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Promoting the Right of Persons with Disability in Ghana Through Advocacy and Capacity Building.



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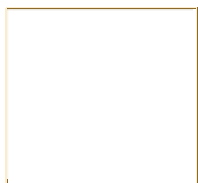


THE DISABILITY SITUATION IN GHANA



NATIONAL CONTEXT

According to the WHO, there are more than 600 million disabled persons in the world, of which approximately 80 % live in low-income countries. In most developing countries, including Ghana, disabled persons constitute an impoverished marginalised group, characterised by lack of access to public health, education, and other social services that would ideally support and protect people with disabilities. Economically as well as in social terms, disabled persons in developing countries are classified among the poorest of the poor.



People with disabilities in Ghana are often regarded as unproductive and incapable of contributing in a positive way to society, and rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty. In developing countries there are rarely strong disability movements actively working to improve the living conditions for people living with disabilities. Disabled persons are often only weakly represented in civil society and Ghana is no exception.

The Republic of Ghana

The Republic of Ghana is located on the Southern Coast of West Africa. The GNI per capita of Ghana is 270 USD, and 40 % of the adult population lives off less than US \$2 per day. The country has a population of 22 million, of which 37 % are under the age of 14. There are numerous ethnic and language groups. The official language is English, however many of the poorest people are only capable of speaking their local language, since they have not had the opportunity of going to school. The majority of the population is Christian, and the remaining are Moslem or indigenous believers.

No accurate national survey has been carried out to determine the disability rate in the country. The World Health Organisation (WHO) estimates the disability rate of Ghana to be between 7 and 10 per cent, which equates approximately 1.55 – 2.2 million people in the country. Earlier surveys of individual districts by the Ghana Human Development Scale (GHDS) in 1993 and the Norwegian Association of the Disabled (NAD) in 1998 and 1999 indicated that:

- The three most prevalent types of disability are those related to visual impairment, hearing impairment and physical disabilities
- The disability rate is the same for males and females
- The rate is higher in rural areas than in urban areas
- The rate is lowest in the 0 to 5 years age group and highest for persons who are 50 years of age or older

Political and Administrative Structure

Ghana gained independence from Britain on March 6, 1957. The government is a constitutional democracy headed by a President. The parliament has 230 seats, all elected on 4 year terms. The country is divided into 10 administrative regions and 166 district and 10 metropolitan and sub-metropolitan assemblies. No special

recognition has of yet been given to the representation of persons with disabilities to any of these assemblies. Only in a few districts, have people with disabilities (PWD's) managed to be elected or appointed to the assemblies.

In order to democratise, decentralize state power, and institutionalise decision making at the grassroots level, the 1992 Constitution effectively decentralised political and administrative authority under the District Assemblies. The District Assemblies make and implement decisions and engage in activities required to meet the needs of the people in the areas under their jurisdiction in economic, educational, health, environmental hygiene, recreation and utility services. This means that the needs of PWD's have to be administered at the district level, as spelled out in the Local Government Act. It is the duty of the District Assemblies to plan and secure implementation of services with assistance from specialised Governmental Agencies and NGOs to enable persons with disabilities go to school, have access to quality health care, secure skills training and support for employment and income generating opportunities and participate in the social life of their communities.

The decentralisation process has thus transferred most of the responsibility for service delivery to the district level. However, this has not been effectively supported by a decentralisation of resources for running costs or monitoring. The financial resources delegated to the district assemblies is called 'the Common Fund' and is divided between the districts based on a number of indicators that reflect poverty, population size, the amount of internally generated funds (IGF) and the "need factor", which is introduced to reduce the current imbalances in development. In this way, districts with high levels of poverty get more funds.

In the guidelines for the use of the Common Fund, it is stipulated that 2 % of the funds should be set aside for disability related issues. The District Assemblies have complained that there was a lack of guidelines for how the funds should be spent including how the needs of women with disabilities should be met. For this reason, guidelines were developed in 2007 by the Ministry of Local Government and submitted together with the 2007 allocation of funds to the District Assemblies. However, experience has shown that the implementers, the District Assemblies do not accept the guidelines and therefore, they do not follow them. The disability movement has submitted proposals for the fine-tuning of the guidelines currently pending reactions from the national authorities at the point in time where the 2008 allocations with guidelines are to be submitted.

In general, demands have been put forth by the District Assemblies that all applications submitted by organisations interested in the funds are made according to a joint plan for the disbursement so that the District Assemblies do not have to deal with requests on an individual basis. This preference has resulted in a demand from the Administrator of Common Funds that all applications must be coordinated through local disability networks or 'district committees' increasing the need for cooperation within disability organisations on local level.

National Policies, Strategies and programs targeting PWD's

A number of national policies and strategies have been targeting and including the needs of PWDs, either individually in the different sectors or as crosscutting issues in national programs.

Education Strategy Policy, for 2003 - 2015

The latest available statistics (2001/2002) shows that there are 24 public institutions in Ghana dealing with special education, which caters for approx. 5,000 students. In addition, there exist 6 institutions that basically are main-stream in their administrative placement and offer education on a second-cycle and post second-cycle level. These institutions' relevance to PWDs mostly relates to education towards visually impaired students.

The Education Strategy lists among a number of goals inclusive education, including the need for "equitable educational opportunities and claims that all children with "non-severe special education needs" will be incorporated into mainstream schools by 2015. Overall, however, the budget for implementing the education strategy policy is showing large funding gaps that might not be met.

Labour Market Initiatives

Previously, a quota system was in effect so that employers with a certain number of employees were obliged to have a percentage of PWDs employed. However, the system was poorly monitored and has been dropped. According to an administrative directive, PWDs employed in the public sector are entitled to a disability allowance of 48 cedis (less than 50 USD) every 3 months. The allowance was previously paid out of the monthly payroll by the government but

since this practice has been decentralised, the institutions where PWDs are employed are responsible for paying the allowance. This is the case only if the budgets are not exhausted, which means that in reality very few receive the allowance, because the earmarked funds are used for other unrelated purposes. In general, few PWDs are aware of their rights as employees, and few use the systems in place.

National Health Insurance Scheme

In 2005, a national health insurance scheme was launched by the government of Ghana, to enable the population access to affordable health facilities. Unless PWDs are classified as indigents, they are not entitled to exemption from paying the subscription fee, an option which according to the plan may be granted to poor people. Moreover, experience shows that, when exemption is granted, payment to the scheme is picked up by the Common Funds, a practice which the PWDs consider an improper excavation of the funds.

The insurance will cover most ordinary diseases and some types of accidents. Rehabilitation services, appliances, and prostheses are not included in the insurance scheme. The information about the insurance is however not designed for PWDs.

The Disability Act

The process of developing a policy on disability has been long and tedious. Cabinet passed the policy and the National Disability Policy Document was printed in December 2000. The bill was finally passed by parliament in June 2006.

The disability Act has 12 main objectives and provides guidelines for the relevant sectors on how they should respond to the needs of PWDs:

- To educate Ghanaians on the rights, potentials and responsibilities of both society and PWDs
- To generate and disseminate relevant information on disability
- To create an enabling environment for the full participation of PWDs in national development
- To ensure access of PWDs to education and training at all levels
- To facilitate the employment of PWDs in all sectors of the economy
- To promote disability friendly roads, transport, and housing facilities
- To ensure access of PWDs to effective health care and adequate medical rehabilitation services
- To ensure that women with disabilities enjoy the same rights and privileges as their male counterparts
- To ensure that law enforcement personnel in cases of arrest, detention, trial and confinement of PWDs take into account the nature of their disabilities
- To encourage full participation of PWDs in cultural activities
- To ensure access of PWDs to the same opportunities in recreational activities and sports as other citizens
- To promote CBR Programmes as a means of empowering and ensuring the full participation of PWDs in society

Included in the Act is the proposed formation of a new central body, the National Council on Disability. The council will be made up of high-ranking representatives from a number of key ministries as well as from OPWDs and organisations or institutions working for PWDs. The council will coordinate overall disability related activities in Ghana and function as advisor to the government on disability issues. The council will act as watchdog and monitor the implementation of the disability Act.

A nomination process has begun. All three main National Organizations under GFD have proposed names to the Council. Moreover, an advert was published in the press on December 18 2007 seeking recruitment of staff for the Council secretariat. These add appears to be premature, as the Council, not yet in place, is responsible for setting up the secretariat. According to information from the ministries, the ones to be represented in the Disability Council have submitted names to the Office of the President. Members are yet to be appointed and finally approved by the President of Ghana.

The Disability Council will be responsible for financing part of its activities. The Ministry of Manpower, Youth and Employment is obliged and committed to provide some funding for the running of the Council and has reserved funds for 2008, but it is not clear how much will be available. Considering the competition for funding in Ghana, it may limit the real impact of the body.

ADVOCACY

In pursuit of our objectives, i.e. to promote the fundamental Human Rights, Freedoms and the welfare of persons with disabilities, advocacy has remained a core operative mechanism of the GFD. Consistent advocacy and lobbying by the Federation and its partners led to the passage of the National Disability Policy Document and the Disability Law (Act 715), in December 2000 and June 2006 respectively. Almost all the major disability concerns of the various organizations of persons with disability (OPWDs) have been addressed by the Disability Act and the National Disability Policy Document.

The stage is presently set for a more vigorous and dynamic evidence-based advocacy. The short to medium term priorities areas for advocacy includes;

- **Education**
- **Political Representation**
- **Employment**
- **Disability Awareness etc.**

To realize this objective the advocacy committee has been strengthened with the recruitment of an advocacy officer. Training and development as well as communication (information) personnel.

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