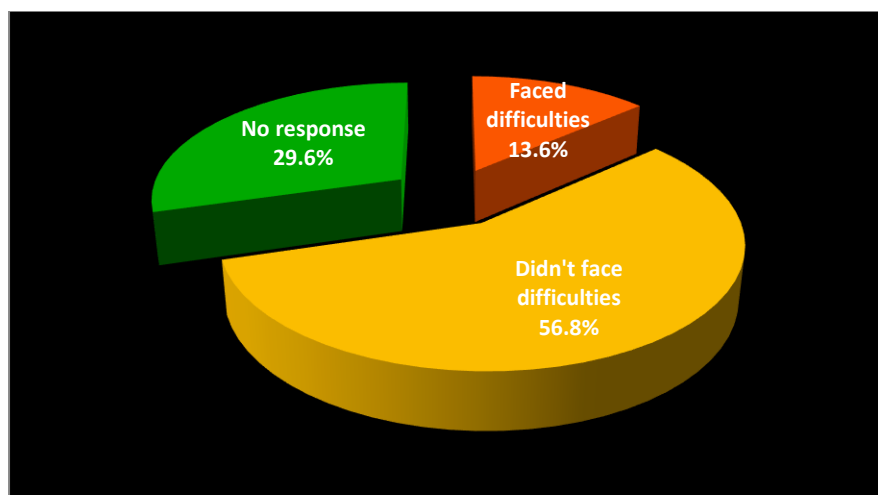
Data obtained in this study shows that majority of PWDs interviewed i.e. 60.3% participated in the 2012 presidential / parliamentary elections.

Fig 3.4: Voting among PWDs during the 2012 presidential / parliamentary elections



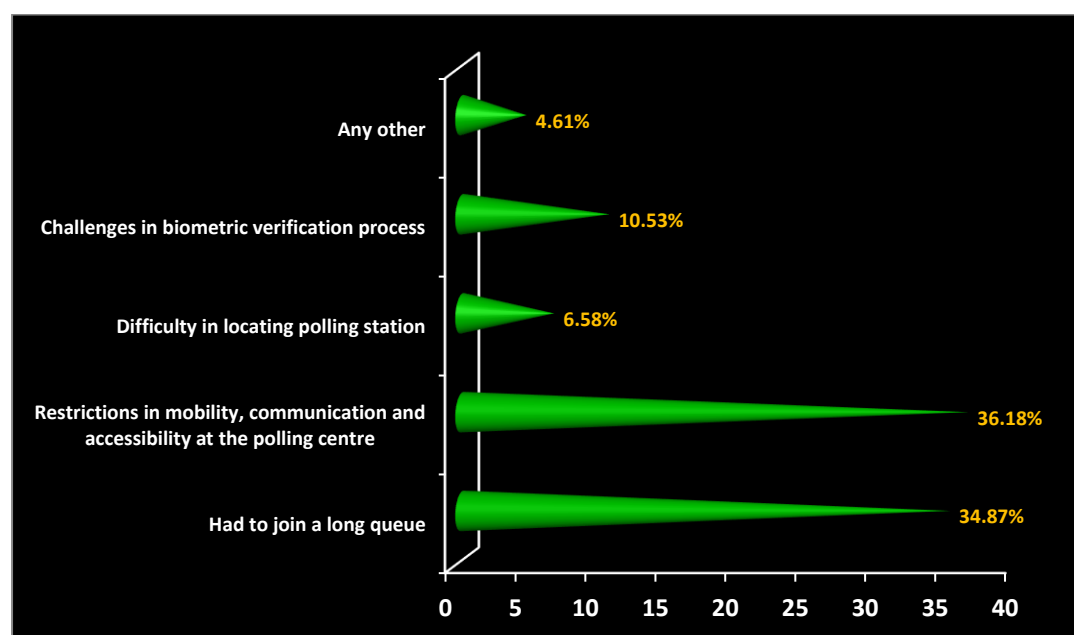
Of the 60.3% PWDs who cast their votes, 13.6% reported facing various challenges which could have prevented them from participating in the decision-making process.

Fig 3.5: Proportion of PWDs who faced or did not face challenges during voting



Prominent challenges named included restrictions in mobility, communication and accessibility, joining long queues and challenges in biometric verification process among others.

Fig 3.6: Challenges faced by PWDs during the voting process

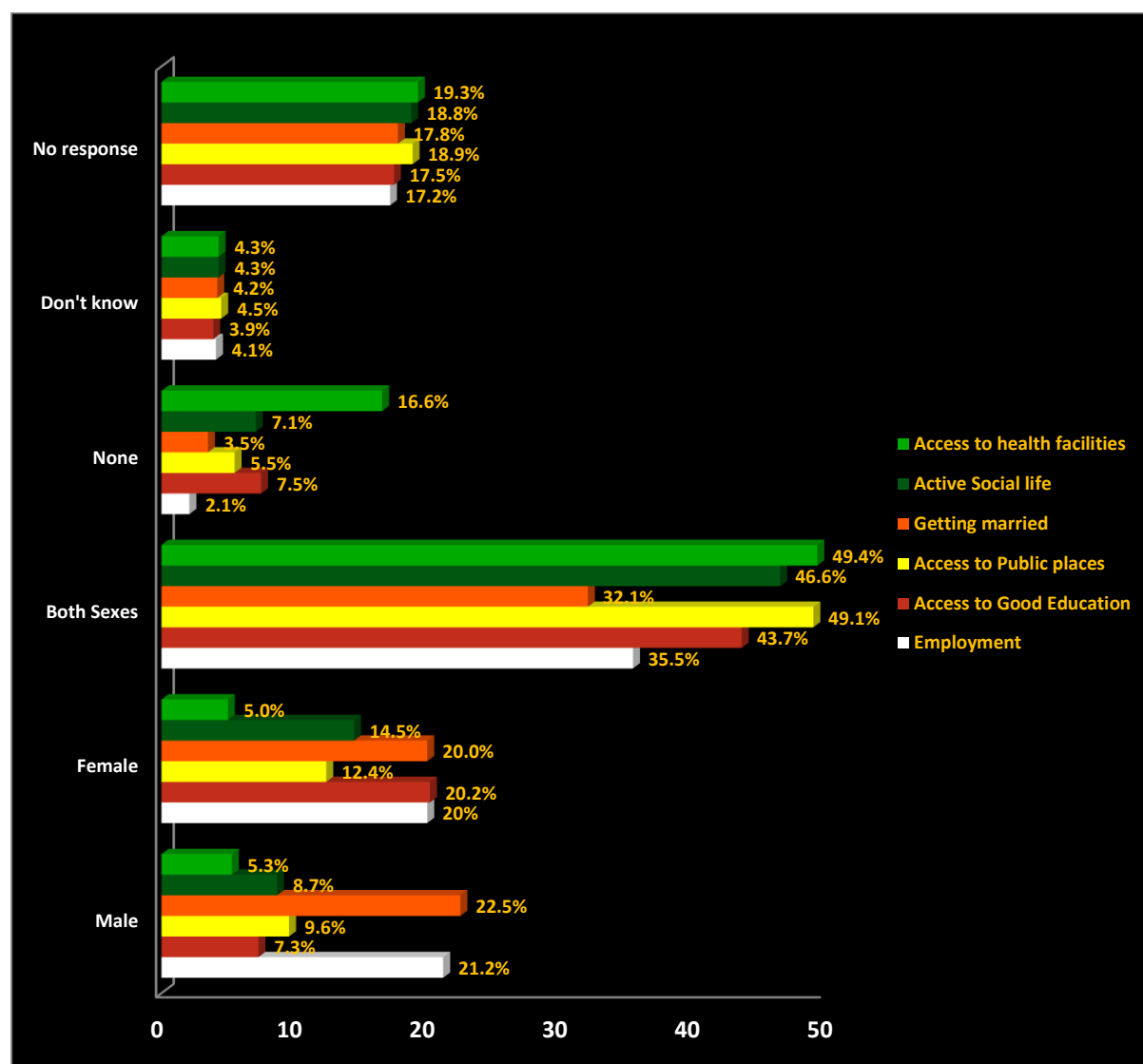


GENDER DIFFERENTIALS OF THE EFFECT OF DISABILITY

Though there was a consensus that the onset of disability had equal discriminatory effect on both gender, the data obtained further indicated that females are more discriminated against in terms of education, access to public places and in their general social life as compared to their male counterparts.

Respondents were again of the view that males are also discriminated against more than their female PWDs in areas such as employment, marriage and in accessing health facilities. The results are depicted in figure 3.7 below. The FGDs held a different opinion in agreeing that on the whole, female PWDs are less likely to be employed in organizations than their male counterparts.

Fig 3.7: Gender differentials in the challenges confronting PWDs in some aspects of their lives



Below are some views of the participants of the Focus Group Discussions (FGDs) on how disability affects the two genders differently.

- Female PWDs are said to be referred to by some people as “female idiots” thereby exposing them to sexual assaults.
- In terms of access to education, female PWDs are more disadvantaged since even able-bodied females do not have equal access to education.
- In terms of marriage, disability affects the female PWDs more than male counterparts. Participants generally agreed that female PWDs were less likely to get married compared to their male counterparts.

CHAPTER FOUR

FINDINGS

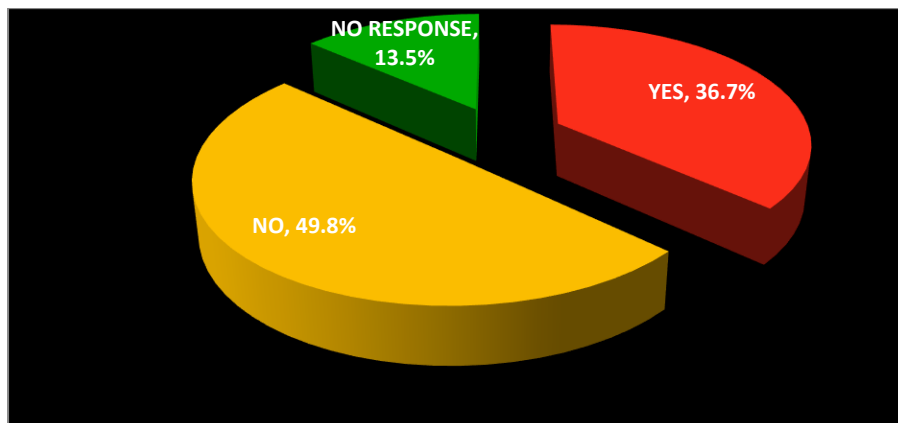
AWARENESS OF INTERVENTIONS FOR PWDs AND EXPECTATIONS FOR THEIR SUCCESS

This chapter seeks to review the level and extent to which the public is informed about the interventions provided by the government of Ghana with regards to PWDs and subsequently the responsibility of the general public towards achieving this goal. This includes the laws, policies, programs and facilities aimed at enhancing the quality of life of PWDs.

In respect of the knowledge of the Disability Act, 2006 (Act 715), 36.7% responded in the affirmative, 49.8% gave a negative response and 355 representing 13.5% did not give any response. PWDs represented 44.9% of those who responded in the affirmative. 23.5% service providers, 21.5% of the general public and 10.1% care givers also responded positively. Out of those who gave a negative response, 43.7% were PWDs, 31.5% general public, 15.2% caregivers and 9.5% service providers.

The figure below demonstrates the findings.

Fig 4.1: Knowledge of the Disability Act, 2006 (Act 715)



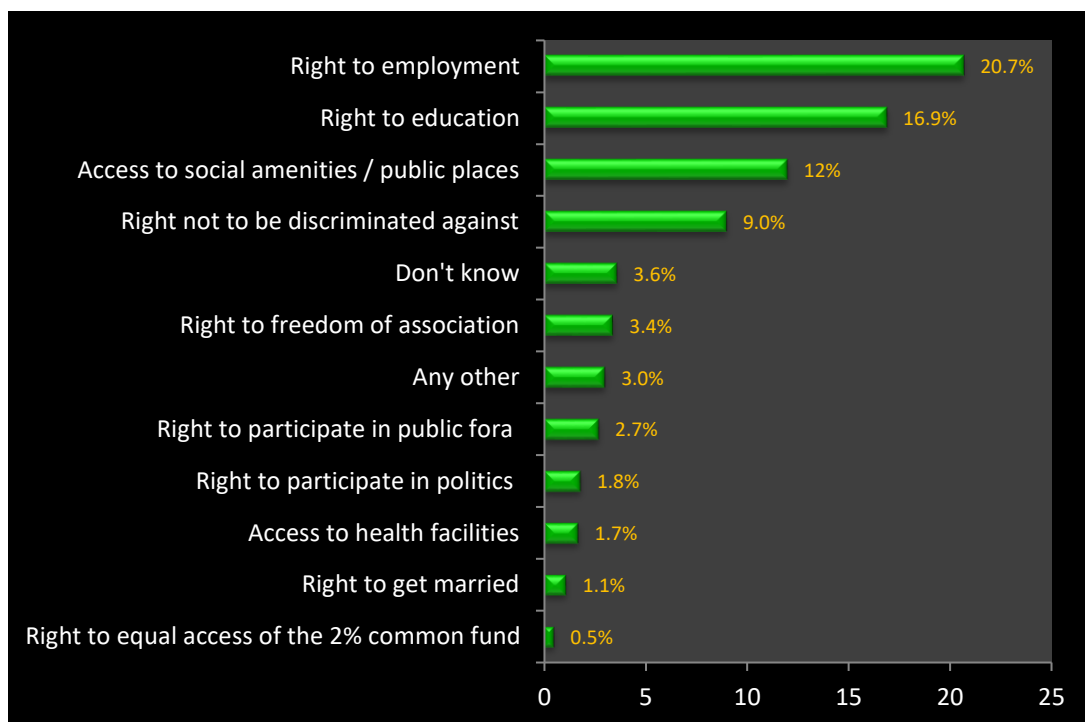
Assessing the impact of the Disability Act, 2006 (Act, 715) in providing for employment, health, education, transportation and access to public places in Ghana, the focus group discussants made the following observations:

- Most people are not aware of the Disability Act and so unable to comply with its provisions.

- The Disability Act lacks the Legislative Instrument (L.I) for its enforcement and implementation.
- Very little impact has been achieved in the implementation of the provisions of the Act relating to employment, health, education, transport and access to public places.
- There have not been any major improvements in access to public places for PWDs.
- Educational Institutions are not friendly to PWDs.
- Limited access to sign language interpreters in public institutions in the country especially in the education and health sectors.
- Due to the lack of awareness of the existence and provisions of the Disability Act, some commercial vehicle drivers refuse to reserve at least two (2) seats for the PWDs as stated in the Act.
- The Health Sector is doing well in some regions by providing free National Health Insurance registration for all PWDs.
- The educational policy of inclusion has made some gains as all heads of basic schools are admitting PWDs without any reservations.
- Discrimination in employment still exists in the public and private sector organizations even though a few qualified PWDs are employed in the health and educational sectors.

With respect to denial of rights, the highest response was in relation to the right to employment (20.7%), the second was the right to education (16.9%) followed by the right to access social amenities and public places (12.0%) of the response. Figure 4.2 below shows all responses.

Fig 4.2: Key rights denied PWDs as against other citizens

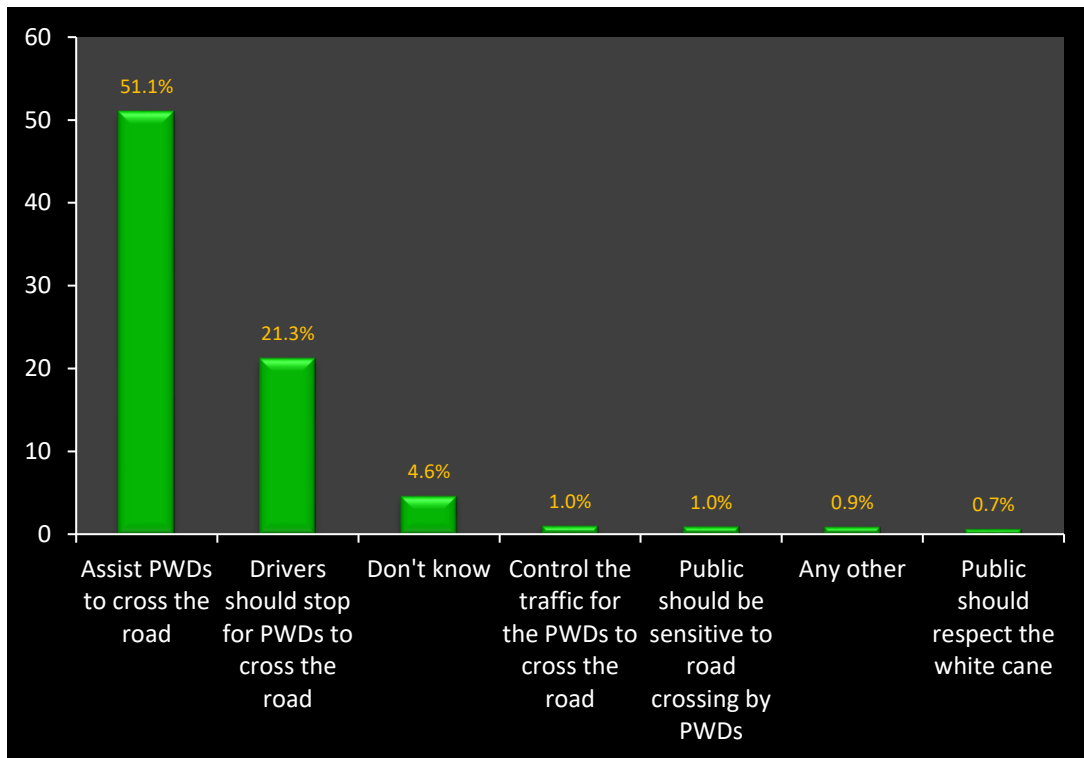


The respondents who said PWDs are denied their right to employment comprised 45.7% PWDs, 30.0% general public, 14.0% service providers and 10.3% caregivers. With respect to education, 40.0% were PWDs, 26.5% general public, 20.4% service providers and 13.1% caregivers. On denial of access to social amenities and public places, 41.9% PWDs, 25.1% general public, 20.6% service providers and 12.4% care givers. Respondents who suggested the right not to be discriminated against was not upheld included 47.0% PWDs, 24.2% general public, 16.1% service providers and 12.7% care givers.

Concerning road crossing by PWDs, 51.1% were of the view that the public should assist PWDs to cross roads, 21.3% were of the view that drivers should stop whenever PWDs want to cross the road. Figure 4.3 below demonstrates the findings.

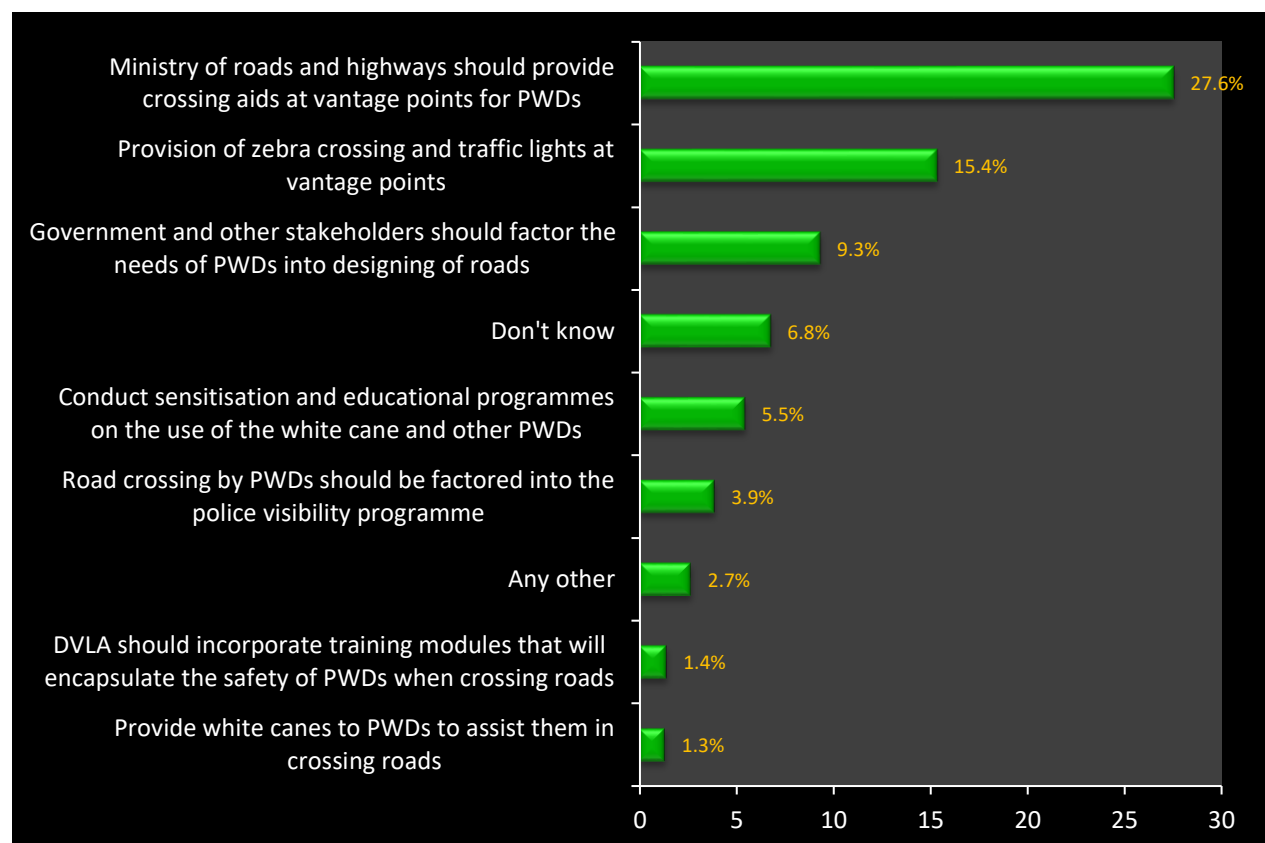
The respondents who wanted the public to assist PWDs to cross the road comprised 41.9% PWDs, 28.6% general public, 15.8% service providers and 13.7% caregivers. In relation to those who suggested that drivers should stop for PWDs to cross the road 45.2% were PWDs, 27.8% general public, 15.4% service providers and 11.6% care givers.

Fig 4.3: Requirements of the public in respect of PWDs crossing the road



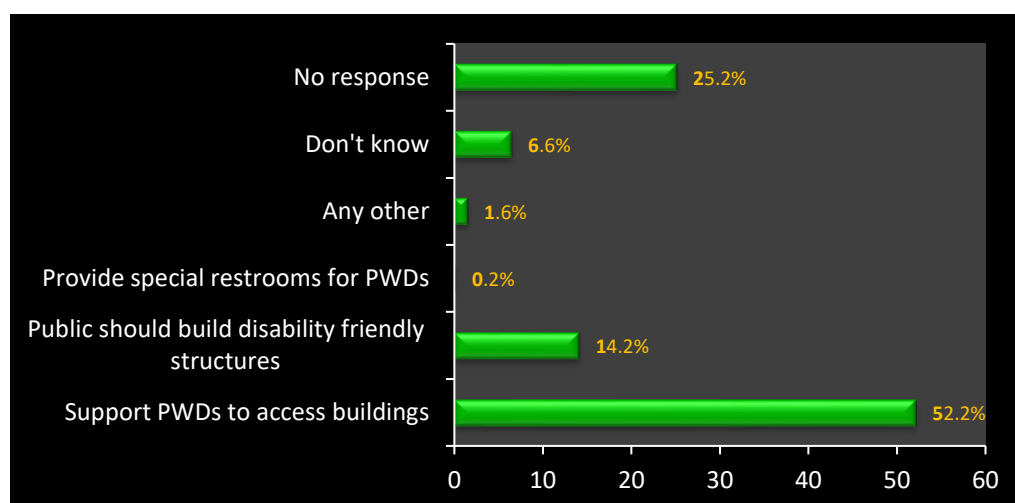
For roles of institutions, 27.6% were of the view that the Ministry of Roads and Highways should provide crossing aids at vantage points for PWDs, 15.4% of respondents were of the view that zebra crossing signs and traffic lights should be provided at vantage points, 9.3% of respondents want the government and other stakeholders to factor the needs of the PWDs in to the design of roads. (See figure 4.4).

Fig 4.4: Institutional support for PWDs crossing the road



With respect to access to public buildings, 52.3% were of the view that the public should assist the PWDs to access buildings, 14.2% of the populace were of the view that the public should build disability friendly structures or factor the needs of PWDs in the design of buildings. Another response was that the public should provide restroom facilities for PWDs.

Fig 4.5: Public support for PWDs access to public buildings



Concerning the roles of institutions in ensuring PWDs have access to public buildings, 57.4% were of the view that contractors, architects and town and planning authority should make public buildings disability friendly, 5.0% were of the view that laws on access to public buildings should be passed and enforced and 1.8% of respondents were also of the view that restrooms should be provided for PWDs. (See figure 4.6 below)

Fig 4.6: Institutional support for PWDs' access to public buildings

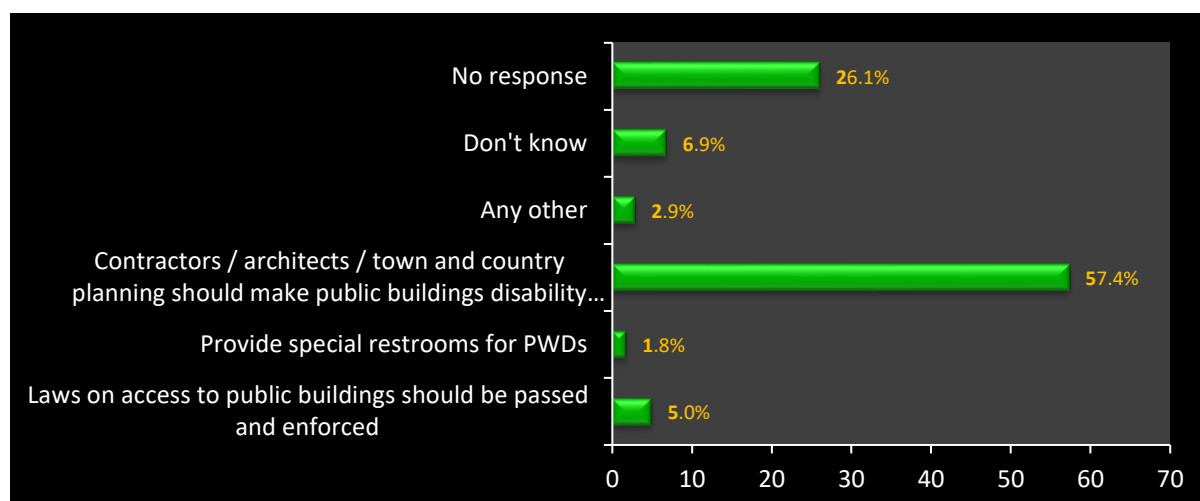
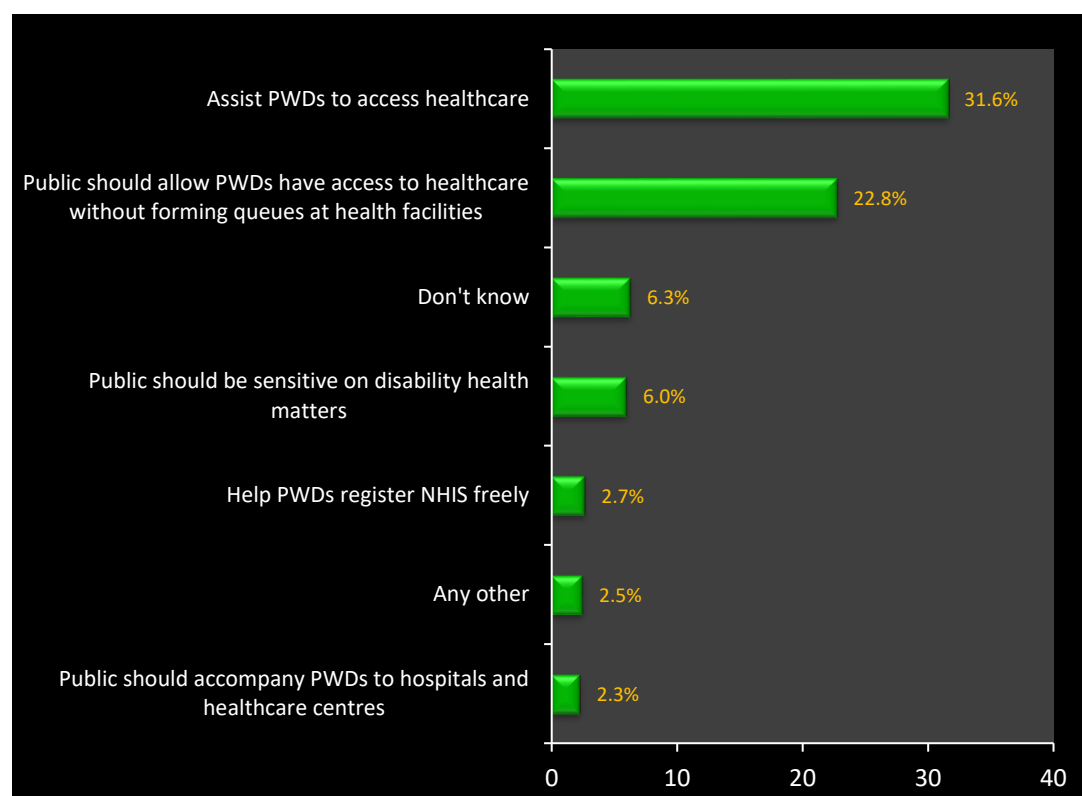


Figure 4.7 shows responses on the requirement of the public in respect of PWDs accessing treatment at health facilities. 31.6% of them were of the view that the public should assist PWDs to access healthcare, 22.8% said the public should allow PWDs to access healthcare facilities without joining queues, and for 6.0%, the public should be sensitive to disability health matters.

Fig 4.7: Treatment of PWDs at health facilities



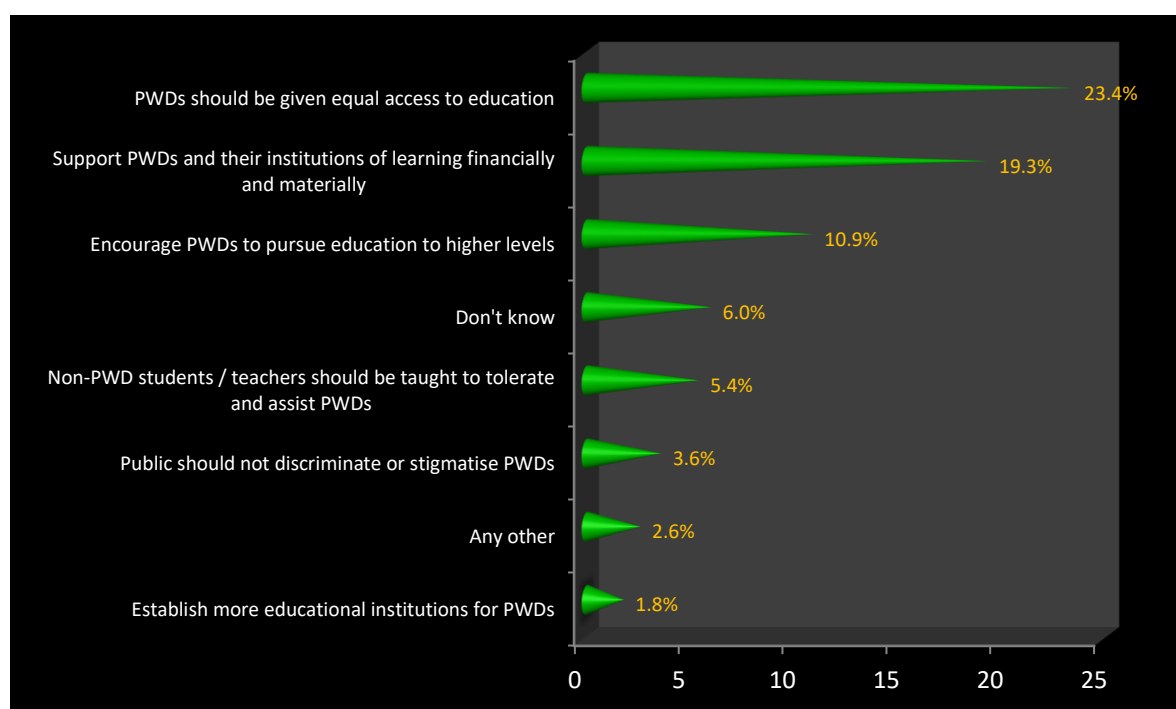
Concerning what institutions should do to help PWDs access healthcare facilities, 20.4% were of the view that priority attention should be given to PWDs when they come to the health facilities, 13.7% were of the view that PWDs should be given free medical treatment or provide financial assistance to pay bills, 12.0% were of the view that more specialized health facilities should be built and equipped, and more specialized personnel trained. (See table 4.1 below)

Table 4.1 Requirement of institutions in respect of PWDs treatment in health facilities

Responses	Frequency	Percentage (%)
Give priority attention to PWDs when they come to the health facilities	536	20.4
PWDs should be given free medical treatment / provide financial assistance to pay bills	360	13.7
More specialized health facilities should be built and equipped with specialized personnel	315	12.0
Health authorities should be friendly to PWDs (priority treatment, etc.)	195	7.4
Sign language interpreters in the various health facilities to help the deaf and dumb	100	3.8
Healthcare facilities and health education to PWDs periodically	76	2.9
Policies and laws should be put in place for specialized care and assistance to PWDs	75	2.9
Provision of free vehicles to access the hospitals	31	1.2
Enactment and implementation of existing laws on health provision for PWDs	10	.4
Any other	67	2.6
Don't know	165	6.3
No response	693	26.4
Total	2623	100.0

Concerning the education of PWDs, 23.4% of respondents were of the view that PWDs should be given equal access to education (parents must enroll them in schools and not hide them), 19.3% were of the view that the public should support PWDs in their institutions of learning financially and materially when the need arises, 10.9% were of the view that PWDs should be encouraged to pursue higher education. Figure 4.8 illustrates the findings.

Fig 4.8: Access to education for PWDs



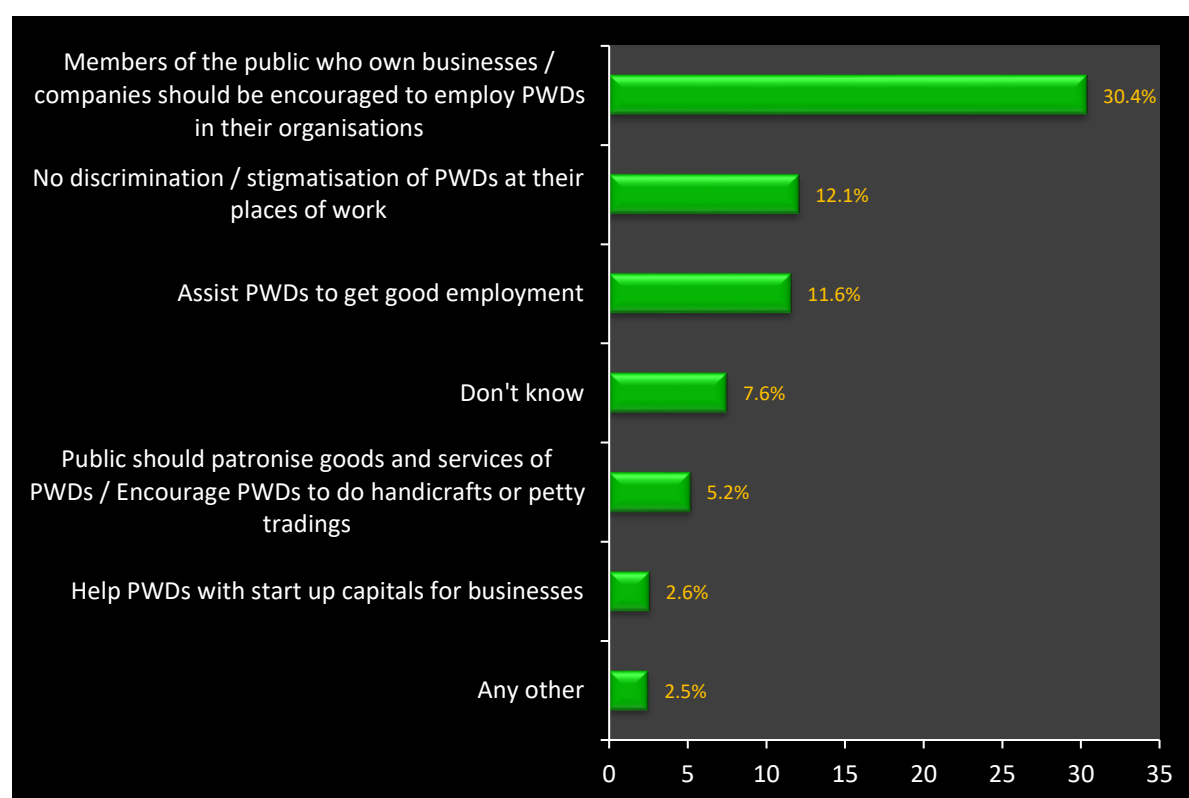
In respect of what is required of institutions for the education of PWDs, 18.6% of respondents were of the view that free education /scholarships/financial assistance should be given to PWDs, and 15.4% of the respondents were of the view that institutions should provide more specialized schools for PWDs. 13.2% were of the view that institutions should provide adequate modern teaching and learning materials to special schools and integrated schools. (See table 4.2)

Table 4.2: Institutional support for education of PWDs

Responses	Frequency	Per cent (%)
Free education / scholarship / financial assistance for PWDs	488	18.6
Provision of more rehabilitation centres / specialized schools for PWDs	405	15.4
Provision of adequate modern teaching / learning materials to special schools as well as integrated schools	345	13.2
Ministry of Education should consider PWDs when they are seeking admission to schools / Educational institutions should not deny PWDs admission based on their disability	165	6.3
Educational facilities / infrastructure should be disability friendly	98	3.7
Encourage PWDs to pursue education to higher levels through more accessibility (i.e. through provision of transportation, wheel chairs etc.)	94	3.6
Teachers should not discriminate against PWDs or make derogatory comments about them	50	1.9
Enforcement of existing laws on equal rights / access to education	30	1.1
Regular review of the curriculum of special schools to make them abreast with modern standards	18	0.7
PWDs should be treated specially	18	0.7
Public education should be undertaken to encourage parents or caregivers to enroll their PWDs to school	15	.6
Should institute special education through distance learning to help PWDs without aid to move to schools	2	0.1
Any other	94	3.6
Don't know	144	5.5
No response	657	25.0
Total	2623	100.0

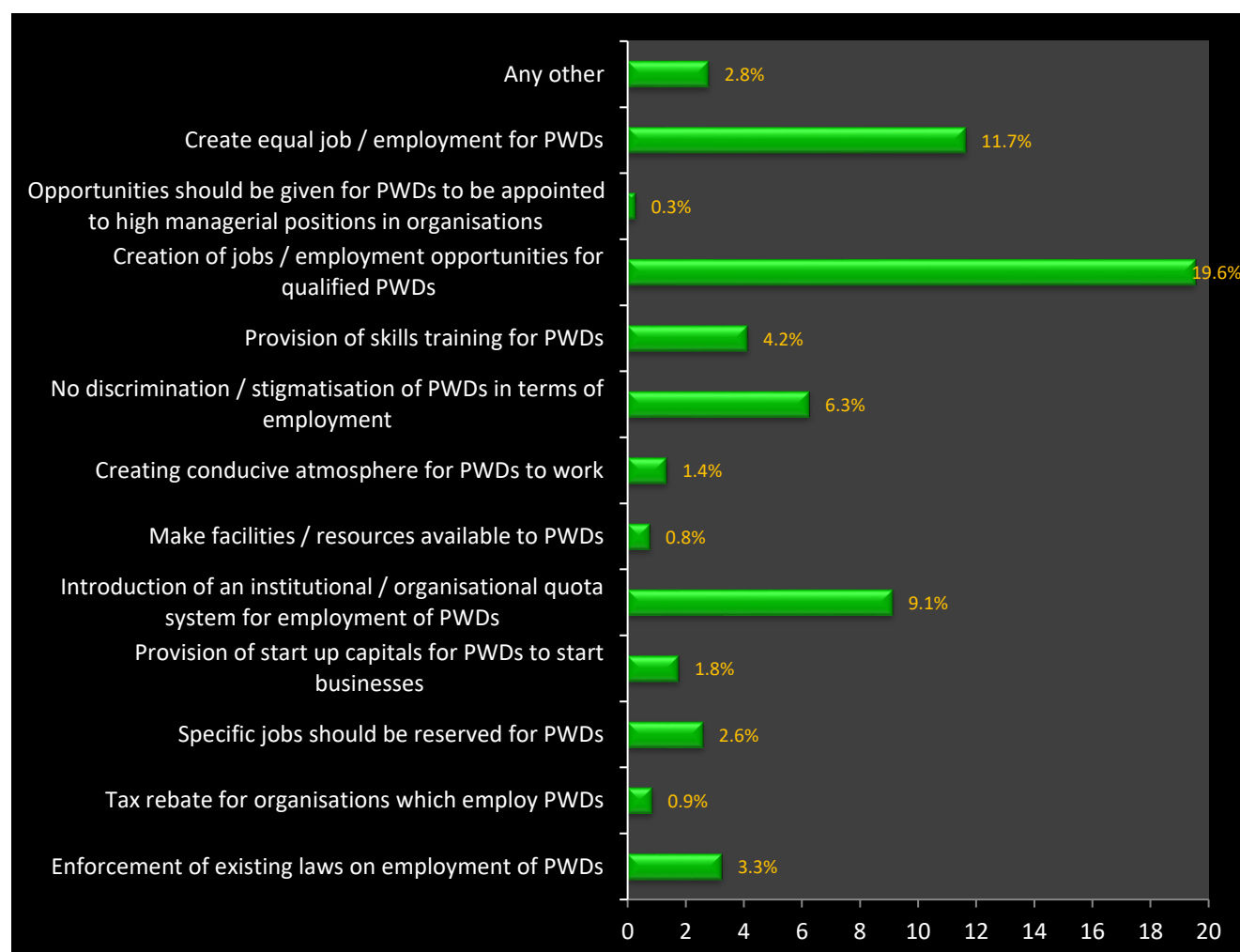
Concerning requirements of members of the public in respect of employment of PWDs, 30.4% of the people polled were of the view that members of the public who own businesses and companies should be encouraged to employ PWDs in their organizations, 12.1% were of the view that there should be no discrimination or stigmatization of PWDs at their places of work and 11.6% said the public should assist PWDs to get employment. Other views were that the public should patronize goods and services of PWDs and encourage PWDs to do handicraft or petty trading as well as help PWDs with start-up capital for businesses. (See figure 4.9)

Fig 4.9: Access to employment for PWDs



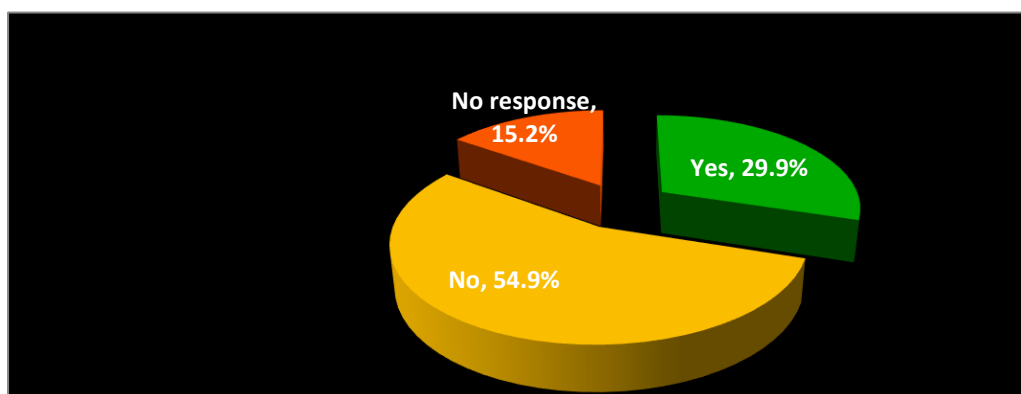
On the role of institutions in employment of PWDs, 19.6% of the respondents were of the view that institutions should create jobs or employment opportunities for qualified PWDs while 11.7% were also of the view that institutions should create equal jobs or employment opportunities for PWDs. Another 9.1% were of the view that there should be an introduction of an institutional or organizational quota system for employing PWDs, while 6.3% were of the view that there should be no discrimination or stigmatization of PWDs in the area of employment. (See figure 4.10)

Fig 4.10: Institutional support for employment of PWDs



Concerning the knowledge of policies or programmes aimed at helping PWDs, 54.9% responded negatively and 29.9% responded in the affirmative. See figure 4.11 below.

Fig 4.11: Knowledge of policies and programmes for PWDs

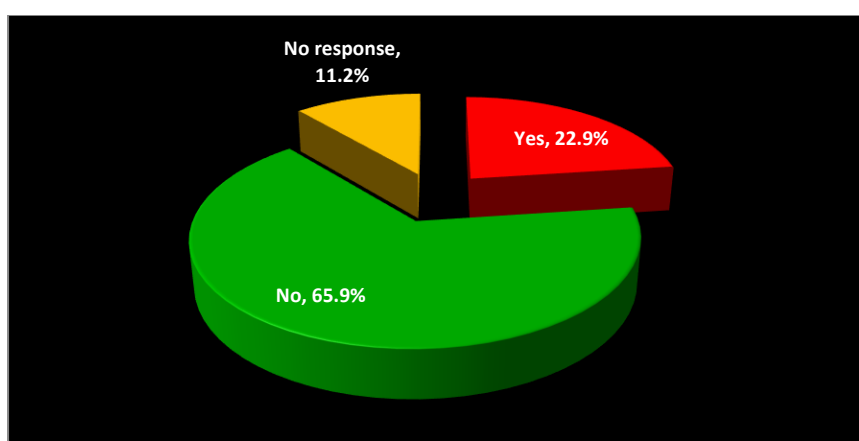


From the Focus Group Discussions, participants identified the following existing interventions aimed at helping PWDs:

- Disability Act, 2006 (Act 715)
- District Assemblies Common Fund (DACF)
- Livelihood Empowerment Against Poverty (LEAP)
- Policies to ensure Inclusive Education
- Immunization and Special Education
- Social Welfare Services to PWDs
- Free Registration of PWDs for National Health Insurance Scheme
- Provision of facilities for PWDs e.g. Library and research centres for the visually impaired

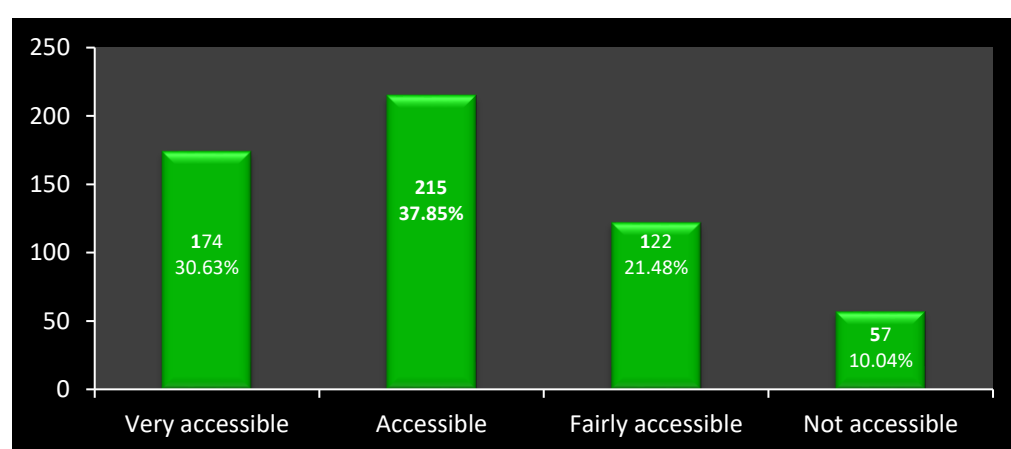
On the knowledge of existence of Special Schools in the district, 65.9% responded negatively and 22.9% responded in the affirmative and 11.2% did not respond. See figure 4.12 below.

Fig 4.12: Knowledge of existence of special schools for PWDs in the District



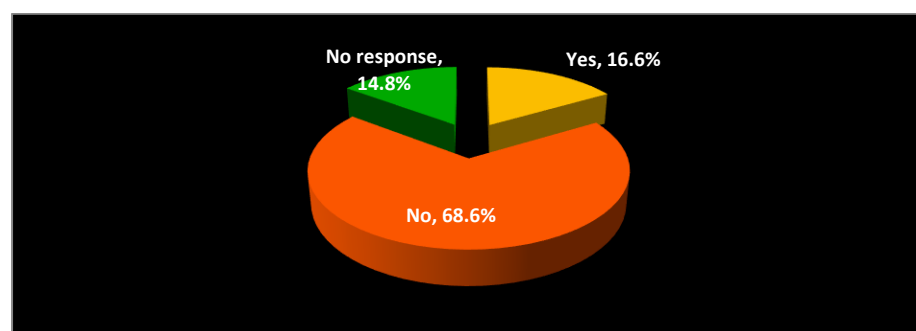
Of the total number of 601 respondents who said “Yes”, “*they were aware of a school for the PWDs in their district*”, when asked, “How accessible is the school to the PWDs”, Accessibility is defined in terms of the physical environment including distance, ease of access to infrastructure and learning aids. 37.9% of the respondents said it was accessible, 30.6% said it was very accessible, 13.6% said it was fairly accessible, 6.4% said it was not accessible and 36.5% did not respond. (See figure 4.13)

Fig 4.13: Accessibility of PWDs to special schools



Concerning the awareness of a rehabilitation centre in the district, 68.6% responded negatively and 16.6% responded in the affirmative. A high proportion of 44.6% of those not aware of a rehabilitation centre were PWDs. For those aware of a rehabilitation centre, 47.6% were PWDs.

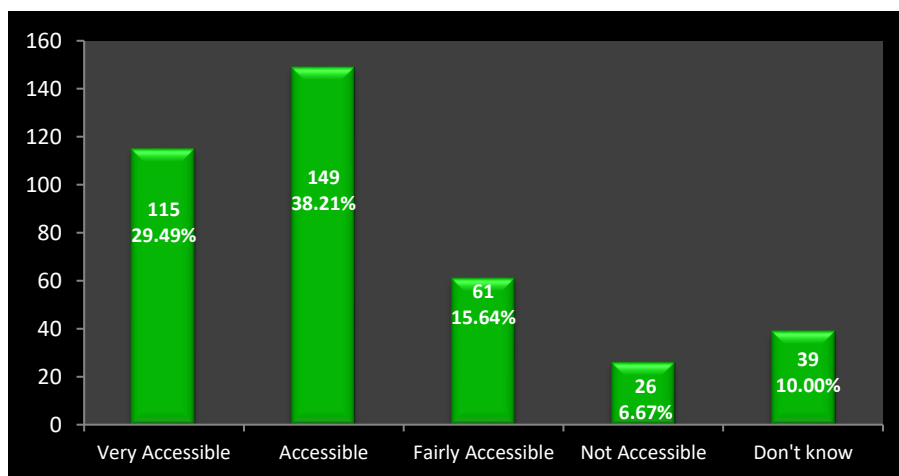
Fig 4.14: Awareness of existence of rehabilitation centres in the District



A total of 435 respondents said there was a rehabilitation centre in their district. When asked how accessible the rehabilitation centre is to the PWDs, 390 responded with 38.2%

indicating that it was accessible, 29.5% mentioned very accessible, 15.6% said it was fairly accessible and 6.7% said it was not accessible. (See figure 4.15)

Fig 4.15: Accessibility to rehabilitation centres



CHAPTER FIVE

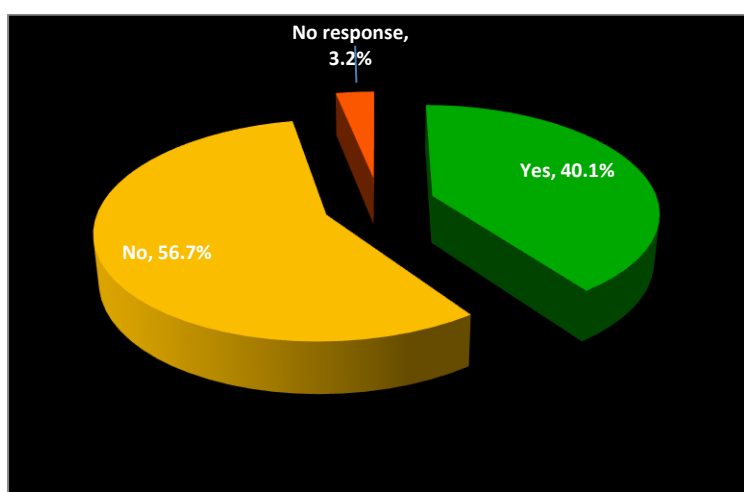
FINDINGS

CHALLENGES FACING THE EDUCATION OF PWDs

To review the diverse problems encountered by PWD students in institutions of learning, the study delves into the social and academic life of PWD student. Issues considered include adequacy of teaching and learning materials, and infrastructure and their ability to interact with colleagues and teachers.

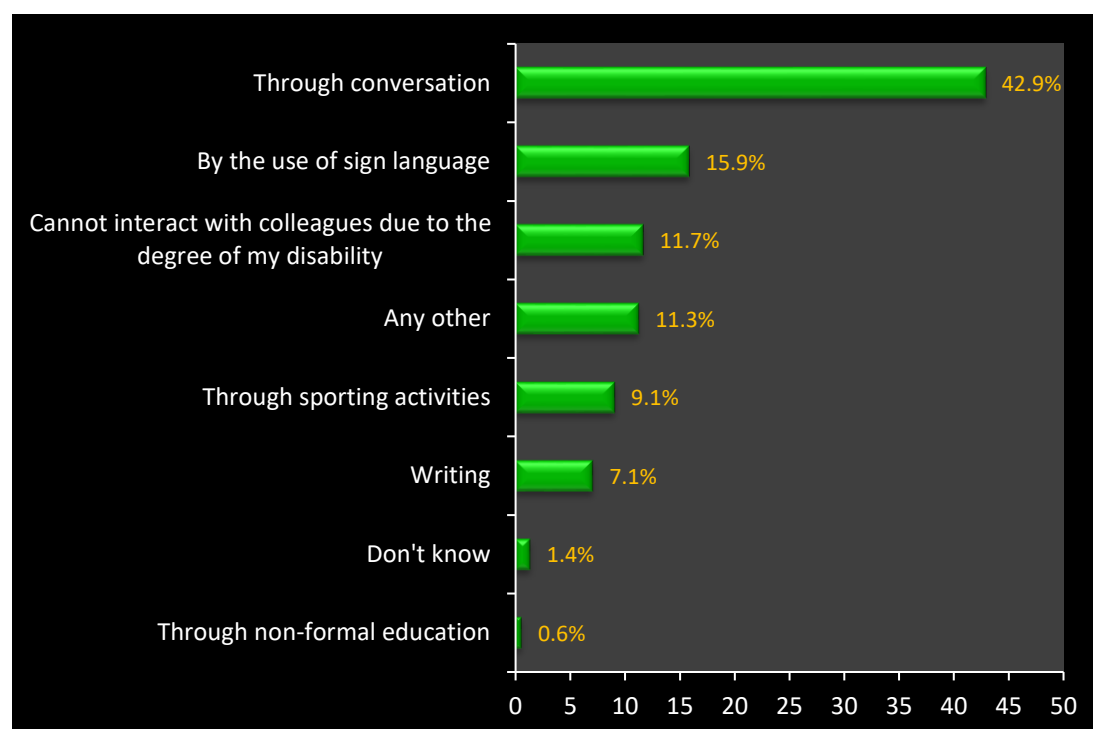
Concerning the adequacy of teaching and learning materials, 40.1% responded in the affirmative and 56.7% of the respondents answered negatively. See figure 5.1 below.

Fig 5.1: Adequacy of teaching and learning materials



On the issue of their interaction with colleagues outside the classroom, their responses are shown in figure 5.2 below.

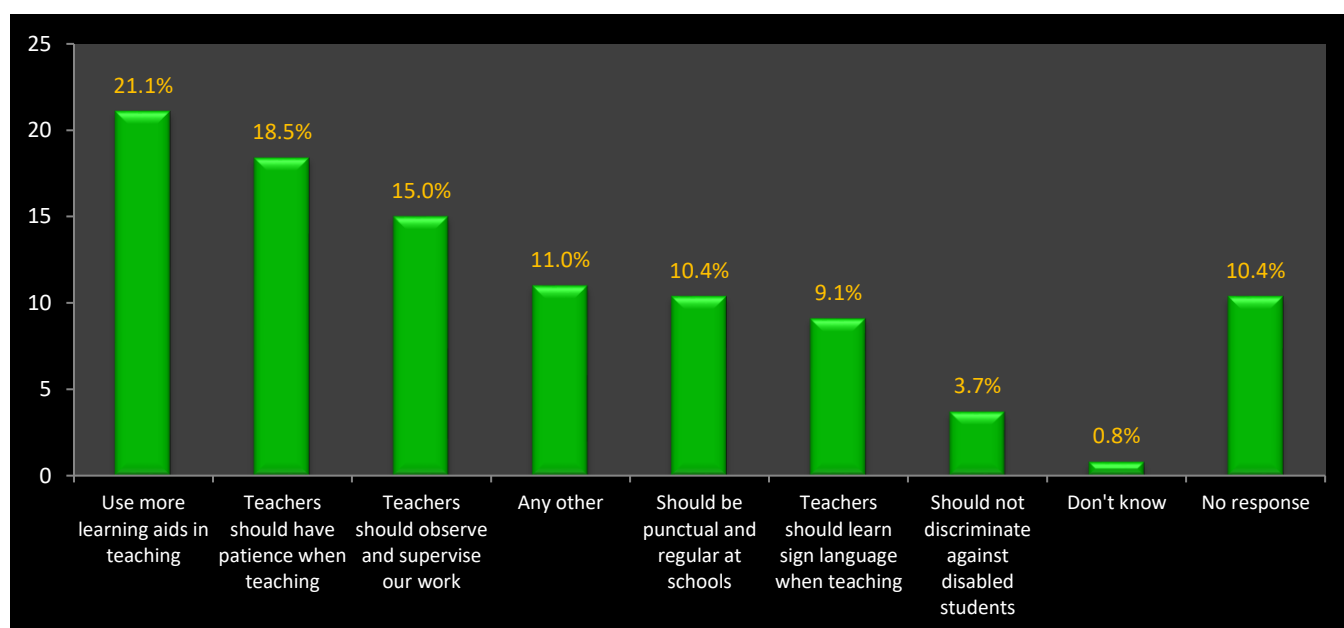
Fig 5.2: Interaction with colleagues outside the classroom



Concerning how well PWDs understand their teachers when they teach, 40.1% said they understand their teachers “well”, 32.4% responded “very well”, 22.2% said “not very well” and 1.6% responded “not well at all”. See figure 5.3 below.

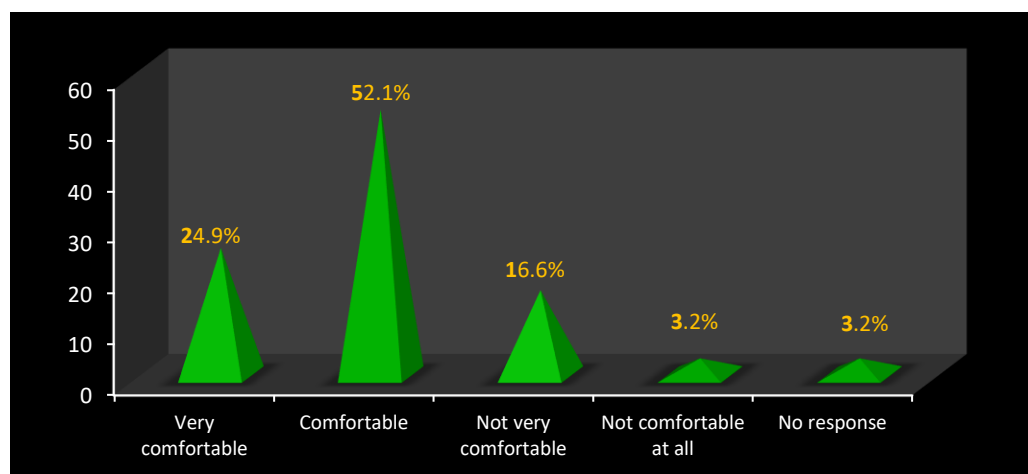
On the views of PWDs on how to improve learning in Schools, 21.1% of the respondents were of the view that teachers should use more learning aids in teaching, while 18.5% were of the view that teachers should be patient when teaching, 15.0% of respondents were of the view that teachers should observe and supervise their work. See figure 5.4 below.

5.3: Suggestions on how to improve learning in schools for PWDs



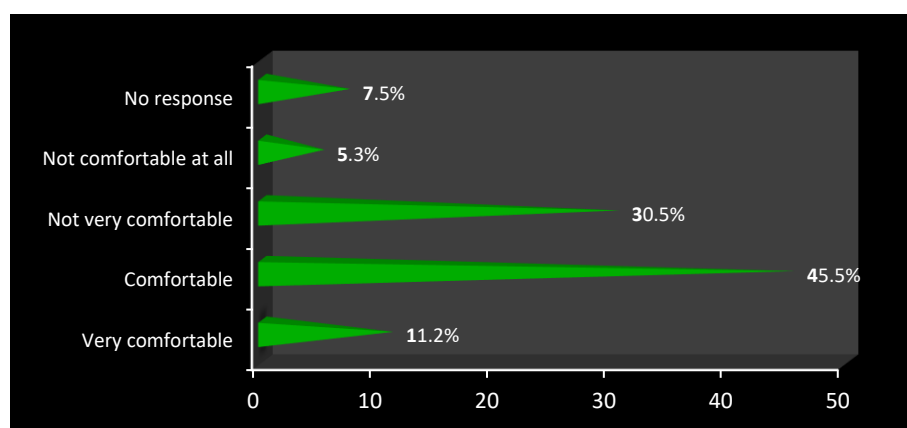
In rating how comfortable students are in relation to their numbers in the classroom, 52.1% said they were “comfortable”, 24.9% said “very comfortable”, 16.6% said they were “not comfortable” and 3.2% said they were “not comfortable at all”. See figure 5.4 below.

Fig 5.4: How comfortable PWDs students are in the classroom



In rating how adequate facilities such as water, canteen and washrooms were, 45.5% of respondents said the facilities were “comfortable”, 30.5% said the facilities were “not very comfortable”, 11.2% responded that the facilities were “very comfortable” and 5.3% said they were “not comfortable at all”. See figure 5.5 below.

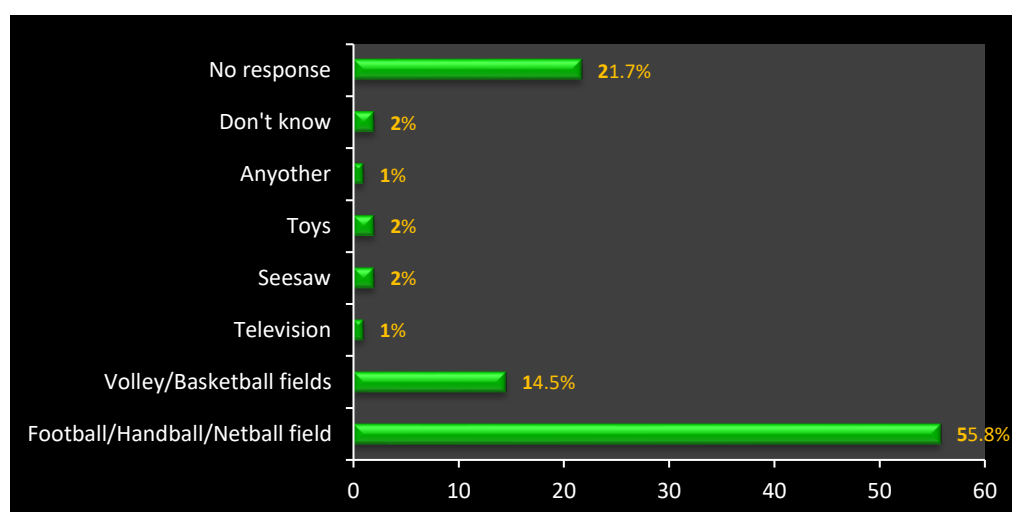
Fig 5.5: Adequacy of facilities in special schools



On the issue of adequate recreational facilities, 74.1% of respondents answered negatively and 21.1% in the affirmative and 4.8% did not respond.

Upon the follow up on which recreational facility was available to respondents who gave the affirmative response, their responses are indicated in figure 5.6 below.

Fig 5.6: Recreational facilities available in the special school



CHAPTER SIX

TOWARDS INCLUSION AND PARTICIPATION OF PWDs IN NATIONAL DEVELOPMENT

The chapter elaborates on the inclusion and participation of PWDs in national development. The discussion here focuses on suggestions provided by respondents on how PWDs can be included in developmental activities. Respondents also made proposals on how to improve the treatment of PWDs by family and friends, local assemblies, service providers and the general public. Suggestions were also given on how to improve the disbursement of the district assembly common fund to PWDs.

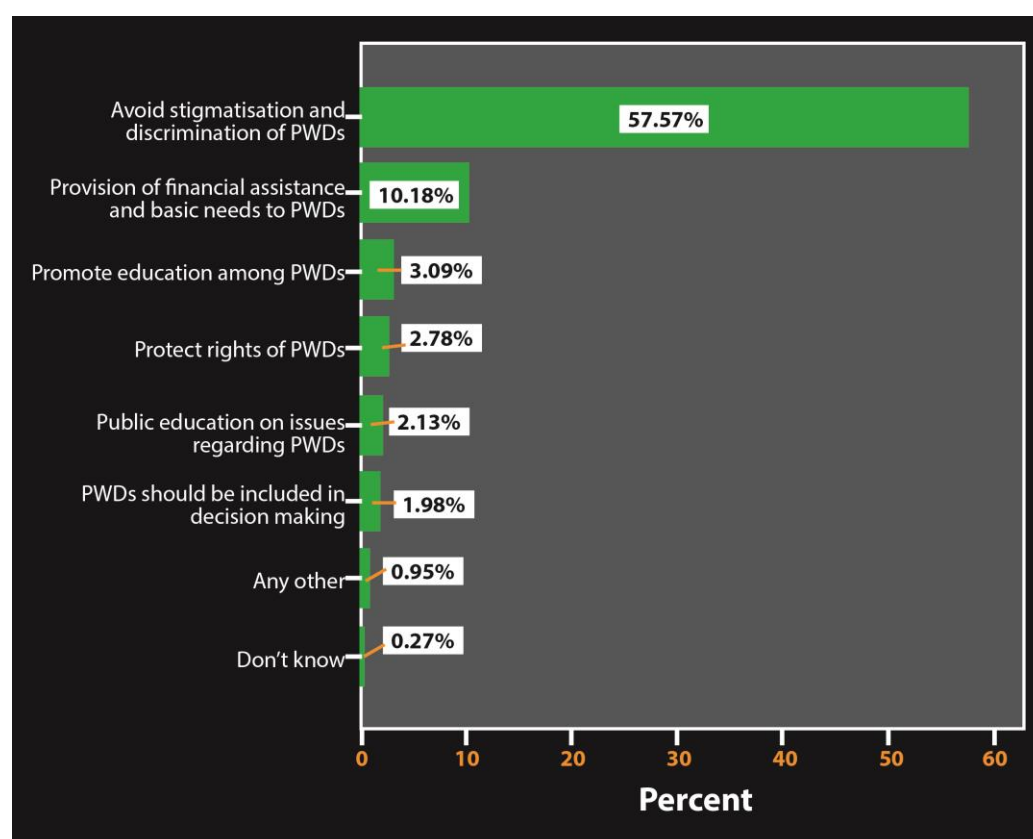
The table below shows respondents' suggestions on how PWDs can be included in developmental activities.

Table 6.1: Suggestions on how PWDs can be included in developmental activities

Responses	Frequency	Per cent (%)
PWDs should be included in decision making	932	17.8
PWDs should be given skills and entrepreneurial training	709	13.5
Promote education among PWDs (Inclusive education)	441	8.4
PWDs should be appointed into public offices	240	4.6
Enforcement of existing legislature (Quota at the District Assemblies, 2% District Assembly Common Fund etc.)	239	4.6
PWDs should set up associations to formulate best ways PWDs could be included in national development	193	3.7
More rehabilitation centres / specialized schools should be built for PWDs / provision of assistive devices	119	2.3
Financial and material aids should be given to PWDs	94	1.8
Public education on issues regarding PWDs	91	1.7
Creation of a desk for PWDs in the district, regional and national levels to address concerns of PWDs	81	1.5
Access to public places and buildings	47	0.9
Access to quality healthcare	30	0.6
GYEEDA, Rural Enterprise Project and various interventions should factor the needs of PWDs into their programmes	25	0.5
Any other	354	6.7
Don't know	126	2.4
No response	1525	29.1
Total	5246	100.0

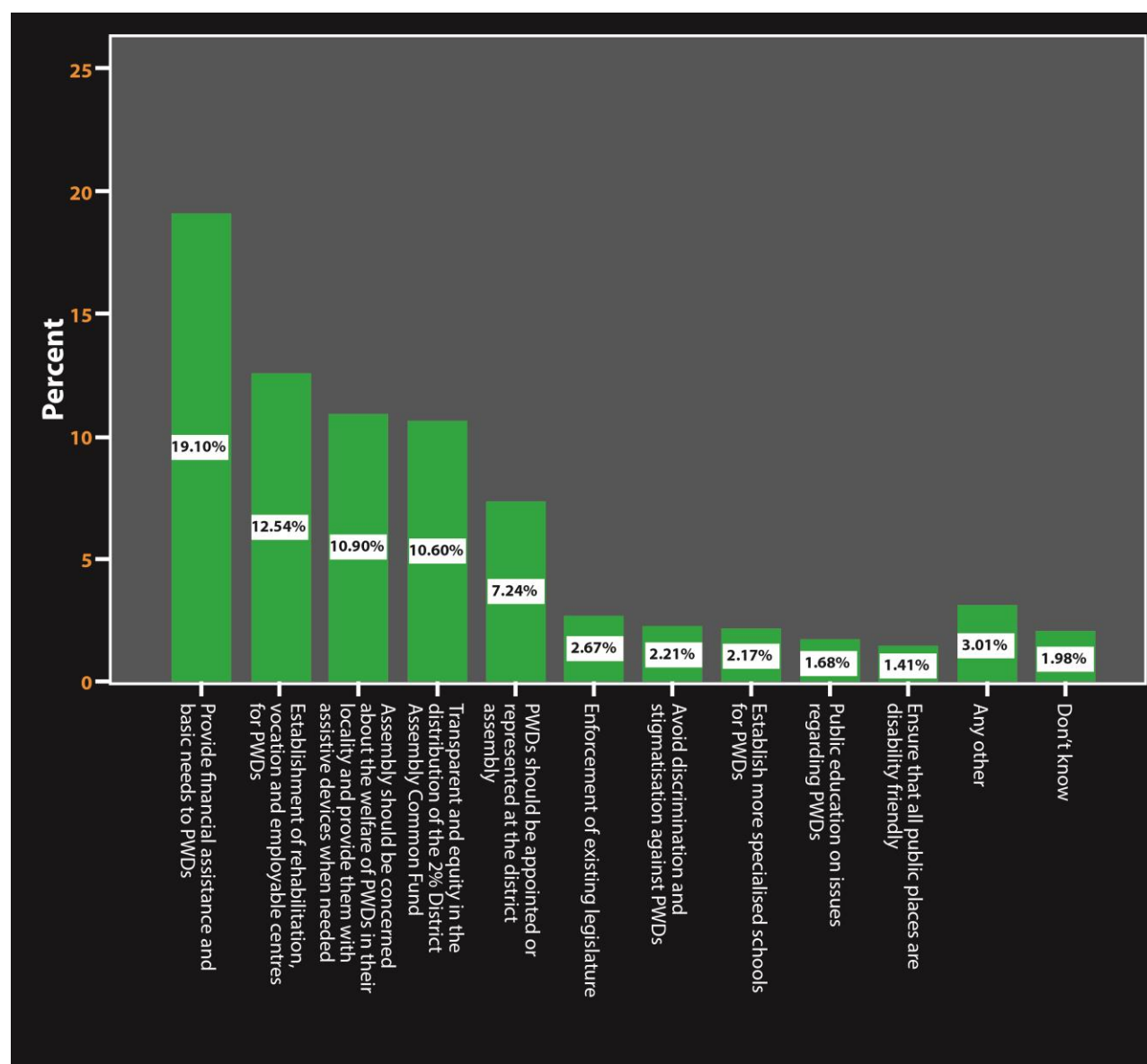
In the view of a sizeable number of respondents, PWDs should be included in decision making at all levels. Others suggested that PWDs should be given skills and entrepreneurial training while a few respondents called on GYEEDA, Rural Enterprise Project and various interventions to factor in the needs of PWDs in their programmes.

Fig 6.1: Suggestions to improve how PWDs are treated by family members and friends



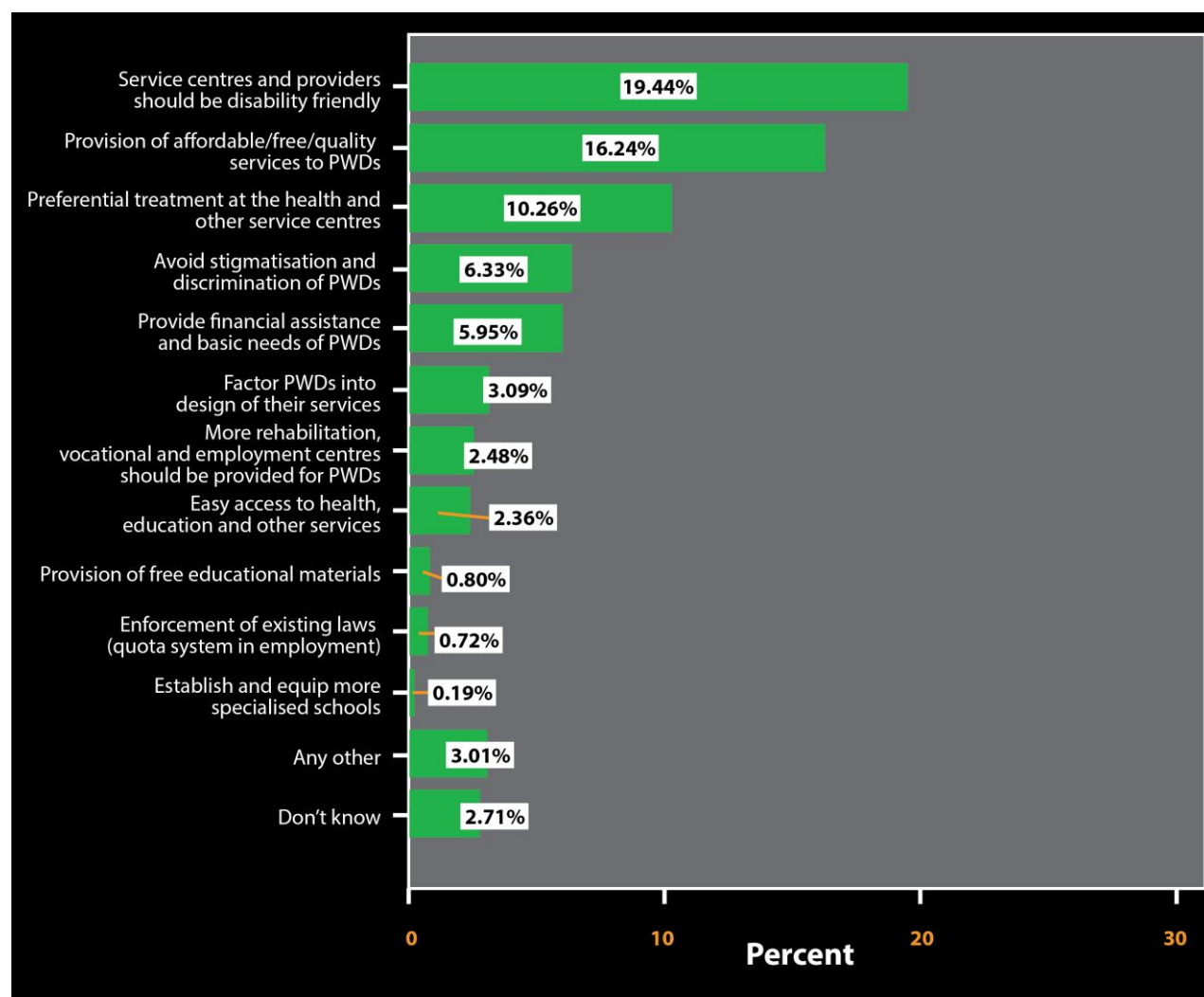
The figure above shows the suggestions given by respondents on how to improve on the treatment given to PWDs by their family and friends. Notable among them was the need to avoid stigmatization and discrimination and the provision of financial assistance and basic needs to PWDs.

Fig 6.2: PWDs and District Assemblies



With regards to improving the interaction between local district assemblies and PWDs, a high number of respondents wanted the assemblies to provide PWDs with financial assistance and basic needs. The local assemblies could also help by establishing rehabilitation, vocational and employment centres for PWDs. 1.41% of the respondents urged the assemblies to ensure that all public places are disability friendly.

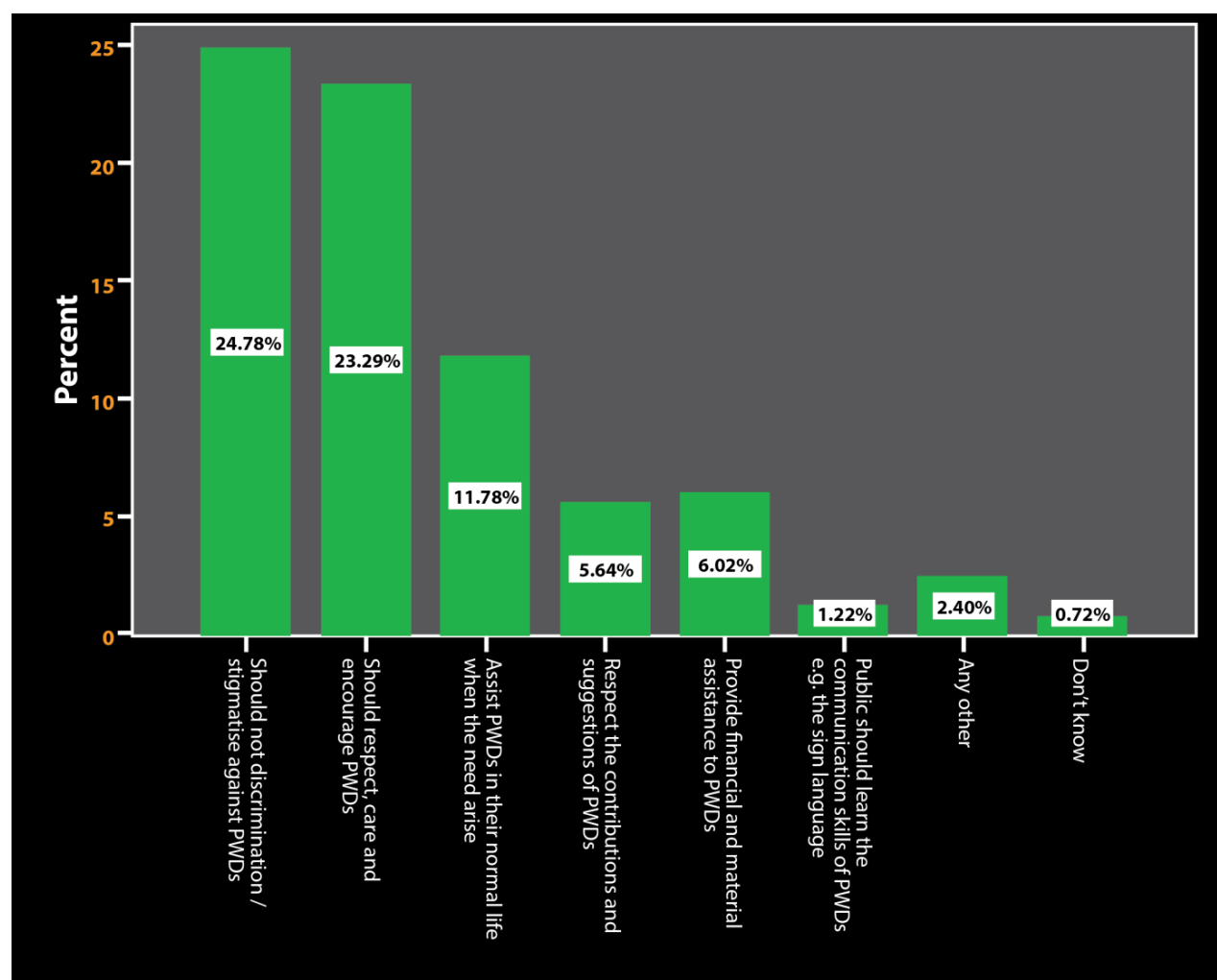
Fig 6.3: Suggestions to improve how PWDs are treated in this country by service providers



The provisions of the Disability Act states that “The owner or occupier of a place to which the public has access shall provide appropriate facilities that will make the place accessible and available for use by a person with disability”. In line with this clause, 19.44% of respondents wanted service centres and providers to be disability friendly.

In addition, services provided should be affordable, free and of good quality. They should also enjoy some preferential treatment when accessing services such as not joining queues.

Fig 6.4: Treatment of PWDs by general public

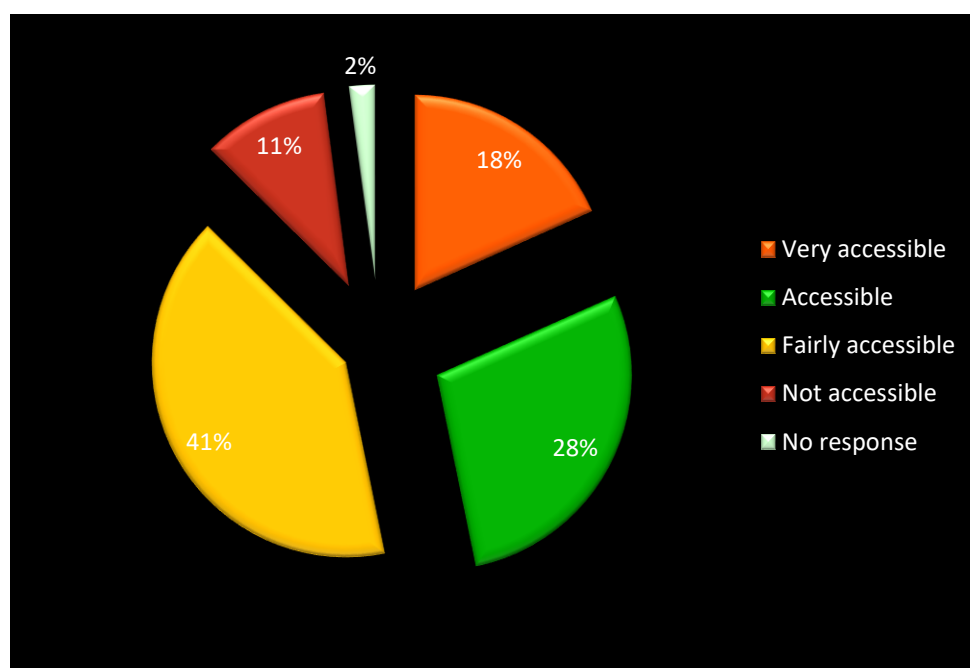


For the general public, respondents indicated that, they should:

- Not discriminate / Stigmatize PWDs
- Respect, care and encourage PWDs
- Assist PWDs in their normal life when the need arises
- Respect the contributions and suggestions of PWDs
- Provide financial and material assistance to PWDs,
- Learn to communicate with PWDs e.g. sign language.

When respondents were asked: *Are you aware of the 2% District Assemblies' Common Fund disbursed to PWDs?* 52.2% of them responded in the affirmative and 30% responded in the negative.

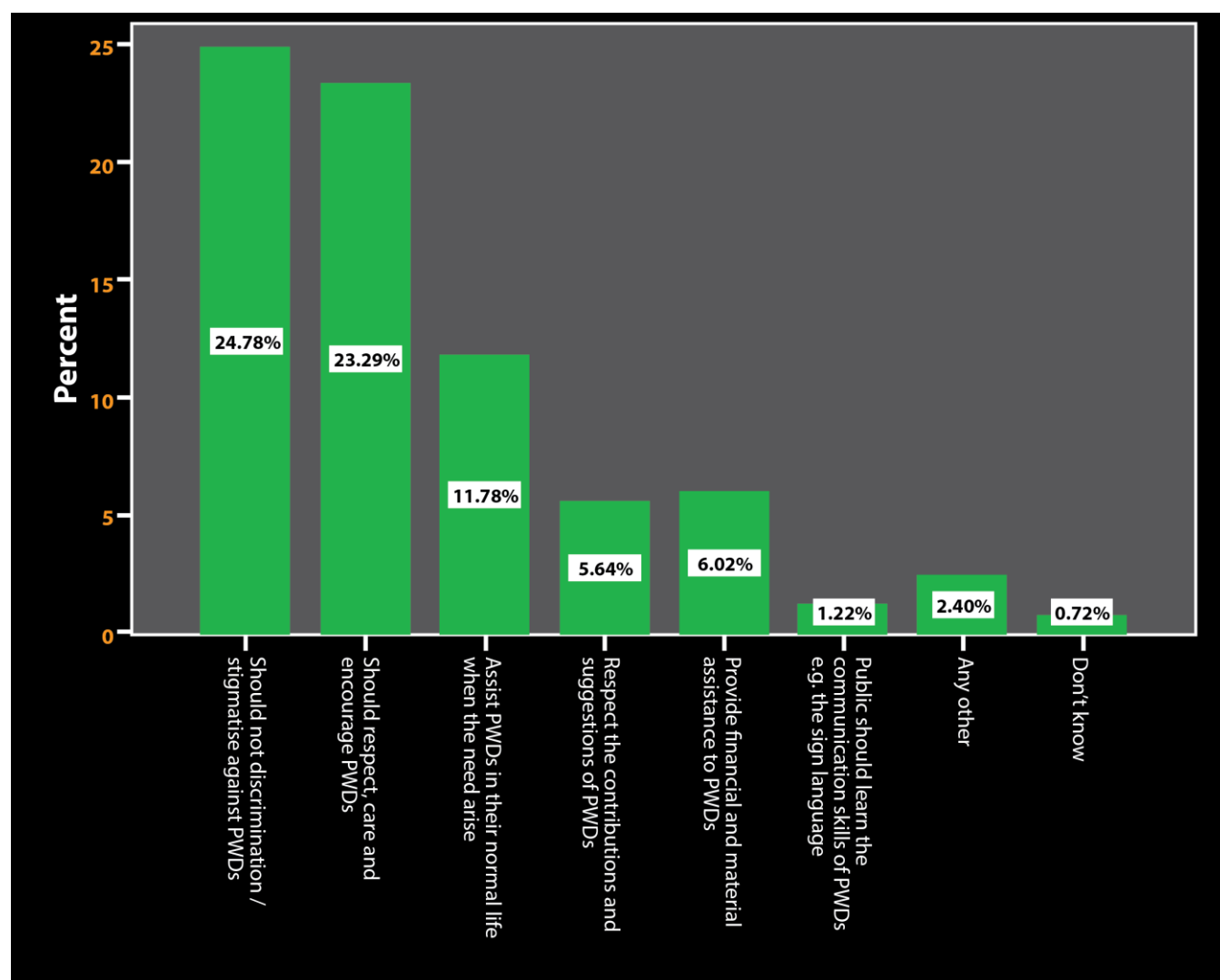
Fig 6.5: Accessibility of funds to PWDs



Out of the total number of 436 PWDs who said they have benefitted from the fund, 18% of them said the fund was “very accessible” to them, 28% said it was “accessible”, 41% said “fairly accessible”, 11% said “not accessible” and 2% of them did not respond to the question.

Respondents were also asked to suggest ways by which the district assemblies’ common fund can be disbursed in a more efficient manner. The figure below presents the findings with a high number of respondents indicating that there should be fairness and equity in the disbursement process.

Fig 6.6: Disbursement of the DACF



Suggestions by participants of the FGDs on how to increase the participation of PWDs in development include the following:

- Attitudinal change on the part of society towards PWDs and issues of disability
- A need for the creation of a welcoming community for PWDs
- The need for in-service training for special education teachers to improve quality of their service delivery
- There should be an informal means of assessing PWDs based on practical work
- The need to have a different marking scheme or exams for PWDs with severe forms of disability
- The need for an increase in the number of special schools all over the country

- The need for the District Assemblies Common Fund for PWDs to be increased from the current 2% to 5%
- Internally Generated Funds (IGF) of the Assemblies should be used to sponsor the activities of PWDs
- Resource allocation to Institutions working with PWDs should be increased
- Social welfare department should be equipped to function effectively
- PWDs should be involved in decision-making process at all levels
- Parliament should expedite action on the Legislative Instrument (L.I) for the effective implementation of the Disability Act, 2006 (Act 715)
- Disability education should be a priority of government, and NGOs should be encouraged to participate for its realization
- Sensitization on rights of PWDs and disability issues should be intensified in the Communities
- Public Educational Institutions should be mandated to integrate PWDs in their enrolments
- Intensive awareness creation on the negative effects of socio-cultural practices and beliefs that militate against proper development of PWDs
- There should be the provision of disability friendly structures at all public places
- Increased participation of PWDs in Local and National Governance.

Overall Consensus:

- All participants suggested that disability issues should be issues of concern to all and called for the involvement of PWDs at all levels of national development. For this reason, disability issues should be mainstreamed into national development planning.
- It was suggested that the NCCE should carry out their mandate of educating the citizenry on their rights and responsibilities as well as on the Disability Act, Children's Act and other related interventions. This will go a long way to increase the participation of citizens (including PWDs) in national development.

CHAPTER SEVEN

CONCLUSION

Ghana has an estimated ten percent (10%) of her population living with disabilities. Policies and interventions to ensure the full integration of PWDs into national development by government, civil society and the general public need to be assessed, improved upon and implemented more effectively. This will ensure that PWDs fully enjoy all their economic, educational, social and political rights under the Constitution and other national and international laws and conventions.

This study sought to establish facts that will lead to informed policy actions in support of the promotion of inclusiveness and effective participation of PWDs in national development.

Factors militating against the inclusion and participation of PWDs in national development identified by the study include; wrong perceptions of the capabilities of PWDs (29.3%), low levels of education among PWDs (11.5%), the degree of disability and accompanying complications (7.5%) and lack of vocational and employable skills (4.6%). Others are exclusion of PWDs from decision-making (3.4%) and lack of confidence and apathy among PWDs (3.3%).

It was discovered that the four most important needs or concerns of PWDs requiring immediate attention are acquisition of employable and vocational skills (26.9%), access to education (20.9%), addressing stigmatisation and discrimination of PWDs (8.5%) and provision of health facilities and rehabilitation centres (4.9%).

The study sought to identify gender differentials in challenges facing PWDs in some aspects of their lives. The overall consensus was that the onset of disability had equal discriminatory effect on both genders. However, the data obtained further indicated that females are more discriminated against in relation to education, access to public places and their general social lives as compared to their male counter parts. Male PWDs on the other hand, are discriminated against more than female PWDs in employment, and access to health facilities.

On the knowledge and awareness of issues of PWDs, the data revealed that many people did not know about the Disability Act 2006 (Act 715) as 49.8% of sampled respondents indicated

lack of knowledge about the law. Regarding knowledge about key rights denied PWDs as against other citizens, the right to employment led with (20.7%), followed by the right to education (16.9%), right to access social amenities and public places (12.0%) and the right not to be discriminated against (9.0%) among others.

The study finally solicited views from respondents on how to include PWDs in developmental activities and key among the suggestions put forward are as follows; PWDs should be included in decision making (17.8%), PWDs should be given skills and entrepreneurial training (13.5%). Also suggested was the need to promote education among PWDs (8.4%). PWDs should also be appointed into public services (4.6%) and existing legislation enforced.

All respondents suggested that disability issues should be issues of concern to all and that society needed to involve PWDs at all levels of national development.

It was also suggested that the NCCE needed to do more education on the Disability Act, Children's Act and other related interventions to support an increase in the participation of citizens (including PWDs) in national development.

The results of this study will enable the NCCE, government agencies, NGOs, Community Based Organization (CBOs) and others working in the interest of PWDs carry out their interventions on an informed basis towards a more effective integration of PWDs in national development.

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APPENDIX A: METHODOLOGY

Introduction

The study was a cross sectional research conducted as a national sample survey. Both primary and secondary data sources were relied upon. A total of 107 research assistants comprising of 87 district representatives and 20 other regional staff drawn from the NCCE's work force were trained to assist in data collection. There were four categories of respondents namely; PWDs, Care Givers, Service Providers and General Public.

Study Area

The study took place in all the ten (10) regions of the country. Eighty-seven (87) districts were sampled out of the two hundred and sixteen (216) districts. Both males and females were covered, and persons who participated were aged six (6) years and above.

Sample Design

In all a sample size of 2,624 was decided upon. Within a region however, districts with rehabilitation centres as well as specialized schools for PWDs were purposively sampled for the study. For reasons of fair representation and in order to ensure proper coverage of the views of various PWDs, other districts in the same region but without rehabilitation centres or the specialized schools were selected based on a completely randomized sampling technique. The list of districts selected for this study is provided in Appendix B.

The number of questionnaires allotted to each district was determined by the regional proportionate share of the national population of PWDs from the results of the 2010 population and housing census. Regions with 10 percent and above of PWDs had 32 questionnaires per district. Regions with less than 10 percent of PWDs but greater than 5 percent had 27 questionnaires per district while regions with 5 percent or less of PWDs also had 22 questionnaires per district. Based on the above-mentioned distribution pattern, selected districts in Greater Accra, Ashanti, Eastern, Central and Volta regions received 32 questionnaires each. Selected districts in Western, Brong Ahafo, Northern and the Upper East regions also had 27 questionnaires each while selected districts in the Upper West region had 22 questionnaires per district.

In addition, ten (10) Focus Group Discussions (FGDs) with heads of various governmental and non-governmental organizations who are stakeholders in disability issues such as the Social

Welfare Department, Ghana Education Service, Ghana Health Service, Associations of Persons with Disability, Heads of Schools for Persons with Disability and others with insight on disability issues was held in each regional capital to provide qualitative data for the study.

Sample Selection

The study employed both purposive and random sampling techniques in selecting two thousand six hundred and twenty-three (2623) respondents. The purposive sampling technique was used to select PWDs and caregivers/service providers. The general public respondents were selected by the application of the simple random sampling technique.

In administering questionnaires to respondents, attempts were made to administer 50 percent of the questionnaires to PWDs, 25 percent to persons who provide care as well as support services to PWDs and another 25 percent to the general public. To achieve this goal, districts with 32 questionnaires each administered 16 questionnaires to PWDs, 8 to caregivers/service providers of PWDs and another 8 to the general public. Districts with 27 questionnaires also administered 13 questionnaires to PWDs, 7 to caregivers/service providers and 7 to the general public. In districts with 22 questionnaires, 11 PWDs were interviewed in addition to 5 caregivers/service providers and 6 general public respondents. The total number of respondents in this study was 2624 comprising of 1312 (50%) PWDs, 656 (25%) caregivers/service providers and 656 (25%) general public members.

The unit of analysis was the individual respondent and the primary sampling unit was the household, rehabilitation centers and specialized schools. In selecting the general public respondent's, the research assistants used the day's code on daily basis to select the starting point for day's work.

The opinion leaders selected for the FGDs included PWDs and their organizations, delegates of civil society organizations, representatives from the Ghana Education Service, Ghana Health Service, NGOs and other institutions who have knowledge on disability issues.

Survey Instrument

A semi-structured questionnaire was used for collecting information from all categories of respondents.

The questionnaire assessed the socio-demographic background of the respondents such as age, sex, marital status, highest educational attainment, occupation and religion. Views were also sought on various issues relating to PWDs in Ghana as per the objectives of the study.

The survey instrument underwent a day's pre-testing after which it was fine-tuned for implementation. For the FGD, a FGD guide was developed and used to obtain information from the experts who were invited for the FGD session in all the regional capitals.

Questionnaire Administration

The eighty-seven (87) research assistants administered two thousand six hundred and twenty-three (2623) questionnaires to respondents at each of the districts selected for the survey. The table below shows details of the responses.

Response to Questionnaire Administration

REGION	REGIONS ALLOCATED NUMBER OF QUESTIONNAIRES	RESPONSE	PERCENTAGE (%)
Ashanti	480	480	100.0
Brong Ahafo	162	162	100.0
Central	288	288	100.0
Eastern	352	352	100.0
Greater Accra	384	384	100.0
Northern	189	188	99.5
Upper East	135	135	100.0
Upper West	66	66	100.0
Volta	352	352	100.0
Western	216	216	100.0
Total	2624	2623	

Of the total of 2624 questionnaires issued to the research assistants, 2623 were retrieved from the field assistants. The observed difference was due to the fact that Northern Region had one (1) questionnaire lost from the region's share of questionnaires but the constraints of time did not allow a follow up.

Field Monitoring

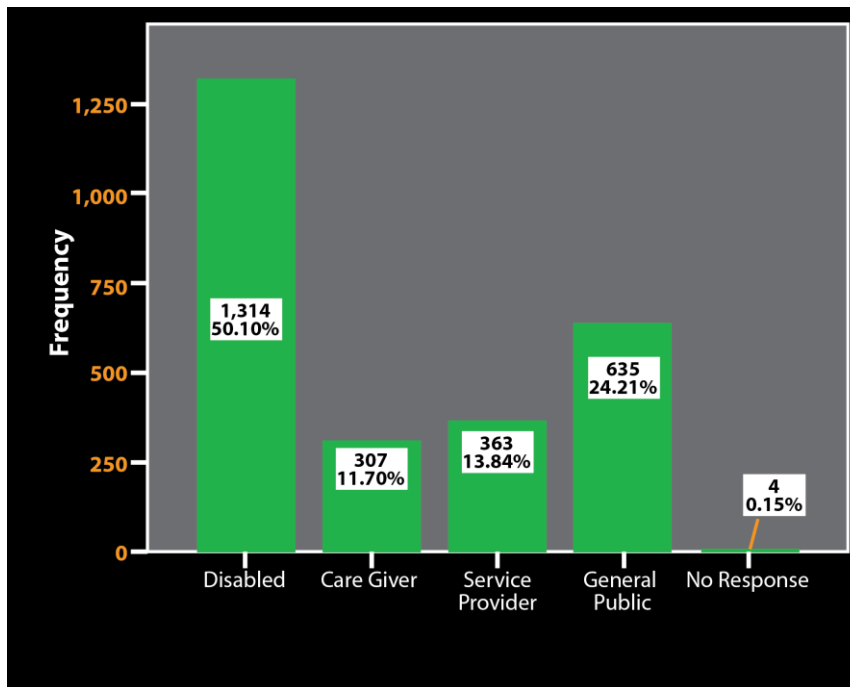
A field supervision of the data collection process was carried out in 8 out of the 10 regions. Monitoring was conducted in the Ashanti, Greater Accra, Eastern, Northern, Brong Ahafo, Central, Volta and Upper East regions. Staff from the Research Department vetted the questionnaires from the field assistants.

Data Analysis

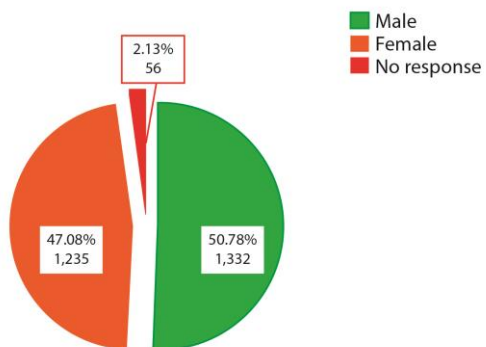
Data capture and analysis was carried out at the Research Department using the Statistical Package for Social Sciences (SPSS) software.

APPENDIX B: SOCIO-DEMOGRAPHIC BACKGROUND OF RESPONDENTS

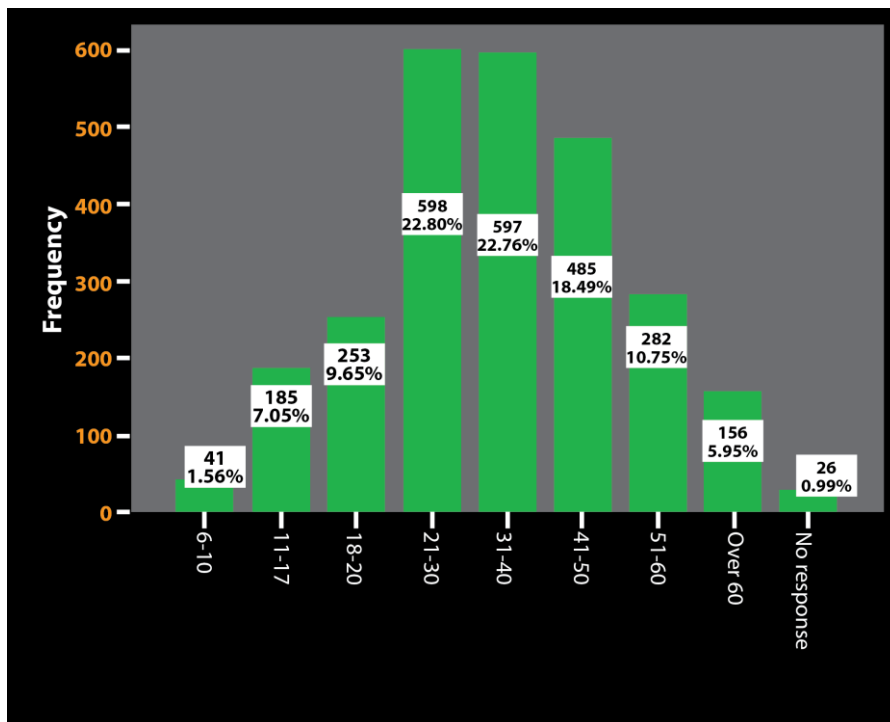
Type of respondents



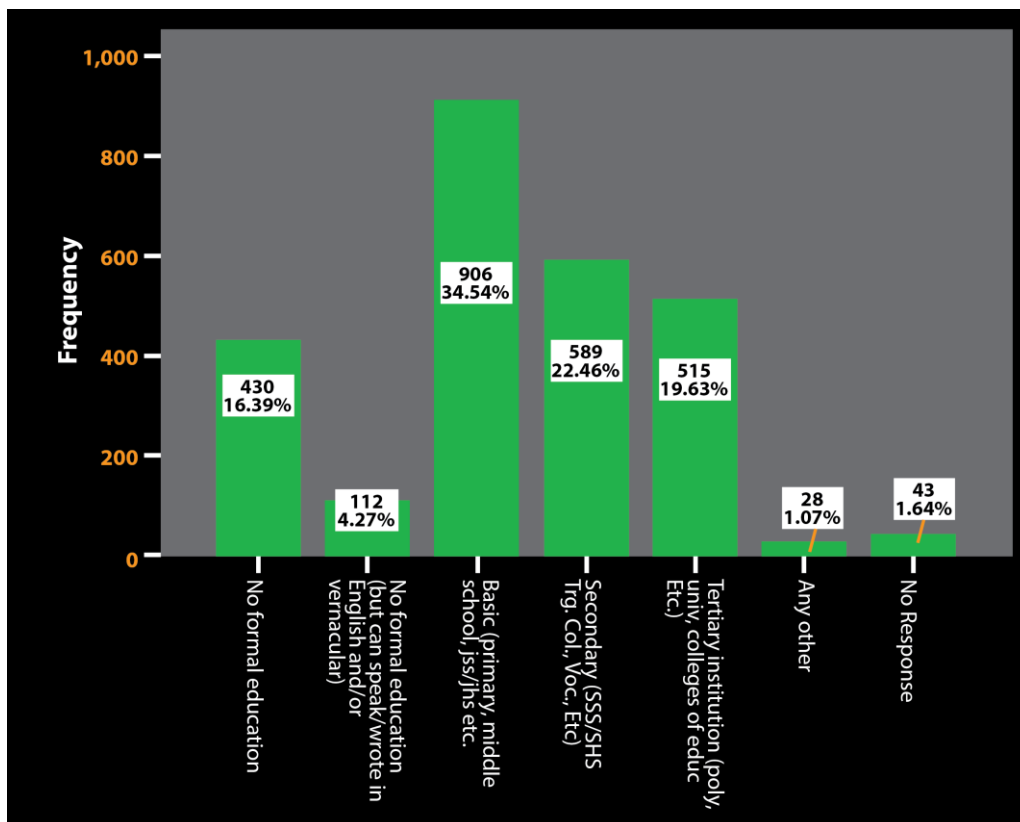
Sex of respondents



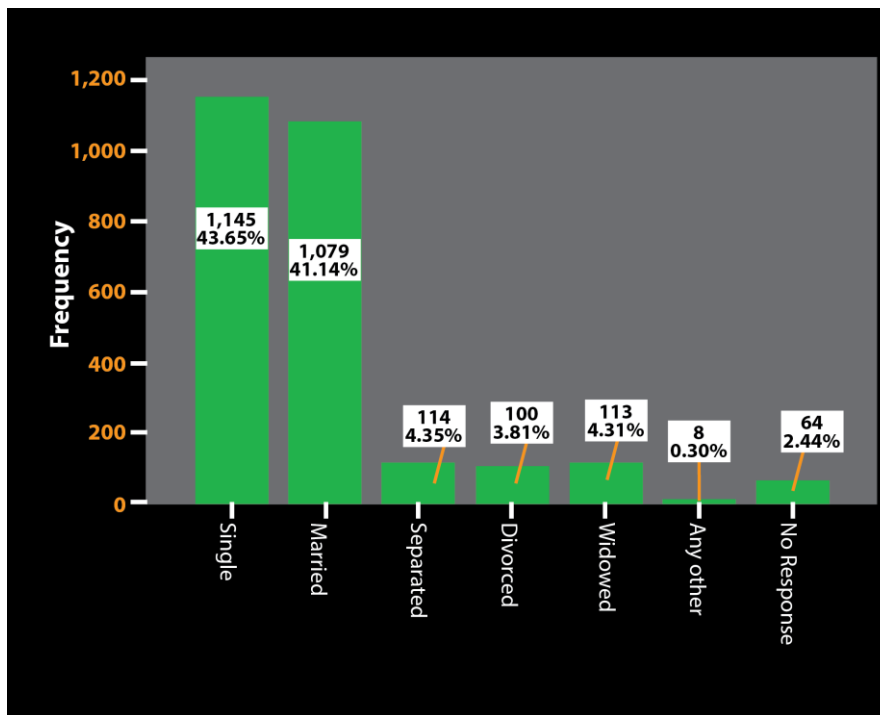
Age of respondents



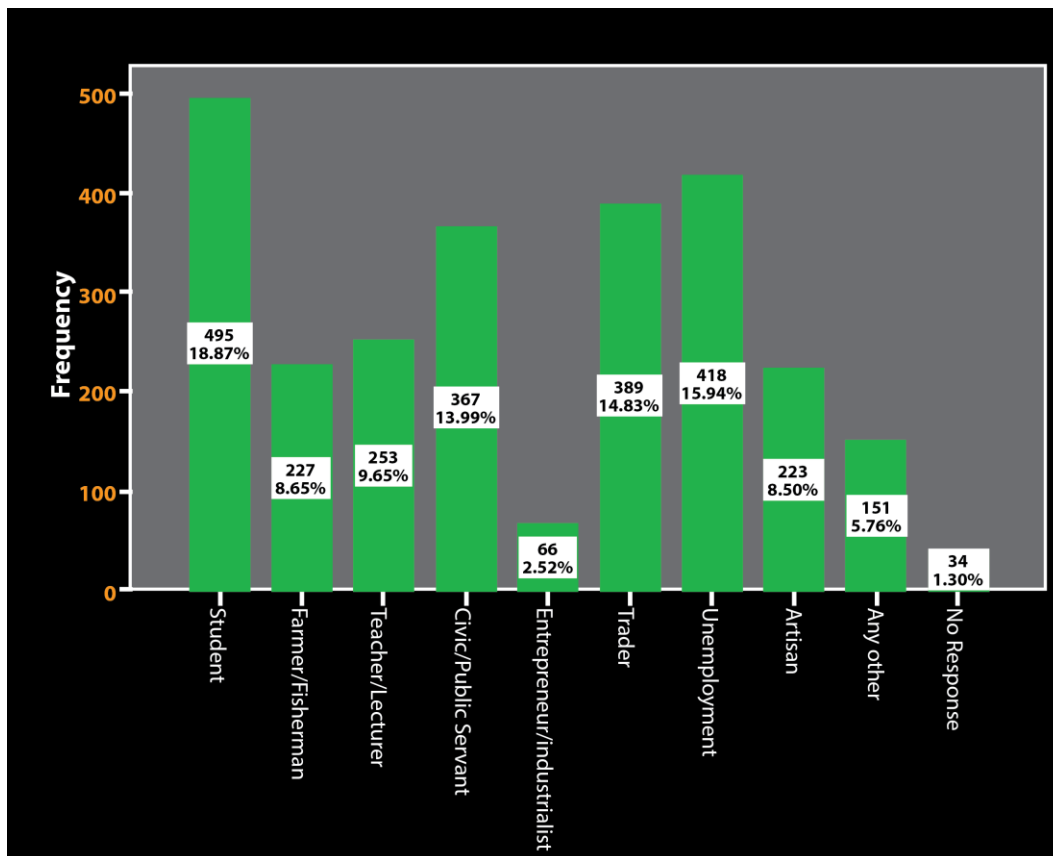
Educational background of respondents



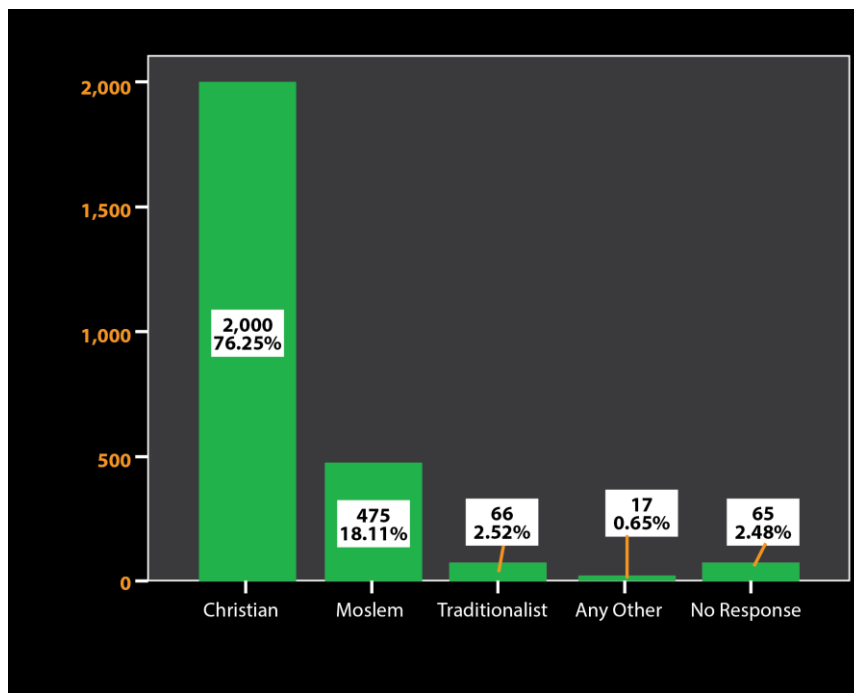
Marital status of respondents



Occupational background of respondents



Religious affiliation of respondents



APPENDIXC: SELECTED DISTRICTS

1. Accra Metropolitan
2. Ada East
3. Adentan
4. Afram Plains South
5. Agona West Municipal
6. Ahafo Ano South
7. Ahanta West
8. Ajumako Enyan Essiam
9. Akatsi South
10. Akwapim North
11. Aowin/Suaman
12. Asante Akim Central
13. Asante Akim South
14. Ashaiman
15. Assin South
16. Asunafo North Municipal
17. Atiwa
18. Atwima Mponua
19. Atwima-Kwanwoma
20. Bekwai Municipal
21. Bia
22. Biakoye
23. Bolgatanga
24. Bosome Freho
25. Cape Coast Metropolitan
26. Chereponi
27. Dormaa
28. East Akim
29. Effutu Municipal
30. Ejisu Juaben
31. Ekumfi
32. Fanteakwa
33. Ga Central
34. Ga East
35. Ga South
36. Ga West, Amasaman
37. Ho Municipal
38. Hohoe Municipal
39. Jasikan
40. Jomoro
41. Kadjebi
42. Kassena Nankana East
43. Kassena Nankana West
44. Keta
45. Kintampo
46. Komenda Edina Eguafo Abirem
47. Kpando
48. Krachi West
49. Kumasi Metropolitan
50. Kwabre East
51. Kwaebibirem
52. Kwahu West
53. Lawra
54. Ledzokuku Krowor
55. Mampong
56. Mfantseman
57. New Juaben
58. Ningo Prampram
59. North Tongu
60. Nsawam
61. Obuasi Municipal
62. Offinso North
63. Offinso South
64. Prestea-Huni-Valley
65. Pusiga
66. Saboba
67. Savelugu Nanton
68. Sawla-Tuna-Kalba
69. Sekondi-Takoradi
70. Sekyere East
71. Shai Osu-Doku
72. Sissala East
73. South Dayi
74. Sunyani Municipal
75. TalensiNabdam
76. Tamale Metropolitan
77. Tano South
78. TarkwaNsuaem
79. Tema Metropolitan
80. Tolon
81. TwifoHemang Lower Denkyira
82. Upper ManyaKrobo
83. Wa
84. Walewale
85. WassaAmenfi West
86. Wenchi Municipal
87. YiloKrobo

